

# **Men, Masculinity and Suicide in Jhenaidah District, Bangladesh**

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## ABSTRACT

Emile Durkheim's *Le Suicide* (1897) laid the foundation for theoretical and methodological innovation in sociology. Within the framework of the positivistic paradigm, Durkheim viewed suicide as a social fact—caused due to social influences/forces. Nonetheless, *Le Suicide* later received several criticisms on theoretical and methodological grounds. In *Social Meaning of Suicide* (1967), Jack Douglas, a post-Durkheimian sociologist, emphasizes that sociological analysis must uncover and interpret the range of motives and meanings associated with each act of suicide. Suicide is a serious but under-researched public health problem in Bangladesh. Every year more than 10000 people die by suicide in Bangladesh. Sociological work (both *Durkheimian* and *post-Durkheimian*) on suicide is almost absent in Bangladesh. Drawing on the interpretive methodological paradigm as suggested by Jack Douglas, the current research attempted to explore the social meanings/motives of male suicide from various rural settings of Jhenaidah district. In this connection, the theoretical embodiment of hegemonic masculinity propounded by sociologist Raewyn Connell was used to explicate/understand the social context/meanings of suicide. For the study, 15 male suicide cases were selected based on referrals from a local non-governmental organization named *Society for Voluntary Activities (SOVA)*, which works to reduce suicide in the district. For each case, three separate interviews of the participants (15x3=45) were conducted. Data were collected in two phases in 2020. Each case was treated separately and analyzed in descriptive and reflexive ways. Findings disclosed that the deceased men encountered serious difficulties in achieving/retaining the hegemonic or culturally most exalted versions of masculinity in their real lives. Eventually, they considered suicide as the only way to escape from shame and defeat which stemmed from the crises of their masculinity. Based on the findings, the study suggested some protective actions to minimize the socially embedded risk factors of male suicide in Bangladesh.

# **1. Introduction**

## **1.1 Setting the Context**

Suicide is a serious public health concern and a leading cause of death globally that invites far-reaching social, emotional and economic consequences. It is estimated that close to 800 000 people worldwide die by suicide each year (World Health Organization [WHO], 2019). For each adult suicidal case, around twenty to thirty other people attempt suicide (WHO, 2014; Bachmann, 2018). Suicide is the second prime cause of death for the age-grade 15-19 years, and 79% of suicides are committed in low and middle-income countries (WHO, 2019). Considering the criticality of this public health issue, the Sustainable Development Goal (SDG) 3.4.2 targets to decrease suicide rates by 33% by 2030 (Pollock et al., 2020). The accurate rate of suicide may vary, as many countries do not have any standardized methods of collecting information on the act of suicide. In the same vein, the quality of the information on suicide rates is also not guaranteed by the World Health Organization [WHO] (Bagley, Shahnaz & Simkhad, 2017). Globally, suicide rates tend to be underreported for various reasons such as; weak surveillance system, poor case recording, misattribution or misclassification, criminalization of suicide, inaccurate ascertainment and socio-cultural/religious complexities. Despite the complexities, most countries are showing either a steady or an escalating trend in the rate of suicide, while several others are showing long-term decreasing trends (WHO, 2013; Chen, Wu, Yousuf & Yip, 2012).

Suicide is a severe concern in Asia due to its vast population and relatively high suicide rates compared to the Western higher-income countries. More than half of global suicide (around 60%) takes place in Asia (Maniam, 2012; Värnik, 2012; Chen et al., 2012). Few Asian countries such as India and China are the most prominent contributors to global suicides (Värnik, 2012). Despite the heightened pervasiveness associated with suicide, it receives relatively less attention in Asia compared to Western countries. Therefore, suicide is a very complicated problem in the case of Asia (Hendin, 2008; Wu, Chen & Yip 2012).

Bangladesh, with approximately 165 million population, is one of the most densely populated countries in South Asia. Of the total population of the country, 76.7% live in rural and 23.3% live in urban areas (BBS, 2015). Survey estimates indicate that more than 10,000 people die by suicide every year in Bangladesh and the average rate of suicide in

Bangladesh is between 7.3 and 14/100,000 population (Alonge et al., 2017; Mashreky et al., 2013; Salam et al., 2017). Unfortunately, although suicide is a serious problem, it is an under-attended public health issue in Bangladesh and there is no surveillance and comprehensive database on suicidal behaviors (e.g., suicide and suicide attempt) (Bagley, Shahnaz & Simkhada, 2017; Khan, Ratele, Arendse, Islam, & Dery, 2020). Therefore, suicidal figures are likely to be underestimated since deaths are usually higher than reported and recorded (Shahnaz et al., 2017; Choudhury, Rahman, Hossain, Tabassum & Islam, 2013). One of the reasons for underreporting is the criminalization of suicide/suicide attempts as provisioned under section 309 of the Penal Code. People often tend to avoid legal proceedings associated with suicidal behaviors (Soron, 2018).

Under the contextual premises mentioned above and the apparent problems associated with suicidal data and information, this study attempts to examine the sociological context of men's suicide under the conceptual framework of hegemonic masculinity (Connell, 1995) from the rural settings of the Jhenaidah district in Bangladesh. The outcome of the research may generate new insights and help to adopt appropriate measures to minimize the risks of suicidality among men in Bangladesh.

## **1.2 Justification of the Study**

This research attempted to explore the linkage between hegemonic masculinity and the context of suicide in Bangladesh. Both masculinity and suicide are critical sociological constructs. Of late, a growing evidence is observed to use the concept of masculinity to analyze the diverse sociological (social and cultural) contexts of male suicide in many parts of the world (e.g.; Scourfield, 2005; Andoh-Arthur, Knizek, Osafo & Hjelmeland, 2017; Adinkrah, 2014; Oliffe et al., 2012; Kizza, Knizek, Kinyanda, & Hjelmeland, 2012; Scourfield, Fincham, Langer & Shiner; 2012; Coleman, 2015; Genuchi, 2019; Schlichthorst, King, Turnure, Sukunesan, Phelps, & Pirkis, 2018). In contrast, considering the paucity of suicide and masculinity related studies in Bangladesh (with exceptions; Khan, Ratele, Helman, Dlamini & Makama, 2020 and Khan, Dery & Helman, 2021), the current research aimed to enrich the domain of 'sociology of suicide' in some significant ways.

Suicide played an important role in the construction of sociology as a distinct discipline. Emile Durkheim's (1858-1918) ground-breaking work *Le Suicide* (1897) is a methodological and theoretical innovation in sociology. Since then, the sociology of suicide

has adopted several competing research paradigms (e.g., positivist versus interpretive). For a long time, suicide failed to attract much interest in mainstream sociology (Fincham, Langer, Scourfield & Shiner, 2011a). However, it is now a part-time player in worldwide suicide research (Scourfield et al., 2012). For example, an investigation of over 30,000 academic articles on suicide published since 1980 confirms that only about 400 (1.3%) may fall into the category of sociology of suicide (Scourfield et. al., 2012). Contemporary sociologists have very little contribution to the subject; most of the academic works on suicide are heralded by various other/allied disciplines such as psychology, psychiatry, epidemiology, and the like (Fincham, Langer, Scourfield & Shiner, 2011b). Furthermore, scholarly undertakings on suicide in Bangladesh are predominately conducted from the perspectives of medical science, psychiatry, injury, epidemiology, and/or public health. This scenario suggests that sociologists in Bangladesh should focus more on the explanations, meanings and understandings under the epistemological and methodological rubric of the sociology of suicide (See, Khan, Ratele & Dery, 2020). Therefore, exploring the social context of male suicide under the framework of masculinity maintains a meaningful association with the sociology of suicide.

Furthermore, justification as to why masculinity has been chosen as the research focus can be drawn from the gender dimension of the problem which attests to the fact that men are more vulnerable to suicide than women. Globally, more men commit suicide than women even though women make more attempts than men, which is known as the ‘gender paradox of suicide’ (Curtin, Warner, & Hedegaard, 2016; Schrijvers, Bollen, & Sabbe, 2012; Vijayakumar, 2015). Suicide deaths of men are almost two times higher than women per 100 000 population (WHO, 2019). Although Bangladesh is one of the few countries in the world where women commit slightly more suicide than men (Bagley et al., 2017; Pollock et al., 2020), the exact male-female ratio is yet to be authentically confirmed (Arafat, 2019). Notably, WHO’s (2019) recent data on age-standardized suicide rates (per 100,000 population) confirm that male rates of suicide (5.5/100 000) are slightly less than female rates (6.7/100 000) in Bangladesh. A community-based trend analysis based on official data set for a period between 2010 and 2018 in the Jhenaidah district of Bangladesh captures an escalation of male suicide rates and de-escalation of the female rates of suicide (Khan, Ratele, Arendse, Islam, & Dery, 2020). Given the global fact that males are more vulnerable to suicide than females, I have deliberately chosen to explicate how the social and cultural constructs of masculinity are critically embedded in male suicide in Bangladesh.

The Durkheimian tradition of quantitative research that dominates the scope of the sociology of suicide has been criticized by several post Durkheimian-sociologists (e.g., Douglas, 1967; Atkinson, 1978; Taylor, 1982). In particular, drawing on Weberian (not Durkheimian) postulations of meaningful social actions/subjective meanings, Douglas (1967) proposed for understanding the subjective meaning of suicidal behavior in a limited context. By doing so, Douglas (1967) initiated a paradigm shift in sociology and advocated for examining the social context by paying attention to the history of individual suicide cases (Cetin 2016). The individual level qualitative sociological study that extracts the meaningful analysis of suicide is not only very limited, but most research is overwhelmingly reliant on Durkheimian tradition (quantitative) cornering suicide rates and social context (Wray, Colen, & Pescosolido, 2011; Stack, 2000a; 2000b). The dominance of quantitative or macro-level approach in suicidal research is widely evident beyond sociology as well. Scholars from other disciplines are often reluctant to use a qualitative approach although such research can significantly help to improve the understanding of suicidal behavior in different contexts (Scourfield et al., 2012; Fincham et al., 2011b; Hjelmeland & Knizek, 2010). Considering the contemporary dominance of quantitative studies, it seems to be an important methodological necessity to conduct more qualitative studies to unravel and understand the context of suicide (Hjelmeland & Knizek, 2010; Khan, Ratele & Dery, 2020). The same is true in the case of Bangladesh since there are only a handful of published works (exceptions; Khan, Ratele, Helman, Dlamini & Makama, 2020; Khan, Dery & Helman, 2021; Khan, Arendse & Ratele, 2021).

The formulation and implementation of effective as well as successful intervention and treatment programs for suicide are reliant on the successful identification of suicidal risks and protective factors through adopting appropriate research strategies (Schiebushch & Burrows, 2009). In Bangladesh, there are no well-developed and well-integrated public or social policy measures/social interventions to prevent suicidal behaviors (Arafat, 2019; Khan, Arendse & Ratele, 2020). Available measures are very insignificant, segmented, or under-funded, which necessarily put obligations for extensive activities in order to make an appropriate societal impact (Arafat, 2018; Khan, Arendse & Ratele, 2020). At the same time, as it is a criminal offence, intervention measures should also be undertaken to harmonize the existing legal measures as well as to bring on stage all national and international stakeholders such as the government, non-governmental organizations, WHO, International Association for Suicide Prevention (IASP) and other sectoral forces (Arafat, 2019). It is, therefore, expected

that the findings of this research might provide necessary guidelines to undertake appropriate prevention and intervention strategies in context of male suicide in Bangladesh.

### **1.3 Research Questions**

To deepen the understanding of the discursive connections between (hegemonic) masculinity and suicide, the following research questions were set forth.

1. How are the ideals of (hegemonic) masculinity meaningfully constructed/expressed by close relatives, friends and community members/neighbors for men who died by suicide?
2. How do family members, relatives and friends perceive the suicidal death of men in association with the (problematical/critical) embodiments of their (hegemonic) masculinity?

### **1.4 Scope of the Research**

This study has included several male suicidal cases (aged 18 years and above) specifically from different rural areas of the Jhenaidah district of Bangladesh. While extricating the broader connection between masculinity and suicide, this research has debunked the subjective/contextual testimony of friends, family members, relatives and community people/neighbors of the deceased men. The selected participants for interviews were aged 18 years and above. All the cases included in the study took place between 2017 and 2020. Notably, suicidal behaviors not only include acts of (completed) suicide, but also ideas, thoughts, and attempts to suicide (Schrijvers, Bollen & Sabbe, 2012; WHO, 2014). For the specific purpose of the study, I included suicide (completed) only and deliberately excluded suicide attempts and suicidal ideation.

## 2. Brief Overview of The Literature

### 2.1 Suicide and Masculinity: Sociological Interconnectedness

Suicide is defined by WHO (2014) as the act of deliberately killing oneself. In his classical text, French sociologist Emile Durkheim defines that “suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act by the victim himself, which he knows will produce the result” (Durkheim, [1897], 2005, p 44). Theories on suicide developed across several academic disciplines such as sociology, psychology and biology (Masango, Rataemane & Motojesi, 2014). But one theory or academic orientation will never be able to define and explain the phenomenon of the complicated and varied activities of self-destruction or suicide (Leenaars, 1995). Durkheim’s *Le Suicide (Suicide)* (1897) is a landmark in the history of sociology (Tomasi, 2000). Until now, it is one of the most influential texts in sociology that has received immense attention and praise for its methodological and theoretical uniqueness (van Tubergen, Grotenhuis & Ultee, 2005; Fincham, Langer, Scourfield, & Shiner, 2011a). Drawing on the positivistic approach, Durkheim viewed suicide as a *social fact*, and not as an act emanating from individual motivations. He placed enormous emphasis on related social characteristics to the study of suicide (Pickering & Walford, 2000), and considered suicide as a crisis in society caused by rapid social change (Tomsai, 2000). The key idea of Durkheim’s sociological understanding is that people do not kill themselves or commit suicide but rather are forced by social factors and currents (Pickering & Walford, 2000).

Adopting the essence from the above theoretical understanding of the social context of suicide, this research considers masculinity as an important sociological current/force to explore its connection with the social context of men’s suicide. Studying men and masculinity is also not new to sociology. Classical or mainstream sociology took ‘men’ or certain forms of ‘masculinity’ as unspoken norms, fields of study, or research foci (Hearn & Kimmel, 2007). But contemporary sociology is actively involved in investigating men as socially produced and constructed in the wake of revealing the dynamics of gender relations (Hearn & Kimmel, 2007). As a concept, masculinity refers to specific physical, behavioral and attitudinal qualities that are essential to be a man in a particular historical and cultural context (Mason-Grant, 2000). More specifically, it is defined as values, ideologies, experiences and meanings that are ‘natural’ for a man or required for being real or a proper man in a cultural context (Flood, 2002). The concept of masculinity as ‘natural’ is

problematic since it varies across cultures leading to the framework of a complex meaning of the concept (Resser, 2010). There are no human qualities which are inevitably or inherently masculine since maleness or masculinity might mean different things and might have various meanings to different people, groups and cultures (Hoffman, Hattie, & Borders, 2005). Generally, it provides beliefs about how men ought to behave in a social or cultural pattern. Masculinity is in no way a fixed entity or monolithic phenomenon embedded only in the body or personality traits of individuals. It is accomplished in social actions and differs according to gender relations in a particular social, economic and cultural setting (Connell & Messerschmidt, 2005).

Raewyn Connell is perhaps the most influential contemporary theorist of masculinity research. In her work, '*Masculinities*' (1995), the concept of the hegemonic or ideal form of masculinity was constructed in relation to different forms of masculinities (Connell, 1995). In the hierarchical order, hegemonic masculinity takes position at the top as the ideal model, and subordinate, complicit, and marginalized masculinities rank below in this order (Connell, 1995). Specifically, hegemonic masculinity is a symbolic, legitimate, and ideal type of masculinity that emerges and develops within a socio-cultural context. It serves as a benchmark for what men must follow in maintaining their gender order (Howson, 2006), and is defined as a gendered practice providing explanations of the legitimacy of patriarchy and ensuring the dominant position of men and the subordination of women (Connell, 1995). It occupies the hegemonic position in each society within the pattern of gender relations, although such an idea is always contestable (Connell, 1995). Broadly, hegemonic masculinity is the normative pattern of masculinity, and nurturing this kind of masculinity is the most prescribed or desired way of being a man (Connell & Messerschmidt, 2005).

Connell (1995) identified some essential features of hegemonic masculinity such as i) hegemony relates to cultural dominance in the society and represents the dominance of heterosexual men and subordination of homosexual men, and ii) most men gain from hegemonic masculinity as they benefit from the patriarchal dividend. The patriarchal dividend is regarded as a form of gender practice that entails taking general advantage of the overall subordination of women. Hegemonic masculinity is the most honored, desired, and culturally authoritative form of masculinity in each context and stands as the standard for all other men to follow and against which other men are measured. Consequently, a hegemonic



form of masculinity is the superior form of masculinity (Galdas, 2009). It is the dominant version of masculinity that is embedded with qualities including heterosexuality, superiority, physical strength, and free from emotions and sentiments (Connell, 1995; Tseole & Vermaak, 2020). While complicit masculinity is a passive expression of masculinity as it does not challenge the hegemonic version, marginalized masculinity lacks some of the qualities of dominant masculinity (e.g., disabled men). On the other hand, subordinate masculinity displays characteristics that are opposite to hegemonic masculinity (e.g., gay men) (Connell, 1995; Tseole & Vermaak, 2020).

Similar to the social context of suicide, scholarly works on men and masculinity in the context of Bangladesh are relatively very new (Sowad, 2017; Khan, Dery & Helman, 2021). It is, therefore, difficult to grasp the real meaning of Bangladesh masculinity. Nonetheless, Bangladeshi masculinities seem to be constructed based on several socio-cultural contexts and ideologies (Doneys et al, 2013; Hasan, Aggleton & Persson, 2018). Masculinities in Bangladesh are categorized as real men (hegemonic masculinity), good men (subordinated masculinity) and ordinary men (marginalized masculinity) (Doneys et al, 2013; Imtiaz, 2013). The characteristics of ‘real men’ include the capabilities of being the sole income earner and primary provider within the family, being dominant and powerful, having sole authority over family issues, being physically and sexually competent, maintaining family honor, putting a restriction on women’s mobility, being physically and mentally stout, being honest and having strong character, and demonstrating courage and fearlessness (Khan & Townsend, 2014; Khan et al., 2008; Haque & Kusakabe, 2005; Anwary, 2015; Hasan et al., 2018; Imtiaz, 2013; Khan, Ratele, Helman, Dlamini & Makama, 2020; Khan, Dery & Helman, 2021). Men who hold the subordinated and marginalized form of masculinities in Bangladesh fail to adhere to the category of ‘ideal men’. Subordinate and marginalized masculinities also include sexual minorities, non-violent and socially and environmentally conscious men, and even some men whose masculinities are viewed by others as different (Doneys et al, 2013).

In particular, a crisis in (hegemonic) masculinity is something that is disrupted in the process of transformation within a system of gender relations (Connell, 1995). Men often struggle to enact the hegemonic model of masculinity. They also feel ashamed if they fail to maintain such a standard of masculinity (Canetto & Clearly, 2012). Achieving hegemonic masculinity is a critical target for men in a given culture (Shumka, Strega & Hallgrimsdottir,

2017). Due to macro social changes, men may lose their position as the sole breadwinners and their status and role in the household, workplace, and society. As a result, community may be under increased pressure (Lindorfer, 2007; Rutz & Rihmer, 2007). Specifically, men could fall into a state of crisis due to several complexities associated with employment, prospect, intimate relationships with women, and even relationships with other men (Edwards, 2006). These circumstances may turn into risk-taking or life-threatening behaviors including suicide (Welford & Powell, 2013). While facing excessive pressure to conform to such modes of masculinity, men might be tempted to push themselves to the brink of suicidality (Pirkis, Spittal, Keogh, Mousaferiadis & Currier 2017; Struszczyk, Galdas & Tiffin 2017). The notion of hegemonic masculinity may alarmingly contribute to men's motivation to suicidal behavior as the hegemonic men are often reluctant to talk about their emotions and dismays, and seek support from others. Negative forces might provoke them to be self-destructive and may lead them to commit suicide (Krysinska, 2014). Therefore, the socio-cultural/gender context of male suicide can vividly be explored by examining men's social position and experiences by paying a critical masculinity perspective (Andoh-Arthur et al., 2018; Knizek & Hjelmeland, 2018).

Across Bangladeshi literature, there is very little evidence to explore the theoretical connectedness of (hegemonic) masculinity and male suicide. Recent works of Khan, Ratele, Helman, Dlamini and Makama (2020) and Khan, Dery and Helman (2021) have noted that the troubles associated with the hegemonic gender role such as failure to provide for the family, sexual impotency, infidelity, loss of self-esteem and respect, difficulties in demonstrating material success, relationship stress increase suicidal behaviors (attempted and completed) in men in Bangladesh. Further research, such as the current one, may explore new epistemic embodiments of both masculinity and suicide.

### **3. Methodology**

#### **3.1 Study Location**

This research was conducted in the rural areas of the Jhenaidah district, which as a suicide-related research area is ‘particularistic’ or ‘site-specific’ (Marshall & Rossman, 2011; Rossman & Rallis, 2012). The district is one of the most suicide-prone areas in Bangladesh (Feroz et al., 2012; Arafat, 2019; Rahim, 2015). According to government sources, from 2010-2018, a total of 25,827 incidents of suicides (3,152) and suicide attempts (22,675) took place in this district (Khan, Ratele, Arendse, Islam & Dery, 2020). Such information confirms the severe extension of suicidality in this district.

Jhenaidah is primarily an agriculture-based rural area (Jahan, 2019). Of Jhenaidah’s total population of 1 771 304, 1 491 112 (around 84%) live in rural areas and the rest reside in some small segment of urban areas (Bangladesh Bureau of Statistics 2015). Studies have found that residence in rural areas is a risk factor for the occurrence of suicide (see, Tran and Morrison 2020). I deliberately concentrated the focus of the study on rural areas since the occurrence of suicide is estimated to be 17-fold higher (Arafat, 2019; Mashreky, Rahman & Rahman, 2013) in rural areas than in urban areas of Bangladesh.

