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Depression, Career Frustration, and Suicidal Tendencies Among University Students in Bangladesh

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Abstract

This article explores the prevalence, factors, and connections among depression, career frustration, and suicidal tendencies among university students in Bangladesh. Extreme disruptions to education during the COVID-19 pandemic have had the most significant impact on the mental health of university students. This study analyzed the status of students' mental health deterioration, factors of depression, career frustration, and suicidal tendencies. This is a mixed-methods study where 10 case studies and 350 face-to-face surveys have been conducted with the students of two separate public universities in Bangladesh. Students were selected as a sample by using purposive and snowball sampling. This study applies Durkheim's theory of suicide to identify the association between depression, frustration, and suicidal tendencies among university students. This study reveals that university students in Bangladesh experienced depression and career frustration, which are associated with suicidal tendencies. It suggests strategies that will help prevent suicidal tendencies among university students in Bangladesh.

Keywords: Depression, Career frustration, Suicide, Bangladesh

Introduction

The COVID-19 outbreak created a severe public health threat worldwide (Chen et al., 2020). In Bangladesh, the COVID-19 pandemic impacted people of all ages who went through a complex state of depression and frustration (Hasan et al., 2021). Recently, depression has been rising among university students in Bangladesh (Islam et al., 2020a). Imbalanced lives, unsuccessful pursuits, and other factors contribute significantly to the development of anxiety and depression among students (Reiss et al., 2019).

According to the World Health Organization (WHO), the COVID-19 pandemic triggered a 25% increase in the prevalence of anxiety and depression worldwide (WHO, 2022). Depression can often lead people to think about or commit suicide, creating an imbalanced situation for individuals and problematic environments for those involved. Depression is a common illness, with an estimated 3.8% of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years worldwide (WHO, 2021a). Often, a person may identify himself/herself as a burden to family, society, and finally suicidal thoughts can come to their minds (Brenner et al., 2009). Lazar et al. (2003) also note that frustration can occur when one is inhibited from realizing a goal. For instance, frustration sets in when goals are hindered by events over which individuals may or may not have any control.

Suicide is the most devastating outcome of depressive symptoms (Bulhoes et al., 2013), which come in many shapes and forms (Moreh and O'lawrence, 2016). Suicide is an individual or social problem that impacts victims, family members, and society in a broader framework. It is also expected to become a larger contributor to the burden of disease over the coming eras (Murray et al., 1996). Both mentally healthy and weak people were vulnerable to psychological stress during the pandemic and suffered depression, anxiety disorder, suicidal thoughts, and behavior. This is because of the absence of social interaction during this period. Social interaction is an important factor of both emotional and social stability (Sher, 2020; Lieberman and Olfson, 2020). The absence of social interaction increases the risk of suicide by 15% (Orsolini et al., 2020) and suicide is the third leading cause of death in young populations

(Miller and Chung, 2009). As many as 45 students committed suicide on average per month in 2022, showing a worrying trend in the vulnerable mental condition of Bangladesh's future generation (Dhaka Tribune, 2022a).

During the COVID-19 pandemic, it was demonstrated that frequent depressive symptoms, anxiety symptoms, and suicidal thoughts are more prevalent among college and university students than other secondary students. Economic crises due to loss of employment may have been associated with suicide or suicidal attempts during this period (Pathirathna et al., 2022). The rise in the number of suicides is a reflection of aggravated mental health (Bradvik, 2018; Kim, 2022). Due to a variety of issues, any individual can become a depressed and frustrated person who makes rash decisions, including suicide. However, researchers generally agree that depression is a significant risk factor for suicide (Berman, 1991; Kirk, 1993; Peck, 1986).

Scenarios of Suicidal Deaths in Bangladesh

Suicide is a significant issue in Bangladesh, with various factors contributing to its occurrence. There is no standard reporting method for suicide prevalence in Bangladesh. In addition, there is no countrywide survey, and underreporting continues to be a problem in Bangladesh. According to one investigative survey, 128.08 per 100,000 people in Bangladesh commit suicide annually (Hasan and Rabbi, 2018). The number of suicides in the first year of COVID-19 pandemic increased by 17.36 percent, with a total of 14,436 suicides (Riyasad, 2021), and in 2022, a total of 585 students committed suicide in Bangladesh (Kamruzzaman, 2022). The pandemic exacerbated depression and mental diseases throughout the country and directly led to the rise in suicide counts (Bangladesh Peace Observatory, 2022). During COVID-19 pandemic, the tendency of women to commit suicide also increased (Mamun, 2021).

At present, an average of 35 people commit suicide every day in Bangladesh, and the tendency for suicide among students is increasing (Swapan, 2022). Combining the suicides of students studying in different educational institutions in 2021, the highest suicide rate among public university students is 61 percent (total number of suicides in public universities is 101). For the medical colleges and universities, the number is 12 (accounting for 11.6 percent of suicides), at the engineering universities, the number is 4 (3.96 percent of total suicides), and for the private universities, the number is 23 (22.6 percent of total suicides) (Dhaka Tribune, 2022b; The Financial Express, 2022). The Bangladesh Peace Observatory (BPO) revealed a total of 3,444 instances of suicide in Bangladesh over the last five years (2018-2022). In 2020, a total of 770 suicide cases were recorded which is larger than in any previous year.

Aachol Foundation (2023) revealed concerning trends in their study on suicides. It found that 32.20% of students who committed suicide, 14.8% faced problems with relationships, 9.9% had mental health issues, 7.6% dealt with domestic arguments and abuse, and 4.5% were coping with family pressure. It also found that the number of suicides was 101 in 2021, 532 in 2022, and 513 in 2023. Among the victims in 2023, 227 were school students (44.2%), 140 were college students (27.2%), 98 were university students (19.1%), and 48 were madrasa students (9.4%) (The New Age, 2024). The study found that the highest number of school and college student suicides occurred in Dhaka division (149 cases), followed by Chittagong division (89 cases), and Rajshahi division (77 cases) (Dhaka Tribune, 2024). In addition, according to the report, 60.2% of the deceased were girls, whereas boys accounted for 39.8% of the suicides recorded in 2023. The prevalence of suicidal ideation was identified to range between 5% and 19.0%, whereas the rate increased over time since the inception of the pandemic (Mamun, 2021).

