

Variations in newspaper reporting of suicidal behavior in WHO-South-East Asian region

Running title: Media and suicide prevention

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Abstract

Background: South-East Asia is a densely populated region, comprising of 11 low- and middle-income countries and contributing to 39% of global suicides. There are serious challenges to suicide prevention in the region such as lack of high-quality suicide data, underreporting, and poor quality of media reporting. The current report aimed to assess the variations in newspaper reporting of suicidal behavior in the WHO-South-East Asian countries.

Methods: We analyzed the contents of 9 research articles on media reporting of suicide, published from four South-East Asian countries (4 from Bangladesh, 3 from India, one each from Indonesia and Bhutan), that used similar methods and presented results in a nearly similar fashion.

Results: Personal identifying information of the deceased was very frequently mentioned in the newspaper reports across the countries. Suicide notes were reported more commonly in India (9.5%-18%) than Bangladesh (4.2%-7.5%) and Indonesia (9.5%). No educative material was found in any of the newspaper reports of Bangladesh and Indonesia whilst it was rarely reported in Bhutan and India.

Conclusion: Our findings from the four South-East Asian countries suggest that there are variations between the countries while presenting the news reports of suicidal behavior. These findings would help to formulate and regulate the media guidelines for the specific countries.

Keywords: Suicide and media; SEAR countries; WHO guidelines; media reporting; content analysis

Introduction

Globally, suicide is a compelling public health issue that claims close to 800,000 lives every year.¹ The WHO-South-East Asian (SEA) region, comprising of 11 low- and middle-income countries, contributes 39% of global suicides.² Suicides in this region have different epidemiological profiles compared to the West; the most prominent findings include the lack of a diagnosable mental disorder in a significant percentage of those who die by suicide and the lower male to female ratio.^{2,3} Further, suicides in this region are associated with significant stigma and also have a complex interplay with cultural, socio-economic, and religious factors, which makes the phenomenon significantly more complex and difficult to understand, manage and prevent.⁴

There is increasing evidence that detailed media portrayals of suicide can trigger suicidal behavior among vulnerable individuals.^{5,6} Media reporting of suicide is a key population-level strategy for suicide prevention and it is estimated that responsible media reporting can reduce annual suicide-related mortality by more than 1%.^{7,8} Particularly, for the SEA countries, the media is uniquely positioned to contribute to suicide prevention because of their reach, accessibility, and ability to shape public opinion. Extant studies from the SEA region are limited but the available ones have shown several breaches in media reporting of suicides.^{9–12}

Thus far, there has been no systematic effort to explore variations in media suicide reporting in the WHO-SEA countries though such data has obvious implications for resource allocation and policy planning. To address this knowledge gap, we carried out the present analysis aimed at exploring the intra- and inter-country variations in media reporting of suicide between those countries where prior published research exists on media reporting of suicidal behavior. We intended a head to head comparison of the specific characteristics of WHO media guideline among the studies.¹³

Methods

We identified 12 original articles (4 from Bangladesh, 5 from India, one each from Indonesia, Sri Lanka, and Bhutan) published in the English language and assessing the quality of newspaper reports of suicide from SEA countries. The search was conducted in PubMed, PubMed Central,

Scopus, Google, and Google Scholar with the search terms (media, suicide, self-harm, newspaper reporting, SEA countries, and individual country names of SEA (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka, Thailand, Timor-Leste). Articles that were available till February 2020 were included. We considered, original article in English assessing the quality of media reports against WHO media guidelines. Subsequently, articles that followed similar methods and expressed results in terms of variables that matched the WHO media suicide reporting guidelines were included for comparison.¹³ There was heterogeneity in the methods as well as the presentation of results from paper to paper and country to country. Therefore, from the twelve papers, three papers (one from Sri Lanka and two from India) were dropped from the comparison. The paper assessing the Sri Lankan newspapers used a different instrument i.e. PRINTQUAL and the presentation of results was different and therefore head to head comparisons were not possible with other papers. Therefore, it was dropped.¹⁴ Two papers from India used similar methodology; however, they differed from the other papers in presentation of results in a way that head to head comparisons (of potentially helpful and harmful characteristics of WHO guidelines) were not possible with the other 9 papers.^{15,16} Therefore, 9 papers from four countries (4 from Bangladesh, 3 from India, one each from Indonesia, and Bhutan), all of them belonging to the WHO-SEA region, were included for final analysis. All variables from the potentially harmful and helpful characteristics of WHO media guidelines, for which data was available, were compared between included studies.

