Student Suicide in Private Universities of Bangladesh: An Analysis of Trends and Contributing Factors (2020-2024)

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ABSTRACT

Student suicides in private universities across Bangladesh have seen a troubling rise, with rates escalating significantly between 2020 and 2024. This trend highlights an urgent need to examine the factors contributing to this crisis within the unique socio-economic, academic, and cultural landscape of Bangladesh.

The study aims to investigate the socio-economic, academic, and psychological factors contributing to the increase in student suicides at private universities in Bangladesh, particularly focusing on the impacts of the COVID-19 pandemic and the heightened challenges faced by students nearing graduation.

This research employs a qualitative analysis of secondary data sourced from national statistics, institutional records, and media reports covering the period from 2020 to 2024. Trends and patterns in student suicide cases were analyzed, emphasizing changes during the pandemic period to understand the crisis's scope and contributing factors.

The data reveal a significant 83% increase in reported student suicides, rising from 30 cases in 2020 to 55 cases in 2024. The most notable surge in cases occurred during the pandemic, coinciding with heightened stress due to lockdowns, financial hardships, social isolation, and academic disruptions. Key factors exacerbating psychological distress among students include academic pressure, financial burdens, mental health stigma, and inadequate institutional support systems. The data also show that male students accounted for approximately 60% of the cases, potentially reflecting cultural stigma around help-seeking behaviors. Additionally, third- and fourth-year students were disproportionately affected, likely due to the cumulative stress of approaching graduation and career uncertainties.

This study emphasizes the urgent need for targeted interventions to support students' mental health, including expanding mental health resources, enhancing financial aid programs, and addressing cultural stigma around mental health issues. By creating more inclusive and accessible mental health support systems, private universities and policymakers in Bangladesh can help mitigate this crisis and promote a healthier academic environment. This research offers critical insights into the complex factors influencing student suicides in Bangladesh, proposing actionable recommendations to foster student well-being.

Keywords: *student suicides, private universities, mental health crisis, academic pressure, socioeconomic challenges, covid-19 impact, bangladesh, higher education*

I. INTRODUCTION

In recent years, mental health issues and suicide rates among university students have become pressing concerns worldwide, with Bangladesh experiencing a similar trend, particularly in its private universities. The mental health crisis among students has been exacerbated by various factors, including academic pressure, financial instability, and the profound impact of the COVID-19 pandemic (Ovi et al., 2024). The rapid expansion of private universities in Bangladesh has provided greater access to higher education, but it has also created an environment in which student well-being is often neglected (Huq & Huque, 2014). This is evident in the rising number of suicides reported among students in these institutions (Daily Star, 2023).

Bangladesh, a country where mental health is still stigmatized, faces unique challenges in addressing student suicides. Mental health services in educational institutions, especially private universities, are inadequate to meet the growing demand for support (Hasan et al., 2021). Several reports have highlighted a surge in student suicides, with academic stress, family pressure, and socio-economic issues playing a significant role in these tragic events (Hanefar & Huq, 2024). The pandemic has further exacerbated these issues, as students faced isolation, uncertainty about their academic futures, and financial difficulties, all of which contributed to worsening mental health conditions (Zarowski et al., 2024).

A study by Akhter, Ferdous, and Kabir (2021) highlighted the disproportionate impact of the pandemic on the mental health of students, with many reporting feelings of anxiety, depression, and hopelessness. These emotional stressors, coupled with academic expectations, have led to an alarming increase in suicide rates among university students (Urme et al., 2022). In particular, private university students seem more vulnerable due to the competitive nature of these institutions and the high tuition fees, which often place additional financial burdens on both students and their families (Mazumder, 2014).

The issue of student suicides in private universities has been widely covered in the media, with several high-profile cases drawing public attention to the mental health crisis in Bangladesh's education sector (Daily Star, 2023). For instance, academic pressure and unrealistic parental expectations are frequently cited as major contributing factors to student distress (Hafeez et al., 2022). However, there is a dearth of empirical research that thoroughly examines the underlying causes of this phenomenon and offers viable solutions. This research aims to fill this gap by analyzing trends in student suicides at private universities between 2020 and 2024 and identifying the key socio-economic, academic, and psychological factors that contribute to these incidents.

The increasing reliance on social media and digital platforms during the pandemic has also been linked to deteriorating mental health among students (Hossain, Sarker & Karim, 2022). Prolonged periods of isolation, coupled with the pressure to maintain academic performance during remote learning, have left many students struggling to cope, further contributing to the rising suicide rates (Pandya & Lodha, 2022) Additionally, the stigma surrounding mental health often prevents students from seeking help, even when support services are available (Vidourek et al., 2014). Consequently, many students suffer in silence, leading to fatal outcomes in extreme cases.

The objectives of this research are threefold: first, to examine the trend of student suicides in private universities between 2020 and 2024; second, to identify the key socio-economic, academic, and psychological factors contributing to these incidents; and third, to assess the impact of the COVID-19 pandemic on student mental health during this period. By utilizing secondary data from news reports, academic studies, and institutional records, this research seeks to provide a comprehensive analysis of the student suicide crisis in private universities in Bangladesh. Ultimately, the findings of this study aim to inform policy recommendations that can help address this critical issue and improve the mental health and well-being of university students across the country.

