

Universal Periodical Review

Forth Cycle
44th Working Group

BANGLADESH



Right to Life ***Decriminalization of suicides***

April 5th, 2023

“From the politics of taking life to the politics of affirming it”

**We understand the right to life as being the full enjoyment of life,
as being the right not to be killed,
as being everyone's responsibility not to kill or let others die.**

The Center for Global Nonkilling has a unique mission,
inspirational for individuals and transformative for societies:
*"Promote change toward the measurable goal of a killing-free world,
by means open to infinite human creativity in reverence for life".*

The Center for Global Nonkilling (CGNK) was founded by Glenn Paige (1929-2017), Professor of political science, author of the book "Nonkilling Political Science", widely translated¹. We are a worldwide congregation of persons, scholars and others, working at creating societies and institutions that do not kill, thus enabling all individuals to live fulfilling and nonkilling lives. Valuing and protecting life is one of the most enhancing and empowering mission of everyone². As humans, we are all (or shall all be) nonkilling centres. We are all global on a single planet.

The Center for Global Nonkilling uses the Universal Periodic Review cycles to highlight and follow through all aspects of life: the fulfillment, the progress and the respect of the right to life, individually as universally. We make three types of UPR submissions:

- A systematic call for the urgent and universal *decriminalization of suicide*.
- A systematic call for the urgent and universal ratification of the *Genocide Convention*.
- Usually on demand, we do *country portraits*, as comprehensive as possible, stating all the domains where the State and the People can progress towards fulfilling life and the right to life, towards preventing accidents and injuries³. From conception till death, these domains can include inter alia the right to be given a fulfilling life, reproductive rights, abortion, prenatal engineering, infant and maternal mortality and morbidity, birth registration as needed to be legally recognized as a living persons, indeed entitled with rights and duties; deaths caused by road traffic, suicides, homicides or conflicts, work and leisure accidents, fires, falls, drownings and poisoning or any other preventable cause of death⁴. We also support efforts leading towards a healthy life longevity and in some circumstances, we may survey the right to die⁵. Due to constraint capacities, we do not or rarely address other issues and rights as needed to sustain life, such as health, a safe environment and fulfilled standards of living. Yet we recall that all rights are interlinked and needed to lead all lives into well-being and happiness.

To any of these submissions, we may add reflections and demands regarding the Life and Peace Constitutions. These improvements to the legal status of life and towards the establishment of comprehensive and sustainable peace policies are developed and sometimes also added as annexes to our submissions⁶.

Summary

This is our second submission for Bangladesh⁷.

This submission focuses exclusively on the decriminalization of suicides⁸.

Yet, we recall our previous demands to Bangladesh, still valid, for the abolition of the Death Penalty and for the ratification of the Convention on Enforced Disappearances.

All others efforts made at enhancing the quality of life – for all in all circumstances ! – through a life valuing culture, through policy and personal engagement are lauded and welcome.

Suicide decriminalization

Life is both a gift and a responsibility, individually as in common.

Bringing life to happiness and worth, for all, and thus largely preventing and eradicating suicide is a chosen and noble goal.

The present decriminalization demand can be inferred from the World Health Organization's ongoing work on the prevention of suicide⁹. It is one among the many means needed to attain better suicide prevention. This demand is also based on the latest resolution of the Human Rights Council calling for non-coercive measures to address mental health issues¹⁰ and serves as an efficient tool to progress and achieve Sustainable Development Goal 3.4.2: "To reduce of a third, by 2030 the number of deaths attributed to suicide"¹¹. It can also be inferred from the Human Rights Committee general comment N° 36,

Decriminalization of self-inflicted suicide highly helps prevention.

Instead of stigma, it raises awareness and care for life.

Instead of secrecy, isolation and fear, it opens new safe spaces for health care for the concerned persons and their relatives, and for better training and dedication of medical and social teams.

Instead of threat and force imposed on already vulnerable and fragile persons, decriminalization adds good will and benevolence to their situation, and transfers resources for information and prevention campaigns such as hotlines and care centers.

Decriminalization of self-inflicted suicide also helps policy making and political valuation of policies. It is proven to be a suicide rate reducing measure¹².

It helps garner accurate reporting and proper statistics¹³.

Generally speaking, decriminalization of suicides creates incentives for overall life protecting policies for all the population.

On human and humane level, concerned persons will know they can genuinely have access to counsel and healing. Medical personal and other health workers can deliver and provide for their services honestly, without threat or fear, without the risk of coercion upon the concerned person.

People attempting or committing, having ideation (thoughts) of suicide often express through it a call for help. This call must be answered. These persons need to be supported rather than blamed, to be able to do their resilience and social integration and reintegration works without added burdens, including criminal penalties.

Ant their right to life is to be protected.

Every life counts.

Suicide prevention in Bangladesh

Data related to suicides in Bangladesh is available, though neither very recent nor coherent as figures very widely differ¹⁴.

