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# CORONAVIRUS (COVID-19) CRISIS AND SUICIDE IN BANGLADESH: SOME EXPLANATIONS THROUGH DURKHEIM'S SOCIOLOGY OF SUICIDE

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Anisur Rahman KHAN<sup>1</sup>  
Md. Helal UDDIN<sup>2</sup>  
S.M. Anowarul Kayes SHIMUL<sup>2</sup>  
Masum BILLAH<sup>2</sup>

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**Abstract:** *Whilst the world is experiencing an unprecedented and devastating public health crisis due to the COVID-19 pandemic, scholars have apprehended that economic, social and mental health consequences brought by the pandemic might intensify suicidality amongst people. At this backdrop, this content analysis traces the relationship between suicidality and the COVID-19 pandemic employing Emile Durkheim's classical theoretical postulation of the sociology of suicide in the context of Bangladesh. The analysis is based on case reports identified through online newspaper search spanning from January 01 to May 15, 2020. During this period, 10 Covid-19 induced suicide cases were identified. The analysis of the findings captures the linkages between COVID-19 crisis and suicidal behavior according to Durkheim's four-fold typology of the social causation of suicide. The identified cases were fit into egoistic (2), anomic (5) and fatalistic (3) categories. No case was relevant to the altruistic category. As there is no national suicide prevention strategy in Bangladesh, this analysis highlights several immediate and short prevention strategies. Furthermore, this analysis contributes to our sociological understanding that Durkheim's macro-level theory has the potentials to analyze micro-level/case-based suicide incidents.*

**Keywords:** *Durkheim, suicide, sociology of suicide, COVID-19, social impact, Bangladesh*

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<sup>1</sup>Associate Professor, Department of Sociology, East West University, Dhaka, Bangladesh; e-mail: [arkhan@ewubd.edu](mailto:arkhan@ewubd.edu)

<sup>2</sup>Senior Lecturer, Department of Sociology, East West University, Dhaka, Bangladesh

## 1. Introduction

The COVID-19 outbreak has signposted devastating long-term socio-economic and political disturbances in every society in the world (UNDP, 2020). People are passing through extreme trembling and frightening times by experiencing the dismantling impacts of the pandemic and also by analysing the uncertainties awaiting ahead (Charles and Anderson-Nathe, 2020). Pandemic associated restrictions such as spatial distancing, home stay result in huge economic and psychosocial burdens (Bhuiyan et al, 2021; Rahman et al., 2021). In Bangladesh, people with low and middle income have extensively experienced financial scarcity, losing jobs, disruption of small and medium size businesses, economic hardship, food crisis during COVID-19 pandemic (Bhuiyan et al, 2021; Rahman et al., 2021). On the contrary, psychosocial traumatic experiences included fear, frustration, stress, hopelessness, loneliness exerted continuous substantial impacts on social and mental well-being (Rahman et al, 2021; Mamun and Griffiths; 2020). Overall, Covid-19 is heightening the risks of the social order and equilibrium by posing enormous challenges to the entire human population in so many ways (Bonea and Rosca, 2022; Chakraborty and Maity, 2020; Dan et al., 2020).

Given the situation, COVID-19 induced economic and psychosocial crises might affect people's suicidal behaviors that are both fatal and non-fatal. Fatal suicidal behavior or suicide is defined as the act of intentionally ending one's own life while non-fatal suicidal behavior includes suicide ideation, suicide plan and suicide attempt. Suicide ideation refers to thoughts of ending one's life; suicide plan refers to the formulation of a specific method for ending life; and suicide attempt refers to engagement in potentially self-injurious behavior with an intent to die (Nock et al., 2008). Scholars opine that suicidal behaviors, amongst others, are the direct resultant impacts of economic recession, joblessness, poverty and various kinds of mental health disturbances (Goldman-Mellor et al, 2010; Rafi et al, 2019; Arafat and Mamun, 2019). Specifically, in line with Durkheim's philosophy, suicide is a multifaceted complex public health discourse affected by a variety of social factors such as mental illness, imitation, and temperature (Khan et al., 2021).

