

Perceived Interparental Conflict, Parental Rejection, and Partner Rejection as Predictors of Suicidal Ideation among University Students in Bangladesh

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Abstract

Suicidal ideation among university students continues to be a major global mental health challenge. This study examined the role of perceived interparental conflict and parental and partner rejection in the suicidal ideation among university students in Bangladesh. The sample consisted of 410 university students (219 males and 191 females), aged 18-30 years ($M = 21.93$, $SD = 2.74$), who volunteered for the study. Data were collected using the Bangla version of the Children's Perception of Interparental Conflict Scale, Parental Acceptance-Rejection Questionnaire, Intimate Partner Acceptance-Rejection Questionnaire, and Scale for Suicidal Ideation. Data were analyzed using descriptive statistics, independent sample t-tests, bivariate correlations, and multiple regression analyses. The findings revealed that a slightly higher number of female students (22.50%) had suicidal ideation than male students (19.20%). Male students had the following correlations with suicidal ideation: interparental conflict ($r = .22$, $p < .01$) and paternal rejection ($r = .14$, $p < .05$). Female students had the following significant positive correlations with suicidal ideation: partner rejection ($r = .15$, $p < .05$), maternal rejection ($r = .19$, $p < .01$), and paternal rejection ($r = .16$, $p < .05$). In the male model, interparental conflict emerged as a significant predictor ($\beta = .18$, $t = 2.36$, $p < .05$, 95% CI [.012, .132]) of suicidal ideation. The relational predictors accounted for a total of 6% ($R^2 = .06$) of the variance in suicidal ideation in males and 7% ($R^2 = .07$) in females. These findings show the importance of family and partnership support for mental health and the prevention of suicidal ideation among university students.

Keywords: parental conflict, parental rejection, partner rejection, suicidal ideation, university students

Introduction

Suicidal ideation is a serious mental health problem in university students worldwide and is emerging as a significant public health problem in Bangladesh (Arafat et al., 2025; Mortier et al., 2017). Academic pressures, residual uncertainty regarding future outlooks later in life, changing family expectations, and relatively emotionally taxing peer and romantic relationships collectively contribute to a heightening of vulnerability to psychological distress and self-destructive thoughts (Mortier et al., 2017). Thus, it is crucial to understand the factors that can increase suicide risk in these individuals to better inform prevention and intervention, particularly in low- and middle-income countries where mental health services are lacking, as well as there being considerable stigma (World Health Organization [WHO], 2025).

Suicidal ideation refers to thoughts ranging from brief considerations that life is not worth living to persistent deliberation of self-harm or suicide (Scanlan & Purcell, 2009), affecting approximately 27.1% of college students in their lifetime, with 14.1% reporting past-year ideation and 3.1% reporting suicide attempts (Crispim et al., 2021). Some estimate that about 27.1% of college students experience suicidal ideation at some point in their lives—about 14.1% report having had any suicidal thoughts in the past year, and about 3.1% report that they have attempted suicide at some time in their lives (Crispim et al., 2021; Scanlan & Purcell, 2009). Worldwide, suicide causes more than 720,000 deaths per year and is the third leading cause of death among people aged 15–29 years, with most of this burden in low- and middle-income countries where mental health services are scarce (WHO, 2025). In Bangladesh, approximately one in four individuals experience suicidal ideation, and one in fourteen have attempted suicide (Arafat et al., 2025), with recent data revealing 403 student suicide cases in 2025, including 77 university students (19.10%) across public universities ($n = 44$), private universities ($n = 17$), medical colleges ($n = 6$), and National University and affiliated colleges ($n = 10$), showing a slightly higher proportion of males (41%) compared to females (36%), with public universities reporting a particularly elevated male suicide rate of 59% (Prothom Alo, 2026).