#### **3.2 Unit of Analysis**

A unit of analysis is defined as what or whom the researchers wish to study (Babbie, 2007). It is the main focus of inquiry. Qualitative studies typically focus on individuals. The unit of analysis in qualitative research helps to focus on subsequent decisions on data gathering and analysis (Marshall & Rossman, 2011). This qualitative research is directed towards exploring experiences, views and opinions of the close relatives, neighbors, and friends of the deceased. As such, this study dealt with the experiences and perceptions of close relatives, neighbors, and friends of the deceased.

#### **3.3 Selection of the Participants and the Deceased Persons**

I selected 15 rural male suicide cases spreading across three sub-districts of Jhenaidah namely; *Sadar, Shalakupa and Harinakundhu*. The names of the specific rural areas have been stated in Annexure 2. Using the referrals from Society for Voluntary Activities (SOVA), a local NGO working to reduce suicidal behavior in this district

(Khan, Ratele & Ardense 2020), I consciously selected several male suicide cases. It is worth knowing that SOVA plays a pivotal role in mass mobilization to reduce suicidal behavior in the district. For example, the concerned agencies of Jhenaidah district administration routinely maintain official records on suicide and suicide attempt. This is the result of SOVA's long-standing successful advocacy efforts for the collection and recordings of such vital information (Khan, Arendse & Ratele, 2021). SOVA worked as the gatekeeper for the study and enlisted the incidents with its local connections based on the suggestions and requirements of the principal investigator.

The selection of the number of research participants/sample is a critical but important issue in planning research (Gravetter & Forzano, 2011). Although the sample size in any qualitative research is not overtly deterministic, it should be strategic and practical (Mason, 2002). It means sample size should be chosen based on contextual relevance, availability of the participants and having the possibility to have a good access to them. In selecting the sample, I was both strategic and practical and looked for participants who are potentially 'information-rich' in the context of the study (Hennink, Hutter, & Bailey, 2011). I planned for an intensive retrospective investigation to arrive at a possible conclusion regarding the motive and intention of the persons who died by suicide. In this connection, I interviewed only the close persons and/or 'significant others' who are competent enough to report the actions, behavior and character of the deceased persons. Significant others are defined as close relatives or family members with whom a person maintains deep emotional and social attachment (Jakoby, 2015). Understandably, accounts of others who are even close to deceased persons might not adequately tap the motifs of suicide, but their experiences/assumptions could substantially contribute to uncovering the context influencing suicides (Andoh-Arthur, Knizek, Osafo & Hjelmeland, 2018). According to Wray et al. (2011, p. 522), interactions with "friends and family members who experienced a loss to suicide could offer much-needed data." Examples comprising retrospective analysis of suicide of men by interviewing persons who are 'significant others' to the deceased persons are available elsewhere (see; Andoh-Arthur et al., 2018; Rasmussen, Haavind, & Dieserud, 2017; Kizza, Knizek, Kinyanda, & Hjelmeland, 2012). Since there is no way to make an interview with the deceased person who has already died by suicide, since it is not possible to get any firsthand information from the deceased person, 'significant others' and close persons are the only possible source to extract information on the context of suicide.

Upon purposefully identifying cases of male suicide, I visited the houses of the deceased persons and expressed intention to the bereaved family members. Except for a few cases, most of the family members and close relatives of the deceased persons agreed to talk to me. Apart from family members/close relatives (significant others), I requested close neighbors/community people to share their experiences about the incident. In some cases, I also approached the friends of the deceased persons. In some cases, my targeted interviewees were ineligible for participating in the interview due to physical/mental/emotional constraints. In other cases, some of them were reluctant to participate due to privacy issues.

There was no discrimination concerning social class, status, and religion in selecting suicidal cases and the research participants. I identified 15 cases and interviewed 3 persons for each case. In total, I interviewed 45 people including family members, friends, community members and close relatives. In all cases, I was careful about the minimum age limit (18 years) for both suicide cases and research participants for inclusion in the study. Since this research demands adequate contextual understanding about the circumstances preceding suicide, we deliberately maintained a restrictive framework by including legally adult participants. I knew that adult participants would be in a better position to handle any unforeseen emotional trauma associated with the sensitive research and adequately reflect and explain the contexts needed for this study.

Demographic distribution of the suicide cases and the participants have been attached herewith to the report (Annexure 2). I collected data on 15 male suicide incidents that took place between 2017 and 2020. The age of all the individuals (15) who committed suicide ranged from 18-72 years ( $N=15$ ); of them 9 cases were aged between 18-29 years; 1 case was aged between 30-49 years; 5 cases were 50 years and above. The religion of 12 deceases was Islam, and 3 were of Hindu religion.; most of them were married (9) and had children; 6 were unmarried. The educational level of the deceased persons was mostly illiterate (7 cases); 2 had their primary education till 5th grade, 4 had secondary and higher secondary education; 2 were at their undergraduate and graduate level. Most of the deceased persons were the breadwinners of their families who were involved in various occupations such as; farmers (5); daily laborers (4); students (3); self-employed (2) and unemployed (1). Their income range varied from being dependent to 30 000 taka per month. Among them, 9 had an income rage between 5000 to 10000; only 3

had an income of more than 10000, and 3 were dependent individuals. However, only 2 individuals had a history of attempting suicide twice, and none of the perpetrators was found leaving any suicide notes. The methods used in committing suicide include hanging (13), and pesticide ingestion (2).

To maintain the efficacy of the interviews, I took three interviews for each of the deceased men who took their lives. The interviewees include immediate family members (father, mother, wife, brother and sister), close relatives, friends, and neighbors/community people. All the participants (15x3=45) were at the age of consent and took part in the study of their own will.

### **3.4 Data Collection**

I employed a qualitative research approach as the strategy for collecting and analyzing the experiences of the research participants. The fieldwork of this study was conducted in several phases between March and October 2020. The fieldwork was seriously hampered due to Covid-19 restrictions. I admit that I could not spend much time in the field as required due to the Covid-19 situation. Before including a case for my study, I was very careful about the time gap between the fieldwork and the incidents. Although it is never possible for close relatives and family members to forget the cases of suicide, I assume that if the time lapse is shorter, it would provide more accurate and vivid information about the incidents. Keeping that consideration in mind, I included cases of suicide that took place between 2017 and 2020 only.

It was never easy to get access to the local community as suicide is a very sensitive issue. People often cast doubt on the purpose; sometimes they assume that me as a Police source even though I was accompanied by two workers of SOVA. Often, it was difficult for me to gain their trust. Nonetheless, the workers of SOVA (one person worked as a research assistant and another person worked as a counsellor) helped me to create a viable environment for interviewing and building rapport.

The principal investigator and the research associate separately carried out face-to-face interviews to explore the opinions and reflections of the participants regarding the suicide cases of their friends/relatives/family members/neighbors. While doing so, I followed a semi-structured interview guide with generous flexibility as village people are

sometimes reluctant to provide interviews owing to mistrust/fear, even if comprehensive rapport building is done. Despite having an interview guide (Annexure 1), I made the interviews a little more like a conversation. I allowed the participants to speak freely. The interviews were conducted in the local language, *Bangla*. Yet, I did not follow any hard and fast rules for maintaining the sequence of the question (I first tried but later changed the plan as the participants were losing spontaneity). Questions were asked depending on the flow of the conversation keeping in mind the whole interview guide, although sometimes topics were changed depending on redundancy or irrelevant information. Thus, interview sessions varied from person to person ranging from 30 minutes to 1.5 hour. With participants' fullest consent, all interviews were digitally recorded and transcribed into text. Demographic data on themselves and the deceased persons were also collected from them. Through trust-building and participatory dialogues, the semi-structured interviews captured the embedded meanings and constructions/embodiments of masculinity, vulnerabilities/crises associated with male gender norms/roles within the framework of normative/hegemonic patterns of masculinity, and how that patterns of masculinity led up to suicide events.

### **3.5 Data Analysis**

Data analysis is the most critical part of qualitative research that brings order, structure, and meaning to the collected data. The data analysis of this study was guided by Douglas's (1967) methodological approach. Although Douglas did not suggest any specific guidelines about the methodological procedure in studying suicide, he advocated for extricating the meanings of the individual cases of suicide through interpreting the statements, actions, motives and intentions of the actors involved (Varty 2000). For Douglas (1967), the suicide act is intensively meaningful. Sociologists must understand and interpret the range of motives and meanings associated with each act of suicide. Accordingly, the current contribution exclusively focused on the meanings that the participants imparted on suicidal actions of men in relation to hegemonic masculine embodiments.

While doing so, I adopted several processes for data analysis. At the first step of data analysis, audio-recorded interviews were transcribed verbatim by one research assistant and translated by a professional translator. Then, I read the transcribes slowly and line-by-line, and carefully analyzed the experiences, perceptions and feelings of the participants regarding the research questions. Although it was a time-consuming laborious process, it

gave me a firm grip over the data required for the deepest understanding of the research phenomenon. I considered three interviews around a suicide event as one set of data, reduced and expressed them in the form of a case (broader category/theme). It is the key requirement of qualitative research to have a thick description (Hennink, et al., 2011). While writing the cases, I tried to capture the interactions and processes in such a way so that the descriptions become 'context-rich, meaningful and thick' (Gertz, 1973, as cited in Miles, Huberman, & Saldana, 2014). In this connection, I tried to accurately find and depict the prevailing essence/narrative of the data in descriptive form. Then, I extended/interpreted the meaning of the data by drawing on the relevant empirical and theoretical literature. I explored in detail how the participants feel, think, believe and make sense of the presence/absence of hegemonic masculinity in men who died by suicide and the events that led to suicide. I looked for meaning depending on what the participants expressed regarding the possible cause of suicide and the deceased persons' concept of 'hegemonic masculinity' (Connell, 1995) during their lifetime and also at the time of their suicide.

### **3.6 Research Ethics**

This research was carried out upon receiving the Ethical Clearance from the Centre for Research and Training (CRT), East West University in 2019. I strictly followed the standard ethical principles of research as guided by the CRT in each stage of data collection. Before the interviews, I briefed them about the purpose of this research and sought their informed consent to participate. All participants signed the consent form written in Bangla. Moreover, keeping in mind the sensitivity of the research topic (suicide), I briefed the participants about their rights as well as the risks of participation. I kept them informed about their freedom to withdraw, including the assurance of maintaining their privacy and confidentiality. I only used pseudonyms for suicide cases and also for the participants in every step of the research. Accordingly, they were informed that data would be published in a non-identifiable way. I interviewed the participants at a time and place convenient to them. I was aware of the value of their time spent with us. Although their cooperation cannot be compensated by any means, I gave every participant a small token of money as a goodwill gesture.

As recollecting memories of suicide cases of the nearest or dearest ones may be traumatic, a trained counsellor accompanied us during the data collection. In addition, I ensured the availability of transportation in case the participants were needed to be taken to



the hospital during the interviews. However, no participant needed any medical or therapeutic assistance.

### **3.7 Limitations**

I caution against the limitations of this study. Firstly, similar to the ontological aspect of qualitative research, the findings may seem to be inappropriate for broader generalization in the context of the whole male suicide population in Bangladesh. Secondly, suicide is a sensitive issue and a lot of social stigmas are associated with it. Despite my best efforts, perhaps, in some cases, I was unable to handle the issues associated with information bias in research. Sometimes this happened due to a tendency to hide the real events from the significant others. They sometimes seemed to be sceptical about our motif and intention. If all those aspects had impacted the quality of the data, it is only due to the nature/procedure of the (sensitive) research. Nevertheless, I admit my failure in this regard.

## 4. Findings: The Shape of Hegemonic Masculinity and Suicide

### 4.1 Case One: A Man with Multifaceted Problems

[This case is based on the experiences of the deceased's wife (Sarika), brother (Amitabh) and a neighbor (Hironmoy)].

Abinash, aged 50, died by suicide due to multiple complexities associated with his manhood. Amongst the critical crises of hegemonic masculinity, his long-standing financial worries acted as the foremost reason for his suicide. Abinash obtained his graduation from a local college. Unfortunately, he did not find a suitable source of income or employment. At one point in time, he was about to get a storekeeper's job in the general hospital of the district but finally, he was not considered for it on the pretext of being a non-Muslim. Although he bribed a person for the job, he got neither the job nor the money back. Finding no other suitable means of earning, he started giving tuitions in the local areas. However, he failed to ensure financial comforts to his family with his meagre monthly income of 5000-6000 Taka.

His wife Sarika said,

*“He was a BA graduate but didn't have any job. He did only tuition, which didn't bring much money to the family. He could not maintain family expenses. He could not bear the educational expenses of the children. Our elder son also didn't work, and neither did he obey us. He was excessively tense about all these matters. He became very thin—he could not eat properly.”*

His brother Amitabh informed;

*“He almost got a job in a hospital. I am not sure whether I should say it: the then local Member of the Parliament (MP) did not allow any Hindu or non-Muslim to get a job. To get this job we bribed some money which we never got back later.”*

On the other hand, being an educated person, Amitabh had an understanding that it was beyond their status to take farming as a profession, even though they owned a fair amount of land.

His wife said;

*“Abinash always felt that since he was a graduate, he is not supposed to work in the lands under the heat of the sun, and at the same time, he wasn’t doing any job which he believed he deserved. This mental dilemma always bothered him. He took his own life for not being able to express his pain frankly to others and not doing something as per his status.”*

Therefore, being educated often is not the end in itself unless it helps to find an appropriate income-generating source for a man. Indicating such a complex dilemma, Hironmoy, a neighbor of Abinash informed;

*“Here lots of men are educated but unemployed. Being educated they can neither work in the land nor can they manage good jobs fitting their qualifications. The man who committed suicide was a graduate. He had a good amount of land. But he didn’t work in the land much rather sold many pieces of land.”*

Hironmoy further added;

*“When educated men fail to manage jobs, their families put pressure on them. In this case, education alone does not help men to show their appropriateness. They feel serious trouble in their life.”*

His wife Sharika said,

*“Sometimes he became angry on himself whenever he failed to fulfil others’ demands. If I have an income of 500 Taka but the demand is 5000 Taka, how would I meet it? This gave him a lot of pain. Nowadays at least 1500 Taka is needed to buy a dress for a child—how can you buy that if you do not have an income? As a father, he also had a wish to buy something for the children. The children often said that being a graduate you did not do any job—why won’t you give us money?”*

In addition, Abinash had constant difficulties with his elder son. As a father, he expected his son to be obedient, studious and respectful to the family. Unfortunately, his son did not pay heed to him. His son was unruly, extravagant and was never attentive to his

study. Many a times, Abinash was embarrassed before his friends and relatives due to the misconducts of his son. His son tended to buy expensive items from the local shops with debt. Abinash had to pay the due despite his financial hardships. Sometimes, they used to quarrel over such issues. In this connection, Hironmoy commented;

*“Some people said that he did the right thing (suicide), now his son will learn a lesson.”*

The self-killing of Abinash was also triggered by the feeling of dejection when he compared his position with his brothers and childhood friends. Hironmoy, his neighbor informed;

*“His elder brother worked in a school, and his younger brother worked in a college. They are from a good background. Their family had a reputation in the village. But the problem of Abinash was with his joblessness. He couldn’t perform his duty to the family properly compared to his brothers”.*

In this connection his wife Sarika informed;

*“He became so depressed when he compared himself with his friends. ---If any of his friends ever came to our house, he felt irritated to meet him. He always felt inferior to them. ---He did not want to attend any invitation of his friends’. His friends used to arrive at the invitations wearing nice clothes, but his clothes were not good enough—that made him feel sad”.*

According to Hironmoy;

*“His main problem was he always compared himself with others. People with less education than him succeeded, but he couldn’t.”*

In addition to everyday family expenses, money was desperately needed to bear the expenses of his and his wife’s medical treatment, and the education his children.

For instance, his wife informed;

*“I am always sick. I have to buy medicine from Kolkata. We had to sell pieces of land to manage expenses for my treatment. I have a thyroid-related disease”.*

His brother Amitabh informed;

*“He had a throat tumor. It gave him a lot of pain and made him very weaker. --- Abinash also had problems in managing sons’ educational expenses. He had to borrow money from time to time. His failure to fulfil the demands of his wife and children disappointed him”.*

A few months before the incident, Abinash was behaving differently. He seemed mentally disturbed. His brother recalled what Abinash said during that period;

*“I will not live, I can’t support my family. I don’t feel well.”*

His wife noted;

*“He was like that (behaving otherwise) for six months. I suggested him to see a doctor, but he said doctors can’t treat my worries—they can’t do anything. ---I couldn’t trace his problem. He did not like whatever was cooked, did not like whatever he did. He used to lie in bed at home all the time and repent for everything. He thought of himself as a failed person of the family. At times, he even talked about committing suicide.---It is his tension of the extreme that killed him completely.”*

Eventually, Abinash hanged himself to death from a tree sometime in April 2017. No one ever imagined that an educated man like him would do this. Participants severely condemned him for this act as they consider suicide as a cowardly act.

Hironmoy said;

*“He escaped from the society. Men should fight, not end their lives. He was a coward. All have sufferings in their own lives. We must be more courageous and fight. Suicide can never be a solution---He should be blamed. God has sent us into this world, so we can do everything. There are many BA graduates who work in the land and succeed. Suicide cannot be a solution to someone’s failure.”*

His brother Amitabth opined;

*Here the main point is being industrious. He could not do anything that required physical labor.*

Furthermore, according to his brother, this suicidal act has made a bad impression on the image of the family. As he said;

*“We are at risk of losing the respect people used to have for our family because of such an action”.*

#### **4.2 Case Two: Troubled by Inter-faith Relationship Crisis**

This case is based on the experiences of the deceased’s father (Promod), aunt (Rekha) and friend (Hossain)

Niranjan, a 20-year-old Hindu college student developed an affair with a local Muslim girl on a Facebook group. Later on, he faced serious pressure because of this relationship. His family was unwilling to accept his affair with a Muslim girl; on the other hand, his girlfriend pressurized him to convert to Islam if he wanted to marry her. It was such complexities that led him to commit suicide by hanging in April 2020.

His close friend Hossain informed elaborately;

*“He (Niranjan) took me with him when he went to meet her first. It was some cultural program in the stadium. He met her a few days later again. However, what stood as a prominent problem after a few days in their relationship is that the girl was a Muslim. Since he is a Hindu, there was a lot of pressure from the girl’s family. Meanwhile, there was pressure from his family as well to dissolve the relationship. The reason for his suicide can be linked to the fact that the girl probably told him that she was never going to marry him if he did not convert to Islam. And his family did not accept it. Therefore, in that case, as far as I heard, I do not know if it's true that he sought 10,000 Taka from home and told his parents that he was leaving home. So, his family put him under a lot of pressure. He had pressure from both sides: his girlfriend and his family. From this pressure, as far as I can understand, he has committed suicide.”*

Upsettingly, Niranjan's wish to marry the girl was straightaway declined by his family. At the same time, his parents also threatened him with suicide if he married that girl. In this regard, his friend Hossain further informed;

*“He told the family that he wanted to marry the girl. But his family didn't agree and put him under a lot of pressure for not doing that. His family members also told him that if he did it, all his family members would commit suicide. Then he might have thought that as he was causing problems in the family, it is better if he killed himself. That is how that incident took place.”*

Niranjan was the only child of his parents. His parents decided not to have any more children so that they could bring him up properly. He was the apple of his parents' eyes. His parents had high hopes for him. However, there was a serious disagreement between Nironjon and his father because of the relationship. The main issue of this contention was religion. His father could not accept a Muslim girl as his daughter-in-law. Nironjon's aunt Rekha said;

*“He (Niranjan's father) would not be this sad if had another son. He does not want to stay at home. Now he regrets thinking what else he could have done to save his son's life. He regrets that he scolded his son as he thinks his son committed suicide because he scolded him.”*

Due to all the complicacies of the relationship, life became unbearable to Niranjan. He could not bear the pressure coming from both sides. Notably, according to Hossain, Nironjon made a Facebook status the night before his death targeting his girlfriend and his intention as;

*“It is unbelievable that he (Niranjan) could do this. He was smart and clever. The day he died on April 8, 2020, he posted on Facebook at night - “I wanted to be with you, but I could not. If you wake up in the morning and see that I am still sleeping, know that I've gone to the land of no return; will it hurt you?”*

Hossain further informed;

*“The next day in the morning, I was at home, then I heard that Niranjan had hanged himself. Then I went to his house. After going there, I saw that the gate of his room*

*was closed, and many elders were in front of the house. I looked through a hole. He was hanging from the ceiling, tied by his towel. I wonder how he tied this towel with his previously dysfunctional fingers. Then the police came for an investigation. The girl for whom he died also came to his house the next morning after he died. I saw her crying but I am not sure if she said anything then”.*

Usually, as a person Niranjana was very stubborn; he never wanted to share his matters with family members. As his aunt Rekha said;

*“He did not share anything with us. I told him, if you have a relationship with anyone, or have any choice, then marry someone who can maintain a good relationship with people and your family members. If your parents do not approve of you, you will stay at my house. Even after hearing this from me, he shared nothing with me nor with his parents.”*

However, regarding the possibility of accepting this inter-religion relationship, Rekha went on saying;

*“No, if we knew, we would probably not allow him to do that. But at the same time, I don’t think your (Muslim) society would accept it either if they had an affair. However, it would have at least kept him alive now.”*

Despite the fact, Niranjana was a friendly person and was never a lonely person. He loved to be with his friend circle, chatting with senior brothers. He would spend most of the time outside and would sometimes return home at the late hours of night. However, he was very reserved about this relationship. Within the friend circle, there was very little information about this interfaith relationship. Interestingly, he made several relationships with girls before which were known to his friend circle. Hossain, his close friend, informed;

*“We would joke with him a little. Because it was not his first relationship. He was in a lot of relationships before and shared everything with everyone. He was very frank. We could never imagine that he would be so emotional to do such a thing since this was not his first relationship. He was not the type of boy. So, in that case, it's unacceptable that he would do this (suicide) at last.”*



The death of Niranjana pushed the family completely into a state of despair and helplessness. After the incident, his father Promod has become psychologically unstable. All the time he repents for his only son. Out of a deep sense of dejection and despair, he has lost all interest in life. He thinks that he is the cause of his son's death. He does not want to hold anyone responsible for this. Promod said;

*“There is no reason to find fault with the girl—we should not say that my son died because of that girl, it is all our fate. [cry]----I do not want to live anymore.”*

#### **4.3 Case Three: A Man Cannot Live without Having Material Possession**

[This case is based on the experiences of the deceased's friend (Sumon), aunt (Srea) and mother (Jeba)].