On the other hand, scholars have sedulously apprehended that multifaceted impacts induced by the COVID-19 pandemic will cause distress and disturbances which could eventually trigger suicidal behavior (Druzin, 2020; Gunnell et al., 2020). Suicide is already an established critical global public health concern causing around 800,000 deaths annually along with many more attempts (WHO, 2019). While it is expected that the steps that have been undertaken will reduce the rate of new virus infections, the adverse impacts of those steps and interventions might heighten the risks of suicidal behavior (Reger, Stanley and Joiner, 2020). Economic, psychosocial, and health-associated risk factors deriving from the COVID-19 crisis such as anxiety, social isolation, quarantine fears, decreased access to community and religious supports, barriers to mental health treatment, national anxiety, helplessness, loneliness, nervousness, frustration, economic uncertainty, and disruption in routine activities can push many people to suicidality (Mamun and Griffiths, 2020; Moutier, 2020; Reger et al., 2020). For example, reports from the United States of America (USA) confirm that suicide crisis hotlines reported a 300% surge in calls since the COVID-19 pandemic

began (Cunningham, 2020). Although challenged by the experts, President Donald Trump claimed of scaling-up suicides in the USA if the economy remained shut down and isolated for long due to the spread of the coronavirus (Parra, 2020). Experts from Australia have warned for a 25-50% increase in suicide rates due to COVID-19 and called upon the government to take measures to overhaul the existing suicide prevention system (Suicide Prevention Australia, 2020).

Alarming, the distresses and consequences along with the risk of suicidal behavior caused by this pandemic might not be ceased by the end of this catastrophe. Instead these might likely to be continued for longer or even be escalated further (Gunnell et al., 2020). In particular, the effects might even be worse in resource-poor countries experiencing economic hurdles with minimum welfare supports for the mass people (Gunnell et al., 2020). Given the dangers associated with suicidal risk factors that derive from the COVID-19 pandemic, it is imperative to adopt appropriate prevention strategies which must be harmonized with the national public health priority. It is suggested that COVID-19 linked suicidal risk factors are preventable if apt measures are adopted (Mamun and Griffiths, 2020). Notably, crisis always opens-up opportunities. The suicide prevention services must be channeled through these opportunities (Regeret et al., 2020).

From that point, we extend this conversation by taking Bangladesh as a case to argue that COVID-19 led suicide prevention strategies are decisively crucial for this country as several Covid-19 induced suicide cases have already been reported by the media in this country. Unfortunately, suicide is never considered as a serious public health issue in Bangladesh although causing approximately 10000 deaths annually (Mashreky, Rahman and Rahman, 2013). There is neither any national suicide prevention strategy nor any surveillance mechanism in Bangladesh (Khan, Shimul, and Arendse, 2021). Khan et al., 2020).

At this backdrop, the specific aim/objective of this analysis is to establish the linkage between the COVID-19 pandemic induced suicide cases and the theoretical underpinning of Emile Durkheim's classical analysis of sociology of suicide (Durkheim, 2005). Given the extent of the problem, Durkheim's classical analysis of sociology of suicide can provide explanations about possible causes of suicide. Some suggestive measures also follow this analysis. In this analysis we have interchangeably used suicidal behavior or suicide to mean either suicide or suicide attempt.

## **2. Methodology**

We investigated the online newspaper portals to identify the suicide cases that took place owing to the complexities associated with the COVID-19 pandemic in Bangladesh. The investigation covered the period from January to May 2020. "Suicide and COVID-19 in Bangladesh", "suicide and coronavirus in Bangladesh" were the key search words. We used several inclusion criteria such as COVID-19 is explicitly mentioned as the cause of suicide, the method indicates the intention to self-harm/suicide and the incidents took place in Bangladesh. We consulted reports that were published both in Bangla (the native language of the country) and English only and did not apply any exclusion criteria based on the demographic profiles of the

deceased. Our search identified ten suicide cases and one suicide attempt which we bracketed into ten cases as there was a couple's incident. The cases were identified and collected from 10 news portals in Bangladesh (i.e., Daily Bangladesh, Bangla News, Somoy News, ProthomAlo, Dhaka Tribune Bangla, Kalerkantho, Abhijug, Dhaka18.com, BhorerKagoj, and The Daily Star Bangla). The cases picked from the Bangla news portals were translated into English, and the cases picked from English news portals were paraphrased. For data analysis, the relational approach was adopted to examine the relationships between the suicide cases and Durkheim's typology of suicide. The incidents took place in March (3), April (5), and May (2). Notably, as the newspaper reports were published online and publicly available, no formal ethical clearance was needed. However, we have used name initials to anonymize the cases.