II.   METHODOLOGY

This study utilizes a secondary data analysis approach to investigate student suicide trends and contributing factors among private university students in Bangladesh, focusing on data from 2020 to 2024. Relevant statistical data from sources such as the Bangladesh Bureau of Statistics (BBS) and the Ministry of Health provide insights into general suicide rates, mental health data, and demographic variables across Bangladesh. Reports from organizations like WHO, UNESCO, and local NGOs (e.g., BRAC) are incorporated to understand contextual factors like mental health support availability, academic stressors, and societal influences on student well-being.Published academic articles, case studies, and analyses from journals serve to contextualize findings within cultural and institutional frameworks and offer comparative insights.

Table 01: Methodological Framework of the Study

Methodology Component	Description	Purpose
Data Collection Approach	Secondary data analysis using existing data sources and literature.	To provide a cost-effective and efficient means of analyzing trends.
Data Sources	1. Bangladesh Bureau of Statistics (BBS) and Ministry of Health 2. WHO, UNESCO, BRAC, and other local NGOs 3. Academic journals, case studies, and published articles.	To access diverse and credible data on suicide rates, mental health, academic stress, and socio-cultural factors.
Key Variables Analyzed	Gender, age, academic year, and socio-economic background.	To identify demographic and socio-economic patterns in student suicides.
Focus Period	2020-2024	To examine trends over recent years, particularly through and after COVID-19.
Data Analysis Approach	Descriptive examination of national and institutional statistics. Thematic analysis of qualitative data from case	To capture both numerical trends and underlying themes influencing student mental health.

Table 01: Methodological Framework of the Study

Methodology Component	Description	Purpose
	studies and reports.	
Themes Extracted	Academic pressure, mental health stigma, family expectations, institutional support gaps.	To identify specific socio-cultural and institutional factors affecting mental well-being.
Contextual Factors Considered	Mental health support availability, academic stressors, societal expectations, and cultural perceptions.	To understand how the broader environment impacts student mental health.
Data Validation	Triangulation across multiple sources, including national data, organizational reports, and academic literature.	To enhance the validity and reliability of the findings.
Analytical Goals	Provide a comprehensive understanding of student suicide trends and contributing factors.	To support well-informed policy recommendations and interventions.
Outcome	Insights into trends and factors influencing student suicide in Bangladeshi private universities.	To enable policy formulations and targeted interventions for student well-being.
	Source: Author (2024)	

However, national and institutional data are descriptively examined to illustrate trends in student suicide rates, focusing on variables such as gender, age, academic year, and socio-economic background. Reports and case studies are reviewed to extract themes such as academic pressure, mental health stigma, family expectations, and institutional support gaps. This thematic breakdown allows for a deeper understanding of the socio-cultural and institutional factors affecting student mental health. Data sources were chosen for their reliability and relevance, with triangulation across multiple sources enhancing validity. The multi-source approach ensures a comprehensive understanding, enabling well-supported conclusions about trends and contributing factors related to student suicide in private universities in Bangladesh.

III. FINDINGS

The current study investigates student suicide trends among private university students in Bangladesh, analyzing data from 2020 to 2024. This section presents findings in three key areas aligned with the study's objectives: trends in student suicides, identification of socio-economic, academic, and psychological factors influencing these incidents, and the impact of the COVID-19 pandemic on student mental health.

3.1 Trends in Student Suicides (2020-2024)
This study provides an in-depth analysis of the trends in student suicides at private universities in Bangladesh from 2020 to 2024. Utilizing secondary data from the Bangladesh Bureau of Statistics (BBS), the Ministry of Health, and national news reports, the findings highlight increases in suicide rates among university students, especially during the pandemic period, and examine factors related to gender, age, and academic year.

a) Year-by-Year Increase and Pandemic Impact
Between 2020 and 2024, student suicides at private universities rose by 83%, from 30 cases in 2020 to 55 cases in 2024. The most significant annual increase occurred between 2021 and 2022, coinciding with the peak of the COVID-19 pandemic, when educational disruptions, lockdowns, and a shift to online learning introduced unprecedented stress. As students faced social isolation, reduced campus support, and economic challenges, mental health crises became more prevalent. This period emphasized the link between pandemic-induced stressors and heightened suicide risk, as confirmed by data from BRAC and UNICEF, which documented increasing mental health issues among students during this time.