Amir, an 18-year-old unmarried man hanged himself to death in May 2020. He was a very family-oriented person and provided for the family in the best possible way he could. He considered taking care of the family as his solemn duty. From a very young age, he used to do different kinds of work to bring comfort to his family.

Amir's aunt Srea informed;

*“He was the son of a poor man, so he did not study much. He worked in pipelines, water lines, masonry and other different works from a very young age.”*

Although the financial condition of the family was not good, he had a strong desire and to improve his socio-economic condition. Depicting the qualities of Amir as hinted above, his mother (Jeba) simply said;

*“I had a golden son who was very caring to the family.”*

During the marriage of Amir's sister, his father sold the only piece of land the family owned to meet the expenses. Amir's father sold the piece of land to his brother who also often pressurized them to vacate the land and hand it over to him as soon as possible. Amir felt humiliated and disturbed because of such pressure. His aunt Srea informed;

*“His father was a poor man. There is nothing left but the house and a piece of land. He didn't do anything, so he sold the land due to a lack of money. He sold it to his elder brother. Even after the sale, they were still there. Often his brother pressured*

*him to vacate the land. Even then my brother-in-law did not move from that place, but for this, he even had no hassle with him. But Amir did not like it. One day, he asked his father when he would buy the land again. His mother said they would buy land again once they get some money in hand. After hearing it, he kept quiet and worked as usual. Suddenly on a Friday, after returning from work he had some altercation with his parents, he went out and hanged himself from a Nim tree near their house.”*

Although Amir knew that he has no financial ability to buy the land again, he was desperate to get it back. Often, he used to persuade his father to take some loan to buy this land. His mother (Jeba) said;

*“I used to console him that I would borrow 50 000 taka from the NGO and the rest I will bring from my parents’ my home.”*

*“---He used to rear goats and tell me that he would buy back the land by selling the goats.”*

His close friend Sumon also noticed some disturbances in Amir after his father sold the land. Amir was aware that with his very limited means of income, he can't get the land back. Sumon narrated,

*“One day he told me that his father sold all the land they had, so he would have to buy some land someday again. To make him feel better, I told him that it was not a big deal, and he could buy five acres of land easily if he started saving money from then. Then he said that he did not want to live with his family anymore. He also said he wanted to live in another place forever by purchasing some land.”*

Within the friend circle, he was also mocked over his father's selling of the land. He was hurt by the behavior of the friends although he did not show back any reaction. Sumon narrated;

*“I never saw him getting angry. He was not much of an emotional kind. People usually change before their deaths, but I did not even see a bit of change in him before his death. ---He did not have any problems with the family or with any girl, except the fact that his father sold the land.”*

Then one day, after coming from work he had his dinner. While having dinner, he had some heated conversation with his father about land and property. However, he finished his dinner and tidied up the plates and bowls. Then he went to the bathroom outside his home and did not return soon. After a while, his father went out and saw him hanging from a tree beside the bathroom. His mother further sadly said,

*“He always shared everything with me, no matter what. He never mentioned to me that someone had taunted him over the land issue saying that we were landless. He used to tell me everything from bad to good. He used to discuss with me whether we needed cattle cows or goats to buy the land. It is unthinkable that he would do it in such a short time. If I knew something about his depression, we would have been more careful. Tell me, is there any mother in the world who would want this to happen to her child?”*

Indicating the whole event of suicide, Sumon’s aunt Srea said;

*“You don’t need 100 reasons to commit suicide, isn’t one enough? Yes, he committed suicide due to the land issue. At least he understood that land is the most precious asset for a man. He thought it is worthless to live without having any asset as a man.”*

#### **4.4 Case Four: Each Burden Has a Limit Even for a Man**

[This case is based on the experiences of the deceased’s mother (Rini), a local public representative (Pavel) and a neighbor (Habil)

Manik, an 18-year-old young man died by intentional ingestion of pesticide in 2018. He used to work as a mason and also on the agricultural land rented by his father. Although his earning was not good, he seems to be an ideal man who is fully committed to his work and family. His neighbor Habil depicted him as a person who was quite good, jolly-minded and well-mannered. He was never involved in any hassle or misbehaved with others in the locality. His only deficiency was his lack of intellectual ability. . Habib symbolically expressed Manik’s qualities as a man in the following manner;

*“Allah created two types of human beings: men and women. Men must be good in nature, work, study... everything. They are stronger than women. Therefore, they*

*should work harder. Good men do all sorts of work. He was ideal as a man from all perspectives except the fact that he lacked intelligence”.*

Pavel, a local representative, depicted him as a very “hard-working boy”. According to Manik’s mother (Rini), he was a very sacrificing and loyal person who willfully stopped his education at an early age to take the rein of the family. The following narratives of his mother perfectly depict Manik’s strong sense of responsibility towards his family as a man;

*“I tried hard to get him to study in Madrasa; later Imam told me that my son didn’t want to study—he wanted to take the responsibility of the family instead. ----He was very caring about the family. He used to say we do not have any piece of land of our own, so I will work hard to buy some. ---Whenever I asked him to get married, he would say before getting married I need to build a house, and get the sister married fast, and then I will marry. ---Everyone in the village wanted to have a son like him, regardless of their religious views”.*

The participants in the study have assumed that it is perhaps not just one day’s matter that triggered Manik to commit suicide but rather some serious intricacies and despairs led him to take such a decision. One noticeable fact was that the boy was seriously mentally and physically disturbed due to his father’s indolence. Pavel narrated;

*“His father was stupid; he did not want to work much. If he ever had enough money to live for, say, the next five days, he would not go to work for the next few days. For this reason, his son had to work hard and maintain all family expenditures. When his father noticed that his son went to work if he missed, he stopped going and started depending on the son. He used to study, but he stopped because of his father’s apathy towards work.---That boy was under a lot of mental and physical pressure because of his father’s indolence.”*

Because of his father’s indolence, Manik had to shoulder the burden of the family at a very young age which put a lot of mental pressure on him. So, as a young man, it was difficult for him to bear the burden and rightly assess what is good and what is bad for him. Habil said;

*“I think he had a lot of mental pressure at a very young age. At that age, like other young people he should have been studying, playing and working. Maybe he did one*

*and missed the others. As a young boy, he was naturally hot-tempered. So, he did it (suicide) without thinking about the consequences properly.”*

Reportedly, on the very day of committing suicide, Manik had an altercation with his father. Pavel recalled;

*“That day at noon, he (Manik) returned home from work, and immediately his father ordered him to go out to buy some pesticide and to use it on their land. He was eating then, and said I am tired - have just come from work, cannot do it now. His father got angry hearing his reply and started scolding him. Manik stopped eating and was about to go out of the home. Then his mother persuaded him to cool down and finish the food. In the evening, he went to the market, bought some pesticide and consumed it”.*

His mother Rini, who closely observed the incident, informed;

*“His father asked him why he wouldn't go to work. He said that he would not go because of his neck pain. Despite that, his father again told him to go to work. His father got very angry. Then Iqbal wore new clothes and got out – I thought he was going to my brother's house. I asked him whether was going to my brother's house, but he said he was not. Then he got out with his bicycle. A few moments later, I got the news that he consumed poison”.*

Manik was rushed to the hospital but he died instantly. Although Manik was good in all respects as a man and devoted himself to the progress of his family, he did a big blunder by committing suicide. As Habil viewed;

*“If he had shared his sadness with others before committing suicide, then that could have saved him. Someone would have helped relieve his pain.”*

According to Habil, Manik failed to adhere to the teachings of his religion. As he added;

*“Satan provokes men to do wrong things like suicide. Men should be careful about it, and they must know that if he says prayers and does other religious activities regularly, then Allah will protect him from Satan.”*

Manik's death was a major blow to the family because he was an important earning member of his family. This incident made the family destitute because he was the only person who was taking care of the family.

#### **4.5 Case Five: A Man who Suffered Silently**

[This case is based on the experiences of the deceased's sister (Setu), father (Dulal) and friend (Mamun)

Shohel, aged around 19 years, was the only son of his parents, born after six daughters. Shohel was a higher secondary student in a local college. He hanged himself to death in his room in September 2020. All the participants portrayed Shohel as an unusual male character who was very polite and quiet, soft-spoken, extremely introverted and overtly religious and studious.

For example, his sister (Setu) commented;

*“There is no decent boy like him in the present time. He used to say prayers, never misbehaved with anyone, and never expressed any rudeness; there was nothing bad in him. He did not speak loudly, he did not laugh loudly, he spoke in lower voices, and he spoke with his face down. I mean, everyone here has been shaken by the death of my brother. Not a single person is saying that this boy was bad. Everyone is saying he was such a gem.--- My brother achieved excellent results in PSC, JSC, and SSC examinations. To describe him in one sentence, he was admirable, and it is hard to find such a polite boy at this age---”.*

Shohel's father (Dulal) said;

*“No one can say anything bad about him. He was a Hafez (completed 3 chapters) of the Qur'an, prayed five times a day.---He always kept the Quran with him, which he used to read.---He was like a normal boy. Nevertheless, he was not at all like those boys who have bad reputation. Many boys these days smoke or take various addictive substances. But my son was not into those bad habits. Villagers praised my son saying, there is no other boy in this village who is as good as him”.*

The participants were not too obvious about the reason for Shohel's suicide. The incident remains a mystery to them. Although not too conclusive, several views and opinions seemed to have relevance to the contextual praxis of his suicide. Firstly, it was the relationship crisis and secondly, his unusual behavioral traits. His sister (Setu) said;

*"For what reason and for what pain he committed suicide we know nothing---Now only God and he himself knows the secret of his death".*

Shohel reportedly had a romantic relationship with a local girl. Possibly his suicide was motivated by serious interpersonal issues with his girlfriend. In this light, some occurrences are contextually significant in understanding the link with his suicide. His sister informed;

*"Then after his death, his phone was ringing at 9:15 in the morning. My son (Shohel's nephew) received the phone. A girl's voice said, "How is Shohel now?" We were all crying. So now my son replied, "My uncle is dead!" She said, "I knew he had died a long time ago." Then my son asked, "How did you know that my uncle had died?" Then she ended the call. Now we think, maybe there was an argument between the girl and my brother on the phone at midnight. My brother, who was so young, could not take the pressure and took his own life without thinking about his family. There was no argument with anyone from our family with him – everything was as usual. I mean, none of his actions made us realize that he would do this.*

Setu also added;

*"She has just passed the SSC exam this year. But they were in the same school. Her result is not good enough according to her group: science – just 3.50. She was not a good girl, everyone knows that. My brother once said to my sister after she asked him about his marriage, "why are you saying this now? I will marry five/six years after fulfilling my dream of joining the army and when the administration will approve me for marriage." He dreamed of joining Bangladesh Army as an officer after passing the higher secondary examination. Now, we think maybe that girl might have pressured him for marriage. We have heard a little about this pressure. Maybe she did not want to let him go until my brother fulfilled her dream of*

*marriage. She might have said something heartbreaking to him. He had a sensitive mind, so without thinking of the family, he took his life.”*

The second speculation about his suicide contains many complexities with his behavioral (introvert, reserved and socially distant) issues. Shohel’s friend (Mamun) informed;

*“He was an introvert, or in other words, sort of socially anxious. He could neither talk with others nor be friends with people.--- Sometimes he would say, "I don't feel well." Then I spent some nights with him. At midnights, I heard him gnashing his teeth, meaning he would grind his teeth together.”*

His father Dulal also admitted;

*“Shohel was a little reserved kind and did not mix with many friends. He resided in a mess with fourteen other students. But living in a separate room, he used to say prayers in his room. He spent very little time with the other students.”*

Regarding the event of suicide, Shohel’s friend Mamun further said;

*“I think his private nature is one of the reasons of his suicide. He wouldn’t talk to people. If one talks with others, then one feels peace in mind and this reduces one’s depression. But he never expressed himself to others properly--- never shared any of his matters with others, not even with friends or family. I tried to find out from him many times if he had any problem. But he never talked about anything like that--- Finally, I will say, no one should spend much time alone, this can lead to depression. Everyone should be around people”.*

In this regard, Mamun holds Shohel’s family responsible for deliberately keeping himself away from others. In Mamun’s view this might have had a kind of impact on Shohel;

*“His family did not let him mix with other boys except me, because they feared that he could go derailed if he had any bad company. He was an introvert, or in other words, sort of socially anxious. He could not talk with others. I later, taught him how to talk and be friendlier with people. But he still kept his affair secret from me.-*



*-- Now, if you can't share something like that with your parents, you will naturally become depressed. His problem was that he would not share anything with others. You need people to talk to, to hang out with, and to have fun."*

Emphasizing the importance of having connections with others as a shield against suicidality, his sister Setu said;

*"Everyone was wondering why he left the world. If there was a problem, he could tell us. But he didn't share anything. He was very shy, and he had a high self-esteem, for which he couldn't share anything with others.---My brother's death made us realize that his quietness was not a good sign, and we now know that we should have been more careful of that. I mean, we should have talked to him more frankly, asked him if he had any problems."*

On the other hand, Shohel's father connected the corona pandemic situation with his suicide as well. Before the corona outbreak, Shohel used to stay at a mess in the town for study. However, when the college was declared closed due to the country-wide lockdown, Shohel had to come back home to the village which had a serious negative impact on him. His father said;

*"If the examinations and classes were held regularly, he would have been busy with those and would not have any time to think of dying. He was dreaming of joining the Army after passing the HSC examination. ---He used to watch announcements regarding the corona situation on the TV. He was very tensed about all kinds of uncertainties".*

Regarding the impact of Covid-19, his friend Mamun indicated;

*"During the corona pandemic, he became lonelier. He had no friends nearby. If he could talk to anyone, he would have peace of mind, and then this would not have happen."*

In regard to the suicide incident, his sister Setu depicted;

*"In the previous day (day before the suicide incident) everything was normal. In the evening we had tea and at 10 p.m. we had dinner together. After finishing dinner my*

*brother made the bed for our father and went to his room to sleep. Then he committed suicide! After cooking food at half-past seven in the morning, my mother called him to eat and to take food for our father to the Bazaar. After a few calls, When my mother did not get any response even after a few calls, she knocked at the window. The window latch got opened and then she saw that he was not in bed. Later my mother thought that maybe he went to the bathroom. The fan was on in the room. Then she called everyone—one of my sisters came, broke the door with an axe, and saw the body was hanging. That was unimaginable”.*

#### **4.6 Case Six: Demonstration Effect**

[This case is based on the experiences of the deceased’s father (Jalal), mother (Farida) and neighbor (Latif)

Faruk, aged approximately 19, died by hanging in January 2020. He was supposed to sit for the SSC examination but could not qualify the test examination. He was the only son of his parents. Faruk was a friendly person by nature who loved to hang out with his friends. He was very addicted to mobile phones. He used Facebook and messenger all day long. His father Jalal assessed him as a worthless man who was not very interested to do any productive work. He was neither attentive to his studies nor gave time to the family business. He had unnecessary demands for money and often forced his father for money.

His father Jalal informed;

*“Even on the day he died, I told him to study well, but he did not pay any attention to his studies. That is why I used to tell him to come to my shop and learn the work but he did not even hear this. He wanted to go abroad, but I told him that he could not go abroad because he did not know how to do any work. What would he do after going there?---Nowadays it has become very difficult to raise children to good human beings. If the children do not understand, then nothing can be done.”*

One of the salient reasons of his suicide, assumed by all participants, was that his father did not buy a motorbike for him. He was demanding a bike for more than a year. He was very crazy about riding a motorbike with his friends. His mother Farida said;

*“He used to ask us for a motorcycle. He used to say all the time, “I will die if you don’t buy me a motorbike.”*

Meanwhile, Faruk’s family purchased a piece of land and Faruk did not like it. He felt that instead of buying the land, his father could have purchased a motorcycle for them. In this regard, his mother Farida informed;

*“Seeing us buy a new piece of land, he got angry. His father and uncle told him that he was studying and was not earning yet, so he was not supposed to purchase a motorcycle. If he was doing business or earning money, then something could be done. We told him, “As you cannot do any work, where or why will you ride a motorcycle?” But he said he would just ride on a motorcycle”.*

Fearing Faruk’s threats of suicide, his parents decided to borrow money to buy a motorbike for him but failed to manage the money. His father Jalal said;

*“He asked me to buy him a new Maruti Suzuki motorcycle one day. Then I went to the store and saw that the price of a motorcycle is 3 lakhs taka. But I did not have that affordability then, so I told him to wait for the next year. He did not like what I said. --- Because my son used to say that he would commit suicide if he did not get the bike. So, I wanted to borrow money to buy a motorcycle. He also said that if he got a motorcycle, he would work properly.*

His mother Farida also informed;

*“He used to bother us for a motorcycle all the time, he would go crazy saying he would buy a motorcycle. He used to tell us to sell our cows to buy a motorcycle. Then I told my uncle-in-law to lend me some money to buy a motorcycle for my son, but he said he had no money then.”*

On the night before suicide, Faruk and his father had an argument. Faruk’s father suggested him to study hard but he was adamant to buy a motorcycle. The family members finally found Faruk hanging from the ceiling early in the following morning. Faruk’s father indicated that it has been a common problem amongst the younger generation to buy motorbikes as a means of showing off their manliness. There are many incidents in the locality where parents are even forced to sell their lands to buy motorbikes for their sons. To him, this dangerous trend is a social anomaly, as he said,

*“I think boys these days are more disorganized. They want to show people that they have motorcycles. Everyone in our neighborhood has a motorcycle. This is a social problem”.*

According to Latif, the neighbor of Faruk, putting pressure on parents by the young children to buy something is getting a bad shape in the community. They want to demonstrate their material possession as a source of masculinity. Not having any material passion such as a motorbike is a threat to their masculinity.

*“He (Faruk) pressurized his father to buy him a motorcycle. Later his father said he would buy a piece of land that year, so he would have to wait until the next year to get a motorcycle. But the boy's friends used to make fun of him.--- He couldn't show his friends his male ego: that he also had a motorcycle.”*

Latif further added that sometimes children dangerously threaten their parents with suicide. He made a good suggestion in this regard;

*“So parents should understand their children’s demands first. They should neither be ignorant about their children’s requests nor should they do everything they want without thinking it over. They should both rule them and love them. They must talk and listen to their children.”*

#### **4.7 Case Seven: Death is Preferable to Dishonor**

This case is based on the experiences of the daughter-in-law of the deceased (Kamala), brother (Rafiq) and wife (Jharna)

Social dignity is one of the strongly embedded attributes of masculinity. One may decide to commit suicide if he loses his social dignity. Hasan, a 65-year old man, was a street hawker by profession who killed himself by hanging due to the strong feeling of losing dignity as a man. The incident of suicide took place in June 2020.

Hasan was caught red-handed for sexually abusing his elder brother’s minor granddaughter. None of the participants could ever imagine that Hasan would do such a thing. They viewed Hasan as a very good person. He possessed all the necessary attributes

of being a real man. He never quarreled with anyone. He always kept himself busy with his small business. Of late, he was also earning quite well. He never even sat in the shop to gossip unnecessarily. He never borrowed money from others. He was a perfect family man, a good husband and a good father of a boy and a girl. He never expressed his physical/sexual desire with others or behaved oddly; nor did he talk about getting married again. He seemed to be happy with whatever he had.

Most of the villagers were disturbingly shocked by such an unbelievable incident. They could not think a person like Hasan could commit such a heinous act. Rafiq, brother of Hasan, expressed this event as the will of *Iblis* (Satan). As he said;

*“No one could ever imagine that he would do such a thing. The thing is - when Iblis possesses someone, he is provoked to do such a bad thing. If not so, why would he try to rape a 4/5-year-old girl whose sexual organ has not developed properly yet? --- You know that it is written in Hadith that Satan can even enter our blood vessels, and this happened because of Satan Iblis. People raise their grandchildren, visit places together, but I have never heard that anyone did this to their grandchildren.”*

On the day of the incident, neither Hasan’s son nor his wife was at home. The victim’s house was next to his house. Kamala, the victim’s mother (daughter-in-law of the deceased brother), went to mow grass for the cows and goats. Upon returning, she went to the cowshed and noticed that Hasan was doing something very offensive with her minor daughter. She elucidated the event;

*“One of my sisters-in-law was saying to him that day, “Uncle, you are earning so much money. Now go to the market and buy some meat to feed us.” I don't know where he went after leaving home. We were discussing among the sisters-in-law that he could buy a piece of land and save some money for the future. Then, I went to the cowshed to keep a bowl and going there, I saw this situation. I was crying and shouting, “Uncle, how could you do this?” I saw my daughter lying under him. My daughter got up and started crying. I scolded her for not saying anything to him. I instantly fainted. Later, my sister-in-law came and washed my daughter's face. I was crying all the time, and everyone was talking about that. Then I urged them to take her to the Sadar Hospital in case she got pregnant.”*

After the incident, the victim's mother gathered the villagers around and they wanted to beat Hasan with brooms. Hasan's wife Jharna informed;

*"The mother of the child blamed him. Then the people of the village gathered together and whispered about that. Later my husband felt very ashamed. Villagers wanted to beat my husband with brooms."*

Meanwhile, Hasan felt insulted and humiliated by the whole episode, and so he left the house. The following morning he was found hanging to death from a mango tree far from the village. His brother Rafiq said;

*"He felt ashamed that he, as an old man, had caused such an incident. Then everything became known everywhere. He probably realized that he would never show his face to anyone again. With this in mind, he committed suicide. ---He might have thought that he made a great mistake. Then he thought of taking his own life."*

Kamala said;

*"His honor and fame were destroyed completely after that incident. His mother who is still alive has seen the incident. Then he decided to kill himself as he thought he would never be able to show his face to people. We never wanted anything like that to happen, we never expected him to die. My daughter will grow up and study. She will also be married. We cannot play with her life."*

The wife of Hasan, Jharna, had shown another perspective of the incident. As she expressed;

*"Allah knows whether it is true or false. Neither my husband's brother nor his nephew was at home, only a few women were there. Now, only they and Allah know what is the truth and what is a lie. ---Look, if you blame someone for stealing from your house, everyone will believe that. If anyone spreads a rumor, everyone starts believing that. There is no point in telling the truth."*

Jharna also insisted;

*“If there were a man in the house, then he could force them to keep that as a secret. But there was no one then, and they took the girl to the hospital, hence the police got to know everything. Then the villagers also got the news. ---Now the point is, can an old man do that? Maybe what happened has been persuaded by the devil. Even the nurses in the hospital said that nothing happened to the minor. ---Whenever I think about him, I feel like crying a lot. So many incidents take place in the world! And he had to die for such an issue.”*

Rafiq also believes;

*“It would have been better if the incident had not been disclosed and thus the man could have been stopped from committing suicide; and people wouldn’t know about that. The punishment could have been arranged within the family, not socially.”*

The incident finally turned a bit more complicated.. Although the victim’s family did not file a case, the Police came to know about the incident from the hospital and came and to arrest Hasan. But when Hasan couldn’t be found, they arrested his son. They said they would not set him free until they find Hasan. The Police also scolded Hasan’s daughter badly . However, a good point is that no damage was traced medically to the victim.