Students at universities in Bangladesh are a vulnerable group because they face multiple and intertwined academic, familial, economic, career, and relational stressors, coupled with stigma and inadequate access to mental health services (Bhattacharjee et al., 2021; Sifat et al., 2022; Urme et al., 2022). Evidence from recent studies has shown that stressful life events, mental illness history, family-related factors, and relationship difficulties are key correlates of past-year suicidal ideation, lifetime suicide plans, and lifetime suicide attempts among Bangladeshi university students (Rasheduzzaman et al., 2022). A similar study also reported a high rate of lifetime prevalence of suicidal ideation (61.1%) among students (Mamun et al., 2022). The qualitative narrative studies also revealed that family conflict, relationship breakups, insufficient social support systems, and economic pressure were key factors (Urme et al., 2022), indicating that suicidal ideation is not just an individual issue but also a matter of intricate interpersonal and relationship dynamics in Bangladesh.

In Bangladesh, the family is still the key structural component for university students in the following aspects: students maintain ties with both parents emotionally, socially, and financially; different expectations by parents/guardians regarding academic success as well as social prestige significantly affect self-worth and future decisions (Bhattacharjee et al., 2021; Hossain et al., 2022; Kamruzzaman et al., 2024). The perception of interparental conflict, however, or students' understanding of disagreement, hostility, tension, aggression, or emotional distance between parents can have a profound effect on mental health (Grych et al., 1992; Grych & Fincham, 1990). The cognitive-contextual framework shifts the focus to how students appraise the frequency, intensity, and threat of conflict, their self-blame, and their personal meaning (Grych & Fincham, 1990). Perceived interparental conflict is linked to emotional insecurity, weaker family and peer attachment, lower psychological resilience, and social anxiety and depression that have recently been established amongst university samples (Adare et al., 2021; Gao et al., 2025; López-Larrosa et al., 2022; Wan et al., 2024). Interparental conflict acts as a major stressor, not only facilitating mental health difficulties but also increasing the risk of suicidal ideation, and it is potentiated by family history of mental illness, stressful life events, use of alcohol/substance problems with academic issues, and perceived bullying victimization on campus (Rasheduzzaman et al., 2022).

Parental acceptance-rejection, a cross-generational interpersonal factor that affects psychological well-being across the human life span (Rohner, 2021; Rohner & Khaleque, 2005), could also be placed as an important risk factor that may lead to suicidal ideation. Parental acceptance includes perceived warmth, affection, caring, comfort, concern, nurturing, support, and love from parents, while parental rejection is the opposite of these feelings, experienced as the absence or withdrawal of positive relational experiences with parents (e.g., detachment or lack of emotional warmth) (Rohner, 2021; Rohner & Khaleque, 2005). In university students, remembered parental rejection has been shown to be associated with subsequent psychological problems through memories of emotional neglect, low warmth, detachment, and hostility shaping self-worth and interpersonal trust that continue into later stages in development (Rohner, 2021). Relatedly, higher levels of perceived parental acceptance and self-esteem predicted lower suicidality in young adults aged 17–24 years in Bangladesh; thus, strong family bonds may also protect against suicidal ideation (Rashid et al., 2018).

At the same time, partner relationships (or emotionally close friendships) are important sources of emotional support and psychological adjustment in university life. These include verbal and physical behaviors, as well as symbols of acceptance and the subjective experience of being accepted by a partner (Rohner & Khaleque, 2005). On the other hand, partner rejection refers to not receiving warmth, affection, comfort, support, care, concern, nurturance, and love from an intimate partner or a class friend with whom the student has an emotional attachment bond (Rohner & Khaleque, 2005). Qualitative research among Bangladeshi public university students found that relationship breakup was a precipitant of suicidal behavior, along with depression, family conflict, and academic stress (Urme et al., 2022).

Rationale of the Study

This study addresses the need to understand the relational determinants of suicidal ideation among university students in Bangladesh, as a recent report showed that out of 403 suicide cases in 2025, 77 were university students, and the most important precipitants of suicide were relationship problems (40) and family conflicts (32) (Prothom Alo, 2026). However, there are gaps in the literature regarding the high prevalence of suicidal ideation: existing studies have only explored the individual roles of interparental conflict, parental rejection, and partner rejection on suicidal ideation at any single time, and there is a lack of research that examines gender differences, despite evidence for differing pathways for males and females; and no studies have evaluated the role of interparental conflict, parental rejection, and partner rejection on suicidal ideation in relation to early family experiences and current partner relationships. Since family and close relationships are major sources of self-esteem in a relationship-oriented culture like in Bangladesh (Bhattacharjee et al., 2021; Hossain et al., 2022), the present study used these stressors as concurrent predictors, examined gender differences, and revealed a picture of cultural specificity that can be taken into consideration in the design of culturally targeted mental health interventions and suicide prevention programs for Bangladeshi university students.