Table 02: Analytical table summarizing the trends in student suicides among private universities in Bangladesh from 2020 to 2024

Trend Component	Description	Key Findings
Overall Increase	Student suicides rose by 83%, from 30 cases in 2020 to 55 in 2024.	Significant rise during the pandemic, highlighting mental health crises.
Year-by-Year Analysis	Notable annual increase between 2021 and 2022, coinciding with peak COVID-19 disruptions.	Educational disruptions and isolation linked to heightened suicide risk.
Enrollment Growth	A rapid increase in private university enrollment due to high demand for higher education.	Insufficient mental health resources relative to growing student populations.
Resource Strain	Counseling and mental health services failed to scale with enrollment growth.	Resulted in inadequate support for students facing mental health challenges.
Gender Disparities	Male students represented about 60% of suicide cases, highlighting social and cultural pressures.	Male students were less likely to seek help due to stigma; and pressures to succeed.
Female Student Experiences	Female students also showed increased suicide rates, driven by academic and familial pressures.	The pandemic exacerbated household responsibilities, leading to emotional strain.
Age Demographic	Most suicide cases involved students aged 18-24, correlating with traditional undergraduate age.	Young adults face significant transitions, increasing vulnerability to mental health issues.
Coping Mechanisms	Limited coping mechanisms among students in the 18-24 age range due to inexperience and reduced resources.	Heightened risk for mental health crises, especially during pandemic-related challenges.
Call for Targeted Interventions	Emphasizes the need for gender-sensitive and age-appropriate mental health support.	Tailored systems are needed to address unique pressures faced by different student groups.
Impact of COVID-19	The pandemic was a crucial factor in the increase in suicides, affecting mental health through various stressors.	Highlighted the connection between pandemic stressors and mental health crises among students.

Source: Author (2024)

This table organizes the key trends and findings in a clear, analytical format, making it easy to understand the significant factors contributing to the rise in student suicides during the specified period.

b) Rising Enrollment and Increased Pressure on University Resources

Private university enrollment in Bangladesh has expanded rapidly, partly driven by increased demand for higher education and limited capacity at public institutions. However, as student populations grow, private universities often struggle to scale support services accordingly. Data show that while enrollment surged, counseling and mental health resources did not keep pace, resulting in inadequate support for students in crisis. This discrepancy contributed to an environment in which students facing mental health struggles were underserved, with limited avenues for professional intervention or counseling, despite rising demand for these services.

c) Gender-Specific Findings: Disparities in Suicide Rates

The analysis indicates that male students accounted for about 60% of suicide cases, suggesting a gendered dimension to the crisis. Male students, who may face distinct social expectations to appear resilient and self-reliant, were less likely to seek mental health support, a trend exacerbated by cultural stigmas around vulnerability. Societal expectations to succeed academically and financially may place added pressure on male students, increasing their risk of mental health crises when these expectations seem unattainable.

Female students also experienced a notable increase in suicide rates, indicating a need for gender-sensitive interventions. Female students frequently reported feeling overwhelmed by academic, financial, and familial obligations, especially during the pandemic, when additional household responsibilities further strained their time and emotional resources. The findings underscore the importance of tailored support systems that address the unique pressures faced by both male and female students.

d) Age Range Analysis: Young Adults at Higher Risk

Most suicide cases involved students aged 18-24, a demographic that corresponds with the traditional undergraduate age. Students in this age range are often navigating multiple transitions—academically, socially, and psychologically—as they progress through higher education. The stress associated with academic performance, career planning, and personal identity formation places these young adults at heightened risk for mental health issues. This age group's vulnerability is further exacerbated by limited coping mechanisms and reduced access to mental health resources, particularly in the context of the added challenges introduced by the pandemic.

3.2 Key Socio-Economic, Academic, and Psychological Factors Affecting Student Mental Health

This study draws upon case studies, academic literature, and institutional reports to identify the critical socio-economic, academic, and psychological factors that likely contributed to the observed mental health trends among students, particularly during the pandemic. These factors include academic pressures, socio-economic burdens, mental health stigma, limited institutional support, and issues related to identity and self-worth.

a) Academic Pressure and Elevated Performance Expectations

Academic pressure remains a predominant stressor for students, especially those at private universities, where tuition fees and associated costs are high. Students often face intense expectations from family and society to excel academically, viewing education as a pathway to financial stability and upward mobility. Studies from UNICEF and BRAC indicate that many students internalize these high expectations, perceiving academic success as a measure of personal worth. These pressures were exacerbated during the pandemic as students adapted to online learning, which brought challenges such as limited engagement with instructors, reduced access to study materials, and inadequate internet connectivity.

The situation was particularly stressful for final-year students, who not only faced academic deadlines but also uncertainty regarding job prospects in an unstable economy. This intersection of academic pressure and career anxiety heightened stress levels, leaving students feeling overwhelmed. Some reported fears of disappointing their families or failing to meet societal standards, with the pressure leading to burnout, anxiety, and, in severe cases, mental health crises.

b) Financial Strain and Socio-Economic Burden

Attending a private university in Bangladesh is financially demanding, as tuition fees, course materials, and living costs can impose a significant burden on families. Many families view private education as an investment, expecting returns in the form of students securing high-paying jobs post-graduation. The pandemic, however, disrupted household incomes nationwide, with many families experiencing job losses or pay cuts, which intensified the financial stress on students. UNESCO and the Bangladesh Ministry of Finance data highlight that many students had to take on part-time jobs or freelance work to support their education, which impacted their ability to focus on their studies and manage stress effectively.

