

# The Increasing Suicide Rate of University Students in Bangladesh: A Sociological Investigation

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## ABSTRACT

*Suicide is not a freshly emerging problem in modern society; rather, it is a dangerously developing social truth that is becoming more and more important to study as time goes on due to people's increased interest in more basic questions. The current study offers a normative and evaluative explanation of establishing the theory of moral goodness of suicidal intervention on sociological, philosophical, categorical imperatives, and humanist grounds because the suicide rate among university students has been sharply rising in recent years. Following the claims of sociologists such Durkheim and philosophers like Kant in regards to human integration, control, ethics, and integrity, a break in a person's suicide choice would be a reason to reconsider. This study intends to critically analyze the patterns and causes of suicide among Bangladeshi tertiary students by using secondary data analysis and the case study approach. We will argue that suicide elevates the responsibilities and accountability of academic institutions, families, governments, and the general public, necessitating special consideration.*

**Keywords:** Suicide, Reasoning, Solution, Socio-philosophical Facts, University Students, Bangladesh.

## BACKGROUND AND JUSTIFICATION OF THE RESEARCH

Suicide is the deliberate, fatal behavior of killing oneself with self-injuries (Turecki & Brent, 2016; Nock et al., 2008). It is a significant issue for public health attracting global attention with multidimensional consequences that cause around 800,000 deaths every year, and about 80% occur in low- and middle-income nations. (WHO, 2019; Naghavi, 2019). About 60% of suicides worldwide are taking place broadly in Asia and more specifically in China and India (Vijayakumar, 2015; WHO, 2012). In light of current trends, the WHO predicted that in 2020, approximately 1.53

million people will die by suicide and 10-20 times more people will contemplate suicide globally. This translates to an estimate of 1 death every 20 seconds and 1 attempt every 1-2 seconds, resulting in a mortality rate of 16 per 100,000 (Arafat, 2016). Bangladesh, a populous country of South East Asia records around 10,000 suicidal death per year (Islam, 2019; BBS, 2015; Mashreky et al., 2013) and accounted as the 4th leading cause of fatal deaths. In reference to the WHO, Nyaundi (2018) stated that, about 800,000 people take their own lives annually, and one in every three individuals in the world suffers from one or another kind of mental health complication. The data on suicide rate in Bangladesh from recent years are showing an alarming report regarding the trends of attempt or committing suicide among the youth. Additionally, the incidence of suicides has been increasing over time, and the age range of 18 to 30 is the most vulnerable, with university students being particularly at danger. Compared to male students, female students are more susceptible to suicide in this group. Bangladesh lacks an organized and thorough suicide monitoring system (Jordans et al., 2014), and the sole institution in charge of keeping record of suicides there is the Bangladesh Police. As a result of underreporting and incorrect categorization, the true severity and number of committed suicides and suicidal attempts are probably to be overstated (Khan et al., 2020). According to them, the rate of suicide in 2017 was 11095, which was 9665 in 2010. And according to them, about 30 people committed suicide every day on an average in 2018 (Hasan & Rabbi, 2018; Roney, 2018). The trends also indicated that the students from public universities are more suicidal prone rather than private universities. Although in the past it was the illiterate People who were highly intended to commit suicide due to superstitions, but now educated people commit suicide at a higher rate than that group of people. The public is concerned about the rising rates of tertiary student suicide, which are drawing criticism across the country. The questions thus arose – despite living in the 21st century with most of the digital and material facilities available, why are the students choosing committing suicide? They also point the finger at the institutional authorities regarding their actions and orientation. Lost love, splits, pressure from school and family, joblessness, and frustration have been identified as the leading causes of suicide among youth, which has a far-reaching impact and leads one towards taking the worst decision of their lives – "committing suicide" (Agerbo & Mortensen, 2003). In reference to the data of the World Health Organization, Alam (2020) stated that in Bangladesh, there are around 15 million persons with different mental diseases. Bangladesh ranked 10th on the list of nations with a high suicide rate due to its rate of roughly eight suicides per 100,000 inhabitants (WHO, 2014). Globally, suicide claims more lives than conflict, and Bangladesh is seeing a steep rise in this tragic statistic. The major reasons of suicide attempts, according to the Bangladesh Society for the Enforcement of Human Rights (BSEHR, 2018), include recklessness, young despondency, drug misuse, childhood trauma, previous attempts and conceptualization. Daily struggles and traumas are common, but people may not always get the social and emotional support they need to get through them. They are suicidal and believe that suicide is their only way out of their problems. Since it is now required by the Bangladeshi government's education ministry, many colleges have student counseling facilities. However, attempts to help students emotionally are rare, and the nation's services for mental health as a whole are still deficient.