Theoretical and Conceptual Framework

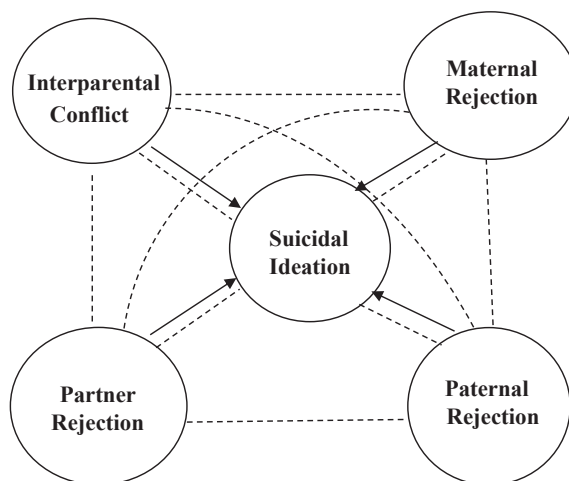
Based on these findings, the present study is grounded in an integrative theoretical framework of some variables associated with suicidal ideation using the cognitive-contextual model of interparental conflict (Grych & Fincham, 1990) and interpersonal acceptance-rejection theory (IPARTheory) (Rohner, 2021; Rohner & Khaleque, 2005) to explore the relational determinants of suicidal ideation among Bangladeshi university students. The cognitive-contextual framework asserts that the psychological implications of interparental conflict are not merely a function of whether it occurs, but also of what students think and feel about it along several dimensions: frequency, intensity, resolution, threat, and self-blame (Grych et al., 1992; Grych & Fincham, 1990). When self-referentially construed as threatening or unresolved, such conflict will evince insecurity in emotion regulation, leading to distress and suicidal ideation. In a complementary manner, IPARTheory argues that humans everywhere need warmth, affection, care, or support from attachment figures, and importantly, perceived rejection—the absence of these positive experiences from parents or significant others—has widespread consequences for self-worth, emotional regulation, and depression risk (Rohner, 2021; Rohner & Khaleque, 2005).

Informed by these theoretical ideas, the current study uses a conceptual model (Figure 1) in which perceived interparental conflict, maternal rejection, paternal rejection, and partner rejection are each posited to be positively correlated with one another and collectively correlated with suicidal ideation, whereby greater experienced conflict/rejection within close family and romantic or close relationships is associated with higher levels of suicidal ideation among university students. This integrated model suggests that the perceived threat and meaning associated with conflictual family interactions (cognitive-contextual

formulation), along with experiences of rejection from parents and partners (IPAR Theory), mutually diminish emotional security, contribute to poor self-worth, and lead to feelings of hopelessness and vulnerability to self-harming ideation, thereby providing a context for understanding how interpersonal experiences differentially shape suicidal ideation among Bangladeshi university students.

Figure 1

Conceptual Framework of the Inter-Relationships of the Studied Variables



Objectives of the Study

This study was designed to examine the role of interparental conflict, parental rejection, and partner rejection as predictors of suicidal ideation among university students in Bangladesh. The study aimed to determine the levels of perceived interparental conflict, parental rejection, partner rejection, and suicidal ideation. In addition, it aimed to examine gender differences and bivariate associations between these variables and test whether perceived interparental conflict, parental rejection (maternal and paternal), and partner rejection predict suicidal ideation in male and female students separately.

