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Suicidal Risk Factors and Youth Population: A Study on Bangladeshi Urban and Rural areas Perspective

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Abstract

Suicide is an urgent matter of public health that presents a substantial peril to young populations worldwide. This research aims to conduct a comprehensive overview of the risk factors linked with Suicide among the young population in Bangladesh. Understanding these risk factors could expand targeted prevention strategies and interventions to tackle the issue and endorse mental health. This study utilized quantitative research with a survey questionnaire design to collect data from 764 close family members who committed suicide. The data were randomly selected from Dhaka and Jhenaidah districts in Bangladesh. The study revealed that aged 23-25 years have a higher risk for Suicide, where females 62.96% are at higher risk than males 37.04%. The result finds a significant relationship between family and social environment risk factors. Further findings show that education, married status, family size, and monthly family income variables have various degrees of effect on suicide risk among young people based on their age. Despite the inherent limitations of national surveillance in this study, the research findings catalyze further investigation into delineating specific suicide risk factors. Such endeavors aim to mitigate suicidal behaviors and foster positive psychological development across the lifespan.

Keywords: *Suicide, Risk Factors, Prevention, Youth Population.*

Introduction

Suicide is a worldwide concern that has a significant impact on young inhabitants. Suicide was the fifth leading cause of mortality and the first among youths (Rahman et al., 2022). Suicide kills around 700,000 individuals, with over 77% occurring in low- and middle-income countries (Renaud et al., 2022). However, young people are growing more prone to suicidal ideas and actions. Suicide is the second most prevalent cause of death among people aged 15-29 (WHO, 2021).

Conversely, Bangladesh, including numerous other nations, has experienced substantial obstacle in identifying suicide risk factors and encouraging mental health well-being. Suicide is an abandoned worldwide public health concern in Bangladesh as well. According to (Ferdous & Alam, 2021), suicide is frequently overlooked as a significant threat to the public's health. Suicide was the most prevalent cause of death among adult youth of both sexes. (Rahman et al., 2021) Explain that the Bangladesh Health and Injury Survey on Children, which is nationally representative, revealed the highest rate of 50 deaths per 100,000 girls aged 17-29. According to Khan's (2023) analysis, more than 30 per 100,000 young people commit suicide in rural Bangladesh each year among youths aged 15-24, with 5.5% of girls and 4.8% of boys indicating a sexual orientation. Our research delicately identified suicide risk factors as an individual issue.

Suicide might be motivated by pessimism, rage, resentment, or the need to escape excruciating throbbing (White, 2023). However, Suicide must be viewed as a family issue, and many perspectives should used to examine families' roles in reducing suicide risk factors (Frey et al., 2016). Suicide has an impact on a family for a variety of reasons, including disruption in family relationships, loss of intimacy, guilt or blame among members, mental distress, psychological problems, traumatic stress, grief, financial crisis, and a tendency to attempt Suicide (Ara et al., 2016). Conversely, there is limited research undertaken on the involvement of

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familial factors in determining health treatments and evaluations for preventing Suicide (Mann et al., 2021). Furthermore, approximately 20-30 times as countless suicide attempts occur (Arafat et al., 2022). Social factors contribute to under-identification and under-registration of suicides, and families mostly refrain from disclosing vital aspects of the act for fear of being harassed by the police and societal embarrassment (Arafat et al., 2018). On the other hand, Religious reasons are partly to blame for concealing suicide disclosures, as Muslims constitute almost 90% of the Bangladeshi populations (Aktar, 2022)). On the other hand, repeated analyses showed that psychiatric disease is a significant risk factor for Suicide, with nearly 90% of those who took their own lives having a minimum of major psychological obstacle (Zalsman et al., 2016; Arafat, 2017 & Arafat et al., 2018). Suicide is also considered a criminal offense under the country's legal system (Arafat, 2017). The judicial system's illegal status and socio-cultural stigma lead to an underreporting of suicides (Arafat, 2019; Hoque, 2023).

A scarcity of epidemiological data is required to develop a risk factor prevention plan; according to Arafat's (2020) the current study, Bangladesh is far behind in meeting the requirements for a national suicide risk prevention plan. However, to institute a governmental initiative aimed at preventing suicide. It is necessary to develop a comprehensive strategy that examines every aspect of mitigating suicide risk factors (Stone et al., 2017). In Bangladesh, endeavors to prevent suicide remain early due to a scarcity of research and ineffective preventive methods. The study conducted extensive research to develop locally suitable preventative tactics (Shah et al., 2018). These studies emphasize the areas of youth suicide exposure when the potential of suicides was identified and also explore the risk factors for suicide prevention in Bangladesh. We analysis and identify the suicide risk factors contributing to youth vulnerability in the context of suicide in Bangladesh, including socioeconomic, cultural, family, and psychological factors.

Research Question

- What are the suicidal risk factors associated with the youth population in Bangladesh?
- What are the relationships between suicidal behavior risk factors among different demographic groups (Age, Gender, Family income) within the youth of Bangladesh?

Literature Review

In Bangladesh, suicide is a critical community health issue that demands multifaceted risk factors affecting the youth population. These studies identify the key factors, including psychological, family, and socioeconomic risk factors (Tasfi & Mostofa, 2024). Bangladesh faces several social challenges that can impact mental health and increase the risk of suicide within families. Numerous researchers have found that suicide can be a devastating experience for those left behind (Lankford, 2014). At the same time, suicide risk factors have been devoted to preventing future suicides. On the other hand, survivorship has received less attention (Stone et al., 2017). The research found that whether a significant proportion of students who take their own lives at public universities have a prior record of suicidal ideation, hopelessness, depression, perfectionism, familial strife, relationship dissolution, inadequate social support, financial hardship, or academic pressure (Urme et al., 2022). However, prior studies have demonstrated that familial factors can indeed increase the likelihood of adolescent suicide in Bangladesh. As suicide tends to transpire within familial units, it is critical to assist survivors by emphasizing the consequences that ensue after such incidents transpire (Frey & Cerel, 2015).

Psychological Risk Factor

Psychological risk factors refer to mental and emotional well-being that may contribute to developing or exacerbating various health issues (Prime et al., 2020). However, these factors can influence an individual's susceptibility to certain conditions and often interact with biological and environmental factors. Plenty of studies have demonstrated that psychological factors strongly affect suicide risk in Bangladesh (Mamun et al., 2022). Therefore, the researcher established a relation between depression and suicide ideation among Bangladeshi youth, highlighting the need for mental health treatments (Mamun et al., 2022). The

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longitudinal study found a significant correlation between anxiety disorders and suicide among individuals from Bangladesh (Rasheduzzaman et al., 2022). The Western culture also revealed a significant relationship between depression and suicidal thoughts, emphasizing depression symptoms in suicide prevention (Franklin et al., 2017; Fox et al., 2020). At the same time, Chu et al. (2014) conducted a study which revealed that 52% of the sample experienced suicidal thoughts despite not meeting the diagnostic criteria for a psychiatric disorder. Instead, Chu et al. (2014) described those who revealed this non-psychiatric sub-type of suicidal ideation as experiencing stress associated with discrimination, family conflict, and physical health issues. Arafat et al. (2021) discovered that the psychological disorders, relevant incidents beyond suicide attempts, and sexual abuse as significant risk factors for suicide in Dhaka, Bangladesh.

The research also found that the molecular and neurological elements of depression and suicide risk, shedding light on the psychological causes of depression-related suicidal behavior (Żurawek & Turecki, 2021). However, the psychosocial variables that contribute to suicidal behavior in Europe reveal the complex relationship between psychological and social factors (Mirkovic et al., 2016). O'Connor et al. (2020) explored the role of stressed emotional regulation in suicide prevention; understanding how people control their emotions helps psychological causes. The researcher also examined that the correlation between anxiety disorders and suicidal behavior, emphasizing the worldwide relevance of managing anxiety in suicide prevention (Bolton et al., 2013). On the other hand, some researchers founded that psychological distress predicted youth suicide ideation, highlighting the worldwide importance of youth mental health (Husky et al., 2018).