As we scrutinized and analyzed publicly available articles, we did not seek any formal ethical clearance for conducting the study.

Results

We analyzed 9 papers from four countries (Bangladesh, Bhutan, India, and Indonesia) of the WHO-SEA region and assessed the variations of reporting among the studies. The variations are displayed in Table 1. The majority of the reports pertained to completed suicide (74.3%- 85.3%) (Table 1). Homicide related to suicide was found in less than 10% of the reports across countries (3.7%-9.3%); more noticed from India while no such reports were seen in Bhutan and Indonesia. Suicide pacts were also reported more commonly in India than Bangladesh and no such information was reported from Bhutan and Indonesia. The name of the deceased person was reported more commonly in Bangladesh (82.1%-98.5%). The occupation was also frequently mentioned in the reports of Bangladeshi newspapers compared to Indian and Indonesian newspapers. Newspapers also revealed the type of employment of deceased, commonly in Indonesia (38.3%) and nearly always (96.3%) in Bangladesh. Method of suicide was very frequently mentioned in the newspaper reports across all the four SEA countries (70.7%-99.4%).

The mono-causal basis of suicide was the norm in reporting between countries, albeit with variations in reporting between countries (4.5%-76.5%). Likewise, though a common occurrence, there was wide variation in reporting of precipitating life events (21.1%-81.3%). Suicide notes were found more in India (9.5%-18%) than Bangladesh (4.2%-7.5%) and Indonesia (9.5%). Mentioning suicide, method of suicide, and precipitating life events in the headlines were a common phenomenon with reporting variations noted within as well as between countries. Similarly, the inclusion of a photograph of the deceased person was a common violation with wide variations noted within and between countries as well as between online and printed newspapers. No educative materials related to suicide were found in the newspaper reports of Bangladesh and Indonesia whilst such reports were rare in Bhutan and India (Table 1).

Discussion

The main findings of the study were the intra- and inter-country variations of reporting of suicidal behavior compared against the WHO media guidelines in the four SEA countries. Prominently placing of the suicide report in the front pages(1.1%-32.3%)^{10,17-20} or mentioning

suicide in the report headlines (60%-94.1%), reporting personal details such as name (82.1%-98.5%) and occupation (38.3%-96.6%) of the deceased, describing the method of suicide (70.7%-99.4%), implying monocausal explanations for suicide (4.5%-76.5%) and mention of a suicide note (4.2%-18%) were the commonly noted breaches in media reporting.^{10,17-19,21-23}

Variations were also noted in regard to the potentially helpful practices among the studies. In the minority of papers reporting helpful details, such as mentioning contact details for a suicide support line (0.6%-7.8%), suicide-related statistics (2.6%-4.1%), expert opinions (1.3%-3%) or referring to a suicide prevention program (2%-3.6%), the prevalence of such practices were very low.^{10,18-20} It was absolutely absent in Bangladeshi news reports and was not addressed in the Indonesian paper.^{17,21-23} Articles from Bhutan and India had this information, though minimal.^{10,18-20}

These figures have several implications; firstly, it informs the intra- as well as inter-country variations of the media reporting practices of suicidal behavior in the four countries of the WHO-SEA region. Clearly, it warrants attention from the policymakers of the region as well as the specific countries. Secondly, some of the common reporting practices that we have identified such as reporting methods of suicide could have special significance on triggering suicidal behavior. For instance, certain methods of suicide such as pesticide ingestion are common in the region,^{24,25} and given the easy availability of pesticides in the region, a detailed portrayal of suicide methods could increase the likelihood of their adoption by vulnerable individuals.