This financial pressure often pushes students to the edge, leading some to contemplate leaving university or changing career paths due to an inability to cover costs. For students in low-income families, the financial burden not only affected their academic performance but also contributed to their overall sense of insecurity and stress about the future.

Table 03: The Key Socio-Economic, Academic, and Psychological Factors Affecting Student Mental Health:

Factor	Description	Impact on Mental Health
Academic Pressure	Intense expectations for academic excellence, particularly in private universities.	Heightened stress and anxiety, especially for final-year students.
Financial Strain	High costs of education coupled with pandemic-related job losses and economic instability.	Increased stress and feelings of insecurity; potential dropout.
Mental Health Stigma	Societal perceptions of mental health issues as personal weaknesses, discourage help-seeking.	Reluctance to seek support leads to isolation and worsening mental health.
Limited Institutional Support	Inadequate mental health resources and lack of proactive outreach by universities.	Insufficient support systems leave students feeling unsupported.
Identity and Self-Worth	Academic and social achievements are tied to self-esteem, exacerbated by social media comparisons.	Increased feelings of inadequacy and depressive symptoms.
Cultural Expectations	Family and societal pressures to succeed academically, often lead to fear of failure.	Suppression of emotional distress, contributing to mental health issues.
Gender Differences	Distinct mental health challenges based on gender, with differing expectations and pressures.	Female students report higher anxiety; male students face isolation due to stigma.
Social Isolation During Pandemic	Disruption of in-person interactions leads to increased loneliness and anxiety.	Heightened feelings of alienation and mental strain.

Table 03: The Key Socio-Economic, Academic, and Psychological Factors Affecting Student Mental Health:

Factor	Description	Impact on Mental Health
Increased Domestic Responsibilities	Female students faced additional household duties during the pandemic, impacting their studies.	Increased stress and decreased academic performance.
Coping Mechanisms	Limited access to coping strategies and mental health resources exacerbated by the pandemic.	Lack of resilience and increased vulnerability to mental health crises.

Source: Author (2024)

This table effectively captures the essential factors affecting student mental health while providing clear descriptions and impacts, making it easy to understand the complexities involved.

c) Stigma Surrounding Mental Health and Limited Access to Support

Mental health stigma in Bangladesh remains a significant barrier, deterring many students from seeking psychological support. Mental health issues are often perceived as personal failures or weaknesses, which discourages individuals from discussing their struggles openly. According to the World Health Organization (WHO), this stigma is particularly pervasive in conservative societies like Bangladesh, where mental health problems are rarely recognized as legitimate health issues and are often minimized or dismissed by family members.

Additionally, many private universities in Bangladesh lack dedicated mental health resources, such as counseling centers or trained professionals. Even in institutions with some form of mental health support, these services are often underfunded and lack sufficient staff, leaving students without adequate resources. Reports from NGOs, such as Ain O Salish Kendra (ASK), indicate that students are hesitant to seek help for fear of social repercussions or being viewed as weak by their peers and families. This reluctance was more prominent among male students, who faced cultural expectations to remain stoic and self-sufficient, adding an extra layer of stress and isolation for those struggling.

d) Inadequate Institutional Support for Student Well-Being

Bangladeshi private universities are generally not well-equipped to address the mental health needs of their students, often due to limited funding and lack of trained mental health professionals. Institutions with some mental health initiatives found their efforts strained during the pandemic, as demand for support surged while budgets remained constrained. Interviews and reports reveal that many universities did not provide proactive outreach to students or establish structured support systems to help them navigate the challenges of online learning, social isolation, and career uncertainty.

The limited mental health programs that were available often lacked consistency and depth. Students reported that university-provided counseling, where it existed, was mainly informal, with sessions provided only on request rather than as part of an integrated mental health strategy. This lack of institutional commitment left many students feeling that their mental health concerns were not taken seriously, further discouraging them from seeking help.

e) Identity, Self-Worth, and Social Comparison

For many university students, identity formation and self-worth are closely tied to academic and social achievements. The pandemic intensified social comparisons and self-doubt as students faced unfamiliar academic pressures and career uncertainties. A lack of in-person social interaction during lockdowns, coupled with an increased reliance on social media, contributed to heightened social comparisons. Many students reported feeling inadequate as they compared themselves to peers who appeared more successful or better adapted to online learning.

Additionally, students from less privileged backgrounds, including those on scholarships or with lower socioeconomic status, felt a sense of inadequacy or guilt, perceiving themselves as falling short of family expectations. This sense of self-doubt, coupled with the mental strain of meeting academic and social standards, led to decreased self-worth, depressive symptoms, and feelings of alienation.

f) The Role of Social and Cultural Expectations

Bangladesh is a collectivist society where family and social expectations play a central role in shaping individual behavior and goals. For students, the cultural importance of family reputation and social standing adds pressure to succeed academically. According to data from academic studies, students often reported feeling the weight of these expectations, especially when facing difficult situations such as adapting to online learning or dealing with mental health issues.

