

S.M. Yasir Arafat^{1*}, Md. Khayrul Islam², Md Abdullah Saeed Khan³, Rizwana Amin⁴

The perception of imams (Islamic religious leaders) on the legal status and decriminalization of suicide attempts in Bangladesh: a cross-sectional study

¹ Department of Psychiatry, Enam Medical College and Hospital, Dhaka-1340, Bangladesh.

² Department of Psychiatry, Tairunnessa Memorial Medical College, Gazipur.

³ Department of Community Medicine, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh.

⁴ Department of Professional Psychology, Bahria University, Islamabad, Pakistan.

*email: arafatdmc62@gmail.com

Received: 2022-09-14; Accepted: 2023-09-18 DOI: 10.52095/gpa.2023.7115.1077

Abstract

Background: As suicide is a criminal offence in Bangladesh, determination of the perception of religious leaders on the legal status would pave the way to decriminalise suicide in the country. However, no previous attempt was noted to assess the perception of religious leaders on the criminal legal status of suicide in Bangladesh.

Objectives: We aimed to see the perception of Islamic religious leaders on the legal status and decriminalisation of suicide in Bangladesh.

Methods: We collected data for this cross-sectional study between June and July 2023 from 162 imams using a self-reporting instrument. The questionnaire contains three sections, namely, socio-demographic variables, suicidal behavior, and perception of the legal status and decriminalisation of suicide attempts.

Results: The mean age of the imams was 38.6 ± 9.6 (range 22–63) years. Among the participants, about 18% had lifetime suicidal thoughts, 7.4% had suicidal thoughts in the last year, and 6.2% had suicide attempt . More than 95% (n=155) of participants mentioned that suicide is forbidden in Islam; 73.5% mentioned that suicide is a punishable crime; 94% did not see any incident of punishment for a suicide attempt; 62% thought that persons should be sent to hospital after a suicide attempt; 58% thought that the criminal legal status is harmful to suicide prevention; and 50.6% thought decriminalisation would not prevent suicide.

Conclusions: The findings of the study indicate that awareness programs that bring attention to the beneficial role of decriminalisation of suicide attempt should target Islamic religious leaders in Bangladesh as about half of the participants' perceptions are against decriminalisation.

Keywords

Religious leaders, Legal status, Suicide, Bangladesh, Decriminalization

INTRODUCTION

Suicide is a major public health concern globally, with significant social and psychological consequences for individuals, families, and societies (World Health Organization, 2021). Suicide happens because of a combination of mental, societal, biological, cultural, and environmental variables (Zalsman et al., 2016). Numerous factors have been identified as contributing to suicide attempts, including mental disorders, previous suicide attempts or self-harm, family history of suicide, access to lethal means, social isolation and lack of support networks, cultural and religious beliefs, and socio-economic factors (Favril et al., 2022; Zalsman et al., 2016).

In some countries, suicide attempt is considered criminal offences, punishable by fines and/or imprisonment (Ochuku et al., 2022; United for Global Mental Health, 2021; Mishara & Weisstub, 2016). This includes several Muslim-majority countries, where suicide and suicide attempt are strictly condemned as per Islamic law and are considered as criminal offences (Lew et al., 2022).

Religious leaders, such as imams, play a significant role in shaping the beliefs and attitudes of their communities (Suleiman et al., 2023). Muslim leaders, such as imams, hold significant influence over their followers and communities (Long & Ansari, 2018). Their opinions and perspectives can have a profound impact on the social norms and cultural values surrounding suicide. Understanding their perceptions can provide valuable insights into policy development and intervention strategies.

Bangladesh is a densely populated country of about 170 million and more than 90% are Muslim (World Population Review, 2023). Suicide is an under-prioritized public health problem in the country where suicide attempt is considered a criminal offense (Bose et al., 2023). Academicians and researchers have raised their concerns in favour of the decriminalisation of suicide in the country. To effectively address this issue, it is crucial to consider the perceptions of religious leaders, particularly Muslim imams, on the legal status and decriminalisation of suicide attempts in Bangladesh. Therefore, we aimed to see the perception of religious leaders on the legal status and decriminalisation of suicide attempt in Bangladesh.

METHODS

Data collection

We conducted this cross-sectional study between April and July 2023 and collected data from religious leaders (imams) who were undergoing training provided by Islamic Foundation, Bangladesh (IFB; <u>http://www.islamicfoundation.gov.bd/</u>) between June and July 2023. IFB arranges regular training sessions for imams working in different parts of the country. We collected data from the Dhaka center where imams from eleven different districts were being trained. We approached all the available imams conveniently with the purpose of responding to the self-reporting questionnaire.

Measures

Our questionnaire consists of three parts namely socio-demographic variables, suicidal behavior, and perception of the legal status and decriminalisation of suicide attempt.