Table 1: Divisional Segregation of Suicidal Deaths in Last Five Years (2018-2022)

Division	2018	2019	2020	2021	2022 (till March)	Grand Total
Rajshahi	119	220	294	313	67	1,013
Dhaka	100	258	234	220	57	869
Chattogram	88	221	199	275	49	832
Rangpur	80	93	121	179	43	516
Khulna	38	106	179	72	29	424
Barishal	23	101	133	109	24	390
Mymensingh	19	42	59	58	11	189
Sylhet	17	51	50	43	12	173
Grand Total	484	1,092	1,269	1,269	292	4,406

Source: Bangladesh Peace Observatory (BPO) (2022)

Based on data from the Bangladesh Peace Observatory (2022), Table 1 displays that a total of 4,406 suicidal cases have been recorded in the last five years. The Rajshahi division topped the list of total suicidal death cases (1,013) in last five years, with Dhaka division being the second (869), and Chattogram division the third (832). It is also evident that in 2020 and 2021, when the pandemic was going on, suicide cases surged, with a total of 1,269 suicide death cases each year. It shows the increasing trends of suicides which quickly jumped to 1,269 in the year of 2021 from 484 in 2018 and 1,092 in 2019. In 2022 by the month of March, a total of 292 suicidal deaths cases were recorded. According to World Bank (2023), the suicide mortality rate (per 100,000 population) in Bangladesh was reported 3.7% in 2019, which is a 2.78% increase from 2018. In addition, Bangladesh is ranked 152nd globally out of 182 countries with 3.9% suicide rate (per 100,000 population) in 2021 (Wisevoter, 2024).

Review of Literature

In Bangladesh, depression is common and has a high prevalence rate among university students. Students who leave their homes to study face several challenges and are susceptible to depression. As mentioned above, suicide is most commonly caused by depression (Mashreky et al., 2013). The COVID-19 pandemic era hindered social activities and created psychological fears, with many people experiencing mental health problems (Banerjee, 2020), raising the potential for vulnerable citizens to contemplate suicide (Thakur and Jain, 2020). Dutta and Smita (2020) found that during COVID-19, students expressed frustration and anxiety regarding their future due to delays in graduation because of the pandemic. Additionally, there was an uptake in the prevalence of hopelessness and anxiety among students, mainly among female students (Chowdhury et al., 2022). In fact, 16.05% of the adult population in the country suffered from mental disorders (Ria et al., 2022). Another study also revealed a high tendency toward suicide, involvement in illegal activities, and a rise in depression among students who failed to attain their academic goals (Ara and Khan, 2019).

With their regular studies disrupted, the increasing challenges of online education, the demands of household responsibilities, rising uncertainty about examinations and career options, youth are at higher risk of developing increased distress during the lockdown (Jacob et al., 2020; Magson et al., 2021). Piya et al. (2022) also found that due to the COVID-19 pandemic more than 45% of the students experienced severe to moderate level of depression, 48.6% of them had a moderate level of anxiety, and 13.7% of them were unable to focus on their studies. Another study found that 48.9% of the students were strongly worried about their unpredictable future careers and faced several mental issues (Mohiuddin et al., 2021). Students had faced a high prevalence of mental health problems with 38% of depression among the general population of Bangladesh during the COVID-19 pandemic (Das et al., 2021).

COVID-19 resulted in anxiety, poor mental health status, and depressive symptoms (Faisal et al., 2022). Students from universities located in Dhaka city suffered much higher levels of depression and anxiety than students at other universities, indicating the high prevalence of mental health problems among students living in urban areas (Islam et al., 2020b). Stress, worry, depression, and suicidal thoughts are prevalent among students in Bangladesh (Tasnim et al., 2020).

One of the main consequences of depression is related to a strong association between frustration, suicidal thoughts, and suicide (Verona and Javdani, 2011; Cash and Bridge, 2009). Studies revealed that public university students who committed suicide more often have a history of depression, hopelessness, family conflicts, relationship break-ups, lack of social support, financial crisis, and academic stress before their attempts, and the suicidal ideation rate was 23.9% (Urme et al., 2022; Roy et al., 2023).

In the context of South Asia, educational pressure is influenced by various factors such as globalization, historical context, poverty, and lack of educational facilities. The overall suicide rate in Asia is roughly 19.3 per 100,000, about 30% higher than the global rate of 16.0 per 100,000 (WHO, 2014; De Leo et al., 2009). India and Sri Lanka have the highest suicide rate (12.9%) in the Southeast Asia region (WHO, 2021b). In fact, over the five years from 2016 to 2021, the number of student suicides in India has risen by 27% (NCRB, 2021). Suicide data in South Asia indicate that overall, more men commit suicide than women. South Asian women and girls face a higher burden of suicidal ideation (17%) and suicide attempts (5%) compared to men (Mazumder et al., 2022). According to WHO data, the ratio of male to female suicides in the Southeast Asia region (which includes Bangladesh, India, Nepal, and Sri Lanka) was 1.57: 1, and in the Eastern Mediterranean Region (which includes Afghanistan and Pakistan), was 1.42: 1 (Jordans et al., 2014). Moreover, depression plays a significant role in fatal and non-fatal suicidal attempts in South Asian countries, with pooled prevalence rates of 32.7% and 37.3%, respectively (Arafat et al., 2022).

Depression, career frustration, and suicidal tendencies among university students have been a growing concern in Bangladesh, particularly during the post-pandemic era. The pandemic has resulted in increased stress, uncertainty, and changes in daily routines, causing a rise in mental health problems among university students. It was evident that financial or career related issues substantially contributed to 13% of suicide deaths (Coope et al., 2015). A lot of previous studies on this topic shed light on the extent of the issue and potential solutions. This study found a gap in the literature that covers the post-pandemic factors of depression, career frustration, and suicide among university students. However, suicide is a complex phenomenon, and it is not completely possible to identify all the factors underlying suicide.

Theoretical Framework

The French sociologist Emile Durkheim was one of the first scholars to develop a scientific framework for understanding suicide. Durkheim's theory of suicide highlights the role of social integration and regulation in shaping suicide rates. According to Durkheim, suicide is not solely an individual act, but a social phenomenon influenced by the social structure and cultural norms of society. Durkheim identified four types of suicide: egoistic, altruistic, anomic, and fatalistic (Durkheim, 1897). Durkheim mentioned these types of suicide based on different levels of social solidarity and related the level of suicide to the integration and regulation of society (Gofman, 2014). This study relates egoistic and anomic suicide to understand the factors and connection of suicide among university students.

