

Youth Suicide in Toronto Bengali Community: Challenges & Strategies

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PREFACE

Canada is a home for almost 100,000 Bangladeshis.¹ A large percentage of this population lives in the Greater Toronto Area (GTA). This diaspora community is often counted as South Asian by mainstream Canadians. Bangladeshis have unique culture, characteristics, and traditional legacies, which they also brought to Canada. Their way of life and culture separate them from others. Their parenting styles and the way they raise children are also different from western parents. However, this diaspora community has faced multiple challenges such as higher unemployment, mental health issues, gender-based violence, and islamophobia. Besides these multiple challenges, the prevalence of suicides (hearsay is that 14/15 youths committed suicide in Greater Toronto Area in 2016 and 2017) has been shaking the community for the last few years.

A group of young researchers composed of academics and social workers from the Bangladeshi community became concerned about this particular suicide issue and decided to conduct a Participatory Action Research (PAR) study voluntarily. PAR is a research method that has been used since the 1940s involving 'researchers and participants working together to understand a problematic situation and change it for the better'.² The researchers planned the research in late 2017, and collected and transcribed data in 2018 and 2019. A total of 3 Focus Group Discussion (FGDs) were conducted where 18 youths participated whose age were in between 14-25. One FGD was conducted with parents where 10 parents participated. Each FGD was 90-120 minutes long.

Bengali Information and Employment Services (BIES), a community-based grass-root not-for-profit organization in Toronto, extended its full support to this research initiative. BIES helped the research team find research participants, organize all FGDs in its office space, engage the community, and transcribe the audio records of the FGDs by its staff and volunteers

We hope that social justice activists, human rights activists, academics of diverse disciplines, Bengali parents and youths, and above all Bangladeshi diaspora in Canada and other parts of the world will benefit from the outcomes of this research.

If this research initiative can make a small difference in youths' lives, this effort will be successful.

Thanking you.

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June, 2020 Toronto, Canada

¹ 'Bangladesh Diaspora in Canada', Bangladesh High Commission in Canada, 2020, <https://www.bdhcottawa.ca/bilateral-relations/bangladesh-diaspora-in-canada> (last accessed on May 12, 2020)

² 'Participatory Action Research', <https://www.participatorymethods.org/glossary/participatory-action-research> (last accessed on May 12, 2020)

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We acknowledge that it would not be possible to accomplish this research without supports of Bangladeshi community living in Greater Toronto Area, other volunteers and community partners.

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Executive Summary

Youth Suicide in Toronto Bengali Community: Challenges and Strategies

A Report of the World Health Organization (Sept. 2019) shows that around 800,000 people die by suicide every year. It is the third leading cause of death for the 15-19 year old population. Since teenagers are more prone to commit suicide or attempt to commit suicide all over the world, the Bengali community living in the Greater Toronto Area of Canada experiences the same. As per reports from community members, at least 13 young males (age group of 14 to 28) in the GTA's Bengali community committed suicide in between 2016 and 2017. This study aims to reveal the underlying causes of this trend as well the strategies to solve the problem.

This research is particularly based on three Focus Group Discussions with youth groups and parents. A total of 18 youths between 14-25 years of age and 10 parents who have children in these age group participated in the FGDs. The recruitment process of participants for this research was widely circulated through different social media channels across the community. The majority of participants were finally selected through the snowball method.

The voices of Bengali Youth in Toronto: The FGDs with Bengali youths revealed several issues that the group felt might have lead the young males to commit suicide or attempt to commit suicide. According to the youth participants, a serious communication gap exists between the parents and the youth. For example one participant opined, "They (parents) are too busy lecturing and they lecture on how things should be. But it stops us from having a good time with them...". The youths also said they also felt too much pressure from their parent(s), especially when it came to selecting their career and life partner. They feel tremendous pressure from their parents to keep themselves in specialized programs in high schools such as IB, AP, MASTE, TOPS etc. The youth participants added that Bangladeshi Canadian parents want their children to be high achievers at school.

The research also found that there is a great difference in the perception of sexuality between youth and parents. For example, Bangladeshi parents do not accept homosexuality due to their cultural and religious beliefs and practices. Regarding broken family issues, the research reveals that there is a huge perception gap between parents and youth. For example, the youth participants opined that broken families are those families where family members do not communicate with each other, although they are living under the same roof.

This research finds that the identity crisis is another critical issue for the Bengali-Canadian youths. Many youths have difficulty recognising their clear identity as a Bangladeshi or as a Canadian. The youths said that there is a societal pressure on them to carry both Canadian values and Bangladeshi values simultaneously. Another important finding of this research is that mental health is vastly ignored in Bangladeshi community. For example, some of the youths claimed that when they share their academic pressure with their parents, instead of feeling relaxed they start feeling more pressured. The youths in the group discussion also mentioned that their parent usually focus on their weakness, rather than focusing on their strengths. The youth participants believed that parents should know both strengths and weaknesses of their children.

Voices of Bengali Parents in Toronto: During the parent FGD, systematic racism, classism, parents' immigration and unemployment status were communicated as reasons why the young males may have faced serious mental health issues resulting in suicide. The parents' group stated that they face classism every day when they are treated based on how many houses they have, how big their houses are, how expensive their cars are, or which area they live in. Systematic racism is another layer which causes severe mental health problems. Some parents claimed that they came to know from their children that their children faced racism from their peers at school for wearing long sleeve dresses or not eating Canadian foods. One of the parents mentioned that in her daughter's school one day, a girl from a different race and culture threw soft-drinks on her daughter's face. Another day, a different girl from another culture spat on her daughter's face. The concerned parents considered these behaviours as bullying and an act of racism. Regarding parents' immigration and employment status, most of the parents in the discussion opined that they are prone to do survival jobs or jobs with rotating shifts or multiple jobs with longer hours. They also mentioned that in some families, both the parents have to work and they do not have enough time to spend with their children. Although they know how to parent, they just cannot practice it due to work pressures or fatigue. Some parents experience exhaustion when they come home from the job after working long hours.