Socio-demographic variables

We considered several variables in this section, namely, age in years, marital status, educational attainment (Fafeez, Mawlana, and Mufti), family background, average monthly income, and family history of suicide.

Suicidality

Suicidal behavior of the respondents was assessed via several questions. We adopted this section from a previous study assessing suicidal behavior (Arafat et al., 2022). We prepared questions assessing suicidal thoughts during the last 48 hours, last month, last year, and the respondent's life-time as well as any suicide attempts. The questions read as follows:

a. Did you have any idea of killing yourself in the past 48 hours?

b. *Did you have any idea of killing yourself in the past month?*

c. Did you have any idea of killing yourself in the past year?

d. Did you have any idea of killing yourself in your lifetime?

e. Have you ever suicide attempt ?

Perception on Legal Status and Decriminalization of Suicide

We prepared six items to assess the status of suicide attempts in religion and existing law in Bangladesh. The items were as follows:

1) What is the status of suicide attempt in Islam?

2) What is the status of suicide attempt in existing law of Bangladesh?

3) Have you ever witnessed someone being punished for a suicide attempt?

4) In your opinion, where should someone be referred to after a suicide attempt?

5) Does the criminal legal status of suicide help prevention?

6) Do you think suicide attempt should be decriminalized to prevent suicide in Bangladesh?

Statistical analysis

Descriptive statistics were presented using tables. Data was expressed as frequency (percentage) and mean \pm standard deviation for categorical and continuous variables, respectively. All statistical tests were conducted using Stata (Version 17).

Ethical considerations

Ethical approval for this study was taken from the ethical review committee of Enam Medical College on June 05, 2023 (EMC/ERC/2023/06-1). Informed written consent was taken from individuals before participating in the study.

RESULTS

The mean age of the imams was 38.6 ± 9.6 (range 22–63) years. All the participants were males; 87% were married; 65% were Maulana; and 60% lived in joint families (Table 1). Among the

participants, about 18% had lifetime suicidal thoughts; 7.4% had suicidal thoughts in the last year; 3.7% had suicidal thoughts in the past month; and 6.2% had suicide attempt (Table 2). More than 95% (n=155) of participants mentioned that suicide is forbidden in Islam; 73.5% mentioned that suicide is a punishable crime in the current law of Bangladesh; 16% mentioned suicide attempt is a crime but not punishable; 94% had not seen any punishment of a suicide attempt; 62% thought that after attempting suicide, a person should be sent to hospital; 9% thought that they should be sent to a police station; 58% thought that the criminal legal status was harmful to suicide prevention. However, more than 50% of the participants thought decriminalization would not prevent suicide (Table 3).

Variable	Category	n	%
Age Category (years)	21-30	50	30.9
	31-40	46	28.4
	41-50	43	26.5
	>50	23	14.2
Marital Status	Married	141	87.0
	Unmarried	17	10.5
	Separate	3	1.8
	Divorce	1	0.6
Education	Maulana	105	64.8
	Hafiz	43	26.5
	Mufti	14	8.6
Family Type	Joint	92	59.3
	Nuclear	63	40.7
Income in BDT	<=10000	63	38.9
	10001 - 20000	47	29
	>20000	30	18.5
Family history of suicide	Yes	13	8
	No	149	92

Table 1. Sociodemographic variables of imams (n=162)

Table 2. Suicidal behavior among imams (n=162)

Variable	n	%
Suicide thoughts in last 48 hours	5	3.1
Suicide thoughts in last one month	6	3.7
Suicide thoughts in last one year	12	7.4
Suicide thoughts during lifetime	29	17.9
Suicide Attempt	10	6.2

Variable	n (%)
Q 1. What is the status of suicide in Islam?	
Forbidden	155 (95.7)
Not forbidden	1 (0.6)
Don't know	6 (3.7)
Q 2. What is the status of suicide attempt in existing law of Bangladesh?	
Punishable crime	119 (73.5)
Crime but not punishable	26 (16.0)
Not a crime	2 (1.2)
Don't know	15 (9.7)
Q 3. Have you ever seen a person to be punished for suicide attempt?	attempt?
Νο	152 (93.8)
Yes	10 (6.2)
Q 4. In your opinion, where should people be referred after a su	uicide attempt?
Hospital	98 (62.0)
Mosque	35 (22.2)
Police station	14 (8.9)
Don't know	7 [4.4]
Tabligh (A distinct way of inviting people towards Islam)	3 (1.9)
Family	1 (0.6)
Q 5. How criminal legal status affects suicide prevention?	
Harmful for suicide prevention	93 (58.5)
Helps to prevent suicide	36 (22.6)
Don't know	30 (18.9)
Q 6. Do you think suicide attempt should be decriminalized to prevent s	suicide in Bangladesh?
Yes	39 (24.1)
No	83 (50.6)
Don't know	40 (24.7)