The research highlights that stress is a physiological and physical response to challenging situations. Chronic stresses have been associated to a variety of health issues, such as cardiovascular disease, immune system dysfunction, and mental health disorders (Kivimäki & Steptoe, 2018). Depression is a frequent, continual approach of sadness, hopelessness, and a lack of concentration in regular activities. It is associated with increased risk factors for various physical health problems (Pemberton & Tyszkiewicz, 2016). According to Johnstone (2021), noted that several individuals take risks with depressed, but they are embarrassed to convey their genuine thoughts to others to obtain financial support. However, mood fluctuations are normal in young individuals, but prolonged mood swings may signal the existence of an underlying severe depression (Tang & Pinsky, 2015). Adolescents who are experiencing depression, particularly females, have a much higher likelihood of engaging in suicide, as shown by research conducted by (Shain et al. 2016). The presence of a familial background of depression and suicide significantly amplifies the likelihood of suicide (Reutfors et al., 2021). The manifestations of depression in young individuals vary considerably according to their age; the likelihood of developing adult's depressive symptoms increases with age (Shorey et al., 2022). Psychological diseases characterized by acute, such as schizophrenia, anorexia nervosa, and depressive disorders, are associated with an elevated risk of suicide (Mehanovic et al., 2023). The study investigates that the relationship between depression symptoms and anxiety disorders concerning excessive worry and fear (Zhang et al., 2024). The objective of the research was to assess the relationship between anxiety and the risk of coronary heart disease (CHD) and other health complications (Chen et al., 2019). The researcher experiences specific anxiety, which is a common aspect of human living, where anxiety disorders often include severe, excessive, and persistent concern and terror about ordinary mental health conditions (Strang et al., 2014). Frequently, anxiety disorders involve repeated incidents of unexpected feelings of severe anxiety and fear or terror that reach a suicide risk within minutes.

2.2 Family risk factor

This investigation revealed that a negative familial environment has a significant impact on mental health and suicidal risk factors. The study also examined family dysfunction, including poor communication and conflict (Yuodelis-Flores & Ries, 2015). The author mentions that young people with a suicide history are susceptible (Pitman, 2017). In Bangladesh, generally, family circumstances might increase suicide ideation, and suicide risk factors to be studied widely in the nation. Nine family members from Bangladesh committed suicide themselves, leaving a suicide note in a tiny village, citing religious illusions (Saha, 2019). Feroz et al., (2012) noted that, the 63% of suicides in rural Bangladesh were attributed to family issues, according to extrapolation of the letter and 65.5% of suicides among those aged 20–39 were associated with familial conflict, according to another case-control study (Reza et al., 2013). Family concerns, such as

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marital strife, are the most prevalent proximal decision variables, (Arafat, 2014). Family emotional distress emerged as the most substantial risk factor, as determined by a comprehensive evaluation (Shahnaz et al., 2017).

Furthermore, the research also supports the idea that technology might strengthen distant family interactions (Jesmin et al., 2020). Family issues, such as marital discord and lack of consistency, accounted for approximately two-thirds of the variables (Shah et al., 2017). The study found a relationship between suicidal behavior and sexual misconduct, illicit connections, child marriage, domestic violence, and divorce. However, the main reasons were marital strife and family conflict (Arafat, 2019). The study examined whether Bangladesh serves as a substantial predictor of suicide in cases involving coerced marriages, marital dissolution, divorce, and general relationship difficulties (Arafat, 2022).

Multiple studies have shown that Bangladeshi women who have experienced domestic violence are more likely to consider suicide (Islam et al., 2014). They offered ways to reduce domestic violence against women (Ellsberg et al., 2015). According to psychological autopsy research, 40% of life events were found to be strongly correlated with interpersonal violence (Yuodelis-Flores & Ries, 2015). However, Arafat et al. (2021) identified spousal conflicts, illicit affairs, coerced marriages, premarital romantic relationships, and familial disputes as the primary catalysts for such violent incidents.

Socioeconomic and Cultural Factor

Suicidal risk factors are defined by the intersection of multiple disposal factors (psychological, social, and psychiatric), and their expression and salience are mediated by cultural norms and values (Moon et al., 2018). Several of the examined studies compared the rates of suicidal risk factors revealed according to socioeconomic differences on one side, and the variables identified were educational level, socioeconomic status, and income level on the other side (Shahnaz et al., 2017 The variables considered in these studies were socioeconomic status, income, and educational attainment. Social transmission, media influence, and socialization among individuals at risk of suicide might all contribute to the prevalence of suicide clustering among young people (Niedzwiedz et al., 2014; Hawton et al., 2020). Numerous studies that were identified during that practical examination were concerned with the correlation between suicide and social media usage in the other hand the effective preventative interventions, suicide risk factors, and responsible reporting are all profoundly impacted by the prevalence of social media and the internet (Wasserman et al., 2021).

The study highlights the significance of anti-bullying and anti-abuse initiatives, specifically in tackling unique stressors that are specific to urban and rural environments. For instance, academic pressure and social isolation contribute to varying suicide rates in urban areas, whereas agricultural distress is a factor in rural contexts (Begum et al., 2017). The existing literature highlights a significant correlation between peer victimization and suicidal thoughts or attempts in youth, with cyber bullying posing a more significant risk compared to traditional forms of bullying (Barzilay et al., 2017; van Geel et al., 2014). The researchers showed a common relationship between bullying experiences and the occurrence of suicidal ideation (Brunstein Klomek et al., 2019).

Urban suicide risk factors, as identified by well-organized case-control psychological autopsy research, encompass mental diseases, incidents of life, self-harming behaviour, sexual assault, being unemployed and social exclusion; these findings underscore the complex and multifaceted nature of the phenomenon within urban environments (Arafat et al., 2021). The research found that stressful life circumstances, such as familial disputes and inadequate peer interactions, contribute to self-harm behaviors in teenagers (Rahman et al., 2021). However, their research suggests that adverse childhood distressing experiences, such as sexual, physical, and emotional abuse, are associated with subsequent suicide attempts, emphasizing the role of abuse in youth suicidal risk factors (Zatti et al., 2017; Miller et al., 2013).

The researcher identifying the suicide risk factors is protective and crucial for targeted suicide prevention, with social support playing a positive role (Khan & Ungar., 2021). These findings indicate that community-based interventions have the potential to lower suicide rates. It also found that parental education,

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occupation, and home ownership have an effect on a child's suicidal thoughts, which shows how important it is to address more prominent societal factors in suicide prevention efforts (Webb et al., 2023). Specifically, we examined whether parental education up to the SSC level is significantly linked with youth suicidal risk factors. However, the study signifies that educated parents may foster better relationships and positively impact youth well-being (Jeon et al., 2019; Newland, 2015). The researcher established that this underscores the need for targeted interventions and support for parents with lower educational levels to moderate the risk of youth suicidal ideation (Marraccini et al., 2022).