Following the trends and nature of the suicidal rate in Bangladesh in general and focusing especially on the number of suicides among tertiary level students, the current study uses methodological and data triangulation techniques to critically analyze the patterns and causes of suicide among tertiary level students both at public and private universities in Bangladesh. According to the research, suicide elevates the duties and accountability of educational institutions, people, families, governments, and the general public and hence calls for particular treatment. Suicide is an unjustifiable and dreadful way to terminate a precious life that cannot be ethically, politically, or socially justified; rather, it has to be safeguarded from any weak points in the system and society.

## OBJECTIVES AND METHODOLOGICAL SETTINGS OF THE RESEARCH

The particular purposes of this study were to assess the significance of intervention in suicide in order to give some thought to its final deterrence on the basis of the social framework by identifying the suicidal cases at the higher educational institutes of Bangladesh. The concept of interference was examined on logical and moral grounds following the challenge of intervention in rational suicidal decisions. Firstly, a brief discussion on pointing to the specific meaning of some concepts and terms is given that are commonly used in the interventional cases. Secondly, the development of human moral dignity in connection with the social and political arenas would be emphasized. Finally, the fraction is dedicated to explore a few selective arguments lying with diverse grounds regarding suicidal intervention in order to find out the actual principle and space.

Methodologically, this study has been conducted on the basis of secondary information and a widespread review of the literature. For this specific purpose, information has been collected from various sources, like expert opinions published in newspapers, books, journals, and research papers. Relevant literature has also been gathered from other sources like libraries, Internet browsing, and downloaded articles. Higher Educational Institutes-Universities (public and private) of Bangladesh have been selected as the study sites, and students studying at the graduate and post-graduate levels who committed suicide were selected for this study. Two case studies of suicide survivors were included in this study.

## SUICIDE IN UNIVERSITIES: HOME AND ABROAD

In the 12 months leading up to July 2017, there were more than 2 million students enrolled in universities in England or Wales, based on a BBC article (2018, June 25), meaning that the suicide rate was 4.7 fatalities per 100,000 students. Adolescent men were more likely than young women to commit suicide. In the ten years from 2007 to 2016, the rate of suicide among students in the United Kingdom increased by 56%, from 6.6 to 10.3 per 100,000 persons. The rate of student suicide in 2016 was 9% greater than in 2015 and 25% greater than in 2012, which was 8.3, meaning that the number of suicides among students has steadily surpassed that among the overall population (Rudgard, 2018). Regarding Nairobi, Gitau Njenga of

