

Covid-19 Suicidal Cases in India in the Light of Poverty: Upcoming Challenges for India in Terms of Economy

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Abstract

Many suicide cases of Indian COVID-19 get attention from news and social media, even though no particular study has significantly assessed COVID-19's causal factors for suicide. Therefore, 125 COVID-19 suicide cases are covered by current research (aged 19 to 65 years; 63 cases were males). The causes of suicide include Fear of COVID-19 (n=21), after financial problems (n=19), sole, social boycott and quarantine pressures, COVID-19 positive, work-related stress, incapacity for lockdown and incapacity to get alcohol. Fear of COVID-19. Given the severe psychological effects of COVID-19, extensive tele-mental health services throughout the country are urgently needed.

Keywords: Suicides in India; health and economic crisis; COVID-19 suicide; Poverty and suicide.

Introduction

Coronavirus (COVID-20) has become a significant global mental health issue (Mamun and Griffiths, 2020a). Including past pandemics, the general populace and the professional health care providers both reported inexplicable emotional pain like sorrow, fear, worry, concern, stress and trauma. adjustment disorder (Ahorsu et al., 2020; Frank, Fatke, Frank, Förstl, & Hölzle, 2020; Mamun & Ullah, 2020). In extreme cases, these mental distresses accounted for about 90% of suicides globally (Mamun & Griffiths, 2020); similar results have also been found in the wake of stressful experiences (Mamun & Griffiths, 2019). Thus, an increase in suicide rates during and after a pandemic is not surprising but relatively more frequent. In India, for example, COVID-19 dread has been linked to suicide attempts (Dsouza, Quadros, Hyderabadwala, & Mamun, 2020). In addition, a non-representative research with just 125 cases showed that the overall COVID-19 risk factors included (a) remoteness and alienation, (b) global recession, (c) healthcare professionals' mental illness and (d) prejudice and social rejection (Thakur & Jain, 2020). The research is indeed not typical because there is no global or national assessment of COVID-19 instances. As a consequence, selecting one suicide case per causality is likely to limit the assumption of the global COVID-19 risk factors, reducing the overestimation of the major risk variables in more general terms during the crisis period. Additionally, the German Finance Minister's death was presented as an economic depression suicide case rather than examining general economic crisis victims, which is totally unable of demonstrating lockdown-related economic recession suicides among the general population (Thakur & Jain, 2020). As a consequence of these unrepresentative and skewed findings, we decided to investigate the natural COVID-19 suicide reasons by analysing all COVID-19 suicide cases in a developing country like India. According to the Times of India, one Indian commit suicide every four minutes, according to the most recent statistics released by the National Crime Records Bureau (NCRB) for the year 2019. That implies that 15 Indians die per hour on average. A total of 1,39,123 suicides were recorded in the nation in 2019, representing a 3.4 percent raise over 2018, while the suicide rate rose by 0.2 percent in 2019 over 2018.

2. Method

The present study, like previous retrospective suicide studies conducted in emerging South Asian nations, relied on the media reported suicide occurrences (Mamun & Ullah, 2020; Armstrong et al., 2019; Mamun & Griffiths, 2019). We utilized a purposive selection technique from March 2020 to May 27, 2021, to pick prominent English Indian internet publications. This research only covers the news that happened due to a fair of covid, an economic crisis caused by a lockdown, and positive covid. The research eliminated duplicates of the same news in numerous reports and suicide cases unrelated to COVID-19.

This article used the qualitative methodology in analysing the selected newspapers. The sample of the current study consist of 16 suicidal cases, as reported in major Indian newspapers. The qualitative research methodology helped the researcher to read and understand literary texts, read and read serval times in the process of analysing data. It also assisted in studying the literary texts through different perspectives of characters (Suleman & Rahman, 2020). Creswell (2011) talks about qualitative research and how a researcher explores the variables. He mentions:

Qualitative research is best suited to address a research problem in which you do not know the variables and need to explore. The literature might yield little information about the phenomenon of study, and you need to learn more from participants through exploration. For example, the literature may not adequately address the use of sign language in distance education courses (p. 16).