Theoretical framework

Concerning the suicide risk of young individuals, the social cognitive theory states that suicidal behavior among peers or in the media might affect suicidal thoughts and attempts through teaching and modeling (Kiekens et al., 2021). However, Bandura et al. (2014) established the social cognitive theory, which emphasizes the role of cognitive processes in shaping behavior. According to this theory, people can learn from observing their reactions to stressful situations. An additional cross-sectional study that recruited 12,354 Chinese adolescents (ages 10–21 years) discovered a correlation between bullying victimization, witnessing, and perpetrating suicidal ideation through depressive symptoms and negative coping strategies (Duan et al., 2020). On the other hand, Wethington et al. (2015) developed the transactional model of stress and coping, which suggests that stress arise from the dynamic interaction between individuals and their environment. The results regarding the frequency of suicidal acquaintances provide further evidence in favor of the concept that social cognitive factors can impact the likelihood of committing suicide. Prior research has demonstrated that individuals evaluate stressful events according to their perceived threat and the available coping resources. In the context of youth suicide risk, this study suggests that individual vulnerabilities, such as hopelessness and depression, interact with environmental stressors, such as academic pressure and family conflict, to increase suicide risk (Wong et al., 2023).

The empirical evidence about the correlation between adverse life events and suicidal risk behavior supports the transactional form's emphasis on the interplay between stress and vulnerability factors. Rogers and Joiner (2019) developed the theory of the interpersonal framework of suicide, which focuses on the fundamental interpersonal dynamics that underlie suicidal behavior. According to this theory, Suicidal desire is influenced by perceived burdensomeness and dissatisfaction, whereas acquired capability for suicide is the consequence of becoming accustomed to pain and dread of death (Wang et al., 2020). Applied to adolescents, the interpersonal theory suggests that experiences of bullying, social rejection, and family conflict may increase perceived burdensomeness and thwarted belongingness, thereby elevating suicide risk (Buchman-Schmitt et al., 2014). The findings of this study's relationship between interpersonal conflicts and suicidal behavior resonate with the interpersonal theory's emphasis on the role of social relationships in suicide risk.

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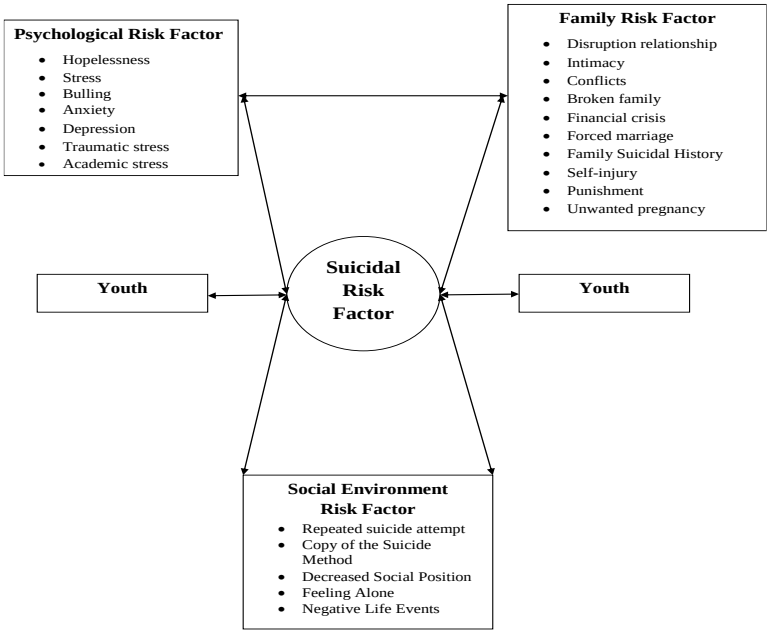

Figure 1: Conceptual framework

Methodology

Research Design

The study aimed to explore the factors associated with suicidal behavior among youth in Bangladesh, where limited research on this topic exists and the Bangladeshi suicide surveillance system is not yet to exist. To investigate further study, we conducted a cross-sectional quantitative research design in Dhaka city and the Jheniadah district between January 2023 and August 2023. However, Survey research allows for systematically collecting data from a representative sample (Creswell, 2018). In this study surveys, researchers can quantify the prevalence of suicidal risk factors, such as depressive symptoms, substance abuse, and adverse childhood experiences, among youth. It also identifies common risk factors associated with suicidal ideation and attempts, as well as variations across different demographic groups and geographic regions. On the other hand, Survey research showed the factors contributing to the prevalence and correlates of suicidal risk factors; policymakers, mental health professionals, and other stakeholders can develop targeted intervention strategies aimed at reducing the incidence of suicide and promoting mental well-being among youth.

Sample Size

In this study, purposeful samples were used to select youth who were victim. A technique known as "snowball sampling" is a kind of purposeful sampling in which the researcher asks the individuals with whom they have previously spoken for approvals of other individuals to communicate with as part of the sampling process (Creswell, 2018; Shaoan et al., 2023). The sample size was 764 randomly selected, and the age limit was 10-25 years (male-female). The close relatives were fined for this study that was near witness about the victim.

Participant

In this study Dhaka and Jhenaidah are divided into two layers to ensure equal representation based on rural and urban areas and initially, we were finding family members for unruffled data about the victims. National suicide evaluation and a suicide survey have stay behind to be implemented in the country (Khan, 2005;

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Arafat, 2017; Shah et al., 2017; Chowdhury et al., 2018). Furthermore, it is a criminal offence under the country's legal system, and there are few investigations into suicide in Bangladesh (Khan, 2005; Arafat, 2017; Shah et al., 2017; Suryadevara Tandon, 2018). Instead of numerous previous research reviewed, it is clear why we chose close relatives to collect survey data. We sent the survey forms online after getting the number of returned survey reports. First, we collected 807 responses after the data extract 43 responded regret, and 764 were recruited, male was 283 (37.04%), female 481 (62.96%). Female are more victims then male and age 23-25 is the highest ratio 31.68%, lowest age 10-13 (5.10%).

Questionnaire and Data Collection

The research was conducted between January 2023 and August 2023 in Dhaka and Jheniadah district in Bangladesh. A close relative of the victim conducted this study. The study formed the Google structure using the materials received throughout the instrument adaption phases and conveyed affiliations to collect information from by survey. At the beginning, we translated the questionnaire into Bangla and then did a back translation into English. The questionnaire was given by a person through online. All participants consented after being fully informed, and the data remains confidential and anonymous. They also emphasized the need for honesty when filling out the survey and guaranteed the confidentiality of the responses (Jesmin et al., 2020). The Socio-demographic Questionnaire included demographic data such as age, gender, residence area, marital affiliation, educational achievement, number of family members, and monthly income. The models implemented with one covariate and were adjusted for other variables and potential confounders (age, gender, married status, educational attainment, wealth status, and geographic location). Age, education, and residential area were categorical variables, whereas gender was assessed using a binary interpreter. The socioeconomic variable was analyzed as ordinal data, from lowest to largest. Age was conceived to refine the risk of suicide conduct in response to other factors, especially marital status in rural Bangladesh. Three types of suicidal risk factors were conducted by the data design: psychological risk factor has ten questions, family risk factor has ten questions, and social environment risk factor has six questions. "Participants were asked to evaluate each of these items on a 5-point Likert scale, ranging from 1 (Strongly disagree)) to 5 (Strongly agree)". Out of an overall distribution of 900 questionnaires, 764 were completed, obtaining an 81.4% response rate. The research results displayed splendid consistency in the current example (As described the "Results" section for details).

Statistical Data analyses

We analyzed the data using descriptive statistics, t-tests, Pearson correlation and a binary logistic regression approach. We measured socio-demographic and suicidal behaviors in terms of frequency and percentage. We computed the descriptive analysis calculated frequencies, percentages, means, and standard deviations to describe the demographic characteristics and prevalence of suicidal behaviors among youth. The study conducted two-tailed t-tests and Pearson correlation between groups. Furthermore, we conducted a multivariate logistic regression analysis to analyze the relationship between various covariant and suicide risk factors. We presented the results as odd ratios (OR) with 95% confidence intervals, adjusting for potential confounders. The significance level was set at $p < 0.05$. All analyses were performed using SPSS 27 version.