the University of Nairobi attributed the increase to mental health instability and the lack of efforts made to promote students' mental wellbeing, as universities are lacking proper coordination to address mental challenges, which play a role in the increasing rate of suicide among students (Nyaundi, 2018). Bangladesh's condition is getting increasingly worrisome as a result of a dramatic rise in the suicide rate relative to earlier times. In 2018, 19 students from five public institutions committed suicide, indicating an increase in these cases. According to various press sources and information gathered from the relevant universities, there were nine of them from Dhaka University (DU), seven from the Islamic University in Kushtia, and one each from BAU, SUST, and Khulna University (Alam, 2020; Ullah, 2018). In 2017, there were 6 public university students who committed suicide, with DU accounting for 4 of them while Jahangirnagar University and Jatiya Kabi Kazi Nazrul Islam University in Mymensingh each lost one. In comparison to the 13 student suicides that occurred between 2005 and 2016, the same amount occurred between 2017 and 2018. None of the 26 DU students who committed suicide since 2005 visited the Student Counseling Center. In 2005 and 2015, two Bangladesh University of Science and Technology (BUET) students committed themselves (Ullah, 2018; Roney, 2018). Mohsin et al. (2017) worked with 271 suicide cases, of which 61% were aged below 30 and 33% were 11–20 years old. The suicide rate among students was 24% (secondary 13%, graduate 5%). which clearly indicates that there is something fishy in our education system. In India, at minimum one student ends up dead each hour by suicide, according to Saha (2017). In 2015, there were 8,934 student suicides, making India one of the nations with the highest suicide rates for those between the ages of 15 and 29. 39,775 students committed suicide in the five years prior to 2015 alone.

## THEORETICAL GROUNDS OF THE RESEARCH

Following the theoretical orientation of Durkheim's integration and regulation along with Kant's human values and dignity, this research developed its theoretical ground. Emile Durkheim's *Suicide: A Study in Sociology* (1952) and Immanuel Kant's *Fundamental Principles of the Metaphysics of Morals* (1797) are taken here to identify the significance of their distinct grounds for suicide. According to Durkheim (1987), the level of societal cohesion of the social class that the person attaches to is adversely correlated with the suicide rate. And throughout his theory, he strongly indicated that when social cohesion decreases the bondage among people, it comes to an end, and modern society is promoting individualism constantly in different ways. Society, which was modern, is now going through the practice of post-modernity while developing liquid modernity. Durkheim himself also showed how mechanical solidarity is taking the form of organic solidarity in the process of societal transition. In the present time, every person is acting like a unit, and in the form of liquid modernity, this unity is suffering from "fear of recognition," "remaining unseen," and "unnoticed," and because of these, our identity is changing and making us isolated.

Philosophers such as Kant (1797) believe in the moral righteousness of suicidal intervention based on an individual's intrinsic value in a communal setting, whereas others attempt to provide a deontological or non-consequential vindication of

human nature apart from social and political context. Since, on this ground, both parties intend to preserve the dignity of a person's sanctity of life for the sake of its intrinsic value, the most common connotations of human personality like rational efficiency, autonomy, freedom, moral choice, etc. Although Kant agreed that the sacrifice of life is acceptable only to preserve the dignity of morality, he never accepted this sort of forfeit as suicide. Value is always determined in a social and political milieu. Two reasons can be provided for this, primarily. First of all, the notion of an agent's intrinsic value aligned with the practical sphere is an abstract idea. And secondly, if human nature naturally includes social and political characters within itself, then this value cannot be determined apart from them. Perhaps it is claimed that every man has intrinsic value because of merely being a human being and moral agent (Jones, 1994). Other sociologists, like Freud (1913), analyze the suicide in a psychological context that postulates two major hypotheses. First of all, it is an expression of depression, and secondly, the death instinct can turn inward and make the person kill himself. The failure of love also makes people commits suicide. Joiner (2006), on the other hand, explained the nature of suicidal tendency and accounted that desire to die (loss of social belonging) and potential for self-harm (a history of abuse, trauma, or previous suicidal behavior) are the two important facts needed to consider in order to overcome their natural tendency to protect themselves.