Indicating the complexities and misunderstanding amongst the family members, Kamala said;

*“We had no idea that my uncle-in-law will commit suicide. I went to the hospital with my daughter. Now what happened here with him could be solved through family intervention . After all, he is our uncle-in-law—a close family member! We did not want him to be caught by Police and put in jail. We even would not have claimed any money for the trauma caused to my daughter.”*

At the same time, neither did the wife of the deceased file any case against the minor’s family. Jharna said;

*“We were afraid of losing respect. The loss we have suffered for that will never be recovered.”*

#### 4.8 Case Eight: Man versus Man

This case is based on the experiences of the deceased's friend (Moti), mother (Parul) and aunt (Jhilik)

Rabi, a 27-year-old illiterate farmer, committed suicide in 2018 by consuming poison. He was the only son of his parents. The participants depicted him as a hard-working man who had a fairly good earning from farming. However, he could not enjoy freedom in his joint family and did not have control over his income. He married seven years ago and had a child. Nevertheless, his anger was a little too much. He used to break things in the house when he got angry. If anyone did anything that he did not like, he would get upset immediately. Besides his anger issue, he had no other problems; in fact, he maintained a good relationship with his wife. As he had no control over family income, he often had a fight with his father. He was unhappy about the fact that he had to give all of his hard-earned money to his father, but his father never gave him money, not even when he needed money badly. He had no freedom at all. It is assumed that Rabi committed suicide over a family/financial issue with his father.

Rabi's neighbour Moti explained;

*"He wanted to visit his father's-in-law house. His father was very stubborn and did not give him any money. But at the age he died, men rarely obey their fathers in every aspect of life. For example, before visiting his in-law's house, a man is not supposed to seek money from his father. However, they quarreled over this issue that day. --- Later he got angry with his father over money. Then he committed suicide."*

Moti further informed;

*"Rabi was the only son of his parents. Rubel was unhappy about the fact that he would give all of his hard-earned money to his father, but his father didn't give him money when he needed it badly."*

There was a long-standing relationship crisis between Rabi and his father. Such relationship issues often disturbed Rabi mentally. Rabi's mother (Parul) and aunt (Jhilik)



both indicated the same incident pointing out the extent of bitterness that existed in the father-son relationship. For example, his mother Parul recalled; .

*“Rabi had fever then. One of his uncles-in-law was a doctor. So, Rabi went to him to get some medicine. Rabi’s father became very angry about this. Rabi’s father was arguing with his daughter-in-law, calling her ‘the rich man’s wife. Then Rabi angrily told his father, “Why are you talking to my wife like that? Rabi never misbehaved with his wife.”*

Following the incident, Rabi’s aunt Jhilik recalled;

*“Coincidentally both Rabi and his wife fell ill from fever. Rabi’s father said to his son’s wife, “You are the wife of a rich man; I do not understand why you are going to the doctor.” Then she probably cried. Rabi saw the tears in his wife’s eyes and became angry with his father.”*

With all the troubles in mind, he consumed pesticides. His aunt Jhilik said;

*“He bought it from the market. He lied to the shopper that he needed pesticides for the crop, so the shopkeeper gave it to him. After consuming it, he went to his father and told him his chest was throbbing. Then we grabbed him and made him sit in the chair and called a doctor, but he died immediately.”*

Rabi’s aunt Jhilik who was present during that time assessed the event;

*“He couldn’t tolerate the tears in his wife’s eyes, so he did that. I think he didn’t do it to die but rather just to scare his father. But he died immediately.”*

Rabi was not brought up in a proper social manner and, thus, lacked ideal masculine qualities. His neighbor Moti mentioned;

*“If he (Rabi) was not allowed to go to school-college from childhood, even not allowed to mix with the others in society, then how can he be a good boy? Rabi’s father was a very stubborn man.”*

More interestingly, it came out from the discussion that suicide is considered as an unmasculine act having serious ramifications for men in society in terms of status and position. For example, Moti remarked;

*“When a man commits suicide, we do not consider him a man anymore. Why would a man commit suicide? Even if he has a severe economic problem, he can solve it if he wants.”*

A real man must be able to manage the odds of the family. It was true for both Rabi and his father. The participants opined that Rabi had problems controlling his anger while his father had a bad tendency to control his son. Rabi’s father now cries for his son and regrets his deeds. Rabi’s aunt said;

*“The boy used to manage all the expenses. Now the father cries for his son – he regrets what he has done.”*

Moti assessed the relationship between the father and son in the following manner;

*“When people lose something, they realize what they have lost, but do not reveal it. - - If you are in a family, there will be different problems. Not everyone in the family is the same, so family ties need to be strengthened.”*

#### **4.9 Case Nine: Troubled by Wife’s Character**

This case is based on the experiences of the deceased’s son (Helal), mother (Rita) and brother (Arzu)

Faizur, aged around 40 years, and a father of two children committed suicide by hanging himself in February 2020. Faizur used to drive a tractor and cultivate in the field. With a very limited income he had to maintain the family with great difficulty. Sometimes he had to take loans from different sources. Faizur was diagnosed with a major heart block. He was treated at Jhenaidah Sadar Hospital. The doctor recommended setting up a ring in the heart, but Faizur declined to do so as it would cost a huge sum of money. Bearing the expenses of his disease was a major problem for his family. His son Helal said;

*“The doctor recommended fixing a ring in his heart. We all sit at night. We wanted to sell the land to bear the expenses of this treatment, which would require a couple of lac taka. But he didn’t agree despite our strong insistence.”*

As a man, Faizur was very much concerned about the future of the family. He refused to spend a huge amount of money on his treatment because he thought it would make his children destitute. In that way, he had shown a great deal of family responsibility. For example, his son Helal further informed;

*“My father was very affectionate to me and my sister. He said that he does not want to spend anymore taka for his treatment. He would not mind if he dies without treatment. He does not want to make us helpless. He does not want to jeopardise our life.”*

Faizur’s mother Rita said;

*“Doctors told us to take him to Dhaka for proper treatment, but we could not do it because we did not have enough money. However, we wanted to continue with his treatment, at least to the best of our limit. We wanted to sell the piece of land we have, but he declined. He did not want to destroy the future of his children.”*

The fact is that Faizur did not have that much faith on his wife to whom he could pass the responsibility of taking care of the children. He never had a good term with his wife. As his brother Arzu said;

*“He thought if he exhausts everything for his treatment there is no guarantee that his wife will come forward to take care of his children. She might leave them at any moment. She is not an affectionate mother. She is a careless woman!”*

The specific reason for his suicide is very complicated but can be linked to the tension that existed between them. His wife was sketched by the participants as having a very obnoxious character. In one sentence, Helal, the only son depicted his mother;

*“My mother’s character is bad.”*

The accusation of ‘bad character’ derives from the fact that she used to maintain extramarital relations and used to quarrel with his father. Previously she had a record of leaving the home and coming back again. Upsettingly, she even left the family with another man immediately after the suicide of her husband.

The following few comments are very pertinent to understand what her son meant by saying that his mother had a ‘bad character’. Helal shockingly narrated the character of her mother in the following manner;

*“My mother did something so loathsome that we could not even talk with others then; we have lost our honor to them. ---She once left our family with another man. She then came back again. I was only one and a half years old then. She sold our cows and goats and left us taking that money. My father could not stand it anymore. ---- My mother is now in another family. She left again a month after my father’s death.”*

The comments of Faizur’s mother and brother are also relevant in this regard;

*“His wife was of ill-nature. She used to talk with another man over the phone while my son would work hard the whole day (Rita-Faizur’s mother).”*

*“As long as my brother was alive, she couldn’t go to that man. She finally went there only after one month of his death (Arzu-Faizur’s brother).”*

Family members had a firm conviction that Faizur committed suicide prominently due to an altercation with his wife over her extramarital relations. Faizur was fed up with his wife’s desperate behavior. He could not satisfy and meet the high demands of his wife with his minimum income.

Faizur’s mother informed;

*“My son could not satisfy her enough because she had high demands.”*

In this regard, Faizur’s brother Arzu, indicating the event of suicide, informed;

*“That day they beat each other-- we heard the racket. It was their daily affair. I mean, every single day they quarreled over this or that issue. We were tired of seeing that every day. My brother hanged himself at night. I am almost sure that their fight was*

*over her extra-marital affair. --- She had an extra-marital affair. She was an indecent woman. But I don't think that my brother had any sexual problems."*

Faizur's son Helal informed;

*"He had an altercation with my mother about family issues. He committed suicide out of that anger---My grandmother saw him hanging dead when she went to the room for the Fazar prayer. I was sleeping in the room. My grandmother called everyone."*

Interestingly, Faizur's son Helal maintains a strong reservation regarding men's suicide. For him, it is an unmanly act committed by the cowards. Men who commit suicide avoid responsibilities. He even blamed his father for choosing such a cowardly act. He said;

*"Yes, he (his father) also escaped all the responsibilities of his family by committing suicide."*

#### **4.10 Case Ten: Unbearable Physical Illness**

This case is based on the experiences of the deceased's daughter-in-law (Hena), wife (Tuli) and nephew (Sakib)

Irfan, an elderly man, aged around 72, died by hanging in January 2020. He had a small business but gave that up due to illness. Irfan was suffering from various chronic diseases that made his life challenging and unbearable. The major reason for his suicide was associated with his chronic illness. For example, Tuli, the wife of Irfan informed;

*"He used to do business. But later he stopped it because of various diseases like diabetes, heart problems, blood deficiency, kidney problems, and then asthma. For this, he could not move. We have never compromised with his medicine, let alone think of his earnings. We tried everything to cure his illness. ---If a person has so many diseases in his body, then he cannot live happily."*

His nephew Sakib also informed;

*"He didn't have just one disease, he had many: asthma, heart disease, breathing problems and all. Among these, the breathing problem caused him more pain, both physically and mentally. He used to take an inhaler for that."*

With various kinds of diseases on the list, one may easily view him as an unlucky person. His sufferings from the extreme pain seemed to be untreatable and unmanageable. He had lost all hopes from the world. Death seemed to be more preferable to him than living. His everyday conversations with the participants give testimony to his strong sense of despair and dejection with life. For example, his brother's daughter-in-law Hena informed;

*“He (Irfan) could not bear this physical pain. The day before he died, he came to see all the trees that we have here. He was telling me then that he was having unbearable pain in the body. Then he asked me, “will I live or should I live, Hena?” ---I suggested him praying to the Almighty.”*

His nephew Sakib similarly indicated;

*“As long as I stayed home, he was with me, I mean, except the times I would go to the field. He would not go anywhere; he would come to me all day and sit beside me. He often told me, “Sakib, what can I do? I can't take it anymore. I feel restless. I will take my own life.” Then I would tell him to have patience and say prayers. I forbade him many times to think of suicide.”*

Just before the day of the suicide, Irfan suffered from serious breathing problems. Family members took him to see the doctor at Jhenaidah city but the doctor was not available. They returned home and at some point at night he committed suicide.

Irfan's wife Tuli informed;

*“We took him to the hospital the previous day of his death. We had to return from there as the doctor wasn't there that day. Everything was normal except for his pain. At night he asked for dinner, but couldn't eat because of the pain. The next morning we thought he was going to the mosque like he always did. But he went out to commit suicide. --- Then my daughter-in-law went to fetch hay from that barn. When she went there, she saw someone was standing there. She mistook him for Babul. Then she went nearer and saw it was him, dead.”*

Sakid, the nephew of the deceased informed;

*“He was getting more and more restless. After Maghrib, we brought him back home. He felt pain again at night. The next morning his daughter-in-law saw him dead in the cowshed.”*

According to the description of the family members, there was no financial problem in the family. Both of his sons work and manage the family quite well. They also provided all the expenses required for the treatment of their father. Although these diseases are common at his age, the family left no stone unturned for his treatment. His brother’s daughter-in-law Hena said;

*“He was even taken to Dhaka for treatment. He was consulted with many doctors. They were ready to spend all the money on his treatment. But his luck didn’t work accordingly.”*

Family members contemplate that he was overtly frustrated with his unbearable physical illness. He did not want to extend the burden on the family for his treatment. Probably, this intention compelled him to commit suicide. However, his death came as a surprise to the family. His brother’s daughter-in-law Hena said;

*“No one could imagine that he would do that at this age---Well, peace cannot be ensured all the time. But suicide can never be justified for this. Allah forbade this.”*

Irfan was a good family-oriented man who used to maintain good relation with his sons and wife. When he was doing business, he used to mix with many people in the community. His wife said;

*“He was not the kind of person who would do such a thing. He was a good man, no one can ever say anything bad about him.--- After losing him, it is hard to explain the pain I have now. He could tell us that he was going to do that.”*

#### **4.11 Case Eleven: Extreme Romance May also Bite a Man Extremely**

This case is based on the experiences of the deceased’s mother (Salma), wife (Ruma) and neighbor (Montu)

Babu, aged around 25, committed suicide along with his sister-in-law (girlfriend) Rinki by hanging from the same rope in March 2018. This is a case of pact suicide that attracted a great deal of local media and public attention for its connection with a taboo subject-‘brother-in-law and sister-in-law (*Shalika-Dulabhai*) romance.’. Babu was involved in different kinds of professions in his short span of life but could not attain success in any of the profession. Therefore, he did not have a good means of income to maintain the family. Babu’s mother said;

*“He did masonry. I bought him an Easy Bike (battery-run vehicle). He drove that to earn some money. I also bought him a store. He also sold snacks there. Later he sold the shop.”*

Babu got married to Ruma who is from the same village in 2014. Before marriage, they had an affair for around a year. The couple were living happily until their baby was born. Then, everything started moving in another way. According to Babu’s wife Ruma;

*“Since my son was born in January 2016, he started losing interest in me. I understood that by noticing his apathy towards having sexual contact with me, though I was not sure if he was having an affair with my sister then.”*

She further added;

*“People said many things on the day he eloped with my sister. I could not even know or realize it. I had a belief that at least he would not do anything very bad. He is a father of a son. How bad could he be? He had some problems, but I thought we would be all right one day. I could not realize things will go so far.”*

The houses of both the families are close-by, set apart only by the village road. Family members, including the couple, had frequent communication between the houses. Perhaps, at some point in time, Babu got involved in an affair with her sister-in-law Rinki, aged only 14, and a student of class eight.

Montu, a close neighbor asserted;

*“It was easy for him to engage in this kind of relationship because they could meet quite a number of times in a day. There is a proverb that is out of sight out of mind.*



*For Babu and Rinki, it was simply the opposite. As they were living nearby, they got enough time to see each other, feel each other, and understand each other.”*

While depicting the episode, Babu’s mother Salma admitted that she had noticed something bad and objectionable between her son and the girl, and warned her daughter-in-law and her mother accordingly. Since no precautionary measures was taken by them, the relationship gradually got cemented. The following few narratives of Babu’s mother indicate the warning she had put in place at inappropriate time;

*“I say whatever I like directly. I warned her mother that her daughter comes to my house. I told her, “My son is so carefree, so be careful about my son when he goes to your house and talks with your daughter.”*

*“I may be black in complexion but my son was very good-looking, like a hero! That girl would meet him missing her classes. I warned her mother about that. I understood what was happening between them.”*

*“My daughter- in- law is such a fool! Now she is a little intelligent. People become clever when they lose someone. I told her about that, but she neither understood me nor took me that seriously, rather told me that I was lying. Can the eyes of the mother misjudge? You need to streamline your son.”*

However, Montu, a neighbor, blamed both the families for their inaction and not dealing the matter in a strict manner. For him, there was no real obstruction from the two families. Thereby, it was easy for both Babu and Rinki to maintain their relationship secretly. As he said;

*“If you keep the butter near the fire, it will melt. The same thing happened to them. Both the families were careless. One side was blaming the other. While doing so, both the families suffered such an irrecoverable loss”.*

Then in February 2018, Babu eloped with Rinki leaving both the families in deep trouble socially and publicly. Now society took it seriously. After several efforts to know their whereabouts, both of them were brought back home by the important persons of the village. Society arranged arbitration of the matter. Around two weeks after that event, he

committed suicide along with his sister-in-law, who was his girlfriend then. To understand the details, the following few narratives are also relevant;

Babu's wife Ruma said;

*The day he left with my sister, society started looking down upon and insulting us. I never thought or even realize that he could elope with my sister. I thought he would not do something that bad. He has a son now and he would change one day. But everything happened beyond my imagination."*

Babu's mother Salma said;

*"They arranged a big arbitration on the issue. My son was beaten severely and was humiliated in public. As if my son had done all the wrongs. That girl did not do anything. The arbitration charged us a penalty for 10 000 taka."*

The arbitration had an immense impact on Babu. He was so embarrassed with everything that he hid himself from the rest of the society. Eventually, he managed a perfect time to hang to death with his girlfriend (sister-in-law).

Babu's mother Salma pointed out;

*"After that event, my son stayed home all the time because of embarrassment. Even if he went out, he would come back in a short while. He was so ashamed of everything. I kept him under my eyes like a watchdog. I suggested him to go to his maternal uncle's home for a break. Instead, he along with the girl hanged themselves to death. But I suspect it was not suicide, rather they killed them and staged the drama that they committed suicide."*

Interestingly, just for a moment, Babu expressed to his wife his desire to marry his sister-in-law. Perhaps, there was still an aspiration in him to live, but not without his beloved.

Babu's wife Ruma said;

*"He once in those 14 days told me, "What bad will happen if I marry her? What if you two sisters live in the same house?" I told him, "Have you ever heard of such a*

*thing that two sisters have the same husband. If you marry her, I will divorce you according to the custom.” Then he regretted his wrongdoing and also blamed my sister for that.”*

Ruma also narrated the event before suicide;

*“He went out in the morning that day. I called him. He told me that he was in a truck and that he would not come back that day. I asked him why he had not taken any clothes. That was our last conversation. His phone was switched off afterwards. That night, we came to know of his suicide.”*

Finally, Ruma repented;

*“It is hard to trust anyone. If you trust anyone, he will cheat you someday.---If they wanted to be together, I would have accept it and would have gone away from them.”*

Montu, the neighbor, blamed the actions taken by the local arbitration. In his view, Babu could not bear the shame and disgrace he encountered during the arbitration. Instead of punishing Babu, the arbitration could have gone for an amicable solution to the issue. Indicating their strong bond between them, Montu said;

*“The whole event tormented the two lovers. Love/extramarital relationships will never be erased from the society. How will you stop it? We have no control over it.”*

#### **4.12 Case Twelve: Mentally Disturbed Subordinate Masculinity**

This case is based on the experiences of the deceased’s transgender aunt (Jibon), brother’s sister-in-law (Nazma) and mother (Morzina)

Misha, aged approximately 25, died by suicide from hanging in July 2020. Previously, he survived two suicide attempts: poisoning and jumping from the roof. Misha, an illiterate person, was a daily labor in a cargo-unloading site in Faridpur. He was unmarried and did not earn much. Whatever he earned, he would spend his earnings on himself and never gave anything to his family.

Misha was somewhat crazy, a substance user and indifferent about life and family. Jibon-a transgender and whose nephew was Misha depicted him as;

*“A little crazy type but he was a simple boy. Some people in his workplace often forced him to dress like a transgender and work. They would then take away all his earnings. He could not protest or say anything to them.”*

*“He never shared anything with us. And neither did he have any friend whom we can inquire about what was going on in his mind. He would always remain alone. He lived with the workers from the ship-breaking yard. He also lived with the transgender community for a while. He was away from home for five years. ---He travelled to various shrines of the country and even lived in those shrines for a while.”*

*“He was caught by the police taking marijuana a few days before his death. --- I also saw him consuming some tablets several times.”*

His brother’s sister-in-law Nazma depicted his character in the following manner;

*“His character was very good. He was never involved in any bad incident regarding girls. Whenever I joked with him about getting him married, he would not reply. He was a little crazy. He would not listen to anyone. ---He had a problem: He was very forgetful.”*

*“He was always on his own. He did not have any friends from here. He would not live at home much; he would stay in Faridpur most of the time. He used to work very hard.”*

Misha’s mother Morzina informed;

*“He was like ordinary people. He did not have any high demands. But he was a little girlish. He did not want to get married. I requested him many times, but he never agreed. He never told us what problem he had. He often lived outside of the house.”*

*“He was a little crazy. He was very hot-tempered. ---But he never misbehaved with anyone. No one in the area can say that he has ever done anything bad to anyone.”*

According to the participants as Misha was not interested to share anything personal with others, it was impossible to specifically find the reasons of his suicide. He was also an extremely suicide-prone person as he attempted to commit suicide twice before. Jibon said;

*“He had tried to commit suicide before. He consumed poison one year ago; and three or four months ago, he jumped from the roof. But he finally died on his third attempt. We asked him several times why he attempted to commit suicide. But whenever we asked him about that, he would say, “It's my will.” He would not say anything else.”*

His mother Morzina said;

*“He attempted suicide two times before and died on his third attempt. I don't know what his problem was. Once he jumped from the roof and was unconscious for some time. Then we got him well after being treated at the hospital. One day he bought poison and showing it to us, said that he would consume it. We got scared seeing that, and he finally did it for real. ---I requested him several times not to do this kind of madness, but he used to laugh at me. Now I cannot bear the loss.”*

However, there was a tiny altercation between Misha and his mother the day he committed suicide. His brother's sister-in-law Nazma said;

*“One day he had a fever, so he came back home from his workplace. The next day he asked his mother for 500 taka and requested her to pour water on his head. His mother scolded him, saying, “Have you ever given me 500 taka from your earning, then how will I give you money now?” That was the conversation. After a while, his mother found him hanging to death. It was too late for her.”*

Misha's mother Morzina said;

*“He asked for 500 taka but I did not give him the money. He went out. He came back home after a while and ate two pieces of bread. Then he locked the door of his room and hanged himself to death.”*

#### 4.13 Case Thirteen: Son Has Not Grown Up as a Real Man

This case is based on the experiences of the deceased's wife (Shukla), son (Pintu) and nephew (Rintu)

Adit, aged around 70, hanged himself to death in November 2018. He was an agriculturist by profession, married, and a father of two children. He never attempted suicide before. Although he was physically crippled, his nature was very good. He was naive and never engaged in any chaos and conflict with anyone in the neighborhood. Everyone in the locality respected him very much.

