

# Unveiling shadows: analyzing suicide reporting in Muslim-majority countries vis-à-vis WHO's media guidelines

## Editorial

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## Abstract

Numerous studies have been conducted globally to assess the compliance level of newspapers with the World Health Organization's media guidelines for responsible suicide reporting. To identify and review such studies conducted in Muslim-majority countries between 2014 and 2022, we searched PubMed and Google Scholar databases. We identified 12 eligible studies from Pakistan ( $n = 4$ ), Bangladesh ( $n = 2$ ), Malaysia ( $n = 1$ ), Indonesia ( $n = 1$ ), Iraq ( $n = 1$ ), Iran ( $n = 1$ ), Nigeria ( $n = 1$ ), and Egypt ( $n = 1$ ). These studies indicated an overall lack of adherence to the guidelines. However, the level of nonadherence was particularly high in Pakistan. Effective suicide prevention programs may help in promoting responsible reporting of suicide.

Although data from the last 25 years show the soaring rates of suicide deaths in Muslim countries,<sup>1</sup> suicide studies have not been carried out sufficiently in Muslim nations.<sup>2</sup> To this effect, strategies for responsible reporting of suicide have been linked with the decline in suicide instances.<sup>3</sup> Responsible reporting discourages stigmatizing and glamorizing suicide, as well as disclosing the identity of the deceased, details of the suicide act, and sources of assistance.<sup>4</sup>

A number of health authorities noted that a potential strategy for suicide prevention is responsible media reporting.<sup>5</sup> One crucial recommendation for journalists is to follow responsible reporting guidelines as it is proven effective in lowering suicide rates.<sup>6</sup>

In order to promote responsible suicide reporting, the World Health Organization (WHO) (2000), the New Zealand Youth Suicide Prevention Strategy (1999), and the Center for Disease Control and Prevention (1994) have developed guidelines.<sup>7</sup>

These guidelines urge the media not to normalize, sensationalize, and idealize suicidal acts, and their reporting should encourage people to seek help if needed.<sup>8</sup> These guidelines suggest that a suicide act should not be treated as a criminal act, and sensational language or related synonyms should be avoided in newspaper headlines. It is crucial not to publish photos of suicide incidents, focusing on the content of newspaper.

We searched a couple of terms: *suicides, media guidelines, WHO, compliance, adherences, international guidelines, suicide news, news reports, newspaper reporting, and Muslim countries*, using PubMed and Google Scholar databases to identify the peer-reviewed published articles. We identified twelve eligible studies from Pakistan ( $n = 4$ ), Malaysia ( $n = 1$ ), Indonesia ( $n = 1$ ), Iraq ( $n = 1$ ), Iran ( $n = 1$ ), Nigeria ( $n = 1$ ), Bangladesh ( $n = 2$ ), and Egypt ( $n = 1$ ). We documented some major outcomes of the eligible studies, such as the style of headlines, reasons, and methods of suicidal acts, photos of the suicide incident or person, and prominence level of suicide cases.

The demographic information of suicidal people, such as name, age, gender, and occupation, was commonly mentioned in all studies but was mentioned excessively in Pakistan only; the vast majority (90%) of the names of suicidal people were found in Pakistan, occupation (97%) in Bangladesh, age (90.30%) in Indonesia. Method (100%) and risk factors (86.60%) were seen in Pakistan; however, photos (40.50%) of deceased persons were published largely in Indonesia.

Extreme violation of the WHO media guidelines was found in Pakistan. However, no educative materials related to suicide were found in the newspaper reports of Iraq, Bangladesh, and Pakistan. Mentioning suicide methods, risk factors, and the life events of the deceased people in the headlines was a common phenomenon, with reporting variations noted in Iraq, Bangladesh, Indonesia, Pakistan, and Iran (Table 1).