To reduce the risk of suicide, evidence-based and coordinated public health measures are crucial. They must also be enhanced and modified in a highly effective way to address the burgeoning mental health crises of the twenty-first century (Zalsman et al., 2016; Gunnell et al., 2020). Risk factors including mental disorders among the people are very essential to predict and stop suicidal death. Most people (90%) who commit suicide have a history of mental disorders (Robins et al., 1959; Arsenault et al., 2004; Bertolote, 2002). The increased risk of psychological health crises and suicide is directly correlated with lower socioeconomic level and marginalization (Hong et al., 2011; Pinto-Meza et al., 2013; Platt, 2016). In addition, youngsters from lower socioeconomic classes are up to three times as likely to experience problems with mental health (Reiss, 2013). Thus, the students with poor economic background are suffering from different types of mental health and thus developing different kinds of risk factors which ultimately push them towards committing suicide at the last instances when they failed to mitigate the demand and standard of the society.

### **FINDINGS: CASES OF SUICIDE IN THE TERTIARY LEVEL OF EDUCATIONAL INSTITUTES OF BANGLADESH**

At a time when the majority of public universities in the nation have mental care facilities, suicides at such institutions are on the rise. According to experts, the rise in these fatalities may call for greater action, particularly competent counseling and the development of a welcoming environment on campuses to ensure students' healthy mental health. One of the institutions where there has been an upsurge in reported suicide cases in recent years is Dhaka University. Thus, back in 2005, only two people committed suicide, but only in the year 2018, thirteen suicide reports have been filed, and the number is sharply increasing year after year (University

Proctor Office, 2018). In the case of Chittagong University, five suicidal cases have been reported, whereas in 2011, seven students committed suicide. The suicide rate is very low among the private universities in Bangladesh in comparison with the public universities. Medical universities also report many suicidal cases now and then for various reasons.

At estimated 101 students from different universities in Bangladesh killed themselves in only 2021 according to a report by the Aachol Foundation, indicating a rise in suicidal inclinations among Bangladeshi students. There were 6 students from Jagannath University, 9—the highest number from the University of Dhaka, and 6 from Shahjalal University of Science and Technology. A total of 23 students from private universities committed suicide in 2021. The survey indicated that 36 female students committed suicide in that year, compared to 65 male students who committed suicide. The majority of suicides (27 instances) among those who died by suicide were perpetrated by students who were between the ages of 18 and 21. Ten cases were recorded among those who were between the ages of 28 and 29. According to the report, suicide is more likely to occur in men than in women., and students at public universities killed themselves at a higher rate than those at private universities. Increased social, financial, and familial demands have been a significant factor in reducing student suicides under COVID-19. Additionally, one of the main contributing factors to suicide is students' failure to prepare for an unknown future.

The following tables will show the cases of suicide reported in the proctor office of the respected universities and published in different media, including newspapers and television, as compiled by the researchers. As much detail as possible was provided in the table from the reported sources.

**Table 1**

*Suicide Cases in different Public Universities of Bangladesh.*

Year	Public Universities	Reported Suicide Case	Reasons of committing suicide	Means of suicide
2005-2020	Dhaka University (DU)	30	Failure of Love (9), Academic frustration (4), Unemployment (3), Frustration (3), Forced marriage (1), Family crisis (2), Unknown (8)	Hanging (22), Poison and sleeping pill (2), jump from roof train (6)
2008-2020	Chittagong University (CU)	12	Unknown (7), Failure of love (1), Frustration (1), Academic failure (2), Family crisis (1)	Hanging (11), Poison (1)
2008-2012	Rajshahi University (RU)	13	Unknown (4), Failure of Love (4), Family disputes (4), Poison (1)	Hanging (10), Pesticides (1), Jump from train, pond (2)
2012-2020	Shahjalal University of Science and Technology (SUST)	7	Failure of love (6), Academic pressure (1)	Hanging (7)

Year	Public Universities	Reported Suicide Case	Reasons of committing suicide	Means of suicide
2010-2011	Jahangirnagar University (JU)	5	Failure of love (4), Academic pressure (1)	Hanging (4), Jump from roof (1)
2009	Bangladesh Agricultural University (BAU)	1	Unknown (1)	Jump in pond (1)
2012	Kazi Nazrul Islam University (KNIU)	2	Family disputes (2)	Hanging (2)
2009-2010	Patuakhali Science and Technology University (PSTU)	2	Unknown (1), Academic Pressure (1)	Hanging (2)
2009	Khulna University (KU)	1	Failure of Love (1)	Hanging (1)
2018-2020	Kushtia Islamic University (KIU)	2	Unknown (1), Sexual Harassment (1)	Hanging (2)

