# Mental Health in Bangladesh

- Approximately 16.5% of the population suffer from mental illness; less than 0.11% of the population have access to free essential psychotropic medicines; 0.44% of national health budget devoted to mental health services (World Health Organization, 2006).
- Suicide is recognized as a global public health concern: It is the thirteenth leading cause of death worldwide, with about one million people dying from suicide annually ("Suicide Prevention", World Health Organization).
- Virtually no statistics on suicide in Bangladesh; issue is a complex one to monitor as it is very likely that these deaths are massively underreported due to a stigma associated with suicide and mental illness ("Mental Health and Substance Abuse", 2006).

## Kaan Pete Roi

- Kaan Pete Roi, "My ears wait to listen", is the first and only suicide prevention helpline in Bangladesh. Volunteer-run, non-profit, confidential and anonymous.
- Follows model of Befrienders Worldwide, a global authority on suicide prevention with suicide prevention centers in over 40 countries ("www.befrienders.org").
- Volunteers engage in active, non-judgmental listening and carry out suicidal risk assessment to assess severity of call.
- Lines opened on April 28th, 2013; data shown here is as of April 28th, 2015.

## Gender Disparities

### Gender Difference in Callers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2882</td>
</tr>
<tr>
<td>Female</td>
<td>1931</td>
</tr>
<tr>
<td>Total</td>
<td>4813</td>
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</tbody>
</table>

% Males = 58%
% Females = 39%

### Gender Difference in Suicidal Risk

![Gender Difference in Suicidal Risk](image)

Although there are more men than women callers overall, more women callers than men in higher suicidal risk categories ($\chi^2(8) = 99.79, p<.000$).

## Discussion

More male callers than female, but female callers more suicidal: not necessarily representative of the mental health status of males vs. females; may be representing how males and females differentially interact with the mental health service.

Possible explanations:
- **Logistical**: Males may be able to call more, and sooner, due to financial/logistical advantages.
- **Social**: Gender norms may dictate that females ‘bear their difficulties’ for longer rather than ask for help. Females may be more hesitant to take the initiative to make use of a new service due to societal norms.
- **Awareness/Access**: Given that publicity for the service takes place primarily through the internet, if women have less access to the internet they will also likely be less informed about the service.

## Implications

- More research is required to understand reason behind gender disparity.
- Currently no research indicating that males in Bangladesh suffer from mental-health related issues more than females; suggesting that service should be more accessible to women; it is important to reach people earlier rather than later.
- Necessity of gender-specific programming.

## References

- Mental Health and Substance Abuse, Facts and Figures. (2006) Suicide Prevention: Emerging from Darkness