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Male Suicide Phenomena in Zimbabwe

Drivers, Obstacles and Strategic Interventions

Munyaradzi Chidarikire

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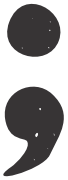
Munyaradzi Chidarikire

Curriculum Studies Department, Faculty of Education, Robert Mugabe School of Education, Great Zimbabwe University



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Author Dr Munyaradzi Chidarikire

Biography

Dr. Munyaradzi Chidarikire is an academic, researcher, and mentor with an illustrious career across various institutions within Southern Africa. He is a Senior Lecturer in the Department of Curriculum Studies, Faculty of Robert Mugabe School of Education and Culture, Great Zimbabwe University – responsible for training teachers and researching pedagogy. His primary appointment is complemented by a larger role as a Research Fellow in the HIV and AIDS African Studies Department at Stellenbosch University, South Africa, where he engages with important cross-cutting research across health and development. Dr. Chidarikire also has an impressive record of teaching and academic experience, having previously served as a Lecturer at Bindura University of Science Education as well as a University Counselor at Midlands State University, providing critical psychological and academic support for students, which highlights his commitment to a holistic model of education. Dr. Chidarikire was a Post-Doctoral Research Fellow at the University of KwaZulu-Natal in the School of Education, a testament to his scholarly excellence in educational psychology and related fields and importantly a significant contribution to the consolidation of domain knowledge in educational psychology. His excellence has been acknowledged with four prestigious Chancellor's Awards for being the top student at Bachelor Honours and at the Diploma level as well, indicating a lifetime of commitment to academic excellence. He has qualifications that include a Post-Doctoral Research Fellowship from the University of KwaZulu-Natal (UKZN), a Doctor of Philosophy (Ph.D.) in Educational Psychology obtained from the University of the Free State, a Master's in Educational Psychology (2.1 class), a Bachelor (Honours) in Educational Psychology (with distinction and cum laude), a Bachelor of Excellence in Counselling (2.1 class), diplomas and certificates of mastery and competence in Further Education and Training, and an HIV and AIDS Certificate. He has received 4 academic awards for best student at Diploma in Further Education and Training level at Masvingo Polytechnical College and 3 awards at Bachelor Honours Degree in Educational Psychology at Great Zimbabwe University. A prolific scholar, Dr. Chidarikire has written one book, over 40 peer-reviewed articles in DHET-accredited and Scopus-indexed journals, and 25 book chapters, making him a highly-regarded voice in his field. He has also disseminated his research through over 20 conference presentations, both national and international, engaging with global academic discourse on salient societal issues. Importantly, he has received external competitive research grants, indicating the significance and influence of his work. Besides his research contributions, he is also passionate about the mentorship of students at all levels (PhD, Master's, Honours, and Diploma), and has overseen many research projects and examinations at several universities in Zimbabwe and South Africa, both as an internal and external examiner. As a peer reviewer for many years, he maintains a high standard of academic work, as per good academic tradition. With multidisciplinary interests, his research interests include Health Life Skills, Male Suicides, Heritage Studies, Inclusive Education, Gender, Climate Change Education, HIV and AIDS, and Educational Psychology, among others.

Preface

The catalyst for this book, "Male Suicide Phenomena in Zimbabwe: Drivers, Barriers and Strategic Interventions," emerges from a combination of pertinent observations and extensive engagements with the emerging narrative around male suicides in Zimbabwe. The understanding, measuring, and response to pertinent dialogue on male suicides have changed considerably over time in relation to varying local imperatives, international evolutions, and the greater decolonisation effort in education. This paper seeks to critique these changes, providing both a reflective and forward-looking perspective on how we can re-imagine suicide and mental health in Zimbabwe. In my work as a senior lecturer at Great Zimbabwe University, a Research Fellow at the University of Stellenbosch, and a postdoctoral research fellow at the University of KwaZulu-Natal (South Africa), not to mention as a university counsellor at Midlands State University, Zimbabwe, I have had the unique experience of encountering the vast challenges surrounding the teaching and learning of male suicides as well as the fluctuating opportunities for male learners in connecting with the complexities of their lives. The breadth of my professional experience, developing curriculum, supervising students, and conducting academic research, has revealed to me a profound disconnect between the best intentions of policy and the hard realities of practice. It is written from an earnest need to fill those gaps by providing a contextually relevant, situated approach to the context-driven decolonisation and revitalisation of male mental health education in Zimbabwe. The book tracks the historical and contemporary trends of male suicides and mental health curricula in Zimbabwean learning institutions and communities vis-à-vis the wider Africa and the world within these pages. It examines the theoretical foundations of these educational modules, the organizational and pedagogical barriers that prevent them from being effective, and outlines practical solutions. Drawing on comparisons with other Southern African countries, this book emphasises key tenets for designing new curricula and school curricula, policy initiatives, and pedagogic activities that can help inform curriculum reform, policy development, and classroom practice. My own odyssey in this field—spanning roles as a senior lecturer, university counsellor, researcher, and examiner—has deepened my understanding of the intricate intersections between Health Life Skills, inclusive education, educational psychology, and pressing societal issues such as male suicides, HIV/AIDS, substance abuse, and mental health. Having supervised diploma, honours, and master's students, as well as serving as an internal and external examiner in both Zimbabwe and South Africa, I bring a blend of scholarly rigor and practical insights to this discourse. My previous publications on gender, educational psychology, and psychosocial challenges further enrich the perspectives shared in this book. This publication is designed to empower a diverse audience—practitioners, administrators, teacher educators, curriculum developers, policymakers, and students—by equipping them with both theoretical and practical tools to mitigate male suicides and enhance mental well-being education. It is my earnest hope that this book will stimulate critical dialogue, inspire pedagogical innovation, and contribute meaningfully to the ongoing decolonization of education in Zimbabwe and beyond. Finally, I extend my deepest gratitude to the scholars, students, and institutions whose invaluable contributions have shaped this work. The journey of re-envisioning education is a collective endeavor, and this book represents but one step toward a more inclusive, responsive, and transformative pedagogical future.

Author
Dr. Munyaradzi Chidarikire
Senior Lecturer, Great Zimbabwe University
Former Postdoctoral Research Fellow at the University of KwaZulu-Natal
Research Fellow at Stellenbosch University, South Africa

Rational

In a country such as Zimbabwe, where the rights to health, education and mental health are constitutionally enshrined, this book considers the complex regimes that shape the conversation on suicide by men. It is in line with national policy directives from the Ministry of Health and Child Welfare, MoPSE and the MHTEISTD. It also interacts with global standards, particularly those of the United Nations Sustainable Development Goals (SDGs), directing attention to SDG 3 (Good health and well-being) and SDG 4 (Quality education). The underlying logic behind this book closely resembles the pressing need to decolonise and re-think the meaning attached to male suicides in Zimbabwe. It is about going beyond Eurocentric frameworks to employ indigenous knowledge systems and culturally responsive pedagogies that respond to the local mental health context. As is the case for many post-colonial countries, Zimbabwe still grapples with the impact of a colonial curriculum and narratives that do not adequately reflect local health emergencies, psychosocial trends and shifting learner needs in the context of rapid change in its socio-economic landscape. This work aims to close the gap between policy rhetoric and classroom praxis by providing an extensive research-supported framework for reframing the conversation surrounding male suicides. Divided into 8 carefully constructed chapters, the book takes a multidisciplinary approach by merging public health, education policy, psychology, and sociology with important themes related to this critical problem. Written by a well-established academic with many years of theory and practice in educational psychology and inclusive education, this work is imbued with experiential and academic authority. The author's insights are deeply informed by comparative African perspectives, having been a senior lecturer at Great Zimbabwe University, a postdoctoral fellow at the University of KwaZulu-Natal, as well as a research collaborator with Stellenbosch University. As an examiner and supervisor for postgraduate dissertations throughout Zimbabwe and South Africa, he has added academic rigour to the propositions contained in this volume. Designed to be both a critical diagnostic of current systems and a visionary roadmap for genuine change, this book serves as an essential resource for educators, policymakers, researchers, curriculum developers, mental health professionals, and student readers. Focusing on decoloniality, cultural relevance and empirical evidence, it elevates Zimbabwean constitutionalism in health and education while allowing Zimbabwe to take a leadership trajectory that repositions the focus and rhetoric on male suicides within the 21st century. Thus, Male Suicide Phenomena in Zimbabwe: Drivers, Barriers and Necessary Interventions for Action is much more than an academic research outcome but rather an urgent demand for systemic change that embodies the needs of current and future generations of boys and men in Zimbabwe, with potential cascade benefits for the whole of society.

Author

Dr. Munyaradzi Chidarikire
Senior Lecturer, Great Zimbabwe University
Former Postdoctoral Research Fellow at University of KwaZulu-Natal
Research Fellow at Stellenbosch University, South Africa

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Chapter 1

Status of male suicides in Zimbabwe

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

This study sets out to address the concerning increase in male suicides in Zimbabwe by utilizing a comprehensive literature review of newspaper articles, academic journal articles, books, and online resources. The varied perspectives from established scholarship and contemporary events provide a thorough understanding of the issue. A thematic analysis method was utilized to identify and analyze patterns within the literature to assist in providing a more extensive interpretation of the themes surrounding male suicides. Some of the important observations are the socio-economic pressures, the stigma of mental illness, and the barriers to accessing mental health services that affect Zimbabweans and specifically increase suicide rates among men. Overall, an urgent need exists for targeted interventions to address these factors, the review notes. The study suggests that the government should conduct mass awareness campaigns on mental health issues and their effects, and is expected to improve access to mental health resources, especially in underserved rural communities. This does help mitigate the consequences of stigma and provides support to those who need it. Thus, by drawing upon a wealth of literature and using an empirical approach, the present research aims to address previous gaps in the literature and to provide important insights in the field.