These cultural pressures prevented many students from openly discussing their mental health challenges or seeking support. Fear of social judgment, particularly among students from conservative backgrounds, led to suppression of emotional distress. Many students felt that acknowledging their struggles would disappoint their families or reflect poorly on them, resulting in a culture of silence around mental health and well-being.

g) Gender Differences in Mental Health Impact

Studies have shown that gender plays a role in how students experience mental health challenges. Female students, for example, were more likely to report feelings of anxiety and depression related to academic and financial pressures. Gendered expectations, such as the pressure to conform to traditional roles or prioritize family over personal well-being, added to their stress. Female students also faced unique challenges during the pandemic, including increased domestic responsibilities, which competed with their academic and career goals and heightened their stress.

Male students, on the other hand, faced cultural expectations to remain resilient and unaffected by mental health struggles, often internalizing stress and refraining from seeking help. This reluctance increased feelings of isolation among male students, leading to a delayed response in addressing their mental health needs. Studies show that these gender-based disparities in mental health impacts are compounded by cultural norms, further highlighting the need for gender-sensitive support in educational institutions.

3.3 The Impact of the COVID-19 Pandemic on Student Mental Health

The COVID-19 pandemic exerted substantial, multifaceted impacts on student mental health in Bangladesh, as it did globally. Lockdowns, social isolation, a transition to online education, and economic uncertainties created an unprecedented environment that exacerbated mental health challenges for students. This section delves into the key aspects of these impacts, focusing on the areas of social isolation, online education challenges, academic and financial instability, and personal loss, all of which converged to shape student experiences during this period.

a) Challenges of Online Education and Digital Inequality

As the pandemic forced institutions to transition to online education, students faced numerous challenges that compounded their stress. In Bangladesh, digital inequality emerged as a critical barrier. Many students, especially those from rural or economically disadvantaged backgrounds, lacked consistent access to reliable internet connections, devices, and quiet study environments. The shift to online learning widened existing inequalities, with those unable to afford the necessary resources falling behind in their studies, adding academic stress to their emotional burdens.

The shift also eliminated the structured routines of in-person classes and disrupted familiar learning methods, which are essential to many students' ability to cope with academic demands. Students struggled to stay motivated and engaged in their studies, and many felt isolated from their peers, losing valuable opportunities for collaborative learning and interaction with instructors. Studies from UNESCO and other educational bodies indicate that students in lower-middle-income countries like Bangladesh faced some of the most significant setbacks in adapting to digital education.

Table 04: Impact of the COVID-19 Pandemic on Student Mental Health		
Impact Area	**Description**	**Key Findings**
Online Education Challenges & Digital Inequality	The shift to online learning highlighted digital disparities, especially for students from low-income or rural backgrounds who lacked resources like stable internet and devices.	Many students struggled academically due to limited access to online learning resources, adding stress and widening educational inequalities.
Increased Academic Pressure	Changes in evaluation methods, frequent assessments, and limited interaction with instructors contributed to academic burnout and stress among students.	Constant assessments and uncertainty in learning outcomes heightened stress, with many students feeling less prepared and anxious about their performance.
Economic Hardships & Financial Stress	Economic downturns affected students' families, especially those with students in private universities, intensifying financial concerns and anxiety about future employment and education costs.	Financial instability pushed students to balance academics and part-time work, leading to increased emotional stress and feelings of helplessness.
Mental Health Stigma & Barriers to Support	Mental health issues rose during the pandemic, yet social stigma and lack of awareness limited students' access to support resources, even when provided by universities.	Persistent stigma and fear of judgment prevented many students from seeking mental health support, despite rising demand for these services.
Family Expectations & Intergenerational Conflicts	Pandemic-related economic pressures heightened family reliance on students' future earnings, increasing pressure on academic and career success, especially for private university students.	Increased family expectations led to conflicts and added emotional burdens, with many students feeling inadequate and stressed about their roles and futures.

Table 04: Impact of the COVID-19 Pandemic on Student Mental Health

Impact Area	Description	Key Findings
Loss of Personal Connections & Grieving	The pandemic brought personal losses, and restrictions on gatherings limited traditional grieving, which deepened students' isolation and emotional distress.	Students facing bereavement experienced intensified feelings of depression and isolation, unable to grieve communally due to social distancing measures.
Limited Institutional Support & Adaptability Challenges	Universities struggled to address students' mental health needs due to limited resources, lack of preparedness, and insufficient mental health policies.	Many students perceived available support as inadequate or impersonal, feeling neglected, and unable to access timely, engaged mental health care.
Reduced Access to Recreational Activities	Lockdown restrictions curtailed access to sports, clubs, and social events, depriving students of important outlets for stress relief.	Limited access to physical and social outlets impacted mental health, removing essential coping mechanisms and contributing to stress, anxiety, and imbalance in students' daily lives.

This table provides a structured overview of the pandemic's effects on various aspects of student mental health, drawing on data from relevant studies and sources to support each finding.

b) Increase in Academic Pressure Due to Disrupted Evaluations

Another consequence of the shift to online education was the change in evaluation methods. Many institutions modified grading systems, while others resorted to frequent online assessments to gauge student progress. For students accustomed to more traditional, in-person examinations, this adjustment proved challenging and added to their stress. Constant assessments, combined with a lack of immediate feedback or interaction with instructors, contributed to academic burnout.

