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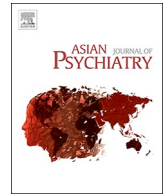
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Letter to the Editor

Cross-country comparison of media reporting of celebrity suicide in the immediate week: A pilot study



Sir,

A growing body of evidence suggests that media reporting of suicide in South-East Asia is imbalanced and poorly adherent to suicide reporting recommendations (Arafat et al., 2020b, 2020a); this is despite substantial evidence indicating a clear link between explicit media portrayals of suicides and the probability of copycat suicidal behaviour among vulnerable individuals (Pirkis et al., 2006). Media reporting of celebrity suicide is a phenomenon worthy of investigation due to its potential to trigger suicide contagion; these assertions are supported by studies which found nearly a 10% increase in suicides in the two months that followed the suicide of Robin Williams, a popular and acclaimed American entertainment celebrity (Fink et al., 2018).

To our knowledge, no published evidence exists on quality of media reporting of celebrity suicide in World Health Organization South-East Asian (WHO-SEA) region. To fill this gap in the evidence, we carried out the present research to assess and compare the quality of media reporting of celebrity suicide against WHO suicide reporting guidelines in India and Bangladesh; two neighbouring countries that share similar culture and appetite for Bollywood movies. To enhance comparability, we chose only media reports in Bangla; the predominant language spoken in Bangladesh as well as in the neighbouring state of West Bengal in India. The reference event was the suicide of Sushant Singh Rajput (SSR), a popular mainstream Bollywood actor, who committed suicide on June 14, 2020.

Two native Bangla speaking investigators searched online news portals of Indian and Bangladeshi Bangla newspapers and television channels to identify news articles that reported the celebrity suicide between June 14, 2020 to June 21, 2020. News articles where the focus was on reporting information related to the celebrity suicide such as interviews of prominent personalities, condolence messages and expert opinions were excluded. Next, the investigators performed a content analysis of the included news reports and coded all items using an online data collection proforma, which was prepared using the WHO media suicide reporting recommendations checklist, and has been used in earlier studies (Menon et al., 2020). Simple descriptive statistics (frequency and percentages) were used to depict data. Cross-country comparisons were done using Fisher's exact test. Because we only examined information in the public domain, no approval from an ethics committee was sought for this work.

A total of 21 Bangla news reports were found; 10 from India and 11 from Bangladesh. The overall analysis revealed more similarities than differences and the overall quality of media suicide reporting in both the countries was sub-optimal and imbalanced. On the one hand, reporting breaches in relation to mentioning the identification details of the decedent such as name and occupation, and mentioning the suicide method were found commonly; while on the other hand, there was very little focus on educating people about suicide while covering the event in both countries. A few statistically significant differences in reporting were noted between the countries; gender of deceased and link with life events were more commonly reported in Indian Bangla media while inclusion of photograph, tantamount to sensationalizing the report, was more common in Bangladeshi Bangla news reports (Table 1). These differences could be partly explained by increased access of Indian media to personal information such as life events of the deceased, who is an Indian celebrity, while, Bangladeshi media may have felt the need to include the victim's photographs to 'compensate' for lack of information.

Our findings are limited by the small sample and inclusion of only regional language media reports. Bias arising from single investigators coding the data was sought to be addressed by conducting an initial video-based training session to both data coders by an investigator with prior experience of conducting such studies (Arafat et al., 2019; Menon et al., 2020) and creating an online group, involving all investigators, where any queries that emerged during the coding was discussed and clarified.

Nevertheless, the above findings are significant because of the negative public health impact of imbalanced and insensitive portrayal of celebrity suicide by the media. It suggests an urgent need to improve the quality of media reporting of celebrity suicide in India and Bangladesh. That the quality of media reporting continues to be poor despite the existence of international suicide reporting guidelines (World Health Organization, 2017) also indicate the need for framing country or region (WHO-SEA) specific reporting guidelines that addresses locally relevant barriers to uptake of guidelines. Recent guidelines issued by the Press Council of India (2020) for media reporting of suicide forbid inclusion of photograph in the media report; this may explain why such transgressions were significantly lower in Indian reports.

However, as prior researchers have pointed out (Vijayakumar,

Table 1
Comparison of reporting characteristics between Indian and Bangladeshi Bangla media reports according to the WHO media reporting guidelines for suicide.

Variables [†]	Indian Bangla news reports (n = 10)	Bangladeshi Bangla news reports (n = 11)
Potentially harmful characteristics		
Content in the title of the news article		
Name	10 (100 %)	11 (100 %)
Age	1 (10 %)	0
Mention of “celebrity” word in the title	4 (40 %)	1 (9.1 %)
Method of suicide	1 (10 %)	1 (9.1 %)
Location of suicide	1 (10 %)	0
Reason of suicide	0	0
Life events	2 (20 %)	0
Content in the main report		
Mentions of identity of the person		
Name	10 (100 %)	11 (100 %)
Age	4 (40 %)	8 (72.7 %)
Gender**	6 (60 %)	0
Mentions about details of act		
Name of suicide method	8 (80 %)	8 (72.7 %)
Details/steps of suicide	1 (10 %)	0
Location of suicide	8 (80 %)	8 (72.7 %)
Link with celebrity suicide in the past	0	0
Link with COVID-19 or lockdown	0	0
Life events mentioned*	7 (70 %)	2 (18.2 %)
Mono-causal explanation implied	1 (10 %)	1 (9.1 %)
Details of Suicide note reported		
Photo	0	0
Photo of the victim*	6 (60 %)	11 (100 %)
Potentially helpful characteristics		
Mentions about the details of Bereaved		
Effects on bereaved	1 (10 %)	2 (18.2 %)
Interview of bereaved	0	1 (9.1 %)
Comments of bereaved	0	1 (9.1 %)
Mentions about warning signs/indication		
Warning signs	0	0
Social media post indicating suicide	0	0
Text message/phone calls indicating suicide	0	0
Mentions association with mental health issues	8 (80 %)	4 (45.5 %)
Mentions association with substance use	0	0
Mentions about evidences and preventive measures		
Expert opinion	0	0
Referring to research finding	0	0
Referring to suicide statistics	0	0
Referring about any educative/ preventive information	0	0
Mention of support service contact details	0	0

* p < 0.05.

** p < 0.01.

† Fisher's exact test was applied.

2019), merely framing guidelines may not help; they need to be embedded in a larger strategy that will most likely involve novel and collaborative approaches, involving media and health professionals, to adequately sensitize media professionals and bring sustainable changes in the quality of media reporting. We hope that this report spurs action in this regard.

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Declaration of Competing Interest

The authors declare no conflicts of interest relevant to the contents of the manuscript.

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