Review Article

**Title: Quality of media reporting of suicidal behaviors in South-East Asia**

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Short Title: Media reporting of suicidal behavior

**Abstract**

**Background:** Suicide is a major global public health problem whilst sensible media reporting in an important population-level prevention strategy.

**Objectives:** We reviewed the quality of media reporting of suicidal behaviors in the World Health Organization (WHO)-South-East Asia Region (SEAR) countries.

**Methods:** We searched and scrutinized the contents of 12 articles published from SEAR countries (5 from India, 4 from Bangladesh, one from Indonesia, one from Sri Lanka and one from Bhutan) against suicide reporting guidelines.

**Results:** Five out of the eleven SEAR countries, media reporting of suicide has been studied. All the studies have been carried out in the last decade with gross heterogeneity in the methods. All the articles report about poor adherence to media guidelines for suicide by most of the newspapers. Most countries in the region either lack country-specific media guidelines or poor implementation and monitoring of guidelines or both.

**Conclusion:** The quality of reports of suicidal behavior in the SEAR region is poor. There is a need to develop country-specific media reporting guidelines and stringent monitoring on it to improve the quality of media reporting on suicide which may be beneficial for the prevention of suicide in the region.

*Key Words:* Suicide and media; SEAR countries; WHO guidelines; media reporting; content analysis

1. **Introduction**

Suicide is a major public health problem across the globe. As per the report of the World Health Organization (WHO), a person dies by suicide every forty seconds globally (World Health Organization, 2019). It has been estimated in 2016 that approximately four out of five global suicides have been happening in low- and middle-income countries (World Health Organization, 2019).

Media portrayal of suicide has an important influence on suicidal behaviors; therefore, sensible media reporting has been considered as an important population-based prevention strategy (Zalsman et al., 2016; Niederkrotenthaler et al., 2010). Insensible newspaper reporting could increase the suicides whilst responsible media reporting can reduce it (Zalsman et al., 2016; Niederkrotenthaler et al., 2010). If media portray suicide in a dramatic, sensationalizing, and glorifying manner, this has been shown to increase in suicides (Stack, 2005). Considering the fact, many recommendations have been proposed to regulate media reporting. Multiple authorities, such as the Samaritans, the American Foundation for Suicide Prevention, and the WHO have formulated guidelines to reduce insensible reporting (World Health Organization, 2017; Sisask and Värnik, 2012). These guidelines help in de-glamorized and responsible media reporting of suicide-related events (Bohanna and Wang, 2012). The WHO recommends the following guidelines during reporting suicides which could reduce insensible reporting as well as could educate the public regarding suicide prevention (World Health Organization, 2017). Many suicide-related issues catch media attention quickly. Particularly problematic is the sensationalist portrayal of suicide by celebrities. An Asian study reported that the risk of suicidal behavior among public following media reporting of celebrity suicide was clearly increased and particularly elevated in the first week of reporting (1.4 times higher than the usual) (Fu and Yip, 2009). A meta-analysis reported that media reporting on celebrity suicide is associated with a higher incidence of suicide in the community (Niederkrotenthaler et al., 2020). Not only celebrity suicide reporting, but also a sensationalist media discussion on judicial hanging, appeared to be associated with hanging suicides among the young population in India (Chowdhury et al., 2007). Some of the developed countries have already formulated and implemented national policies to improve suicide news reporting resulting in the reduction of suicides (Niederkrotenthaler et al., 2010; Sisask and Värnik, 2012).