In addition to the above, this study provides a number of recommendations. The research participants agreed that these are potential steps that can be taken to prevent youths' tendency to commit suicide. These recommendations include - reducing the communication gap between parents and youth through parenting sessions and arranging safe awareness sessions for parents and children; arranging non-competitive events by community organizations; arranging separate parties for children in the community by parent groups; identifying the fine line between traditional legacies and Canadian values through peer education, seminars, workshops etc.; assuring availability of resources through advocacy towards the government and connect with mental health provider organizations; providing mental health support through community organizations and different community groups; teaching children to fail and helping children solve problems through community workshops and play; breaking isolation among the children by involving and engaging them different physical and social activities; helping children seek help and explain struggles through games and other creative activities; making the parents aware about the strengths and weakness of their children through different educational approaches.

In fact, the Bangladeshi Canadian community in Toronto has been facing some acute problems for a long time that have not been addressed. These unaddressed problems might have resulted in the acute and chronic crises in the community like suicide amongst the male youths. There should be some short-term and long term measures to address this problem. The possible measures include reducing communication gaps between parents and children, encouraging physical, recreational and social activities, promoting meditations and mindfulness, arranging non-competitive games, arranging separate parties for children, teaching children how to accept failure, helping children to solve their own problems, breaking isolation of children. Bangladeshi-Canadian families, community agencies/groups, community leaders, and the different tiers of governments may consider implementing the recommendations above.

Youths Suicide in Toronto Bengali Community: Challenges and Strategies

1. INTRODUCTION

As of 2011, 4.9% of the total Canadian population belongs to South Asian communities.³ This is the largest visible minority group of Canada. Amongst these South Asian Canadians, a large number are Bangladeshi Canadians. While no recent data shows the total number of Bangladeshi Canadians, a report published in 2011 by Statistics Canada lists the population at 34,000. Some estimates show that this number is over 59,000⁴ while other estimates consider this number to be more than 100,000. According to Bangladesh High Commission of Canada this number is around 100,000.⁵ This study shows that 67% population of the total Bangladeshi population in Canada resides in Ontario and more than 25,000 Bangladeshis reside in Greater Toronto Area (GTA).⁶

Hearsay is that at least 13 young males from Bengali immigrant communities (from age group 14 to 28) committed suicide in the Greater Toronto Area between 2016 and 2017. Most of the incidents of these suicides were not published as news in local newspapers. The research team believes that one of the reasons for not publishing this news is the apprehension of social stigma that exists amongst different immigrant communities. Family members of a victim of suicide (person committing suicides) may be reluctant to discuss the issue in public due to reasons based on their religious/ social/cultural beliefs.

In Canada, the rate of suicide is significantly higher among Indigenous communities in comparison with rest of the Canada.⁷ Although no adequate statistics and/or studies are available on the rate of suicide among diverse immigrants' communities of Canada, it is undeniable that marginalized immigrants represent a considerable proportion of suicides in Canada. On this particular issue, no serious study has been conducted on the Bangladeshi community of Canada. Hence, this study focuses on the youth's suicide in Toronto Bengali Community.

2. RESEARCH OBJECTIVES

This research project aims to -

- i. Explore challenges experienced by Toronto Bengali Youth and underlying causes that resulted in committing suicides

³ https://en.wikipedia.org/wiki/South_Asian_Canadians (last accessed on May 12, 2020)

⁴ 'Bangladeshi Immigrants to Canada', *The Canadian Magazine of Immigration*, <https://canadaimmigrants.com/bangladesh-immigrants-canada/> (last accessed on May 12, 2020)

⁵ 'Bangladesh Diaspora in Canada', Bangladesh High Commission in Canada, 2020, <https://www.bdhcottawa.ca/bilateral-relations/bangladesh-diaspora-in-canada> (last accessed on May 12, 2020)

⁶ 'Bangladeshi Immigrants to Canada', *The Canadian Magazine of Immigration*, <https://canadaimmigrants.com/bangladesh-immigrants-canada/> (last accessed on May 12, 2020)

⁷ Allison Crawford, 'Suicide among Indigenous Peoples in Canada', *The Canadian Encyclopaedia*, Published Online, September 22, 2016, <https://www.thecanadianencyclopedia.ca/en/article/suicide-among-indigenous-peoples-in-canada> (last accessed on May 12, 2020)

ii. Gather recommendations on possible ways of addressing the challenges experienced by Toronto Bengali youths.

Since this research was not conducted on the basis of any predetermined belief or hypothetical ideas of the researchers, the researchers also plan to determine whether individual's mental health or mass socio-cultural and/or socio-economic issues acted as a catalyst and motivating factor to attempt to commit suicide.

3. RESEARCH QUESTIONS

This research will explore the following research questions:

- i. What are the challenges that the youth group of the Bengali Community of GTA of Canada encounter and what factors instigated the said youth group's tendency to commit suicide?
- ii. What steps should the Bengali Canadian community take to address youths' challenges and underlying causes that lead them to commit suicide?

4. RESEARCH METHODOLOGY

Revealing exact reasons or route causes behind any suicide is nearly impossible (unless any suicide note is left), as the person who commits suicide cannot testify anymore. In fact, risk factors for preventing suicide differ from country to country and from population to population.

This research investigated different factors (which might be considered as underlying cause behind committing or attempt to committing suicide) from a holistic point of view. It also considered other things associated with the vulnerability to commit or attempt to commit suicide.

