

LOSING BANGLADESHI QUEERS TO SUICIDE



BY I SAYED

This article is a collaboration with Rasel Ahmed, a community-based filmmaker and queer archivist. As queer community organisers we often encounter people who have previously struggled or presently struggle with suicide, or who have lost their queer friends to suicide. We are writing this article based on our memories, community members' detailed accounts of their close friends, as well as published materials. We are not certified social workers, nor mental health experts. We only speak to the experiences we know about. Our observations are in no way comprehensive. We write in hope to open a wider conversation about the many ways in which we are losing our queer kins to suicide in Bangladesh.

TRIGGER WARNING: This article contains descriptions and details of suicides which may be upsetting to some people.

NOTE: The names in the article have been changed in cases requiring anonymity. I Sayed is a queer poet and writer from the Bengal delta.

In one of the last calls to his friend Shan said, *"I think I won't live too long. There's something tragic ahead of me."* In late 2019 we lost Shan to suicide when he was 23 years old. Two years prior we lost Sajjad to suicide when he was forced to undergo a heterosexual wedding. Beside these two we witnessed many of our Bangladeshi queer friends struggling with depression, anxiety, and suicidal thoughts. Around the world, LGBTQ+ people, particularly youth, are at higher risk of suicide. In Bangladesh, where homosexuality remains criminalised under section 377 of the Bangladeshi penal code, a colonial remnant, the government does not officially track suicide in the LGBTQ+ community. The non-governmental estimates are irregular. In 2015 Roopbaan and Boys of Bangladesh completed a 571-participants survey of LGB individuals.

They found that over 20 percent of the respondents, who reported feeling mentally stressed due to their sexual orientation, admitted “to harbouring self-hatred and suicidal thoughts.” Human Rights Watch’s interview with six trans men from different parts of the country revealed that all of them “had attempted suicide at least once and, in some cases, a few times in their lives.”

According to Bangladesh police data, there were over 11,000 suicides across the country in 2018. But news of queer suicides continue to be rare and unreported. Often families hide suicides in order to avoid social stigma, media scrutiny, and police investigations. It is worth noting that attempting and abetting suicide is criminalised in the country’s current penal code, and the media is not sensitised to report suicide with empathy. There isn’t much information or research available online.



Photo Credit: Reuters

Grief and loss through queer suicides continues to be deeply felt in the Bangladeshi queer community. Most times LGBTQ+ suicides are reported and remembered through informal community conversations. Some stories are shared in secret online groups. Oral histories and first-person accounts are primary sources of queer suicide stories in Bangladesh. When queer organisers drafted a submission for the UN's Universal Periodic Review 2017 they reported at least 5 queer suicides since 2016. Gay suicides are relatively more visible, indicating the greater access to voice their struggles and higher social value placed on men's lives. Suicides among hijras, kothis, trans, lesbians, and others almost routinely fall out of the media and community radar. Several of our lesbian friends attempted suicide, yet no public conversation exists on the topic. Dhee, a lesbian comic strip, was an exception as the comic told the story of a girl who contemplates committing suicide. At the time of this writing, our friends in the hijra community are still mourning Shima, who was lost to suicide last month.

What drives suicides in the Bangladeshi queer community? One broad answer could be homophobia. From the stories we encounter we see a pattern of homophobic abuse and mistreatment within families and wider social circles leading eventually to suicide. Upon coming out queer individuals face family abuse and pressure to conform to heterosexual roles, as well as rejection and exclusion from friends and family. For instance Sajjad's family forced him into a wedding in order to "fix" his homosexuality. Srabon attempted suicide last year during a visit to his family when his siblings and relatives excluded him from his

inheritance. Among queer men kothis (effeminate men) and trans men are more susceptible to homelessness and financial insecurity. Younger queers are prone to facing more stigmatisation and abuse. Sakib, a 23-year old gay college student, faced online and offline homophobic verbal abuse for his feminine appearance. He attempted suicide two months ago. In workplaces queers face bullying, harassment, and exclusion. Asad, a 32-year old gay man, working a white-collar job was outed in his workplace, started to face homophobic slurs and harassment, and eventually lost his job in 2018. He attempted suicide.