This study used qualitative content analysis method in order to analyse the texts written in the selected newspapers. The primary content analysis technique was used to examine content generated by a pre-existing, natural sources reservoir of information, such as newspapers, historical records, consumer diaries, movies, social media blogs, television programming, and email exchanges (Suleman & Mohamed, 2019; Suleman, Mohamed & Ahmmed, 2020; Lindgren, Lundman & Graneheim, 2020).

3. Suicide Cases

The current study, like other retrospective suicide studies performed in India (Armstrong et al., 2019) where the national suicide database is missing, used techniques of collecting suicide data from news stories. From March 2020 to May 2021, 125 suicides were reported in the Indian press (i.e., news reports in both English and Urdu languages). This research examined 16 suicidality instances (i.e., 12 completions and four attempts) linked to COVID-19 problems. About 12 of the fatalities were men, most of whom had been affected by the economic downturn, and just four were at risk of COVID-19 infection (Table 1).

Table 1

Suicidal Cases reported in the Indian Newspapers

Number of Cases	Suicide date/ Victim's state/City	Gender	Age	Suicide Reason	COVID-19 suicide reporting news report source
90	March to August, 2020 Gujarat	Nr	NR	Tested positive for <u>coronavirus</u>	https://www.business-standard.com/article/current-affairs/stress-self-injuries-and-suicide-india-battles-mental-health-crisis-as-covid-tally-spikes-120091300331_1.html
1	April, 2020 Bengaluru	Male	NR	Tested positive for COVID-19.	https://www.dnaindia.com/india/video-covid-19-patient-commits-suicide-in-bengaluru-2822762
1	March, 2020 Kerala	Male	NR	Unavailability of alcohol due to lockdown	Hindustan Times
1	May, 2020 Punjab	Male	32	Unemployed due to Covid-19 lockdown	https://www.dnaindia.com/television/report-tv-actor-manmeet-grewal-commits-suicide-neighbours-refuse-to-help-fearing-he-had-coronavirus-2825055 .
1	May, 2020 Jammu & Kashmir	Male	50	Fear of COVID-19 infection	The Telegraph
1	May, 2020 Haryana	Male	54	Probable fear of COVID-19 infection as of his wife tested positive	Hindustan Times

2	September, 2020 Panipat	Male/female	28/19	Losing job during the lockdown	https://www.business-standard.com/article/current-affairs/stress-self-injuries-and-suicide-india-battles-mental-health-crisis-as-covid-tally-spikes-120091300331_1.html
2	September, 2020 Uttar Pradesh	Males	NR	No work and were stressed	https://www.business-standard.com/article/current-affairs/stress-self-injuries-and-suicide-india-battles-mental-health-crisis-as-covid-tally-spikes-120091300331_1.htm
4	September, 2020 Barabanki	Females	NR	Business had failed	https://www.business-standard.com/article/current-affairs/stress-self-injuries-and-suicide-india-battles-mental-health-crisis-as-covid-tally-spikes-120091300331_1.htm
2	September, 2020 Delhi	Males	42- and 47	Financial crisis and loss in business	https://www.dnaindia.com/india/report-two-jeweller-brothers-found-dead-in-chandni-chowk-shop-suicide-note-mentions-financial-woes-2839580 .
1	September, 2020 Odisha's, Bolangir district	Male	50	His nephew tested positive	https://www.business-standard.com/article/current-affairs/stress-self-injuries-and-suicide-india-battles-mental-health-crisis-as-covid-tally-spikes-120091300331_1.htm
2	September, 2020 Jaipur	Males	28 and 49	Covid-19 diagnosis	https://www.business-standard.com/article/current-affairs/india-s-patchy-mental-healthcare-system-failing-to-deliver-during-pandemic-120090500147_1.html .