We understand some limitations of this content analysis. Firstly, it is based on the newspaper reports which can never produce an in-depth description of a person's life and circumstances to understand an individual suicide just the same if it was attained through direct interviews of the significant others or family members of the deceased. As authors, we are also not comfortable ascribing motives in many of the cases to media framing. Suicides are suspicious deaths and require meaning-making by audiences (Timmermans, 2007). Nonetheless, this is perhaps the only source to guide the future researchers in the field. Secondly, caution is suggested for making any broader generalization based on this individual case-based analysis. Finally, we are not disregarding the possibilities for failing to identify and locate the relevant cases due to the extensive nature of the web search.

### 3. Results: COVID-19 Related Suicide Cases

In the following, we describe the cases of suicide brought to our notice during the study period in Bangladesh:

#### *Case 1*

March 2020. A young Bangladeshi man, named ZH, from Gaibandha district died by suicide through hanging. Family members claimed that the young man may have decided to take his own life as he was suspicious that he had been infected by coronavirus. They indicated that he recently returned home from the capital city Dhaka with a fever and cold. The local community strongly suspected that he may have been infected with the virus and directly blamed him as a virus carrier. The deceased became traumatised due to harsh stigmatisation by the community. However, no virus infection was found as per the autopsy report (Daily Bangladesh, 2020; Mamun and Griffiths, 2020).

#### *Case 2*

March 2020. A farmer named AH (35) died by suicide in Magura district out of fear of neighbors' suspicion and harsh jokes about the coronavirus infection. AH used to maintain a simple life. He had no disputes with his wife or anyone else in the family. On the very day, he got up in the morning, offered prayer and went to the field to tie the goats. There he hanged himself from a tree to death. Reportedly, he had been

suffering from common fever for the past four days which had made him scared of being infected with the virus. For days now, some of his neighbors have been threatening him with jokes that he has been infected with corona. Following that, AH visited two local doctors and took medicine. Although his fever was cured, he started having a severe headache. Moreover, neighbors assumed that he had in his mind the panic of being grabbed by the police as a victim of corona and shot to death. Unfortunately, AH took his own decision to die due to panic, anxiety and failure to cope with community reactions (Bangla News, 2020).

### **Case 3**

March 2020. A 13-year-old boy named AF from Rajbari district killed himself after his mother refused to let him go out of the house to keep him safe and protected from the possible infection of the virus. He thought family restriction as a kind of overregulation on him. He could not bear that restriction and sought escape to death by hanging from the wall of the house (Somoy News, 2020).

### **Case4**

April 2020. A 30-year old Bangladeshi man, named WI, from Jhenaidah district died by suicide through hanging. He was debt-ridden and unable to find work to provide for his four children. Furthermore, securing food for his family amidst the nationwide shutdown due to the coronavirus outbreak proved difficult and they had been starving for one week as they received no relief from any organization or government (Prothom Alo, 2020).

### **Case5**

April 2020. A couple (SH, 30, and his wife RB, 25) from Jessore district killed himself by hanging. According to the relatives of the victims, both of them were emotionally broken for being indebted. They developed a deep sense of frustration over the debt burden during COVID-19 pandemic. The husband used to work as a foreman. Due to countrywide shutdown, he was out of work and got scared of how to repay the loan. Finding no other solutions, the agreeably took their lives as a means to get rid of the liability forever (Dhaka Tribune Bangla, 2020).

### **Case6**

April 2020. A child named AK (10) from Sirajganj district hanged herself to death due to starving. Relatives have claimed that the family has been starving for several days. The father of the deceased is a weaver by profession. The factory he used to work was closed for ten days due to the shutdown. He said, "The administration is working hard to prevent the spread of coronavirus. I can't work for ten days. I am spending the day lying at home. I did not have cash in hand. So I couldn't buy rice and dal. The girl was crying because there was no food in the house. I kicked him out. The girl then killed herself out of a deep sense of agony" (Kalerkantho, 2020).

### **Case7**

May, 2020. Unable to feed his family, BK from Jhenaidah district wanted to escape from the responsibility by attempting suicide. He survived luckily. Going to the ground

to find out the fact journalists asked him about the reasons for the attempt. He said, “I used to work as a cook in a restaurant at Kaliganj. I was fine with my family. But due to the coronavirus, the owner closed the restaurant. I have been sitting at home for almost two months. Everything is over. I have got nothing to eat with my family for the last two days.” He further informed that he did not receive any relief assistance yet! Also, the image of wailing on the faces of hundreds of poor working people in the same area is not getting any government relief supports! Locals demanded the government to take a serious look at the issue of relief distribution; otherwise, the burning of hunger will lead many to die by suicide like BK (Abhijug, 2020).