In the context of the study, egoism is the most common cause of suicide. It is defined as an excessive individuation or a focus on one's own interests and needs, to the exclusion of considerations for the well-being of others (Thompson, 1982). Egoistic suicide occurs when individuals have a weak connection to society and feel disconnected from others. For instance, people who are excessively egoistic may become overwhelmed by their own emotions, leading to a sense of hopelessness and despair that leads to suicide. Egoistic suicide is relevant in understanding the depression and career frustration experienced by university students in Bangladesh. The isolation and uncertainty caused by the COVID-19 pandemic may have exacerbated feelings of loneliness and disconnection among university students, leading to higher rates of depression and career frustration. Moreover, anomie is defined as a lack of social norms and regulations. Durkheim argues that anomic suicide occurs when individuals experience a breakdown in social norms and feel a sense of aimlessness and confusion (Harriford and Thomson, 2008). When a society experiences a breakdown in social norms, such as during a period of rapid social change, it can lead to a feeling of rootlessness and aimlessness, which can lead to suicide. Anomic types of suicide are also relevant to understanding the suicidal tendencies among university students. For instance, the disruption caused by the COVID-19 pandemic, including changes to education and employment opportunities, may have left university students feeling a sense of purposelessness and a lack of direction, leading to increased suicidal tendencies.

Nonetheless, suicide is a common occurrence in Bangladesh. In this study, Durkheim's suicide theory helps to understand how social factors, social regulation, integration, and disruption are related to depression, career frustration, and suicidal tendencies among university students in Bangladesh.

Material and Methods

This is a mixed-method study that includes both quantitative and qualitative methods. In the quantitative method section, a face-to-face survey is conducted using a semi-structured questionnaire to collect numeric data on the prevalence of depression, career frustration, and suicidal tendencies among university students in Bangladesh. The qualitative method constitutes the use of case studies. These were conducted to collect the hidden stories of depression, career frustration, and suicidal tendencies among university students. This study was conducted at two separate universities located in the Mymensingh division in Bangladesh. A total of 350 surveys and 10 case studies are conducted among the students of Jatiya Kabi Kazi Nazrul Islam University (JKKNIU) and Bangladesh Agricultural University (BAU). Notably, 175 surveys and five case studies are conducted at each university. A purposive sampling technique is used to select the sample in the survey method and snowball sampling is used to conduct the case studies. The quantitative data is analyzed by using SPSS and MS Excel. The qualitative data from the case studies is used to strengthen the quantitative study. All ethical issues were addressed during the data collection and analysis periods. Although the sample size is small, which can be a limitation of this study, the mixed-method findings make this study representative.

Results of the Study

This study was conducted among students from two different universities with different socio-demographic backgrounds. Table 2 illustrates that more than half (63.3%) of the respondents from JKKNIU are male as compared to one-third (35%) of the respondents from BAU. As far as religious affiliation, students followed Islam (87% and 81%), Hinduism (9.3% and 15%), and Christianity (4% and 4%) in the samples from these two universities. In both universities, more than 60% of the respondents are residential and one-fourth are graduate students. Additionally, about one-fifth of them (12% and 17%) are married. With regard to parental income, half of the respondents came from families earning BDT 20,000 to BDT 40,000 per month; less than 20% of parental monthly incomes were above BDT 40,000 and 30% of students had parental monthly incomes below BDT 20,000. Nearly half of the students bear their education costs by tutoring others while the other half have no income. Only 2-4% of the student respondents have small businesses.

Table 2: Socio-Demographic Characteristics of the Respondents (n= 360)

		JKKNIU	BAU
Characteristics	Categories	Percentage (%)	Percentage (%)
Sex	Male	63.3	35
	Female	36.7	65
Religion	Islam	86.7	81
	Hinduism	9.3	15
	Christianity	4	4
Place of residence	Residential	61.3	66
	Non-residential	38.7	34
Academic year	Undergraduate	74.6	75
	Graduate	25.4	25
Marital status	Married	12.7	17
	Unmarried	87.3	83
Parental income (monthly)	Below <10000	20	14
	10000-20000	23.3	26
	20000-30000	24.7	26
	30000-40000	14.7	21
	Above >40000	17.3	13
Income sources (own)	Tuition	46	43
	Business	3.3	4
	Entrepreneur	2.7	1
	Others	5.3	6
	No income/Dependent on others	42.7	46

Source: Field data, 2022

In order to consider other pertinent factors, this study collected data on daily activities, social engagement, economic responsibilities, and challenges that the students face. Table 3 shows how much time students spend on social media. It is shown that 45% of the students spend less than 2 hours per day, 35% spend 3 to 5 hours, and one-fifth spend more than 5 hours daily on social media. That suggests that a significant number of students use social media for activities other than studying. About half of the students do not sleep daily for a normal duration. They sleep irregularly during the day. The data shows, only 56% of students sleep for a reasonable duration, others sleep less or more in a day, thus harming their health. Moreover, more than half of the students (53%) study less than 3 hours, and only 5-7% study more than 7 hours in a day. From this data, we may surmise that the students do not study enough and because they do not perform well in their courses, they may develop depression. This can lead to severe depression and attempts to commit suicide.

Table 3: Duration of daily activities of university students (n =360)

Characteristics	Categories	Percentage (%)
Duration of daily social media use	Less than 2 hours	45
	3 to 5 hours	35
	More than 5 hours	20
Daily sleeping hours	Less than 5 hours	11
	5-7 hours	56
	7-10 hours	30
	More than 10 hours	3
Daily study hours	Less than 3 hours	53
	3 to 6 hours	35
	7 to 10 hours	5
	More than 10 hours	7

Source: Field data, 2022

To connect the suicidal tendencies among the university students with their social engagement, Table 4 displays that, among the total respondents, below fifty percent (42%) do not communicate with their family and friends daily. Furthermore, only about half of the students (46%) participate in religious activities regularly. But more than one-third (39%) participate irregularly, 10% participate occasionally, and 5% never participate in religious activities. More than one-third (38%) do not discuss their problems with anyone, and 13% of them have bad or very bad relations with their family members. Students who are not socially engaged with their family, friends, and religious activities are vulnerable to frustration and depression.