The queer community is not a safe space for all queers. LGBTQ+ community members engage in exclusionary practices along lines of skin color, beauty, class, regionality, language, and effeminacy. A recent conversation in a closed group is a case in point. Group members were sharing their romantic and sexual preferences. They explicitly stated that they are not attracted to effeminate men and crossdressers. When this internalised sexual hierarchy was called several community members responded in a tone of compromise: *“We can tolerate such people, but are not sexually attracted to them.”* Alongside toxic attitudes such as preference for fairer skin, anti-blackness, and body shaming are common in the social and dating scene. Trans men have pointed out that when community members talk about their attraction to men it does not include trans men. Summing up these exclusions one trans member stated, *“people in the community are often more cruel and intolerant than the people outside our community.”*

But toxic behavioural patterns are not sufficient to explain everything that leads to queer suicides. Individual fear and rejection of queerness alone cannot produce the conditions under which queer people commit suicide. Much like in other contexts there is something deeper and more pervasive at work in Bangladesh. We need to look at the complex set of cultural, social, economic and political arrangements positioned to discriminate against Bangladeshi queer people. This heterosexist system takes heterosexuality as the norm and considers everything outside heterosexuality as deviant, punishable, unworthy of life and dignity. Through a wilful absence of laws, policies, programs to support queer lives, the Bangladeshi state backs heterosexism's prevalence in society and turns a blind eye to heterosexist damage across homes, workplaces, public spaces, and institutions.



Photo Credit: Getty Images

There are no social services such as homeless shelters, healthcare, education, employment support and so on for LGBTQ+ people. On the mental health front there are no targeted suicide prevention programs and there's no mention of LGBTQ+ people in the mental health policies of the Bangladeshi state. Even NGOs that work on mental health fail to address the silent multiplication of suicides in the LGBTQ+ community. More available are counseling and therapies that attempt to “cure” queer people. Raihan, a gay teenager, came out to his mother and was taken to multiple doctors who promised his mother that they could “cure” his homosexual “disease”. Raihan has been struggling with suicidal feeling since last year and attempted suicide twice under the multiplied burden of family abuse, economic hardship, and a breakup with his boyfriend. In the absence of any adequate state response towards the murder of two gay activists in 2016 the atmosphere of fear has deepened. This has led some families putting more pressure on their queer members to lead a “normal” life.

Under prevalent heterosexist conditions, queer people survive interconnected chains of depression, anxiety, and traumas daily. Given these circumstances, intimate partner violence and failure in romantic relationships also at times trigger suicidal attempts. Diya, a hijra NGO worker, committed suicide by hanging, following a fight with her boyfriend in 2006. Such stories are not uncommon, as was also documented in the Bangladeshi LGBT publication, Roopbaan magazine's article titled “*Suicide!*” in the second issue.

THE WAY WE LOST SHAN

Shan's life story exemplifies several important conditions that lead to queer suicides in Bangladesh. We chose to tell this story as a way to honour Shan's struggles and to not allow his memory to disappear into a heterosexist amnesia.

Shan came from a family of five. From childhood through his teenage years Shan's stepmother and sister bullied him for his "feminine behaviours." They scolded him and pejoratively called him "*hijra*", which is a gender-based community that identifies as neither male nor female. Since Shan's father disliked Shan's gender expression he turned a blind eye to the domestic abuse for years. At school teachers and friends bullied Shan for wearing makeup. Leaving his family home did not bring a better future. After high school Shan moved out, continued his education in a private college and lived with his uncle in Dhaka. Here he faced abuse at the hands of his uncle and his cousin for his feminine gender expression and had to move once more. Leaving home was not simply a physical act for Shan. It was an immensely taxing mental maneuver. From the time Shan left home he would call his close friend to talk about his depression and suicidal tendencies. He talked about feeling distant from his father and resenting his biological mother for having left him as a child.

