



The causes of suicide and Impact of society in Bangladesh

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Abstract

Suicide is now a frequent event in Bangladesh. It is considered to be a deviant behavior. According to the latest WHO data published in April 2012 suicide deaths in Bangladesh reached 19,697 or 2.06 percent of total deaths. The age adjusted death rate is 13.52 per 1,00,000 of population ranks Bangladesh is 38th in the world. Among the top 20 causes of death Bangladesh suicide number is 17. So it is considered a key problem in recent times. That's why my study is about suicide. In my study I try to identify the causes of suicide, impact of suicide on family and members, where the rate of suicide is high, what ages people commit suicide etc. And I observed that the rate of suicide is high among the teenagers. And maximum people commit suicide because of frustration. Now-a-days the picture high occupational mobility, high dream and hope for better life is leading to high rate of suicidal deaths. In present time suicidal gesture, at temple to commit suicide are seen in the community. In the period of 2004-2008 total 98 autopsies performed among them 59 were found as suicidal deaths in medical college and hospital. Among them 18 cases ended their life by poisoning, rest of those are as follows-Train-Run over (5), Hanging (15), Drowning (7), Alcohol (2), Burn (4), Celphos Poisoning (1), Insecticides Poisoning (7).

Keywords: Suicide, Society, Conceptual Framework, Madhabpur.

Introduction

Nowadays Suicide has become a daily occurrence events in Bangladesh. Suicide is a worldwide growing problem crossing culture, geographies, religious, social and economic boundaries, studied by Alexander¹, Aseltine and DeMartino², Johansson³ et al. It has become recognized as an important issue on the International Perspective. Actually, the specific definition of suicide is that is the act of intentionally terminating one's life and it was firstly given attention by any means, of the many Sociologist Brown⁴, Cuellar and Curry⁵, Etiason⁶ and Fawcett⁷. He also referred to several causes of committing suicide. He explained on the several types of it as well. He described about the development of industrial society, the economy dominant over there social institutions, the political erases of the derive affair in 1984, and evidence made available by comparative mortality rate as major Factors behind suicide. In Bangladesh suicide is now eighth leading cause of death risk studied by Conwell⁸ et al., Frierson⁹ et al., Osterweil¹⁰, Qtn¹¹ et al., Russell and Joyner¹². It happens with as limit of 15 and 24. There are some misguided common thoughts about suicide. For instance, the man who commit suicide does not show any warning signals, when a person is intending suicide. He/she usually reveals a warning signs of being suicidal. Moreover, there are number of misunderstands about the reason of suicide.

In today's community, Scolding is one of the main reason of suicide. Bullying, it has been a controversial issue in schools for a long period of time and It seems to me it will be there for

many years to come unless we are conscious about it. Kim¹³ and Reuter-Rice¹⁴ is believed that people are beginning to consider bullying more seriously than they have still many more thing can be done to decline the number of bullying that takes place. There are many facts regarding the cause as to why bullies are bullies people think when a person get bullied, they are becoming a victim. This might be true for some people but not for all. Same victims, they might bully others. It impacts on all kind of people and can be demolishing. That the reason we should plan that how can we stop bullying? No one realize how it feels to get bullied until it happens to someone. So we need end it now.

People thinking that suicide usually present warning signs of what they are planning. But it is not true always. Bangladesh Mental Health Association, they say there are some signs that include repeated reflex of hopelessness, helplessness, or desperation-sleeplessness, social withdrawal, loss of appetite, loss of interest in usual activities, and a sharp and unexpected after to a cheerful attitude for death. For example shaming any last wishes to some friends or relatives, leaving any remarks to death and dying. Moreover there are a few more signs one seen, such as drug and having alcohol, stress and reckless behavior as well as if a person has already committed suicide described by Frileux¹⁵ et al., Horowitz¹⁶ et al., JAMA¹⁷, Neimeyer¹⁸ et al. and Palmer¹⁹. There is a possibility can an attempt it again, however you should be always conscious about it. Some attempts can be caught easily about committing suicide, and some support

groups can provide a few solutions to keep them away from committing suicide studied by Gibbons²⁰ et al., Rask²¹ et al., Reinherz²² et al. and Shain²³.