### *Case 8*

April, 2020. A housewife named MB (45) from Nilphamari district hanged herself to death due to starvation and hunger. The deceased’s husband, a day laborer, became unemployed due to COVID-19 induced shutdown. As there is no income in the family, the husband and wife started quarrelling. On the day of the incident, MB had a serious dispute with her husband over food. Later at night, MB took the ultimate decision to end up everything (Dhaka18.com, 2020).

### *Case 9*

April, 2020. A housemaid named RA (13) died by suicide by hanging at her owner’s house in the capital city. She had been working at this house for a year and a half. Recently, the maid asked the housewife to buy two sets of dresses for her. The housewife said she would buy dresses for her when the market would reopen after the lockdown. But RA wanted them immediately. She got very upset and thought that the housewife is unwilling to meet her demands. But it was the COVID-19 lockdown that matters in this case (Bhorer Kagoj, 2020).

### *Case 10*

May 2020. A 45-year-old policeman named TH living in the capital city jumped from the roof of his house to death. His family claimed that the man was very concerned about the coronavirus infection. Recently he had a test which gave him a negative result. But he was not satisfied with the result; rather was worried that he might have infected by the virus. Regarding the cause of the suicide, the Officer-in-Charge of the concerned police station said, “Initially, his family members said that he was very worried about Corona. However, on April 29, his corona test report came negative. Even then, he and his wife expressed doubts about the test. All in all, he was mentally depressed.” He left his wife with two daughters (The Daily Star Bangla, 2020).

## **4. Discussion**

Ascertaining the exact causes of suicide is an issue of long-standing debate amongst scholars and interventionists (Crowell, et al., 2014). It is due to the fact suicide is a highly complex and multi-causal phenomenon, involving interactions of psychiatric, psychological, sociological, neurobiological, philosophical, demographic and cultural components, any effort to conceptualize the context of suicide form one theoretical

stream would likely be narrowly focused, insufficient and incomplete (Mukherjee and Kumar, 2017).

Disagreement notwithstanding, we attempted to explain the context of these cases through sociologically induced meaning and understanding given the deleterious social impacts of the current crisis. The current pandemic is considered much more a health issue rather an overtly pronounced social crisis as it is affecting and attacking the societies and their people at their core (United Nations, nd.). The stressful experiences what the crisis is generating might induce risks for people at all levels of the society (National Suicide Prevention Lifeline, nd.). Therefore, scholars opine that the efforts towards mitigation of the devastating effects COVID-19 must be supported by the knowledge of social and behavioral sciences (Van Bavel et al., 2020). In the same vein, we also view that the critical linkage between the disruptions of the societies generated by COVID-19 and the causal relations to suicidality could be explicitly explained if the sociological perspective is consulted, and that may contribute significantly to the noble goal of suicide prevention (Abrutyn and Mueller, 2014).

The sociological approach examines society's influence on its members and how do various social conditions/forces cause suicide behaviors (Stone, 1999). Central to sociological understanding comes from Emile Durkheim's hallmark sociological work, *Le Suicide*, first published in 1897 (Heilbron et al., 2014). *Le Suicide* also played a key role in establishing sociology as a distinct academic discipline. Although following Durkheim, there were several competing paradigms developed within the sociology of suicide such as Halbwachs (1930), Cavan (1928), Douglas (1965), Atkinson (1967), among others, we specifically turn out to Durkheim because it is not only one of the highly influential works within the field of sociology, but also sociology's most visible work for non-sociological social scientists (Fincham et al., 2011; Abrutyn and Mueller, 2014; Authors, 2020). Secondly, due to space constraints, other approaches which are following Durkheim within sociology are deliberately kept aside. Although disagreements/criticisms exist over Durkheim's macro-level theory/population-level focus to predict individual-level cases/motives of suicide or meaning of individual acts of suicide (Van Poppel and Day, 1996; Berk, 2006), alternative arguments/evidences are also available highlighting his theory to have implications for specifying suicidality of the individuals through a micro-level or micro-sociological level analysis (Berk, 2006; Abrutyn and Mueller, 2014; Rose, 2015).