Table 4: Social engagement of the university students (n =360)

Characteristics	Responses	Percentage (%)
Daily communication with family & friends	Yes	58
	No	42
Participation in religious activities	Regular	46
	Irregular	39
	Occasionally	10
	Never	5
Discussion with anyone when necessary	Yes	62
	No	38
Relationship with family members	Very Good	52
	Good	35
	Bad	8
	Very bad	5

Source: Field data, 2022

University students have to take on economic responsibilities during and after completing their post-graduation in Bangladesh. Table 5 illustrates that 65% of the respondents bear their educational costs with support from their family. In addition, 8% of students get scholarships and 25% manage by tutoring or doing other part time work, which can be an extra burden on them. Also 68% of the students have to support their families and 71% report mental stress due to financial crisis. Nearly four-fifths of the students will have to take care of family after completing their studies and 40% report that their personal lives interfere with their studies.

Table 5: Economic responsibility of the university students (n =360)

Characteristics	Responses	Percentage (%)
Bearers of personal or institutional costs	Scholarship/Private organizations	8
	Family	65
	Guardians outside the family	2
	Own-self	25
Currently support family financially	Yes	68
	No	32
Mental stress due to financial crisis	Yes	71
	No	29
Will have to take care of family after completing study	Yes	77
	No	23
Interference from personal life	Yes	40
	No	60

Source: Field data, 2022

CASE 1: Mr. Asif (pseudonym) is a graduate student from JKKNIU. He comes from a middle-class family with four brothers and two sisters. His father works as a messenger (peon) at a private school, and his mother is a homemaker. He was a diligent student who worked hard to maintain good grades while also supporting his family through three tutoring jobs. Despite his best efforts, Asif found it difficult to break into the job market after graduation. He applied for many positions but was consistently rejected. Over time, Asif's frustration and disappointment grew. He began to question whether his years of hard work and sacrifice had been in vain. He felt trapped in a cycle of poverty and dissatisfaction with no clear path to success. Asif's mental health began to suffer, and he fell into a deep depression. He felt alienated from his friends, family, and any enjoyment. Then the COVID-19 pandemic happened and exacerbated his struggles. The continuous lockdowns and restrictions made it even harder for him to find work, and he was forced to rely on his savings and the support of his family. Asif's dreams and aspirations started fading away due to career frustration and his depression worsened. Asif felt like the world was closing in on him, and he began to contemplate suicide as a way out. From 2020 to 2022, Asif attempted to commit suicide three times. Each time, he was rushed to the hospital and treated for his injuries. With the best efforts of his doctors and therapists, Asif started recovering his feelings of hope and his future career. Now, Asif is focusing on his career and trying to overcome his mental health challenges.

Based on the above-mentioned situation, this study reveals several difficulties experienced by university students in the last three years. Students from JKKNIU experienced difficulties (see Figure 1) such as career frustration (28%), depression (22%), loneliness (12%), economic crisis (10%), and other adversities such as unemployment (10%), family crisis (8%), and drug addiction (6%).

Students from BAU also experienced the similar difficulties at similar rates. The top four difficulties experienced by the students of BAU are career frustration (29%), depression (21%), economic crisis (14%), and loneliness (11%). These make them anxious about their careers, vulnerable to contemplating suicide.

This study also reveals other factors associated with depression among university students (see Figure 2). Among these, career frustration (32-34%), financial insufficiency (17-18%), family crisis (12-14%), general dissatisfaction (12-15%), mental pressure (6-10%), and difficulties with relationships (9-12%) are the major causes of depression among the students of both JKKNIU and BAU. As noted earlier, depression is a major factor that results in suicide among university students.

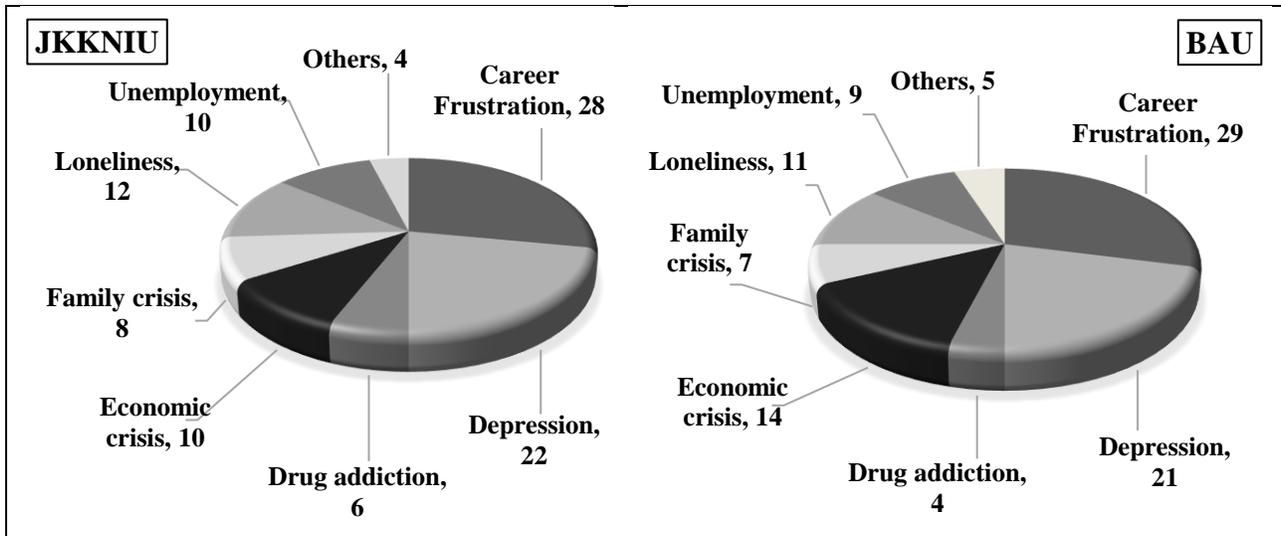


Figure 1: Major difficulties experienced by university students in last three years (Source: Field data, 2022)

