

Research Article

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Suicides among university students during the COVID-19 pandemic: Bangladeshi press reports

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Abstract: The COVID-19 pandemic responses forced the authority to shut the educational institutions since March 17, 2020, in Bangladesh. Physical distancing, social isolation, and quarantine have become regular norms in our daily life due to the pandemic crisis. This extended shutdown separated the students from their academic life, increasing anxiety concerning their future education, personal and professional aspirations, and expectations. Such disruptions might increase vulnerability towards suicidal ideation among university-level students. Therefore, here we aim to assess the prevalence and related risk factors of suicides among university students in Bangladesh during the COVID-19 lockdowns. We conducted a comprehensive Google search to gather information from secondary sources. In total, 22 university students committed suicide from March 17, 2020, to June 10, 2021, in Bangladesh. The frequently reported causes of these suicides were depression, frustration, financial crisis, troubled love affairs, and family disputes, indicating an elevated prevalence of psychological distress due to the COVID-19 pandemic among students at all levels in Bangladesh. Based on the present findings, we suggest that the effective implementation of online education, financial support to families, mental healthcare support to this vulnerable group, and mutual understanding among the family members might reduce this death toll. The present findings might help researchers to understand students' mental health and design programs accordingly to prevent future incidents.

Keywords: Suicide, university student, COVID-19 lockdown, depression, mental health, Bangladesh

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1 Introduction

On December 31, 2019, the world identified the first patients with COVID-19 in Wuhan, China. Bangladesh reported its first three COVID-19 cases on March 8, 2020. As of June 10, 2021, 220 countries, territories, and areas were affected by 171,222,477 confirmed COVID-19 cases and 3,686,142 deaths [1]. To minimize the infection rate, the government of Bangladesh announced a nationwide lockdown on March 26, 2020. Since March 17, 2020, schools, colleges, and universities have remained shut to maintain social isolation. Therefore, approximately 40 million students across the country are directly or indirectly affected by this ongoing pandemic. Among them, more than 1.9 million students in public and private universities in Bangladesh have been impacted by this deadly pandemic [2].

Along with the education sector, this global public health emergency has affected areas such as our environment, economy, healthcare, and trading. This situation leads us from the closure of physical classroom learning to distance or online learning. Different learning programs are arranged and broadcasted by UNICEF and the Bangladesh government using TV, radio, mobile, telephone, and online platforms [3]. However, we did not find that the public educational institutions in Bangladesh have widely accepted distance or online learning. Private educational institutions have embraced this alternative learning technique. Google Classroom, Zoom, Google Meet, and YouTube, among others, have become popular platforms for online classes [4]. The privileged students access and learn from these online platforms; however, underprivileged students remain excluded from this opportunity. Therefore, students of private universities are continuing their academic activities and completing their semesters faster during this pandemic crisis. On the other hand, hundreds to thousands of students from public universities in Bangladesh are facing numerous uncertainties about their future academic life. This discrimination in online education at the university level might contribute to the development of depression, frustration, and family disputes among the students.

The COVID-19 pandemic has had an unprecedented impact on our daily physical and mental health. Pandemic responses, like maintaining physical distance, social isolation, and quarantine, might initiate psychological problems such as loneliness, depression, generalized anxiety, frustration, and panic disorders [5]. Many of the students have experienced sleep disturbances, loss of appetite, and involvement in addictive activities due to their long isolation from university attachment, alternative learning methods, and changes in the schedule of daily activities. In the long term, they might experience conditions such as increased stress, worry, irritation, and depression. Media reporting and wrong information regarding COVID-19 may lead the students towards negative ideas and feelings about their academic and professional careers. These psychological consequences may range from common psychological problems to suicide. Studies reported the high prevalence of depression and anxiety disorders among Bangladeshi university students during the early stages of the COVID-19 lockdowns [6,7]. These high levels of depression and anxiety disorders may trigger suicidal ideation.