Result Analysis

Descriptive Statistics

Table 1 presents the general characteristics of the study population, residence area, education, family information, and marital status. Out of the total distribution of 900 questionnaires, a total of N=764 questionnaires were completed, resulting in a response rate of (81.4%). The study has reported that 283(37.04%) boys and 481(62.96%) girls reactively took the suicide attempt; females are fairly double the males, according to Table 1. Age is divided into five categories based on the students' grade levels. The 22-25 year-old group had the highest proportion who reported having suicide at (31.68%) followed by the lowest of 10 to 13 (5.10%) year-old groups. The respondents are categorized by their residence area, with

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the village (40.97%), the city (35.08%), and the small town (23.95%). By education, the highest suicide occurs in class nine-eleven (43.72%) and the lowest is shown in class six-eight (18.98%). The highest frequency is in the 21000-30000 (26.96%) range, and the lowest is 51000-Above (11.52%). Comprising of the population's conjugal lifestyle, most suicidal cases happen in unmarried (67.93%), a smaller percentage represents divorcees (5.10%) and widows (1.31%). The result distribution of family size shows a majority of suicides occurred in the Four-Seven range (48.17%) and a few portions of Eleven-Fifteen (3.27%) members. This result indicates that a significant portion of the surveyed population who commit suicide belongs to medium-sized families.

Table 1 Distribution of demographic information variables N=764

Demographic Variable	***Frequency***	***Percent***
Gender		
Male	283.00	37.04
Female	481.00	62.96
Age		
10-13	39.00	5.10
14-16	111.00	14.53
17-19	147.00	19.24
20-22	225.00	29.45
23-25	242.00	31.68
Residence area		
Village	313.00	40.97
City	268.00	35.08
Town	183.00	23.95
Education/ Class		
Six-Eight	145.00	18.98
Nine-Eleven	334.00	43.72
Twelve- Higher Education	285.00	37.30
Family income (Per month)		
10000-20000	174.00	22.77
21000-30000	206.00	26.96
31000-40000	183.00	23.95
41000-50000	113.00	14.79
51000-Above	88.00	11.52
Marital Status		
Unmarried	519.00	67.93
Married	196.00	25.65
Divorce	39.00	5.10
Widow	10.00	1.31
Number of Family Member		
One-three	100.00	13.09
Four-Seven	368.00	48.17
Eight-Ten	271.00	35.47
Eleven-Fifteen	25.00	3.27

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Eleven-Fifteen 25.00 3.27

Table 2 presents a prominent finding in the presence of hopelessness before suicide attempts, with M=0.67 and SD=1.18. The results recommend that individuals who experience a sense of hopelessness are more closely at risk of suicidal behavior. Annoyed reaction at a ridiculous point, the data indicates M=1.37 and SD=1.22, suggesting that reacting strongly to apparently trivial issues might be associated with suicidal tendencies. Individuals who attempt suicide seem to be seeking an escape from overwhelming pain and stress, as indicated by M=0.65 and SD=1.09. The M=1.81 and SD=1.59 highlight a potential link between suicidal behavior and experiences of bullying. A significant association is observed with M=2.53 and an SD= of 1.65, suggesting that those who have faced sexual harassment are at a higher risk of suicidal tendencies. Both deep anxiety (M = 0.97, SD = 1.31) and depression (M = 0.71, SD = 1.09) were identified as factors associated with suicide attempts. Escaping high levels of academic stress (M = 2.80, SD = 1.58) and facing academic failure or dissatisfaction with results (M = 2.89, SD = 1.54) appear to contribute to the risk of suicidal behavior. The data suggests a link between disruption in family relationships and suicide attempts (M = 0.97, SD = 1.16). Individuals facing sudden or prolonged financial crises (M = 2.62, SD = 1.62) could be at an elevated risk of suicidal behavior. The significant risk factors are identified as interpersonal conflicts, broken families, the death of a parent (M = 3.21, SD = 1.27), and disputes with family members (M = 1.42, SD = 1.30). Early marriage (M = 2.70, SD = 1.25) and unwanted pregnancy (M = 3.38, SD = 1.21) are associated with a higher risk of suicide attempts. Individuals with a history of previous suicide attempts (M = 2.42, SD = 1.85) are at an increased risk. The presence of friends and associates with suicidal behavior (M = 1.93, SD = 1.47) is a significant risk factor. Changes in social activities in the month before death (M = 1.54, SD = 1.32) indicate an increased risk.

Suicidal tendencies may be more prevalent among those who attempted to self-harm or did not consult a psychologist or medical professional within a month before their death (M = 2.31, SD = 1.43). Several adverse life events in the last year (M = 1.30, SD = 1.33) are associated with an increased risk of suicide attempts. (M = 2.80, SD = 1.58), Moreover, facing academic failure or dissatisfaction with results (M = 2.89, SD = 1.54) appears to contribute to the risk of suicidal behavior. The data suggests an association between disruption in family relationships and suicide attempts (M = 0.97, SD = 1.16). Individuals facing sudden or prolonged financial crises (M = 2.62, SD = 1.62) could be at an elevated risk of suicidal behavior. The significant risk factors are identified as interpersonal conflicts, broken families, or the death of a parent (M = 3.21, SD = 1.27), conflicts with family members (M = 1.42, SD = 1.30), early marriage and pregnancy, early marriage (M = 2.70, SD = 1.25) and unwanted pregnancy (M =3.38, SD = 1.21) are associated with a higher risk of suicide attempts. Individuals with a history of previous suicide attempts (M = 2.42, SD = 1.85) are at an increased risk. The presence of friends and associates with suicidal behavior (M = 1.93, SD = 1.47) is a significant risk factor. Changes in social activities in the month before death (M = 1.54, SD = 1.32) indicate an increased risk.

Table 2 Descriptive information of suicidal risk factors associated with the youth population in Bangladesh

	M	SD
Psychological factors		
Before the suicide, hopelessness was commonly found in the behavior	0.67	1.18
An annoyed reaction followed at a ridiculous point?	1.37	1.22
Escape from unbearable pain and stress?	0.65	1.09
Somehow encountered bulling	1.81	1.59
Had experienced sexual harassment?	2.53	1.65
Was Deep anxiety present?	0.97	1.31
Was depression present?	0.71	1.09
Had to behave like an escape from traumatic stress?	0.75	1.19
Escape from a high level of academic stress?	2.80	1.58

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Academic failure or couldn't satisfy expected results or desire academy?	2.89	1.54
Family risk factors		
Had disruption in the relationship between family members?	0.97	1.16
Had loss of intimacy with family members or near relatives?	1.29	1.22
Have interpersonal relationships or conflicts with family members and near relatives or friends?	1.42	1.30
Broken family or one parent's death?	3.21	1.27
Faced sudden financial crisis or prolonged financial crisis can't overcome?	2.62	1.62
Closed blood relatives or family members with suicidal behavior or death by suicide? The threat of punishment by parents, seniors, or teachers?	2.21	1.46
Several times noticed self-injury and punishment behavior for parents?	2.16	1.55
Had early marriage or forced marriage?	2.70	1.25
Had early pregnancy/ unwanted pregnancy?	3.38	1.21
Social environment risk factors		
Had they made a previous suicide attempt?	2.42	1.85
Friends and associates had suicidal behavior?	1.93	1.47
Change in level of social activities in the month before death increased/Decreased?	1.54	1.32
Like to live alone?	1.95	1.53
Visited a medical worker or psychologist a month before death?	2.31	1.43
Several negative life events occurred in the last year?	1.30	1.33

Multiple Regression & ANOVA Analysis

The analysis of variance for gender with the other three risk factors of suicide such as psychological, family, and social environment risk factors. The mean (M) scores indicate the average level of each risk factor, with standard deviations (SD) suggesting variability within each. The F-values, with 764 degrees of freedom, assess the statistical significance of each factor's variance. Psychological factors show a moderate effect size ($\eta^2 = 0.05$), family risk factors have no effect ($\eta^2 = 0.01$), and social environment factors have a large effect size ($\eta^2 = 0.04$), although the F-values suggested that significant at the conventional levels.