The South-East Asian region is the most populated region of the world; it includes 11 low- and middle-income countries accounting for 26 % of the world’s population with the highest regional suicide rate of 17.7 per 100,000 (Vijayakumar et al., 2020; World Health Organization, 2019). The suicide-related mortality in this region significantly contributes to global suicide and there is a consensus that effective implementation of programs related to the prevention of suicide is needed to help reduce the global burden of suicide. There are differences in the media regulations and adherence to the reporting guidelines across countries in the South-East Asian countries and the pattern and quality of media reporting of suicide also vary. So far, there is no insight into differences and similarities between these countries in terms of media-related regulations on suicide and the degree of implementation and adherence to media guidelines. Therefore, we aimed to review the quality of newspaper reporting of suicidal behaviors in WHO-South-East Asia Region (SEAR) countries concerning the degree of adherence of media guidelines as well as the current research gaps in the region. We also attempted to assess the current policies/ guidelines followed by the SEARO countries concerning media regulations regarding suicide reporting.

1. **Methods**

*2.1 Search strategy*

The search strategy was developed to identify primary research studies on media reporting of suicide from the SEAR countries. Initially, a search was done to find out the original papers, and subsequently policy-related issues were searched. The search was performed by two authors separately in PubMed, PubMed Central, Scopus, Google, and Google Scholar. Articles published since inception till the end of February 2020 were included.

* 1. *Search terms*

Media, suicide, self-harm, Newspaper, SEAR countries, quality of media reports, online reporting, media guidelines, and individual country names of SEAR (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka, Thailand, Timor-Leste).

*2.3 Inclusion criteria*

Primary research, English language papers, studies from the SEAR countries, studies with full-text articles, studies on assessing the quality of media reports, and observational studies.

*2.4 Exclusion criteria*

Articles discussing only celebrity suicide and its impact without assessing the quality in general context (reporting on a celebrity suicide); articles discussing the impact of irresponsible reporting; and commentaries/correspondence/letter to the editor, viewpoints/opinions, editorials, case studies/ review articles/ systematic reviews/ meta-analysis.

*2.5 Data extraction*

The PubMed database contained 49 articles on media reporting on suicide in the region, of which 5 articles were relevant. Further seven articles were identified in other databases as mentioned above. Duplicates were removed. After screening the headlines, abstracts, and full articles, where appropriate, 12 primary research studies were selected to include in this review.

*2.6 Data abstraction and analysis*

Data extracted from the included studies are presented in Table 1. Due to high heterogeneity in methods and findings meta-analysis was not deemed suitable; hence a narrative analysis was performed.

*2.7 Permission*

As the study reviewed already published papers, no formal ethical clearance was sought for conducting the review.

1. **Results**

Twelve studies regarding the quality of media reporting of suicidal behavior in the WHO- SEAR region were found. Five reports were from India, four from Bangladesh, and one from Bhutan, Indonesia, and Sri Lanka. No reports from the Maldives, Myanmar, Nepal, North Korea, Thailand, and Timor-Leste were found till February 2020. The earliest study was reported from Kerala, India in 2011, while the latest came from Bangladesh and Indonesia in 2020. Eight papers analyzed the content of printed newspapers, three targeted online newspapers and one covered both printed and online versions of newspapers. The duration of the investigation also varied between studies. The shortest investigated the suicide reporting only for two months, while the longest looked at a time-span of nine years. The smallest sample size or the number of suicide reports investigated was 68, while the largest was 1681 reports (Table 1). The overall median sample size from all of the studies was 334 reports (IQR = 378). Detail characteristics of studies are presented in table 1. The comparison better the vernacular and the English news reports have been addressed in India (Jain and Kumar, 2016; Chandra et al., 2014), few variations have been noted in other studies (Arafat et al., 2020a; Armstrong et al., 2018; Brandt Sorensen et al., 2019). Researched domains and existing research gaps of the countries have been mentioned in table 2 and the legal status, country-specific suicide reporting media guidelines and degree of adherence have been mentioned in table 3.