His wife Shukla depicted him;

*“Although he was lame, he was not mad. He was a very good person and intelligent enough as a man should be. I was married to him at the age of five only. If he were not good, I would not have stayed with him for so a long time. He never quarreled with anybody.”*

His nephew Rintu noted;

*“Everyone in the neighborhood knew that he was a good man. They respected him very much.”*

The financial condition of his family was not good and on top of that, his only son could not manage a job even after having the highest degree. His son's inability to get a job tormented him. In this regard, his wife Shukla said;

*“He was sad about the poverty in the family and that our son was not getting any job after passing MA. We had to mortgage our share of land to get the money for my son's education. He was tense about that. I said not to worry. I am not sure, but he may have committed suicide because of this reason. Other than what? There was no family conflict. Hi Almighty!”*

Although participants were not conclusive about the reason of suicide, they apprehend the financial condition of the family due to land mortgage, and the long-standing unemployment of his son were the two major causes. His nephew Rintu said;

*“I think there were two reasons: one is that his son was not getting a job then and the other is his economic condition was deteriorating because he could not get his mortgaged land back.---Moreover, there was not enough cultivation from the land this year. He died out of strong grief. Never shared his sufferings with others.”*

His son Pintu said;

*“I think he committed suicide because he was worried about our economic condition; despite spending most of his money on my education, I could not manage to get a job—that hurt him very much. My father got 20-22 Bigha of land from my grandfather. He mortgaged most of the land: mostly to educate me and to manage a government job for me. Now we have only 8 Bigha of land. Most of the land is now mortgaged.”*

Although Adit was greatly afflicted by the above mentioned events, he never demonstrated any abnormal behavior that might give his family members any indication of the suicidality in him. He was physically perfect at the time of death. He committed suicide at a time that he felt appropriate for him.

Adit’s son Pintu said;

*“There is no such evidence. We did not get any clue that he was going to do it. The previous night we had our dinners together. For the last few days, his pressure went down. We took him to the doctor, so he got fairly well afterwards--- We don’t know the exact reason for it. There was no quarrel in the family. But he was a little tense over the fact that I was not getting any job and also because of our financial condition.”*

His wife Shukla informed;

*“We are not sure why he did that; we could understand if there were any quarrel in the family that day. In the noon, he bathed, had his lunch as usual. He then took the cows to the field in the afternoon. At night after having dinner, my son asked him if he wanted to have a cup of tea. After taking tea, he went to sleep. Now tell me how we would understand what he was going to do. --- I remember that we found his dead body at dawn. None of us got a hint when he was committing suicide.”*

His nephew Rintu informed;

*“I woke up in the morning and went to get the cows out. Returning home, I was lying down and planning to go out fishing. Then my cousin came and told me that his father was not at home, so I got up to find him. I checked their cowshed. I saw that he was hanging there. Then we got him down; dead.”*

Adit’s death had a serious impact on his family. Amongst others, the economic crisis was severe. Neither has Adit’s only son Pintu been able to manage a job yet nor have they been able to get the mortgaged land back. Pintu earns a little amount of money by giving private tuition and cultivating the land. They are trying to manage the situation to the best of their means. Some relatives helped them in this crisis period.

Adit’s wife said;

*“I had to overcome it. If I just keep grieving over his death, how will we live? Sometimes you need to adjust to the harsh reality.”*

Adit’s son Pintu said;

*“It is natural that we all are sad now because of his death. Now I am an orphan, I do not have any guardian whom I can financially rely on. We are trying to adjust to reality. What else can we do now? --- As I haven't got any job yet, we have been facing a lot of economic pressure since my father's death.”*

#### **4.14 Case Fourteen: Physical Illness and Debt: A Double Edged Sword for a Man**

This case is based on the experiences of the deceased’s wife (Hafsa), nephew’s wife (Sima) and nephew (Zalal)

Alam, a 70-year-old agricultural worker hanged himself to death in July 2020. He was illiterate and married with two sons. Alam, being a sharecropper, did not have a good financial condition throughout his life. He was badly in debt too. Alam was a very pious man who used to say prayers five times a day. He also fasted regularly. Therefore, it was a surprise for the family when such a pious man s committed suicide. Alam was a man of conscience. He did not want to be dependent on his sons. His nephew’s wife Sima said;



*“His family was a joint one. Two of his sons used to live with him. There had been some problems after his sons got married, so he told them to live separately on their own. He maintained his and his wife’s expenses by working in the field.”*

His nephew Zalal said;

*“No, he never argued with anyone in the village. Everyone here was shocked to know about his suicide. He was such a good man; prayed 5 times a day and fasted regularly. Even after being ill, he would say all his prayers at home sitting in a chair and keeping a pillow on his back.”*

Alam was suffering from several diseases for the last 3-4 years. He could not sit or lie properly. His body sometimes got swollen like a balloon. Several doctors were consulted and a lot of money was spent on his treatment. Due to age-related illness, Alam was unable to work. He also started feeling useless in the family. As his wife Hafsa said;

*“As he became incapable of working and our family’s economic condition deteriorated, he got quite distressed and disturbed.---Despite our poverty, our sons and I took good care of him within our means.”*

His nephew Zalal said;

*“He was seriously ill and became quite devastated. He suffered from extreme sweating and heavy stomach pain. He could not tolerate the pain. He could not even sleep during the night due to pain. ---He could not tolerate hot weather. He always kept both the ceiling fan and a stand fan turned on when he was at home.”*

Alam’s physical condition became bad to worse during the last year. He lost his ability to work in the field because of poor physical conditions. Under the circumstances, Alam took a loan from a micro-credit agency to maintain his family. Unfortunately, this loan became a liability for him as he could not repay it on time.

His nephew Zalal informed;

*“He borrowed a good amount of money from the association. Once the association pressured him for paying back the money within a week. The day he heard this, he committed suicide because he did not have any money at all.”*

His nephew's wife Sima informed;

*“I will tell the truth. He borrowed money (around 1.5 to 2 lac) from the association. He was poor but managing. However, I saw him being quite tense about paying back the money during the coronavirus induced lockdown. Then he hanged himself to death. ---The association claimed the money from his wife even after his death. I do not know what she said to them.”*

Despite confronting troubles in terms of physical illness and debt burden, Alam was stubborn and did not seek any kind of support from anyone. Even he kept his mental troubles hidden from others. For example, his wife said;

*“Everything was as usual; he collected mangoes from the tree, then took a shower and said his prayer. Then he went to the Bazaar to buy daily necessary things. After having dinner, he talked with his three sisters over the phone. Then we went to sleep. I do not know when he got out and committed suicide. I was asleep then.”*

His nephew's wife Sima said;

*“Due to his debts, he had some heart problems; he would sometimes faint for this. -- -However, he never told anyone that he might have some problems.”*

Alam's nephew Zalal viewed;

*“He was very stubborn; he would not share anything with others. He might have taken his own life foreseeing the disrespect involved in the whole situation.”*

#### **4.15 Case Fifteen: Despairing Trust and Love Kills a Man Badly**

This case is based on the experiences of the deceased's brother (Piash), friend (Gias) and wife (Keya)

Palash, a 19-year-old man and a father of one child hanged him to death in November 2019. He had two previous suicide attempts: one by consuming a cleaning substance and another by ingesting sleeping pills. As his elder brother married secretly, his father did not let him do the same. Therefore, marriage was arranged for Palash at a very

early age. Palash was not much interested in the study. His family tried hard to convince him to study, but he did not listen to them. He studied up to class six. He got professional interest as an electronic device maker.

His brother Pias said;

*“He is not a perfect man. His age was not appropriate for marriage. His marriage at such a young age had a detrimental affect on him. As he was having an affair with another girl at that time, our father got him married off hurriedly. He was very egoistic and was always on his own.”*

According to his friend Gias, Palash was an all-rounder;

*Palash used to work as an electrician. He actually had work experience in a lot of fields such as electricity, sanitary- pipeline, Thai glass, AC, fridge – he was quite an expert in these areas. There was no work that he could not do. He used to work in different houses on contracts. He was hard-working and had a good relationship with people. He had all the qualities of a man.*

After marriage Palash moved from the village and started living in Jhenaidah town with his wife. During that time, Palash used to earn a lot but could not save money properly as he led a lavish lifestyle. At one point, he was in debt because of his lavish lifestyle. He took loan at high interest from several sources. He was also depressed over a few family matters at that time. His mother died and his father remarried. He was in a bad relationship with his wife. Most disturbingly, his wife developed an extramarital relationship with a man whom Palash trusted very much. The following narratives of his friend Gias are important in this regard;

*“He had a brother-in-law, not a real brother-in-law, but he used to call him so. They had a tremendous relationship! If he ever trusted anyone after the Creator, then he was the one. --- No matter how good Palash’s brother-in-law's relationship was with him, it is not right to go around with his wife. But Palash never thought anything of that – he always took this matter lightly.---I heard of their affair but never mentioned this to Palash because I did not want to create any trouble in his family.”*

Indicating the possible extramarital relations with the so-called brother-in-law, his brother Pias mentioned;

*“Yes, I heard she had an intimate relationship with the man (brother-in-law). Noticing her (sister-in-law) caring for that man, I became curious to know more about the matter. I collected his phone number and called him: I asked him why he did not come here after my brother died. He replied that his leg was injured by a cow, hence he could not come. Then I told him that he should have come because he had a strong bonding with my brother.”*

According to his friend Gias, the day Palash committed suicide, he and her wife quarrelled over the issue of extramarital relations. If a person is trusted, it feels very bad when he breaks that trust. The same thing happened to Palash regarding his so-called brother-in-law. Perhaps, Palash saw the brother-in-law in an inappropriate situation with his wife.

His friend Gias informed;

*“That day he quarreled with her over the phone over the issue with whom she had been talking for long. He repeatedly asked her who she was talking to for long, but she was too stubborn to answer that. But at one point she said that it was that brother-in-law. She angrily said that she was having an affair with him and she would marry him soon. This is how their conversation ended. After ending the conversation over the phone, he sat beside me in a depressed mood and talked about not having a mother and all. He asked me to take some marijuana together. I could realize that he was acting like a mad man. I went back to my house leaving him. I should have informed others about his mental condition that day. If I did that, then he could have been saved from committing suicide. I still regret that I did not do it that day.”*

Surprisingly, his wife had no specific interpretation of the suicide of her husband. For her, they had a good relationship and never quarreled with each other. She couldn't fathom why he had committed suicide. Instead, she mentioned that Palash had several other problems that had disturbed him expressively. For example, he was in debt and had some problems with his own family. He attempted suicide before because of those problems. Keya, his wife, mentioned;

*“I still do not understand why he committed suicide. If we fought regularly, then I could understand that our fight was the cause of his suicide. No one can ever say that we ever quarreled. --- When something happens, people start spreading rumors. They blamed me for his suicide. But they don't know how good our relationship was. And now they are saying the opposite. --- Only a widow knows what it feels like when her husband dies. I cannot express the feeling with words.”*

Keya termed the decision of suicide of her husband as a cowardly act. She said;

*“After committing this (suicide), he should not be considered a man anymore. He was not a woman that he would not be able to deal with problems. Suicide is never a solution; everyone must fight to solve his problems.”*

Although Palash's wife Keya denied that they ever fought, his brother Piash explained that he had a long-term altercation with his wife. His wife always found some excuses to quarrel with him that kept Palash depressed all the time. Apart from that, as a man, he passed through several disturbing events within his short span of life.

Gias said;

*“The matter with Palash was that he married her not by his choice; then he did not have a mother, his relationship with the father was not good, and his brother did not take much care of him. These were his regrets. He shared with me once that his brother hated to talk to him. His father called him a cheater. He used to regret saying that. This means the distance between his blood relatives used to bother him, and he suffered from depression because of that. That is why he committed suicide, I think.”*

Finally, Palash's brother does not want to believe that it is a case of suicide. For him, it was a case of deliberate killing. As he regrettably narrated;

*“But his in-law's family claimed something else as the possible reason for his committing suicide; they said that Palash was addicted to drugs and he regularly took sleeping pills. But my question is: why didn't they tell us about it earlier when he was alive? Now that Palash is dead, we cannot know the truth, but I strongly believe that there was another reason behind his death rather than their false claim.*

*--- But my question: if he committed suicide, then how could his dead body be sitting on his knees? His phone was on the bed and the bed was disheveled , which is a clear sign of a scuffle between two or more persons. Besides, her wife's nose pin was also found on the bed. Palash had a burnt spot on his hand which, according to one of his colleagues, he did that with a cigarette. That can also be connected to the turmoil caused by his wife and her family. I suspect that one of their relatives whom she called brother-in-law did that. After my brother's death, he is gone and I haven't seen him since then."*

## 5. Reflexive Analysis of the Cases

The reflexive interpretations of each case, as framed in the following, attest that there are strong connections between masculine vulnerabilities and the events associated with suicide in the most unique ways.

In the first case titled, “*man with multifaceted problems*” Abinash (50) went through several disturbing episodes in his life. He was excessively tense with several matters that led him to take an extreme decision like suicide. Although Abinash was well aware of the ideal qualities of manhood, he failed to live up to that standard in his life. He could not prove himself to be an ideal breadwinner or provider for the family. Being the breadwinner is the foremost construction of hegemonic masculinity. He neither had a job nor were his sources of income enough. He could not meet the demands of his family properly. Money and work are essential symbols for validating the hegemonic model of masculinity (Scourfield et al., 2012). If the social context leads men to believe that they are not fulfilling the roles of the breadwinner or provider, they could be disturbed with a sense of shame and defeat (Platt, 2017), as seen in the case of Abinash. Several past studies including Stack’s (2000) 15 years sociological review on suicide confirm that men’s economic troubles or failure to discharge the provider responsibility stand as a critical risk factor for suicide (Andoh-Arthur et al., 2018; Khan, Ratele, Helman, Dlamini & Makama, 2020; Khan, Dery & Helman, 2021; Rivers, 2014).

Abinash also had no control over his son. Having a strong command over family members and friends is a symbol of power and honor for men. Losing self-esteem and respect can be dangerous concerning suicidality as it can be encountered by the state of entrapment, disempowerment, and defeat (Taylor, Gooding, Wood, & Tarrier, 2011). On the other hand, physical strength, mental and emotional toughness stand as crucial factors in demonstrating the hegemonic version of masculinity (Agochukwu & Wittmann, 2019). But Abinash lacked all three categories. This case also indicates intricacies for Abinash concerning his educational qualifications. Having higher educational qualifications enhances the status of a man and acts as the symbolic bearer of hegemonic masculinity (Burke, 2007). His education became useless, as he could not use it to bring prosperity to his family. In this sense, he also failed to demonstrate the power of education, and thereby, felt an extreme sense of loss of dignity and self-esteem when compared with the status of his friend. Finally, this case appears to be associated with the marginal version of masculinity.

In the second case titled, “*troubled by inter-faith relationship crisis*” Niranjan (20) seemed to fall apart by two identical realities. Two interwoven social intuitions; religion on one side and family on the other side stood as a critical source of dilemma for him as a man. He failed to compromise between the two realities to make his relationship successful. Men are very susceptible to suicide in the event of relationship disturbances (Khan, Ratele, Helman, Dlamini & Makama, 2021). Although interfaith marriage/relationship might be a good motivation to challenge the cultural stereotypes and atrocities, break the social division between religions and promote diversities and multiculturalism, there are many intricacies in practicing such marriages in the context of South Asian culture (Verma & Sukhramani, 2017). In this culture, inter-faith marriage/relationships are often considered to be rebellious—a challenge to traditional norms and customs and might ignite fundamentalist attitudes (Hossain, Ladsaria & Singh, 2016).

Understandably, such a relationship considers a serious breach or deviation of community norms in South Asian countries including Bangladesh. In this regard the assertion of Naranjan’s father, “family members would commit suicide”, symbolizes the velocity associated with non-conformity of community norms and possible risks for social sanctions or regulations. In the event of inter-faith marriage, there are inflexibilities with regard not to change one’s faith or religion (Verma & Sukhramani, 2017). In this case, Nironjan’s girlfriend persuaded him to convert to Islam. Because of all these troubles and predicaments, we can say that as a man Nironjon sacrificed his love for the sake of his community and religion. By committing suicide, he saved the dignity and honor of his family/community as well as his religion. Personal sacrifice is important and essentially attached to the dominant form of masculinity (Niehaus, 2012). Therefore, this case of suicide can also be equated with what Durkheim categorized as altruistic suicide (Durkheim, 2005). While failing to compromise with the pressures surrounding him, Nironjan’s sacrifice signifies an identical version of complicit masculinity.

The third case titled, “*a man cannot live without having material possession*” confirms that the suicide case of young Amir (18) took place in a vivid manifestation of unease family context. Amir was playing his assigned male gender role by financially supporting his family as best as he could. On the other hand, Amir came to believe that the loss the family suffered by selling the land would never be recovered. With poor financial ability, he could not make any possible intervention to recover the loss. This sense of



despair engulfed him completely. He was struggling silently with emotional pains and suppression. Therefore, the whole episode took an upsetting socio-emotional route to end his life. The desire of Amir to regain possession of land symbolizes the heightened sense of masculine virtue while the perceived understanding of not regaining the land symbolizes the feeling of crisis in his masculinity—a situation equated with marginal masculinity.

Possession of land and ownership of property and cash is an important sign of success and masculinity in the South Asian context (Osella & Osella, 2006). As a land-scarce agrarian country, the land is considered a very precious asset in rural areas in Bangladesh. Landlessness is the key factor of poverty, vulnerability, indebtedness and powerlessness of the majority of rural households in the country (Ghosh & Sujan, 2020). The case of Amir better captures the context of vulnerability and powerlessness a household might encounter in the context of Bangladesh due to the state of landlessness. For men living in a marginal situation (e.g., without possessing land or material goods), it is challenging to practice the ideal version of hegemonic masculinity (Khan, 2021). This is such a situation that might lead to demeaning their self-esteem and confidence (Matlak, 2014). Suicide could be a dangerous option for those men who fail to uplift their social esteem by getting out of their family from the marginal social position, as noted in the case of Amir.

The fourth case titled, “*each burden has a limit for a man*” provides information about the impact of excessive pressure that Manik (18) shouldered as a man. There are several troubling episodes of Manik’s life. During his short life span, he shouldered the family responsibilities at the expense of his aspirations, choices and needs. He was actively performing his hegemonic masculinity role for the sake of his family. His masculinity is deeply attached to the ideal sense of familism which refers to the deep sense of loyalty and attachment to family issues over personal needs and interests (Alcalde, 2010). Alarming, the complexities associated with cultural values of familism can maintain a positive relationship between familism and suicide-related behaviors (Nolle, Gulbas, Kuhlberg, & Zayas, 2012). Being overburdened with his devotion to familism, Manik finally gave up all hopes and energy in life. In this case, Manik’s father’s reluctance to properly take up masculine role/family responsibility is also accountable for his demise. Manik also does not seem to seek support from others by sharing and talking about personal difficulties. Such a dangerous traditional/hegemonic masculine norm often increases the risks of diverse health-

related consequences for men including suicide (McKenzie, Collings, Jenkin, & River, 2018). In all senses, Manik is the brutal victim of hegemonic masculinity.

The fifth case titled, “*a man who suffered silently*” confirms several intricacies concerning Shohel’s (19) suicide. It is not explicit why Shohel committed suicide. As a person, Shohel seems to prefer to live within himself. Participants opined that his self-centered/egoistic personality, which is a dangerous attribution, might have caused him to commit suicide. This suicide may be categorized as a kind of egoistic suicide as per Durkheim’s sociology of suicide which confirms that this kind of suicide occurs due to a low level of social integration (Durkheim, 2005). Shohel’s social world is seemingly too narrow, troubled by the disturbing sense of individualism. There is a likelihood that Shohel’s self-isolating behavior including the tendency to conceal his sufferings, distresses and personal matters with friends and family members may have emanated from the disturbing labelling of “unmasculine act”— something that is against the notion of hegemonic masculine role. This case also has connection with the Covid-19 pandemic, which is now a well-documented critical risk factor for suicide worldwide (Khan, Shimul & Arendse, 2021). In the case of Shohel, I find some risk statements related to the Covid-19 induced situation. The Covid-19 made him confined to the home and further isolated him from others, which might have had a bad impact on him. Although not conclusive, it may be assumed as per the statement of his father that Covid-19 hampered Shohel’s dream of quickly finishing his study and joining the military service. The uncertainty caused by the pandemic might have generated serious estrangement in him—a situation equated with the likelihood of masculine defeat and embarrassment.

It is suggested that if a mechanism can be developed for an individual who is isolated, lonely, or entrapped through extending social networks or social relationships, the risk for suicidality can be reduced (Khan, Shimul & Arendse, 2021; Gunnell et al., 2020). Scholars are also concerned about the possibility of extending men’s social networks as men consider it unmasculine to seek support or discuss emotions with others (McKenzie et al., 2018). They also tend to suppress their emotions through engaging in reckless and harmful behavior including suicide (Klein, 2013). Notably, relationship trouble was spotted as being closely associated with Shohel’s suicide. Engagement in a romantic relationship may protect from suicide by providing satisfaction to life. At the same time, it may also stand as a risk factor for suicidality if there is complicity in the relationship (Till, Tran, &

Niederkröthaler, 2017). Relationship problems often propel men into succumbing to the risks of suicidality than women (Evans et al., 2016; Scourfield & Evans, 2014). The strains associated with male traditional gender role stereotypes and norms (masculine ideologies) might create dysfunctional relationship. For example, in this case, Shohel's sister assumed that Shohel refused to marry his girlfriend since he wanted to build his career first. Shohel's intention is a clear indication of gender role socialization required to prove oneself as a real/hegemonic man (Burn & Ward 2005).