Table 3 ANOVA of the gender and the three risk factors of suicide

	M	SD	F(764)	η^2
Psychological factors	1.51	0.78	2.15	0.05
Family risk factors	2.22	0.69	1.68	0.01
Social environmental risk factors	1.91	0.87	1.54	0.04

On the other hand, the coefficient for Psychological factors is -0.033, with a t= -1.262 and a p= 0.207. The negative coefficient implies that, on average, for every one-unit increase in Psychological factors, the predicted suicidal risk decreases by 0.033. The result shows a 95% confidence interval for this coefficient spans from -0.084 to 0.018. The coefficient for Family risk factors is 0.274, with a high t= 9.795 and a p= 0.000. This result indicates a strong and statistically significant positive relationship between Family risk factors and suicidal risk. Family risk factors show a substantial positive association with suicidal risk, indicating that, on average, females may experience higher suicidal risk in the presence of family-related challenges. The 95% confidence interval for this coefficient ranges from 0.219 to 0.329. The coefficient for

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Social environment risk factors is -0.076, with a t= -2.905 and a p= 0.004. This negative relationship is statistically significant. Social environment risk factors exhibit a negative relationship, suggesting that, on average, females may experience a decrease in suicidal risk with higher levels of positive social environment factors. The table result indicates a 95% confidence interval for this coefficient from -0.128 to -0.025.

Table 3.1 Regression Coefficients of Gender by suicidal risk factor

				95% confidence	
	β	t	*p*	*L/B*	*U/B*
(Constant)	0.218	3.62	0.000	0.1	0.337
Psychological factors	-0.033	-1.262	0.207	-0.084	0.018
Family risk factors	0.274	9.795	0.000	0.219	0.329
Social environment risk factors	-0.076	-2.905	0.004	-0.128	-0.025

The analysis of variance for age with the other three risk factors of suicide: psychological, family, and social environment risk factors. The mean (M) scores indicate the average level of each risk factor, with standard deviations (SD) suggesting variability within each. The F-values, with 764 degrees of freedom, assess the statistical significance of each factor's variance. Psychological factors show a moderate effect size (η^2 = 0.01), family risk factors have no effect (η^2 = 0.00), and social environment factors have a large effect size (η^2 = 0.05), although the F-values suggested that significant at the conventional levels.

Table 4 ANOVA of the age and the three risk factors of suicide

	M	SD	F(764)	η^2
Psychological factors	1.51	0.78	3.14	0.01
Family risk factors	2.22	0.69	1.88	0.00
Social environment risk factors	1.91	0.87	0.54	0.05

On the other hand, the coefficient for Psychological factors is 0.072, with a t= 1.079 and a p= 0.281. Although the positive coefficient suggests that, on average, for every one-unit increase in Psychological factors, the predicted suicidal risk increases by 0.072, the p<0.05, indicating that this relationship is not strongly significant. The table result confidence of the table 95% interval for this coefficient from -0.059 to 0.203. The coefficient for Family risk factors is 0.525, with a high t= 7.311 and a p= 0.000. This signifies a strong and statistically positive relationship between Family risk factors and suicidal risk. On typical, for every one-unit increase in Family risk factors, the predicted suicidal risk increases by 0.525. This coefficient's 95% confidence by interval ranges from 0.384 to 0.666. The coefficient for Social environment risk factors is -0.214, with a t= -3.171 and a p= 0.002. Social environment risk factors show a negative relationship, indicating that, on average, as age increases, individuals may experience a decrease in suicidal risk with higher levels of positive social environment factors. The predicted suicidal risk decreases by 0.214. This negative relationship is statistically significant. The table result shows that 95% confidence interval for this coefficient from -0.347 to -0.082.

Table 4.1 Regression Coefficients of age by suicidal risk factors

				95.0% Confidence	
	β	*t*	*p*	*L/B*	*U/B*
(Constant)	1.818	11.734	0.000	1.514	2.122

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Psychological factors	0.072	1.079	0.281	-0.059	0.203
Family risk factors	0.525	7.311	0.000	0.384	0.666
Social environment risk factors	-0.214	-3.171	0.002	-0.347	-0.082

The analysis of variance for family income with the other three risk factors of suicide such as psychological, family, and social environment risk factors. The mean (M) scores indicate the average level of each risk factor, with standard deviations (SD) suggesting variability within each. The F-values, with 764 degrees of freedom, assess the statistical significance of each factor's variance. Psychological factors show a moderate effect size ($\eta^2 = 0.05$), family risk factors have no effect ($\eta^2 = 0.01$), and social environment factors have a large effect size ($\eta^2 = 0.01$), although the F-values suggested that significant at the conventional levels.

Table 5. ANOVA of Family income by suicidal risk factors

	M	SD	F(764)	η^2
Psychological factors	1.51	0.78	2.40	0.05
Family risk factors	2.22	0.69	7.17	0.01
Social environmental risk factors	1.91	0.87	9.93	0.01

On the other hand, the coefficient for Psychological factors is 0.072, with a t=1.079 and a p= 0.281. The predicted suicidal risk increases by 0.072, the p< 0.05, indicating that this relationship is not significant. The 95% confidence interval for this coefficient ranges from -0.059 to 0.203. The coefficient for Family risk factors is 0.525, with a high t= 7.311 and a p= 0.000. This result signifies a strong and statistically significant positive relationship between Family risk factors and suicidal risk. On average, for every one-unit increase in Family risk factors, the predicted suicidal risk increases by 0.525. The 95% confidence interval for this coefficient ranges from 0.384 to 0.666. The coefficient for Social environment risk factors is -0.214, with a t= -3.171 and a p= 0.002. The negative coefficient implies that, on average, for every one-unit increase in Social environment risk factors, the predicted suicidal risk decreases by 0.214. This negative relationship is statistically significant. The 95% confidence interval for this coefficient ranges from -0.347 to -0.082.

Table 5.1 Regression Coefficients of Family income by suicidal risk factors

	95.0% Confidence				
	β	t	*p*	*L/B*	*U/B*
(Constant)	1.818	11.734	0.000	1.514	2.122
Psychological factors	0.072	1.079	0.281	-0.059	0.203
Family risk factors	0.525	7.311	0.000	0.384	0.666
Social environment risk factors	-0.214	-3.171	0.002	-0.347	-0.082

Pearson Correlation

The table reveled that Center for gender has negative correlation with psychological factors (r=-0.06, P<.001) and family risk factors has significant positive correlation with psychological factors (r=.16, P<.001) and family risk factors has significant positive correlation with social environment risk factors (r=.49, P<.001).

Table 6 Correlations of the gender and the three risk factors of suicide

Variable	*M*	*SD*	*1*	*2*	*3*

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Gender	0.63	0.483			
1. Psychological Factors	1.51	0.775	-0.064		
2. Family Risk Factors	2.21	0.686	.311**	.169**	
3. Social Environment Risk Factors	1.9	0.868	0.027	. .563**	.498**

Note:*p ≤ .01, **p≤ .05, N = 764.

The table reveled that Center for age has significant positive correlation with psychological factors (r=-0.01, P<.001) and family risk factors has significant positive correlation with psychological factors (r=.16, P<.001) and family risk factors has significant positive correlation with social environment risk factors (r=.49, P<.001).

Table 7: Correlations of the age and the three risk factors of suicide

Variable	*M*	*SD*	*1*	*2*	*3*
Age	2.68	1.204			
1. Psychological Factors	1.51	0.775	0.01		
2. Family Risk Factors	2.21	0.686	.230**	.169**	
3. Social Environment Risk Factors	1.9	0.868	0.02	. .563**	.498**

Note:*p ≤ .01, **p≤ .05, N = 764.