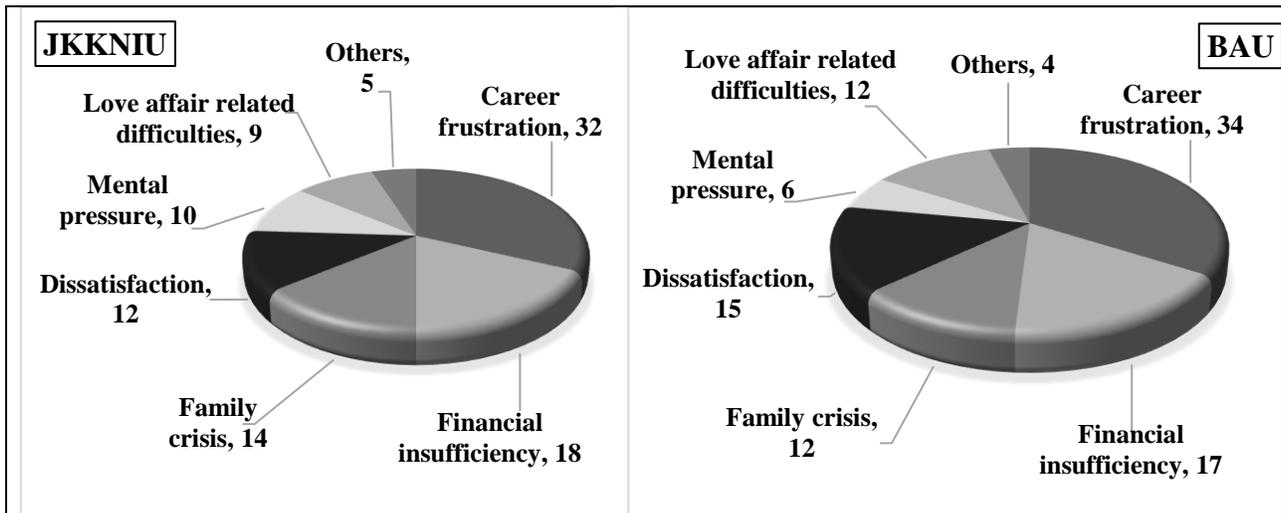


Figure 2: Major causes of depression among university students (Source: Field data, 2022)

CASE 2: Orthi (a pseudonym), an undergraduate student at BAU, comes from a middle-class family and has two sisters and one brother. Despite these good economic conditions, Orthi had to support herself by starting a business. Unfortunately, Orthi's parents got separated from each other, which caused her a lot of difficulties and depression. Moreover, her love relationship added more suffering as her boyfriend repeatedly cheated on her. Unable to tolerate the pain, Orthi started harming herself multiple times. The pressure and depression from the dissatisfied love relationship were more pronounced during the COVID-19 pandemic, leading her to two suicidal attempts. Luckily, Orthi survived both attempts, and finally she has broken up the relationship. She is currently trying to reestablish a bond with her family and focus on her studies.

Students from both universities discussed their frustrations and associated suicidal attempts. Figure 3 shows that more than one-third (37%) of the respondents attempted suicide in their lifetime. Of these, two-fifths of the respondents attempted suicide during and after the COVID-19 pandemic. They have not talked much about their suicide attempts. It happened due to career frustration, with two-thirds of the total respondents (76%) being frustrated with their future career prospects. Additionally, more than half of the respondents (56%) are frustrated because of relationships, which also result in suicidal tendencies among the university students.

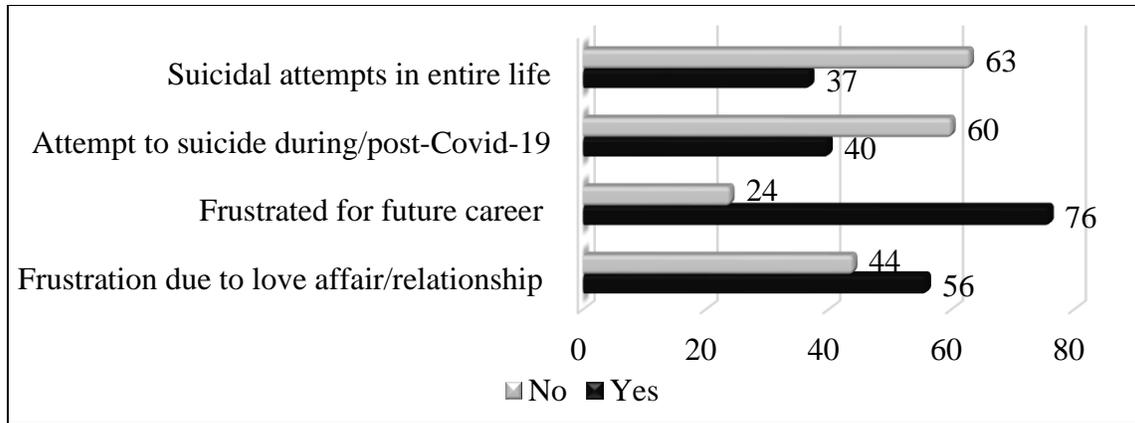


Figure 3: Frustration and suicidal attempts among university students (Source: Field data, 2022)

Table 6 indicates the association between depression, career frustration, and suicidal tendencies among 360 students at the selected universities. With regards to depression and suicidal tendency, it found that more than half of the respondents (52.1%, n=112) of depressed students reported suicidal tendencies compared to nearly a quarter of the students (21.4%, n=31) of non-depressed students. In total, more than one-third of the students (39.7%, n=143) reported suicidal tendencies. Chi-square test shows a significant association between depression and suicidal tendencies (chi-square = 34.118, $p < 0.001$). The association was moderately strong based on phi coefficient of 0.308 and Cramer's V of 0.308.

Table 6: Association between depression, career frustration and suicidal tendency (n=360)

		Suicidal Tendency			Chi-square Test (P-value)
		Yes [n (%)]	No [n (%)]	Total [n (%)]	
Depression	Yes [n (%)]	112 (52.1)	103 (47.9)	152 (100)	34.118 (0.000)
	No [n (%)]	31 (21.4)	114 (78.6)	145 (100)	
	Total [n (%)]	143 (39.7)	217 (60.3)	360 (100)	
df=1; p-value: < 0.001; Phi coefficient: 0.308; Cramer's V: 0.308 0 cells (0.0%) have expected count less than 5. The minimum expected count is 57.60					
		Suicidal Tendency			Chi-square Test (P-value)
		Yes [n (%)]	No [n (%)]	Total [n (%)]	
Career Frustration	Yes [n (%)]	125 (50)	125 (50)	250 (100)	36.096 (0.000)
	No [n (%)]	18 (16.4)	92 (83.6)	110 (100)	
	Total [n (%)]	143 (39.7)	217 (60.3)	360 (100)	
df=1; p-value: < 0.001; Phi coefficient: 0.317; Cramer's V: 0.317 0 cells (0.0%) have expected count less than 5. The minimum expected count is 43.69					

Source: Field data, 2022

With regards to career frustration and suicidal tendency, half of the respondents (50%, n=125) who had career frustration reported suicidal tendencies compared to 16.4% (n=18) without career frustration. In total, more than one-third of the students (39.7%, n=143) reported suicidal tendencies. Chi-square test shows a significant association between career frustration and suicidal tendencies (chi-square = 36.096, $p < 0.001$). The association was moderately strong based on a phi coefficient of 0.317 and Cramer's V of 0.317.