1	December, 2020 Amritsar	Female	NR	She suicides apparently upset over the government's failure to release the dues owed to her late husband, a doctor who died in August while undergoing COVID-9 treatment himself. Dr Sonia Sharma, who died on Monday, is survived by a son and daughter.	https://www.ndtv.com/video/news/news/coronavirus-india-awaiting-late-husband-s-dues-amritsar-covid-warrior-dies-by-suicide-570092 .
7	April, 2021 Uttar Pradesh	Male/ females	20 to 40	Depressed during lockdown	https://www.dnaindia.com/india/report-noida-sees-seven-cases-of-suicide-in-24-hours-most-relate-to-mental-stress-2883812 .
1	April, 2021 Uttar Pradesh	Female	30	Depressed due to tested positive for COVID-19.	https://www.dnaindia.com/india/report-woman-doctor-jumps-of-14th-floor-apartment-after-testing-covid-19-positive-paramount-floraville-in-sector-137-noida-2887694 .
1	April, 2021 Ludhiana, Punjab	Male	35	Fear of covid-19	https://www.dnaindia.com/india/video-covid-19-patient-dies-allegedly-by-suicide-in-ludhiana-hospital-2887313/amp
1	April, 2021 Patna (Bihar)	Female	NR	Husband killed his wife after she tested positive for COVID-19.	https://www.ndtv.com/patna-news/patna-man-allegedly-kills-wife-after-she-tests-positive-dies-by-suicide-cops-2422102
1	April, 2021 Bengaluru	Male	61	Depressed due to Covid-19	https://indianexpress.com/article/cities/bangalore/covid-19-patient-dies-by-suicide-at-bengaluru-hospital/

1	April, 2021 Madhya Pradesh	Female	NR	She was stressed and committed suicide because she was lost her three of family members due to covid-19.	https://indianexpress.com/article/india/mp-woman-dies-by-suicide-after-death-of-3-family-members-7285307/
1	April, 2021 Vadodara	Male	21	Depressed because of covid-19 duty stress.	https://indianexpress.com/article/india/vadodara-final-year-mbbs-student-dies-suicide-covid-duty-april-30-7303264/
1	April, 2021 Vadodara	Male	38	testing positive for Covid19 and home quarantine due to mild symptoms	https://indianexpress.com/article/india/man-in-isolation-dies-by-suicide-7263426/
1	May, 2021 Delhi	Male	NR	Depressed, severe stress due to covid-19	https://www.dnaindia.com/india/report-doctor-at-top-delhi-private-hospital-covid-19-ward-commits-suicide-2888594,
1	May, 2021 Vadodara	Male	43	depressed since he had tested positive for Covid-19	https://indianexpress.com/article/cities/baroda/engineer-42-dies-by-suicide-in-vadodara-7323802/

4. Covid-19 and Government of India

The COVID-19 issue could not have come at a better moment for the BJP administration, which large-scale demonstrations had shaken after the passing of the Citizenship Amendment Act (CAA) in December 2019. The Act facilitates the grant of Indian citizenship to non-Muslim minority religions from Afghanistan, Bangladesh, and Pakistan, but does not apply to Muslim applicants. It is the first time that ethnic stereotyping, which is explicitly prohibited by the Indian Constitution, has been used to deny Muslim applicants' citizenship in India. The National Register of Citizens (NRC), a ruthless bureaucratic activity conducted in the north-eastern state of Assam that endangers almost two million people with statelessness, will be enhanced to entirely cover the country, Indian Home Minister Amit Shah announced in the Indian Parliament in the summer of 2019. Fears that the two measures would be combined—that the NRC would label impoverished Indian Muslims without necessary documentation as foreigners while the CAA would bar them from seeking citizenship—sparked widespread anger throughout the nation.

Throughout the country, millions of citizens, from all ages, religions, ethnic and caste backgrounds, and political beliefs, protested the anti-Islamic character of the New Law. These demonstrations were first dominated by young people. The demonstrations of student marchers were reflected by Dalit, LGBT, and political opponents throughout Indian society. Furthermore, the intensity of these protests was evocative of the fight for decolonization by India: the syndicate movement by trade union called for the national shutdown on 8 January 2020, which attracted an estimated 250 million protesters throughout the country (Mathur, 2020). If there was any fear that the opposition to anti-Muslim measures enforced by the government would have a multi-religious character, it would soon give way to an unexpected reaction which rejected Muslim's

involvement. Parallels exist in this connection to the way in which, after George Floyd's killing in the United States, the Black Lives movement took on momentum. The Shaheen Bagh Movement was the lasting symbol of anti-CAA/NRC/NPR. Prolonged sit-down protests were conducted in Shaheen Bagh, New Delhi, on the 24 March 2020 day of a news of India's lock-up, by a group of Muslim women (many old) and their allies, three days after the CAA passed in December 2019, and was stopped by police.