Using the World Health Organization database, the rate is rather low proportionally: (3.4/100,000 – World rate = 9.8/100,000). However, it is still ~ 6'000 (5998) persons who perished at their own hands in 2019 in the country. If rates have been halved since year 2000, there is a small raise of the rate since 2015 (from 3.4 to 3.7/100,000).

This goes to say that much more shall and can be done to save lives. But also that more needs to be done to fulfill the SDG target 3.4.2 of diminishing suicides by a third. Such accomplishment would see the rate (as provided by WHO and the worldbank) come down from 3.7 to 2.2/100'000 or the absolute number around 4'000 suicide yearly. However, according to Bangladesh's SDG Voluntary National Report, figures largely higher and there the SDG target seems met: 7.68 per 100,000 population in 2015 to 5.19 in 2019¹⁵.

Whatever, none of these figures take in account the effects of the Covid-19 pandemic on suicides¹⁶.

Preventive measures.

Prevention of suicides is mentioned in the country's latest Voluntary National Report (VNR) in 2020. However, the report does not mention any preventive measures proposed or implemented to reach the goal¹⁷ and a detailed study does show that greater efforts are needed¹⁸.

We are happy to note that there is in Bangladesh a dedicated phone hotline¹⁹.

Decriminalization

Article 309 of the Bengali penal code allows for courts to punish persons committing suicide to up to a year of imprisonment or to pay a fine, or both²⁰. The disposition dates back to 1860²¹.

We do not know if sentences are handed down.

Suicide decriminalization in other countries

In the region, India did so in 2017²², Nepal in 2018²³ and Pakistan in 2022²⁴. Ireland started its prevention strategy by decriminalizing in 1993.

They are to our knowledge 20 countries in the world still in need to do so²⁵.

We strongly recommend to the authorities of Bangladesh:

- 1) To swiftly change the penal code to decriminalize suicides**
- 2) To adopt all other accurate measures to prevent suicides**
- 3) To clarify and unify suicide data collection.**

We greatly thank the authorities of Bangladesh for further successes in the implementation of these endeavors.

*Calling on each and all to attain a nonkilling world where life can be happily sustained for all on Earth,
we welcome the delegation of the Bangladesh to Geneva, a City of Peace,
and wish to the delegation as to all the people of the Bangladesh,
a life enhancing, constructive and fulfilling*

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Thank you for your kind support at www.nonkilling.org

Universal Periodic Review.

Annexes:

- 1) CGNK. The right to life
- 2) World Health Organisation: “LIVE LIFE: An implementation guide for suicide prevention in countries”, 2021.
- 3) World Health Organisation: “National suicide prevention strategies. Progress, examples and indicators”, 2018.

¹ <http://nonkilling.org/center/publications-media/books-translations>

² <http://nonkilling.org/center/how-to-help>

³ Shall you wish to see done such a scan of your country’s status of life, or of any country’s therein, please contact our CGNK-UN team.

⁴ For most of these causes of death, statistics and efficient preventive methods exist. The Universal Periodic Review cycles and the Sustainable Development Goals (SDG) Voluntary National Reports (VNR) allow a regular follow up of progresses made.

⁵ Here is an WHO updated (2019-2022) statistic overview of causes of death due to injury and violence:

<https://www.who.int/publications/i/item/9789240047136>

⁶ More details are found on other aspects of the right to life in annex 1°. We did not take the time to develop possible peace policies for Bangladesh in this submission. For more detailed examples of peace policies, see among others our submissions for Japan, Iceland or Lesotho.

⁷ Our previous submission can be found here (CGNK): <https://www.ohchr.org/en/hr-bodies/upr/upr-bangladesh-stakeholders-info-s30>

⁸ At the 44th session of the UPR working group, Bangladesh is the only country still retaining suicide attempts as an offence.

https://en.wikipedia.org/wiki/Suicide_legislation.

⁹ Noteworthy, a WHO [country guide](#): “LIVE LIFE: An implementation guide for suicide prevention in countries”, 2021. Quoted “Who. Live life”, <https://www.who.int/publications-detail-redirect/9789240026629>. Available as annex 2° to our submission.

Various mentions of decriminalization with examples of successes and effects are found therein.

See also WHO: “National suicide prevention strategies. Progress, examples and indicators”, 2018.

<https://www.who.int/publications/i/item/national-suicide-prevention-strategies-progress-examples-and-indicators>

A WHO general overview on suicide (WHO news-room on suicide): <https://www.who.int/news-room/fact-sheets/detail/suicide>

https://www.who.int/health-topics/suicide#tab=tab_1

All WHO publications on suicides: <https://www.who.int/publications/i?healthtopics=1822c912-624e-414c-aa36-7fac6c6958e9d96f810d-4734-477f-829e-3b8a4cfd2909.94489630-4c06-4ff1-91cf-3d15b824556d>

Suicide prevention day, 10th of September yearly: <https://www.who.int/campaigns/world-suicide-prevention-day/2022>

¹⁰ Session 52, https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/52/L.15, operative paragraph 5.