Source: Compiled by Authors from different newspapers

Table 1 shows that, during the time period (2005-2020), only Dhaka University alone reported 30 suicidal cases, whereas Chittagong University reported 12 cases of suicide. On the other hand, from the time period of 2008–2013, Rajshahi University reported 13 cases, Shahajalal University of Science and Technology reported 7 cases during 2012–2020, and Jahangirnagar University reported 5 suicidal cases during the time period of 2010–2011. Almost all the public universities in Bangladesh reported different numbers of suicidal cases now and then, which showed a serious concern among all the people of Bangladesh.

## SUICIDE CASES IN PRIVATE AND MEDICAL UNIVERSITIES OF BANGLADESH

As the number of students increases, the demand for higher education is rising as well, and to mitigate the demand, there are currently more than 100 private universities operating in Bangladesh. In comparison with the public universities, the suicide rate is very low among the students of private universities, and one possible reason might be because of their advantageous position in the different forms of capital, including social, cultural, and human capital. In the year 2012, one suicidal case has been reported from ASA University and one from South East University and in 2011, one from Premier University and one from American International University Bangladesh (AIUB). In the year 2020, a female student at Bangladesh University of Business and Technology (BUBT) committed suicide by jumping from the roof of the university. Tables 2 and 3 will report on suicides from private universities and medical universities in Bangladesh over various time periods.

**Table 2***Suicide Cases in Private Universities of Bangladesh*

University	Date/Year	Name	Reason	Ways or means
ASA University	2012	Farzana Akter	Love & family disputes	Hanging
Premier University	2011	Samir Sakib Chowdhury	Academic Allegation	Pesticides
American International University Bangladesh	2011, 6 <sup>th</sup> August	Anni Akter Lisa	Family Disputes	Hanging
South East University	2012, 11 <sup>th</sup> March	Rasel	Love & Family disputes	Jump from roof
Bangladesh University of Business and Technology (BUBT)	2020, December 1 <sup>st</sup>	Jannatul Hasin	Unknown	Jump from roof
East West University	15 <sup>th</sup> August 2022	Achal	Love & Family disputes	Hanging
	1 <sup>st</sup> November 2022	Nadim	Unknown	Sleeping pill

Source: Compiled by Authors from different newspapers.