Table 3. Perception on legal status and decriminalization of suicide of imams (n=162)

DISCUSSION

Major findings of the study

The present study evaluates the perceptions of imams (Islamic religious leaders) of the legal status and decriminalization of suicide in Bangladesh. Among the participants, 95% of participants were of the view that suicide is forbidden in Islam; about two-thirds (73%) of them considered it a punishable offense; about six in ten imams (58%) thought that a criminal legal status is harmful to suicide prevention; and about one quarter of imams thought that decriminalization was necessary. The findings indicate several gaps in perceptions, namely, that suicide is prohibited in Islam; it is considered a punishable offense in Bangladesh; there has been no incidence of punishment for suicide attempt in the country (Bose et al., 2023).

Suicide is considered a grave sin in Islam based on Islamic teachings. Islam refers to life as a sacred gift from God, and intentionally taking one's own life is seen as a violation of this gift. The International Association of Suicide Prevention (IASP) policy strongly recommends the decriminalization of suicide (IASP, 2020) arguing in favor of eliminating social barriers and encouraging help-seeking behaviors (Ochuku et al., 2022; United for Global Mental Health, 2021, Mishara & Weisstub, 2016; Lew et al., 2022; Wu et al., 2022).

Even though suicide is considered a punishable crime, 62% of the participants believe that persons who have suicide attempt need help and, thus, should be referred to hospitals. Studies predicting suicide attempts have found emotional and psychological distress a major risk factor (Arafat et. al., 2021; Hockey et. al., 2022).

About half of the participants thought decriminalization would not prevent suicide. This finding demands serious attention for the decriminalizing of suicide in Bangladesh as study findings reveal that a criminal legal status of suicide hinders its prevention and many countries that have decriminalized suicide attempt may end up lowering suicide rates (Wu et. al., 2022). Moreover, modifications in the legal status of suicide in Bangladesh may be helpful in destigmatizing problems and facilitating help-seeking behavior (Arafat, 2019; Bose et al., 2023).

Criminalization of suicide attempts has detrimental effects on an individual's help-seeking behavior in times of crisis. Wherefore, individuals may develop a fear of legal repercussions as well as stigma about mental health issues. Thus, making it more challenging for people who have suicidal thoughts to talk openly about their circumstances. Such individuals require a more compassionate and supportive approach from society rather than a punitive one (Suh & Jeong, 2021).

Responses to two questions in this study revealed a somewhat contradictory perception: 58% of imams mentioned that a criminal status was harmful to suicide prevention whilst half of them thought that decriminalization would not prevent suicide. This may be explained by psychological resistance caused by religious guidance. However, we could not validate their response as responses were collected by selfreporting instruments. Further qualitative studies would be helpful in answering such questions.

Implications of Study Findings

The present study may be helpful in considering the measures to decriminalize suicide attempt in Bangladesh. It reveals the understanding of Islamic leaders regarding the religious and social context of suicidal behavior and decriminalization of suicide attempts in Bangladesh, and will be beneficial in making effective evidence-based policies. These measures include raising awareness about mental health and suicide, advocacy, and accessible mental health services that help in reducing the stigma associated with these issues. Resultantly, by promoting empathy and understanding, people may be more inclined to support decriminalization and view suicide attempts as cries for help rather than criminal acts. This study indicates urgency of actions to break the resistance that may arise from religious beliefs.

STRENGTHS AND LIMITATIONS

This is the first initiative to explore the perceptions of imams on the legal status and decriminalization of suicide in Bangladesh. However, several limitations should be considered. First, the psychometric properties of the instruments were not assessed. Second, data was collected purposively with selfreporting instruments that may be influenced by social desirability and recall bias. Additionally, responses were not cross validated by confirming questions. Third, all participants of this study were male.

CONCLUSIONS

The findings of the study indicate that awareness programs for imams should be targeted to decriminalise suicide attempts in Bangladesh as more than half of the participants' perceptions were against decriminalisation. Additionally, further research, including qualitative studies, would better explain the religious perceptions about suicide, suicide prevention, and decriminalization of suicide attempt in Bangladesh.

DECLARATIONS

Acknowledgements: We thank Dr. Md Noor E Alam for his support during data processing.

Authors' Contribution: Conception and design: SMY Arafat

Methods and instrument development: SMY Arafat, MK Islam

Data collection: MK Islam

Data analysis: MAS Khan

Drafting the manuscript: SMY Arafat, R Amin

Revision and approval: All authors

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability: The data that support the findings of this study are available on request from the corresponding author.

Ethical Approval: Ethical approval for this study was received from the ethical review committee of Enam Medical College on June 05, 2023 (EMC/ ERC/2023/06-1).

Funding: No funding was received for this paper.