Suicide has been a public health concern in Bangladesh for many years, and it is not just due to the deterioration of mental health brought on by the present COVID crisis. In 2017 approximately 30 people committed suicide every day, and in 2019, 32 died in that way. Many studies have reported that suicide by hanging is the most prevalent method. Problems in the workplace, presence of a psychiatric disorder, domestic violence, less education, previous suicidal attempts, sexual abuse, nuclear family, financial crisis, and unhappy personal relationships have been mentioned as the risk factors for suicide [8-11]. The common reasons for ideation of suicidal behavior among students before the COVID situation cited in a study were being a fifth-year student or having lower socioeconomic status, depression, or exposure to traumatic events [12].

University students are more prone to suicidal contemplation in Bangladesh.⁶ According to several studies, the outbreak of an infectious disease increases the rate of deaths by suicide. In the United States, during the current COVID-19 pandemic, a study revealed that 17.5% of respondents had suicidal thoughts, and 4.9% had tried to commit suicide [13]. The effects of this pandemic crisis are also responsible for increased suicidal thoughts, anxiety, and depression, contributing to a negative psychological impact on students worldwide [14-16]. In Bangladesh, a study showed an increased rate of suicidal ideation or attempt among university students due to isolation and quarantine during the ongoing COVID-19 pandemic [17]. In another study, about 12.8% of Bangladeshi university students were reported to have suicidal ideation during

the COVID-19 pandemic [18]. Such ideation can be ignited by conditions like social isolation, insecurity about future career, family disputes or failure in relationships, financial problems, or unemployment. According to study findings during the COVID-19 pandemic, suicides in Bangladesh due to family disputes accounted for 35% of all suicides, followed by 24% due to relationship crises, 4% and 1% due to economic and educational causes, respectively, and 32% due to unknown cause [19]. Also, the COVID-19 crisis has increased suicidal thoughts and attempts among university students. Therefore, mental health problems and suicidality among university students have become public health concerns during ongoing health emergencies. Here we aimed to investigate suicides among university students during COVID-19 pandemic according to Bangladeshi press reports.

2 Methods

We performed a comprehensive Google search to find related articles and news from online sources from March 17, 2020, to June 10, 2021. We employed research papers, online newspapers (both in Bengali and English), and online news portals as secondary data sources. We used the search terms “student commits suicide in Bangladesh”, “Bangladeshi student dead by suicide in lockdown”, “lockdown and suicide”, “university student commits suicide”, and “suicide during covid-19 lockdown” to extract the relevant articles. Initially, we recorded cases of suicide of students during the COVID-19 lockdown. Later, we organized all the cases of suicide and assessed them based on our inclusion criteria. We included suicidal cases that were confirmed by local police. After careful analysis of news, we excluded news of suicides other than those of university students in Bangladesh. Initially, we identified 36 students from private and public universities in Bangladesh who had committed suicide during the COVID-19 lockdown. Also, we excluded 14 cases due to the controversy about current students, suicidality, and the time of the suicides. Finally, we included 22 cases of suicide in university students for analysis.

3 Results

We observed 22 cases of suicide in university students during a year in Bangladesh. The general description of these cases and suicide-related information are presented in Table 1. Among the cases, 52% were male and 48%

Table 1: Description of suicide-related information and reasons for suicide.