**Table 3***Cases of Suicide in Medical Colleges (2010-2018) of Bangladesh.*

Date/Year	Name	Medical College	Batch/Year
11 May 2018	Bithi	Mymensingh Medical College, Mymensingh	5 <sup>th</sup> Year
03 May 2018	Bijoy	TMSS Medical College, Bogra.	5 <sup>th</sup> Year
04 Apr 2018	Faruk	Comilla Medical College, Comilla	17 <sup>th</sup> Batch
10 Mar 2018	Rahman	Uttara Adhunik Medical College, Dhaka	Unknown
10 Feb 2018	Mitu	Rajshahi Medical college, Rajshahi	4 <sup>th</sup> Year
19 Dec 2017	Saha	Pioneer Dental College, Dhaka	3 <sup>rd</sup> Year
17 Oct 2017	Afroz	Ganasastho Samajvittik Medical College, Savar	4 <sup>th</sup> Year
03 Oct 2017	Rekha	Chittagong Medical College, Chittagong	4 <sup>th</sup> Year
19 July 2017	Khusi	Uttara Adhunik Medical College, Dhaka	10 <sup>th</sup> Batch
02 May 2017	Sultana	Dhaka Medical college, Dhaka	3 <sup>rd</sup> Year
29 Mar 2017	Atif	Islami Bank Medical college, Rajshahi	2 <sup>nd</sup> Year
22 May 2016	Vabona	Sayed Nazrul Islam Medical College	1 <sup>st</sup> Year
07 April 2016	Rani	Tairunnesa Memorial Medical College, Gazipur	5 <sup>th</sup> Year
03 April 2016	Milton	Rajshahi Medical college, Rajshahi	1 <sup>st</sup> Year
10 Dec 2015	Mahua	Sher-E-Bangla Medical College, Barisal	2 <sup>nd</sup> Year
14 Oct 2015	Beuty	Khulna Medical college, Khulna	5 <sup>th</sup> Year
20 Nov 2014	Diponkar	North East Medical College, Sylhet	14 <sup>th</sup> Batch
14 Aug 2014	Nahiyen	USTC, Chittagong	2 <sup>nd</sup> Year
03 Apr 2014	Mithi	ZH Shikder Medical college, Dhaka	3 <sup>rd</sup> Year
04 Dec 2011	Shaha	Sir Salimullah Medical college, Dhaka	4 <sup>th</sup> Year
14 Dec 2010	Chatterjee	Ziaur Rahman Medical college, Bogra	17 <sup>th</sup> Batch
10 Dec 2010	Hosseini	Dhaka Medical college, Dhaka	4 <sup>th</sup> Year

Source: Rumi (2018).

## DISCUSSION

### REASONING OF SUICIDE IN THE CONTEXT OF BANGLADESH AND ROAD TO PREVENTION

In Bangladesh, attempting suicide and committing suicide are both crimes. As part of colonization custom, Bangladesh inherited Section 306 of the Indian Penal Code, 1860, which states that anyone who attempts suicide or takes any action that contributes to the commission of such an offence committed must be punished with imprisonment that may lengthen around one year, or with fine, or with the both. According to Section 309, a person who escapes an attempted suicide will be responsible for his planned conduct and be subject to legal repercussions. Suicide attempts are illegal and are punished by up to a year of prison, a penalty, or even both. All of these legal rules give the police the authority to make arrests, and as a result, the court has the authority to punish those who attempt suicide (Soron, 2019). Even though just 10% of the nations have implemented a national suicide prevention policy, roughly 79% of suicides occur in low- and middle-income nations (WHO, 2018). Public health action for the prevention of suicide: A framework (2012), which systematically specifies elements and related processes for establishing a national suicide prevention plan, has been recommended by WHO to country governments since the 1990s (WHO, 2012). Bangladesh, though, is still a long way from using that tactic. Following WHO's suicide prevention initiatives 2018 only forty countries of various income levels had also embraced their national suicide prevention guidelines to date, and some others are continuing to work on the creation and implementation of additional adjustments to their comprehensive strategy (WHO, 2018).

Bangladesh should create a national suicide prevention strategy based on Bhutan's multi - sectorial plan for preventing suicide (Vijayakumar et al., 2020), as the nation has experience implementing multistakeholder methods for preventing violence against women (Government of Bangladesh, 2014). Although the government is extremely hesitant to do it, that experience may be highly helpful in the creation and implementation of a suicide prevention strategy (Mamun, 2020). The new mental health legislation of 2018 does not include suicide prevention strategies, nor does it address the topic of decriminalizing suicide or suicide attempts (which has been done in Bhutan, Nepal, India, Afghanistan, the Maldives, and Sri Lanka) (Tandon & Nathani, 2018; Hasan, 2019). According to Hossain et al. (2019) Bangladesh government must thus prioritize the creation of a precise, comprehensive, and strong mental health strategy till it include suicide prevention

A thorough analysis of suicide causes by Durkheim revealed that it changes negatively with the level of social incorporation of the social circle that the person belongs to (Durkheim, 1897). Generally, a variety of active, necessary, and sufficient reasons emerged from the context and existing societal relationships that affect suicidal people. According to reports and research, other than age, sex, ethnicity, and geographic regional variables, socio-economic status, occupation, employment, sexual orientation, and gender identity also affect suicide rates. These objective factors and an individual's perception together make a fact happen. As a result, if

suicide issues differ depending on perspective, their underlying causes may also be relative. Suicidal cases should be examined against a similar backdrop.