Informed Consent: Written Informed consent was taken from individuals before participating in the study.

REFERENCES

Arafat, S., Hussain, F., Hossain, M. F., Islam, M. A., & Menon, V. (2022). Literacy and stigma of suicide in Bangladesh: Scales validation and status assessment among university students. Brain and behavior, 12(1), e2432. https://doi.org/10.1002/brb3.2432

Arafat, S. M. Y., Khan, M. M., Menon, V., Ali, S. A., Rezaeian, M., & Shoib, S. (2021). Psychological autopsy study and risk factors for suicide in Muslim countries. Health science reports, 4(4), e414. https://doi. org/10.1002/hsr2.414.

Arafat, S. M. Y. (2019). Current challenges of suicide and future directions of management in Bangladesh: A systematic review. *Global Psychiatry*, 2(1), 9–20.

Bose, P.K., Kushal, S.A., Arafat, S.M.Y. (2023). Forensic and Legal Aspects of Suicide in Bangladesh. In: Arafat, S.M.Y., Khan, M.M. (eds) Suicide in Bangladesh. New Perspectives in Behavioral & Health Sciences. Springer, Singapore. https://doi.org/10.1007/978-981-99-0289-7_2

Favril, L., Yu, R., Uyar, A., Sharpe, M., & Fazel, S. (2022). Risk factors for suicide in adults: systematic review and meta-analysis of psychological autopsy studies. *Evidence-based mental health*, *25*(4), 148–155. https://doi.org/10.1136/ebmental-2022-300549

Hockey, M., Rocks, T., Ruusunen, A., Jacka, F. N., Huang, W., Liao, B., ... & O'Neil, A. (2022). Psychological distress as a risk factor for all-cause, chronic disease-and suicide-specific mortality: a prospective analysis using data from the National Health Interview Survey. *Social psychiatry and psychiatric epidemiology*, 57(3), 541-552.

International Association for Suicide Prevention. The decriminalisation of suicide attempt policy position statement, 2020. Available: https://www.iasp.info/pdf/iasp_decriminalisation_ policy_2020.pdf [Accessed 01 Nov 2020].

Long, I. J., & Ansari, B. (2018). Islamic Pastoral Care and the Development of Muslim Chaplaincy. *Journal of Muslim Mental Health*, 12(1). https://doi.org/10.3998/jmmh.10381607.0012.105

Lew, B., Lester, D., Mustapha, F. I., Yip, P., Chen, Y. Y., Panirselvam, R. R., Hassan, A. S., In, S., Chan, L. F., Ibrahim, N., Chan, C. M. H., & Siau, C. S. (2022). Decriminalizing suicide attempt in the 21st century: an examination of suicide rates in countries that penalize suicide, a critical review. *BMC psychiatry*, *22*(1), 424. https://doi.org/10.1186/s12888-022-04060-5

Mishara, B. L., & Weisstub, D. N. (2016). The legal status of suicide: A global review. *International journal of law and psychiatry*, 44, 54–74. https://doi.org/10.1016/j.ijlp.2015.08.032

Ochuku, Brenda K et al. Centering decriminalization of suicide in low - and middle - income countries on effective suicide prevention strategies. *Frontiers in psychiatry*, 13, 1034206. https://doi.org/10.3389/fpsyt.2022.1034206

Suleiman, K., El-Gabalawy, O., Zia, B., & Awaad, R. (2023). Suicide response in American Muslim communities: a community case study. *Journal of Muslim Mental Health*, *17*(1). https://doi.org/10.3998/jmmh.1457

Suh, H., & Jeong, J. (2021). Association of self-compassion with suicidal thoughts and behaviors and non-suicidal self injury: A meta-analysis. *Frontiers in psychology*, *12*, 633482.

World Population Review, 2023. Muslim Majority Countries 2023. https://worldpopulationreview.com/country-rankings/muslim-majority-countries(accessed on 25 July 2023)

Wu, K. C., Cai, Z., Chang, Q., Chang, S. S., Yip, P. S. F., & Chen, Y. Y. (2022). Criminalisation of suicide and suicide rates: an ecological study of 171 countries in the world. *BMJ open*, *12*(2), e049425. https://doi. org/10.1136/bmjopen-2021-049425

United for Global Mental Health. (2021). Decriminalising suicide: Saving lives, reducing stigma.

World Health Organization (2021). Suicide worldwide in 2019: Global health estimates. Retrieved July 28, 2022, from https://www.who.int/pub-lications/i/item/9789240026643

Zalsman, G., Hawton, K., Wasserman, D., Van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V., Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J., Saiz, P. A., Lipsicas, C. B., Bobes, J., Cozman, D., Hegerl, U., & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry*, *3*(7), 646–659. https://doi. org/10.1016/s2215-0366(16)30030-x