Suicide is an extremely complex outcome of multiple attributing factors.\textsuperscript{1, 2} Still, there is no one-to-one proven risk factor for suicide attempts. Gene-environment interactions, stress-diathesis reaction, proximal and distal factor interactions, personality, social events, religious affiliation, mental health, and cultural practices have complicated influences on suicidality.\textsuperscript{1, 2} Therefore, scientists have been still struggling to find out any specific risk factor which can be intervened and suicide attempts would be prevented. A history of suicide attempt(s), mental illness, using illicit drugs, personality problems, social isolation, and negative life events are the key identifiable risk factors for suicide considering interactions among them.\textsuperscript{1, 2}

Bangladesh is a population-dense country in South Asia where prevention of suicidal behaviour has been ignored. We do not know the actual suicide rate, do not have national surveillance, and are far behind in formulating a national suicide prevention strategy.\textsuperscript{3} There is extreme scarcity of funds and political commitment to suicide prevention evidenced by the lack of any sort of central suicide prevention initiative.\textsuperscript{3} We identified a psychological autopsy study conducted in Dhaka for assessing risk factors for suicide.\textsuperscript{4}

The identified risk factors for suicide in Bangladesh showed some similarities as well as some dissimilarities when compared to the studies conducted in western countries. Previous self-harm, psychiatric disorders, immediate negative life events, drug abuse, unemployment, social isolation, and sexual abuse were the risk factors for suicide in Bangladesh which are similar as per the domains.\textsuperscript{10} At the same time, the proportion and role of psychiatric disorders were lower than western countries (90\% vs 61\%). It has also been found that social factors such as life events, unemployment, social isolation, and sexual abuse have a more deciding role in suicides than clinical factors.\textsuperscript{5} Hypothetically, if we could prevent the life-events, 86\% of suicides would have been prevented which stands 50\% for psychiatric disorders.\textsuperscript{5} A study from Bangladesh revealed that 47\% of suicides were related to acute crisis in relationships covering a wide range of dynamics namely promiscuous relationships with other than spouse (12\%), prenuptial emotional relation (12\%), sexual offenses with/without love relation (9\%), bad relation with married partner (6\%), being refused for marriage after an emotional relationship (6\%), and forcible wedlock for girls (2\%). For a suicide, usually there are some enduring factors like poverty, unemployment, and personality issues that are intensified by recent distress like marital discord, sexual abuse, extramarital affair, and demand nonfulfillment.

Special attention is warranted on the prevention of suicide attempts after any sudden and severe problems in close relationships while considering the national suicide prevention strategy in Bangladesh. Fortunately, family members, friends, and neighbours can easily notice such events in densely populated living conditions. Importantly there needs to have good intentions and mental alertness in the prevention of

**HIGHLIGHTS**

1. Suicide is an under-prioritized public health problem in Bangladesh.
2. Relationship problem is a prominent risk factor in Bangladesh.
3. Awareness is warranted among family members regarding care for family members during an identifiable family problem.
Suicide in Bangladesh

Conflicts of Interest
The authors have no conflict of interest to declare.

Ethical Approval
Ethical approval was not sought as the authors did not use any primary data.

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Conception and design: SMYA, RK. Acquisition, analysis, and interpretation of data: SMYA, RK. Manuscript drafting and revising it critically: SMYA, RK. Approval of the final version of the manuscript: SMYA, RK. Guarantor accuracy and integrity of the work: SMYA.

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