In multiple Muslim countries, the media coverage of suicide often goes against the WHO guidelines. Some media sources tend to sensationalize suicide stories or provide detailed

**Table 1.** Degree of Adherence to the Quality Parameters of Suicide Reporting Guideline

Authors	Method mentions (%)	Reason/Cause mentions (%)	Location/Place mentions (%)	Uploads photo (%)	Name (%)	Age of victim mentions (%)	Occupation (%)	Educative material (%)
Mesbah Hesham (2014)	10.00	90.00	NIA	NIA	NIA	NIA	NIA	NIA
Arafat et al. (2018)	96	NIA	NIA	14	NIA		97	0
Kamboh et al. (2019)	34.00	NIA	NIA	5.00	NIA	NIA	NIA	0
Arafat et al. (2019)	98.40	44.90	5.80	3.40	NIA	NIA	NIA	0
Victor et al. (2019)	43	30	NIA	NIA	NIA	NIA	NIA	NIA
Ali et al. (2020)	97.60	86.60	NIA	7.30	NIA	NIA	NIA	NIA
Nisa et al. (2020)	99.45	76.46	NIA	40.50	82.12	90.30	38.20	NIA
Mahesar et al. (2021)	100	23	NIA	NIA	90	77	NIA	NIA
Arafat et al. (2021)	88.50	NIA	NIA	26.20	31.50	NIA	40.80	0
Oyetunji et al. (2021)	92	67.80	NIA	63	85.60	NIA	63.80	9
Ayub et al. (2022)	95.60	70.37	NIA	4.40		NIA	NIA	0
Arafat et al. (2022)	88.90	39.20	NIA	25.60	40	NIA	NIA	31.2

Abbreviation: NIA, no information available.

information about the method used, which might encourage copy-cat suicides. Additionally, suicide tends to be stigmatized in these countries, leading to insensitive and inappropriate reporting that further contributes to the stigma.

As this study observed extreme violation of guidelines in Pakistan, there are some contributing factors to this violation. Reporters attend seminars on mental health problems and are encouraged to raise awareness, but they are not instructed to be cautious when reporting on suicide events. There is also a lack of research at the local level, and reporting courses do not cover how to report on mental health problems.

Since suicide cases come into the crime reporters' knowledge in Pakistan,<sup>9</sup> suicide reporting should be shifted from crime reporters to health reporters.<sup>10</sup> In India, for instance, the shifting of suicide reporting from the criminal sphere to the public health realm played a crucial role in making headways for Indian national suicide reporting guidelines in 2019.<sup>11</sup> Therefore, the development of reporting guidelines has been proven to be linked to improved reporting.<sup>12</sup>

Importantly, socially responsible reporting on suicide may easily be achieved and observed if the action is timely taken by relevant bodies to develop appropriate ethical codes and to educate the journalist fraternities.<sup>9</sup>

The overall portrayal of suicide in Muslim nations through media coverage is intricate and diverse, requiring careful examination of cultural, religious, and societal factors. The media must approach this sensitive topic with sensitivity, promoting comprehension, empathy, and support for individuals affected by this challenging and multifaceted subject matter. The existing research on suicide reporting by media in Muslim countries only scratches the surface, as the majority of these nations have not explored this aspect thoroughly. Therefore, comprehending the media's reporting patterns on suicide in those countries is a challenging task. As the suicide rate of sub-Saharan Muslim-majority countries has a higher suicide rate (10.2%) than that of (2.58%) Southeast Asian Muslim countries, it is expected that the socio-cultural attributes might be differently influencing suicidal behavior.<sup>13</sup> Studying media reporting of suicide in these countries may give insight into adherence of reporting style to WHO media reporting guidelines.

Treatment, management, and the guidelines for suicide reporting across all the nations are the same, but the psychosocial and cultural differences remain different.<sup>13</sup> Since the undertaken studies are from Muslim-majority countries, it is important to mention that Islam declares suicide as a cardinal sin,<sup>14</sup> which is not only a violation of the Quranic verse "*and don't kill yourself*" (Quran: 29:4) but also it is a serious sin against self, God and neighbor.<sup>15</sup> Therefore, suicide in Islam is extremely condemnable, while the preservation of life is virtuously commendable.<sup>16</sup> Pakistan, Kuwait, and Saudi Arabia have incorporated sharia (Islamic Law) into their legal system, where suicide attempt remains a criminal offense.<sup>17</sup>