Statement of the Problem: But nowadays suicide is so fatal that it should be marked as a serious problem. However we have other astonishing statistics that, in the last 6 month there have been 28 cases of suicide in our Madhabpur Upazilla. Here suicide is very common. Suicide makes disorder in society. For this reason it is considered to be a problem. When a person committed suicide others are influenced by this. As a result the rate of suicide is increasing day by day. The religions traditionally consider suicide an offense towards God due to the belief in the sanctity of life. It was often regarded as a serious crime. It violates the rules and regulations of a society. It is a deviant behavior of man. In Bangladesh it creates disorder in family as well as in society so I considered it is a big problem for Bangladesh and for this reason I choose my assignment topic is suicide in Bangladesh. Here I focus the causes of suicide, the impact of suicide on family and society, why people commit suicide, the geographical location where the rate of suicide is high and generally what age group of people are commit suicide etc.

Objective of the Study: Suicide is a big problem for Bangladesh. So importance of the study is very big. It plays an important role in society. In my study I focus of the following specific objective: i. To explore the causes of suicide. ii. To focus the impact of suicide on family. iii. To focus the impact of suicide on society. iv. To explore the process of suicide. v. To explore the legal initiatives to control suicide. vi. To explore why do people commit to suicide. vii To explore the types of suicide. viii. To explore what ages people are commit to suicide more.

Importance of the study: With the passage of time different types of suicide occur in different stages of ages. Right now, suicide ultimately is a social threat that defames the features of a society. It never brings peace and the solution of any problems rather it impacts over family as well as society negatively. Although it is recognized that, only a fraction of the suicide in the Newspaper and media. It is becoming an important social issue in the country. So to remove and bring an easy solution of it, the importance of this study is very high. So by studying it specific terms should be marked and the best attempt should be taken to remove it. As a developing country, if we want to makes this country peaceful and stable society, as we demand about it then it is very important to make a suicide free society and bring smooth situation in country.

Facts on Suicide: There are various fact of human who take commit suicide frequently in our society which is given below: i. Most suicidal people are undecided about their death wish. ii. Suicide hardly happens without threatening. iii. Suicide are occur for crazy. iv. Suicide occur in both economic classes such as the upper and lower case. v. Biological factors are

responsible i.e. family history of suicide. vi. Life events (loss of a loved one, loss of a job). vii. Psychological factors such as interpersonal conflict, violence or a history of physical and sexual abuse in childhood, and feelings of hopelessness. viii. Some see suicide as a way to face social problems. ix. Others see suicide as a way to end unbearable pain. x. Some people hate themselves and think they justified to die. xi. Other sees them as a Barden to love once.

Conceptual Framework

A Connatural framework is used in research to draw the possible preferred idea that attempt to connect all aspect of inquiry (e.g. Problem definitions, purpose, literatim review, methodology, date collection). So, conceptual framework can act like maps that give coherence to imperial inquiry. Conceptual framework deals with the framework of overall concept of findings, it generally includes causes of suicide, type of suicide, and impact on family. Impact on society, legal initiative and why do people commit suicide so on. With these the framework is shown below in tabular and geographical way.

Materials and Methods

Research Methodology: Methodology is the guideline of problem solving system which contains some specific objective such as phases, tasks, methods, techniques and tools. The study is primarily based on descriptive research paper, aims to collect comprehensive information on suicide in Bangladesh. Thus the study consists of review an analysis of all available sources dealing with suicide. The secondary sources are collected by ways of consulting various newspapers, Periodicals Gazette notification, Journals and various newspaper reports and other private agencies. These have been classified and analyzed to yield information to underline gaps in researches in the areas of suicide in Bangladesh. Overly methodology indicates two types of study such as i. Qualitative method, ii. Quantitative method

Qualitative method: Quantitative method is mainly used for describing the general structures of the major part which adaptation of the scientific research, and existence of the quantitative measurement with control the theoretical variables inducing those phenomena by Henn²⁴. To conduct this research work scholar has been used semi-structured interview tool to identify some variables relating to existing situation of suicide. However, the semi-structured interview discussion is accomplished of creating valuable data in the study of nature of this research objective.