Method

Participants

The participants were selected using convenience sampling techniques from three public universities (University of Dhaka, Jagannath University, and Sher-e-Bangla Agricultural University); four affiliated government colleges under the University of Dhaka (Dhaka College, Eden Mohila College, Govt. Bangla College, and Govt. Shaheed Suhrawardy College); and one affiliated private college under the National University of Bangladesh (Mirpur College) in Dhaka city. The sample consisted of 410 university students with a

relatively equal gender distribution (53.40% male, 46.60% female) and a mean age of 21.93 years ($SD = 2.74$). Most of the people who participated (39.02%) were 4th year undergraduate students, followed by 1st year undergraduate students (21.71%). Their average CGPA was 3.45 ($SD = 0.56$). The sample was predominantly middle class (91.71%), from nuclear families (81.71%), and lived with both biological parents (92.44%), characteristics common among university students in Bangladesh. Demographic characteristics are presented in Table 1.

Measures

Five Bangla-adapted standardized questionnaires were used as instruments for this study. They were the Bangla version of the Children's Perception of Interparental Conflict Scale (CPIC) developed by Grych et al. (1992) and adapted by Uddin et al. (2013); the Bangla version of the Adult Parental Acceptance-Rejection Questionnaire (PARQ Short Form) for both father and mother developed by Rohner (1990, 2005a) and adapted by Uddin and Aktar (2014); the Bangla version of the Adult Intimate Partner Acceptance-Rejection Questionnaire (IPARQ Short Form) developed by Rohner (2005b) and adapted by Sultana et al. (2008); the Bangla version of the Scale for Suicidal Ideation (SSI) developed by Beck et al. (1988) and adapted by Uddin et al. (2013); and a Personal Information Form used to collect demographic and background data from the participants.

Table 1

The Distribution of Respondents by Gender, Education, CGPA, Socio-Economic Status, Family Type, Living Status, and Age (N = 410)

Variables	N	%
Gender		
Male	219	53.40
Female	191	46.60
Age (Years)	21.93 (<i>M</i>)	2.74 (<i>SD</i>)
Education level		
1 st -year undergraduate	89	21.71
2 nd -year undergraduate	38	9.27
3 rd -year undergraduate	53	12.93
4 th -year undergraduate	160	39.02
Master's	70	17.07

Variables	<i>N</i>	%
CGPA (Last Exam)	3.45 (<i>M</i>)	0.56 (<i>SD</i>)
Socio-Economic Status		
Lower Class	28	6.83
Middle Class	376	91.71
Upper Class	6	1.46
Family Type		
Nuclear	335	81.71
Joint	75	18.29
Living With		
Father and Mother	379	92.44
Mother and Stepfather	4	0.98
Father and Stepmother	3	0.73
Mother only	12	2.93
Father only	4	0.98
Others	8	1.95

Note. *M* = Mean; *SD* = Standard Deviation

Children's Perception of Interparental Conflict Scale (CPIC)

The CPIC is a 48-item instrument comprising eight subscales (content, self-blame, resolution, perceived danger, frequency, intensity, and triangulation) organized into three broad factors: conflict properties (19 items measuring frequency, hostility, and resolution), threat (12 items assessing fear and coping), and self-blame (9 items evaluating involvement and self-attribution). Respondents rated items on a three-point scale (false, sort of true, true), with standard items scored 0-1-2 and reverse-scored items coded 2-1-0, yielding total scores ranging from 0 to 96, where higher scores indicate greater perceived interparental conflict. In the absence of established cut-off points for the CPIC total score, participants were categorized into conflict levels using equal-interval divisions of the theoretical score range (0-96): no conflict (score = 0), mild conflict (1-32), moderate conflict (33-64), and severe conflict (65-96). This categorization approach divides the scale into theoretically meaningful thirds, facilitating descriptive interpretation of conflict severity in the sample. The original scale demonstrated acceptable internal consistency (Cronbach's $\alpha = 0.75$, $p < .01$) and validity through correlations with independent conflict reports and child adjustment measures (Cummings et al., 1994), while the Bangla version showed good-to-acceptable reliability across subscales ($\alpha = .86$ for conflict properties, $.75$ for self-blame, $.70$ for threat, and $.56$ for triangulation) (Uddin et al., 2013).