Durkheim posited the idea that the suicidal characteristics are not essentially owned or managed via an individual's motivations rather societal forces are invariably linked to suicidal acts (Pickering and Walford, 2000). The two key societal forces have influential effects on suicide: social integration and regulation. Integration refers to the degree to which the individual is attached with the society, while regulation refers to the degree to which society regulates the beliefs and behaviors of individuals through social norms and customs (Selby, Joiner Jr and Ribeiro, 2014). Durkheim conceived a four-fold schema of suicide: egoistic, altruistic, anomic and fatalistic. These different categories of suicidal behaviors echo an exceptional pattern of problematic social integration and moral regulation. For example, altruistic suicide occurs due to a high degree of social integration while egoistic suicide occurs due to deficits in social integration. On the contrary, fatalistic suicide is caused due to an extreme degree of social regulation while

anomic suicide is caused due to deficit in social regulation (Durkheim, 2005; Selby et al., 2014). Durkheim's approach to understanding the social make-up of suicide is widely convincing and there is still a lot to learn from his theoretical postulations (Jaworski, 2014). In the same vein, we find significant relevance to analyze the COVID-19 related individual suicide cases in Bangladesh under the framework of Durkheim's classical four-fold typology of suicide. Our analysis in Bangladesh confirms three categories of Covid-19 induced suicide such as fatalistic, egoistic and anomic. We did not find any altruistic suicide yet.

The first and second suicide case falling into fatalistic suicide. According to Durkheim, *"it is the suicide deriving from excessive regulation, that of persons with futures pitilessly blocked and passions violently choked by oppressive disciplines"* (Durkheim, 2005: 276). In the first case, the victim became disrupted due to excessive surveillance of the community as a suspicious virus carrier. In case two also the person got frightened about the negative community reactions as being a suspected virus bearer. Moreover, he became concerned about the forced police intervention and the likelihood of fatal consequences. The case number three also exemplifies a fatalistic suicide with a different kind of insinuation. In this case, the mother did not allow the teen-aged boy to go out during the lockdown period to keep him safe. It seems that it was difficult for the teen-aged boy to adhere to the strictest isolation regulations. These examples confirm that the excessive social regulative/normative processes strictly tyrannized the persons and pushed them to suicidality. These examples further echo the analysis of Durkheim's fatalistic suicide by Stack (1979, p.102), who says, "fatalistic suicides involve an escape from a normative situation from which there is no appeal."

Several cases directly fall under the category of anomic suicide which becomes prominent when a society goes through extensive crisis or disruption (Tomasi, 2000). Durkheim hypothesized that economic and social changes result in a state of anomic or normlessness which destabilizes the traditional regulatory process of the society and increases the griefs and sufferings of the people. Eventually, due to heightened sufferings and griefs, societies, individuals and groups experience an increase in suicide rates (Jaworski, 2014; Hodwitz and Frey, 2016). However, Durkheim also viewed that the abrupt growth of prosperity could also lead to the same sort of deregulations. Essentially, every change, better or worse, might likely to make individuals vulnerable to suicide (Tomasi, 2000)). Durkheim particularly opined that economic crisis is not the only source of anomic suicide; rather it also stems from conjugal anomy/unhappy households (Durkheim, 1897/2005). We traced a case as such.

In line with the above presuppositions, the cases that we identified are destructed by serious levels of economic insecurity, family discords caused by the COVID-19 pandemic. For example, in case number four, the debt-ridden man took his own life because he failed to provide food to the starving family. He could not find any source of income because of the virus outbreak. On the other hand, a couple committed suicide under case number five. They were already debt-ridden. Losing the opportunity to earn a regular income due to lockdown, they got scared about their debts and finding no other alternatives they escaped from the scene by dying by suicide. Under the case number six, a 10-year old starving girl took her life as her father could not manage food owing to the shrinkages of the source of income. Similarly, under case number seven,



the victim became unemployed after the shutdown. He could not manage food for the starving family that eventually provoked him to kill himself. The case number eight results from the family conflict between the husband and the wife over lack of food. The woman who killed herself had a conflict with her husband who became unemployed due to lockdown. In short, all the cases are the perfect reflections of social anomic situation. Durkheim (1897/2005) rightly said that during economic disasters some sort of declassification occurs which downgrade the position of certain individuals. In this respect, people must restraint themselves and learn to make self-control. But it is often impossible for the society to control its people to adjust with the disturbances and to practice the increased self-repercussion. If the disturbances are profound, suicide rates in the general population are anticipated to experience a spiking, and will only come down once the equilibrium is back (Hodwitz and Frey, 2016).