The shutdown in India, declared on March 24th with just four hours' notice, is among the most severe announcements in the world (Hale, Petherick, Phillips, & Webster, 2020). PM Modi was solely aimed for Indians whose socioeconomic position provided for lifestyles comparable to those witnessed in the wealthy north of Italy before and after lockdown implementation. PM Modi may have instructed the Indians to do the same on 22 March, inspired by images of Italians in jail who sing from the balconies to each other. Crowds stirred up one other following misinterpretation of the low order of Central Government in noisy public protests throughout the country and mocked all prior official calls to preserve appropriate social distance. The central government has carried out some other tricks to delight its supporting working class people rather than using the shutdown duration to test, trace and limit the transmission of the infection, including a synchronised "challenge the obscenity" candle-light candlestick monitoring guideline in April, which requires considerable planning to prevent potential damage to electric grid systems and a warplanes-showering flyover.

All that for nothing. Conventional economics is baffled by an unusually harsh lockdown that has resulted in the worst of all possible worlds—the "double shock" of out-of-control rates of illness and mortality coupled with spectacular economic collapse, in the words of Kaushik Basu. Thus, Basu writes: "At the time of the announcement, with a four-hour notice, there was a natural expectation that the government had plans of how to handle the sudden stoppage of work and movement of people and the break-in supply chains. However, there was no evidence of any of these ancillary actions. I do not have enough information to know what plans there were, but the total absence of any supporting action, to ramp up testing, expand the medical sector and to help the millions of stranded poor workers, was baffling" (Basu, 2020).

The lockdown has inevitably caused a repression as well. Senior BJP leaders have vilified all Muslims and prompted concerns of the "Corona-jihad" following a March 2020 finding of a COVID-19 cluster of cases traced from Tablighi-Jamaat, an Islamic organisation headquartered at New Delhi. It has targeted Muslim minority throughout India (Jain, 2020; Mathur, 2020). It also covered the erosion of the key legal protections for Indian work — some authorities have passed ordinances authorizing the 12-hour working day and removing grievance remedies. These attempts are predicated on a widely held conviction that labour friendly rules have hit India's industrialization, a concept that is categorically rejected by economist Aditya Bhattacharjea's comprehensive explanation (Bhattacharjea, 2020). COVID-19 has enabled the ruling party to detain and punish students from universities and public figures who have been speaking out against CAA-NRC-NPR anti-Muslim machinery with impunity earlier this year (Mathur, 2020). The space provided by this movement for hope falls farther away with the passage of each day.

On January 30, 2020, India verified its first case of 2019n-CoV in Kerala. Following a rise of infected cases in various nation areas, the Indian government decided to declare a state of emergency throughout the country on March 25, 2020, lasting until April 15, 2020. COVID-19 has already expanded to 17 states in India. People with diabetes and cardiovascular illnesses were also fatalities in India. The Health Ministry has revealed that 42 percent of COVID-19 patients are between 21 and 40. (ET, 2020). From January 3, 2020, to 2:39 pm CEST on May 27, 2021, there were 27,369,093 confirmed cases of COVID-19 in India, with 315,235 fatalities reported to WHO. A total of 200,494,991 vaccine doses have been given as of May 24, 2021 (see Figures 1 and 2).