Parental Acceptance-Rejection Questionnaire (Short Adult PARQ: Mother & Father)

The short version of the Adult PARQ is a 24-item self-report instrument administered separately for mothers and fathers, measuring adults' retrospective perceptions of parental acceptance and rejection during childhood. Items are rated on a 4-point Likert scale (1 = *almost never true* to 4 = *almost always true*) across four subscales: warmth/affection (8 items), hostility/aggression (6 items), indifference/neglect (6 items), and undifferentiated rejection (4 items). Total scores range from 24 to 96, with higher scores indicating greater perceived parental rejection. Scores below 60 indicate perceived parental acceptance, while scores at or above 60 indicate perceived parental rejection (Rohner, 2005a). The Bangla adaptation demonstrated strong reliability, with split-half coefficients of .89 (mother) and .94 (father) and Cronbach's alpha of .95 and .92, respectively (Uddin & Aktar, 2014).

Intimate Partner Acceptance-Rejection Questionnaire (Short IPARQ)

The short form of the IPARQ is a 24-item self-report instrument that assesses perceptions of acceptance and rejection in intimate partner or class friend relationships. The measure comprises four subscales: warmth/affection (8 items), hostility/aggression (6 items), indifference/neglect (6 items), and undifferentiated rejection (4 items). Respondents rate each item on a 4-point Likert scale (1 = *almost never true* to 4 = *almost always true*), yielding total scores ranging from 24 to 96, with higher scores indicating greater perceived partner rejection. Following the same scoring guidelines as the PARQ (Rohner, 2005a), scores below 60 indicate perceived partner acceptance (more acceptance than rejection), while scores at or above 60 indicate perceived partner rejection (more rejection than acceptance). The scale demonstrates strong psychometric properties, with reliability estimates exceeding .85 across cultural contexts (Rohner, 2005b). The Bangla adaptation showed strong reliability, with a split-half coefficient of .85 and Cronbach's alpha of .93 (Sultana et al., 2008).

Scale for Suicide Ideation (SSI)

The SSI is a 21-item self-report questionnaire measuring suicidal thoughts using a three-point scale (0 to 2) for each response. The first 19 items assess desire to live or die, reasons for these feelings, and suicide attempt history, with items 4 and 5 determining the presence of active or passive suicidal thoughts and guiding completion of subsequent items, while all participants complete the final two items regarding frequency and severity of previous attempts. Total SSI scores from the first 19 items (range: 0–38) are derived, with higher total scores indicating greater suicide risk. SSI scores were categorized into established clinical risk classifications: no suicidal ideation (0-2), mild ideation (3-17), moderate ideation (18-25), and severe ideation (≥ 26). The threshold of >2 corresponds with Beck et al.'s (1999) suggested clinical cut-off for significant suicidal ideation. The Bangla version showed high internal consistency and had moderate to large positive correlations with clinician ratings of suicidal risk and self-report measures of non-suicidal self-harm (Uddin et al., 2013).

Procedure

This study was conducted in accordance with the ethical principles of the American Psychological Association (APA) Ethics Code and the Declaration of Helsinki. Complete voluntary participation was ensured, and measures were taken to minimize the risk of causing psychological distress or harm. Standardized self-reported measures were used to collect data sequentially. First, students at universities were approached using convenience sampling techniques and were informed of the study's objective, that participation was voluntary, and that they could withdraw at any time without penalty. Second, questionnaires were administered once informed consent was obtained, and complete confidentiality and anonymity were assured to those who agreed to participate in the study. Third, participants completed the Personal Information Form, followed by the Bangla versions of the CPIC, Adult PARQ (mother and father forms), Adult IPARQ, and the SSI in a quiet and supportive setting. Finally, the completed questionnaires were checked for completeness, coded with necessary reverse scoring, and entered into SPSS version 27.0 for statistical analysis.

Data Analysis

Data were analyzed via descriptive analyses, and gender differences in the study variables were examined using independent-samples *t*-tests; bivariate associations were assessed using correlation and multiple regressions to test the predictive role of interparental conflict, maternal rejection, paternal rejection, and partner rejection in suicidal ideation (gender-stratified).