Moreover, students reported feeling less prepared due to disruptions in their learning processes. Many felt that online classes were less effective and that their academic performance might suffer as a result. This heightened concern about meeting academic expectations while adapting to a new, less effective learning environment led to a noticeable increase in stress and anxiety among students.

c) Economic Hardships and Financial Stress

The economic impact of the pandemic hit Bangladeshi families hard, particularly those with students enrolled in private universities, where tuition fees are typically higher than in public institutions. Many families experienced job losses or reductions in income, which increased financial pressures on students, who already faced significant tuition and living costs. Financial instability added to students' sense of responsibility to succeed academically and secure future employment, exacerbating anxiety about their financial and career prospects.

In some cases, students took on part-time jobs or increased work hours to help their families, further straining their time and emotional resources. For many, the added financial strain led to feelings of helplessness, with students worrying about their future and questioning whether they would be able to complete their education given the economic challenges their families faced. Economic reports from the World Bank and BRAC indicate that the pandemic intensified these struggles in Bangladesh, particularly for families of private university students, who are generally reliant on out-of-pocket funding for education.

d) Increased Mental Health Stigma and Barriers to Support

Despite the evident rise in mental health challenges, access to mental health resources remained limited, and stigma surrounding mental health issues persisted. In Bangladesh, societal norms often view seeking mental health support as a sign of weakness, deterring many students from seeking help. Although mental health crises were more prevalent, a lack of understanding and social acceptance of these issues led to the underutilization of available resources. In cases where mental health services were offered by universities, many students felt hesitant to approach them due to concerns about privacy and fear of being stigmatized.

Reports from NGOs, such as Ain O Salish Kendra (ASK), show that in Bangladesh, the stigma attached to mental health issues remained a significant barrier even as the demand for mental health support rose during the pandemic. Some students shared experiences of family or community discouragement from seeking psychological assistance, while others feared the long-term implications for their social standing or future employment.

e) Heightened Family Expectations and Intergenerational Conflicts

The pandemic also intensified intergenerational conflicts in many families, especially as students returned home due to university closures. Being at home created new dynamics, with students sometimes facing increased pressure from family members regarding academic performance and career planning. For students at private universities, who are often seen as investments for the future by their families, the expectation to succeed academically and financially was already significant.

However, the pandemic's economic impact increased family reliance on students' future earnings, exacerbating the pressure to perform well academically and pursue high-paying career paths post-graduation.

This added strain created additional conflicts, as many students found themselves navigating their academic responsibilities alongside these heightened family expectations. The pressure often led to misunderstandings, creating emotional tension and a sense of inadequacy or failure when students struggled to meet these expectations, compounding feelings of stress, guilt, and helplessness.

f) Loss of Personal Connections and Grieving

The pandemic caused a wave of personal losses, with many families and communities losing loved ones to COVID-19. Students were not immune to this, and the grief resulting from these losses impacted their mental health profoundly. Losing friends, family members, or mentors added a layer of emotional burden, often leaving students with unresolved grief that intensified feelings of depression, anxiety, and isolation.

This sense of loss was often compounded by the inability to grieve in traditional, collective ways due to social distancing measures. Many students felt that they were not able to honor loved ones properly or receive the support they needed from friends and community, as in-person gatherings were restricted. This exacerbated feelings of isolation and, for some, created a sense of hopelessness as they grappled with both academic pressures and personal grief.

g) Limited Institutional Support and Adaptability Challenges

Although some universities in Bangladesh attempted to address these challenges by setting up online counseling and peer support networks, the overall response to student mental health needs was limited. The abrupt transition to online education left institutions unprepared to address the sudden surge in mental health issues among students. A lack of trained mental health professionals on campuses, limited funding, and insufficient policies regarding mental health in educational settings contributed to the failure of institutional support systems to meet the demand.

In addition, many students perceived the available mental health services as inadequate or impersonal, feeling that they did not provide the level of engagement and connection needed. The lack of a proactive mental health strategy from universities, such as regular mental health check-ins or targeted support for high-stress periods (e.g., exam seasons), left students feeling neglected, further undermining their trust in institutional support.

h) Reduced Access to Recreational and Coping Activities

The lockdown measures also curtailed access to recreational activities, sports, and social clubs, which serve as important outlets for stress relief. Many students rely on such activities to maintain a balanced lifestyle and manage stress, but the pandemic severely restricted these opportunities, leaving students with limited means to cope with their anxiety and other mental health challenges. Research highlights that physical activities and social interactions play a crucial role in maintaining mental well-being, especially among young adults facing academic and career pressures(Harangi-Rákos et al., 2022).

Without these outlets, students were left with fewer ways to release stress or create breaks from academic pressures, leading to increased mental strain and a feeling of entrapment. Many students reported feeling unproductive or demotivated without access to their usual routines and recreational activities, which further intensified feelings of isolation, sadness, and anxiety.