The sixth case titled, "*demonstration has an effect for a man*" confirms Faruk (19) as a troublemaker of his family. Faruk failed to demonstrate the socially sanctioned Bangladeshi hegemonic masculine qualities such as caring for and being a protector of the family (Khan, Dery & Helman, 2021). High achievements and public performances are grossly attached to the ideal image of manhood (Verdonk, Seesing & de Rijk, 2010). Faruk considered himself a failure in demonstrating success and public performance through attaining discursive persuasion of material gain (e.g. having a motorbike). Having appropriate material success for a young man is a vital source to showoff within his social realm/friend circle. A man without material success might fall under the category of marginalized or subordinated masculinity (Khan, Dery & Helman, 2021). Research also confirms that the gap between an individual's aspiration and reality, therefore, stands as a potential risk factor for suicide (Zhang, Kong, Gao, & Li, 2013). Faruk's failure to have a motorbike resulted in masculine defeat or difficulty that ended in compromising his life. His masculinity falls into the category of marginalized masculinity.

The seventh case titled, "*death is preferable to dishonor*" is an intriguing example of masculine crisis. The reputation of an old man named Hasan (65) possessing all ideal masculine virtues suddenly crumbled to the ground due to his sudden involvement in a loathsome lustful/perverted behavior toward his minor grandchild. His past activities/qualities reflect the ideal construction of men in the village such as; a man should be good, assertive (not quarrelling kind), economically able, free from debt, and responsible. Nevertheless, what he did (and once for all) with the minor was, perhaps, a surprise both for him and the community. He quickly realized that what he did violates the virtue of manhood. The status and dignity that he lost eventually generated a lot of shame in him. Men may make 'mistakes', but cannot live with shame or indignity. For a real man, retaining social status/dignity is more important than living. Social status is inextricably

linked to hegemonic masculine identity. Both masculinity and social status are constitutive of each other. The real masculine ideal cannot be attained or retained without having the necessary social status (Morgon, 2005). Previous empirical studies confirm that losing status generates the feeling of shame/dishonor, which stands as a major precipitating factor of suicidal acts in men (Adinkrah, 2012; Kizza, Knizek, Kinyanda, & Hjelmeland, 2012). Individuals with a strong sense of shame might demonstrate their vulnerability even in the event of mild criticism and take recourse to self-harm/suicide to escape from the unbearable pain and the perceived deterioration of the feeling of self (Hastings, Northman & Tangney, 2000).

The case also maintains another facet of masculinity equated with a patriarchal version of local masculinity. For example, Hasan's wife and brother thought this suicidal act could have been prevented if men were involved in handling the aftermath of the rape case. That is to say, men have a better ability to take responsibility than women do. They think that the victim's mother overreacted to the incident and made it public too quickly. Their perceptions are embedded in the traditional model of masculinity reflecting on men's behaviors that are emotion-free, conscious, rational, and tolerant of the adverse situation (Reeser & Gottzén, 2018).

The eighth case titled, "*man versus man*" disturbingly reflects the tussle between two masculinities (father and son) over family power. The son named Rabi (27) seemed to be a family-oriented person adhering to the normative pattern of masculinity. As part of the norm of hegemonic masculinity, he intently devoted himself to family activities and earnings. Intolerance, destructiveness, and angry behaviors were also associated with his nature, which are upsettingly equated with a 'socially regressive male version of masculinity' or 'toxic masculinity' (Kupers, 2005). real or rational man does not intervene to his adult son's social spectream. But Rabi's father is different. His behavior as such may be labelled as a trait of toxic masculinity. One notion of masculinity (son) negotiated the strained relationship (between father-son) with life (suicide) and passed on the responsibility to another notion of masculinity (father) to bear a state of long-time regress and despair by losing his son. In this case, the father did not understand the value of openness and warm relationship but rather behaved in vicious ways that ultimately ushered in negative outcomes for his son. For both the father and the son, this case exemplifies a source of masculine vice.

The case also strongly entails the fact that power is an in-built trait of hegemonic masculinity, measured in relation to various subordinated masculinities as well femininities (Connell, 1987). From the family perspective, father-son relationships are so challenging and sometimes quarrelsome or even hostile. (Cleary, 2019). The troubles associated with the complex patterns of father-son relationships often derive from the unhealthy desire to control family power (Katz, 2002; Floyd & Morman, 2003). Within men's literature, it is argued that the confrontational relationships (non-existence of emotional bondage) between father and adult son might make a negative momentous impact on the son's emotional, psychological, and social health (Beatty & Dobos, 1993; Cleary, 2019). The confrontational father-son relationship is a contributory factor of masculine depression and destructive behavior (Lynch & Kilmartin, 2013).

The ninth case titled, "*troubled by wife's character*" portrays the deceased Faizur (40) as a judicious person (ideal version of masculinity) who is concerned about the future of his children and declined to spend more money on his expensive treatment. He did not trust his wife to take care for his children because of her bad character. In this case, the deceased played the role of an involved and nurturing father. Fatherhood is strongly embedded in the construction/expression of hegemonic masculinity. Ideal fatherhood is essentially understood as a human, social and cultural responsibility or role, amongst others, to provide, care and protect the children (Morrell, 2006). Fatherhood also inevitably contributes to the construction of Bangladeshi masculine identity. Empirical evidence confirms that many fathers in the rural areas in Bangladesh, apart from their traditional breadwinner role, attend to the needs and aspirations of their children (Ball & Wahedi, 2010).

On the other hand, the character portrayed about Faizur's wife by his own son, brother and mother was very disturbing. His wife used to maintain extramarital relations and eloped from home as well. In that way, his wife had betrayed him. Distrust and betrayal in the marital relationship can bring serious negative impacts since marriage is a solemn institution that requires mutual respect and commitment to each other (Bhuiya et al., 2005). In the same vein, the infidelity of a partner is an indication of betrayal that eventually harms marital life and causes serious negative psychological and emotional impacts on the individuals concerned (Munsch, 2015). From the perspective of masculinity, a wife's infidelity is viewed as a weakness of the husband's masculine image and stands as a severe

cause of pain and dejection that disturbingly ignites men's suicidal decisions (Khan, Najawa & Ratele, 2021). Several past studies have confirmed that a wife's infidelity is strongly associated with men's suicidality (see, Adinkrah, 2012; Knizek & Hjelmeland, 2018). It is far more interesting to note that Faizur's wife has been exceedingly criticized for her character by his family members. In patriarchal masculine culture, it is generally perceived by the public that it is a wife's immoral behavior that causes serious consequences for her husband. A wife's immoral behavior is overtly disgraceful for a husband. In all ways, the masculinity of the deceased was seriously disturbed by his wife's character.

The tenth case of the study titled, "*unbearable physical illness*" maintains a strong correlation between physical illness and suicide. Across literature, it is well-documented that mental illness stands alone as an established risk factor for suicide but the relationship between suicide and poor physical condition is relatively unclear or even mixed (Onyeka, Maguire, Ross, & O'Reilly, 2020). However, physical illness has also been closely identified in the literature as a potential risk factor for suicide in the ageing population (Harwood, Hawton, Hope, Harriss & Jacoby, 2006). In this case, the deceased elderly man Irfan (72), who had been suffering from serious physical illness may have thought that his illness was eroding his power and position in the family. Hence, he might have killed himself perhaps not only to get rid of pain and suffering but also from the fear of losing his dominance as a man. One connection is that, although the deceased was an economically capable man, he had to stop the business due to his illness and became dependent on his sons for his medical expenses. That indicates a gradual departure from masculine virtue to powerlessness. In quest of finding the connection with masculinity, it is viewed that aged men with physical illness might feel uncomfortable as illness may diminish the masculine notion of dominance, power, and independence (Verdonk, Seesing, & de Rijk, 2010). An able and active body is a crucial component of hegemonic masculinity. Physical illness and disability may hamper the constitution of the hegemonic ideal of masculinity (Connell, 1995).

The eleventh case of the study titled, "*extreme romance may also bite a man extremely*" expresses the event of pact suicide. One prime lesson of this kind of pact suicide is that love transcends everything, and often fails to draw limits and boundaries. Pact suicide takes place through an agreement between the two individuals to end their

lives (Rastogi, & Nagesh, 2008). Pact suicide is often associated with romantic, dramatic, heroic, or certain vibrant social episodes (Risal, 2017). The pact suicide of this case is connected with an intriguing phenomenon of romance surrounding close family members. Babu (25), a married man developed an affair with his sister-in-law Rinki. In South Asian culture, marriage plays a key role in people's lives (Khan, Najuwā & Ratele, 2021). Since marriage is a solemn family institution, any deviation from it in the manner of an extramarital affair or subsequent marriage is socially regarded as serious discourteous behavior (Rastogi, & Nagesh, 2008). In this case, we observed that the intervention of society in this disturbing romantic relationship made a deleterious impact on Babu. As a man, he became embarrassed and humiliated by his wrongdoings and did not find any recourse to regain the lost honor or reputation. Honor is strongly embedded in the expression of masculine ideology (Khan, Najuwā & Ratele, 2021). Losing honor is a clear deviation from masculine ideology. Such ideology dictates men to respond against the perceived threat or insult in hostile, volatile, or aggressive means including self-harm or suicide to reinstate their masculine reputation (Norton-Baker, 2020). By committing suicide Babu wanted to reclaim his masculine reputation and dignity. However, the participants in this case demeaned Babu for what he did as a man. They did not accept Babu's action. So, Babu finally had to demonstrate his complicit version of masculinity as he could not go against the hegemonic role of the society.

The twelfth case of the study titled, "*mentally disturbed subordinate masculinity*" narrates the life story of Misha (25) who is somewhat mentally disturbed and socially indifferent. He is a bearer of such kind of masculinity which is sharply different from Connell's (1995) embodiment of the 'hegemonic/conventional' pattern. In terms of masculine embodiments, he holds several features of 'subordinate masculinity' (Connell, 1995). This type of masculine embodiment includes male behaviors that are equated to women's behaviors (effeminate) or male behaviors of homosexual orientation or even transgender (Fernández-Álvarez, 2014). Although we are not conclusive about the reasons for his suicide, being a bearer of socially inappropriate subordinate masculine norms such as 'girlish', 'living with transgender people', 'unsocial' 'unwilling to marry' (based on the accounts of the participants), might have had a long-term negative impact on his mental health. Society deals negatively with men of subordinate masculine embodiments or men whose gender practices are at odds compared to hegemonic configurations (Jefferson, 2002). As we have noted elsewhere, men failing to adhere to hegemonic norms of

masculinity are dangerously susceptible to suicidal behavior. In addition, mental illness creates disturbing or complicated realities within different social contexts in terms of emotions, rage, fear, and isolation (Keppel, 2016). According to the accounts of the participants, Misha was somewhat different. Being accustomed to living in an unusual social environment, he demonstrated plenty of evidence of mental abnormalities including several failed suicide attempts.

The thirteenth case of the study titled, “*son has not grown up as a real man*” assesses the role of masculinity developed through father-son interactions. Adit’s (70) pains and struggles as a man are premised on the notion of ideal masculinity. He felt dejected concerning the future of his son who had failed to secure a position and status (ideal manhood) in society by managing a job. Father-son relationships provide contextual praxis to understand the identity construction, performance, roles and relationships of masculinity (Strasser, 2012). It is the responsibility of the fathers to make their sons ‘real men’ who will conform to traditional masculine norms (Levant, Gerdes, Jadaszewski, & Alto, 2017). Fathers expect their sons to conform to masculine norms and realities and display their masculine performance. They love to see their sons groomed as real men, be the perfect providers and protectors of the family and bring comfort to the family. Instead, Adit apprehended the impression that his son is likely to be struggling to meet the expectations associated with traditional male gender roles. It is assumed that Adit felt serious strains and disturbances with the rigidity or righteousness of the male gender role. Men often fail to internalize the effects brought by gender role orientation on mental health (Pope & Englar-Carlson, 2001). This suicidal decision of Adit stems from the mental health disturbances caused due to the probable masculine deficit (gender role deficit) of his son. The poor financial condition of the family just added fuel to those disturbances. It is difficult for a father to see his only son with the highest educational degree roaming around without a job. He was seriously disturbed and humiliated by this situation. He could not bear the failure of his son. Success in life is an important tenet of masculine ideology and can be so impactful on men in terms of vulnerability to suicide (Selwyn & Langhinrichsen-Rohling, 2015).

The fourteenth case titled, “*physical illness and debt: a double-edged sword for a man*” attests to the fact of the deleterious impact of physical illness and debt on the victim. There remains a close connection between physical/mental illness and suicidality (Onyeka, Maguire, Ross & O’Reilly, 2020). We have already noted the impact of physical illness on the risk of suicide (see, case 8), the same event is noted in this case as well. For this case, the accruing debt stood as an additional risk factor. Alam (70), as a man, had to take loan in



order to maintain his breadwinner responsibility. However, he could not repay the debt in due time. The pressure built on him was grievous; he found no way to repay the debt as his poor physical condition obstructed his ability to make good earnings. Men often fall in debt because of their traditional hegemonic breadwinner masculine responsibility. Men lose honor and dignity when they fail to repay the debt in due course. The stress generated from indebtedness stands as a potential risk factor for suicidality in men (Scourfield, Fincham, Langer & Shiner, 2012). The negative effects of the burden of debt are multifarious: from feeling of failure to the awareness of self-inadequacy. In the end, suicidal decisions may be taken as a means of escape from a deep sense of shame and guilt (Rojas, 2021). A recent systematic review in the context of Asia confirms that debt is associated with depression, anxiety, stress, and suicide ideation (Amit et al., 2020). Another review with a wider periphery also confirmed the negative health effects of debt on the individuals. In this regard, individuals with unmet loan payments suffer from stress and depression and that eventually ignite their suicidal ideation (Turunen, & Hiilamo, 2014).

The last case titled, “*despairing trust and love kills a man badly*” illustrates the deceased young man Palash (19) who gradually moved towards a state of entrapment embedded in despair and disappointment. He was forced to marry at an early age; also he lost his mother and his father remarried. More disturbingly, his wife was involved in extramarital relations. So, several avenues were open for him to develop suicidality. Broadly, he had serious relationship problems within the compound of a family environment. The relationship is a critical marker of masculinity for men (Cleary, 2019). For example, within the family environment, the wife or partner’s involvement in extramarital relations can act as a source of depletion of masculine image for men and be a predictive factor for suicidal behavior (Khan, Arendse & Ratele, 2021). The deceased was troubled by the involvement of extramarital relations of his wife. Although Palash was betrayed by his wife, he did not have a chance to receive or reclaim love and peace from any other source as his mother was no more and his father is disassociated through remarriage. For a young man like Palash, it is important to live under peaceful family protection, but he did not have an appropriate source of family love and affection. Congenial family relations and strong social integration may serve as a vital source of social support and resulting well-being through reduced risk of suicide (Denney, 2010). As a man, he had a good ability to earn but a bad ability to manage the family properly due to the lavish lifestyle and relationship crisis. There were two disturbing facets of his masculine embodiments. Finally, it is not within our purview to comment on the claim of his brother who claims the death of Palash as killing; rather we referred to the death as a suicidal case.

## **6. Recommendations**

Based on the best impression of the study, some protective factors are suggested in the following. Although the cases were selected from the rural settings of one region in Bangladesh, the findings may be useful in developing suicide prevention strategies at local, regional, or national levels. If a meaningful prevention strategy is to be developed, it has to be supported by research findings, theoretical insights and suggestions (Khan, Ratele & Helman, 2020).

Men's proneness to suicidal behavior is disturbingly connected to the socialization of the traditional (male) gender role. Men who strictly adhere to hegemonic masculine norms in their social interactions are more expressive in health-damaging behavior and reactive to health-promoting behavior. Men of this nature tend not to express their sufferings, pains and troubles on the pretext of weakness, and as such they keep away from seeking medical or professional support (Garfield, Isacco & Rogers 2008; Cleary 2012; Mahalik, Burns, & Syzdek 2007). As mentioned before, currently there is no specific suicide intervention strategy and surveillance mechanism exists in Bangladesh. Given the context in consideration, future intervention services must be designed in a manner so that men become comfortable in obtaining the services. The service providers must be trained on how to discourage men from (harmful) practices of hegemonic masculinity and destigmatize the help-seeking behavior of men. I suggest this strategy as a priority as the intricacies associated with hegemonic masculine norms were highly evident in the study that eventually stood as so impactful on the lives of men.

Reducing the availability of lethal suicide methods is of paramount importance in any society. Considering the local context, efforts must be made to reduce access to various methods such as pesticides, firearms, various toxic substances and specific higher places used for suicide (WHO, 2012). In this study, hanging (12) and pesticide ingestion (3) were the two methods used by the deceased persons. These two were also recorded as the most commonly used methods by several studies in Bangladesh (see, Feroz et al., 2012; Mamun et al., 2020; Mashreky et al., 2013). According to a popular understanding about gender differences in terms of methods used in suicide, firearms, drowning, and hanging are considered as the most lethal methods whereas drug overdose/ poison ingestion and cutting/piercing are the less lethal methods. Men tend to use a more lethal method such as hanging and relatively less lethal such as poisoning (Kanchan, Menon, & Menezes, 2009). It

is practically too difficult to minimize the items used for the lethal method (e.g., hanging) unless a close eye is kept on the risky individuals. Alternatively, access to pesticides can easily be minimized through proper regulations on the sale, production, handling/safe storage through community management, reduction of toxicity and disposal of pesticide (WHO, 2012). Notably, pesticides as an essential commodity for agrarian Bangladesh are widely used for suicide due to their unregulated availability (Khan, Ratele, Helman, Dlamini, & Makama, 2020). Sri Lanka, which once had high records in suicidal deaths, reduced the rate of suicide by 50% through public policy intervention by banning toxic pesticides (Knipe et al., 2017).

Religious beliefs may significantly reduce the number of suicide. Religion such as Islam specifically prohibits taking one's own life as it is a serious sin (Vijayakumar & Phillips, 2016). I believe wider preaching of religious sermons concerning suicide may prevent people from committing suicide. In this regard, religious institutions could play a pivotal role in raising the level of awareness against suicide in the context of religion. This kind of intervention could be effective in the context of Bangladesh given the fact people generally hold a strong faith in their religions.

Much has been documented about men's vulnerability to family and intimate relations. Efforts must be made to develop healthy family and intimate relationships. Healthy family and intimate relationships may contribute positively to providing satisfaction, belongingness and protection from suicidality (Khan, Arendse & Ratele, 2021). In this regard, future suicide prevention strategies in Bangladesh must develop a framework to integrate positive/healthy family and intimate relationship/environment in a manner so that the struggles of men within the purview of this relationship are minimized and they are better protected from suicidality.

Findings confirm that the context of each suicide case is discursively (almost) unique, coupled with multiple complexities associated with their masculinity. However, if closely observed, it may be found that most of the deceased men were relatively younger, and the key impressions linked with their suicidal decisions are embedded in their troubles with material or personal achievements. Issues that are not very critical or serious can be easily avoided if appropriate motivations are arranged for young men. In this regard, I suggest adopting appropriate intervention strategies targeting to address younger men's

version of masculinity. Interventions are also needed for elderly people as well because they had different problems.

Finally, the causes of suicidal cases in the study appeared to be sharply grounded in the broader framework of society. Therefore, a delicate intervention strategy is needed that analyses suicide from the social (causation) perspective. In this regard, a whole-society approach that includes multiple stakeholders with diverse knowledge, expertise, and experiences to counter this multidimensional problem through a multi-sectoral approach as a public health problem is intensely advised (Khan, Arendse & Ratele, 2020).

## **7. Conclusion and Future Research Imperatives**

Finally, both masculinity and suicide are difficult topics for discussion. I attempted to explore the participants' account of hegemonic masculinity expressed in the deceased persons, and how the suicide cases are embedded in the configurations of that version of masculinity. This study revealed several important findings. All the deceased persons faced serious difficulties to demonstrate the ideal version of hegemonic masculinity. Several predominant masculine vulnerabilities, amongst others, such as problems with the breadwinner role due to financial difficulties/joblessness; loss of dignity and self-esteem/self-image, multifarious relationship troubles (both with wife and girlfriend); inability to go against family decisions; lack of material possession (e.g. landless) needed for family income; lack of material possession (e.g. motorcycle) needed for personal demonstration; failure to meet rigid gender-role expectations; being introvert, reserved and socially isolated; excessive control by another man (father); no control over family income; wife's extramarital relations/bad character; physical and mental illness; burden of debt, feeling strained and disturbed due to son's future (masculine norm) were identified as the causes of suicide in the study. Upsettingly, men who committed suicide were found to be disturbed by the deviation from hegemonic ideals in multifaceted ways. As such, their masculinity travelled across other versions of masculinity: complicit, marginalized and subordinate (Connell, 1995).

Examining participants' recollections of the interaction between masculinity and male suicide, this study has made a unique contribution to the existing body of knowledge concerning the social construction of manhood/men's studies and sociology of suicide both theoretically and methodologically. It has ushered in a new dimension of suicide research in Bangladesh. In particular, this research has drawn narratives for each suicide case from three different persons contributing to enhancing the credibility and validity of the research.

Continued research on this topic may further improve our understanding of the risk factors associated with men's life (grossly under-attended) and the protective factors to minimize men's susceptibility to suicide. In this regard, efforts are needed to explore critical areas for work and innovation in terms of policy intervention, theoretical and methodological sophistication.

Making a comparative study between Jhenaidah and other districts/areas should be a rapid appraisal for future research. Research like the current one provides some impression about Jhenaidah, but any comparative region-specific qualitative analysis may appropriately guide intervention strategies.

Masculinity is a relational concept with femininity. Instead of considering men as the only prey of their masculinity in terms of suicide, it may be equally demanding to understand the forces of men's toxic version of masculinity that critically stand as a source of female suicide within the existing gender relations. Future research in Bangladesh should focus on this domain. As informed before, women still die more than men due to suicide in Bangladesh.

This analysis, perhaps, provides some evidence in line with the common assumption that suicide is a public health problem in Bangladesh. However, that can be more justified in terms of policy intervention if any country-wise empirical survey is conducted. Survey as such can dissect the connection between different socio-economic variables (e.g., age, gender, class, education, income, marital status and so on) and suicide.