Results

The descriptive analysis (frequency and percentage) reveals the prevalence of perceived relational stressors and suicidal ideation among the 410 participants. Table 2 shows that most of the participants reported mild (50.73%) to moderate (47.56%) interparental conflict, with severe conflict being rare (1.46%).

Table 2

The Frequency and Percentage of Respondents (N = 410) Based on Levels of Studied Variables

Variable	Levels	Male		Female		Total	
		<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Interparental Conflict	No Conflict	1	0.46	0	0.00	1	0.24
	Mild Conflict	111	50.68	97	50.78	208	50.73
	Moderate Conflict	106	48.40	89	46.60	195	47.56
	Severe Conflict	1	0.46	5	2.62	6	1.46

Variable	Levels	Male		Female		Total	
		<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Maternal Acceptance-Rejection	Maternal Acceptance	144	65.75	136	71.20	280	68.29
	Maternal Rejection	75	34.25	55	28.80	130	31.71
Paternal Acceptance-Rejection	Paternal Acceptance	139	63.47	139	72.77	278	67.80
	Paternal Rejection	80	36.53	52	27.23	132	32.20
Partner Acceptance-Rejection ^a	Partner Acceptance	143	68.42	118	64.84	261	66.75
	Partner Rejection	66	31.58	64	35.16	130	33.25
Suicidal Ideation	No Ideation	177	80.80	148	77.50	325	79.30
	Mild Ideation	38	17.40	35	18.30	73	17.80
	Moderate Ideation	2	0.90	8	4.20	10	2.40
	Severe Ideation	2	0.90	0	0.00	2	0.50

Note. ^a*N* = 391.

Females reported higher paternal acceptance (72.77%) compared to males (63.47%), with about two-thirds perceiving acceptance from mothers (68.29%), fathers (67.80%), and partners (66.75%). Suicidal ideation was slightly more prevalent among females (22.50%) than males (19.20%), and higher rates of mild and moderate severity were also reported (18.30% vs 17.40%; 4.20% vs 0.90%). Overall, the findings indicate that while most university students experience generally positive family and partner relationships, a substantial proportion report suicidal ideation.

Table 3

The Gender-Wise Mean Difference of Participants in the Studied Variables

Variable	Respondents	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Interparental Conflict	Male	219	31.72	11.32	-1.78	375.03	.08
	Female	191	33.90	13.32			
Maternal Rejection	Male	219	58.05	4.79	1.45	408	.15
	Female	191	57.39	4.38			
Paternal Rejection	Male	219	57.89	4.96	2.59	408	.01
	Female	191	56.66	4.61			
Partner Rejection ^a	Male	209	57.69	4.71	-0.67	389	.50
	Female	182	58.02	4.91			
Suicidal Ideation	Male	219	2.00	4.71	-1.60	383.44	.11
	Female	191	2.80	5.29			

Note. ^a*N* = 391.

Independent-sample t-tests were used to compare differences between genders on the variables examined, and the results are reported in Table 3. The analysis revealed no significant gender differences in perceived interparental conflict ($t_{(375.03)} = -1.78, p = .08$), maternal acceptance-rejection ($t_{(408)} = 1.45, p = .15$), partner acceptance-rejection ($t_{(389)} = -0.67, p = .50$), or suicidal ideation ($t_{(383.44)} = -1.60, p = .11$). A statistically significant difference between the groups was found in perceived rejection by the father ($t_{(408)} = 2.59, p = .01$), with males scoring the fathers as more rejecting ($M = 57.89, SD = 4.96$) than females ($M = 56.66, SD = 4.61$).

The inter-correlation matrix of the variables studied is presented in Table 4, where the values above the diagonal are for male participants ($N = 219$) and those below the diagonal are for female participants ($N = 191$). Suicidal ideation was significantly positively correlated with interparental conflict ($r = .22, p < .01$) and paternal rejection ($r = .14, p < .05$) among male students and maternal rejection ($r = .19, p < .01$), paternal rejection ($r = .16, p < .05$), and partner rejection ($r = .15, p < .05$) among female students, but not with interparental conflict. For both sexes, there was a significant positive correlation between interparental conflict and maternal rejection (males: $r = .26, p < .01$; females: $r = .17, p < .05$) and paternal rejection (males: $r = .36, p < .01$; females: $r = .25, p < .01$).