Keywords: Access to Care; Male Suicides; Mental Health; Socio-economic Factors; Stigma

Introduction

September is globally marked as a month for suicide prevention, and Zimbabwe is at a crossroads, facing a burgeoning male suicide crisis. The National Suicide Prevention Week, particular to Zimbabwe, speaks to this urgency. Suicide is a silent killer, and according to the World Health Organisation (WHO) in its 2022 Zimbabwe launch report on the Prevention and Management of Mental Health Conditions in Zimbabwe, it is responsible for 1.8% of all human deaths and disproportionately affects men compared to women. Saruchera and Chidarikire (2025) have also highlighted concerning reports of increased media coverage on male suicides during the last 2 months in Zimbabwe. One specific case detailed in a report from ZBCtv

Online was of a Marondera farmer who committed suicide due to a family dispute, underscoring the severe ramifications of the mental health crisis exacerbated by societal factors (ZBC News, 2024). Although suicide is the 19th leading cause of death in Zimbabwe, it has been the resulting deaths of many cases of teachers or educators taking their lives that has echoed throughout the landlocked Southern African nation. The Progressive Teachers' Union of Zimbabwe (PTUZ) reported that 380 teachers have committed suicide during the period from 2008 to 2020. Its 136,000 teachers educate nearly 4.6 million students across the country. Many will remember that in April 2020, a 36-year-old male contract teacher was found dead hanging from a tree in Nkayi at his rural home after he was fired from work owing to the prolonged school closure because of the COVID-19 lockdown. According to Kupemba (2021), between 2015 and 2019, a staggering 2,058 men took their lives against 505 females who committed suicide over this time period. These are grim statistics that point to a far deeper crisis facing Zimbabwe. Furthermore, NewZimbabwe (2024) disclosed that a Zimbabwean man residing in South Africa committed suicide during a live Facebook broadcast over the weekend, following allegations of infidelity by his girlfriend.

Globally, the WHO's 2017 data elucidate a stark gender disparity in suicide rates, with men experiencing a rate of 13.9 deaths per 100,000, more than double the 6.3 deaths per 100,000 recorded for women. This alarming statistic reflects a broader trend where suicide has emerged as a significant public health concern, with worldwide fatalities estimated at a minimum of 700,000 annually—though the true figures are likely much higher due to under-reporting. In the Zimbabwean context, the situation is equally dire. According to WHO data from 2019, the country recorded a suicide rate of 14.10 per 100,000, marking a 0.71% increase from the previous year. This ranks Zimbabwe among the highest in the world for suicide rates, where urgent intervention and re-evaluation of mental health support structures is required. In addition, despite our limited understanding of the suicide risk in male students at higher education institutions in low-income countries, available evidence indicates that student suicides may be an important public health problem worldwide. These obscene incidences—6.5, 8.2, and 10.0 per 100,000 full-time students in the US, GB, and China respectively—emphasize the urgent need of this issue. The differences are even more pronounced in Finland, where 13.8 male students per 100,000 suffered. The Zimbabwe Republic Police (2023) also reported that Bulawayo has been experiencing an average of four suicide cases per month with the majority of the victims being males. Besides shedding light on an apparent issue in need of immediate and intensive evidence-based mental health interventions, this number represents a

symptom of a societal malaise that merits further exploration and action. Thus, by digging deeper into the roots of this crisis it is essential to understand the many folds of this calamitous situation, (around the world in general there is an ongoing generational shift in the way the social construct of masculinity influences the way we view suicide) between the cause and effect between the fabric of society and the tragic rates of male suicides in Zimbabwe.

Definition of key terms

Male suicide is the act of killing oneself, especially as a result of susceptibility to the pressure found in the society. Feelings of hopelessness and isolation, as well as traditional masculinity norms that keep men from expressing emotion, can fuel hypotheses about why male suicide is particularly high (Kurtz et al 2023). In a related context, Saruchera and Chidarikire (2025) noted the role of societal stigma around mental health, which results in men underreporting their struggles and thus increases the risk for suicide. This tragic result is therefore not a simple phenomenon but rather a combination of mental health, masculinity, lack of support systems and societal pressure. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. According to Almuneef (2021) depression is cognitive distortion and negative thinking patterns. Depression can similarly type of helplessness(contagious) for ex: Baiden et al (2021) view deviance and/or Competitive loss norms as a form of helplessness and internalise the belief that they cannot change their situation. Thus, depression a complex disorder which involves emotions and behaviours, which often needs multi-modal treatment.

Stigma is the social process of labeling and discrimination against people with particular qualities or conditions. Stigmatization refers to a social process that causes people to be devalued, contributing to their marginalization from societal norms (Kupemba 2021). Additionally, this paper Diago et al (2022) explains that stigma can worsen psychological problems and lead to avoiding finding help for mental health. As a consequence, stigma stands as a critical obstacle towards recovery and wellbeing, maintaining a cycle of silence and torment for countless individuals.

Literature Review

Suicide is a serious public health problem worldwide, but its prevalence and registration differ considerably by region. This literature review examines the issue of male suicide with specific

reference to Zimbabwe, juxtaposed with literature from America, Britain, Nigeria, Botswana, and lastly South Africa. Its objective is to underscore the relative silence around this crisis in Zimbabwe and outline the gaps that this research seeks to fill. Despite high rates of suicide, particularly among men in Zimbabwe, attempts are often underreported due to the stigma surrounding them, and attempts at treatment encounter a lack of available mental health resources. However, in Zimbabwe the suicide rate is estimated to be 16.1 per 100,000 (men) (Clark et al. (2022)), and the true figure is likely significantly higher due to the stigma around mental health (Baiden et al., 2021). Only 0.2 psychiatrists per 100,000 population (World Health Organization, 2022), combined with the lack of mental health services, heightens this crisis. Given these disturbing statistics, it is shocking that until now there has been no qualitative study to investigate the socio-cultural factors contributing to suicide in men in Zimbabwe. This study aims to fill this gap through rich data on experiences of men's mental health.

Currently, new studies reveal evidence that the suicide rate for men is about four times that of women in the United States, with an estimated 22.4 per 100,000 rate reported annually (Centers for Disease Control and Prevention, 2021). Social isolation and stigma are significant determinants of these rates (Australian Institute for Health, 2020). In addition, the U.S. has discrepancies across ethnicity, as White men have a higher rate of incidence than any other racial group (Bertuccio et al., 2022). Despite the considerable literature on male suicide in the U.S., less comparative analysis exists with a country such as Zimbabwe, among other fatalistic socio-cultural dynamics that may work differently in Zimbabwe. The suicide rate for men in Britain produced a figure of 17.2 per 100,000 (Office for National Statistics, 2020). Duke et al. (2018) also attribute socio-economic factors, including unemployment and poverty, as overt contributors to this impact. Even in the British context, mental health advocacy has improved, but stigma is still a barrier to seeking help (Engel, 2023). While some recognition exists of the socio-economic determinants of suicide in Britain, few comparative studies exist with Zimbabwe, and even fewer examine the cultural factors that impact help-seeking behaviour.

Suicide is also scarcely reported in Nigeria, where the national rate is around 9.5 per 100,000 (World Health Organization, 2021). Furthermore, Breet et al. (2021) identified economic stressors and insufficient mental health services as key concerns. As in the Nigerian context, beliefs in horoscopes that shape human behavior frequently prohibit acknowledgment of mental ailments, which is one of the motives for underreporting (Cuesta et al., 2022). Key Messages from the Study: The cultural and socio-economic determinants influencing male

suicide in Nigeria and Zimbabwe appear to be relatively well recognized, yet significant research comparing these factors remains sparse. By comparing these variables side by side, this study seeks to fill that gap.

For example, the reported suicide rate of Botswana has been 9.8 per 100,000 with men being a particularly vulnerable group (Botswana Ministry of Health, 2021). In addition, Diago et al. (2022) point to how HIV/AIDS affects mental health and suicide incidences. In the context of Botswana, the interaction between economic difficulties and mental health-related stigma is prominent. This study aims to address the gap; there is very little literature and very few comprehensive studies that have explored HIV/AIDS and male suicide issues from Zimbabwe, which has higher rates of male suicide compared to Botswana. In South Africa, the male suicide rate is just under 16.5 per 100,000, but socio-economic disparities are an important factor (Fiegelman et al., 2018). Studies show that violence, unemployment, and substance abuse have a significant impact on male suicide (Hawton & van Heeringen, 2019). Despite the wealth of literature on socio-economic factors influencing suicide in South Africa, an understanding of the influence of attitudes and norms regarding masculinity and mental health between the two countries is still lacking. The current literature review sheds light on the underreported male suicide crisis in Zimbabwe and its comparison with other countries. Although extensively researched individually, there is a conspicuous absence of comparative research examining the socio-cultural factors contributing to male suicide, especially in relation to Zimbabwe. The current study seeks to fill such a gap by contributing a nuanced exploration of the male suicide problem in Zimbabwe in order to inform policy and interventions.