4.1. APPROACH OF INQUIRY

This research is a qualitative study based on the Participatory Action Research (PAR) methodology. Participatory Action Research (PAR) is an approach to enquiry which has been used since the 1940s⁸. It involves researchers and participants working together to understand a problematic situation and change it for the better⁹. PAR focuses on social change that promotes democracy and challenges inequality; is context-specific, often targeted on the needs of a particular group; is an iterative cycle of research, action and reflection; and often seeks to 'liberate' participants to have a greater awareness of their situation in order to take action. PAR uses a range of different methods, both qualitative and quantitative.¹⁰ We focused on qualitative approach and gathered essential information through arranging Focus Group Discussions (FGDs). Before conducting FGDs, the researchers made sure that the concerned participants felt safe and comfortable to share their thoughts. The researchers also made sure that privacy of the participants would not be violated and the participants' mutual respect for each other would remain unharmed.

⁸'Participatory Action Research', <https://www.participatorymethods.org/glossary/participatory-action-research> (last accessed on May 12, 2020)

⁹ *Id.*

¹⁰ *Id.*

The researchers organized the said FGDs as a tool for data collection as such these researchers invited Bangladeshi community members (of specific age group and criteria) to participate in the FGDs.

4.2. COMPOSITIONS OF THE FOCUS GROUP DISCUSSION (FGDS)

- i. Ages between 14-16: 1 Boys' group (10 Members in group)
- ii. Ages between 17-23: 1 Boys' group (3-5 Members for each group)
- iii. Parents' group: 5 Male and 5 Female (10 members for each group; Parents were experiencing parenthood at the time of conducting FGDs and their children were 14-29 years old at the time of conducting FGDs)

All participants or members of the FGDs have resided in Canada for at least five years. All research participants also live in the Greater Toronto Area.

4.3. RECRUITMENT AND SAMPLING TECHNIQUES

Since this is a Participatory Action Research, the research team involved community organizations, community leaders and community members to recruit participants using mixed methods such as snowball and random selection. Bengali Information and Employment Services (BIES) agreed to take the leadership role of this research. The research team invited community stakeholders to participate in this research.

To reach the Bengali Communities in Greater Toronto Area, the research team used social media platforms (*e.g. Facebook, Facebook Groups: Sharing information, Improving Lives, Bangladeshi Canadian Canadian Bangladeshi, Amra Canadian Bangladesh*), Bengali newspapers in Toronto, and online Bengali news portals that Bangladeshi communities can access.

Participants in the FGDs had to be residents in Canada for at least 5 years and fulfill the age requirement of the targeted age-group. All FGDs for the purpose of this research took place at BIES office space situated in the East York region of the city of Toronto.

4.4. DATA COLLECTION

One main approach of this research was the gathering of youth's and parents' perspectives on suicide. The research employed semi-structured interview questions (see Appendix-1) to collect data through FGDs. The researchers used an audio recorder to record the FGDs. Each FGD was 60 to 90 minutes long. Refreshments were provided to the FGD participants. A total three FGDs were arranged out of which two with youths and one with parents. No FGD for female youth was arranged. This is because victims of all suicide incidences among Bengali youth communities which took place within two years prior to conducting this research were males.

4.5. DATA ANALYSIS

Since we had no opportunity to gather specific information about why the youth were committing suicide, we focused on exploring the challenges that Bangladeshi youth were facing. The questions were mostly open-ended. The language of discussions of the Parents' FGDs was Bengali. The research team translated the key discussions of the parents' FGDs from Bengali to English. The team kept all the records locked at BIES office locker. The researchers wrote and took note of all of the possible reasons (codes) and collected the common themes from codes for analysis.

4.6. ETHICAL CONSIDERATION

4.6.1. PRIOR INFORMED CONSENT

In their informed consent, the researchers indicated a description of this study, the procedures as well as identification of the research, and what this research was for. The researchers assured the participants that their involvement with this research was voluntary and the participants might withdraw themselves at any time. The researchers also explained the terms and limits of confidentiality, and any of the risk/benefits associated with this study. As a medium of conversation, this research used both English and Bengali languages. Accordingly, prior informed consent forms were also translated from English to Bengali so that all participants could fully understand all terms stipulated on the form.

4.6.2. CONFIDENTIALITY AND PRIVACY

The research arrangements ensured participants that their confidentiality would not be broken, unless there was a serious risk or threat of harm to the participant or any other person causing a legal limitation stated in the prior informed consent form. However, no serious risk or threat of harm to participants happened during the FGDs and methods of data collection.

5. LITERATURE REVIEW

Emile Durkheim in his book '*Le Suicide*' concludes that the more socially integrated and connected a person is, the less he or she is to commit suicide.¹¹ As social integration decreases, people are more likely to commit suicide. Durkheim's typologies of suicide explain the differing effects of social factors leading to suicide. These typologies include **anomic Suicide**, **altruistic suicide**, **egoistic suicide**, and **fatalistic suicide**.¹²

Anomic Suicide is an extreme response by a person who experiences anomie, a sense of disconnection from society and feeling of not belonging that comes from the weakened social cohesion. Durkheim argued that anomie occurs during the periods of serious social, economic, or political upheaval, which result in quick and extreme changes to society and everyday life. In such circumstances, a person might feel so confused and disconnected and they choose to commit suicide. He also mentioned another type of suicide - **altruistic suicide**, which is the result of excessive regulation of individuals by social forces and where a person kills him/herself for greater social causes.¹³

Egoistic suicide is a profound response executed by people who feel totally detached from society. People play social role and when they are detached from those role, they feel lonely and they commit suicide, such as senior person, retired persons.¹⁴