**Table 1.** Summary characteristics of the studies assessing the quality of media reports in SEAR countries

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author** | **Year** | **Country**  **(State)** | **Type of media** | **Duration** | **Study period** | **Sample Size** | **Number of newspaper** | **Language (n)** | **Region** | **Circulation** | **Sampling** | **Study design** | **Cross-checking** | **Analysis** |
| Arafat et al | 2019 | Bangladesh | Online | 9 year | 2009-Apr 2018 | 320 | 8 | Bangla | | | Purposive | Cross-sectional | Done | Retrospective |
| Arafat et al | 2020a | Bangladesh | Print | 6 month | Nov 2016- Apr 2017 | 327 | 6 | Bangla (4), English (2) | National | 1.2 million | Purposive | Cross-sectional | Done | Prospective |
| Arafat et al | 2020b | Bangladesh | Print | 1 year | Nov 2018- Oct 2019 | 403 | 6 | Bangla (4), English (2) | National | 1.2 million | Purposive | Cross-sectional | Not mentioned | Prospective |
| Arafat et al | 2020c | Bangladesh | Online | 1 year | Nov 2018- Oct 2019 | 199 | 4 | Bangla | | | Purposive | Cross-sectional | Not mentioned | Prospective |
| Zangmo and Zangmo | 2019 | Bhutan | Both | 6 years | 2013-18 | 90 | 8 | English | National | | Purposive | Cross-sectional | | Prospective |
| Armstrong et al | 2018 | India  (Tamil Nadu) | Print | 7 months | Jun-Dec, 2016 | 1681 | 9 | Tamil (5), English (4) | Regional | 16,000,000 | Purposive | Cross-sectional | Done | Prospective |
| Chandra et al | 2014 | India  (Karnataka) | Print | 3 months | Oct-Dec, 2011 | 341 | 6 | Kannada (3), English (3) | Regional | | Purposive | Cross-sectional | Done | Prospective |
| Jain and Kumar | 2016 | India (Jaipur) | Print | 3 months | Oct-Dec, 2014 | 557 | 10 | Hindi (8), English (2) | 5 national, 5 regional | | Purposive | Cross-sectional | Not done | Prospective |
| Jog et al | 2015 | India  (Mumbai) | Print | 2 months | 26 Dec 2014- 25 Feb 2015 | 150 | 5 | English, Hindi, Marathi | Regional | 2523666 | Purposive | Cross-sectional | | Retrospective |
| Ramadas and Kuttichira | 2011 | India (Kerala) | Print | 9 years | 2000-08 ((2000-03), (2007-08)) | 699 | 1 | Malayalam | Regional | 16, 20,849 | Purposive | Longitudinal | | Both |
| Nisa et al. | 2020 | Indonesia | Online | 6 months | Jan-Jun, 2018 | 548 |  | Bahasa Indonesia | | |  | Cross-sectional | Not done |  |
| Brandt Sorensen et al | 2019 | Sri Lanka | Print | 2 months | Dec 2014- Jan 2015 | 68 | 7 | Sinhala (3), English (4) | National | | Purposive | Cross-sectional | | |

**Table 2.** Researched domains and existing research gaps

|  |  |  |
| --- | --- | --- |
| **SEAR country** | **Domains of media reporting about suicide studied** | **Research gaps** |
| Bangladesh | Both online and print newspapers have been studied where the quality of media reporting and degree of adherence to media reporting guidelines were studied. | Intervention studies to improve the quality of media reporting needs to be done and strong collaboration with media personals is warranted. |
| Bhutan | Quality of media reporting (adherence to media reporting guidelines) in print and online newspapers has been studied. | Impact of national policy on media reporting, change in the media reporting pattern over time, extent of media coverage on suicide need to be studied. |
| India | Both print and online newspapers were evaluated. Studies evaluated the degree of adherence to WHO media reporting guidelines, the impact of sensitizing journalists on media reporting and some preventive aspects of suicide. | Most of the research is limited to local newspapers. There is a need to study the parameters across the country though there are gross regional variations in suicide parameters and media reporting. |
| Indonesia | Only online news pieces have studied. The study evaluated the degree of adherence to WHO media reporting guidelines. | Further studies are warranted to estimate the problem as well as to improve the situation. |
| Maldives | None | The whole topic needs to be explored |
| Myanmar | None |
| Nepal | None |
| North Korea | None |
| Sri Lanka | Only printed news-papers have been studied with a relatively small sample size. Quality of media reporting and the degree of adherence to media reporting guidelines were studied. | An estimate of the problem, impact of national policy on media reporting, change in the media reporting pattern over time, extent of media coverage on suicide need to be studied. |
| Thailand | None  None | The whole topic needs to be explored |
| Timor - Leste |