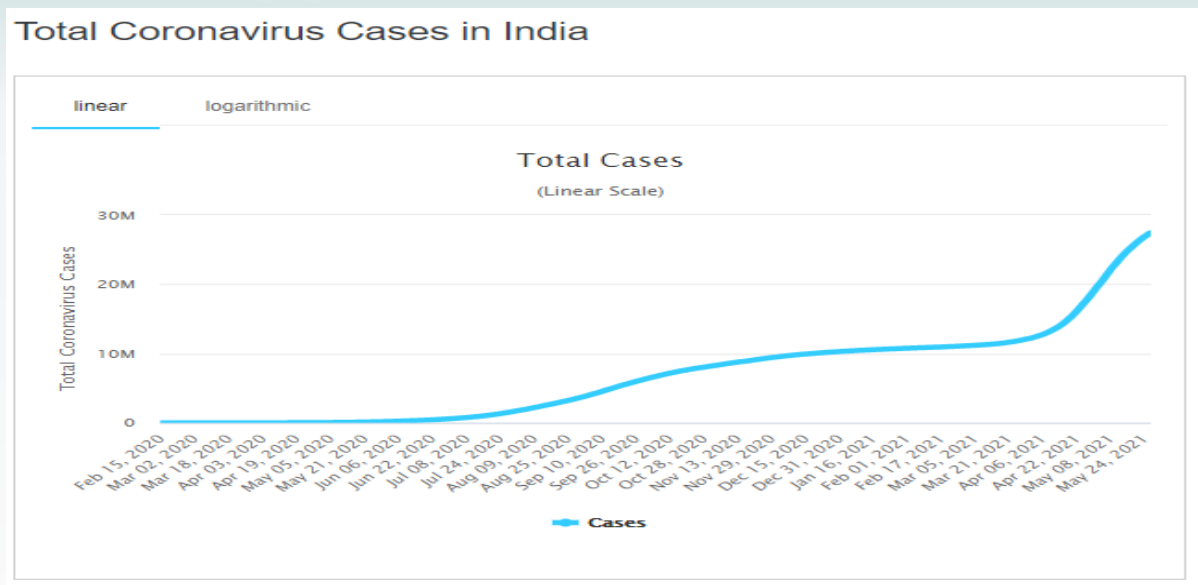


Figure 1: total coronavirus cases in India

Source: worldometer

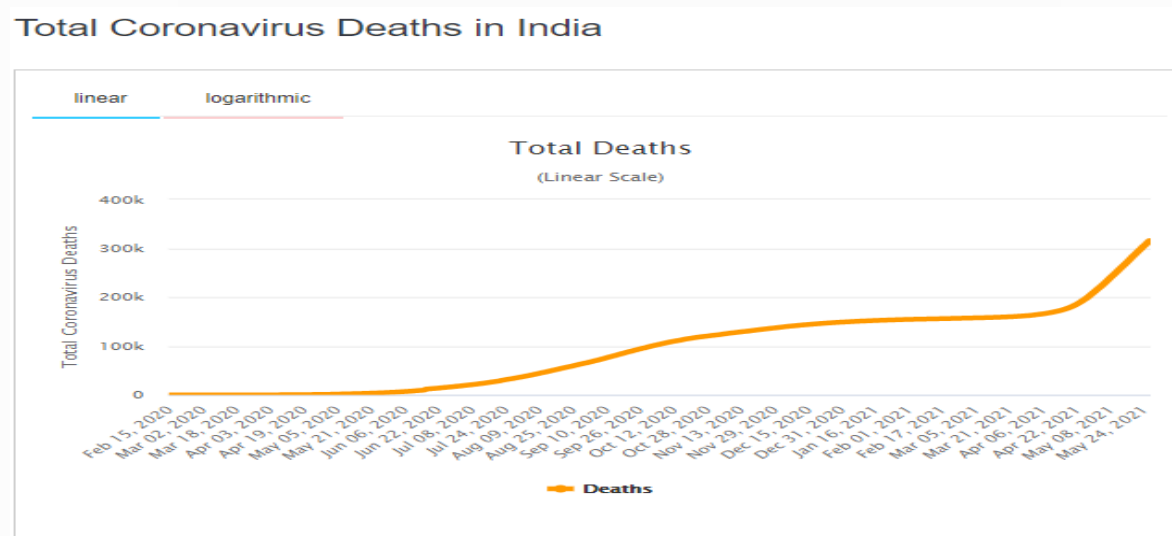


Figure 2: total coronavirus deaths in India

Source: worldometer

In order to limit the spread of the virus, the Indian government likewise implemented a total shutdown. Lockdown was used in three stages in India to suppress coronavirus infections from various states. The first phase of lockdown lasted from March 25 through April 14, 2020. The second phase ran from April 15, 2020, to May 3, 2020, while the third phase ran from May 3, 2020, to May 17, 2020. According to a recent study from the Health Ministry, 82 percent of cases are presently from 10 states, with 66 percent of COVID-19 cases coming from 50 districts throughout India. As of April 15, 2020, the number of cases in India has risen quickly, with 11,855 experiencing exponential growth. Maharashtra has the most instances in India, followed by Tamil Nadu and Delhi. The Indian government has adopted several additional preventative steps to limit and reduce the spread of coronavirus. On March 22, from 7 a.m. to 9 p.m., the country was subjected to a Janta curfew, followed by the announcement of a national lockdown phase 1.0. During the phase 1.0 lockdown, all industries, schools, universities, offices, and government officials stayed closed; only necessary goods were permitted. As a result, government laboratories are equipped with the necessary reagents to analyse coronavirus samples and guarantee coronavirus medicines in India. In addition, the Indian government organised for the evacuation of Indian nationals for their protection from nations such as Wuhan, Maldives, the United States, and the United Kingdom and

quarantined them in various locations. The Indian government has also assisted those impacted by COVID-19 via the Atmanirbhar Bharat initiative. Medical insurance is also given to all healthcare professionals who worked during the epidemic, including physicians and nurses. In addition, the government provides enough information regarding impacted instances and recommendations for public protection (MOHFW, 2020). However, India's lockdown, issued with just four hours' warning on March 24, has been considered one of the world's most severe (Hale et al., 2020).

5. Discussion