Table 4
The Inter-Correlation Matrix of the Studied Variables

Variable	1	2	3	4	5
1. Interparental Conflict		.26**	.36**	.19**	.22**
2. Maternal Rejection	.17*		.24**	.19**	.07
3. Paternal Rejection	.25**	.36**		.30**	.14*
4. Partner Rejection	.04	.13	.16*		.13
5. Suicidal Ideation	.06	.19**	.16*	.15*	

Note. The correlations for the male sample ($n = 219$) are shown above the diagonal, and the correlations for the female sample ($N = 191$) are shown below the diagonal. * $p < .05$, ** $p < .01$.

Maternal rejection showed a moderate correlation with paternal rejection for both males ($r = .24, p < .01$) and females ($r = .36, p < .01$), while partner rejection was moderately correlated with paternal rejection specifically for females ($r = .16, p < .05$) and males ($r = .30, p < .01$). The gender-specific patterns suggested that males' suicidal ideation is more related to interparental conflict and paternal rejection, while females' suicidal ideation is more related to multiple forms of interpersonal rejection.

The multiple regression analysis results regarding the predicting effects of perceived interparental conflict, maternal rejection, paternal rejection, and partner rejection on male students' suicidal ideation are presented in Table 5. The overall regression model was significant ($F = 3.45, p < .01$), and the four predictors together accounted for 6% of the

variance in suicidal ideation ($R^2 = .06$, Adjusted $R^2 = .05$). Of the predictor variables, only perceived interparental conflict significantly predicted suicidal ideation ($\beta = .18$, $t = 2.36$, $p < .05$, 95% CI [.012, .132]), meaning that increased perceived conflict between parents and increased suicidal thoughts among male students were significantly related.

Table 5

The Multiple Regression Analysis for Predicting Suicidal Ideation Among Male Students

Predictor	B	SE B	β	t	95% CI
Constant	-9.95	5.49		-1.81	[-20.776, .877]
Interparental Conflict	.07	.03	.18	2.36*	[.012, .132]
Maternal Rejection	.04	.07	.04	.53	[-.099, .171]
Paternal Rejection	.07	.07	.07	.97	[-.070, .205]
Partner Rejection	.06	.07	.06	.87	[-.077, .199]

Note. CI = confidence interval; $R^2 = .06$, Adjusted $R^2 = .05$, $F = 3.45$, $p < .01$, $*p < .05$

When compared with all variables simultaneously, however, perceived maternal rejection ($\beta = .04$, $t = .53$, $p > .05$), perceived paternal rejection ($\beta = .07$, $t = .97$, $p > .05$), and perceived partner rejection ($\beta = .06$, $t = .87$, $p > .05$) did not show significant independent predictive effects. The results of this study indicate that perceived interparental conflict is a stronger risk factor for suicidal ideation among male university students as compared to perceived rejection by parents or intimate partners, thus demonstrating the vulnerability of males to interparental conflict.

The results of the multiple regression analysis on the predictive effects of perceived interparental conflict, maternal rejection, paternal rejection, and partner rejection on female students' suicidal ideation are shown in Table 6. The overall regression model was statistically significant ($F = 3.23$, $p < .01$) and explained 7% of the variance in suicidal ideation scores ($R^2 = .07$, Adjusted $R^2 = .05$).

Table 6

The Multiple Regression Analysis for Predicting Suicidal Ideation Among Female Students

Predictor	B	SE B	β	t	95% CI
Constant	-20.79	6.71		-3.10*	[-34.036, -7.540]
Interparental Conflict	.01	.03	.03	.41	[-.045, .069]
Maternal Rejection	.14	.09	.12	1.49	[-.045, .321]
Paternal Rejection	.14	.09	.13	1.59	[-.034, .320]
Partner Rejection	.12	.08	.12	1.57	[-.031, .273]

Note. CI = confidence interval; $R^2 = .07$, Adjusted $R^2 = .05$, $F = 3.23$, $*p < .01$.