**Table 3.** Legal status, country-specific suicide reporting media guidelines and degree of adherence

|  |  |  |  |
| --- | --- | --- | --- |
| **SEAR country** | **The legal status of suicide** | **Country specific media reporting guidelines for suicide** | **Degree of adherence to the reporting guideline** |
| Bangladesh | Punishable | Few instructions, not full guidelines which is poorly structured, and monitored | Poor |
| Bhutan | Not punishable | Yes | Poor |
| India | Not punishable | Yes (but not specific about suicide reporting) | Poor |
| Indonesia | Not punishable | None | Poor |
| Maldives | Not punishable | None | No information available |
| Myanmar | Punishable | None | No information available |
| Nepal | Not punishable | None | No information available |
| North Korea | Punishable | None | No information available |
| Sri Lanka | Not punishable | Yes | Poor |
| Thailand | Not punishable | Yes | No information available |
| Timor - Leste | Not punishable | No information available | No information available |

1. **Discussion**

Responsible reporting of suicidal behaviors is a promising prevention strategy at the population level (World Health Organization, 2017; Zalsman et al., 2016). It can significantly influence the public’s awareness of and attitudes about suicide and its prevention. The South-East Asian countries are estimated to account for 39% of all global suicides, however, none has a comprehensive vital registration system (Vijayakumar et al., 2020; World Health Organization, 2014). The current review aimed to assess the quality of media reporting of suicidal behaviors in the WHO-SEAR countries. This paper also assessed the current policies/ guidelines followed by the SEAR countries and using media as a tool for suicide prevention.

There were only a few studies conducted in the region to evaluate the quality of media reporting on suicide. The existing studies are mostly from India (Armstrong et al., 2018; Chandra et al., 2014; Jain and Kumar, 2016; Jog et al., 2015; Ramadas and Kuttichira, 2011), Bangladesh (Arafat et al., 2020a, 2020b, 2020c, 2019) Sri Lanka (Brandt Sørensen et al., 2019), Bhutan (Zangmo and Zangmo, 2019) and Indonesia (Nisa et al., 2020) (Table 1). Although media were reporting about suicide-related events a long time back, however, research evaluating the quality of media reporting of suicide is conducted in SEAR countries in the past decade only. Five of the eleven countries had researched in this important domain. As there is a strong influence of media in inducing suicidal behavior, there is a need for regulation of media reporting for responsible and cautious reporting of suicide. However, most of the SEAR countries either don't have a media regulating policy of their own or have a poor implementation of such policies as a result of which most of the SEAR countries have poor adherence to media reporting guidelines (Table 2 & Table 3).

*4.1 Country-specific media reporting guidelines in the SEAR countries*

1. Bangladesh

Studies have been conducted to assess the quality of media reporting in Bangladesh both printed and online and they reveal that the newspapers mention unnecessary details of the person and usually resorted to mono-causal explanations for the event and seldom mentioned the preventive approaches (Arafat et al., 2020a, 2020b, 2020c, 2019). It was also felt that understanding the perspectives of the media professionals and involving them in the suicide prevention aspect would go a long way. Such efforts have been taken by WHO and the National Institute of Mental Health (NIMH), Dhaka, where workshops were conducted from September to November 2018 for the journalists on responsible reporting of suicide. The journalists included those from the printed, television, and electronic media channels. The workshops were based on the suicide report guidelines provided by the WHO. The workshop developed a few guidelines and disseminated it among the journalists. However, those are not circulated adequately and there is no controlling activity to follow up (World Health Organization, nd).