Form a general ground the women, married women who are mostly young, people from rural areas having lower socio-economic status and people with lower female educational attainments, the women who have forced and/or early marriage, men suffering from long term unemployment, having the threat of divorce or got divorce, pressure of giving birth, having conflicts with in-laws, victims of rape and sexual harassment are more prone to suicide (Khan, et al., 2020; Arafat, 2019; Shahnaz et al., 2017; Bagley et al., 2017; Feroz et al., 2012). Furthermore, various studies (Arafat et al., 2018; Shahnaz et al., 2017; Mashreky et al., 2013; Reza et al., 2013; Feroz et al., 2012) in different regions and on different races, classes, and on gender of the world reveal that, it is the poverty that alone is responsible as a main reason of suicide in more than half of the committed suicides.

The reasons that are responsible for student suicides are anomic and egoistic in nature. Failure of love, family crisis and poverty, psychological pressure from class mates and peer groups, burden of social expectation, academic pressure, poor performance in academic exams, frustration with life, long term unemployment, loneliness, less counselling opportunities, poor socialization, dependency on virtual relationship & technology & less demand on social relationship, crisis of moral education and degradation of morality and ethics, social inequality, depression, addiction, less self-confidence and identity crisis are the identified reasons of committing suicide among the cases mentioned in this article among university students of Bangladesh.

Professors from various universities across Bangladesh have also expressed their concerns about the current trends in the suicide rate in various media outlets. According to them and their observations, personal frustration, pressure of class attendance, exam complexity, failure in an affair, economic crisis, and long-term unemployment make students mentally imbalanced, and thus they lose hope and take the ultimate decision to leave the world. They also said that, since so many students enrolled in one batch, students got little opportunity to come in contact with the course teachers, and thus teachers also failed to understand the crisis of the students, which brought different kinds of accidental cases.

According to Kamruzzaman, professor at the University of Dhaka, who was interviewed by Roney (2018), suicide rates rise when individuals do not receive the required assistance from their loved ones and society. And mental stress and sadness are the most likely reasons of suicide. People frequently think that their agony will always exist, thus they turn to suicide to eliminate their suffering. Unworthiness feelings eventually lead to a helpless sense. An individual is continuously under strain as a result of these unpleasant sentiments. In addition, people's individualistic tendencies result in their not spending time with family and friends. People often feel lonely in the situation. The suicide rate in the nation is rising as a result of everything.

Involvement in cultural activities (debate, games, and sports), the setup of psychological counseling centers, and providing mental health support will be the key points to preventing suicide among students across the universities. Family and the government can play a crucial role in curing the circumstances. Support from family can help one a lot to come out of sacrificing their lives, as family members

have to listen to these people, all they need is time (Roney, 2018). On the ground, Dr. Mahjabeen opined, one of the biggest sources of depression is a technologically reliant, individualistic lifestyle. She emphasized the need of cultivating direct social connections through dialogue, athletics, and artistic pursuits for the improvement of students' mental health in order to lower the rate of suicide (Roney, 2018). The vice-chancellor of the University of Buckingham, Sir Anthony Seldon said in an interview with the BBC in 2018 that if students behaved differently, the percentage of suicide and mental anguish among them could be reduced. He also mentioned that better transitional support, better mentoring and advance detection, further peer-to-peer endorse, and a stronger sense of community would all improve wellness and lower the risk of suicide. More preventative policies were needed to keep them from ever going over the edge (Rudgard, 2018). Rudgard (2018), in reference to the statement of University of Derby vice-chancellor Kathryn Mitchell, stated that the universities should understand and trace the students who are under stress, and thus action needed to be taken immediately to stop them from taking the decision to sacrifice their lives.