CASE 3: Lamia (a pseudonym), a student of JKKNIU, comes from a family with modest earnings and has a younger sister. Due to their economic hardship, she had to tutor students and also had a small clothing business to support her family. Her father was a worker in a company and her mother was a homemaker. Her parents' constant quarrels led to difficulties and depression for her. The outbreak of the COVID-19 pandemic worsened her situation. The social isolation, quarantines, and other difficulties caused by the pandemic exacerbated her depression. She had to shut down her clothing business, and her tutoring job was also hampered by the pandemic. Her financial struggles increased, and she became depressed and frustrated about the future of her career. Ultimately Lamia began hurting herself many times to escape from these difficulties. She even contemplated suicide during the pandemic. But then, she realized that she needed to take care of herself and her family. She started to get back to her studies as well. Despite the hardships, Lamia persevered and eventually found hope. Her struggles are a testament to the immense pressure that people experienced during difficult times, particularly the career frustration faced by people from low-income families.

It is not possible to find out the exact causes of suicide, but it is possible to determine socio-economic and psychological factors that can cause suicide among youth. Among the students who attempted to commit suicide, even once in their lives, there were some responsible factors identified by students. In Table 7, we see that more than half of the students from both universities said that the most significant factor in suicide is career frustration and depression (JKKNIU = 54%, BAU = 52%). Others include family crisis (13%), financial crisis (JKKNIU = 11%, BAU = 10%), and love related difficulties (JKKNIU = 8%, BAU = 9%).

Table 7: Major factors of suicidal tendencies identified by university students (n= 360)

Different factors of suicidal attempt	JKKNIU	BAU
	Percentage (%)	Percentage (%)
Career frustration and depression	54	52
Family crisis	13	13
Financial crisis	11	10
Love affair related difficulties	8	9
Mental pressure	7	8
Social problems	5	5
Others	2	3
Total	100	100

Source: Field data, 2022

Our study shows that suicidal tendencies among students are silently visible in universities. The findings are almost similar in both JKKNIU and BAU. It also reveals that nearly half of the female respondents (42%) have suicidal tendency, and those whose parental monthly income is below BDT 20,000 (almost 43%) have strong suicidal tendency (63%). Students who have very bad relations with their family members have the highest (83%) tendency to commit suicide. We find a strong connection between the social engagement of students and suicidal tendencies; we also find career frustration, depression, economic responsibilities, and family relations to be connected to suicidal tendencies.

As a third-world country, Bangladesh is yet to ensure employment for all graduates. This makes career frustration and depression a common phenomenon among university students and may provoke them to attempt suicide. The findings of this study show that Durkheim's egoistic and anomic suicide are present among the students. For instance, this study found that slightly more than half of the students (52%) have the connections between depression and suicidal tendencies, which is identified as egoistic suicide. Students who are excessively egoistic become overwhelmed by their own emotions, leading to a sense of hopelessness and despair that leads to suicide. In addition, students face breakdown in their social norms and feel aimlessness and depressed which also leads to suicidal attempt. This study also found that more than one-third of the students (37%) attempted to commit suicide in their lifetime and about 40% of the students attempted to commit suicide during or post COVID-19 pandemic by being

aimless and normless as well, which is identified as anomic suicide. Among the respondents, a majority were anxious about the future of their career and half of them were frustrated with their relationships. These factors can create normlessness, hopelessness, and frustration among the university students that sometimes lead them to attempt or commit suicide.

Conclusions

University students are potential assets to make a bright future of a country. As Bangladesh is a developing country, it has 4.7% unemployment rate (International Labour Organization, 2023) and 2.63 million people do not have jobs among its over 73.40 million labor force (The Financial Express, 2023). Students do not get their desired jobs, and, to some extent, they are anxious about their careers. The Covid-19 pandemic has also had a severe impact on the mental health and well-being of university students in Bangladesh. After the pandemic, this situation combined with factors such as career stress has turned the situation into a life threatening one for some students. They became psychologically stressed and lost control over their actions as a result of the depression and mental suffering they encountered. This study found that certain difficulties and socio-economic challenges experienced by university students led them to such mental anxiety and sometimes drove them to attempt or commit suicide.

We recommend some strategies and policy actions to mitigate these suicidal tendencies among university students in Bangladesh. First of all, the university authorities should provide mental health support, including counselling, group therapy, and even treatment for those with more severe mental health issues. Secondly, the university curriculum should include courses with practical knowledge and skills so that students can be eligible to compete in job markets. Thirdly, the government should provide more financial aid and scholarships to help poor students cover their living expenses and other educational costs. Finally, researchers should conduct further studies on a large scale to examine the nature of depression, frustration, and other mental health issues which cause suicide so that policymakers may take appropriate initiatives to mitigate suicidal tendencies among university students.

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References

- Aachol Foundation. (2023). *Increasing Rate of Suicide among Students: Where is the Solution?*
<https://www.aacholfoundation.org/publications>
- Ara, E. & Khan, M. I. (2019). The prevalence of depression and anxiety among the university graduates in Bangladesh: How far does it affect the society? *European Scientific Journal ESJ*, 15(10), 75-99.
- Arafat, S. Y., Saleem, T., Menon, V., Ali, S. A. E. Z., Baminiwatta, A., Kar, S. K., ... & Singh, R. (2022). Depression and suicidal behavior in South Asia: a systematic review and meta analysis. *Global Mental Health*, 9, 181-192.
- Banerjee, D. (2020). The COVID-19 outbreak: Crucial role the psychiatrists can play. *Asian Journal of Psychiatry*, 50, doi: 10.1016/j.ajp.2020.102014.
- Bangladesh Peace Observatory (BPO). (2022). <http://peaceobservatory-ca.org/#/>
- Berman, A. L. (1991). Child and adolescent suicide from the nomothetic to the idiographic. In A. A. Leenaars (Ed.), *Life span perspectives of suicide: Time-lines in the suicide process* (pp. 109-120). New York: Plenum Press.