Theoretical Framework: Interpersonal-Psychological Theory of Suicide

The Interpersonal-Psychological Theory of Suicide (IPTS) was developed by Thomas Joiner in 2005. This theory posits that suicide is the result of a combination of two interpersonal factors: perceived burdensomeness and thwarted belongingness, alongside the capability for suicide. Joiner's framework provides a comprehensive understanding of the psychological mechanisms that drive individuals towards suicidal behaviour. Bryant and Damian (2020) suggest that individuals who perceive themselves as a burden to others are more likely to consider suicide. In the context of Zimbabwe, cultural expectations regarding masculinity often compel men to be the primary providers for their families. Gijzen et al. (2022) indicate that economic hardships, exacerbated by political instability, lead many Zimbabwean men to feel inadequate and burdensome, which can heighten suicidal ideation. This perception can be

further intensified by societal stigma surrounding mental health and the inability to fulfil expected roles (Duke et al., 2022). The second component of IPTS, thwarted belongingness, refers to the feeling of social isolation and lack of meaningful connections. According to Gwarisa (2021), many Zimbabwean men experience social isolation due to economic challenges and cultural stigmas associated with mental health. This social disconnection is critical, as men may struggle to seek help or share their struggles due to fears of judgment, thereby feeling increasingly alienated (Stephenson et al., 2020). The final element of Joiner's theory is the capability for suicide, which encompasses both psychological and physical aspects that lower the fear of death. Holmes et al. (2021) highlight that exposure to violence, substance abuse, and a history of self-harm can increase this capability among Zimbabwean men. The normalization of violence within certain communities can desensitize individuals to the act of suicide, making it a more viable option during crises.

By applying the IPTS to the study of suicide among Zimbabwean men, this research aims to uncover the nuanced interplay of perceived burdensomeness, thwarted belongingness, and capability that contribute to suicidal ideation and behaviour. Understanding these interpersonal factors can guide the development of culturally sensitive interventions that address the specific needs of Zimbabwean men. Furthermore, it emphasizes the importance of fostering social connections and reducing stigma surrounding mental health in order to mitigate the risk of suicide. This theoretical framework not only illuminates the complexities of suicidal behaviour among Zimbabwean men but also underscores the necessity for targeted mental health services that consider these interpersonal dynamics. By addressing these factors, the research can contribute to a broader understanding of suicide in Zimbabwe and inform public health strategies to reduce its prevalence.

Research Methodology

The research design in this study is largely based upon a literature review, involving various sources such as newspaper articles, journal articles, books and other internet-based sources. This blended method provides a comprehensive view of the topic by including insights and discoveries made by authoritative figures and events taking place (Creswell & Poth, 2018). A literature review, as noted by Jordans et al. (2018), can be both a means to place the research in context as well as criteria to map out gaps in knowledge that the present study will help fill. Thematic analysis was used to identify, analyse and report patterns (themes) in the literature in analysing the data collected from these sources.

According to Karatekin (2018), thematic analysis is a flexible and powerful tool in qualitative methodology with an ability to provide a complex account of data and enables in-depth identification of a theme in the theory. This approach permits the researcher to connect between different sources through coding data and organizing it by themes, which makes the findings more valid and reliable (Kaggwa et al., 2022). The literature review incorporated recent journalistic reports offering contemporaneous observations about public sentiment and societal currents (Lambi et al., 2019). Finally, academic journal articles were reviewed so that the research could be rooted in prior theory and data, providing a scholarly perspective necessary for a rigorous academic investigation (Kappel et al., 2021). The review was also informed by books condensing substantial literature on the relevant topics, providing valuable overviews and detailed reviews (Maple et al., 2022). Additionally, because this field of study is currently evolving, we used online sources to capture ongoing conversations and trends (Marracini et al., 2022). This variety of sources strengthens the thematic analysis while also ensuring a broad range of perspectives are represented within the data (Li et al., 2021) – in line with qualitative research recommendations. This approach is applied in the present study that seeks to extend its contribution to the field by questioning both the relevance and the gaps in the literature.

Rationale of male's suicides being underreported

Suicide underreporting among Zimbabwean males has multiple drivers, including cultural norms, stigma, masculinity, and socialization. Hi, and thank you for your time in reading this excellent article about the crisis. The content of this article is timely, but first we have to find ways to understand and visualize these underlying factors of this crisis so that we can start coming together to address the crisis. In Zimbabwe, suicide is perceived as a hush-hush matter, with cultural beliefs that inform how people react to mental illness, more specifically the act of suicide. One of the significant repercussions of this taboo is how suicides are buried; people who commit suicide are often forbidden from being buried in family graveyards and their bodies are not allowed inside the house before being buried (Martize-Ale & Keye, 2019). Such ostracism from society further stigmatizes mental illnesses, leading to normalized conversations about suicide and an expectation of keeping the struggles to themselves. In Nigeria, the same taboo surrounds suicide (Li et al., 2021), where mental illness is often a source of shame and suicides end up being reported as accidents. There was, however, a dearth of information as to whether cultural practices in Zimbabwe play a role in shaping the attitude towards suicide and the disclosure of suicidal ideation and attempts, especially among men.

Another major reason that suicide remains underreported is stigmatization. The social stigma surrounding suicide in Zimbabwean society, within which those who are contemplating suicide or have attempted it are marginalized, has isolated them, leading to further deterioration in their mental health (Chibanda et al., 2016). Fear of being called "weak" or "crazy" further adds to this stigma, which prevents men from opening up about their mental health issues. In the USA, a similar pattern has been seen, whereby men are less likely to report suicidal thoughts due to concerns about stigma (Knettle et al., 2023). This represents an important lacuna in the literature on stigma and suicide reporting in the suicide narratives of Zimbabwean men, and how this culturally mediated phenomenon might differ from that in Western settings.

Suicide and murder are actions that are usually taken on the impulse of a moment, and masculinity, indeed, has its place in hiding these impulses from the public eye. Norms of masculine ideology in Zimbabwe provide ideals of emotional stoicism, self-reliance, and the idea that requesting assistance equates to weakness (Kurtz et al., 2023). In line with findings from the UK and the US, studies in Zimbabwe have also shown that men who endorse traditional masculine ideals are less likely to seek help for mental health problems or disclose suicidal ideation (Saruchera & Chidarikire, 2025), but how these constructs of masculinity influence the mental health and disclosure of suicidal ideation in Zimbabwean men is an important gap in the literature that this study aims to fill.

The concepts of masculinity are ingrained within socialization processes, whereby boys are conditioned to suppress emotions while refraining from experiencing vulnerability. This socialization is not peculiar to Zimbabwe, as South Africa faces similar societal pressure where men perceive help-seeking behaviors as a sign of weakness (Almuneef, 2021). What we lack here are perceptions and practices of socialization in Zimbabwe that influence men's attitudes towards mental health and their willingness to express suicidal thoughts.

These economic factors also have a major role to play in the underreporting of suicide among Zimbabwean men. Continuous economic uncertainty and high unemployment can lead to low self-esteem, especially when men feel that they derive their value from being able to provide financially (Kupemba, 2021). This parallels results from South Africa, which suggest that economic pressure is coupled with rising suicide rates among men (Diago et al., 2022). This pressure cooker of divergence between broader cultural expectations and acute economic pressures creates an environment that magnifies existing mental health issues. This study aims to understand the socio-economic challenges experienced in Zimbabwe and how they uniquely

impact the mental health of Zimbabwean men, documenting an area of literature lacking research devoted to economic factors associated with the reporting of suicide.

Finally, access to mental health services is another significant area of suicide underreporting. The resources within the Zimbabwean mental health care system are scant, and there is a lack of trained mental health professionals as well as limited treatment options (Clark et al., 2022). These austere conditions also resonate with Botswana, where mental health services remain vague (Baiden et al., 2021), an issue that makes it even harder for individuals needing help. The lack of mental health service availability also reinforces intentions not to seek care, worsening the underreporting problem. The study will examine the factors limiting access to mental health services by men in Zimbabwe, detailing challenges that limit appropriate intervention and thus addressing an important research gap.

As such, the proposed study sets out to address major gaps in the literature by examining the cultural, social, and economic factors that influence the under-reporting of suicide among Zimbabwean men. This research aims to understand how stigma, masculinity, socialization, and socio-economic issues work together in the Zimbabwean context. This could help with future prevention strategies that are effective and culturally cognizant in addressing the problem of male suicide, which remains silent in Zimbabwe.

Summary of the chapter

This chapter addressed the critical issue of suicide among Zimbabwean men, highlighting it as an underreported crisis. It began with a clear definition of key terms related to suicide, mental health, and masculinity, establishing a foundational understanding of the topic. The literature review provided a comprehensive overview of existing research on suicide, emphasizing cultural stigmas, socialization processes, and the unique challenges faced by men in Zimbabwe compared to other countries. The status of suicide in Zimbabwe was examined, revealing alarming trends and statistics that underscore the urgency of addressing this public health issue. The chapter also outlined a theoretical framework that guided the research, incorporating concepts of masculinity, cultural stigma, and social influences to understand the complexities surrounding male suicide reporting. Research methodology was discussed, detailing the qualitative approaches used to gather data from various sources, including newspaper articles, academic journals, and interviews. The rationale for studying male suicide underreporting focused on cultural beliefs, stigmatization, and the constructs of masculinity that discourage

help-seeking behaviors among men. Finally, the chapter identified the male victims of suicide, noting the intersection of socioeconomic challenges, mental health issues, and cultural pressures that contribute to their vulnerability.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 2

The Stigma Factor: Silence, Shame, and Misconceptions

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

This is a qualitative research study that relies on a broad yet critical review of literature to conceptualize stigma, silence, shame, and myths associated with male suicide in Zimbabwe. By accessing multiple types of material (newspaper articles, academic articles, organizational reports, online material, etc.), the research reflects a wide range of views on the relationship between stigma and mental illness. Relevant literature was purposefully sampled; sampling enables identification of phenomena that are critical to develop and inform the unique cultural and societal dynamics of stigma in Zimbabwe. Thematic analysis was used to identify and analyze patterns present in the literature, which highlighted themes such as silence, shame, and misconceptions. Silence creates stigma when people are reluctant to talk about mental health because of the fear of being blamed. Also, men's shame was identified as a key factor that prevents them from seeking help because men tend to internalize messages that imply being vulnerable is morally wrong. However, cultural beliefs that complicate the suicide landscape have led to people interpreting these cases as signs of moral failure. The study identifies major shortcomings in the literature to date and points to the need for more research to explore these dynamics. Therefore, it is predicted that mental health awareness campaigns need to be tailored so that they can address stigma in society; in addition, they need to be inclusive where they promote open debates on mental health and suicide. By combining what can be learned from multiple voices and sources, the findings will indicate the huge complexity of a community that is overdue for local contextualization of its culture of denial; extending knowledge on the stigma attached to suicide in Zimbabwe and bringing this understanding to bear on new strategies for effective amelioration and recovery.