¹¹ Ashley Crossman, 'The Study of Suicide by Emile Durkheim', *Thought Co.*, <https://www.thoughtco.com/study-of-suicide-by-emile-durkheim-3026758> (last accessed on May 12, 2020)

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

Fatalistic suicide happens under extreme conditions of social regulation that come from oppressive conditions and a denial of the self and of agency. In such situation one person choose to die rather than enduring oppressive conditions, such as the case of suicide among prisoners.¹⁵

In the article 'Suicide and Social Justice, Button (2016) provides various perspectives on suicide. For example, Button (2016) writes that certain theorists view suicide as a gift/right, others view it as a sin/crime, and particular fields such as psychiatry sees it as a symptom of mental illness. He then goes on to note that these perspectives present suicide as an individual problem, and most of them fail to examine how suicide is a social justice issue that needs to be examined from a collective/systemic perspective. He also notes that current views on suicide significantly impact the treatments that are prescribed, which are most often psychiatric and pharmacological in nature.¹⁶

Button (2016) also catalogues suicide rates in America amongst Indigenous, White, and Black folks, those belonging to the US Armed forced, and the LGBTQ community. Button also criticizes the individualistic nature of western neo-liberal societies which put significant pressure on people to become "masters of their own lives" and he calls for "collective moral identification" and systems that support this. Button (2016) also argues that inequalities can be tied to historical practices like widening income inequality, structural racism, hetero-normativity, disproportionate exposure to violence and traumatic stress, and the ongoing disappearance of a social safety net. In order to combat this, Button (2016) highlights the importance of advocacy, mobilization and holding policy makers accountable¹⁷.

In summary, it can be said that there are varied reasons for committing suicides among the people of different ages and geographical areas. However, various scholars who studied suicide from various perspectives found at least one common reason why people commit suicide - disconnection from society.

6. FINDINGS FROM FOCUS GROUP DISCUSSIONS

The researchers coded the conversations of the three focus group discussions and analyzed those based on the research questions. Findings of the research team are given below.

6.1. COMMUNICATION GAP BETWEEN PARENT(S) AND YOUTHS

Most of the youth participants of the FGDs opined that they do not like to hear 'lectures' from their parents all the time. As per their view, parents love to lecture on how their children should be. One of the youths said, "They (parents) are too busy lecturing and lecturing on how things should be. But it stops us from having a good time with them..." Instead of listening to their parent's advice (which they consider as 'lecture'), these youths want parents to be part of their struggles. They want parents' quality time with them. Parents need to understand the uniqueness of each child and parent them accordingly, they added.

¹⁵*Id.*

¹⁶ M. Button, 'Suicide and social justice: Toward a political approach to suicide'. *Political Research Quarterly*, 69(2), 270-280, (2016).

¹⁷*Id.*

A communication gap among youths and their parents was raised as a significant issue in all focus group discussions. Both youths and parents groups who participated in the FGDs acknowledge that a mammoth communication gap exists between them. Some youths opined that they cannot trust their parents. They think that their parents do not give priority to their issues and/or their concerns. They seriously believe that most of their concerns are not validated by their parents. For these reasons, they avoid their parents as such they start feeling isolated.

Both youths and parents agreed that contents of communication such as sexuality or relationship issues are considered taboo among south Bangladeshi Canadian parents. Although both groups confess that communication is the main barrier, their understanding about communication is different. Some parents argue that language is the main barrier for communication with their children as they do not have enough English vocabulary to make a meaningful discussion with their children. On the contrary, most of the youth who participated in this focus group opine that language is not a barrier to communicate with their parents. Instead of language, the youths think, content of the communication is the main barrier. They, in fact, can't comfortably talk about different issues with their parents that matter most to them.

Some of the youths opined that there are some issues in their lives that need to be discussed with someone near and dear to them. They believe that those close people are their parents with whom they want to share their feelings and thoughts. But, unfortunately, they do not feel comfortable sharing those feelings and thoughts with their parents. For example, one young male participant shared that he dreamt a bad dream at night and he could not sleep as he was not feeling well for the rest of night. He wanted to share this feeling with his parents, but he couldn't. He said he was pretty sure his parents would not listen to him and would not consider his concern as an important issue. The following day, he could share that bad dream neither with his friends nor with any other person. This is because he thought that if he would share that dream with his friends, they would treat him as a kid. He did not share the dream with anybody and kept that helplessness within himself. Such communication gaps make the youths depressed and isolated from others. This can lead to mental health problems in the long run.

6.2. PRESSURE FROM PARENT(S) AND BROKEN DREAMS

All parents' and youths' groups - almost unanimously agree that children feel pressure from their parents to get a better result or better grades in school. Children usually feel internal pressure to get good grades in school and the other pressure comes from parents and society for the same things. During school life, students feel that getting a good report card is the only way to succeed in life. Parents almost always agree.

In addition, youths also think that they get tremendous pressure from their parents to keep themselves in specialized programs such as IB, AP, MASTE, TOPS etc. Parents want to see their children as a high achiever at school. Accordingly, they (parents) put too much pressure on them (children) to successfully get into specialized programs. Moreover, they (parents) also want them to be excellent in specialized programs. Majority of the Bangladeshi Canadian parents want their children to be a doctor or engineer or lawyer or achieve a good MBA from very good educational institutions. Parents do not want to validate their children's choice or capacity. For so many

parents, if their children are not able to get into medical school, they consider it as an absolute failure for their own lives as well as their children's lives.

Hence, one of the most vivid findings of this research is that there is a missing link between parents' standard of measuring success and students' standard of measuring it. The youths have different points of view about success and they want to pursue things that they really love to do. They do not want to put themselves in a traditional box of success. However, parents focus on putting their children in a box of success. On one hand, children tend to be something out of the box; on the other hand, parents want to see their children to be something traditionally valuable. Particularly, one youth stated that in the specialized program, if someone fails in one subject, parents see it as a lifetime failure. This leads them to depression and finally makes them isolated which sometimes might push them to hurt themselves.