Case	Date	Age	Sex	Marital status	University	Location	Suicide mode	Suicide note/video	Living status	Informant	Reasons for suicide	Reference
1	10-Jun-20	22	Male	UM	Private	Bogra	Poisoned	N/A	With family	Father	Family dispute	[20]
2	10-Jul-20	20	Female	UM	Public	Gopalganj	Hanged	N/A	With family	Family	Family dispute	[21]
3	1-Aug-20	24	Female	UM	Public	Faridpur	Hanged	N/A	With family	Family	Love affairs, depression	[22]
4	5-Aug-20	21	Female	UM	Public	Netrokona	Hanged	N/A	With family	Boyfriend	Love affairs, family dispute	[23]
5	18-Aug-20	22	Male	UM	Public	Barisal	Hanged	Yes	With family	Friends	Depression	[24]
6	19-Sep-20	25	Male	UM	Public	Manikganj	Hanged	Yes	With family	Family	Love affairs	[25]
7	1-Oct-20	23	Male	UM	Public	Dinajpur	Poisoned	N/A	With family	Family	Financial crisis, depression	[26]
8	11-Oct-20	19	Female	UM	Public	Bogra	Hanged	Yes	With family	Family	Love affairs, depression	[27]
9	14-Oct-20	24	Female	UM	Public	Gopalganj	Hanged	N/A	With family	Family	Love affairs, depression	[28]
10	14-Oct-20	22	Male	UM	Public	Dhaka	Hanged	N/A	With family	Family	Depression, stress	[29]
11	26-Oct-20	24	Female	UM	Public	Pabna	Hanged	N/A	With family	Family	Love affairs	[30]
12	12-Nov-20	20	Female	UM	Public	Rajshahi	Unknown	N/A	With family	Family	Unknown	[20]
13	13-Nov-20	19	Female	UM	Public	Jessore	Hanged	N/A	With family	Father	Love affairs, depression	[31]
14	28-Dec-20	22	Female	UM	Private	Dhaka	Hanged	N/A	With family	Family	Unknown	[32]
15	19-Dec-20	22	Male	UM	Public	Patuakhali	Hanged	N/A	With family	Father	Love affairs	[33]
16	27-Dec-20	22	Male	UM	Public	Dhaka	Hanged	N/A	With family	Family	Love affairs, career	[19]
17	30-Jan-21	23	Female	UM	Public	Rajshahi	Hanged	Yes	Without family	The hostel authorities	Unknown	[34]
18	8-Feb-21	23	Male	UM	Public	Sylhet	Hanged	N/A	Without family	University authority	Frustration, depression	[35]
19	19-Feb-21	19	Female	UM	Public	Khulna	Hanged	N/A	With family	Family	Family dispute	[36]
20	8-Mar-21	21	Male	UM	Public	Chittagong	Hanged	Yes	With family	Family	Depression	[37]
21	15-May-21	24	Male	UM	Public	Dhaka	Stabbed	N/A	Without family	Police	Drug overdose (LSD)	[38]
22	19-May-21	25	Male	UM	Private	Dhaka	Hanged	Yes	Without family	Roommates	Depression	[39]

UM, unmarried; N/A, not available

female students.. The average age was 22.85 years, and all the victims were unmarried. Out of 22 cases, 19 were from public universities and only three from private universities. All of the incidents occurred in a total of 15 different districts. In most cases, the method of suicide was hanging (82%), and the students were living with family (82%). The frequently reported causes for the suicides of university students in Bangladesh during COVID-19 lockdowns were depression (45%), unhappy love affairs (41%), and family disputes (18%).

4 Discussion

According to the University Grants Commission of Bangladesh, more than one million students are studying at the university level in different institutions in Bangladesh. As these institutions have remained closed since March, 2020, due to COVID-19, some students are taking online classes [40]. However, very few are participating in online classes that are arranged by public and private universities in Bangladesh conducting online education. The most common reasons for not participating in classes are the high price of internet data, networking problems in the villages, data connection speed, and financial crisis [41]. The prolonged shutdown of educational institutions has hampered academic careers, professional aspirations, and future expectations of many students. The COVID-19 responses and future uncertainties are impacting the mental health of students during this ongoing pandemic [42]. Moreover, online learning aggravates mental discomforts by increasing screen time. Therefore, many students reported a lack of concentration, agitation, mental stress, and unhappiness with academic courses [43]. Another study reported a high prevalence of mental health problems (loneliness: 71%, depression: 38%, anxiety: 64%, and sleep disturbance: 73%) among the general population of Bangladesh during the COVID-19 pandemic [44]. Together with all the COVID-19-related responses, mental health problems, financial crisis, and frustration about future academic and professional careers make students vulnerable to suicides.