- Bradvik, L. (2018). Suicide risk and mental disorders. *International Journal of Environmental Research and Public Health*, 15(9), 2028.
- Brenner, L. A., Homaifar, B. Y., Adler, L. E., Wolfman, J. H., & Kemp, J. (2009). Suicidality and veterans with a history of traumatic brain injury: Precipitating events, protective factors, and prevention strategies. *Rehabilitation Psychology*, 54(4), 390-397.
- Bulhoes, C., Ramos, E., Lindert, J., Dias, S., & Barros, H. (2013). Depressive symptoms and its associated factors in 13-year-old urban adolescents. *International Journal of Environmental Research and Public Health*, 70(10), 5026-5038.
- Cash S. J. & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21, 613-619.
- Chen, X., Tian, J., Li, G., & Li, G. (2020). Initiation of a new infection control system for the COVID-19 outbreak. *The Lancet Infectious Diseases*, 20(4), 397-398.
- Chowdhury, U., Suvro, M. A. H., Farhan, S. M. D., & Uddin, M. J. (2022). Depression and stress regarding future career among university students during COVID-19 pandemic. *PLoS ONE* 17(4): e0266686. <https://doi.org/10.1371/journal.pone.0266686>
- Coope, C., Donovan, J., Wilson, C., Barnes, M., Metcalfe, C., Hollingworth, W., & Gunnell, D. (2015). Characteristics of people dying by suicide after job loss, financial difficulties and other economic stressors during a period of recession (2010–2011): A review of coroners' records. *Journal of Affective Disorders*, 183, 98-105.
- Das, R., Hasan, M. R., Daria, S., & Islam, M. R. (2021). Impact of COVID-19 pandemic on mental health among general Bangladeshi population: a cross-sectional study. *BMJ Open*, 11(4), e045727.
- De Leo, D., Milner, A., & Xiangdong, W. (2009). Suicidal behavior in the Western Pacific region: characteristics and trends. *Suicide and Life-Threatening Behavior*, 39(1), 72-81.
- Dhaka Tribune. (2022a, September 9). Report: 45 students committed suicide per month in 2022. <https://www.dhakatribune.com/bangladesh/2022/09/09/45-students-committed-suicide-on-average-per-month-in-2022>
- Dhaka Tribune. (2022b, January 29). Survey: 101 university students committed suicide in 2021. <https://www.dhakatribune.com/bangladesh/2022/01/29/survey-101-university-students-committed-suicide-in-2021>
- Dhaka Tribune. (2024, January 27). Study: Bangladesh records 513 student suicides in 2023. <https://www.dhakatribune.com/bangladesh/337897/study-bangladesh-reports-513-student-suicides-in>
- Durkheim, E. (1897). *Le suicide: étude de sociologie*. Alcan. Retrieved from: https://books.google.com.bd/books?hl=en&lr=&id=zCOv9ZA6y4QC&oi=fnd&pg=PR2&dq=emile+durkheim+suicide+1897&ots=g_SFFQaL2J&sig=tJpFqCePObFK2-CfgvkUbw2s3lk&redir_esc=y#v=onepage&q=emile%20durkheim%20suicide%201897&f=false
- Dutta, S. & Smita, M. (2020). The Impact of COVID-19 Pandemic on Tertiary Education in Bangladesh: Students' Perspectives. *Open Journal of Social Sciences*, 8, 53-68. doi: 10.4236/jss.2020.89004.
- Faisal, R. A., Jobe, M. C., Ahmed, O., & Sharker, T. (2022). Mental health status, anxiety, and depression levels of Bangladeshi university students during the COVID-19 pandemic. *International Journal of Mental Health and Addiction*, 20(3), 1500-1515.

- Gofman, A. (2014). Durkheim's theory of social solidarity and social rules. In *The Palgrave handbook of altruism, morality, and social solidarity: Formulating a field of study* (pp. 45-69). New York: Palgrave Macmillan.
- Harriford, D. S. & Thomson, B. W. (2008). *When the Center is on Fire: Passionate Social Theory for Our Times*. Austin: University of Texas Press.
- Hasan, K. & Rabbi, A. R. (2018). Examining the alarming suicide trends in Bangladesh. *Dhaka Tribune*, May 8. <https://archive.dhakatribune.com/opinion/special/2018/05/08/examining-alarming-suicide-trends-bangladesh>
- Hasan, M. M., Sujan, S. H., Tasnim, R., Siddique, A. B., Akter, M., & Hossain, A. (2021). Joblessness and Suicidal Ideation Amidst COVID-19 Pandemic: A Cross-Sectional Pilot Survey in Bangladesh. *Am J Med Public Health*. 2(4), 1027.
- International Labour Organization. (2023). *Unemployment Rate*. <https://ilostat.ilo.org/data/>
- Islam, S., Akter, R., Sikder, T., & Griffiths, M. D. (2020a). Prevalence and Factors Associated with Depression and Anxiety Among First-Year University Students in Bangladesh: A Cross Sectional Study. *International Journal of Mental Health and Addiction*. doi:10.1007/s11469-020-00242-y.
- Islam, S., Sujan, M. S. H., Tasnim, R., Sikder, M. T., Potenza, M. N., & Van Os, J. (2020b). Psychological responses during the COVID-19 outbreak among university students in Bangladesh. *PloS One*, 15(12), e0245083.
- Jacob, P., Rajendra, G. S., & Sagar, J. V. (2020). Mental health in the times of the COVID-19 pandemic. In *National Institute of Mental Health & Neurosciences (NIMHANS)*, 4. <https://doi.org/10.36413/pjahs.0401.005>
- Jordans, M. J., Kaufman, A., Brenman, N. F., Adhikari, R. P., Luitel, N. P., Tol, W. A., & Komproe, I. (2014). Suicide in South Asia: a scoping review. *BMC Psychiatry*, 14(1), 1-9.
- Kamruzzaman, M. (2022). *Nearly 600 students in Bangladesh committed suicide in 2022: Report*. <https://www.aa.com.tr/en/asia-pacific/nearly-600-students-in-bangladesh-committed-suicide-in-2022-report/2799845>
- Kim, A. M. (2022). The impact of the COVID-19 pandemic on suicides: A population study. *Psychiatry Research*, 314, 114663. <https://doi.org/10.1016/j.psychres.2022.114663>
- Kirk, W. G. (1993). *Adolescent suicide: A school-based approach to assessment & instruction*. Champaign, IL: Research Press.
- Lazar, J., Jones, A., Bessiere, K., Ceaparu, I., & Shneiderman, B. (2003). *User frustration with technology in the workplace*. <https://www.cs.umd.edu/~ben/papers/Lazar2003User.pdf>
- Lieberman, J. A. & Olfson, M. (2020). Meeting the mental health challenge of the COVID-19 pandemic. *Psychiatric Times*, 24.
- Magson, N. R., Freeman, J. Y., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 pandemic. *Journal of Youth and Adolescence*, 50, 44-57.
- Mamun, M. A. (2021). Suicide and suicidal behaviors in the context of COVID-19 pandemic in Bangladesh: a systematic review. *Psychology Research and Behavior Management*, 695-704.
- Mashreky, S. R., Rahman, F., & Rahman, A. (2013). Suicide kills more than 10,000 people every year in Bangladesh. *Archives of Suicide Research*, 17(4), 387-396.