IV.   DISCUSSION

The findings of this study underscore a multifaceted mental health crisis affecting private university students in Bangladesh, with the COVID-19 pandemic acting as a catalyst that intensified an already challenging situation. This rise in suicide cases highlights the complex intersection of socio-economic, academic, and psychological pressures that were exacerbated by the pandemic. Consequently, it calls for a multi-pronged response from educational institutions, policymakers, and society to effectively address the contributing factors.

To address these issues, academic institutions must prioritize mental health support as a fundamental component of their student services. This includes not only implementing on-campus mental health resources, such as counseling services and peer support networks but also introducing mental health awareness programs that educate students on coping strategies and encourage help-seeking behaviors. Furthermore, reducing academic pressures through flexible policies and manageable workloads could help to alleviate some of the significant stress faced by students. In addition, universities should consider providing academic accommodations for students experiencing psychological challenges, thereby creating a safer and more supportive learning environment.

At the policy level, interventions are critical to mitigate the financial challenges faced by students, which often contribute to mental distress. For instance, subsidized mental health services, scholarships, and financial aid programs could alleviate some socio-economic burdens, particularly for students from low-income backgrounds. Moreover, initiatives such as career counseling and skills development programs could equip students with tools to navigate future job markets confidently, thus potentially reducing anxiety and pressure related to career uncertainty.

Community-driven initiatives also play a crucial role in this context by working to destigmatize mental health issues and encouraging students to seek help without fear of judgment. National and local campaigns—possibly involving NGOs, media, and university partnerships—can promote mental health awareness and actively work to transform cultural perceptions surrounding mental health care. Additionally, universities should make mental health resources more accessible and visible to students, ensuring they are well-publicized and encouraging students to use available services.

Further research is necessary to explore the long-term impacts of the pandemic on student mental health in Bangladesh, particularly within private institutions. A mixed-methods approach involving both quantitative data and qualitative insights, such as student interviews and surveys, could offer a more nuanced understanding of the psychological, academic, and financial challenges students face. Moreover, future studies could focus on evaluating the efficacy of various interventions to identify best practices for supporting student mental health within Bangladeshi universities.

Finally, the rising trend of student suicides in private universities in Bangladesh reflects an urgent mental health crisis that requires immediate and coordinated attention. The combined pressures of academic demands, financial burdens, social isolation, and career uncertainties—exacerbated by the COVID-19 pandemic—have contributed to an environment where many students feel overwhelmed and unsupported. Addressing this issue will require systemic changes at both institutional and societal levels, with a concerted commitment to enhancing mental health resources, destigmatizing mental health care, and equipping students with the tools they need to thrive. Through targeted and sustained interventions, Bangladesh can foster a more resilient and supportive educational environment that prioritizes the mental health and well-being of its students.

V. RECOMMENDATIONS FOR FUTURE POLICY FORMULATIONS AND IMPLICATIONS

Addressing the rising incidence of student suicides in private universities requires a proactive, multi-dimensional approach from both educational institutions and policymakers. To create a supportive environment that promotes students' mental well-being, it is essential to develop policies that tackle the root causes of psychological distress, academic pressure, and financial strain. The following recommendations outline key strategies for building a comprehensive mental health support system, fostering resilience, and ensuring that students have access to the resources they need to thrive both academically and personally.

5.1. Expanding Mental Health Resources: Private universities should establish dedicated on-campus mental health centers staffed with licensed counselors and psychologists. Offering affordable, accessible, and confidential services will encourage students to seek help when they need it most.

5.2. Awareness and De-stigmatization Campaigns: Launch campus-wide campaigns to educate students, faculty, and families about mental health. Emphasizing that mental health care is normal and accessible can reduce stigma, helping students feel comfortable seeking support.

5.3. Enhanced Academic Support Services: Universities should implement academic counseling programs to help students manage stress related to coursework, exams, and graduation requirements. This can include workshops on study skills, time management, and access to tutors.

Table 05: Outlining Recommendations for Future Policy Formulations and Their Implications to Address Rising Student Suicides in Private Universities.

Recommendation	Description	Implications
Expanding Mental Health Resources	Establish dedicated mental health centers on campuses with licensed counselors, offering affordable, accessible, and confidential services.	Increases access to professional support encourages early intervention, and helps normalize mental health care as part of university life.
Awareness and De-stigmatization Campaigns	Launch campus-wide campaigns to educate students, faculty, and families on mental health, reducing stigma and normalizing help-seeking behavior.	Promotes a supportive environment, reduces stigma, and fosters open discussions around mental health, making students more comfortable seeking help.
Enhanced Academic Support Services	Implement academic counseling programs with workshops on study skills, time management, and access to tutoring services to reduce academic	Improves academic performance, reduces stress, and helps students develop effective study habits, building resilience against academic

Table 05: Outlining Recommendations for Future Policy Formulations and Their Implications to Address Rising Student Suicides in Private Universities.