Since there are no viable therapies or vaccinations available to fight COVID-19, public health measures like isolation, social distance, and quarantine are being proposed throughout the globe. The word "isolation" refers to the limitation of infected instances, while "quarantine" refers to the restriction of social mobility on a broad scale, such as a group or community level (Hawryluck et al., 2004). Some people may find the quarantine period very onerous; for example, 15% of SARS detained people in Toronto did not believe they needed to be quarantined (Hawryluck et al., 2004). Furthermore, people who escape the quarantine may create a conflict since quarantine is required to decrease the viral transmission rate. A quarantine period without meaningful and purposeful activities, on the other hand, may result in life-threatening situations in suspected instances (Hawryluck et al., 2004).

Furthermore, such a predicament may have an emotional and psychological effect on individuals, resulting in increased rates of loneliness, fear, anxiety, melancholy, tension, and boredom (Brooks et al., 2020). In addition to the dread of infection, the psychological anguish caused by the pandemic is arbitrated by stressors such as frustration, insufficient knowledge, and financial loss (Ahorsu et al., 2020; Mamun & Griffiths, 2019, 2020; Mamun & Ullah, 2020). As a result of being unable to deal with stressful circumstances, the individual's unstable mental health problems may quickly progress to suicidality, which is more common in people with prior mental illness (Mamun and Griffiths, 2020). Furthermore, a significant percentage of the country's population lives in rural regions, where literacy is low and mental health stigma is high (Venkatesh et al., 2015). Therefore, individuals with a lack of awareness of COVID-19 and a greater level of mental health stigma may be predisposed to psychological discomfort and, in extreme instances, suicidal attempts.

Considering the above-mentioned suicidal cases caused by COVID-19, it is apparent that the majority of Indian instances are the result of the economic crisis due to long term nationwide lockdown. Though prior case studies from India and its neighbouring countries, like Pakistan and Bangladesh, indicated that the foremost few suicide cases due to COVID-19 were reported to be motivated by dread of infection and social boycott (Goyal, Chauhan, Chhikara, Gupta, & Singh, 2020; Mamun & Griffiths, 2020; Mamun & Ullah, 2020). In addition, societal isolation, distance, and financial hardship have been linked to suicide risk in another non-representative research (Thakur & Jain, 2020). On the other hand, the current research offers a more rigorous COVID-19 suicides statistic on economic recession in the general population that was not published in the earlier studies by Thakur and Jain (2020) and Dsouza et al. (2020). Like India, research conducted in another developing nation (Bangladesh) found economic hardship in all but one suicide (Bhuiyan, Sakib, Pakpour, Griffiths, & Mamun, 2020).