Keywords: Cultural Beliefs; Help-Seeking Behavior; Mental Health; Stigma; Suicide

Introduction

In this chapter, the author investigates the stigma that surrounds suicide in Zimbabwe and how this stigma is one of the most significant barriers to help-seeking behaviour among men. The literature review details the cultural and societal factors that both silence and shame, increasing the mental health epidemic (Australian Psychological Society, 2018). Through a rigorous

theoretical lens, this chapter discusses the psychological and social consequences of stigma, illustrating how moral judgments underpin males' suicidal thoughts. The chapter also explores shame as experienced by the so-called "survivors": families and communities, highlighting the ripple effects of suicide within Zimbabwean society. Finally, the author combats false misconceptions around male suicides that create barriers to effective intervention and support. The chapter ends with recommendations for combating stigma, silence and shame among men and addressing suicide in the hope of providing broader cultural solutions to the unhealthy environment around mental health in Zimbabwe.

Literature Review

Mental health issues tend to be worse in men than in women, and suicide stigma is one of the major determinants of this, too. This section therefore skims through relevant literature on the stigma of suicide, drawing comparisons of findings made between Zimbabwe, America, Britain, Nigeria, Botswana and South Africa while also delineating the gaps in literature that this study will seek to fill. Suicide stigma in Zimbabwe is founded on both deep-rooted beliefs and norms, creating substantial barriers to help-seeking behaviours. According to the Australian Institute for Health (2020), men often feel shame when facing mental health problems, which leads to men staying silent and not seeking help. The stigma also influences families because, in many cases, the act of suicide is viewed as a moral failure (Bertuccio et al, 2022). The opportunity for research here is to examine how these cultural narratives affect men's stigma and help-seeking behaviour.

Research within the United States demonstrates that stigma related to mental illness, including suicide, plays a major role in self-reported help-seeking behaviours. Duke et al (2018) identified that men avoid help-seeking behaviours, concerned about how they may be perceived as weak. This trend mirrors that of Zimbabwe, where societal norms discourage men from expressing vulnerability (Engel, 2023). Yet, the gap in this area concerns culturally-informed studies of stigma and how stigma and help-seeking behaviour are culturally situated. This may explain why the same pattern is observed in Britain, where it is felt that stigma surrounding mental health is contributing to an increase in male suicide rates. Breet et al (2021) reported that societal pressures about gender roles and patriarchy frequently require men to internalise their struggles, causing them to commit suicide more. This is true in Zimbabwe where one of the factors compounding the mental health crisis is the silence that surrounds it. The research

gap is in understanding how British cultural masculinity norms differ from those around suicide stigma in Zimbabwe.RetryClaude can make mistakes. Please double-check responses.

In Nigeria, the stigma surrounding mental illness and suicide is pronounced, often leading to the misattribution of suicide to supernatural causes. This cultural context creates barriers to open discussions about mental health, similar to the stigma experienced in Zimbabwe. A significant gap exists in understanding how these cultural beliefs influence men's experiences of shame and their willingness to seek help, as well as how community perceptions impact individual mental health outcomes. Botswana presents a similar scenario, where cultural beliefs significantly influence attitudes toward mental health. Research indicates that societal stigma can lead to the marginalization of individuals who experience mental health challenges (Cuesta et al, 2021). This aligns with findings in Zimbabwe regarding the impact of stigma on help-seeking behaviour. The gap here is in exploring the intersection of cultural beliefs and stigma in Botswana and Zimbabwe, particularly how these factors shape the experiences of men facing suicidal thoughts.

Mental health stigma is rife in South Africa, and studies show that men often hide their struggles due to fears of societal judgment (Bryant & Damian, 2020). This silence is a major contributor to men committing suicide, as is the case in Zimbabwe. South Africa is the setting of the rest of the data, so the research gap is between Zimbabwe and South Africa across the cultures of masculinity and the stigmas and their impact upon mental health. Interestingly, while the stigmas associated with suicide are manifestly culturally diverse, this literature review also identifies remarkable parallels in the stigma influencing help-seeking behaviour. Although previous research has offered crucial contributions to understanding the stigma toward suicide in Zimbabwe, America, Britain, Nigeria, Botswana, and South Africa, there are significant gaps. The principal purpose of this study is to fill these gaps by investigating stigma, silence, shame, and misunderstandings about suicide among Zimbabwean men in order to deepen understanding of the detailed contexts of this important public health problem.

Theoretical Framework: Social Stigma Theory

Gijzen and others (2022) explain how the Social Stigma Theory lays a strong foundation for comprehending suicide stigma, especially specific to a country like Zimbabwe. Goffman uses his theory to argue that stigma comes from labels which society creates to determine which individuals are either deviant or inferior, which leads to discrimination and exclusion. Given Zimbabwe's culture of masculine norms that affect the perception of mental illness, this

framework is vital for understanding the negative impact that stigma, silence, shame, and myths concerning suicide have on men's mental health. Following Goffman's principles, stigma acts to further inhibit help-seeking behaviour among men experiencing suicidal ideation. As expressed by Goffman, mental health struggles in Zimbabwe are considered a kind of "spoiled identity," so when men ask for help with mental health struggles, they are often seen as weak or failing (Breet et al., 2021). The way society perceives men makes them feel like they have to succumb to traditional masculinity, which causes them to hide their struggles and refrain from asking for help (Duke et al., 2022). This silence not only worsens the state of their mental health but creates a larger culture of stigma preventing open dialogue about suicide and mental health. In addition, Goffman highlights the importance of the experience of shame as part of the stigmatization process. Suicidal men usually adopt the societal perceptions that errors threatening the transformation to a phenotypically masculine man are moral failures, and thus internalize the judgment of the world around them (Gwarisa, 2021). This self-shame builds their isolation and despair, keeping the stigma stronger to stop them from seeking help. While this behaviour might seem unique to Zimbabwe, research shows that this is a wider trend in various cultures across the globe where men are socialized to perceive vulnerability as a weakness (Stephenson et al., 2020). Therefore, tackling stigma alongside shame is vital for better mental health.

Stigma in Zimbabwean society is also deepened by misperceptions about suicide. Widely held negative stereotypes regarding suicide, such as those that suggest the act is the result of spiritual possession or a reflection of lack of moral character, only serve to further stigmatize individuals living with mental illness (Holmes et al., 2021). Using Goffman's lens as a foundation, we can see the importance of those of us who understand the nuances of the field engaging with those depictions to untangle the inaccurate and misguiding assertions so that the spectrum of mental well-being can be more accurately portrayed to the public, ensuring that individuals don't face barriers to seeking help out of fear that they will be treated as outcasts. By identifying these damaging beliefs, it is possible to develop interventions that promote healthier understanding of mental health issues and stigma reduction. Thus, the nature of stigma, silence, shame, and misinformed ideas about suicide among Zimbabwean men is explored comprehensively within the Social Stigma Theory. Using Goffman, this analysis seeks to reveal how perceptions of men with mental ill health impact their experiences. Understanding these dynamics is imperative for designing appropriate interventions to mitigate stigma, facilitate conversations around mental health, and foster the overall mental wellbeing of individuals in Zimbabwean communities.

Research Methodology

Using a qualitative research approach and orienting its inquiry against the backdrop of stigma factors surrounding silence, shame and misconceptions of suicide in Zimbabwe, this study identifies possible pathways for promotion and prevention using this inequality informed by the literature pertaining to suicide interventions. The literature review is quite broad, ranging from newspaper articles to publications in academic journals, organizational reports, books, and additional online material. This multi-layered strategy aims to offer a rich variety of views and experiences of the relationship between stigma and mental health. Specifically, literature was selected through purposive sampling, a method that helps to maximize the relevance of sources selected to the research question (see Jordans et al, 2018). This approach also allowed for the identification of studies and reports of key relevance that demonstrated the context of stigma in Zimbabwe. The data collected from local newspaper articles, for example, often show the direct experiences and adapted stories that provide examples of people affected by suicide stigma (Karatekin, 2018). In comparable fashion, journal articles provide both empirical evidence and theory to offer a greater understanding of psychological and sociocultural factors (Jordans et al, 2018). Data collected from these varying sources were analyzed using thematic analysis. Thematic analysis is a qualitative analysis that identifies, analyzes, and reports patterns or themes within data beneficial for understanding complex social phenomena (Kaggwa et al, 2022). The contextual adaptation of stigma in Zimbabwe requires a flexible framework, which is possible with thematic analysis — providing distinct advantages with the ease of applying various types of data within the thematic analysis framework. Silence, shame, and common misconceptions were identified as key themes in the literature through systematic coding. For example, the literature speaks to the perpetuation of stigma through silence in which people will refrain from talking about mental health for fear of how it will be perceived (Lambi et al 2019). Moreover, shame is identified as a prominent obstacle to help-seeking behaviour; men feel compelled to adhere to the norms that discourage emotional expression (Kappel et al, 2021). Cultural norms around suicidal behavior can result in a misattribution of moral failure (Maple et al 2018), which can further polarize the suicide landscape between the rescuer and rescuee. This thematic analysis allows for a deeper appreciation of these themes and identification of knowledge gaps to guide future research. By drawing insights from multiple sources, this approach seeks to contribute to building a holistic understanding of the

stigma towards suicide in Zimbabwe aimed at providing information for interventions and support.