Some of the youths expressed that not being able to pursue their dream profession (*i.e. broken dreams*) is one of the significant reasons of their depression that sometimes lead to suicidal thoughts. For instance, they express that if they want to be a dancer, their parents do not want them to be so. Instead of encouraging them to be what they want to be, their parents push them (children) to become doctors, engineers, or lawyers etc. In pursuing their dreams, children usually need support from their parents. When their dream professions are not validated by their parents, children cannot pursue their dreams and eventually become depressed.

6.3. PERCEPTION OF SEXUALITY

In Bangladeshi Canadian families, sexuality or expression about one's own sexual orientation is a taboo. Most Bangladeshi parents do not believe or support homosexuality or any other forms of sexuality except for traditional straight sexual orientation. Accordingly, due to the fear of being rejected by family members especially by parents, children (youths) don't come out to their parents with what they feel about their real sexual orientation. Rather, they prefer to hide their sexual orientation or gender identity from their parents and relatives. Some youths opined that sometimes due to family's religious restrictions, they cannot even mix with female youths whom they love or care for. Whenever the issue of gender identity comes in, some of them say this is not important for them. In this process, cultural beliefs of their parents sometimes lead children (youths) to depression.

6.4. IDENTITY CRISIS (CULTURAL)

The parents group did not talk much about their own cultural identity in a new country. They mentioned some socio-economic integration challenges such as finding a suitable jobs in their preferred field. Challenges include language or accent barriers, uncomfortable weather conditions, halal food (food allowed in Islam) etc. The youths think that it is comfortable for them to be identified as a Canadian first and then Bangladeshi. Some of them think that they would like to be considered as Canadians raised by Bangladeshi Canadian parents. They are not interested in discussing their religious identity whether it is Islam or Hinduism, or Christianity or Buddhism.

There is a gap between the children and the parents as to how they ethno-culturally identify themselves. The parents participating in the discussion considered themselves as a Bangladeshi first and then a Canadian. Interestingly, some of the parents opined that they used to push their kids to maintain Bangladeshi culture and religion. They encouraged their children to socialize with other Bengali kids, not with the kids coming from other ethnic or religious backgrounds.

Discussions with both parents and youths give a common impression that children face more identity crises than their parents do. The research also reveals that children are required to play a double role where they practice Bangladeshi cultures at home but practice Canadian values and cultures when they go outside of home. As a result, they think they lose their originality, which is not a comfortable scenario at all. Some parents are concerned and afraid of their children to be 'completely Canadian'. Those children know that their parents are not comfortable with Canadian culture, which is an unspoken mental crisis for them.

6.5. IGNORED MENTAL HEALTH ISSUES

Mental health was one of the important areas addressed by both parents and youths. Both parents and youths claimed that mental health issues are ignored in Bangladeshi communities. Both groups agreed that parents do not acknowledge mental health as a problem. The majority of parents believed that their children do not need any support for their mental health. Because of this perception, children do not share their mental health issues with parents. Some of the youths claimed that when they share their academic pressure with their parents, instead of getting support they start feeling more pressured. Both groups thought that mental health should receive priority as much as physical health.

6.6. BROKEN FAMILY

Few parents think that suicides among the youths in Toronto Bengali community are a result of 'broken family'. These parents consider those families as broken families where husband and wife are divorced or separated. On the other hand, most of the youth opine that a broken family is not merely the families where husbands and wives are separated or divorced. These youths strongly emphasized that a family where all family members live under one-roof might also be considered as a 'broken family' if its members cannot communicate effectively and consistently to each other. Some couples are living in the same house but they do not talk to each other because they do not like each other's preferences. They are not divorced for the sake of saving traditional family structure as well as for the sake of well-being of their children. But these couples do not share their emotions, thoughts, and concerns with each other. This is also an instance of a broken family as per some youths' view. The children from this kind of broken family face tremendous mental health pressure on them. The youths also opined that it does not harm their mental health even living under care of a single parent if abundance of love and atmosphere of sharing emotion exists there.

6.7. WEAKNESS BASED SUPPORTS FROM PARENTS

The youth groups stated that their parents are not aware of their (youths') strengths. As a result they (parents) focus mostly on the weakness of their children. The youths believe that parents should know both strengths and weaknesses of their children. When parents focus only on the weakness, young children feel depressed which also creates a negative impact on their (youth's) mental health.

6.8. GENERATION GAP

The FGDs reveal that there is a huge intergenerational gap between Bangladeshi Canadian parents and their children. While the world is changing fast, some parents are not making them up-to-date with the changing world. Most of the parents who participated in the FGDs were raised in monoculture society, while Canada is a multicultural society. These parents think that there is only one way (i.e. traditional way) of success in this world. However, the youths see the world from diverse perspectives.

The way of looking and observing life by the youth is different from that of their parents. The parents' hope and desire is that their children/youth will fulfill their unfinished dream and their children will behave the way the parents want; they (children) will believe in the religion they do; they (children) will eat the foods the parents like to eat; they (children) will marry the girl/boy the parents think best suitable for them (children); and above all they (children) will succeed the way the parents want to see them (children) successful.

However, all parents do not look or observe from the same lenses. While most parents believe that they have very flexible interaction with their children, in reality their children feel the opposite.

6.9. PARENTS' IMMIGRATION STATUS

Some parents think that their immigration status has an impact on their daily life including parenting style. Majority of Bangladeshi immigrants left a good job or professional career and a lavish life in Bangladesh. When they come to Canada, they are not able to secure a good job/business right away to maintain a similar standard of lavish life. These immigrants require to 'down shift' their lifestyles and their children raise questions such as "Are we getting poorer in Canada?" Some children find that access to resources is not the same in Canada as they used to have in their back home.