Economic recessions are described as financial crises, typically assessed in terms of GDP and unemployment rate, which reduces the economic productivism (Oyesanya, Lopez-Morinigo, & Dutta, 2015). Disruptions to the market recession led to lower GDP and higher national unemployment rates. Based on the magnitude of relative and asset-related risks, economic recessions are regarded a significant effect on people's mental health and wellbeing. According to one study, joblessness and unemployment substantially negatively impact psychological wellbeing problems such as hopelessness, fear, and anxiety (Rafi, Mamun, Hsan, Hossain, & Gozal, 2019), that serve as mediators of the successful suicidal attempt (Mamun and Griffiths, 2020b). A comprehensive analysis of 31 worldwide research found a link among economic downturn and higher successful suicidal attempts rate (Oyesanya et al., 2015). The present findings nevertheless confirm the previous research of increased suicide rates due to the financial crisis and economic problems in lockdowns.

The COVID-19 catastrophe threatens to overwhelm underdeveloped and emerging nations like India, not only as a public health crisis in the near term but also as a catastrophic economic and

social disaster in the months and years ahead. According to the United Nations Development Program, developing nations are projected to lose \$220 billion in revenue (UNDP, 2020). The United Nations has increased India's GDP estimate for the calendar year 2021 to 7.5%, a 0.2% rise from its January projection, although its prognosis for the year remains exceptionally uncertain. According to the World Economic Situation and Prospects report, rising Covid-19 infections and insufficient vaccine efforts in many countries threaten the global economy's broad-based recovery.

Progress in poverty reduction has stalled in India as a result of the consequences of COVID-19. 1) India's GDP shrank as a result of Prime Minister Narendra Modi's strict lockdown policies. An estimated 140 million jobs were destroyed as a result of the sudden closure of companies. 2) India's vulnerable people sank further into poverty. Four hundred million employees represent nearly 90% of India's informal employment. These employees are in danger of slipping further into poverty as a result of COVID-19. This informal economy consists of "economic activities that occur outside the formal labor market." Unskilled labor employment is generally deemed unlawful since the government does not account for the products and services generated and dispersed. Many informal jobs have vanished due to India's severe lockdown measures, which were estimated to be at the high end of the University of Oxford's COVID-19 Government Response Index, and many individuals who rely on the informal employment sector have no other options for earning a living. 3) It is expected that more women will live in severe poverty in the future. According to World Bank estimates, up to 150 million people worldwide would be living below the poverty line in 2021. Of the projected 150 million individuals, 100 million Indian women and girls, up from 87 million in September 2020, are likely to live in such circumstances. Before the Coronavirus outbreak, women outnumbered males in severe poverty. The poverty rate for Indian women is expected to rise from 13.3 percent to 14.7 percent in 2021 due to COVID-19. To summarise, India is confronted with many problems, including poverty, food insecurity, and unending natural and artificial catastrophes. As a result, a COVID-19 shutdown is a difficult option for a nation like India since many impoverished people would starve to death.

The current suicide statistics from India are clenching the nation and raising worries in other emerging and impoverished countries across the globe. Globally, it's estimated that 55% of the population does not have sufficient social security; such deficits impact education, civil rights and fundamental food security and nutrition across society (UNDP, 2020). During the Pandemic period of COVID-19, this kind of data threatens in increasing unemployment, scarcity, and hunger in the months to the fore, which are the leading causes for psychological miseries and suicidal attempt completion in severe instances. However, we have no idea how long this epidemic will go, how many individuals will go hungry, how much casualties will occur, and when this catastrophe will end (Mamun and Griffiths, 2020a). Contrary to this, national and international establishments must concentrate and assist the underprivileged voluntarily. Furthermore, no-interest and voluntary moratorium on EMI loans may be given to reduce financial recessions and responsibilities if free aid is not available due to the world's limited resources. Finally, all prior loans should give a moratorium until the conclusion of the COVID-19 epidemic to fight the economic crisis.

While suicide is a crime that has a connection to the social issues, including the fear of bullying, harm and social rules, and complicated lawsuits, the study may be limited in the country under the Crime and Tracking Network and the Systems, the Bureau of National Crime Records, the Indian Code of Penal Procedure (IPC) 1860. Despite its limitations, the present study provides fresh lock-down and recession data, which have not before been investigated by reporting all available suicide-related instances by the Indian COVID-19. It is also intended to help safeguard the disadvantaged by bringing national and international authorities' attention to the present outcomes.

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