- Mazumder, H., Lugemwa, T., Shimul, M. M. H., Gain, E. P., Hossain, M. M., & Ward, K. D. (2022). Prevalence of suicidal ideation and attempted suicide amongst women and girls in South Asia: A systematic review and meta-analysis. *Psychiatry Research Communications*, 2(4).
- Miller, E. J. & Chung, H. (2009). A literature review of studies of depression and treatment outcomes among US college students since 1990. *Psychiatric Services*, 60(9), 1257-1260.
- Mohiuddin, A., Miah, M. A. K., & Akter, M. (2021). Impact of the COVID-19 among University Students in Bangladesh: An Analysis. *AIJR Preprints*. DOI: <https://doi.org/10.21467/preprints.306>
- Moreh, S. & O'Lawrence, H. (2016). Common risk factors associated with adolescent and young adult depression. *Journal of Health and Human Services Administration*, 283-310.
- Murray, C. J., Lopez, A. D., & World Health Organization. (1996). *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary*. World Health Organization.
- NCRB report. (2021). Over 13,000 students died by suicide last year: NCRB report 2021. *Careers 360*. <https://news.careers360.com/student-suicide-ncrb-report-2021-state-suiciding-india-exam-failure-maharashtra-mp-tamil-nadu>
- Orsolini, L., Latini, R., Pompili, M., Serafini, G., Volpe, U., Vellante, F., & De Berardis, D. (2020). Understanding the complex of suicide in depression: from research to clinics. *Psychiatry Investigation*, 17(3), 207.
- Pathirathna, M. L., Nandasena, H., Atapattu, A., & Weerasekara, I. (2022). Impact of the COVID-19 pandemic on suicidal attempts and death rates: a systematic review. *BMC Psychiatry*, 22(1), 506. <https://doi.org/10.1186/s12888-022-04158-w>
- Peck, D. L. (1986). Completed suicides: Correlates of choice of method. *Omega*, 16, 309-32.
- Piya, F. L., Amin, S., Das, A., & Kabir, M. A. (2022). Impacts of COVID-19 on the Education, Life and Mental Health of Students in Bangladesh. *International Journal of Environmental Research and Public Health*, 19(2), 785. <https://doi.org/10.3390/ijerph19020785>
- Reiss, F., Meyrose, A. K., Otto, C., Lampert, T., Klasen, F., & Ravens-Sieberer, U. (2019). Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German BELLA cohort-study. *PloS One*, 14(3), e0213700.
- Ria, I. I., Biswas, R. K., Alam, A. (2022). Depressive Symptoms among Adolescents in Bangladesh. *International Journal of Mental Health Addiction*. <https://doi.org/10.1007/s11469-022-00860-8>
- Riyasad, N. (2021). Frustration and suicide rising among youths. *New Age*. <https://www.newagebd.net/article/141238/frustration-and-suicide-rising-among-youths>
- Roy, N., Amin, M. B., Mamun, M. A., Hossain, E., Aktarujjaman, M., & Sarker, B. (2023). Suicidal ideation among people with disabilities during the COVID-19 pandemic in Bangladesh: prevalence and associated factors. *BJPsych Open*, 9(1), e3.
- Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM: An International Journal of Medicine*, 113(10), 707-712.
- Swapan, R. (2022). *Why is suicide increasing?* <https://p.dw.com/p/46rH4>
- Tasnim, R., Islam, M. S., Sujan, M. S. H., Sikder, M. T., & Potenza, M. N. (2020). Suicidal ideation among Bangladeshi university students early during the COVID-19 pandemic: Prevalence estimates and correlates. *Children and Youth Services Review*, 119, 105703.

- Thakur, V. & Jain, A. (2020). COVID 2019-suicides: A global psychological pandemic. *Brain, Behavior, and Immunity*, 88, 952.
- The Financial Express. (2022, January 30). *101 university students committed suicide in 2021, says report*. <https://thefinancialexpress.com.bd/national/101-university-students-committed-suicide-in-2021-says-report-1643440541>
- The Financial Express. (2023, September 05). *Unemployment rate comes down to 3.6pc in Bangladesh*. <https://thefinancialexpress.com.bd/economy/bangladesh/unemployment-rate-comes-down-to-36pc-in-bangladesh>
- The New Age. (2024, January 27). *513 students commit suicide in 2023*. <https://www.newagebd.net/article/223882/513-students-commit-suicide-in-bangladesh-in-2023-aachol-foundation>
- Thompson, K. (1982). *Emile Durkheim*. London: Tavistock Publications. pp. 109–111.
- Urme, S. A., Islam, M. S., Begum, H., & Chowdhury, N. R. A. (2022). Risk factors of suicide among public university students of Bangladesh: A qualitative exploration. *Heliyon*, 8(6), e09659.
- Verona, E. & Javdani, S. (2011). Dimensions of adolescent psychopathology and relationships to suicide risk indicators. *Journal of Youth and Adolescence*, 40, 958-971.
- Wisevoter. (2024). *Suicide rates by Country*. <https://wisevoter.com/country-rankings/suicide-rates-by-country/>
- World Bank. (2023). Bangladesh Suicide Mortality Rate. *Trading Economics*. <https://tradingeconomics.com/bangladesh/suicide-mortality-rate-per-100000-population-wb-data.html>
- World Health Organization. (2014). *Country reports and charts available*. http://www.who.int/mental_health/prevention/suicide/country_reports/en/index.html
- World Health Organization. (2021a). *Depression*. <https://www.who.int/news-room/fact-sheets/detail/depression>
- World Health Organization. (2021b). *Suicide worldwide in 2019: global health estimates*.
- World Health Organization. (2022). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>