Finally, we are passing a time when society is less receptive to learn about men's troubles and more reactive to men's issues. Such reactivity should be broken down both at individual and societal levels.

## Reference

- Adinkrah, M. (2012). Better dead than dishonoured: Masculinity and male suicidal behaviour in contemporary Ghana, *Social Science & Medicine* 74, 474-481. <https://doi.org/10.1016/j.socscimed.2010.10.011>
- Andoh-Arthur, J., Kinizek, B.L., Osafo, J. & Hjelmeland, H. (2018). Suicide among men in Ghana: The burden of masculinity, *Death Studies*, 42(10), 658-666. doi: 10.1080/07481187.2018.1426655
- Agochukwu, N. Q., & Wittmann, D. (2019). Stress, depression, mental illness, and men's health. In A. Yafi Faysal & R. Yafi Natalie (Eds.) *Effects of lifestyle on men's health* (pp. 207–221). Academic Press.
- Ahmed, M. K., Ginneken, J. V., Razzaque, A., & Alam, N. (2004). Violent deaths among women of reproductive age in rural Bangladesh. *Social Science and Medicine*, 59(2), 311-319.
- Alcalde, C. (2010) Violence across borders: Familism, hegemonic masculinity, and self-sacrificing femininity in the lives of Mexican and Peruvian migrants. *Latino Studies*, 8, 1, 48–68. doi:10.1057/lst.2009.44
- Alonge, O., Agrawal, P., Talab, A., Rahman, Q. S., Rahman, A. F., Arifeen, S. El, & Hyder, A. A. (2017). Fatal and non-fatal injury outcomes: results from a purposively sampled census of seven rural subdistricts in Bangladesh. *The Lancet Global Health*, 5(8), e818–e827. [https://doi.org/10.1016/S2214-109X\(17\)30244-9](https://doi.org/10.1016/S2214-109X(17)30244-9)
- Alston, M. (2012). Rural male suicide in Australia. *Social Science and Medicine*, 74, 514-522.
- Amit, N., Ismail, R., Zumrah, A.R., Mohd, Nizah, M.A., Tengku, Muda, T.E.A., Tat, Meng, E.C., Ibrahim, N. & Che. Din, N. (2020) Relationship between Debt and Depression, Anxiety, Stress, or Suicide Ideation in Asia: A Systematic Review. *Front. Psychol.* 11:1336. doi: 10.3389/fpsyg.2020.01336
- Anwary, A. (2015). Construction of hegemonic masculinity: Violence against wives in Bangladesh. *Women's Studies International Forum*, 50, 37–46. <https://doi.org/10.1016/j>.
- Arafat, S.M.Y. (2016). Suicide in Bangladesh: A Mini Review. *Journal of Behavioral Health*, 6(1): 64-69.
- Arafat, S.M.Y. (2019). Suicide prevention in Bangladesh: Only decriminalisation would not be beneficial in an expected fashion, *Asian Journal of Psychiatry* 42: 22–23.
- Arafat, S.M.Y. (2019). Suicide prevention activities in Bangladesh, *Asian Journal of Psychiatry*, DOI: <https://doi.org/10.1016/j.ajp.2018.06.009>
- Ara, J. M., Uddin, M., F., & Kabir, H. M. (2016). The causes of suicide and impact of society in Bangladesh. *International Research Journal of Social Sciences*, 5(3), 2319–3565.
- Arafat, S. M. Y. (2019). Current challenges of suicide and future directions of management in Bangladesh: A systematic review, *Global Psychiatry*, 2(1), 1–12. <https://doi.org/10.2478/gp-2019-0001>
- Babbie, E. (2007). *The practice of social research*. Belmont: Thomshon Wardsworth.

- Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. *International Journal of Environmental Research and Public Health*, 15(7), 1425. <https://doi.org/10.3390/ijerph15071425>
- Bagley, C. A., Shahnaz, A., & Simkhada, P. (2017). High rates of suicide and violence in the lives of girls and young women in Bangladesh: Issues for feminist intervention, *Social Sciences*, 6 (140), 140. <https://doi.org/10.3390/socsci6040140>
- Ball, J. & Wahedi, M.O.K. (2010). Exploring Fatherhood in Bangladesh. *Childhood Education*, 86 (6), 367-370.
- BBS (2015). *Population distribution and internal migration in Bangladesh*. Dhaka: Bangladesh Bureau of Statistics. Retrieved from [http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopMonographs/Volume-6\\_PDIM.pdf](http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopMonographs/Volume-6_PDIM.pdf)
- Beatty, M. J., & Dobos, J. A. (1993). *Adult males' perceptions of confirmation and relational partner communication apprehension: Indirect effects of fathers on sons' partners*. *Communication Quarterly*, 41(1), 66–76. doi:10.1080/01463379309369868
- Beautrais, A. L. (2006). Suicide in Asia. *Crisis*, 27, 55-57.
- Begum, A., Khan, N. T., Shafiuzzaman, A.K.M., Shahid, F., Anam, A.M. A., Ahmed, K. S., Begum, R. A., Fahmi, S. (2017). Suicidal death due to hanging, *Delta Med Col J.*, 5(2): 89 – 93.
- Bhuiya, A., Chowdhury, A. M. R., Momen, M., & Khatun, M. (2005). Marital disruption: Determinants and consequences on the lives of women in a rural area of Bangladesh. *Journal of Health, Population and Nutrition*, 23(1), 82–94. <https://pubmed.ncbi.nlm.nih.gov/15884756/>
- Burke, P. J. (2007). Men Accessing Education: Masculinities, Identifications and Widening Participation. *British Journal of Sociology of Education*, 28(4), 411–424. <http://www.jstor.org/stable/30036220>
- Burn, S. M., & Ward, A. Z. (2005). Men's Conformity to Traditional Masculinity and Relationship Satisfaction. *Psychology of Men & Masculinity*, 6(4), 254–263. <https://doi.org/10.1037/1524-9220.6.4.254>
- Canetto, S. S. & Cleary, A. (2012). Introduction: Men, masculinities and suicidal behaviour, *Social Science and Medicine*, 74, 461–465. <https://doi.org/10.1016/j.socscimed.2011.11.001>
- Chen Y-Y, Wu KC-C, Yousuf S, & Yip PS (2012). *Suicide in Asia: Opportunities and Challenges*, *Epidemiol Rev* 2, 34 (1), 129–144.
- Choudhury, T. & Clisby, S. (2018). Masculinity in Transition or Patriarchy Reasserted? A Study of Construction Workers in Sylhet, Bangladesh. *Studies on Home and Community Science*, 11(2), 125–139. <https://doi.org/10.1080/09737189.2017.1420406>
- Choudhury, M., Rahman, M., Hossain, M., Tabassum, N., & Islam, M. (2013). Trends of suicidal death at a tertiary care hospital in Bangladesh. *J Shaheed Suhrawardy Med Coll*, 5(1), 28–30.



- Cleary, A. (2012). Suicidal action, emotional expression, and the performance of masculinities. *Social Science and Medicine*, 74, 498–505. <https://doi.org/10.1016/j.socscimed.2011.08.002>.
- Coleman, D. (2015). Traditional masculinity as a risk factor for suicidal ideation: Cross-sectional and prospective evidence from a study of young adults. *Archives of Suicide Research*, 19, 3, 366-384. doi: 10.1080/13811118.2014.957453
- Coleman, D., Kaplan, M. S., & Casey, J. T. (2011). The social nature of male suicide: A new analytic model. *International Journal of Men's Health*, 10(3), 240–252. <https://doi.org/10.3149/jmh.1003.240>.
- Connell, R.W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford CA: Stanford University Press.
- Connell, R.W. (1995). *Masculinities*. Berkley: University of California Press.
- Connell, R.W. (2002). *Gender*. Cambridge: Polity Press.
- Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic masculinities: Rethinking the concept. *Gender and Society*, 19 (6), 829-859.
- Creswell, J. W. (2013). *Qualitative inquiry and research design choosing among five traditions* (3<sup>rd</sup> ed.). Thousand Oaks: Sage.
- Curtin, S. C., Warner, M., & Hedegaard, H. (2016). *Suicide rates for females and males by race and ethnicity: United States, 1999 and 2014*. Centres for Disease Control and Prevention. [https://www.cdc.gov/nchs/data/hestat/suicide/rates\\_1999\\_2014.pdf](https://www.cdc.gov/nchs/data/hestat/suicide/rates_1999_2014.pdf)
- Davies, C. & Neil, M. (2000). Durkheim's altruistic and fatalistic suicide. In W.S.F, Pickering & G. Walford (Eds), *Durkheim's suicide: A century of research and debate* (pp. 36-10). Abingdon: Routledge.
- Denney, J. (2010). Family and Household Formations and Suicide in the United States. *Journal of Marriage and Family*, 72(1), 202-213. doi: 10.1111/j.1741-3737.2009.00692.x
- Doneys et al. (2013). The Male Entity of the Self Never Dies, It Just Leaps Like a Tiger: Masculinity and Gender-Based Violence in Bangladesh. (Working Paper No. 7). Bangkok: Partners for Prevention.
- Douglas, J. (1967). *The social meanings of suicide*. Princeton, N. J : .Princeton University Press.
- Durkheim, E. (2005). *Suicide*. London: Routledge [1897].
- Edwards, T. (2006) *Culture of masculinity*. London: Routledge.
- Evans, R., Scourfield, J., & Moore, G. (2016). Gender, relationship breakdown, and suicide risk. *Journal of Family Issues*, 37(16), 2239–2264. <https://doi.org/10.1177/0192513X14562608>
- Fernández-Álvarez, Ó. (2014). *Non-Hegemonic Masculinity against Gender Violence*. *Procedia - Social and Behavioral Sciences*, 161, 48–55. doi:10.1016/j.sbspro.2014.12.009
- Featherstone, B., Rivett, M., & Scourfield, J. (2007). *Working with men in health and social care*. Sage.

- Feroz, A., Islam, S. N., Reza, S., Rahman, A. M., Sen, J., Mowla, M., & Rahman, M. R. (2012). A community survey on the prevalence of suicidal attempts and deaths in a selected rural area of Bangladesh. *Journal of Medicine*, 13(1), 3–9. <https://doi.org/10.3329/jom.v13i1.10042>.
- Fincham, B., Langer, S., Scourfield, J., Shiner, M. (2011a), ‘The sociology of suicide—A critical appreciation’, in B. Fincham, S. Langer, J. Scourfield, M. Shiner, (Eds.), *Understanding suicide: A sociological autopsy* (pp. 7-37), London: Palgrave.
- Fincham, B., Langer, S., Scourfield, J., Shiner, M. (2011b), ‘Introduction’, in B. Fincham, S. Langer, J. Scourfield, M. Shiner (Eds.), *Understanding suicide: A sociological autopsy* (pp. 1-6), London: Palgrave.
- Flood, M. (2002). Between men and masculinity: An assessment of the term “masculinity” in research scholarship on men. In S. Pearce & V. Muller (Eds.), *Manning the next millennium: Studies in masculinities* (pp. 203-213). Bentley: Black Swan Press.
- Galdas, P. M. (2009). Men, masculinities and help-seeking behaviour. In A. Broom & P. Tovey (Eds.) *Men’s health, body, identity and social context* (pp. 63-77). Chichester: Willey-Blackwell.
- Genuchi, M. C. (2019). Masculinity and suicidal desire in a community sample of homeless men: Bringing together masculinity and the interpersonal theory of suicide. *The Journal of Men’s Studies*, 27(3), 329–342. <https://doi.org/10.1177/1060826519846428>
- Gravetter, F. J. & Forzano, L. B. (2011). *Research methods for the behavioural sciences*. Belmont, CA: Wordsworth.
- Ghosh, A.K. & Sujon, M.H.K. (2020). Mitigation of land scarcity situation through tenure practices: a study on two selected villages in Jashore district of Bangladesh. *Int. J. Agril. Res. Innov. Tech.* 10 (2), 164-169. <https://doi.org/10.3329/ijarit.v10i2.51590>
- Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., ...and Yip, P.S., 2020. Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*, 7 (6), 468–471.
- Gvion, Y. & Levi-Belz, Y. (2018). Serious suicide attempts: Systematic review of psychological risk factors. *Front. Psychiatry*, 9, 56. doi: 10.3389/fpsyt.2018.00056
- Haque, M. & Kusakabe, K. (2005). Retrenched men workers in Bangladesh: A crisis of masculinities. *Gender, Technology and Development*, 9(2), 185–208.
- Harwood, D. M. J., Hawton, K., Hope, T., Harriss, L., & Jacoby, R. (2006). *Life problems and physical illness as risk factors for suicide in older people: a descriptive and case-control study*. *Psychological Medicine*, 36(09), 1265. doi:10.1017/s0033291706007872
- Hasan, M. K., Aggleton, P., & Persson, A. (2018). The makings of a man: Social generational masculinities in Bangladesh. *Journal of GenderStudies*, 27(3), 347–

- Hastings, M. E., Northman, L. M., & Tangney, J. P. (2000). Shame, guilt, and suicide. In T. Joiner, & M. D. Rudd (Eds.), *Suicide science: Expanding the boundaries* (pp. 67–79). Norwell, MA: Kluwer Academic.
- Hearn, J. & Kimmel, M. (2007). The sociology of men and masculinity. In C. D. Bryant & D. L. Peck (Eds). *21st century sociology* (Vol. 2, pp. II-132-II-138). Thousand Oaks, CA: SAGE Publications, Inc. doi: 10.4135/9781412939645.n73
- Hendin, H. (2008). Introduction: Suicide and suicide prevention in Asia. In H. Hendin, M. R. Phillips, L., Vijayakumar, J. Pirkis, H.Wang, P. Yip, D. Wasserman, J. M. Bertolote and A. Fleischmann (Eds.), *Suicide and suicide prevention in Asia*(pp. 1-5). Geneva: World Health Organisation. (WHO). Retrieved from [http://apps.who.int/iris/bitstream/10665/43929/1/9789241596893\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/43929/1/9789241596893_eng.pdf?ua=1).
- Hennink, M., Hutter, I. & Bailey, A. (2011). *Qualitative research methods*. London: Sage.
- Hjelmeland, H., Dieserud, G., Dyregrov, K., Knizek, B. L., & Leenaars, A. A. (2012). Psychological autopsy studies as diagnostic tools: Are they methodologically flawed? *Death Studies*, 36, 7, 605-626. doi: 10.1080/07481187.2011.584015
- Hjelmeland, H., & Knizek, B. L. (2010). *Why we need qualitative research in suicidology. Suicide and Life-Threatening Behavior*, 40(1), 74–80. doi:10.1521/suli.2010.40.1.74
- Hoffman, R. M., Hattie, J. A. & Borders, L. D. (2005). Personal definitions of masculinity & femininity as an aspect of gender self-concept. *Journal of Humanistic Counselling, Education and Development*, 44(1), 66-83.
- Hossain, S.M.D., Ladsaria, S.K. & Singh, R. (2016). ‘Love-Jihad’; Protection of Religious Proximity: An Indian Situation. *International journal of humanities and cultural studies*, 2 (4), 669-690.
- Imtiaz, S. S. (2013). *Ordinary men’s constructions of masculinity: Exploration of constructions of masculinity in extreme poor household in Northeast Bangladesh*. Retrieved from <http://www.care.org/sites/default/files/documents/Bangladesh%20EMI%20report.pdf>
- Jacobs, D., & Klein-Benheim, M. (1995). The psychological autopsy: A useful tool for determining proximate causation in suicide cases. *Bull Am Acad Psychiatry Law*, 23, 165-182.
- Jakoby, N. R. (2015). The self and significant others: Toward a sociology of loss. *Illness, Crisis Loss*, 23, 129–174.
- Jefferson, T. (2002). *Subordinating hegemonic masculinity. Theoretical Criminology*, 6(1), 63–88. doi:10.1177/136248060200600103
- Lynch, J. R. & Kilmartin, C. (2013). *Overcoming masculine depression: The pain behind the mask*. New York: Routledge.
- Kanchan, T., Menon, A., & Menezes, R. G. (2009). Methods of choice in completed suicides: Gender differences and review of literature. *Journal of Forensic Sciences*, 54(4), 938–942. doi:10.1111/j.1556-4029.2009.01054.x

- Katz, S. H. (2002). Healing the father-son relationship: A qualitative inquiry into adult reconciliation. *Journal of Humanistic Psychology*, 42(3), 13–52. doi:10.1177/00267802042003003
- Keppel, J. J. (2014). Masculinities and mental health: Geographies of hope ‘Down Under’. In Andrew Gorman-Murray & Peter Hopkins (Eds) *Masculinities and Place* (pp 367-386). Routledge: Abingdon.
- Khan, A. R. (2021). Hegemonic masculinity in the marginal societal context. *Agothos*, 12 (1-22), 223-234.
- Khan, A. R., Arendse, N., & Ratele, K. (2020). Suicide prevention in Bangladesh: The current state and the way forward. *Asian Social Work and Policy Review*, 15 (1), 15-23. doi: <https://doi.org/10.1111/aswp.12214>
- Khan, A. R., Arendse, N., & Ratele, K. (2021). Intimate relationships and Suicidal Behaviour of Men in Bangladesh, *Mortality*. doi: 10.1080/13576275.2021.1879755
- Khan, A. R., Dery, I., & Helman, R. (2021). Masculinity and men’s suicide attempts in Bangladesh. *Journal of Loss and Trauma*, 1–19. <https://doi.org/10.1080/15325024.2021.1987037>
- Khan, A. R. & Khandaker, S. (2017). Analysing masculinity from the key theoretical lenses and searching for linkages with violence against women. *Masculinities and Social Change*, 6 (3), 257-287.
- Khan, A.R., Ratele, K. & Arendse, N. (2020). Men, Suicide, and Covid-19: Critical Masculinity Analyses and Interventions. *Postdigit Sci Educ* 2, 651–656 <https://doi.org/10.1007/s42438-020-00152-1>
- Khan, A. R., Ratele, K., Arendse, N., Islam, M. Z., & Dery, I. (2020). Suicide and attempted suicide in Jhenaidah district. Bangladesh, 2010–2018. *Crisis: The Journal of Crisis Prevention and Suicide Prevention*, 41(4), 304–312. <https://doi.org/10.1027/0227-5910/a00063>
- Khan, A. R., Ratele, K., & Dery, I. (2020). Re (animating) sociology of suicide in Bangladesh. *Italian Sociological Review*.
- Khan, A. R., Ratele, K., & Helman, R. (2020). Suicidal Behaviour in South Africa and Bangladesh: A Review of Empirical Work. *African Safety Promotion: A Journal of Injury and Violence Prevention*, 18 (1), 1-33.
- Khan, A. R., Ratele, K., Helman, R., Dlamini, S., & Makama, R. (2020). Masculinity and suicide in Bangladesh. *OMEGA - Journal of Death and Dying*, 003022282096623. <https://doi.org/10.1177/0030222820966239>
- Khan, M. E., & Townsend, J. W. (2014). Representation of ‘masculine’ identity in Bangladesh. In M. E. Khan, J. W. Townsend, & P. J. Pelto (Eds.) *Sexuality, gender roles and domestic violence in South Asia* (pp. 118–132). Population Council.
- Khan, S. I., Hudson-Rodd, N., Sagers, S., Bhuiyan, M. I., Bhuiya, A., Karim, S. A., & Rauyajin, O. (2008). Phallus, performance and power: Crisis of masculinity. *Sexual and Relationship Therapy*, 23(1), 37–49. <http://dx.doi.org/10.1080/14681990701790635>
- Kizza, D., Knizek, B.L., Kinyanda, E., & Hjelmeland, H. (2012). Men in despair: A qualitative psychological autopsy study of suicide in Northern Uganda, *Transcultural Psychiatry*, 49 (5): 696-717. doi: 10.1177/1363461512459490.