The following two suicide survivor's case studies will be an attempt to comprehend the causes of committing suicide and actions required to stop suicide.

**Case-01:** *Rokibul Islam Rocky (pseudonym) from Sirajgong, recently completed his graduation from the Department of Law, University of Rajshahi, and is a residential student of Bangabondhu Sheikh Mujibur Rahman Hall. He fell in love with his classmate while he was a high school student. On the night of March 9, 2010, while preparing for the exam, he received a call from his girlfriend informing him that her family had planned a wedding for her, which she was unable to deny and was unwilling to go against the family's decision. The news makes Rocky shocked and the victim of a mental patient, which deteriorates his physical condition, and besides, he didn't share the matter with anybody in fear of losing prestige. Gradually became addicted to marijuana and began spending time alone in his hall room. And on the day of the incident, his friends had to break his room door to rescue him and immediately take him to the Rajshahi Medical Hospital. Fortunately, he survived, and after long term treatment, he returned to a normal life. He shows his gratitude toward his friends, teachers, and parents for his new life and for standing with him till the end. While he also stated that if he received the support on time, he would not go down this sinful path. Now he is ready to lead a life of his own and wants to live for himself, for his family, and for the nation.*

**Case 2:** *Jebunnesa Jebin (pseudonym) a girl from a broken family who witnessed and went through such stress from the age of seven. Currently, she is a second-year student at Eden Mohila College. His father was in a regular fight with her mother since she gave birth to a girl child, and the fight ended in divorce. Her educated mother, considering her own career, remarried a rich man, and thus Jebin started staying with his grandparents. Her life became significantly more difficult when she moved to Dhaka for higher education, leaving her family so far away that she became lonely once more. Gradually, she became addicted to drugs, and one day, she hanged herself in her room to commit suicide, and luckily, her friends came and rescued her to take her to the Dhaka Medical Hospital, where she survived. It took her a year to adjust to normal life, and she is now in love with "Antor," a student in the EEE department of a private university, and she dreams of starting a family with his beloved.*

By employing psychiatrist at all levels including primary, secondary, higher secondary and tertiary level of education and giving youth organizations the appropriate training, adequate mental health services may be provided. Eliminating mental health taboos and inferiority would be made easier by including adolescents in policy discourse and counseling. It could be advantageous to create a national emergency hotline for mental health services, release a unique app that enables anybody to rapidly see a psychologist, and pay close attention to how the "Mental Health Act of 2018" is implemented.

## CONCLUDING REMARKS

Although suicide rate is dramatically rising all around the world as well as in Bangladesh, it remains a neglected and underattended public health concern in Bangladeshi society. A mass level study from national and academic level research as well as the establishment of national suicide surveillance are timely demands since the country is one of the most suicidal prone in South Asia. Following the aforementioned discussion, it can be said that whatever the disagreements among philosophers and thinkers, it has been undoubtedly acknowledged that suicide is an undesirable incident. Not only intervention in person's matter and in suicidal decision are not identical issues but it is also done from the concern of particular person's wellbeing since the question of suicide abide with life; the most precious thing. Intervention never disregards people's autonomy but rather gives alternative choices to make a person realize his own superiority, potentialities, and efficiencies. Besides, practical initial steps and strategies for reducing the tendency of suicide attempt till now have been proved successfully. The tendency for students to commit suicide is rising as a result of their discontent with their jobs, failed relationships, low self-esteem, and family issues. It is important to treat mental health issues seriously. Both the value of life and the idea that suicide is not a viable option must be instilled in students. They must tap into their inner power, have a good view on life, and act courageously in order to overcome a catastrophe. Academic institutions, educators, parents, and friends ought to provide students, kids, and friends greater respect and attention.

## DECLARATION

The article is original, has not been published or submitted for publication elsewhere.

## ETHICAL APPROVAL

Not Applicable as the data generated from secondary sources, mostly published in newspapers, articles, books.

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