Data Analysis and Discussion

In this section, we explore two major themes related to the stigma variable as identified in the literature: the omnipresence of suicide stigma in Zimbabwe and the consequences of suicide stigma on help-seeking behaviour. The details of each theme are compared with evidence collected from America, Britain, Nigeria, Botswana and South Africa, revealing similarities and divergences in the stigma of suicide.

Theme 1: Ubiquitous Stigma Against Suicide in Zimbabwe

The issue of suicide and stigma is substantive in Zimbabwe due to cultural practices and misunderstandings regarding suicide. Suicide is viewed as a moral failure, and consequently, those who die in this way face harsh social and cultural consequences, such as ostracism from community events (Marracini et al, 2022). When a study reported that around 68% of young adults in Zimbabwe suffered from stigma associated with mental health, it highlighted how much society matters (Li et al, 2021). In the traditional belief systems of many communities, the stigma is exacerbated, especially in the rural areas, where it has become a difficult topic of discussion (Martize-Ale & Keye, 2019).

Knettle et al, (2023) say that despite countries such as the US making strides in reducing stigma, perceptions that link mental illness and suicide remain negative in America. They avoid seeking help as they are afraid to be considered as weak individuals. In Britain, stigma continues to be part of the problem, in particular among men, who are socialized to suppress vulnerability, thereby fuelling higher rates of male suicide (Kaggwa et al 2022). The deep-rooted stigma surrounding suicide is often perpetuated in Nigeria, where cultural and religious beliefs characterize mental illness diagnoses as due to supernatural causes, and families try to hide suicides (Li et al, 2021). Botswana also faces this challenge with suicide rates, especially in rural communities, remaining high partly due to societal stigma and a lack of mental health resources (Maple et al, 2018). Finally, stigma regarding mental health or mental illness is one of the most powerful factors influencing help-seeking behaviours in South Africa and can be seen as a barrier for many people as they feel ashamed of themselves for seeking help that is psychological in nature (Li et al, 2021). Although stigma is a known context in these countries, the precise cultural narratives and their influence on suicide stigma in Zimbabwe need investigation. This, however, does not mean that we should not encourage the exploration of

how traditional beliefs shape society's attitudes towards mental health, more so for men, and whether the attitudes are unique to those countries mentioned.

Theme 2: Stigma and the Prevention of Help-seeking Behaviour in Zimbabwe

In Zimbabwe, stigma is a major hindrance to help-seeking behaviour for people dealing with suicidal thoughts. The stigma associated with seeking help makes several people hide their struggles, making their mental health condition even worse (Martize – Ale & Keye, 2019). Perceived stigma has a strong correlation with suicidal ideation, with the internalization of stigma contributing to feelings of hopelessness (Knettle et al, 2023). High suicide rates in America also stem from stigma that prevents individuals from seeking help, with many postponing disclosure of suicidal thoughts until a crisis occurs (Maple et al, 2018). Men in Britain are often culturally conditioned to adhere to traditional masculinity, which means they are less inclined to seek help for their mental health (Kappel et al, 2021). The stigma associated with mental health and suicide in Nigeria creates considerable obstacles that usually result in moral dilemmas when seeking help because of the cultural beliefs against suicide (Lambi et al 2019). Notably, Kaggwa et al, (2022) also highlight that in Botswana, societal stigma in the absence of functional mental health services also impedes timely help-seeking. Likewise in South Africa, fear of being judged and ostracized by society prevents people from seeking mental health care, which leads to higher rates of suicidal behavior in at-risk groups (Marracini et al, 2022). As acknowledgement grows regarding the detrimental effects of stigma as a deterrent to help-seeking behaviour irrespective of the disease or public health issue in question, Zimbabwean literature has highlighted an urgent need to explore culturally appropriate solutions that can effectively address these obstacles. This understanding of cultural norms and beliefs about men, and how this may impact men's consideration of seeking help, is essential to inform effective, targeted mental health programming. In addition, a search for approaches to encourage mental health conversations in Zimbabwean communities is still on-going, waiting to be discovered.

Theme 3: Males' Silence Contributing to Suicide in Zimbabwe

Male silence on mental health is a significant reason behind the high suicide rates in Zimbabwe. Cultural expectations dictate that men should be stoic and not express emotion, resulting in repressed feelings and an unwillingness to seek help. A silence that allows for a disconnect between experience and expression, creating an environment in which mental health struggles

are neither acknowledged nor treated, can be deadly. Like the rest of the world, research suggests that men in Zimbabwe perceive vulnerability as a weakness (Li et al, 2022). By contrast, American research gives a similar picture; men generally shun speaking about their mental health, with fears of being perceived as weak (Kurtz et al, 2023). The stigma around mental health is multidimensional, impacting help-seeking behaviours closely associated with different cultures. The "man up" culture prevalent in Britain cultivates this surface silence with tragic consequences (Saruchera & Chidarikire, 2025). On the flip side, in Nigeria, societal dictates view expression of distress among men as taboo since failure to express emotional distress among men equates to mental health disorders going untreated (Almuneef et al 2021). In Botswana, traditional views of masculinity in relation to mental health have been noted to result in stigma against mental illness and an increase in male suicide (Baiden et al, 2021). Likewise, South Africa has similar challenges of male silence about mental health with men often unwilling to access mental health services for fear of stigma (Braiden et al 2021). Therefore, this study fills the gap of lack of studies examining the provision of interventions that challenge and address the culture-based stigma on male mental health in Zimbabwe. Although male silence is well-documented elsewhere, there is a dearth of focused strategies for Zimbabwean cultural contexts.

Theme 4: Males' Moral Failures Leading to Suicide in Zimbabwe

This theme explores the association between perceived moral failings (e.g., adultery, expulsion from school or work, divorce, involvement in murder/rape cases, prison, HIV/AIDS, and excommunication) and suicidal ideation among men in Zimbabwe. It dissects the stigma, silence, shame, and myths of these failures – drawing on comparisons with literature from America, Britain, Nigeria, Botswana, South Africa and Zimbabwe to identify gaps in research and suggest directions for future study.

In many instances, a man's value is tied to his alleged good character, his perceived role as the family's financial and social provider and protector, and as such, this often leaves a stark mark of masculinity (Saruchera & Chidarikire (2025)) of aggressive provider and protector. As a result, perceived moral failures can carry a heavy burden of shame and a blow to social rank, leading to an increased risk of mental health problems and, regrettably, suicide (Stephenson et al, 2020). The societal pressures to conform to gender norms of strength and control can inhibit men from expressing vulnerability and being open about any need for support, care, or help (Holmes et al, 2021). Infidelity is believed to be the most taboo sexual behavior, and men who have sex outside of marriage may experience intense social backlash and feelings of guilt,

shame, and alienation (Karatekin, 2018). Other penalties include school or work suspension. The consequences of being expelled from school, or losing a job, engender a sense of personal failing both individually and collectively; the expectations of success and stability are effectively shattered (Gijzen et al, 2022). As stated by Diago et al, (2022), this may result in hopelessness and despair. Divorce rates, on the other hand, are rising in Zimbabwe, indicating shifts in social norms and the impact of economic challenges (Clark et al, 2022).

Nevertheless, divorced men may still be stigmatized, especially if they are regarded as being to blame for the dissolution of the marriage (Kupemba, 2021). Most single fathers, divorcees and widows become social pariahs, and like single mothers, they quit their jobs and work part-time to take on parental and household responsibilities, which creates opportunities for social stigmatization to occur and reminds them that they are failures in society (Australian Institute for Health, 2020). Criminal Involvement in Murder or Rape Cases/Criminal Activities. Participation in the commission of serious criminal offenses is punished severely, and those committing them are stripped of their social status and lose their sense of self-worth (Bertuccio et al., 2022). In addition, contracting HIV/AIDS leads to stigma. Stigma against HIV/AIDS is common even though there is better awareness about the disease (Duke et al, 2018). When men are diagnosed with HIV, they may undergo devastating shame, fear of social ostracism, and hopelessness, leading them to suicide (Engel, 2023). Moreover, being expelled from a community of faith through excommunication may also lead to social isolation and separation from the spiritual support the church community offers, further increasing mental health problems (Breet et al, 2021). Also, in Zimbabwe, mental health is largely perceived through a prism of superstition or moral failure (Diago et al, 2022). Depression and schizophrenia are among many mental health conditions often attributed to spiritual affliction or personal shortcomings (Li et al, 2021). Such attitudes support negative stereotypes about mental health and lead to a social condition in which people with mental health illnesses are marginalized or feared (Feigelman et al, 2018). In many cases of mental illness, traditional and religious beliefs attribute the condition to witchcraft or evil spirit possession (Shava, 2024). Such amplification is likely to result in stigmatization and negative health-seeking behaviors (Bryant & Damian, 2020).