Qualitative Method: Qualitative method will be used to find out the societal and cultural geniuses, behavior image as well as decision building subject. They are the key components of analytic frames, which in turn are derived from ideas- current theoretical thinking about social life. The researcher will select some case studies by applying qualitative tools. By applying the qualitative approach, an attempt is made to understanding the

cause and impact of suicide faced with harsh conditions. Moreover the form of vulnerabilities should be understood through a qualitative view.

will cover one district in the southern part of Bangladesh named Madhabpur. Madhabpur Upazila will be selected as part of the study area.

Selection of the Study Area: The present study has been conducted in some rural villages located in Madhabpur in Hobigonj district. These villages have been selected because of its importance as a Suicide prone area. Before selecting the study area, rapport was built with some of the students of Jagannath University who hailed from Madhabpur Upazila. They provided valuable information of the major concentration of rural peoples in Noyapara on the bank of Khoyai River. It has been learnt from field visit that the study villagers are scattered located. For the purpose of this study we have selected eight villages from two unions namely Shahji Bazar, Ratanpur, Lamahati, Jagadispur, Noyapara. These areas were convenient to select because of its geopolitical locations and vulnerability due to suicide. The present study will be conducted in the Southern Region of the Bangladesh. The study will be covered in one district in the Sothern Region of Bangladesh. The study

The Short Profile of the present Study Area: The main study of Madhubpur Upazila area which is stand on Habigonj district. The area of Madhubpur Upazila is 220.96 square km. The Madhabpur thana was established in 1961 and was turned into an upazila in 1983. The Madhubpur upazila consists of 10 unions, 143 mouzas and 241 villages. The total Population is 220957; among of them male 50.07%, female 49.93%, Muslim 67.7%; Hindu 31.8%, Christian 0.36%, Buddhist 0.01% and others 0.13%. The Literacy average rate is literacy 30.3%; male 41% and female 19.6%. There are many occupations of Madhubpur Upazila people consider such as Agriculture (37.74%), fishing (1.76%), pisciculture (2.02%), agricultural labor (25.12%), Business (11.79%), construction (1.16%), service (3.03%), wage labor 5.69%, industry 2.82% and others 8.87%.