Between the individual countries, potentially helpful reporting practices were more common in India than the other three countries i.e. Bangladesh, Bhutan, and Indonesia (Table 1). This maybe has to do with the fact that India was one of the first countries in the region to draft an official position statement on media reporting of suicide by the professional body of psychiatrists.¹⁶ Certain harmful reporting practices such as reporting name and occupation of the deceased were noted only in one of the earliest Indian papers on the topic,¹⁹ but not subsequent papers.^{10,18} This may indicate that awareness on media reporting on suicide is improving with time but more concerted efforts are required to sustain these developments, given the intense pressure on journalists to create newsworthy content.

The educative materials were totally absent in Bangladeshi reports^{12,17,21,22} and this points to enduring inattention towards the issue. Recently, in collaboration with WHO, some initiatives have started but those are not well-structured, and poorly circulated.⁹ Newspapers reports of Bhutan seemed to be better in comparison to Bangladesh and Indonesia on the inclusion of educational material in media suicide reports.^{20,23} However, more studies with larger sample size are warranted. The Indonesian paper did not cover potentially helpful characteristics of reporting.²³ Thus, the country also needs further efforts to address the issue.

What is already known

The WHO-SEA region is a major contributor to global suicides and suicide in the region is intricately linked to social, cultural, and religious determinants. As a result, suicide prevention in the region must address these factors too to have an impact on suicide rates and facilitate the achievement of national suicide prevention goals. Media is a key where the quality of reports of suicidal behavior is poor in the countries of the region.⁹

What this study adds

This is the first report providing a head-to-head comparison of the quality of media reports on suicide between the four SEA countries. Although, the violations in media reporting appear to be common across the countries the patterns of violation and adherence to media guidelines differ between the countries and even between the studies based on the selected newspapers. This study compared the variable level of the potentially helpful and harmful characteristics of WHO media guidelines (Table 1). Our findings have implications for suicide prevention in general and, more specifically, in the realm of formulating and regulating the responsible media reporting strategies of the specific countries. It could also assist the development of coordinated regional efforts to tackle suicide, a complex problem that requires complex, multi-tiered solutions.

Study limitations

The majority of included papers were from two countries i.e. Bangladesh and India. Only English language articles were analyzed though there are minimal chances to have scientific articles in other languages in the region. Included studies assessed different forms of newspapers such as printed newspapers, online versions of printed newspapers, and online news portals which should

be considered as a potential source of the variations observed. Further, differences in selection and extraction of relevant news in each primary study, with its own methods and focus, could also have impacted our findings. However, these limitations are likely to be present in any such study.

Conclusions

Our findings from the four South-East Asian countries suggest that there are variations between as well as within the countries while presenting the news reports of suicidal behavior. These findings would help to formulate and regulate the media guidelines for the specific countries while formulating and/or evaluating the national suicide prevention program.

References

- 1 World Health Organization. WHO | Preventing suicide: A global imperative. WHO. 2014. (http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/).
- 2 Vijayakumar L, Daly C, Arafat Y, Arensman E. Suicide Prevention in the Southeast Asia Region. *Crisis* 2020; **41**, S21-9.
- 3 Chen Y-Y, Wu KC-C, Yousuf S, Yip PSF. Suicide in Asia: opportunities and challenges. *Epidemiol Rev* 2012; **34**: 129–44.
- 4 Arafat SMY, Menon V, Kar SK. Media and suicide prevention in South-East Asia: Challenges and directions. *J Public Health* 2020.doi: 10.1093/pubmed/fdaa084
- 5 Niederkrotenthaler T, Braun M, Pirkis J, Till B, Stack S, Sinyor M, *et al*. Association between suicide reporting in the media and suicide: systematic review and meta-analysis. *BMJ* 2020; **368**: m575.
- 6 Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, *et al*. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry* 2016; **3**: 646–59.
- 7 Christensen H, Cuijpers P, Reynolds CF. Changing the Direction of Suicide Prevention Research: A Necessity for True Population Impact. *JAMA Psychiatry* 2016; **73**: 435–6.
- 8 Krysinaka K, Batterham PJ, Tye M, Shand F, Caelear AL, Cockayne N, *et al*. Best strategies for reducing the suicide rate in Australia. *Aust N Z J Psychiatry* 2016; **50**: 115–8.
- 9 Arafat SMY, Kar SK, Marthoenis M, Cherian AV, Vimala L, Kabir R. Quality of media reporting of suicidal behaviors in South-East Asia. *Neurol Psychiatry Brain Res* 2020; **37**:21-6.