The table reveled that Center for Family income (Per month) has significant positive correlation with psychological factors (r=-0.01, P<.001) and family risk factors has significant positive correlation with psychological factors (r=.16, P<.001) and family risk factors has significant positive correlation with social environment risk factors (r=.49, P<.001).

Table 8: Correlations of the Family income (Per month) and the three risk factors of suicide

Variable	*M*	*SD*	*1*	*2*	*3*
Family income (Per month)	1.65	1.293			
1. Psychological Factors	1.51	0.775	0.013		
2. Family Risk Factors	2.21	0.686	.404**	.169**	
3. Social Environment Risk Factors	1.9	0.868	.182**	. .563**	.498**

Note:*p ≤ .01, **p≤ .05, N = 764.

Discussion

The first stage of this study showed that the age deviations exist among risk individuals in Bangladesh so that we can focus more on reducing suicide risks for a specific age group. Second, it is significant to determine whether certain age and gender-related factors such as education, residential area, marital status, family members, and personal income play a role in either decreasing or increasing suicide risks for Bangladeshi youth, as this will help us acquire a better understanding of Bangladeshi youth suicide (Table 1). Third, the research also examines the role of psychological risk factors, family risk factors, and social environment risk factors in the decision to commit suicide in Bangladesh (Table 2). This research pointed out that there is a deviation across various age groups, from 10-25 years old, regarding suicide risks, and 23-25 years youth have faced more significant suicide risk factors than 10-13 years young adults in

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Bangladesh (Table 2). Alternatively, age might have a stronger correlation with completed suicides than with suicide ideals or attempts. Most of the sample was between the ages of 13-16 (Table 7). However, Irish & Murshid, (2020) showed their work; it could be that age is a less substantial factor in suicide ideality and suicide attempts among a lower range and would prove significant across a broader range. On the other hand, In Bangladesh context suicide has been one of the most prevalent causes of death throughout the past 20–30 years (Khan & Haque, 2021; Arafat, 2019).

The previous study showed that 78 postmortem reports found that the majority (47.44%) of respondents were between the ages of 21-30 (Begum et al., 2017), while (Mashreky et al. (2013) found that the median age was 25 years. Additional others study findings are as follows: 54% were between the ages of 18-25 (Shah et al., 2018), beside that the study discovered that women in the youth group are at a higher risk of suicide than men (Table 3 and 3.1), also family risk factors has a significant positive correlation with age factors and social environment risk factors (Table 7).

Inversely, women who have been widowed and divorced have a lower risk than men of attempting suicide (Table 1). A patriarchal society can facilitate female dominance, females' perceived status, submissive gender roles, lower educational attainment, early marriage, lower economic freedom, fewer roles in deciding on a partner, and other socio cultural factors (Arafat, 2017; Feroz et al., 2012; Reza et al., 2013). The previous study found that young females are more vulnerable in the country, as frequent studies revealed more females committing suicide than their male counterparts (Arafat, 2017). This study revealed that the centre for gender has a significant positive correlation with psychological factors, and family risk factors have a significant negative correlation with social environment risk factors (Table 6). Another significant predictor is status in the family factor. (Rasheduzzaman et al., 2022) found that participants with a family history of psychiatric disease had extensively higher levels of suicidal ideation. However, this finding also showed that a suicide-related family history revealed higher levels of all forms of suicide behaviors compared with those who had not completed suicide and suicide attempts, respectively (Table 2). Former studies have paid attention to unique risk factors linking a negative domestic environment and suicidal risk behavior (Lee et al., 2024). Although inadequate family status is likely to increase the risk of suicide for all respondents in our study (Table 6), the effects vary by age group due to the more frequent, insignificant proportion of incidents in youths (Table 1). Further studies are necessary to fully understand the potential consequences. This study of suicide can moderately elucidate the disparities between the age and gender categories in suicide risks across rural Bangladesh. At the same time, young adults probably endure more contradictory life pressures and are hence susceptible to acquiring mental disorders. For example, our findings demonstrate that education and physical health are significant factors in suicide risk among youth who responded (Table 2).

The study of Stone et al., (2017) specifies effective stress reduction and problem-solving abilities, ethical objections to suicide, solid and supportive relationships with partners, friends, and family, connectedness to school, community, and other social institutions, availability of quality and ongoing physical and mental health care, and reduced access to lethal means. Those young individuals with higher levels of education will have better coping abilities, reducing the incidence of suicide in rural Bangladesh. Education plays a crucial role in providing individuals with distinctive coping skills (Table 1). Unstable or unsupportive family environments, compounded by socioeconomic challenges can significantly increase the risk of suicide by exacerbating personal problems (Delfabbro et al., 2013). Even if a young person lacks exceptional psychological resilience, they still need confidence to achieve their desired goals. Such variations, flanked by their targets as well as realism, may perhaps construct suicidal risk factors and then lead to amplified suicide (Table 4 & 4.1).

Furthermore, for young individuals aged 23-25, getting married and having children significantly changes their lives in rural Bangladesh (Table 8). The previous study researchers showed that the sequence in which life measures and transitions occur and their impact on psychological health; they propose that the characteristics of stressful events differ based on experience and coverage age (Gropper et al., 2020; Van Deursen et al., 2015). The study looked at the fact that being unmarried or not having children is uncommon for people above 25 in rural Bangladesh (Table 1). It is awkward for the entire family, and injuries may arise due to these problems (Table 5.1). As a result, whereas marital status had no significant influence on suicide

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risk among young people aged 10-25; those who are not already married between the ages of 23 -25 would experience higher stress from both their families and the community, thereby increasing their risk of suicide (Table 2).

However, low personal income has a statistically significant effect on suicide risk among youths (Uddin et al., 2019). Farther more previous study discovered that relative deprivation (income disparity) rather than a single life stressor (financial crisis) would better explain the risk of suicide (Bantjes et al., 2016). According to a study on suicide, when a poor character believes that other people in the same or comparable setting are living significantly better human lives, the individual may have a withdrawal sprain (Zhang et al., 2019). Income is leading factor contributing to an increased risk of suicide (Table 5 & 5.1).

In addition, Jordan (2019) strongly recommended that females should prioritize gender-related suicide risk factors due to their higher risk-relatedness compared to males. The age-associated factors are more evident in youth aged 23-25 than in Bangladesh's adolescents aged 10-13 (Table 4). These fastidious residents should be considered more regarding education, family income, family members, residential area, and marital status (Table 1). Suicide risk is recognized as the penalty for psychological damages, according to the study (Table 3 & 3.1). The researcher found that, psychiatric and psychological domain risk factors were prevalent among respondents, particularly in instances of completed suicides (Zalsman et al., 2016; Arafat et al., 2017; Arafat et al., 2018). Zhang et al. (2019) revealed that simply, social integration is the status a person feels connected to or accepted by a group or society; for example, a person with a high level of integration feels accepted and loved by others and should have a low chance of suicide, while a person with a low level of integration feels unwanted, excluded, or rejected by others and may have a high chance of suicide. As a result, the study can broaden suicide risk factor approaches to embrace psychological risk factors, familial risk factors, and social environment risk factors, eliminating twists instead of merely reducing life stress to decrease the possibility of suicide.

We conduct further investigation to advance beyond external factors, specifically focusing on the survival of those risk factors and their relationship with suicide. Alternatively, we should explore the correlation between life events that surface during evolution and factors such as age, gender, and economic status. It is significant to reflect on these by studying individuals' subsequent psychological risk factors, family risk factors, and social environment risk factors, including suicide.