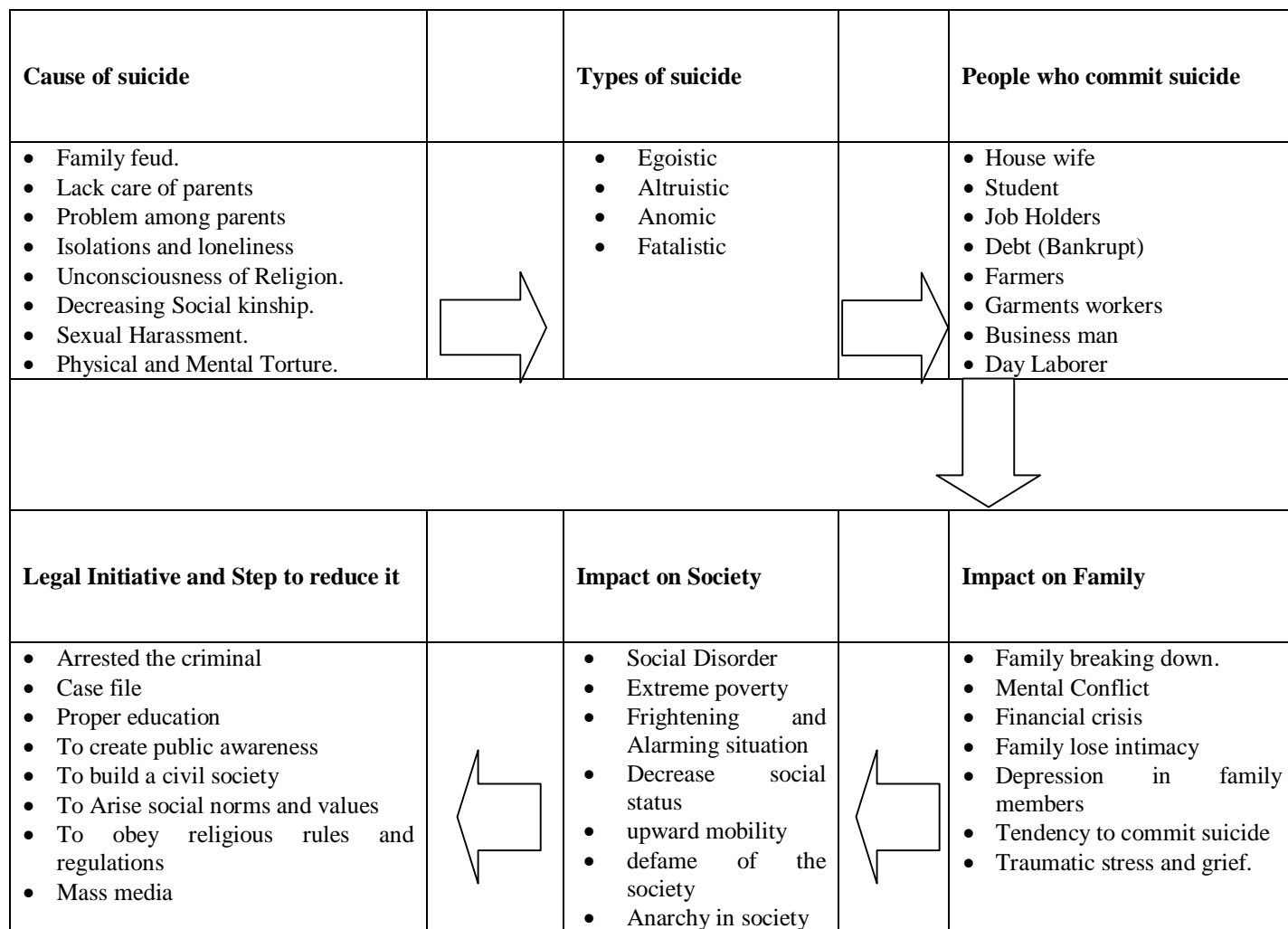


Figure-1
Conceptual Framework

Table-1
Operational definition of the Conceptual variables

Variables	Indicator	Operational definition	Measurement
Demographic variables	Sex	The ratio of male and female	Nominal
Demographic variables	Age structure	The actual age of respondents and the population	Interval
Socio-economic variable	Education	The rate of suicide	Interval
Socio-economic variable	Occupation	The professions in which a person is engaged for his/her livelihood.	Nominal
Socio-economic variable	Income	Total amount of money earned by a household from different sources per month and the income of indigenous women is the amount they earn by wage-Jab or selling fuel wood and forest food a month.	Interval
Socio-economic	Family Structure	The loss of Family Relationship	Interval
Socio-economic variable	Violence against women	Physical and psychological violence against women by family members and others.	Nominal
Impact Variable	Family	Break down family and kinship	Nominal
Impact Variable	Society	Negative aspect of the society	Nominal
Strategic Variable	Awareness	Build up a civil society	Nominal



Figure-2
Map of the Madhabpur Upazila

Sampling Procedure and Sample Size: Sampling procedure is an important step in conducting any research. In statistical point of view when only a part of the population or a group of unites is taken into consideration it is called sample method of inquiry by Babbie²⁵. Sampling is therefore the technique of selecting a representative portion of a population. Fair selected samples may portray the succinct characteristics of the population.

After the identifying the research problem and determining the most appropriate type of objective, every researcher must decide just which cases (people) are to be included as subjects in their innovative technique. In this research study 4 villages will be selective rural people of the 4 villages will be considered as study population. The household will be considered as unit of analysis. In the present study a total sample of 80 households will be selected as study population. The respondents will be selected purposively. Due to the practical of the survey study, the purposive sampling method is highly representative since purposive sampling involves the use of judgment on the part of researcher. The respondents will include both women and men in equal members (20+20) to maintain balanced gender representation. The researcher will also conduct 4 case studies among the suicide affected people. Besides, the researcher will also conduct 2 FGDs among the study population of the district. The Sample framework can be shown in the following table.