Most of the parents are prone to do survival jobs or jobs with rotating shifts or multiple jobs with longer hours. In some families, both parents need to work and they do not have enough time for their children to spend with. Although they know how to parent, they just cannot practice it due to work pressures or tiredness. Some parents experience exhaustion when they come home from the long working hours. Hence, parents confess that they do not find enough leisure to spend quality time with their children as they would spend in their back home.

6.10. SYSTEMATIC RACISM

Both youths' and parents' groups agree that they face different types of racism which are structural or internal. Structural racism comes from educational institutions, government policies, employers and Canadian born Caucasians. On the other hand internalized racism came from their self-belief, from same community members or other people who are not Canadian born Caucasians.

Relevance of racism came into discussion from both groups but different ways. The youth think that they mostly face racism from their own community. However, one youth stated that when he came to Canada, other students from his community called him "FOB (Fresh off Boats)". This is a derogatory language to undermine them. Although his English grade was above class average, he was placed in ESL class. It was difficult for him to cope with this. This can arguably be denoted as an instance of systematic racism.

Some parents claim that their children faced racism from peers at school for wearing long sleeve dresses or not eating Canadian foods. One of the parents mentioned that in her daughter's school one girl from a different race and culture threw soft-drinks on her daughter's face. The same participant also stated that another girl from another culture spat on her daughter's face. The concerned parent considered those as bullying and racist behaviors towards her daughter.

Some parents share their belief with these researchers that they think they are inferior because of their immigration status. They also express their frustration by the fact that they do not feel competent in this new country - Canada. This can be seen as an example of internalized racism. However, it is no doubt that such 'inferior' feelings of some parents are leading them towards depressions which are also creating a negative impact on their relationships with their children.

6.11. CLASSISM

Youths' groups generally think that they do not face classism at school because they do not go to school wearing torn clothes or shoes. Although some students come to school wearing expensive clothes of popular brands that do not create depression or inferior feelings to other students. But, parents' groups think that they face classism every day when they are treated based on how many houses they have, or how big their houses are, how expensive cars they drive or which area they live in. One parent says that living in the 'Bangla Para' (Bengali concentrated area) is considered as 'shameful' and 'embarrassing'. Such classism puts the community in a competition to get more wealth (house, cars, bank balance, and nice vacation) to show them off. This rush keeps the parents busy with making more money. As a result, the children have less time for children and other family members (spouse) to spend with.

6.12. EASY ACCESS TO SUBSTANCES (ALCOHOL ETC.)

Participants also state that some parents drink alcohol at home and keep it at home. As a result their children have easy access to alcohol. Some children take this opportunity and start drinking at an early age. Some youths believe that it is easy to consume alcohol from home. As consumption of alcohol in early age can lead to mental health issues including depression, some youths might also face mental health issues deriving from early age alcohol consumption habits (though that is not substantially evident in this research).

7. RECOMMENDATIONS

FGD groups (both youths and parents) came up with various recommendations to solve this issue as follows:

7.1. REDUCING COMMUNICATION GAP BETWEEN PARENTS AND YOUTH

Reducing communication gaps between parents and the youth/children could be very helpful to keep youths' mental health sound. Both parents and youth groups recommended that only effective communication can gain trust. Parents being nonjudgmental, respectful and adopting a positive attitude can eliminate the communication gap between youths and parents. Strength-based support from parents can help children make a good career plan. When children know that they have someone trusting and supportive, they start sharing their stress, daily life challenges, worries, discomforts, likes, and choices. Some therapy sessions for children and parents will help them to improve the communication between them. Parents will learn and teach different communication skills through sharing knowledge and ideas with other parents which they will be able to apply in their own family.

7.2. BRINGING BALANCE BETWEEN TRADITIONAL LEGACIES AND CANADIAN VALUES

The youths' groups suggest that the parents need to understand their children's challenges, which they face at the time of adopting two cultures simultaneously. The parents also need to identify the fine line between Bengali culture and Canadian culture and values acknowledging the bigger societal pressure on children's lives. It is also important for youths to validate both Canadian values as well as traditional Bengali culture. Hence, in order to make sure a stress free sound mental health of the youths, parents should not necessarily put any pressure on their children as to their (children's) cultural preference.

7.3. BRINGING BALANCE BETWEEN FREEDOM AND PRESSURE

Youth participants think that some children enjoy so much freedom from their parents. These parents do not create any boundary, which might be appropriate taking into account the age of those children. On the other hand, some parents control their children too much. These parents make all decisions for their children and they put too much pressure on children to get a good result in school. Considering above contexts, youth groups recommend that parents should know the subtle difference that exists between freedom and control. A good balance is required.

7.4. INVESTING MORE TIME IN CHILDREN AND PRIORITIZE THEIR CHOICES

Parents acknowledge that they should spend more time with their children. They should give more effort to understand their children and increase more friendly communication with their children.

Both groups recommend that, in terms of career choice, parents should give priority to their children's choices. They admit that parents have different ways to see life and children have different ways to see life and success.

7.5. FOCUSING ON STRENGTHS INSTEAD OF WEAKNESS

Bengali parents need to shift their focus from identifying weakness to recognizing strengths of their children. When parents are able to change their focus and point of view, they will start seeing the positive attributes in their children. Focus on the strengths will empower children to make good choices which will gradually change their weakness.

Moreover, parents should respect their children's strengths and let them choose their career based on their strengths. Parents should validate the weakness of their children and help them to improve instead of putting more pressure on them.