Leaving his family home also meant losing monetary security. When Shan moved out of his home his father decided to discontinue funding his education and living expenses. In the absence of any social services

for homeless youth Shan was forced to move into a shared living situation in a low-income neighbourhood. He lived in a tiny “*jhupri*” room with his roommate (also a young gay man). They shared two bathrooms and a kitchen in a cluster of 25 other rooms each with multiple tenants. Without any family support Shan relied on his roommate for food and clothes while he paid for rent and education by taking on odd jobs and sex work in the upper class circles of Dhaka’s urban society.

Surviving alone exposed Shan to social risks. Once Shan got involved in sex work, his friends recounted, Shan also got involved with drugs. At one point the police arrested Shan with one of his clients. Shan then got embroiled in a court case where his client was charged with violation of Article 377 and faced jail for three years. After leaving home between 2014 to 2019 Shan struggled to find a place where he could live with dignity and acceptance. He returned to his family home in 2019. The old abuse restarted. His brother-in-law beat him and his sister refused to give him food regularly. Shan would call his friends on the phone saying, “*I haven’t eaten in two days. They are buying food, but they are not giving me any.*”

Later in 2019 Shan used his sister’s orna, a type of long scarf, to hang himself. The exact circumstances leading to the suicide remain obscure as Shan’s family did not allow a post-mortem and buried him soon after. The series of domestic, economic, educational, and housing struggles that led to the moment of Shan’s suicide could have been avoided.

A FAILED HEALTHCARE SYSTEM

The ongoing COVID-19 pandemic is showing once more how Bangladesh's healthcare system is unreliable, inequitable, and inaccessible. When it comes to mental health Bangladesh's healthcare system lacks resources. In 2017, the World Health Organisation reported that there are 0.13 psychiatrists per 100,000 people in Bangladesh, an alarming situation reflected across the entire mental health workforce. The Bangladeshi government spends a miniscule 0.44% of health care expenditure on mental health. There exists no social insurance for mental health services which makes accessing mental health service a luxury. Bangladesh lacks any robust and inclusive mental health policy that recognises the unique experiences of queer people. A handful of pro-LGBT+ counseling and therapy services exist in the country but their knowledge is not common within the queer community and not everyone can afford them. General phone-based support services, such as Kaan Pete Roi, help only to a certain extent and then refer queer people to doctors in public hospitals. In the present political climate queer people rarely trust these government avenues.

ORGANISING QUEER RAGE

In the meantime queer community organisers are working with scarce resources to save queer lives. One group raised donations to support private counseling services for members who couldn't afford those services. Another collective of queer organisers are training themselves and practicing community counseling to support each other.

Standing between roadside teastalls in north Dhaka Asad told me one evening, *“I wish to kill myself, not because I do not love myself. I do. But I hate this world... so cruel, inhospitable, hurtful.”* Queer suicide, for him, is an act militating against the injustices of the heterosexist world. That is to say, as Joon Oluchi Lee suggests, suicides are *“not necessarily an act of fear or escape.”* Queer subjects are enraged about the world’s unfairness and have no outlet to direct that anger. So they redirect that rage, in Lee’s poignant words, *“against the very flesh that encloses the heart that feels hurt.”* Aside from demanding inclusive policy, laws etc., the foremost and pressing responsibility for queer community organisers is to care for and make space for those hurting hearts; to rechannel that rage away from turning inwards among our queer kins, and more justifiably towards dismantling those institutions and processes that multiply hurts in the world around us, against us. Recognising our individual and collective struggles with suicide as vast reservoirs of agency that can transform our present could take us towards queer horizons of mental health liberation.



Credit: Governor Tom Wolf/Flickr