Criteria of Samples: The sample considered the following criteria: i. Rural men and women, ii. Age of the respondents (not less than 18 years), iii. Respondents physical and psychological capacity to response properly, iv. Voluntarily motivated to talk.

Techniques of Data Collection: Data collection is the process by which information is gathered from respondents by Lin²⁶. So methods of data collection are the very crucial part of any research. The data need to have the accountability and validity to sketch the representativeness of population. Both strength and objectivity of the research to great extent depend on as to how the data have been collected. Both quantitative and qualitative methods have followed in this research to achieve the objectives of the study. Quantitative data are basically used in number system, whereas qualitative data component are analytical framework, so both of them are very essential for data collection. So the researcher has collected quantitative data by administering semi-structured survey questionnaire.

To conduct the survey, a semi structured interview schedule was used containing pertinent questions in relation to the objectives of the study. Beside semi-structured interview, the qualitative data have been collected by case study, researcher's observation to the role of rural women and men in protecting environmental degradation in Madhabpur area. In addition to sample survey method, case studies were used to analyze the data in an in-depth way to supplement the sample survey. The procedure of data collection and the nature of data collected by each method have discussed in the followings sections.

Sources of Data: The study is mainly depended on the data collected from primary sources. Data were collected directly from the respective field through survey, case study and also researcher's keen observation. Some secondary data have also been used to strengthen the rationality of the study and for better and comprehensive analysis. Secondary data were collected from different journals, books, research publications and other documents. Data from both secondary and primary sources helped a lot to give the study powerful logical framework.

The procedure of data collection: Since this research is an exploratory, the researcher has employed semi-structured questionnaire and case study technique for data collection. After establishing rapport and becoming part of the scenery, the data collections for this study have begun. Before going to interview, the researcher made an effort to create such an atmosphere in which the respondents would be comfortable to talk in an independent manner. Each interview session was with an individual respondent. The researcher tried to spend almost one or two hours with each of the respondents to discover their insights, perceptions and ideas about the nature and consequences of suicide and their roles in combating and adapt ting with suicide related problem. Both the quantitative and qualitative data have been collected in two phases. The quantitative data has collected from July 1 to July 25 while the case studies were conducted from September 3 to September 24, 2009.

Reliability and Validity: In the scientific research reliability and validity are the principle issues both of which are concern on the concrete measure of research study. Validity describes the scholar whether the instrument measures is correct and defined, besides reliability refers to the ability of find out the result by Sher²⁷.

Limitations of the Study: In conducting a research study, every research is more or less, best with the limitation on the subject of time, cost and staffing. This current research is not reserved from the limitations which are mentioned as follows- i. A good research requires a long time, but in conducting of this research there was a limited time schedule. ii. As a student, the researcher has a very limited access to the required resources. iii. Some respondents disagreed to cooperate. iv. It was a Herculean task to make them willing to answer the questions in the interview guide. v. The study was limited to rural men and woman of Madhabpur. So generalization about their situation cannot be made based on the finding for this study alone.

Data Analysis

From Table-3 and Fig. 3 is indicate that the age of the person who passed his/her life. In the study the total frequency is 40. Among 100% percent, 20% percent people are commit suicide in (10-19) age, 30% percent people are commit suicide in (20-29) age, 25% percent people are commit suicide in (40-49) age, and 17.5% percent people are commit suicide have no mention

about the age. The informer of my case study told teenagers are commit suicide and my content analysis also show that.

Among 100 percent 35% percent people who commit suicide are male and 65% percent people who commit suicide are female. So it is observed that female suicide rate is high and my informer also agree with that.

In Table-4 and Figure-4 are indicating sex of the person who passed his/her life. In my study the total frequency is 40.