7.6. TEACHING CHILDREN TO ACCEPT FAILURE

To facilitate growing resilience of the children, sometimes they should be given chances to fail in exams or in any similar kind of competition. During the youth groups' FGDs, youths claim that they should be given the opportunity to fail. Although parents want their children's success in every sphere of their (children) life, in practice failure is also an unavoidable part of human life. Hence, Students should be given the opportunity to choose their own way of learning from their failures. Parents should let their children fail and let them accept failure without being broken. If children learn that they have to succeed in every way, one failure might crush them completely and they might can't handle that failure and sometimes it might impact on their mental health. At one stage they even might choose to commit suicide. Sometimes they might also become dangerous or harmful to their family members. Hence, parents should teach children that failure is not always a matter of shame; rather failure can be a new way to discover success.

Some youths state that when they have a difficult time, they want their parents to stay alongside and help them to find solutions. But, in reality, they cannot share their problems with parents and if they do, they feel extra pressure on them. Parents should understand that when their children are already in a problem, they should not add any additional problems. Children expect their parents will be part of their solutions not part of their problems.

7.7. BREAKING ISOLATION THROUGH TEACHING TO SEEK HELP

According to our FGD participants, isolation is one of the most significant symptoms that can lead to a mind state suitable for attempting to commit suicide. Both parents and students opine that when people become isolated and do not find anyone to talk with, or share their pains they end up with committing suicide. Parents, friends, relatives, teachers, peers, and neighbors should be careful that students or youths do not feel isolated. Everyone can play a role to break the isolation of the youths. But, if those people are judgmental to the isolated person, they will not be able to help breaking isolation.

FGD participants also opine that youths on their own initiative should seek help from their parents, friends, doctors and teachers. They should address and prioritize their mental health issues such as stress, anxiety, and depression at an early stage. They should not punish themselves for other people's misdeeds.

7.8. ASSURING AVAILABILITY OF MENTAL HEALTH SUPPORT & RESOURCES

In Bengali Canadian community, there is always a lack of resources to address mental health issues for both adults and youths. Even though there are some resources around us, our youth and parents are not well aware of those resources. For the sake of ensuring a sound mind of both parents and youths, everyone needs to know about the resources available for all. If anyone struggles/experiences with any difficult time he or she should feel free to seek support from the resources available for them.

For instance, children should know about the services and resources such as the kids help line. If they need help, the parents should encourage them to call and seek help. Kids help line is very helpful for children to talk in Ontario. Children can discuss with someone and can find their solutions. There should be some mental health support from the community for those people who are suffering from depression or anxiety. Culturally appropriate mental health supports for the parents are recommended by parents groups. The support can come in the form of yoga, meditation, mindfulness or counseling therapy.

7.9. RECONCILIATION OF RELATIONSHIP THROUGH ENGAGEMENT

i. Arranging safe awareness sessions for parents and youth

Both parents' and children's recommendations include creating social groups where they can talk freely (both parents and children). There can be three groups - Parents Group, Children Group, and Children and Parents Group. These groups should create a safe environment for sharing children's unspoken thoughts and pains.

In fact, in Bangladeshi Canadian community there is not a single safe space or place for youth to share their thoughts. Community can build a safe space where parents and children/youth can go, share their thoughts and feelings and learn new skills. They can share and negotiate their choices and preferences separately or together.

ii. Arranging social events for children

In Toronto, the Bengali community tends to arrange family parties almost every weekend for parents. Ironically, there is no party for children other than birthday parties. Even at birthday parties, parents are busy with their peers but children are left alone and there is no special event for children. There is no parties for youth at all in family gatherings. It is recommended that parents should organize more parties for their children and youth where they will invite more children and youth. Community organizations can organize special parties for children and youth in a way that every once from the community can participate where they will get a friendly environment. This might help children growing up mentally and emotionally in a sound manner.

iii. Promoting non-competitive environment

The youths' groups recommend that the community should arrange more non-competitive games, sports and events. Competitive games create more pressure on children and parents, while non-competitive games are friendlier. They are also much more interactive and recreational. Youth groups recommend organizing non-competitive games for youth and children to keep their mental health sound. Instead of competitive games, they prefer non-competitive kind cooperative games that will bring them together and create strong bonding among them.

iv. Encouraging physical, recreational and social activities

Youth groups express that youths who are engaged with different physical, recreational and social activities appear happier and more active compared to those who are not. They recommended parents to encourage their children to engage with physical, recreational or social activities.

v. Promoting meditation or yoga for children

Youth groups think initiating meditation or mindfulness programs would be helpful to keep children’s mental health sound. For example, they recommend initiating yoga programs for children.

8. CONCLUSION

From the above-described research findings it is clear that several factors combined lead to Bengali Canadian youth committing or attempting to commit suicide. In a broader sense, those factors are mostly social and structural, which are very aligned with the existing theories as to reasons of suicide. This research leads us to a reality that the Bangladeshi Canadian community has been facing several socio-economic and cultural challenges for a long time, and those challenges have never been addressed on time. Consequently, those unaddressed problems have led to critical and chronic challenges in the community. Recent incidents of youth’s suicides can be noted as one of those critical challenges.

In view of the above stated circumstances, it is urgent to take some short term and long term measures to address the challenges. As short term measures this research suggests reducing communication gaps between parents and children through parenting awareness sessions, encouraging physical, recreational and social activities, promoting meditations and mindfulness, arranging non-competitive games, and arranging separate parties for children. As long-term measures this study recommends teaching children how to accept failure, helping children to solve their own problems, breaking isolation of children, teaching children to seek help and explain their struggles, teaching parents to know the fine line between freedom and pressure, investing more time on children by parents, helping children prioritizing children’s choices, making availability of mental health resources and identifying a common ground between traditional Bengali legacies and Canadian values. The above recommendations can be implemented by the families, community agencies/groups, community leaders, and the different tiers of governments in Cana

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Appendix # 1. INFORMED CONSENT FORM

Informed Consent Form

INFORMED CONSENT FORM

Dear Participant,

You are being asked to take part in a research study regarding recent trend of committing suicide amongst youth of the Bengali Community of Greater Toronto Area (GTA). We are asking you to take part because you contacted us through our flyer which we have posted around the community. Please read this form carefully and ask any questions which you may have before agree to take part in the study.