Conclusions

In conclusion, provides valuable insights into the multifaceted nature of suicidal risk factors among youth. Suicidal risk factors underscore the importance of addressing psychosocial, environmental, and social risk factors in suicide prevention strategies. Early identification and intervention targeting high-risk individuals and addressing underlying risk factors are crucial in mitigating the burden of youth suicide. Future research should focus on longitudinal studies to clarify the causal pathways and explore the effectiveness of preventive interventions.

The presence of hopelessness was recognized as a significant predictor of suicidal risk factors, with individuals reporting higher levels of hopelessness being at increased risk. Similarly, reacting strongly to minor issues indicated a potential relationship with suicide attempts, signifying an incapability to cope with stress effectively. Deep anxiety, depression, academic stress, and dissatisfaction with academic performance were also associated with higher suicidal risk factors. Experiences of bullying and physical assault were demonstrated to elevate the risk of suicide attempts. Interpersonal conflicts, broken families, and the death of a parent were identified as significant risk factors, highlighting the importance of family relationships in mental well-being. Early marriage and unwanted pregnancy were also associated with a higher likelihood of suicidal risk factors. Previous suicide attempts, the existence of friends with suicidal behavior, changes in social activities, lack of professional help-seeking behavior, and exposure to adverse life events further contributed to increased suicide risk. The challenge of obtaining quality data has left us with an inadequate understanding of the true extent of suicide in Bangladesh. There is a disproportionate rate of suicide among females compared to males, and young adults aged 20-25 face heightened vulnerability. However, this

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research explores the analysis of risk factors, laying the groundwork for targeted intervention strategies aimed at preventing suicidal risk factors. The findings highlight that unmarried youth and female gender are particularly at risk, underscoring the importance of addressing psychological distress, familial dynamics, and social influences comprehensively. To accurately assess the problem and implement necessary preventive measures against suicidal risks, we need further population-based research.

Limitations and Suggestion

The study offers valuable insights into the risk factors for suicide among young people, beside that it does have several limitations. The generality of the results is limited due to sampling biases, self-reporting biases, and the cross-sectional character of the research. Recognize any inbuilt biases or restriction when extrapolating the study's termination to the broader young demographic in Bangladesh. Subsequent studies using longitudinal designs and mixed-methods techniques might provide more clarity on the intricate interaction of variables that contribute to suicide behaviors among young people in Bangladesh. Future research directions to further explore and understand suicidal risk factors; it is significant to reflect on these by studying individuals' consequent psychological risk factors, family risk factors, and social environment risk factors, including suicide. Propose longitudinal studies to examine the trajectories of suicidal behaviors and the long-term impact of intervention programs on reducing suicidal risk factors among youth.

Author Contributions

All authors contributed significantly and approved the final version of the manuscript.

Legal Aspects

Suicide is a criminal offense in Bangladesh; as it is in numerous nations throughout the world, it is not criminal in several developing countries. Suicide disclosures are impeded by social and religious complications, as well as potential legal repercussions.

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Ethical Declaration

The study was conducted in compliance with the Helsinki Declaration. An adequate amount of research has explored the fact that there has been no nationwide epidemiological study, interventional study, or study on post-prevention in the last decade in Bangladesh. In accordance with the author's declarations, we collected our cross-sectional survey data using a Google questionnaire set, a first for the victim's relative. It also followed the publicly available published articles to support our study; no formal ethical approval was required for this study.

The Conflict of Interest

The conflict of interest in the study on suicidal risk factors among youth in Bangladesh deceit primarily in potential biases or influences that could affect the objectivity and integrity of the research. Moreover the

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illustration of the study have personal or professional affiliations with entities that stand to advantage from particular outcomes of the study, it could compromise the validity of the findings. Therefore, transparent disclosure of any financial or non-financial interests that could manipulate the research process or outcomes is crucial to uphold reliability and constancy in the study's findings.

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Attachment

Suicidal Risk Factors and Youth Population: A Study on Bangladeshi Urban and Rural areas Perspective.

【Description of the study】

This study will investigate the suicidal risk factors among youth population based on Bangladeshi urban and rural areas. This study is our personal original research and there is no funding authorities or organizations.

【Purpose of the study】

We aim to highlight areas of family vulnerability and resilience when the threat of suicide is present, as well as the potential roles of family in suicide prevention in Bangladesh. To explore and identify the factors contributing to family vulnerability in the context of suicide in Bangladesh, including socioeconomic, cultural, and psychosocial determinants.

【Benefits of the study】

The participation of this research project will help to understand insights into how suicide risk factors finding result to prevented suicide victimizations and provide valuable implications for counsellors and mental health professionals.

【Withdrawal Rights】

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You may decline to take part in this research study. If you decide to take part and later change your mind, you may withdraw at any time without providing an explanation. To withdraw, please close the internet browser and leave the online survey. Any data collected up to the point of your withdrawal will be securely destroyed.

【Confidentiality and Privacy】

Only researchers listed above have access to the individual information provided by you. Researchers will take all possible steps to ensure privacy and confidentiality will be adhered to at all times.

The research outcomes may be presented at conferences, written up for publication or used for other research purposes as described in this information form. You will not be named, and your individual information will not be identifiable in any research products without your explicit consent.

The data of your response to the questionnaires in digital form may be shared in future research projects. No identifiable datasets, including the event you write down, will be shared without your explicit consent.

【Data Storage】

The information collected will be stored securely on a password protected computer and server throughout the study. Any identifiable data will be de-identified for data storage purposes unless indicated otherwise. Following the required data storage period, all data will be securely destroyed according to security protocols. Open Access Database (OAD) entails freely accessible and unrestricted utilization of electronic resources, ensuring universal availability and usability for all. No identifiable data will be stored in the OAD.

【Recognition of Contribution and Time】

If you would like to participate, in recognition of your contribution and participation time, you will be provided social activities and your contributions will respectively count for preventing suicide victims.

【How will I receive feedback? 】

Due to the specific research design employed in this study, it may not facilitate the provision of individualized feedback. The resulting outcomes are likely to be of a more general nature, presenting challenges in offering meaningful and personalized insights to each participant. Consequently, it is important to note that this study will not be providing any feedback to participants. Additionally, to ensure data anonymity and confidentiality, we do not collect any contact information from participants. But a summary report will be uploaded online.

【Ethics Committee Approval】

Ethical Declaration

The study was conducted in compliance with the Helsinki Declaration. An adequate amount of research has explored the fact that there has been no nationwide epidemiological study, interventional study, or study on post-prevention in the last decade in Bangladesh. In accordance with the author's declarations, we collected our cross-sectional survey data using a Google questionnaire set, a first for the victim's relative. It also followed the publicly available published articles to support our study; no formal ethical approval was required for this study.

Questionnaire of Suicidal Risk Factors and Youth Population: A Study on Bangladeshi Urban and Rural areas Perspective.

In order to measure all scale items in my questionnaire, I use 5 Likert scale to measure each item from 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. The survey data will be reported in a summary fashion only and will not identify and individual person.

https://forms.gle/aC37k1aRvDLoqEFN7

Here we provide Bangla Version for respond.