Table-2
Determination of sample size for quantitative and qualitative study

Name of District	Name of Union	No. of Union	No. of Village	Quantitative (Semi-Structure Interview Questionnaire)	Qualitative	
	Noyapara	1	1	10 (5 Women + 5 Men)	1 Case Study	1FGD
			1	10 (5 Women + 5 Men)	1 Case Study	
Hobigonj	Madhabpur	1	1	10 (5 Women + 5 Men)	1 Case Study	1FGD
			1	10 (5 Women + 5 Men)	1 Case Study	
Grand Total : 1	2	2	4	40 (20 Women + 20 Men)	4 (4 Case Study and 2 FGDs)	

Table-3
Percentage distribution on the Age of the person who passed his/her life

Age(in group)	Frequency	Percent
10-19	8	20%
20-29	12	30%
30-39	10	25%
40-49	7	17.5%
50-59	3	7.5%
Total	n=40	100%

Source: Field work

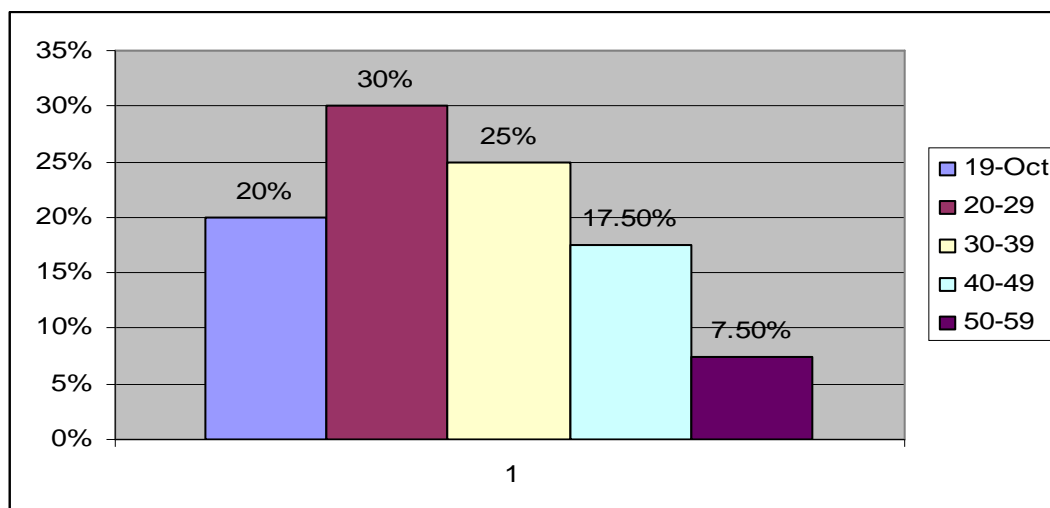


Figure-3
Age distribution of the person in percentage

Table-4
Sex of the person who passed his/her life

Sex(in group)	Frequency	Percent
Male	14	35%
Female	26	65%
Total	n=40	100

Source: Field work

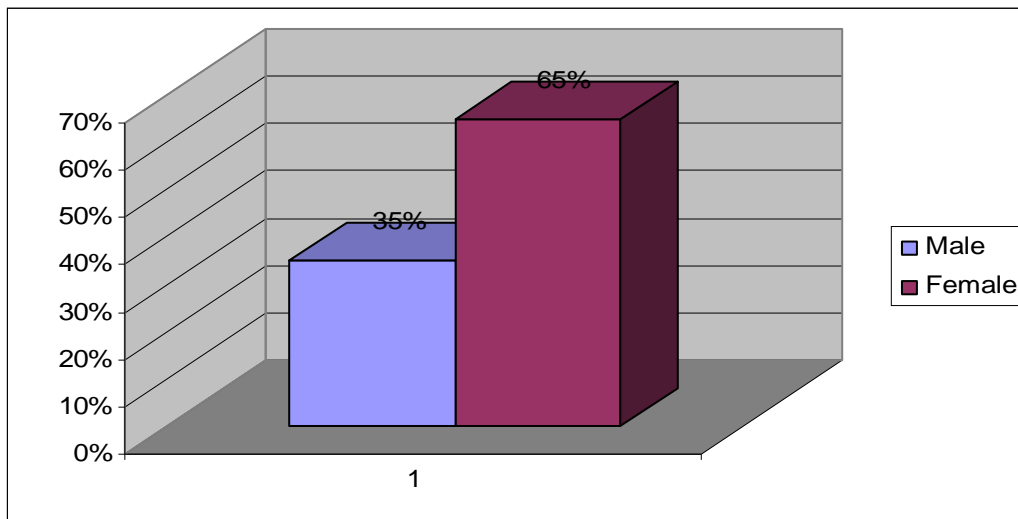


Figure-4
Sex distribution of the person in percentage

Table-5
Education of the person who passed his/her life

Education	Sex				Total	
	Male		Female		Frequency	Percent
	Frequency	Percent	Frequency	Percent		
Primary	2	14.29	1	3.85	3	7.5%
Under S.S.C			2	7.69	2	5%
H.S.C	2	14.29	3	11.54	5	12.5%
Graduation	1	7.14	2	7.69	3	7.5%
Illiterate	01	7.14	6	23.08	7	17.5%
S.S.C	8	57.14	10	38.46	18	45%
Not available			2	7.69	2	5%
Total	N=14	100%	N=26	100%	n= 40	100%

Source: Field work

In Table-5 and Figure-5 are indicating the education of the person who passed his/her life. In the study the total frequency is six. Among 100%, 45% percent people who commit suicide are S.S.C student and 17.5% percent people who commit suicide are Illiterate. This research told the generally class 8 to 12 student are commit suicide.

In Table-6, describe the suicide of the person which is consider the total frequency is six. Among 100 % people 50% percent

people are commit suicide by hanging process and 50% percent people are commit suicide by taking poison.

The total frequency is six is consider of suicide of the person describe by Table-7. Among 100 percent 33.33 percent people commit Egoistic suicide, 50.00 percent people commit Anomic suicide and 16.67 percent people commit suicide have no mention about types.

The occupation and religion of the person who passed his or her life is described in Table-8. In the study the total frequency is six as well as consider 100 percent, 16.67 percent people are Muslim student, 16.67 percent people are Muslim house wife,

16.67 percent are Muslim worker, 16.67 percent are Muslim have no mention about occupation and 33.33 percent people are Hindu house wife. So it is observed that the suicide rate is high among Muslim people and most of them are house wife.