In our conviction, case number nine and case number ten should be fitted into egoistic suicide. In both cases, the victims demonstrated their low-level integration with the existing social realities over individual realities. In Durkheim's (1897/2005) view, egoistic suicide happens when individual ego engulfs social ego. Durkheim further marked that low integration to common social beliefs or practices develops feelings of meaninglessness or purposelessness in individuals, which, eventually, stand as provocative means to take their lives (Berk, 2006). The domestic help who took her life was annoyed at the prevailing system of lockdown, and so on the closure of the market places. Perhaps, she was not convinced of the justification of the social importance of this system which barred her desires to be attained. While doing so, she does not express her tight knot with the existing social practices. In case number nine, we saw the policeman was worried about the likelihood of being a bearer of the virus. He was not convinced about the negative test result. In this case, this man was showing what Durkheim (1897/2005) termed as exaggerated individualism as he was more concerned about his fate and destiny. Being a government employee, there was no reason to be unemployed during the COVID period as we have seen for several cases in this analysis. He did not think about his family and social responsibilities to the state as a police official. These two cases are explicit reactions of what Durkheim said, "*but society cannot disintegrate without the individual simultaneously detaching himself from social life*" (Durkheim, 1897/2005: 209). While being detached from social life, individuals lose all sorts of attachments that make life meaningful and worthwhile (Berk, 2006).

## **5. Findings**

The findings portray a conspicuous link between COVID-19 induced extra-social crises/causes and suicidal behavior. As the COVID-19 related abrupt reservations and restrictions increased, the day-to-day activities and mobility of the people plummeted causing serious destructive effects on the levels of individuals and society and contributed to an anomic condition of the society. Based on the extra-social causes and nuances of the suicide cases caused by the pandemic, we have found that anomic (5) suicide is the most common category of suicide whereas the category of fatalistic (3) and egoistic (2) suicide are also prevalent. We have not found any case of altruistic suicide. We argue that the abrupt measures taken for reducing the COVID-19 prevalence have accentuated the economic insecurity, family discords and so on

creating a momentary vacuum disabling individuals' ability to deal with the crises, moreover, the excessive social regulative/normative processes recoiled the individual mobility, destabilized social integration, and pushed individual to escape from a normative situation. We believe that the heightened suicidality is a common trend during or after any social, economic or natural crisis and turmoil (Krug et al., 1998; Yip, 2009; Chang et al., 2013; Fountoulakis et al., 2014; Iemmi et al., 2016), demanding specific measures to combat the suicidal behavior. In this regard, COVID-19 gives us an explicit message to enhance suicide prevention and intervention strategies (Reger et al., 2020). Therefore, based on our analyses on the emerging crises, we propose several short-term and immediate strategies to address the suicidal vulnerability for all at-risk groups in Bangladesh, given the fact the country does not have any national suicide prevention strategy. These may include: a) tele-mental health care supports and distance-based suicide prevention; b) access to mental health care and support; c) mobilize people to get connected with near and dear ones through social media, telephone and video; d) ethical compliance of the media reporting on suicide to tackle contagion effect (Reger et al., 2020); e) advise people keep away from pandemic news as this information can be disturbing to sensitive viewers (Suicide Prevention Australia, 2020); f) stringent measures against social stigma associated with virus infection; g) social protection and livelihood/financial supports to the vulnerable poorer groups; and, h) promotion of problem-solving strategies to cope with the situational impact of the current crisis. Above all, long-term social reconstruction policy must include suicide prevention as an essential component.

## 6. Conclusions

We would like to begin this concluding section cautioning that as there is no national suicide prevention strategy in Bangladesh, this analysis highlights several immediate and short prevention strategies keeping in mind the impact of the pandemic. Furthermore, this analysis contributes to our understanding that Durkheim's macro-level theory courteously supports micro-level research implications. We find Durkheim's theory is still relevant in analyzing the impact of the massive social disruption caused by the COVID-19 pandemic on suicidality. No matter it was a macro-level theory, often produces skepticism for its implications at micro-level individual case analysis. If the breeding of suicidality is not dismantled at the micro-level, it would lead to massive macro-level havoc. So, Durkheim's theory provides powerful messages for us to be cautious and vigilant against suicidal behavior. It may be taken up by the scholars as a source of future investigation to make a balance between micro and macro level analysis.

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