- 10 Armstrong G, Vijayakumar L, Niederkrotenthaler T, Jayaseelan M, Kannan R, Pirkis J, *et al.* Assessing the quality of media reporting of suicide news in India against World Health Organization guidelines: A content analysis study of nine major newspapers in Tamil Nadu: *Aust N Z J Psychiatry* 2018; **52**:856–63.
- 11 Menon V, Kaliamoorthy C, Sridhar VK, Varadharajan N, Joseph R, Kattimani S, *et al.* Do Tamil newspapers educate the public about suicide? Content analysis from a high suicide union territory in India. *Int J Soc Psychiatry* 2020.doi: 10.1177/0020764020933296.
- 12 Arafat SMY, Mali B, Akter H. Quality of online news reporting of suicidal behavior in Bangladesh against World Health Organization guidelines. *Asian J Psychiatry* 2019; **40**: 126–9.
13. World Health Organization. In *Preventing suicide: A resource for media professionals*; World Health Organization: Geneva, Switzerland. 2017.
http://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/.
14. Brandt Sørensen J, Pearson M, Andersen MW, Weerasinghe M, Rathnaweera M, Rathnapala DGC, *et al.* Self-harm and suicide coverage in Sri Lankan newspapers. *Crisis* 2019; **40**:54–61.
15. Jain N, Kumar S. Is suicide reporting in Indian newspapers responsible? A study from Rajasthan. *Asian J. Psychiatry* 2016; **24**:135–38.
16. Ramadas S, Kuttichira P, John CJ, Isaac M, Kallivayalil RA, Sharma I, *et al.* Position statement and guideline on media coverage of suicide. *Indian J Psychiatry* 2014; **56**: 224–8.
17. Arafat SMY, Khan MM, Niederkrotenthaler T, Ueda M, Armstrong G. Assessing the Quality of Media Reporting of Suicide Deaths in Bangladesh Against World Health Organization Guidelines. *Crisis* 2020; **41**: 47–53.
18. Jog P, Harshe D, Shah H, Kamath R. Patterns of portrayal of suicide in print media in an urban setting in western India : a pilot study. *Indian J Ment Heal* 2015; **2**: 144.
19. Chandra PS, Doraiswamy P, Padmanabh A, Philip M. Do newspaper reports of suicides comply with standard suicide reporting guidelines? A study from Bangalore, India. *Int J Soc Psychiatry* 2014; **60**: 687–94.
20. Zangmo T, Zangmo S. Media reporting of suicides in Bhutan- Analysis of adherence to WHO guidelines. *J Bhutan Stud* 2019; **40**: 100–26.
21. Arafat SMY, Mali B, Akter H. Is suicide reporting in Bangla online news portals sensible? A year-round content analysis against World Health Organization guidelines. *Asian J Psychiatry* 2020; **49**: 101943.
22. Arafat SMY, Mali B, Akter H. Do Bangladeshi newspapers educate public while reporting suicide? A year round observation from content analysis of six national newspapers. *Asian J Psychiatry* 2020; **48**: 101920.