Sometimes, suicide is taken as an honorable act; for instance, raped women choose to kill themselves rather than subject themselves to shame linked with this act.<sup>18</sup> Furthermore, it is agreed that a victim of a mental condition who cannot make decisions is not held responsible for their acts.<sup>14</sup>

Except migrants to Wales and England who were affiliated with Islam,<sup>19</sup> suicide rates in individual Islamic countries tend to be low.<sup>20</sup> However, European Muslim countries had higher rates of suicide than those in South Asia and the Middle East.<sup>21</sup>

Also, a study identified a significant increase (15.2%) in the rates of suicide in Azerbaijan, Brunei, Guinea, Niger, Saudi Arabia, Sierra Leone, and Somalia.<sup>13</sup> Furthermore, the rising rates of suicide may be due in part to the modernization that can lead to weakening faith and less religious affiliation.<sup>16</sup> Suicide is stigmatized in Muslim-majority countries, leading to underreporting and reduced figures.<sup>21</sup> Similarly, many Islamic countries lack or do not report national suicide statistics to the World Health Organization.<sup>21</sup>

There has been a lack of emphasis on the portrayal and reporting of mental health in the media by communication scholars. They should promote responsible reporting and bring about positive changes in the media. It is equally essential for media academics and organizations worldwide to acknowledge the difficulties encountered in developing such guidelines.

According to international norms and guidelines, individuals with suicidal thoughts and ideations suffer from distress and need to be taken care of by mental health professionals. There are still at least 20 countries where suicide is a criminal offense<sup>22</sup> that carries

at least three years in prison as a penalty.<sup>23</sup> They require mental health support, not the punishment, which is a violation of human rights.<sup>23</sup>

The WHO proposes “decriminalization of suicide” as a means to reduce suicidal incidents,<sup>23</sup> because individuals who are vulnerable to suicide would be more likely to seek help from mental health professionals and their community as well.<sup>24</sup> Meanwhile, religion views suicide as a crime; maybe it views the “criminalization of suicide” as a way to decrease suicides.<sup>25</sup> Interestingly, a bill has been recently passed in Pakistan to decriminalize suicide, following strenuous efforts made by the campaigners, including a mental health advocacy organization, called Taskeen.<sup>23</sup> Again, these different views have nothing to do with a decline in suicide rates, as is evident in both China and India, both non-Muslim countries. China criminalizes suicide and India decriminalizes it; however, both countries observed a decline in suicide rates during the same period.<sup>22</sup>

All countries should regulate media reporting on suicide and collaborate with journalism departments to promote mental health awareness. Journalism programs should include health education, and research from linguistics, criminology, law, and journalism scholars would really be helpful. This can help in understanding the complex topic of suicide from multiple perspectives.