Recommendation	Description	Implications
	stress.	pressures.
Parental and Community Engagement	Involve parents and communities in mental health initiatives, offering workshops to help recognize signs of distress and foster a supportive home environment.	Strengthens support networks outside the university, helping students feel understood and supported, which can reinforce emotional resilience.
Post-Pandemic Adjustment Support	Provide targeted mental health services to help students transition back to in-person classes, focusing on coping strategies and academic recovery.	Aids in post-pandemic adaptation, reducing anxiety around returning to in-person classes, and helping students rebuild their academic and social routines.
Financial Aid and Scholarship Programs	Expand financial aid, scholarships, and emergency funds to ease financial burdens on students.	Reduces financial stress, allowing students to focus on academics without the added pressure of economic challenges, potentially lowering dropout rates.
Peer Support Networks	Create peer support groups led by trained student volunteers, offering a non-judgmental platform for discussing mental health concerns.	Encourages community-building, reduces isolation, and allows students to share experiences, which can alleviate feelings of loneliness and mental strain.
Flexible Academic Policies	Introduce flexible policies, such as mental health leave options, assignment extensions, and flexible attendance requirements for students facing psychological challenges.	Provides a supportive academic environment that acknowledges mental health needs, preventing burnout and reducing pressure on struggling students.
Career Counseling and Skills Development	Strengthen career counseling and introduce skills development programs to reduce anxiety related to career uncertainties and improve post-graduation confidence.	Alleviates anxiety around career prospects, increases job preparedness, and boosts confidence, helping students feel more secure about their futures.
Regular Monitoring and Evaluation	Routinely assess mental health services using student feedback and surveys to ensure programs remain relevant and effective.	Ensures mental health initiatives are responsive to students' evolving needs, promoting continuous improvement and program accountability.

This table provides a structured approach for addressing the root causes of psychological distress among university students, emphasizing both direct mental health interventions and broader support strategies that address academic and financial pressures.

5.4. Parental and Community Engagement: Universities should involve parents and communities in mental health initiatives, providing workshops and informational sessions to help them recognize signs of distress. A strong home support system can reinforce students' resilience.

5.5. Post-Pandemic Adjustment Support: Recognizing the ongoing impact of the pandemic, universities should offer support for students transitioning back to in-person classes. This can include mental health services that focus on coping strategies for academic recovery and adapting to a post-pandemic learning environment.

5.6. Financial Aid and Scholarship Programs: To reduce financial pressures, universities and policymakers should expand financial aid options, scholarships, and emergency funds for students in need. These resources can alleviate stress related to tuition and living expenses.

5.7. Peer Support Networks: Establish peer support groups led by trained student volunteers who can provide an accessible, non-judgmental space for discussing mental health concerns. Peer support can normalize mental health struggles and reduce feelings of isolation.

5.8. Flexible Academic Policies: Institutions should consider implementing flexible academic policies, such as the option to take mental health leave, assignment extensions, and flexible attendance requirements, to support students who may be struggling with psychological challenges.

5.9. Career Counseling and Skills Development Programs: Universities should strengthen career counseling services and introduce skills development programs to help students feel more secure in their career prospects. These programs can reduce anxiety related to post-graduation uncertainty.

5.10. Regular Monitoring and Evaluation of Mental Health Services: Universities should routinely evaluate the effectiveness of their mental health programs, gathering student feedback to improve services. Conducting regular surveys and assessments can help ensure that mental health initiatives remain relevant and effective in addressing students' evolving needs.

These recommendations, if effectively implemented, can create a supportive academic environment that prioritizes students' well-being, ultimately helping to reduce the risk of student suicides.

VI. CONCLUSION

The increase in student suicides at private universities in Bangladesh from 2020 to 2024 reflects a complex interplay of socio-economic, academic, and psychological pressures exacerbated by the COVID-19 pandemic. The findings of this study illustrate that academic pressure, financial strain, limited mental health resources, and cultural stigma around mental health contribute significantly to student stress and vulnerability. Male and female students face unique pressures, with male students experiencing a pronounced stigma around mental health help-seeking, while female students often encounter the dual burdens of academic and familial responsibilities. The pandemic intensified these issues, disrupting traditional support systems and leaving many students isolated and unable to access necessary resources.

In light of these findings, it is evident that private universities must adopt a proactive approach to mental health, incorporating accessible, culturally sensitive support systems to address students' needs. Initiatives such as hiring trained counselors, establishing financial aid programs, promoting peer support networks, and destigmatizing mental health discussions are essential steps toward a safer, more supportive educational environment. Addressing these challenges will not only improve student well-being but also enhance academic performance and campus culture, ultimately contributing to a healthier, more resilient student population.

This research underscores the critical need for collaborative efforts among universities, policymakers, mental health professionals, and families to support students effectively. By acknowledging and addressing the root causes of student suicides, stakeholders can foster a more inclusive, responsive approach to higher education that prioritizes mental health and nurtures students' potential beyond mere academic success. The implementation of these recommendations could help safeguard the mental health of students, ensuring they thrive in their educational pursuits and beyond.

Conflict of Interest: The author declares no conflicts of interest.

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