

Domestic Violence and Suicide among Women in Dhaka Division, Bangladesh

In 1996-97, a national survey on injury-related deaths among women in Bangladesh found that suicides have a major effect on mortality among women, specifically, among married women aged 10-29¹. Similarly, the nationally representative Bangladesh Health and Injury Survey (BHIS) Report on Children² also showed that suicide was the leading cause of death for older adolescents of both sexes, with the highest rate of 50 deaths per 100,000 population among 17 year-old girls. Though domestic violence is assumed to be the main risk factor for suicide among women in Bangladesh, not enough is known about the causes and risk factors for domestic violence, mental health problems, and suicide in Bangladesh.

As a culture with a patriarchal social structure and deep-rooted gender inequality, general violence against women is common in Bangladesh³. Forty-seven percent of rural married women have reported violent behavior towards them by their husbands and 43 percent of rural married women have reported having been slapped and beaten by their husbands⁴. Violence in the form of verbal or physical abuse from a woman's parents, extended family, or even community at large is also present and may contribute to a woman's decision to commit suicide. Though few studies have looked expressly at causes of domestic violence and/or suicide in Bangladesh, specific risk factors are assumed to be similar to those in India and other countries in Asia—general family problems (especially dowry), intimate partner relationship problems, and poverty⁵. More precise risk factors for both domestic violence and suicide may include: infertility, childlessness, pregnancy, forced or unaccepted marriages, pre-marital affairs or illegitimate pregnancy, participation in micro-credit programs, failure in school, and divorce or widowhood⁶. Additionally, mental health and domestic violence services are limited and women's access to these services may be restricted. However, the exact linkages and factors that might predict why one Bangladeshi woman is the victim of domestic violence or suicide and another woman is not are not fully understood.

This qualitative research study was designed to determine more exact risk factors and causal mechanisms for domestic violenceⁱ and suicide among young women in rural and semi-rural Bangladesh. The primary objective of this study is to add to expanding research on suicide among women in Bangladesh with the goal of informing the development of effective intervention projects or programs in the future.

Through the Center for Injury Prevention and Research, Bangladesh (CIPRB)'s database on injury-related deaths from the BHIS, initial index cases of young women who had committed suicide in Dhaka Division were identified. Additional cases were identified in the field by community health workers during focus group discussions at district health centers. All cases were within 100 km from Dhaka, in rural or semi-rural towns and villages. Two Bangladeshi research assistants, one male and one female, conducted semi-structured in-depth interviews with the families of 15 women who had committed suicide. The interviews focused on: the events leading up to the suicide; the woman's status within the household; whether violence was present; education; fertility; relationships with family members; and sources of emotional support. In some cases, neighbors were also present and added to the interview, often contradicting the families. Twelve interviews were audio taped and three families declined to be taped. Extensive notes on the interviews were also taken, both by the research assistant not conducting the interview and by the primary investigator.

In order to understand community-level attitudes and practices regarding domestic violence and suicide, three focus group discussions were conducted. Two focus groups were conducted at district health centers with Ministry of Health and Family Welfare community health workers and one focus group was conducted at the home of a local NGO leader with an imam, teachers, and locally-elected representatives. Focus group participants were asked questions about community norms and perceptions regarding

ⁱ Because of the communal nature of life in Bangladesh, the definition of domestic violence must be similarly communal. Thus, the study's definition of domestic violence includes the following three forms of violence: violence in the parental household; violence in the husband's or husband's family's household; or violence within the extended family or community.

marriage, family life, violence, and suicide. Questions specifically focused on relationships between husbands, husbands' families, and wives, as well as on perceptions of why women commit suicide. Both focus group participants and in-depth interview informants were asked about how the community responds to suicides and what could be done to prevent suicides in the future.

Results show that the main risk factor for suicide among young women in Bangladesh may be their general low status in society and lack of decision-making power over their own lives. The immediate cause of suicide described by families varied in each case, but all were linked to patriarchal gender norms and the resulting inequality. Young women were married against their will by parents and elders, forced to return to abusive husband's households, harassed by neighbors and extended family for working outside the home, and besieged by the community when evidence of non-marital relationships with men became known. Regardless of the reason for violence and suicide, it was the woman who was judged, abused, and punished—not the man or men who also played a role. Class issues and poverty also appeared to contribute to the suicides; often a *salish* (a judgment determined by village elders and often biased by class or wealth) against the woman or her family about a marriage or relationship matter hastened the suicide. Though some sort of violence was present in most young women's lives, it appears that suicide among women in Bangladesh stems not only directly from domestic violence, but from the traditional social structure which denies women power and choice over the paths of their lives.

References

- ¹ Yusuf, Hussain R.; Halida H. Akhter; Mahbub-E-Elahi K. Chowdhury; M. Hafizur Rahman; Roger W. Rochat. 2000. "Injury-related deaths among women aged 10-50 years in Bangladesh, 1996-97." *The Lancet* 355: 1220-1224.
- ² Rahman, Aminur; AKM Fazlur Rahman; Shumona Shafinaz; Michael Linnan. 2005. *Bangladesh Health and Injury Survey Report on Children*. MOH&FW, ICMH, UNICEF, TASC.
- ³ Ahmed, M. Kapil; Jeroen van Ginneken; Abdur Razzaque; Nurul Alam. 2004. "Violent Deaths Among Women of Reproductive Age in Rural Bangladesh." *Social Science & Medicine* 59: 311-319.
- ⁴ Bates, Lisa M.; Sidney Ruth Schuler; Farzana Islam; Md. Khairul Islam. 2004. "Socioeconomic Factors and Processes Associated with Domestic Violence in Rural Bangladesh." *International Family Planning Perspectives* 30(4): 190-199.
- ⁵ Yusuf, Hussain R.; Halida H. Akhter; Mahbub-E-Elahi K. Chowdhury; M. Hafizur Rahman; Roger W. Rochat. 2000. "Injury-related deaths among women aged 10-50 years in Bangladesh, 1996-97." *The Lancet* 355: 1220-1224.
- ⁶ Ahmed, M. Kapil; Jeroen van Ginneken; Abdur Razzaque; Nurul Alam. 2004. "Violent Deaths Among Women of Reproductive Age in Rural Bangladesh." *Social Science & Medicine* 59: 311-319.
- Khlat, Myriam and Carine Ronsmans. 2000. "Deaths Attributable to Childbearing in Matlab, Bangladesh: Indirect Causes of Maternal Mortality Questioned." *American Journal of Epidemiology* 151(3): 300-306.
- Bates, Lisa M.; Sidney Ruth Schuler; Farzana Islam; Md. Khairul Islam. 2004. "Socioeconomic Factors and Processes Associated with Domestic Violence in Rural Bangladesh." *International Family Planning Perspectives* 30(4): 190-199.