What the study is about:

The purpose of this study is to explore reasons behind trends of committing suicide amongst Bengali-Canadian youths residing in the GTA.

What we will ask you to do:

If you agree to be in this study, we will conduct some Focused Group Discussions (FGDs) where you will participate and answer our questions to be posed to all FGD participants in general. The FGD questions will include questions about your knowledge and perception regarding reasons behind Bengali-Canadian youth's tendency of committing suicide. The FGD questions will also ask your suggestions regarding taking steps to stop the youth's tendencies of committing suicide. Each FGD will last for around two hours.

Risks and benefits:

There is a chance that you may find some clues that may help you to decide about your doings on the issue of Bengali-Canadian youth's tendency of committing suicide.

There are no direct benefits to you. But the understandings you might gain from participating the FGDs might help the Bengali Community of the GTA.

Compensation:

Since we have no formal funding to conduct the research study, there is no financial compensation for participation. Your voluntary participation will be highly appreciated. .

Your answers will be confidential:

This interview will be recorded but the records of this study will be kept confidential. In any sort of report we make public, we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access

to the records. If we tape-record the interview, we will destroy the tape after it has been transcribed, which we anticipate will be within two months of its taping.

Taking part is voluntary:

Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part, there will be no penalty. However, if you decide to take part, you are free to withdraw at any time.

If you have questions:

The researchers conducting this study are Prof. Dr. Purnima George, Dr. Shawn Mahatab, and Nasar Ahamed and Golam Mostafa. Please ask any questions you have now. If you have questions later you may contact us at 647-857-9072 or at nesar.net@gmail.com.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your signature: _____

Your Name (printed): _____

Date: _____

This consent form will be kept by the research team for at least three years beyond the end of the study.

Appendix # 2 FOCUSGROUP DISCUSSION QUESTIONNAIRE

Appendix- FDG Questionnaires

Exploration of the reasons of suicide in Bangladeshi youth residing in Toronto

The actual prediction of completing suicide is virtually impossible, identifying people at risk could help to expand and modulate preventive measures. Suicide risk factors differ not only in different countries but also in different regions of a single country. In this present study, we would like to focus on individual, societal, structural and other risk factors associated with the vulnerability to suicide of the young population from Toronto, Canada. We would investigate varied factors leading to both committing and completing a suicide attempt.

Before conducting our Focus Group Discussions (FGD), we need to make sure that participants feel safe to share their thoughts. In this connection, we are committed to keep participants' statements and opinion confidential.

We also need to get participants' consent that there is no visible harm exists for them to participate in this FGD. However, it is expected that the participants should use their own discretion while participating in the FGD. Since this research concerns a sensitive theme, we plan to provide the participants with required resources so that they can avail help in case of feeling emotional distress after sharing their thoughts and stories during the period of FGD.

Ground Rules

To make our discussion more comfortable for everyone and to run the discussions in a smooth manner, there are a few ground rules that we will need to follow as below: [*Posted on flip chart*]

- Everyone's input is important and we will work hard to make sure everyone has a chance to speak.
- Allow one person to speak at a time.
- Please avoid side conversations.
- We may need to cut a discussion short in the interest of time.
- It is ok to disagree with someone's opinion. However, please always show respect to everyone.
- Please turn all cell phones off.
- All responses are confidential, and the names of others who are participating in the discussion are also confidential, so please feel free to speak your mind.
- Do you have any questions before we begin? Let's start with introductions.

DISCUSSION QUESTIONS

1. **What does come to your mind when you heard about the recent suicide incidences in community?** (*This question will help us to articulate the automatic thoughts of people regarding suicide and how people perceive it*)

2. Which factors do you think made the victims of suicide cases vulnerable to take decision of committing suicide? In your view, what are the probable crisis factors and reasons behind the recent suicidal incidents amongst Bengali Community of Toronto? You can choose one or more than one reason from below or you can state any other reason that you deem fit.

- Cultural integration,
- Direct /Indirect Racism
- Direct/Indirect discrimination,
- Anxiety deriving from Immigration status,
- Hardship from Parents
- Cultural dissimilarities between own community and mainstream Canadian community
- Relationship with other ethnic group
- Communication gap deriving from Language gap- between Parents and Children,
- Freedom of choice (children),
- Religious pressure coming from Parents,
- Failure in School,
- Chronic illness
- Grief or deep sorrow out of losing some one (loss of close one),
- Financial Crisis
- Broken family,
- Over expectations from parents
- Relationship problems
- Too much dependence on modern technology or virtual world (e.g. facebook, twitter)
- Lack of proper social integration- inability of making friendship
- Lack of access to essential recreational activity,
- Identity crisis (LGBT, Immigrant, Islamic identity),
- Addiction (Drug, Alcohol, gambling, lottery, computer games, sex, pornography), ---
- Mental illness (isolation, depression, anxiety)

3. What are your recommendations for preventing Suicide in Bengali young population in Toronto? (In different level such as individual, Family, community, administration level)

Thank you for taking your time to talk with us today. This information will be combined with responses from other individuals who have participated in our research, and a report of this FGD will be produced in months. If you have any questions, or anything that you would like to add, please don't hesitate to contact us.

Informed consent: Informed consent will be taken before conducting the FGDs.

-----End-----