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## References

- Mokdad AH, Moradi-Lakeh M, Charara R, et al. Intentional injuries in the Eastern Mediterranean Region, 1990–2015: findings from the Global Burden of Disease 2015 study. *Int J Public Health*. 2018;**63**:39. doi:10.1007/s00038-017-1005-2.
- Khan MM. Suicide and attempted suicide in Pakistan. *Crisis*. 1998;**19**(4):172. doi:10.1027/0227-5910.19.4.172.
- Lester D. Women and suicide in Islamic sub-Saharan Africa. *Psychol Rep*. 2008;**102**(3):734. doi:10.2466/PRO.102.3.734-738.
- SAVE. *Best practices and recommendations for reporting on suicide*. <https://reportingsuicide.org/wp-content/themes/ros2015/assets/images/ROS-001-One-Page-1.13.pdf> (accessed 15 August, 2023). 2020.
- World Health Organization. Preventing suicide: A resource for media professionals: WHO/EURO: 2021-1898-41649-56949. (accessed 10 August, 2023) 2017.
- Niederkrotenthaler T, Braun M, Pirkis J, et al. Association between suicide reporting in the media and suicide: systematic review and meta-analysis. *BMJ*. 2020;**368**:m575. doi:10.1136/bmj.m575.
- Au JSK, Yip PSF, Chan CLW, Law YW. Newspaper reporting of suicide cases in Hong Kong. *Crisis*. 2004;**25**(4):161. doi:10.1027/0227-5910.25.4.161.
- Pearson J. Public awareness campaigns to prevent suicide. In: *XXII World Congress of the International Association for Suicide Prevention (IASP)*. Vol 9. Stockholm, Sweden: IASP; 2003.
- Kamboh SA, Ittefaq M. Newspaper suicide reporting in a Muslim Country: Analysis of violations and compliance with international guidelines. *J Media Ethics Explor Quest Media Moral*. 2019;**34**(1):2–14. doi:10.1080/23736992.2019.1568252.
- 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**:21–26. doi:10.1016/j.npbr.2020.05.007.
- Vijayakumar L. Media Matters in suicide-Indian guidelines on suicide reporting. *Indian J Psychiatry*. 2019;**61**(6):549. doi:10.4103/psychiatry-IndianJPsychiatry\_606\_19.
- Pirkis J, Dare A, Blood RW, et al. Changes in media reporting of suicide in Australia between 2000/01 and 2006/07. *Crisis*. 2009;**30**(1):25. doi:10.1027/0227-5910.30.1.25.
- Lew B, Lester D, Kölves K, et al. An analysis of age-standardized suicide rates in Muslim-majority countries in 2000–2019. *BMC Public Health*. 2022;**22**(1):882. doi:10.1186/s12889-022-13101-3.
- Shoib S, AY u A’U, Nahidi M, Arif N, Saeed F. Suicide in Muslim world and way forward. *Heal Sci Reports*. 2022;**5**(4):E665. doi:10.1002/hsr.2.665.
- Gearing RE, Lizardi D. Religion and suicide. *J Relig Health*. 2009;**48**(3):332. doi:10.1007/s10943-008-9181-2.
- Shah A, Chandia M. The relationship between suicide and Islam: a cross-national study. *J Inj Violence Res*. 2010;**2**(2):93. doi:10.5249/jivr.v2i2.60.
- Niederkrotenthaler T, Stack S. *Media and Suicide: International Perspectives on Research, Theory, and Policy*. London: Routledge; 2017. doi:10.4324/9781351295246.
- Aijaz A, Ambareen U. Depression in a Pakistani woman. *Am J Psychiatry*. 2014;**171**(7):729. doi:10.1176/appi.ajp.2013.13111548.
- Soni Raleigh V, Bulusu L, Balarajan R. Suicides among immigrants from the Indian subcontinent. *Br J Psychiatry*. 1990;**156**:46. doi:10.1192/bjp.156.1.46.
- Lester D. Suicide and Islam. *Arch Suicide Res*. 2006;**10**(1):77. doi:10.1080/13811110500318489.
- Pritchard C, Amanullah S. An analysis of suicide and undetermined deaths in 17 predominantly Islamic countries contrasted with the UK. *Psychol Med*. 2007;**37**(3):421–430.
- Goldney RD. Why aren’t national suicide prevention programs working? *Ment Heal Prev*. 2021;**24**:E200207. doi:10.1016/j.mhp.2021.200207.
- Hasnain A. *Suicide is not a crime – countries must stop treating it as one*. *Al Jazeera*. <https://www.aljazeera.com/opinions/2022/10/10/suicide-is-not-a-crime-countries-must-stop-treating-it-as>. Published October 10, 2022. Accessed September 21, 2023.
- Lew B, Lester D, Mustapha FI, et al. Decriminalizing suicide attempt in the 21st century: an examination of suicide rates in countries that penalize suicide, a critical review. *BMC Psychiatry*. 2022;**22**(1):424. doi:10.1186/s12888-022-04060-5.
- Dervic K, Oquendo MA, Grunebaum MF, Ellis S, Burke AK, Mann JJ. Religious affiliation and suicide attempt. *Am J Psychiatry*. 2004;**161**(12):2303. doi:10.1176/appi.ajp.161.12.2303.