The United States has made advancements in bringing awareness to mental health, but stigma still exists, especially surrounding moral failings (Engel, 2023). The weight of societal expectations placed on men to be successful and stoic can amplify the repercussions of these failures on mental health (Cuesta et al, 2021). This indicates a generally negative influence that

reflects the culture-specific differences in the ways that the experiences of men who face moral failures relate to mental health, and the fact that there is additional work to be done in terms of comparative studies that capture how cultural expectations of masculinity in Zimbabwe operate to reproduce mental health problems in men impacted by moral failures differently than in the U.S. (Gijzen et al, 2018). Britain has made great strides towards destigmatizing mental health, but stigma over mental health conditions persists. Although not directly examined in the current research literature, issues of "toxic masculinity" are frequently discussed in the context of male suicide (Gijzen et al, 2018). Consequently, more research is necessary on the implications of the relatively narrow discourses of "toxic masculinity" in Zimbabwe for intervention plans compared to Britain. Furthermore, because in Nigeria mental illness has been believed to be a spiritual matter, discrimination is likely (Duke et al, 2022). However, mental health issues are increasingly being recognized—especially among younger generations. Thus, there is a need for longitudinal studies to explore the influence of changing attitudes towards mental health among Nigerian youth on trends and subsequent interventions in Zimbabwe.

In addition, Botswana also faces this challenge, as cultural stigma influences psychological well-being (Gwarisa, 2021). Community-based interventions have shown promise. This suggests the need to better understand the suitability of Zimbabwe-specific community-based mental health interventions aimed at addressing male stigma related to moral failures and their impacts on help-seeking behavior. Finally, mental health stigma in South Africa is somewhat complicated by its legacy of inequality. Much of this is due to the high rates of suicide (Stepheson et al, 2020), whereby men internalize societal pressures. Another study states that South African men are not only meeting those expectations but are also upholding those cultural norms (Holmes et al, 2021), based on what is described as the core of masculinity: the "toughness" dimension. The researcher noted that "more research is needed to understand how these moral failures and mental health are experienced by men in Zimbabwe, who come from varied historical and social contexts."

Theme 5: Impact of Shame on Males, Their Families, and Communities Affected by Suicide in Zimbabwe

Suicide in Zimbabwe is highly affected by shame, as this can affect males as well as their families and the communities they are part of (Jordans et al., 2018). Men are socialized to be tough, slug it out in fistfights, and bring home the bacon (Duke et al., 2018). If men do not fulfill these expectations or are subjected to abuse, they do not speak out (Breet et al., 2021) as they are scared of being labeled as weak or emasculated. Such silence worsens mental problems

and may even result in suicide (Duke et al., 2018). As the World Health Organisation (WHO, 2022) states in the Prevention and Management of Mental Health Conditions in Zimbabwe Report of 2022, 1.8% of all deaths in Zimbabwe are due to suicide, with men contributing a higher rate compared to women. The stigma surrounding mental illness makes it more difficult for people to openly speak about psychological distress, resulting in a higher prevalence of suicide (Feigelman et al., 2018). The effects go beyond personal hardship and disrupt families and communities, leading to disintegration, higher instances of domestic violence, and absence of care for children (Duke et al., 2018). Males are at greater risk for death by suicide than females in the United States (Gwarisa, 2021). A significant proportion of suicides are committed by men (Stephenson et al., 2020). Stigma narratives are also encountered through conversations or interactions with family members, friends, and church organizations (Holmes et al., 2021). Examples of stigma messages include being weak, lacking faith, and being dangerous (Karatekin, 2018).

More investigation is warranted regarding perceptions of stigma and suicidal ideation in local American populations. In England and Wales, men are three times more likely than females to take their own lives (Cuesta et al., 2021). This means that nearly 12 men commit suicide every single day, which equates to well over 4,200 suicides each year (WHO, 2023). In the UK, suicide is among the top five leading causes of death for men before age 50 (Feigelman et al., 2018). There needs to be more research done in the area of trends in male mental health, focusing on temporal factors specific to the regions in which males take their own lives. In line with the points above, many cultures cultivate negative attitudes toward emotional expression among men, attributing significant value to men acting out the role of provider, protector, and paragon of masculinity (Breet et al., 2021). This is compounded by stigma associated with mental illness and lack of access to mental health services, especially among Nigerian men (Bryant & Damian, 2020). Suicide in Nigeria occurs among 80.6% of males (Stephenson et al., 2020). In Nigeria, while knowledge about suicide attempts is somewhat established, gender-specific research has been limited to inform relevant policy (Engel, 2023). In Botswana, there are significantly more male suicides than female suicides – male suicides are four times higher than those of females reported (Duke et al., 2021). The country records one of the highest suicide rates in the Southern African Development Community (SADC) region (Chidarikire & Saruchera, 2024). Understanding the cultural beliefs and stigma surrounding mental illness requires more research in Botswana. In addition, South Africa is considered one of the worst countries when it comes to mental health (Cuesta et al., 2021). It might be harder for some women to die by suicide than others, which is reflected in the higher suicide rate among men

(Lee et al., 2022). Socio-economic stressors such as high levels of unemployment, economic inequality, and financial instability all play a role in the mental health of individuals (Breet et al., 2021). South Africa should change some harmful gender norms and empower men to seek help without being judged or ridiculed.

Theme 6: Misconceptions About Male Suicides in Zimbabwe

Male suicides in Zimbabwe are surrounded by stigma and silence associated with mental health problems, due to misconceptions (Duke et al., 2018). Some common myths: 1- men are less likely to experience mental health problems than women (Clark et al., 2022). Additionally, Aluneef (2021) elaborates that men are refrained from accepting their pain because they feel the need to be in control at all times (Bryant & Damian, 2020). This erroneous statement is overlooking the fact that men know to avoid discussing emotions as that is what society has pushed them to do for many years (Stephenson et al., 2020). Other illusions include the one when you ask someone if they are thinking of committing suicide this will lead to them committing murder, which inhibits open conversations and help (Diago et al., 2022). Common misconceptions in America include that people with mental illness are the only ones who commit suicide (Duke, 2018). But stressful factors like work, stress, and relationships can also be a reason behind suicidal ideation (WHO, 2023). There is much about the potential causes of suicidal ideation that we do not understand, particularly the role that other factors—more than mental health conditions—play in suicide risk (Bertuccio et al., 2022), and so more research is needed. Stigma and misunderstanding regarding suicide lead to underestimation of the actual impact on men, families, and communities (Baiden et al., 2021). The phrase "committed suicide" loses its relevance and adds to stigmatization (Saruchera & Chidarikire, 2025). Further improvisation and understanding are definitely required to have a concept of why men are more likely in comparison to women to die by suicide in the UK (Dube et al., 2018). There is a false belief that mental health problems affect the poor and troubled (Diago, 2021) in Nigeria. Far from being true, mental health issues can arise in any person (Kurtz et al., 2023). Additional research is required to remedy the gap in knowledge regarding the number of ways in which individuals without a diagnosed mental illness can come to take their own lives (Feigelman et al., 2018). Botswana needs to overcome stigma and discrimination to clear misconceptions regarding mental health and suicide (Mhlanga, 2024). Men's poor mental well-being is starting to become identified as a true public health concern, and the stigma of men's mental well-being (Bertuccio et al., 2022). To date, mental health problems in males have been deemed irrelevant or neglected, characterized normally as weakness or fragility (Duke et al., 2018). South Africa

urgently needs to change attitudes, to make it easier for men to seek help without being judged or ridiculed.

Theme 7: Strategies for Reducing Stigma, Silence, and Shame Among Males Due to Mitigate Suicide in Zimbabwe

The reduction of stigma, silence, and shame amongst males in Zimbabwe can also be attained by creating environments where men can access help and support without fear of being vilified (Engel 2023). The involvement of grassroots organisations, workplaces, and faith-based organisations to establish peer support is essential (Breet et al., 2021). It is also necessary to raise awareness, enhance mental health services, and promote a healthy version of masculinity (Bryant & Damian, 2020). Promoting positive masculinity and providing responsive community mental health services can help men (Cuesta et al., 2021). In the United States, strategies include stimulating communication infrastructure and storytelling networks to combat stigma (Gwarisa, 2021). Promoting mental well-being is the first step to achieving equanimity in everyday life, and interventions need to target micro-level conversations with family and friends, and meso-level engagement with church organizations (Holmes et al., 2021). Finding a new sense of masculinity and changing the culture of America will enable males to feel more comfortable with breaking the stigma (Jordans et al., 2018). Discrimination associated with mental illness negatively affects not only the restrictions in access to mental health services, but also the initiation of help-seeking behaviour and the commencement of first treatment. In Nigeria, strategies include addressing cultural and societal expectations that men should not appear vulnerable or sick in order to seek help for emotional distress (Marracini et al., 2022). This means promoting campaigns on mental health awareness, peer support networks, and accessible counselling services (Kaggwa et al., 2022). In this instance, while in Botswana, culturally acceptable methods such as the involvement of community leaders, traditional healers, as well as religious leaders are taken into consideration to deal with mental health problems as well as to avoid prejudice (Li et al., 2021). To overcome this crisis, mental health practitioners have argued for approaches that include public–private partnerships, improved funding for mental health services, and embedding mental health awareness into the fabric of cultural practices (Knettle, 2023). The research gap this study aims to fill is the little attention given to the role of cultural and societal factors that underlie male suicide in Zimbabwe, and the absence of culturally responsive methods that challenge stigma and

improve help-seeking behaviours.RetryClaude can make mistakes. Please double-check responses.

Recommendations for Addressing the Stigma Factor in Zimbabwe

For the Ministry of Health and Child Welfare

The Ministry of Health and Child Welfare should expedite the implementation of widespread awareness campaigns that can help dispel the entrenched stigma associated with suicide in Zimbabwe. Regarding Brain Health — I urge the government to finally launch an awareness campaign that focuses on the fact that mental health issues can touch anyone, irrespective of gender. This should reach divergent populations effectively, with a wide-reaching media strategy including social media, radio, and community outreach events. In addition, healthcare providers should receive training to ensure that they have the tools necessary to care for people experiencing mental health problems in a compassionate way that makes it easier for people to reach out for help when they need it without fear of stigma.