1. Bhutan

The three-year action plan for suicide prevention developed by the Government of Bhutan in 2015 recognizes the significant role played by the media in copycat suicides and opines that media can focus on de-stigmatizing mental illness, reducing the stigma attached to suicidal behaviors, and enabling help-seeking among those vulnerable to suicide (Vijayakumar et al., 2020). The capability of social media channels can be used for mass media communications for suicide disseminating suicide prevention messages.

1. India

Several studies conducted in the country points out that the WHO guidelines on responsible suicide reporting are not being followed and that media resorts to sensationalizing most of the time and did not include educational and preventive measures associated (Armstrong et al., 2018; Chandra et al., 2014; Jain and Kumar, 2016; Jog et al., 2015; Ramadas and Kuttichira, 2011). The Press Council of India, in a release dated September 13, 2019, has adopted guidelines on reporting on suicides, based on the WHO guidelines. It states that newspaper and news agencies while reporting the cases of suicide should not glamorize or sensationalize or normalize suicide and should refrain from giving unnecessary details of the suicide note, suicide method, photographs, as well as the location of suicide (Vijayakumar, 2019).

1. Indonesia

A study by Nisa et al in 2020 has shown that there is non- adherence to the WHO guidelines for reporting suicide by the Indonesian online media. The study also stated that the draft of suicide reporting guidelines was issued in 2019 by the Indonesian press council. Nevertheless, the application of the guidelines by the Indonesian Media seems to be far for expectation. There are limited studies and deliberations done in this area.

1. Maldives

The National Mental Health Strategic Plan (2016 – 2021) by the Republic of Maldives reports that although the prevalence of mental disorders in the Maldives is still largely unknown, there is growing evidence suggesting that mental health problems are on the rise. The report also believes that the current mental health system may not be equipped enough to handle the challenge and hence needs to be strengthened. There is no literature available on the current quality of suicide reporting by the media. Though there is no legal penalty for the survivors of suicide attempts, being a completely Islamic country, suicide is considered to be a sin.

1. Myanmar

There are no uniform guidelines for suicide reporting that is provided by the Government, though there are other resources that are available to the journalists to report ethically. The Handbook of Conflict Resolution Journalism by the International Media Support provided in 2014 is one such resource. But the concept of Suicide is not covered in these materials.

1. Nepal

Various interventions have been undertaken at different levels in prevention and rehabilitation but a specific long-term national strategy for suicide prevention is lacking (Marahatta et al., 2017). Although suicide is not illegal in Nepal, the misconception that suicide is illegal and a punishable offense is also widely prevalent among health workers in Nepal (Hagaman et al., 2016).

1. North Korea

Currently, there are no available data about the media reporting of suicide in North Korea.

1. Sri Lanka

Studies have been done in the region to assess the quality of media reporting of suicide and it was recommended that media has to be more sensitive while reporting instances and also should adhere to the WHO guidelines (Brandt Sørensen et al., 2019). Suicide Sensitive Journalism Handbook published in 2003 by the Center for Policy Alternatives and Press Wise Trust (UK), provides guidelines for responsible suicide reporting to the media professionals.

1. Thailand

The National Broadcasting Telecommunications Commission (NBTC) is very active in keeping track of the quality of the suicide reports published. The country also has The Code of Ethics for the Press Council of Thailand and the Society of Professional Journalists Ethics Code which urges journalists to not harm. Some of the suggestions given by them are - when presenting news reports; newspapers must take into consideration the welfare and the benefit of the general public. Newspapers must take into consideration the humanitarian principle and the dignity of a person when he or she is being presented in a photo or mentioned in the news story. Balance the public's need for information against potential harm or discomfort. The pursuit of the news is not a license for arrogance or undue intrusiveness. Avoid pandering to lurid curiosity, even if others do.

1. Timor-Leste

Not much data is available about the suicide estimate in the region and also policies by the Government on responsible reporting of suicide by media. UNESCO prepared a Human Rights Handbook for Journalists in 2013 but the topic of suicide is not included. The Mental Health Atlas profile of the country in 2014 also does not involve any suicide prevention strategies planned for the coming years.