Suicide is a severe form of poor mental health outcome. Mental health problems have been expected during the COVID-19 pandemic, as they were seen in many previous disease outbreaks. The psychological problems and levels of fear, depression, and anxiety increased among individuals due to fear of contracting the virus, social isolation, reports of deaths and rising rates of new cases, family or financial problems, or personal relationship

problems. These poor mental health conditions during the pandemic time are associated with increased suicidal risk. For example, another finding supported in the literature showed the relationship between fear of COVID-19 infection with suicidal risk [17]. Therefore, the increased suicidal tendencies are not unexpected in the COVID-19 pandemic due to academic uncertainty and interruption all over the country. The authorities could have been taken appropriate measures to avoid this situation. Unfortunately, we have seen a lack of those initiatives to save lives, because we have observed several cases of suicide among university students during the COVID-19 pandemic that such initiatives might have prevented. Besides, the actual incidence of suicide determined via press reports may arguably be lower than the reported cases of suicides. Sometimes, families do not admit suicide so that they can avoid the involvement of the police. They prefer referring to the suicide as an accident, so that their image in society remains intact, because suicide is considered a criminal offense that goes against our cultural and religious practices [45]. Also, the media reporting of suicides in Bangladesh sometimes deviates from the international guidelines; for example, the identity of the victim, the suicide method, sensitive headlines, and a photo of the victim may be found in the media reports [46]. Gender-based violence has increased in Bangladesh, and that might contribute to the suicidality of university students [47-53]. Also, the long closure of educational institutions showed an extreme effect on the psychological well-being of university-level students [54-58].

Education is crucial in the lives of every individual, society, and community. Therefore, we need to adapt to this exceptional situation and take the necessary steps to improve our traditional educational system. The initiatives to promote the good mental health of students during lockdowns are inadequate. Based on the situation of ongoing pandemic and our education systems, the authority should introduce mandatory online classes for both public and private universities, reduce the cost of the internet, provide educational loans to financially challenged families, provide electronic devices to less affluent students for accessing online classes, and develop software to prevent online cheating in examinations and help students to think critically. These initiatives will make education more available to students regardless of their background. Thus, the students will remain active, and their concern over online classes will disappear. Their interaction and conversation in the online class and attending examinations will make them lively and less lonely. Therefore, we urgently urge everyone, especially the policymakers, to take the necessary initiatives

to restore mental health and prevent potential suicides. The actions are educating parents about mental health by arranging webinars or programs via TV, radio, and other media, educating students about mental health issues, and providing adequate guidance to students by appointing qualified psychiatrists in every educational institution. The combined efforts of government authorities and families can reduce suicidal tendencies among university students and restore their good mental health.

5 Limitations

The current study has a few limitations. The sample size was limited, as we assessed only the cases of suicides of university students. We included only the reported cases in the media. Therefore, a few non-reported incidents might have been excluded from this study. Moreover, we used a few cases reported in online newspapers and portals as information sources, which might not be reliable. A large sample with a more detailed qualitative assessment would help understand the actual scenario.

6 Conclusion

The health emergencies due to the COVID-19 pandemic have impacted the mental health well-being of many people around the world. This study has identified and described student suicides reported in the press during the pandemic. We observed that hanging was the most prevalent means of suicide. The potential factors behind the suicidality among students were depression, troubled love affairs, and familial disagreements. Suicide was more common among students who lived with their families. In order to combat this situation, the authorities need to take steps based on the present reports to prevent suicide during and after the COVID-19 pandemic. Larger scale community-based studies should be encouraged to assess the phenomenon and identify the ways to prevent it. The collaborative efforts of government and non-government authorities, psychologists, psychiatrists, other health care professionals, and families can reduce these increased suicidal tendencies.

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Conflict of interest

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Ethical approval

The conducted research is not related to either human or animal use.

Data availability statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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