To Schools

Schools are an important part of cultivating perceptions around mental health. They should incorporate mental health education that emphasizes the importance of emotional well-being and practicing help-seeking behaviors without the shame attached. Peer support programs can also help foster safe places for students to talk about what they feel and why, creating safer spaces to discuss mental health. As a result, school counselors can also be trained to have an eye for the mental and emotional distress that students may experience.

To Workplaces

It is important for employers to actively promote mental health in their workplaces. By creating and instituting a comprehensive mental health strategy, an organization will promote a positive workplace where staff are encouraged to be mindful of their mental health. They should conduct regular workshops on mental health awareness where staff should be educated on how it is really okay to seek help while at the same time being educated to break the stigma behind mental health. In addition, providing Employee Assistance Programs (EAPs) that offer confidential counseling services can greatly lower employee barriers to help-seeking behavior.

To Community Leaders and Members

Leaders in the community play a crucial role in shaping mental health perceptions. We can reduce stigma by working to make mental health a part of the routine fabric where we live, such as hosting community forums to openly discuss mental health. Discussing these issues with respected elders can help improve the efficiency of these discussions since their character development would induce the acceptance of what the youth are saying. On the other hand, Mental Health Awareness Days provide several occasions for communities to join together and combine resources and cultivate an environment of assistance for those impacted by mental health issues.

To Counsellors

The importance when it comes to men and counselling is significant. They would help men tackle unique challenges that seeking help can present. Counselling should contain an air of confidentiality as this provides a safe space for men to voice their concerns without fear of being judged. Encouraging male clients to create support networks for one another can also foster connection between individuals dealing with similar issues, minimizing their sense of isolation and encouraging them to be open about their mental health challenges.

To Churches and Men's Organizations

Churches and men's groups have some sort of a special opportunity for walking away from the stigma of mental health. Sermons and dialogues addressing mental health can provide a safe space of inclusion. Creating support groups for men to connect and share their experiences is essential. Working alongside mental health professionals to provide resources and counseling services is another option that can elevate the support offered to congregations and communities when it comes to mental health, ensuring individuals feel encouraged and educated to seek help.

To Families

Often, each of us starts with a family who forms part of the first line of defense for someone going through mental health issues. Keeping lines of communication open can create an atmosphere of understanding within families to help address mental health challenges. Since there are many ways families can educate themselves about the signs of mental distress and how to best offer support to those they care about, this can do wonders for the health and well-being of the individual. Talking about issues like mental health is an important part of being a

family, and creating a culture that values emotional disclosures can help create an environment for open discussion about mental wellbeing, meaning less shame and stigma around mental health issues.

Summary of the Chapter

In this chapter, the author examines the stigma attached to suicide in Zimbabwe, which is considered a major obstacle to help-seeking behavior, particularly among men. The findings highlight cultural and societal norms which prohibit talking about mental health, making the problem worse. Drawing on an evidential and theoretical foundation, the chapter discusses the psychological and social processing of stigma to highlight how a view of moral failing as being linked to male suicidal ideation has implications for their psychological health. The chapter also explores the wider implications of shame on families and communities in Zimbabwe and demonstrates the ripple effect suicide has on Zimbabwean society. It tackles a few myths regarding male suicides which obstruct effective intervention and support for the afflicted population, and attempts to set the record straight to pave the way for a better appreciation of the mental health nuances. To conclude, the chapter outlines concrete steps that can be taken to address stigma, silence and shame amongst men that will lead to reduced suicide rates and enable the growth of mental health conversations in the Zimbabwean context towards realizing a culture of openness and acceptance.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 3

Drivers of suicides and indicators of Suicide among males in Zimbabwe

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

This study investigates the conditions of stigma concerning suicide in Zimbabwe, namely silence, shame, and misconceptions. The research utilizes a qualitative methodology and is based on a thorough literature review comprising various news articles, academic publications, and online materials, as well as reports provided by different organizations. Through purposive sampling, the main studies aimed at elucidating the phenomenon of stigma and describing its peculiarities in detail were chosen to analyze the cultural and social factors affecting these variables. Thematic analysis was applied to the data to identify the key patterns related to the issue of stigma and framed within the categories of silence, shame, and misconceptions. The obtained results imply that silence plays the main role in stigma since people do not dare to talk about mental health, fearing the judgment of others. Moreover, shame contributes greatly to the lack of help-seeking behaviors typically observed among men, who are influenced by societal expectations of masculinity and discouraged from demonstrating any signs of weakness. Finally, the misconceptions related to suicide further exacerbate the situation, with people mistaking the sociocultural causes of the condition for moral failure. The above findings underscore the importance of immediate and relevant action in terms of specialized interventions aimed at addressing the problems of silence and shame. These may include public health measures in the form of community campaigns and workshops to raise awareness and provide an environment for free discussions on such an urgent topic by encouraging people to share their own experiences.

Keywords: Cultural Beliefs; Mental Health; Misconceptions; Shame; Silence

Introduction

Suicide is a vital global public health issue, with the prevalence among males particularly alarming in Zimbabwe. To clarify these complex dynamics surrounding this phenomenon, this chapter begins with an overview of key concepts relevant to suicide (i.e., definitions). To understand suicidal behaviour, we must see these basic terms, and the key frameworks that we

will discuss to understand them will ready the readers for the next nuanced discussion parts to understand which factors of suicidal behaviour contribute. This brings us to the final goal, which is not only to understand the socio-psychological drivers of male suicide in Zimbabwe, but one also needs to identify the multi-factorial aspects that, integrated together, are driving male suicide. All these things may be a consequence of a society bewitched by the magical quest that is mythological real estate — of economic distress, stigma around mental health, and expectations about masculinity, reinforcing a deadly tendency to retreat into solitude. In addition, research elucidates the signs of approaching self-injurious behaviour, highlighting the importance of awareness of warning signals that might lead to suicide. This part of the conversation is essential for improving interventions and creating a safer space for everyone who might be affected. Finally, this chapter will be followed by recommendations that will highlight approaches to ameliorating the factors contributing towards the root causes and symptoms of suicide in male Zimbabweans. By integrating knowledge from multiple disciplines, as well as perspectives from the literature, the chapter hopes to inform prevention efforts needed to substantially reduce the rates of suicide among this high-risk group.

Definition of key terms

Drivers of suicide are basically the causes leading a person to take his or her life. These drivers, as defined by scholars such as Lee et al. (2022), consist of complex interactions among mental health disorder risk factors, socio-economic stressors, and cultural pressures. Also, Maple et al. (2018) state that the drivers are many and due to both personal experiences and wider societal influences. Hence, suicide is driven by the compound interaction of emotional pain and outside forces that coax people towards considering the possibility of killing themselves. Suicide indicators refer to the signs or indications which signify that there are more chances of committing suicidal behaviour. According to Kappel et al. (2021), these indicators are behavioral, such as withdrawing from social activities and mentioning feelings of hopelessness. In a similar vein, Nock and Lambi et al. (2019) mention the importance of certain verbal communications, such as mentioning wanting to die, in detecting warning signs that should not be ignored. This chapter defines suicide indicators as observable manifestations of distress that provide a warning that the individual may be inclined to harm themselves. Lastly, suicide is the act of deliberately killing oneself. Indeed, as Li et al. (2021) suggest, suicide is frequently a consequence of unaddressed mental health illness along with immediate contextual crises. Simultaneously, Martinez-Ale and Keye (2019) note that suicide is a multifaceted event that

blends several contributory roles, from psychological, social and environmental factors. Consequently, suicide is the sad end point of despair and hopelessness where one begins to believe that death is the only or best way to resolve their suffering.

Literature Review

The rising incidences of male suicide in Zimbabwe can be linked to a combination of socio-economic and cultural factors. Lietal (2021) argues that the need for economic stability and the increasingly high poverty levels in Zimbabwe have become the major motivating factors of suicidal behaviour for men. The persistent financial pressures leave many trapped and hopeless, worsening mental health challenges. Knettle et al. (2023) also explain that societal stigma regarding mental health issues exacerbates the situation because socio-cultural norms work against fostering open discussions about emotional distress. Without discourse, people who experience such problems do not find the courage to ask for help, thus entrenching the issue further. Likewise, South Africa also has similar male suicide drivers, with high rates as a result of socio-economic inequalities and mental health stigma. Breet et al. and Sorsdahl et al. (2020) note that depression and substance abuse are common among South African men, both of which directly contribute to suicidal ideation. Maple et al. (2018) actually identify violence and trauma as the main contributors that have a specific impact on this population, making suicide more likely.

The major drivers for male suicide in Botswana stem from psychological suffering related to unemployment and relationship problems. Lambi et al. (2019) note that this lack of mental health resources deepens the situation, and many men turn to self-harm to cope with the pain. Such behaviours increase the exposure to suicidal ideation and attempts as societal norms dictate that men ought to be pragmatic (Kurtz et al., 2023). Cultural and religious beliefs strongly impact the differences in the suicide rates observed among males in Nigeria. Almuneef et al. and Mayr et al. (2021) outline that the social stigma associated with open conversations around mental health is a huge barrier to progressive intervention, and Baiden et al. and Sanner et al. (2021) suggest that familial expectations and the prospect of living alone can foster unbearable feelings of hopelessness. The Office for National Statistics (2021) highlights that in Britain, job loss, unemployment, and financial strain are major socio-economic determinants of male suicide. Another significant risk factor for suicide is mental health disorders, especially in younger men. The applicability of intervention strategies designed for specific demographic groups is uncertain and requires additional investigation. Male suicide rates are rising rapidly

in America, fuelled by rates of opioid addiction and socio-economic turbulence. As Kupemba (2022) states, the issue is exacerbated by the inconsistent access to mental health treatment and a societal culture that prohibits vulnerability. However, despite these insights, the intersection of gender, cultural expectations, and suicide in Zimbabwe in particular has not been comprehensively explored. This paper seeks to address this gap in the literature by examining the relationship between socially constructed masculinity, cultural stigma, and the male suicide phenomenon.