¹¹ Text of the Goal is here summarized for direct understanding, the complete version reads:

Goal 3: Ensure healthy lives and promote well-being for all at all ages.

Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. *Emphasize added.*

Indicator 3.4.2: Number of Deaths Attributed to Suicide.

<https://sdgs.un.org/goals/goal3>

¹² United for Mental Health: “Decriminalising Suicide: Saving Lives, Reducing Stigma”, 2021, p.5.

<https://unitedgmh.org/knowledge-hub/its-time-to-decriminalise-suicide-reducing-stigma-and-saving-lives/>.

Wu KC-C, Cai Z, Chang Q, *et al.* “Criminalisation of suicide and suicide rates: an ecological study of 171 countries in the world”, 2022. *BMJ Open* 2022;12:e049425. doi:10.1136/bmjopen-2021-049425

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8860012>

¹³ WHO, “Suicide prevention: a global imperative”, 2014, p. 51. Clearly shows that rates will only be accurate if suicides are decriminalized, even if they may rise in the beginning because decriminalization increases reporting.

¹⁴ Every life counts.

Data may differ (even within UN or related bodies) and they are limitations to suicide reporting as stigma, social and legal regulations and delays may impede the quality of reporting. We do our best to find various sources of data and to cross them accurately, but do not always have the time and means needed to contact delegations or local authorities to collect firsthand information. Foremost, what is important is the preservation of life, as sound and updated the reporting may however be.

2019: <https://www.who.int/publications/i/item/9789240026643>, p. 26.

2019: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/suicide-mortality-rate-\(per-100-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/suicide-mortality-rate-(per-100-000-population))

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Suicide SDG reporting (and limitations): <https://sdg.tracking-progress.org/indicator/3-4-1-number-of-deaths-attributed-to-suicide/>

Others: <https://www.worldlifeexpectancy.com/cause-of-death/suicide/by-country/>

See also hereafter Bangladesh's VNR, p. 50.

Every life counts.

¹⁵ Bangladesh's VNR, p. 50. <https://hlpf.un.org/countries/bangladesh/voluntary-national-review-2020>

Compare: <https://data.worldbank.org/indicator/SH.STA.SUIC.P5?locations=BD>

¹⁶ Mohammed A. Mamun, "Suicide and Suicidal Behaviors in the Context of COVID-19 Pandemic in Bangladesh: A Systematic Review", in *Psychology Research and Behavior Management*, vol' 21:14, p. 695-704. <https://www.dovepress.com/suicide-and-suicidal-behaviors-in-the-context-of-covid-19-pandemic-in-peer-reviewed-fulltext-article-PRBM>

¹⁷ VNR, p. 50 and 173. <https://hlpf.un.org/countries/bangladesh/voluntary-national-review-2020>

¹⁸ Anisur Rahman Khan, Najuwa Arendse, Kopano Ratele, "Suicide prevention in Bangladesh: The current state and the way forward". *Asian Social Work and policy*, volume 15, issue 1, February 2021, p. 15-23 <https://doi.org/10.1111/aswp.12214> or <https://onlinelibrary.wiley.com/doi/abs/10.1111/aswp.12214>

¹⁹ Phone: +88 0198 53752861 <https://findahelpline.com/bd>

https://en.wikipedia.org/wiki/Kaan_Pete_Roi

<https://www.sanitybytanmoy.com/ten-years-of-saving-lives-inside-bangladeshs-first-suicide-prevention-helpline/>

²⁰ Penal code of Bangladesh: "Article 309. Attempt to commit suicide. Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both". <http://bdlaws.minlaw.gov.bd/act-11/section-3140.html>.

See also: United for mental health: "Decriminalising Suicide: Saving Lives, Reducing Stigma", 2021, p. 28-29.

<https://unitedgmh.org/knowledge-hub/its-time-to-decriminalise-suicide-reducing-stigma-and-saving-lives/>

²¹ Penal code of Bangladesh, p.1 <http://bdlaws.minlaw.gov.bd/act-11.html>

²² "Who. Live life", p. 22.

²³ "Who. Live life", p. 14.

²⁴ *Numerous press accounts.*

²⁵ United for Mental Health: "Decriminalising Suicide: Saving Lives, Reducing Stigma", 2021, p.3. lists all countries where this decriminalization is still, to our knowledge, required, to the exception of Pakistan that did so on the 23rd of December 2022.

<https://unitedgmh.org/knowledge-hub/its-time-to-decriminalise-suicide-reducing-stigma-and-saving-lives/>

Though not official, Wikipedia holds a list of suicide legislation: https://en.wikipedia.org/wiki/Suicide_legislation