23. Nisa N, Arifin M, Nur MF, Adella S, Marthoenis M. Indonesian online newspaper reporting of suicidal behavior: Compliance with World Health Organization media guidelines. *Int J Soc Psychiatry* 2020; **66**: 259–62.
24. Chowdhury AN, Banerjee S, Brahma A, Weiss MG. Pesticide practices and suicide among farmers of the sundarban region in India. *Food Nutr Bull* 2007; **28**: S381-391.
25. Bose A, Sandal Sejbaek C, Suganthi P, Raghava V, Alex R, Muliyl J, *et al.* Self-harm and self-poisoning in southern India: choice of poisoning agents and treatment. *Trop Med Int Health TM IH* 2009; **14**: 761–5.

Table 1

Variations in newspaper reporting of suicide between WHO-SEA countries

Author	Arafat et al ¹²	Arafat et al ¹⁷	Arafat et al ²¹	Arafat et al ²²	Zangmo& Zangmo ²⁰	Armstrong et al ¹⁰	Chandra et al ¹⁹	Jog et al ¹⁸	Nisa et al ²³
Year	2019	2020	2020	2020	2019	2018	2014	2015	2020
Country	Bangladesh				Bhutan	India			Indonesia
Sample size	320	327	403	199	90	1681	341	150	548
Complete Suicide n (%)	273 (85.3)			181 (91)		1249(74.3)	297 (87)	120 (80)	456 (83.2)
Incomplete n (%)	47 (14.7)	0		18 (9)		384 (22.9)	48 (14.2)	30 (20)	92 (16.8)
Front page placement n (%)		25 (7.7)			1 (1.1)	83 (4.9)	110 (32.3)	18 (12)	
Murder & suicide n (%)	24 (7.5)	12 (3.7)				157(9.3)	32 (9)	6 (4)	
Suicide pact n (%)	23 (7.2)	40 (12.4)				209 (12.4)	48 (14)	1 (0.6)	
Name stated n (%)	308 (96.3)		371 (92.1)	196 (98.5)			308 (90)		450 (82.1)

Occupation mentioned n (%)	309 (96.6)		332 (82.4)	149 (74.9)			239 (70)		210 (38.3)
Method stated n (%)	307 (95.9)	322 (98.4)	285 (70.7)	168 (84.4)		1559 (92.7)	304(89)		545 (99.4)
Life events mentioned n (%)	222 (69.4)		85 (21.1)			1366 (81.3)	256 (75.1)		368 (67.2)
Public site n (%)	10 (3.1)	19 (5.8)	54 (13)	5(2.5)		138(8.2%)			
Monocausality n (%)	205 (64.1)	147 (44.7)	66 (16.4)	9 (4.5)		897 (53.4)	207 (60.7)		419 (76.5)
Suicide note n (%)	24 (7.5)	20 (6.1)	17 (4.2)	18 (9)		160 (9.5)	49 (14.4)	27(18)	52 (9.5)
Suicide in headline n (%)	301 (94.1)	133 (40.6)	187 (46.4)	124 (62.3)	60 (66.7)%	1219 (72.5)	234 (68.6)	90 (60)	
Method in headline n (%)	60 (18.7)	35 (10.7)	128 (31.8)	62 (31.2)		669 (39.8)	78 (23)	54 (36)	373 (68.1)
Life events in headline n (%)	102 (31.9)		12 (3)			661 (39.3)			
Photo of victim n (%)	46 (14.4)	11 (3.4)	12 (3)	108 (54.3)		362 (21.5)		(3)	222 (40.5)

Mental illness n (%)	9 (2.81)	20 (6.1)	11 (2.7)	0		128 (7.6)	54 (16)	33 (22)	
Drug abuse n (%)	1 (0.3)		2 (0.5)	0		74 (4.4)		(5)	
Expert opinion n (%)	0	0	0	0		21 (1.3)	11 (3)		
Research finding n (%)	0	0	0	0		5 (0.3)	12 (3.5)		
Any statistics n (%)	0	0	0	0		44 (2.6)	14 (4.1)		
Prevention program n (%)	0	0	0	0		60 (3.6)	9 (2)		
Educative information n (%)	0	0	0	0			4 (1.2)		
Any contact identity n (%)	0	0	0	0	7 (7.8)%	42 (2.5)	2 (0.6)	1 (0.6)	