Section A

Demographic Information

১ লিঙ্গ ? *

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অন্যান্য
২ বয়স *
১১-১৩
১৪-১৬
১৭-১৯
২০-২২
২৩-২৫
৩ বাসস্থান *
গ্রাম
শহর
ছোট শহর
৪ শিক্ষা/শ্রেণী *
ছয়-আট
নয়-এগারো
বারো- প্রথমবর্ষ
৫ পারিবারিক আয় (প্রতি মাসে)*
১০০০০-২০০০০
২১০০০-৩০০০০
৩১০০০-৪০০০০
৪১০০০-৫০০০০
৫১০০০-উপরে
৬ বৈবাহিক অবস্থা *
অবিবাহিত
বিবাহিত
তালাকপ্রাপ্ত
বিধবা
৭ পরিবারের সদস্য*
১-৩
৪-৭
৮-১০
১১-১৫
Section B
Main Scale Description
Psychological Factors
*2. Read each statement below, and then for each sentence, mark the option that applies best to you. There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 1 to 10!
১ আত্মহত্যার আগে হতাশাগ্রস্থ ছিল।*
২ হাস্যকর ঘটনায় বিরক্তি প্রকাশ করতে দেখা যেত।*
৩ অসহ্য যন্ত্রণা এবং মানসিক চাপ থেকে মুক্তি পেতে আত্মহত্যার পথ বেছে নিয়েছিল।*
৪ কোনোভাবে বুইলিং এর সম্মুখীন হয়েছিল।*
৫ যৌন হয়রানির সম্মুখীন হয়েছিল।*
৬ গভীরভাবে উদ্বিগ্ন (Anxiety) হতে দেখা যেত।*
৭ গভীরভাবে বিষণ্নতা (Depression) দেখা যেত।*
৮ মানসিক আঘাত থেকে অব্যাহতি পেতে আত্মহত্যার পথ বেছে নিয়েছিল।*
৯ অতিরিক্ত একাডেমিক চাপ থেকে মুক্তির পথ হিসাবে আত্মহত্যা করেছে।*

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১০ একাডেমিক ব্যর্থতা বা প্রত্যাশিত ফলাফল বা একাডেমীর ইচ্ছা পূরণ করতে না পারার ফলস্বরুপ আত্মহত্যা করেছে।*

Family Factors

Read each statement below, and then for each sentence, mark the option that applies best to you.

There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 11 to 20!

১১ আত্মহত্যার আগে পরিবারের সদস্যদের মধ্যে সম্পর্কের অবনতি হয়েছিল।*

১২ আত্মহত্যার আগে পরিবারের সদস্য বা নিকটবর্তী আত্মীয়ের সাথে বিরোধপূর্ন সম্পর্ক তৈরি হয়েছিল।*

১৩ আন্তঃব্যক্তিগত সম্পর্কের অবনতি হয়েছিল বা বিরোধ হয়েছিল।*

১৪ পিতা মাতার তালাক হয়ে যাওয়া অথবা পিতা মাতার আলাদা হয়ে যাওয়া অথবা পিতা বা মাতার যে কোন একজনের মৃত্যু মেনে নিতে না পেরে আত্মহত্যা করেছে।*

১৫ আকস্মিক আর্থিক সংকটে পড়েছিল অথবা দীর্ঘায়িত আর্থিক সংকট কাটিয়ে উঠতে না পেরে আত্মহত্যা করেছে।*

১৬ পরিবারের সদস্য অথবা নিকট আত্মীয় অথবা কাছের বন্ধুদের মধ্যে আত্মহত্যার প্রবনতা বর্তমান অথবা আত্মহত্যার মাধ্যমে মৃত্যু বরন করেছে।*

১৭ পিতা মাতা, শিক্ষক অথবা বড়দের দ্বারা শাস্তির হুমকির ভয়ে আত্মহত্যার পথ বেছে নিয়েছিল।*

১৮ আত্মহত্যার পুর্বে বেশ কয়েকবার নিজের শরীরে আঘাত করেছিল অথবা স্ব-আঘাত আচরণ দ্বারা পিতা মাতাকে শাস্তি দেয়ার প্রবনতা লক্ষ্যনীয় ছিল।*

১৯ বাল্য বিবাহ অথবা জোরপূর্বক বিবাহ আত্মহত্যার কারন ছিল।*

২০ অবাঞ্ছিত গর্ভধারন অথবা অপ্রাপ্তবয়স্ক গর্ভধারন আত্মহত্যার কারন ছিল।*

Social environment and life events

*Read each statement below, and then for each sentence, mark the option that applies best to you.

There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 21 to 26!

২১ আগে ও আত্মহত্যার চেষ্টা করেছিল।*

২২ আত্মহত্যার পুর্বের এক বছরে জীবনে বেশ কিছু নেতিবাচক ঘটনা ঘটেছিল।*

২৩ আত্মহত্যার আগে সামাজিক অবস্থানের আকস্মিক অবনতি লক্ষ্যনীয় ছিল।*

২৪ সামাজিক অবস্থান উন্নতির জন্য কোন অত্যাধুনিক গেজেট অথবা কোন বস্তু প্রাপ্তির আশায় পিতা মাতাকে হুমকি সরুপ আত্মঘাতী আচরন লক্ষ্যনীয় ছিল।*

২৫ অধিকাংশ সময় একা থাকতে পছন্দ করতো।*

২৬ বন্ধুদের মাঝে অথবা আত্মীয়দের মাঝে সামাজিক অবস্থানের অবনতির ভয়ে আত্মহত্যার পথ বেছে নিয়েছিল।*

Back translation into English:

Suicidal Risk Factors and Youth Population: A Study on Bangladeshi Urban and Rural areas Perspective.

Section A

Demographic Information

1. Gender: Male, Female
2. Age: 11-13, 14-16, 17-19, 20-22, 23-25
3. Residence area: Village, City, Small town
4. Education/ Class: Six - Eight, Nine - Eleven, Twelve- First Year, Second Year- Forth year, Post graduate.
5. Family income (Per month): 10000-20000, 21000-30000, 31000-40000, 41000-50000, 51000-Above
6. Marital Status: Single, Married, Divorced, Widowed
7. Number of Family Member: 1-3, 4-7, 8-10, 11-15

Main Scale Description

Psychological Factors

*2. Read each statement below, and then for each sentence, mark the option that applies best to you. There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree.

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Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 1 to 10!

1. Before the suicide, hopelessness was commonly found in the behavior.
2. Could be seen expressing annoyance at ridiculous incidents.
3. Chose to commit suicide to get relief from unbearable pain and stress.
4. Somehow encountered bullying
5. Experienced sexual harassment.
6. Were seen to be deeply concerned (Anxiety).
7. Deep depressions were seen.
8. Chose to commit suicide to get rid of the trauma.
9. Committed suicides as an escape from excessive academic pressure
10. Committed suicides as a result of academic failure or not being able to meet the expected results or aspirations of the academy.

Family Factors

Read each statement below, and then for each sentence, mark the option that applies best to you.

There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 11 to 20!

11. Relationships between family members deteriorated before suicide.
12. A conflicted relationship with a family member or close relative developed prior to suicide.
13. Interpersonal relationships deteriorated, or conflict arose.
14. Divorce of parents or separation of parents or suicide of either parent unable to accept death.
15. Had a sudden financial crisis or committed suicide after not being able to overcome the prolonged financial crisis.
16. Suicidal tendencies in family members or close relatives or close friends present or have died by suicide.
17. Choose the path of suicide due to fear of punishment by parents, teachers or elders.
18. Had self-injury several times prior to suicide or tended to punish parents with self-injurious behavior.
19. Early marriages or forced marriages were a cause of suicide.
20. Unwanted pregnancies or underage pregnancies were causes of suicide.

Social environment and life events

*Read each statement below, and then for each sentence, mark the option that applies best to you. There are five Likert scales 1. Strongly agree 2. Agree 3. Disagree 4. Fairly agree, and 5. Strongly Disagree. Completely appropriate with thanks for your sincere and genuine Answer: Please only choose one Answer, 21 to 26!

21. Had previously attempted suicide.
22. Sudden improvement in social status before suicide was noticeable.
23. Sudden decline in social status before suicide was noticeable.
24. Suicidal behavior, like threats to parents in the hope of getting some ultra-modern gadget or something to improve social status, was noticeable.
25. Liked to be alone most of the time.
26. Choose the path of suicide for fear of deterioration of social status among friends or relatives.