Fewer studies have been explored the difference between the reporting of vernacular reports and the English news reports. It is more considered in the studies of India (Jain and Kumar, 2016; Chandra et al., 2014). One study found the English newspapers were more compliant with guidelines and the difference was statistically significant (Jain and Kumar, 2016). Other studies found variations in the quality of reporting, however, it is difficult to opine whether the English reports were more compliant (Chandra et al., 2014; Brandt Sørensen et al., 2019). There were few variations reported in the number of news reports in the vernacular and the English news reports (Arafat et al., 2020a; Armstrong et al., 2018). The vernacular reports publish the suicide reports more in number, personal identity, method details and the details of the scene (Jain and Kumar, 2016; Chandra et al., 2014; Brandt Sørensen et al., 2019; Arafat et al., 2020a; Armstrong et al., 2018). However, none of the studies explored the reasons behind the variations. We speculate these variations could be explained by the variations in the awareness of editors’ and reporters’ regarding the media guidelines of suicide, the focus of importance, and space distribution of the newspapers. Studies could be attempted to explore the variations.

Most of the SEAR countries lack a national suicide prevention strategy let alone guidelines for responsible reporting. The size and heterogeneity of some of the countries may make it difficult for some of the countries to develop and administer national-level activities. The paucity of research, scarcity and disproportionate distribution of manpower in the mental health services, lack of awareness and engagement of the media personals, lack of motivation and adequate training of the editors and reporters, legal status and existing reporting practices, resources constraints to carrying out such research, lack of collaborations, poor harmonization between the stakeholders could be identified as the important responsible factors for the media reporting status in the region. And also the concept of "health journalism" is lacking in these countries. Also rather considering suicide as a part of health journalism the notion of sensationalizing suicide reporting is more.

*4.2 Strength of the review*

This is the first review assessing the quality of media reporting in a suicide-dense area of the world. The review summarized the status of media reporting research in the area also. All the latest publications emphasizing media reporting about suicide were evaluated. Country specific recommendations were given considering the existing media reporting pattern of the country.

*4.3 Limitations of the review*

The majority of articles were found from two countries i.e. Bangladesh and India. Moreover, there was heterogeneity in the methods of these articles. Among the 11 countries, six of the countries did not have any published research analyzing the quality of media reports of suicide. The findings of the above articles (regarding adherence to media reporting guidelines), cannot be generalized to all the SEAR countries.

*4.4 Recommendations*

Although suicide is a serious global challenge and every day media reports suicide-related events that have an enormous impact on the mental wellbeing of vulnerable individuals, this domain being a priority area did not get due attention in the WHO-SEAR countries; hence not researched intensively. It is imperative to develop country-specific media reporting guidelines and stringent monitoring on it to improve the quality of media reporting on suicide which may be beneficial in the prevention of suicide in the region. Proper as well as the country and/or culture-specific strategies should be taken to increase the awareness among all stakeholders with special attention to the media personals. Enduring collaborative initiatives between the mental health professional and media personals could be a potential initiative. Engaging the editors and reporters with training to ensure their commitment and motivation should be ensured. Shifting the suicide reporting from crime reporters to health reporters should be considered in the countries where applicable. The "health journalism" concept could be considered and started in the countries along with the discouraging the sensationalizing it. Epidemiological studies are warranted to support the reports with adequate statistics. National suicide database and national suicide surveillance system are recommended to sustain the suicide prevention activities. Intervention studies could be considered to improve the reporting with the involvement of stakeholders. International collaborations, support, and funding along with the intersectoral partnerships have been recommended.

*4.5 Conclusion*

Assessment of the quality of the news reports of suicidal behaviors in the SEAR countries has been under-studied. As far as the reports, the quality of reports of suicidal behavior in this region is poor. This is high time to study the impact of cautious and responsible media reporting on the suicidal behavior globally, with more focus on the region.

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