However, none of the individual predictors achieved statistical significance: perceived interparental conflict ($\beta = .03, t = .41, p > .05$), maternal rejection ($\beta = .12, t = 1.49, p > .05$), paternal rejection ($\beta = .13, t = 1.59, p > .05$), and partner rejection ($\beta = .12, t = 1.57, p > .05$). A pattern in the results was that for the female students in the university, suicidal ideation could be explained by the multiplicative effect of the multiple relational stressors, rather than one predominant factor, as was found for male students, where perceived interparental conflict was the strongest predictor.

Discussion

This study was conducted on Bangladeshi university students to investigate the role of perceived interparental conflict, parental rejection, and partner rejection as predictors of suicidal ideation. Approximately one-fifth (20.70%) of the students experienced suicidal thoughts, a figure that was higher among females (22.50%) than males (19.20%) and was consistent with recent studies conducted in Bangladesh (Mamun et al., 2022; Rasheduzzaman et al., 2022). The level of interparental conflict was mostly mild to moderate, with an overall positive relationship between parents, and males reported a higher level of rejection from fathers than females, which could be due to the traditional father-son relationship in Bangladeshi families. It can also signal negative reactions to fathers' control and criticism if it is associated with masculinity norms, achievement pressure, or emotional restraint.

Another null finding worth noting is the nonsignificant effect of partner rejection among male students. One explanation may be that male students in this sample placed greater importance on family relationships as emotional bases than on romantic pairings, or were less willing to report relationship-affiliated distress outright. An alternative explanation is that the effect of partner rejection in men existed but was simply too small to become evident when controlling for overlap with parental variables. Although interparental conflict and parental rejection were correlated with suicidal ideation among male students, only maternal, paternal, and partner rejection was correlated (but not interparental conflict) with suicidal ideation among female students. This differential pattern suggests that family conflict is more adversely impactful for male students, but females may also be more sensitive to rejection experiences in multiple relationships.

These gender differences were confirmed using multiple regression analyses. For males, perceived interparental conflict was the only significant predictor of suicidal ideation, explaining 6% of the variance. However, for females, no individual predictor was significant, although the overall model was significant and explained 7% of the variance, indicating that suicidal ideation is best considered to be the product of many relational stressors rather than one leading factor. In other words, 93% to 94% of the variability in suicidal ideation remained unaccounted for, suggesting that more distal factors (e.g., depression, anxiety, hopelessness, trauma exposure, loneliness, academic pressure and financial burden, substance use problems, barriers to help-seeking) are likely much larger contributors. Thus, these findings cannot be considered definitive clinical predictors of relational stressors; they are weak but meaningful associations within a wide, dynamic

process with multidetermined outcomes. These findings are consistent with the cognitive-contextual framework (Grych & Fincham, 1990) and the theory of interpersonal acceptance-rejection (Rohner, 2021), affording support for sex-specific mechanisms in suicidal ideation development over time.

These findings support the provision of mental health services (counseling and screening services) on university campuses, including gender-based interventions: family-based approaches that address interparental conflict are likely to benefit males, and multi-relational approaches that address cumulative rejection experiences in females. Psychoeducation for students and caregivers might also include curriculum around constructive conflict management, emotionally supportive parenting, and safe referral pathways for students who are expressing suicidal ideation.

The key limitations of the study are the cross-sectional design, which does not allow for causal conclusions; the convenience sampling procedure, which limits generalizability; the exclusion of private university students; and the low explained variance (6-7%), which suggests unmeasured factors. Longitudinal designs, probability sampling, public and private university students, mixed-methods, and mediators (e.g., depression, hopelessness) and moderators (e.g., social support, coping strategies) should be used in future research.

In conclusion, perceived interparental conflict and interpersonal rejection play significant roles in predicting suicidal ideation in university students in Bangladesh via gender-specific pathways, indicating that the quality of family and partner relations has a significant impact on the mental health of university students and that there is a need for a more relationship-focused approach to students' suicide prevention.

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