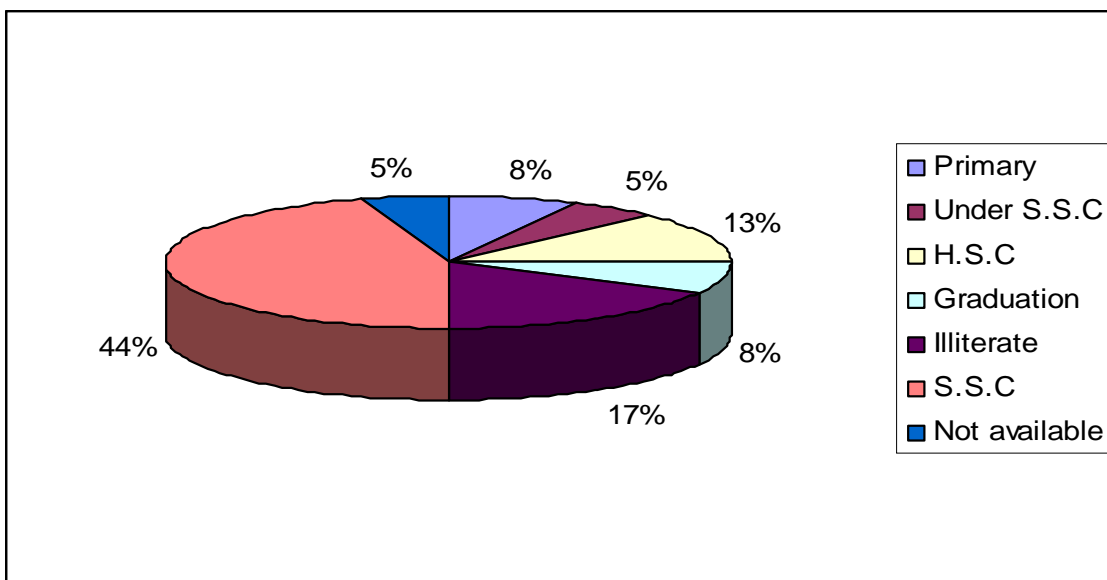


Figure-5
 Education of the person in percentage

Table-6
 Process of suicide

Process	Frequency	Percent
Hanging	3	50
Took poison	3	50
Total	n=6	100

Source: The Daily Star newspaper, January (16-31), 2011

Table-7
 Types of suicide

Types	Frequency	Percent
Egoistic	2	33.33
Altruistic		
Anomic	3	50
Fatalistic		
No mention	1	16.67
Total	n=6	100

Source: The Daily Star newspaper, January (16-31), 2011

Table-8
Occupation and religion of the person who passed his/her life

Occupation	Religion				Total	
	Muslim		Hindu			
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Student	1	16.67			1	16.67
House wife	1	16.67	2	33.33	3	50
Worker	1	16.67			1	16.67
No mention	1	16.67			1	16.67
Total					n=6	100

Source: The Daily Star newspaper, January (16-31), 2011

Table-9
Incidence and rate of suicidal deaths in Madhabpur (2007-2012)

SL. No.	Year	Total No. of	Estimated Mid-	Suicide Rate
			Year Population	
		Suicides	(Lakhs)	(per 100,000)
1	2007	13	10,856.00	10.5
2	2008	18	11,028.00	10.3
3	2009	9	11,197.75	10.5
4	2010	15	11,365.50	10.8
5	2012	20	11,531.30	10.8

Major Key Findings

Sociological analysis of the causes of suicidal behavior reveals that in the cases where it is possible to obtain relevant data, about half of the suicides were primarily “anomic” caused by a social environment characterized by sudden or emphatic changes. The other half was primarily “egoistic” caused by social environments which impaired individuals’ bonds to socially given ideals and purposes, thus weakening the bonds with commonly shared meanings, collective activity, values and social purposes. The key evidence from research studies also shows that “relational” problems (unhappy love, family/marital problems); among young women cause seems to be related such problems. The “instrumental” problems (financial and unemployment problems, failure in life); among the aged of people the main causes are instrumental problems. Moreover, the “health” problems; among middle-aged women causes such problems, and all of above problem are the principal

circumstances preceding suicide. There are major factor for suicide monitored by stress, mental illness, unemployment and substance abuse has reported by world health organization. As a part of the research study, these key studies provided in-depth information about the role of men and women in their households and community to adapt with flood related vulnerabilities.

Recommendations

Suicide prevention strategies are Recommendations with the following: i. Identifying and reducing availability and access to the means of suicide (handguns, toxic substances, etc). ii. Improving health care services, diagnostic procedures, subsequent treatment, promoting supportive and rehabilitation functions for persons affected by suicidal behavior. iii. Increasing knowledge through public education about mental illness and its recognition at an early stage. iv. Supporting media

reporting on suicide and attempted suicide. v. Health care professionals, especially in emergency services, should be trained to identify suicide risk and proactively collaborate with mental health services. vi. Education of both health professionals and the general public should start as early as possible and focus on both risk and protective factors. vii. The media should be involved and trained in suicide prevention and the WHO code of conduct on media behavior in relation to suicide mentality should be promoted. viii. Establishing self-help groups, phone help lines and websites for people in crisis situations.

Conclusion

The research has promise planned in this technique similar with the other state of Madhabpur strategies that have been revealed in current years. There is a longstanding unity on the consideration of maternal health and early childhood improvement, community social development as well as Inuit societal values in Madhabpur. It is now seen after all research and counsel, we understand well about how this area's people influence suicide related activity. And it is believed that meaningful investment in this community is compulsory to decline suicide in Madhabpur. Finally, the associates recognize importance of data the prevention efforts from committing suicide further. So, beneficial data will agree society to be more self-confidence and proactive in preventing suicide.

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