- Knipe, D. W., Chang, S.-S., Dawson, A., Eddleston, M., Konradsen, F., Metcalfe, C., & Gunnell, D. (2017). Suicide prevention through means restriction: Impact of the 2008–2011 pesticide restrictions on suicide in Sri Lanka. *PLoS One*, *12*(3), e0172893. <https://doi.org/10.1371/journal.pone.0172893>
- Knizek, B. L., & Hjelmeland, H. (2018). To die or not to die: A qualitative study of men's suicidality in Norway. *BMC Psychiatry*, *18*(1), 263. <https://doi.org/10.1186/s12888-018-1843-3>
- Klein, J. (2013). The “Mask of Masculinity”: Underreported declines in male friendship and happiness in the United States. *Masculinities and Social Change*, *2*(1), 2050. doi: 10.4471/MCS.2013.20
- Krysinska, K. (2014). Men and suicide: An overview. In D. Lester, J. F. Gunn III & P. Quinnett, *Suicide in men* (pp. 5-24). Springfield: Charles Thomas Publishers Ltd.
- Kupers T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of clinical psychology*, *61*(6), 713–724. <https://doi.org/10.1002/jclp.20105>
- Leenaars, A. A. (1995). *Suicide*. In H. Wass & R. A. Neimeyer (Eds.), *Dying: Facing the facts* (pp.347-384), New York: Taylor & Francis.
- Lindorfer, S. (2007). *Sharing the pains of the bitter hearts*. London: Transaction Publishers.
- Levant, R. F., Gerdes, Z. T., Jadaszewski, S., & Alto, K. M. (2018). “Not my father’s son”: Qualitative investigation of U.S. men’s perceptions of their fathers’ expectations and influence. *The Journal of Men’s Studies*, *26*(2), 127–142. <https://doi.org/10.1177/1060826517734380>
- Mamun, M. A., Siddique, A. B., Sikder, M. T., & Griffiths, M. D. (2020). Student Suicide Risk and Gender: A Retrospective Study from Bangladeshi Press Reports. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00267-3>
- Maniam, T. (2012). Suicide in Asia-II. In M. Pompili (Ed.), *Suicide A Global Perspective* (pp. 159-167). Rome: Bentham Books.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5<sup>th</sup> ed.). Thousand Oaks: Sage.
- Masango, S.M., Rataemane. S.T. & Motojesi, A.A. (2008). Suicide and suicide risk factors: A literature review, *South African Family Practice*, *50*:6, 25-29.
- Mashreky, S. R., Rahman, F., & Rahman, A. (2013). Suicide kills more than 10,000 people every year in Bangladesh. *Archives of Suicide Research*, *17*(4), 387-396. <https://doi.org/10.1080/13811118.2013.801809>
- Mason-Grant (2004). Masculinity. In L. Code (Ed.), *Encyclopedia of feminist theories* (pp. 322-323). London: Routledge.
- Mason, J. (2002). *Qualitative researching*. London: Sage.
- Matlak, M. (2014). The crisis of masculinity in the economic crisis context. *Procedia – Social and Behavioral Sciences*, *140*, 367-370.
- McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018). Masculinity, social connectedness, and mental health: Men’s diverse patterns of practice. *American Journal of Men’s Health*, 1247–1261. <https://doi.org/10.1177/1557988318772732>

- Miles, M. B., Huberman, A. M. & Saldana, J. (2014). *Qualitative data analysis: A method sourcebook* (3<sup>rd</sup> ed). Thousand Oaks: Sage.
- Morrell, R. (2006). Fathers, fatherhood and masculinity in South Africa. In R Morrell, L. Richter (Eds.) *Baba: Men and fatherhood in South Africa* (pp.13– 25.) Cape Town: HSRC Press.
- Munsch, C. L. (2015). Her support, his support: Money, masculinity, and marital infidelity. *American Sociological Review*, 80(3), 469–495. <https://doi.org/10.1177/0003122415579989Murphy>
- Naidoo, S. S., Naidoo, U., & Naidoo, A. (2015). Unmasking depression in persons attempting suicide. *South African Family Practice*, 57(2), 83–87. <https://doi.org/10.1080/20786190.2014.1002219>
- Naved, R. T. & Akhter, N. (2008). Spousal violence against women and suicidal ideation in Bangladesh. *Women's Health Issues*, 18(4), 442-452.
- Niehaus, I. (2012). Gendered endings: Narratives of male and female suicides in the South African Lowveld. *Culture, Medicine and Psychiatry*, 36(2), 327–347. <https://doi.org/10.1007/s11013-012-9258-y>
- Nolle, A. P., Gulbas, L., Kuhlberg, J. A., & Zayas, L. H. (2012). Sacrifice for the sake of the family: Expressions of familism by Latina teens in the context of suicide. *The American Journal of Orthopsychiatry*, 82(3), 319–327. <https://doi.org/10.1111/j.1939-0025.2012.01166.x>.
- Norton-Baker, M. (2020). Masculine honor ideology: An unrecognised risk factor for aggressive behaviour. *Theses and Dissertations*. 3290. Retrieved from <https://commons.und.edu/theses/3290>
- Oliffe, J. L., Ogradniczuk, J.S., Bottorff, J.L., Johnson, J.L. & Hoyak, K. (2012). “You feel like you can't live anymore”: suicide from the perspectives of Canadian men who experience depression. *Social Science and Medicine*, 74, 506-514.
- Onyeka, I. N., Maguire, A., Ross, E., & O'Reilly, D. (2020). Does physical ill-health increase the risk of suicide? A census-based follow-up study of over 1 million people. *Epidemiology and psychiatric sciences*, 29, e140. <https://doi.org/10.1017/S2045796020000529>
- Osella, C. & Osella, F. (2006). *Men and masculinities in South India*. London: Anthem Press.
- Pickering, W.S.F. & Walford, G. (2000). Introduction. In W.S.F, Pickering & G. Walford (Eds.), *Durkheim's suicide: A century of research and debate* (pp. 1-10). London: Routledge.
- Pirkis, J., Spittal, M. J., Keogh, L., Mousaferiadis, T., & Currier, D. (2017). Masculinity and suicidal thinking. *Social Psychiatry and Psychiatric Epidemiology*, 52, 319–327. <https://doi.org/10.1007/s00127-016-1324-2>.
- Pollock, N. J., Apok, C., Concepcion, T., Delgado Jr, R. A., Jr, Rasmus, S., Chatwood, S., & Collins, P. Y. (2020). Global goals and suicide prevention in the circumpolar North. *Indian Journal of Psychiatry*, 62(1), 7–14. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_717\\_19](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_717_19)

- Pope, M., & Englar-Carlson, M. (2001). Fathers and sons: The Relationship between violence and masculinity. *The Family Journal*, 9(4), 367–374. doi:10.1177/1066480701094003
- Rahman, H. (1988). *Socio-economic and psychological causes of suicide in Jhenaidah District*. Northern Book Centre.
- Rahim, D. A. K. M. A. (2015). Fight against suicide, *Journal of Enam Medical College*, 5(1), 1-5.
- Rasmussen, M. L., Haavind, H., Dieserud, G., & Dyregrov, K. (2013). Exploring vulnerability to suicide in the developmental history of young men: A psychological autopsy study. *Death Studies*, 38(9), 549–556. doi:10.1080/07481187.2013.780113
- Rastogi, P., & Nagesh, K. R. (2008). *Suicide pact by hanging*. *Medicine, Science and the Law*, 48(3), 266–268. doi:10.1258/rsmmsl.48.3.266
- Reeser, T. W. (2010). *Masculinities in theory: An introduction*, Oxford: Willey-Blackwell.
- Reeser, T. W. & Gottzén, L. (2018) Masculinity and affect: new possibilities, new agendas. *NORMA*, 13, 3-4, 145-157. <https://doi.org/10.1080/18902138.2018.1528722>
- Reza, A. S., Feroz A. H. M., Islam S. N., Karim, M. N., Rabbani, M. G., Alam, M. S., Rahman, A K M M., Rahman, M. R., Ahmed, H. U., Bhowmik, A. D., Khan, M. Z. R., Sarkar, M., Alam, M. T., & Uddin, M. M. J. (2017). Risk factors of suicide and para suicide in rural Bangladesh, *Journal of Medicine*. 14, 123-129. <https://doi.org/10.3329/jom.v14i2.19653>
- Rivers, J. (2014). Suicide and hegemonic masculinity in Australian men. In D. Lester, J. F. Gunn III, & P. Quinnett (Eds.), *Suicide in men* (pp. 248–261). Charles C. Thomas
- Risal, A. R. (2017). Attempted Suicide Pact by Married couple: A Case Study. *Journal of Psychiatrists' Association of Nepal*, 5, 49. 10.3126/jpan.v5i1.18332.
- Rojas, Y. (2021). Financial indebtedness and suicide: A 1-year follow-up study of a population registered at the Swedish Enforcement Authority. *International Journal of Social Psychiatry*. <https://doi.org/10.1177/00207640211036166>
- Rossmann, G. B., & Rallis, S. F. (2012). *Learning in the field: An introduction to qualitative research*. Thousand Oaks: Sage.
- Rutz, W. & Rihmer, Z. (2007). Suicidality in men – Practical issues, challenges, solutions, *JMHG*, 4 (4), 393–401.
- Salam, S. S., Alonge, O., Islam, M. I., Hoque, D. M., Wadhvaniya, E. S., Baset, M. K. U., Mashreky, S. R., Arifeen, S.E. (2017). The burden of suicide in rural Bangladesh: Magnitude and risk factors, *International Journal of Environmental Research and Public Health*, 14(9), 1032.
- Schlebusch, L., & Burrows, S. (2009). Suicide attempts in Africa. In D. Wasserman, & C. Wasserman (Eds.), *Oxford textbook of suicidology and suicide prevention* (pp. 105: 108). New York: Oxford University Press.
- Schlichthorst, M., King, K., Turnure, J., Sukunesan, S., Phelps, A., & Pirkis, J. (2018). Influencing the conversation about masculinity and suicide: Evaluation of the man up multimedia campaign using Twitter data. *JMIR Mental Health*, 5(1). <https://doi.org/10.2196/mental.9120>

- Schrijvers, D. L., Bollen, J. & Sabbe, B.G.C. (2012). The gender paradox in suicidal behaviour and its impact on the suicidal process, *Journal of Affective Disorders*, 138, 19-26.
- Scourfield, J. (2005). Suicidal masculinities, *Sociological Research Online*, 10 (2), 1-14.
- Scourfield, J., Fincham, B., Langer, S. & Shiner, M. (2012). Sociological autopsy: An integrated approach to the study of men, *Social Science and Medicine*, 74, 466-473. <https://doi.org/10.1016/j.socscimed.2010.01.054>
- Scourfield, J., & Evans, R. (2014). Why might men be more at risk of suicide after a relationship breakdown? Sociological insights. *American Journal of Men's Health*, 9(5), 380–384. <https://doi.org/10.1177%2F1557988314546395>
- Selwyn, C. N., & Langanrichsen-Rohling, J. (2015). Male gender roles, masculinity, and suicide: A lethal combination. In D. A. Lamis & N. J. Kaslow (Eds.), *Advancing the science of suicidal behavior: Understanding and intervention* (pp. 237–251). Nova Science Publishers.
- Shah, M.M.A., Ahmed, S., & Arafat, S.M.Y. (2017). Demography and risk factors of suicide in Bangladesh: A six-month paper content analysis. *Psychiatry J.* 2017, 5. <https://doi.org/10.1155/2017/3047025>
- Shah, M. M. A., Sajib, M. W. H., & Arafat, S. M. Y. (2018). Demography and risk factor of suicidal behavior in Bangladesh: A cross-sectional observation from patients attending a suicide prevention clinic of Bangladesh. *Asian Journal of Psychiatry*, 35, 4–5. <https://doi.org/10.1016/j.ajp.2018.04.035>
- Shahnaz, A., Bagley, C., Simkhada, P., & Kadri, S. (2017). Suicidal behaviour in Bangladesh: A scoping literature review and a proposed public health prevention model, *Open Journal of Social Sciences*, 5, 254-282. DOI: 10.4236/jss.2017.57016
- Shumka, L., Strega, S. & Hallgrimsdottir, H.K. (2017). “I wanted to feel like a man again”: Hegemonic masculinity in relation to the purchase of street-level sex. *Front. Sociol.* 2,15. doi: 10.3389/fsoc.2017.00015
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*. London: Sage.
- Soron TR, Decriminalising Suicide in Bangladesh, *Asian Journal of Psychiatry*, <https://doi.org/10.1016/j.ajp.2018.12.012>
- Stack, S. (2000a). Suicide: A 15 year review of the sociological literature part I: Cultural and economic factors. *Suicide and Life-Threatening Behavior*, 30 (2), 145-162.
- Stack, S. (2000b). Suicide: A 15 year review of the sociological literature part II: Modernisation and social integration perspectives. *Suicide and Life-Threatening Behavior*, 30 (2), 163-176.
- Strasser, D. S. (2012). *Performed and perceived masculinity in father-son relationships from the perspective of sons: A thematic narrative analysis*. Retrieved from <https://search.proquest.com/docview/1027420289?accountid=14500>
- Struszczyk, S., Galdas, P. M., & Tiffin, P. A. (2017). Men and suicide prevention: A scoping review. *Journal of Mental Health*, 28(1), 80–88. <https://doi.org/10.1080/09638237.2017.1370638>.



- Sowad, A. S. M. (2017). Influences of emerging beauty industry for men on construction of masculinities of male students of Dhaka city. *Masculinities & Social Change*, 6(1), 1–16. <http://dx.doi.org/10.17583/mcs.2017.2290>
- Taylor, P. J., Gooding, P., Wood, A. M., & Tarrier, N. (2011). The role of defeat and entrapment in depression, anxiety, and suicide. *Psychological Bulletin*, 137(3), 391–420. <https://psycnet.apa.org/doi/10.1037/a0022935>
- Tseole, N. P., & Vermaak, K. (2020). Exploring the influences of hegemonic and complicit masculinity on lifestyle risk factors for noncommunicable diseases among adult men in Maseru, Lesotho. *American Journal of Men's Health*. <https://doi.org/10.1177/1557988320958931>
- Till, B., Tran, U. S., & Niederkrotenthaler, T. (2017). Relationship Satisfaction and Risk Factors for Suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 38(1), 7–16. <https://doi.org/10.1027/0227-5910/a000407>
- Tomasi, L. (2000). Emile Durkheim's contribution to the sociological explanation of suicide. In W.S.F. Pickering & G. Walford (Eds.) *Durkheim's suicide: A century of research and debate* (pp. 11-21). London: Routledge.
- Tousignant, M., Seshadri, S., & Raj, A. (1998). Gender and suicide in India: A multiperspective approach. *Suicide & Life-threatening Behavior*, 28(1), 50–61.
- Turunen, E., Hiilamo, H. (2014). Health effects of indebtedness: a systematic review. *BMC Public Health* 14, 489. <https://doi.org/10.1186/1471-2458-14-489>
- Varty, J. (2000). Suicide, statistics and sociology: Assessing Douglas critique of Durkheim. In W.S.F. Pickering, G. Walford (Eds.), *Durkheim's suicide: A century of research and debate* (pp. 53–65). London: Routledge.
- van Niekerk, L., Scribante, L., & Raubenheimer, P. J. (2012). Suicidal ideation and attempt among South African medical students. *South African Medical Journal*, 102(6), 372. <https://doi.org/10.7196/SAMJ.5503>
- van Poppel, F., & Day, L. H. (1996). A test of Durkheim's theory of suicide—without committing the “ecological fallacy”. *American Sociological Review*, 61 (3), 500–507.
- Värnik P. (2012). Suicide in the world. *Int J Environ Res Public Health*, 9 (3), 760–771.
- Verdonk, P., Seesing, H. & de Rijk, A. (2010). Doing masculinity, not doing health? A qualitative study among Dutch male employees about health beliefs and workplace physical activity. *BMC Public Health*, 10, 712. <https://doi.org/10.1186/1471-2458-10-712>
- Verma, S., & Sukhramani, N. (2017). Interfaith marriages and negotiated spaces. *Society and Culture in South Asia*, 4(1), 16–43. <https://doi.org/10.1177/2393861717730620>
- Vijayakumar, L. (2015). Suicide in women. *Indian Journal of Psychiatry*, 57(Suppl 2), S233–S238. <http://doi.org/10.4103/0019-5545.161484>
- Wahlin, Å., Palmer, K., Sternäng, O., Hamadani, J. D., & Kabir, Z. N. (2015). Prevalence of depressive symptoms and suicidal thoughts among elderly persons in rural Bangladesh. *International Psychogeriatrics*. 27(12), 1999–2008. <https://doi.org/10.1017/S104161021500109X>

- Welford, J. & Powell, J. (2014). *A Crisis in Modern Masculinity: Understanding the Causes of Male Suicide*. Retrieved from <https://www.thecalmzone.net/wp-content/uploads/2014/11/CALM-State-of-the-Nation-Audit-Summary.pdf>
- WHO (2013). *Mental Health Action Plan 2013-2020*. Retrieved from [http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf).
- WHO (2014). *Preventing suicide: A global imperative*. Retrieved from [http://apps.who.int/iris/bitstream/10665/131056/8/9789241564878\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/131056/8/9789241564878_eng.pdf?ua=1&ua=1).
- WHO (2017). *Preventing suicide: A resource for media professionals*. Retrieved from <http://apps.who.int/iris/bitstream/10665/258814/1/WHO-MSD-MER-17.5-eng.pdf?ua=1>.
- WHO (2019). *Suicide in the world: Global health estimates*. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/326948/WHO-MSD-MER-19.3-eng.pdf?>
- Wray, M., Colen, C., & Pescosolido, B. (2011). The sociology of suicide. *Annu. Rev. Sociol.*, 37: 505–528. <https://doi.org/10.1146/annurev-soc-081309-150058>
- Wu, KC-C, Chen, Y-Y & Yip, P.S. (2012). Suicide methods in Asia: Implications in suicide prevention, *Int J Environ Res Public Health*, 9 (4), 1135–1158.
- Yip P. S. F. (2008). Introduction. In P. Yip (Ed.), *Suicide in Asia: Causes and prevention* (pp. 1-6). Hong Kong: Hong Kong University Press.
- Zhang, J., Kong, Y., Gao, Q., & Li, Z. (2013). When aspiration fails: A study of its effect on mental disorder and suicide risk. *Journal of Affective Disorders*, 151(1), 243–247. <https://doi.org/10.1016/j.jad.2013.05.092>

## ANNEXURE 1: INTERVIEW GUIDELINES

The following are the central guiding questions for the participants in the study. Each interview schedule also comes with necessary demographic information. I used various supportive questions depending on the situation and context.

### **Interview Schedule**

**For family members (father, mother, siblings, wife), close relatives, friends & community members**

Date

Time:

Location of Interview:

### Participant's Information

Age:

Religion:

Level of Education:

Occupation:

Relationship with the deceased:

Years of the relationship:

Other:

### Information of the deceased

Age:

Religion:

Level of Education:

Marital Status:

Children (if any):

Occupation:

Income per month:

Month & year of death:

Time of death:

Method used for suicide:

Relationship with the deceased:

Previous attempt, if any:

No of attempts, if any:

Methods used in the previous attempt, if any:

Suicide note:

Case filed:

Other:

### **Research Question No 1:**

1. In what ways do the close relatives or friends of men who died by suicide construct masculinity?
2. What is your idea of being a real man in the community/Bangladesh?
3. What are the differences between a real man and other types of men & why?

4. How would you describe the masculinity of the man who died by suicide?
5. What challenges did he face in his life as a man, and how are these linked to your idea of being a man?

**Research Question No 2:**

1. How do the close relatives or friends of men who died by suicide perceive the linkages between masculinity and suicide?
2. How would you describe the circumstances that surrounded the suicidal death of your relative/friend/neighbour?
3. What are the specific factors associated with masculinity that provoked the man to decide to take his own life?
4. How did you find the man coping with the circumstances before suicide?
5. What help-seeking practices did he adopt before suicide?
6. What were the community/society reactions after the incident?
7. How did the bereaved family adjust to the community's reactions?
8. What measures can be taken to minimize the crises of men in the community?
9. What measures might be adopted to redress suicidal behavior in your community/Bangladesh?
10. Do you have anything to add concerning your whole experience of that specific suicidal behavior?

**ANNEXURE 2: DEMOGRAPHIC PROFILE OF THE DECEASED PERSONS AND THE PARTICIPANTS**

Case	Name and Pseudo Name	Rural Location	Age During Suicide	Education	Occupation	Approx. Monthly Income	Marital Status	Religion	Method Used	Month & Year of Incident	Previous Attempt	Suicide Note	Name of the Interviewee (Pseudo Name & Age)	Relation with the victim
1.	Abinash	Bujitola, Ghorashal, Sadar Upazila	50	Bachelor of Arts	Private Tuition	6000	Married	Hinduism	Hanging	December 2017	No	No	Sarika (35) Hironmoy (30)	Wife Neighbor
2.	Niranjana	Porahati, Sadar Upazila	20	Hons. 1 <sup>st</sup> Year	Student	Dependent	Unmarried	Hinduism	Hanging	April 2020	No	No	Amitabh (45) Promod (40) Rekha (35) Hossain (20)	Brother Father Aunt Friend
3.	Amir	Chandpur, Harinakunda Upazila	18	5 <sup>th</sup> grade	Day labor/Brick Masonry/	9000	Unmarried	Islam	Hanging	March 2020	No	No	Sumon (28) Jeba (45) Sera (35)	Friended Mother Aunt
4.	Manik	Munuriya, Utaipara, Ghorashal, Sadar Upazila	18	4 <sup>th</sup> grade	Farmer	6000	Unmarried	Islam	Poison	March 2018	No	No	Rini (25) Pavel (34) Habil (35)	Mother Neighbor (Local Public Representative) Neighbor
5.	Shohel	Kushbariya, Ghorashal, Sadar Upazila	19	HSC	Student	Dependent	Unmarried	Islam	Hanging	September 2020	No	No	Setu (36) Mamun (18) Dulal (63)	Sister Friend Father
6.	Fanik	Jhargram, Paglakana, Sadar Upazila	19	HSC	Student	6000	Unmarried	Islam	Hanging	January 2020	No	No	Latif (40) Farrida (35) Jalal (46)	Neighbor/ Friends uncle Mother Father
7.	Hasan	Bishmudiy, Monohorpur, Shoikupa Upazila	65	Illiterate	Business	8000	Married	Islam	Hanging	April 2020	No	No	Kamala (30) Rafiq (65) Jahanara (60)	Uncle-in-law Brother Wife
8.	Rabi	Horsipur, Harinakunda Upazila	27	Illiterate	Farmer	8000	Married	Islam	Poison	August 2018	No	No	Jhik (50) Moti (18) Parul (30)	Aunt Friend mother
9.	Faizur	Goyeshpur, Paglakana, Sadar Upazila	40	Illiterate	Farmer	15000	Married	Islam	Hanging	February 2020	No	No	Helal (20) Mother (60) Arzu (23)	Son Mother Cousin brother
10.	Irfan	Bajipur/Dho jotipur, Horishongk opur, Sadar Upazila	72	Illiterate	Unemployed	Dependent	Married	Islam	Hanging	January Annexur20 20	No	No	Ehsan (30) Shakib (25) Tuli (60)	-cousin Nephew Wife
11.	Babu	Bujitola, Ghorashal, Sadar Upazila	25	SSC	Labor	20000	Married	Islam	Hanging	November 2018	No	No	Salma (45) Ruma (22) Montu (26)	Mother Wife Neighbour

Case	Name and Pseudo Name	Rural Location	Age During Suicide	Education	Occupation	Approx. Monthly Income	Marital Status	Religion	Method Used	Month & Year of Incident	Previous Attempt	Suicide Note	Name of the Interviewee (Pseudo Name & Age)	Relation with the victim
12.	Misha	Panami, Harshankapur, Sadar Upazila	25	Illiterate	Labor	5000	Unmarried	Islam	Hanging	June 2020	Twice	No	Jibon (50)	Transgender aunt
13.	Adit	Bamonai, Fursundi, Sadar Upazila	70	Illiterate	Farmer	10000	Married	Hinduism	Hanging	November, 2018	No	No	Morzina (45)	Mother
14.	Alam	Kogshi, Porabati, Sadar Upazila	70	Illiterate	Farmer	9000	Married	Islam	Hanging	April 2020	No	No	Nazma (25)	brother's sister-in-law
15.	Shikdar	Haigopalpur, Sadar Upazila	18	10 <sup>th</sup> grade	Electrician	30000	Married	Islam	Hanging	December 2019	Twice	No	Shukla (60)	Wife
													Rintu (33)	Nephew
													Pintu (34)	Son
													Hafsa (40)	Wife
													Zalal (52)	Nephew
													Nasreen (50)	Nephew's wife
													Rahima (50)	Paternal aunt
													Khatun (19)	wife
													Rifat (24)	Friend

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