Suicide warning signs are the thoughts and actions that indicate an increased risk of suicide. The stigma surrounding mental health issues in Zimbabwe also deters people from openly discussing emotional distress. This creates the potential that signs indicating a person is having suicidal thoughts — withdrawing from social activities, changing their behaviours, expressing hopelessness — frequently go unnoticed. Bertuccio et al. and Moonesar et al. (2022) identify clear signals that, if recognized with timely awareness, could indicate the need for early intervention. In South Africa, Breet et al. (2020) note that these behavioural changes, including increased substance abuse and social isolation, can also be seen as early indicators of suicidal ideation. Diago et al. (2022) state that identifying signs of exposure to acute trauma could prevent suicide attempts. In Botswana, self-harm and risk-taking behaviours are reflections of psychological distress, and these indicators reveal a similar context. The Australian Institute for Health et al. (2020) note that the deficiency in mental health resources incapacitates communities when it comes to identifying and supporting those with early suicidal ideation. Societal expectations for men to remain stoic make them much less likely to express their emotional distress, which Duke (2020) notes as concealing signs of suicide. The societal taboos around mental health in Nigeria do not allow acknowledgment of signs of suicide (Breet et al., 2021). Lack of awareness can also interfere with how quickly someone takes action and can ultimately lead to death. Engel et al. (2023) state that communal barriers can block recognition of personal suffering, and people struggle to identify who needs help in communal settings. The Office for National Statistics (2021) outlines a series of behavioural indicators – such as increased alcohol consumption and withdrawal from social circles – that can be key warning signs among men who may be at risk of suicide in Britain. Even though there has been significant research, a major gap exists in understanding how these indicators differ across demographic groups. As stated by the National Institute of Mental Health (2020), in the United States, stigma around mental illness may mask signs that could lead to suicide, making it difficult to seek help. The reasons for this may include the diverse contexts in which different studies exist; however, ultimately, as outlined in the literature review, research is needed on

how these patterns have emerged in different countries, cultural contexts, and socio-economic environments such as Zimbabwe (Bryant & Damian, 2020). It is this gap that this study aims to bridge by investigating specific determinants of suicidal behaviour among men in Zimbabwe, employing data to inform accurate prevention approaches shaped by the particularities of the cultural and societal dynamics.

Theoretical Framework

Arguably one of the most informative theoretical perspectives for explaining suicide is Émile Durkheim's Social Integration Theory, which states that varying levels of societal integration and regulation predict suicide across societies and in specific populations (Duke et al., 2018). Studies show that those who feel isolated or who lack social connections are at increased risk for suicide (Clark et al., 2022). This typology classifies suicide into four types: egoistic, altruistic, anomic, and fatalistic, depending on the degree of social integration. Within this framework, Durkheim's Social Integration Theory sheds light on the avenues that drive suicide and reflect self-harm in Zimbabwean men. Furthermore, the socio-economic circumstances in Zimbabwe that men find themselves in, such as deprivation and lack of work, contribute to their estrangement from the community (Chidarikire & Saruchera, 2024). Indeed, Baiden et al. (2021) argue that economic instability causes both a collapse of social networks and egoistic suicide due to a lost sense of belonging and support. This resonates with Durkheim's statement that weak social ties increase susceptibility to suicidal behaviour. The stigma associated with mental health problems in Zimbabwe also contributes to the challenge of social integration. This may be due to cultural expectations that frown upon speaking openly about emotional pain, which causes men to suffer in silence (Cuesta et al., 2021). In this cultural context, we can gain insight into egoistic suicide, as men might feel that they are unable to reach out to others for help for the sake of masculinity. A reluctance to ask for help only cements their isolation and increases the risk of self-harm (Feigelman et al., 2018). Further, the theory emphasizes the role of societal structures and expectations in influencing mental health outcomes. Zimbabwean men generally believe that they should be strong and not complain, which contributes to their inability to be emotionally expressive (Diago et al., 2022). This matches Durkheim's anomic suicide, where there is a breakdown of what is normal and the individual is left lost and in despair. This pressure to live up to these expectations can cause feelings of inadequacy and hopelessness, which increases the risk of suicide (Bryant & Damian, 2020).

In addition to this, the signs that lead up to self-harm, such as isolation due to mental illness and changes in behaviour, are examples of Durkheim's explanation. These symptoms usually indicate a breakdown of community connections and an increase in loneliness, indicating that the person has increased risk (Duke et al., 2018). Failure to identify and intervene in these situations can have tragic consequences (Baiden et al., 2009). Dahl et al. (2021) highlight the need for communities to be aware of the risk factors and have support systems in place for identifying at-risk individuals. Although there is a wide range of existing literature on suicide among male Zimbabweans, the writer claims that Durkheim's social integration theory provides an appropriate theoretical framework for this study because it explains the linkage between social integration, cultural norms and suicidal behaviour of male Zimbabweans. The study intends to use this theory to examine the role of social dislocation and stigma in the drivers and indicators of suicide in order to gain an understanding of possible culturally tailored suicide intervention approaches in Zimbabwe. With suicide being the second leading cause of death among men in Zimbabwe following HIV/AIDS, this theoretical lens emphasizes the necessity of promoting social bonds and reducing stigma as key strategies for preventing this risk phenomenon among men, thus filling an important void in the current literature.

Methodology

A qualitative research approach was used in this study to investigate the factors associated with suicide and warning signs of suicide among males in Zimbabwe (Gwarisa 2021). Qualitative research is important because too often, the focus is on finding out what people are doing, where they are going, how much they are paying for it, and so on — not the how and why of complex social phenomena (Karatekin, 2018). Some topics, such as suicide, must be treated in this way, as they are singular and contextual by nature (Holmes et al, 2021). Qualitative research allows for an in-depth exploration of a topic, phenomenon, or area of interest (Jordans et al, 2018). The data collection for this study is based on a systematic literature review (Bryant & Daiman 2020). A literature review is a systematic identification, analysis and evaluation of existing knowledge on a given subject (Gwarisa, 2021). The review covers newspaper articles, academic journal articles, organizational reports, books, and online materials to give a general overview of the field of research (Duke et al, 2018). The data collection provides a survey of literature on the topic of gender loss, and the leading scope of what is available, which is knowledge surrounding male suicide in Zimbabwe (Baiden et al, 2021).

Therefore, the decision was made to use non-probability sampling, which is a purposive sampling technique to identify pertinent sources in the literature review (Kupemba, 2021). Purposive sampling has been managed deliberately, and sources are selected based on some properties that need to be fulfilled for the study of the research question (Diago, 2022). Researcher judgement is then used to decide if cases can be selected in a way that allows for the collection of the most informative data (Clark et al, 2022). Studies were included if they focused on suicide or self-harm, were male-focused, relevant to Zimbabwe or a similar context, and published in the last 5 years (Almuneef et al, 2021). This guarantees that the reviewed materials contain sensitive information and are congruent with the aims of the study (Clark et al 2022). The data was analysed using thematic analysis, a commonly used qualitative data analysis method (Baiden et al, 2021). Thematic analysis is an approach to identifying, analyzing and reporting patterns within qualitative data (Australian Institute for Health 2020). This method converts source material such as primary interviews and observation notes into valuable information (Gwarisa et al, 2021). It involves getting to know your data, coding, developing, reviewing and defining your themes and writing your report (Duke et al, 2018). In the study, thematic analysis will be used to both determine salient factors for suicide and factors predicting self-harm among males in Zimbabwe and compare these findings to those revealed in other nations (Gwarisa, 2021). In order to make the study trustworthy, a variety of strategies are used (Stephenson et al 2020). This includes clearly explaining the research process, triangulation (for example, using multiple sources of data), reflexivity (for example, acknowledgement of researcher bias), and providing thick descriptions (to allow for transferability of the findings) (Jordans et al, 2018). These strategies bring trustworthiness which ensures that the study and results are credible and reliable (Karatekin, 2018).

Findings and Discussion

Drivers of Suicide Among Males in Zimbabwe

We present a fully thematic analysis of male suicide in Zimbabwe, contextualizing these with American, British, Nigerian, Botswanan and South African literature. It also points to the research gaps this study would like to fill.

Theme 1: Socioeconomic Factors

Poverty, lack of employment opportunities, and financial instability across the world are the socio-economic factors responsible for male suicide. It has been suggested that these elements cultivate a sense of despair, especially in settings where there is pressure on men to support the family (Kurtz et al, 2023). Economic woes and high unemployment cause even greater despair in Zimbabwe, particularly among men explicitly told that they must be breadwinners. Suicide rates, for example, have been associated with the intersection of toxic masculinity and economic uncertainty, with higher figures being reported in these contexts (Saruchera & Chidarikire, 2025). This trend is confirmed by studies in South Africa, which have found poverty and unemployment to be significant risk factors for suicide, especially amongst vulnerable populations (Baiden et al, 2021). In the US and UK, however, rising suicide rates have likewise been linked to economic downturns and job losses (Diego et al, 2022), although the presence of social safety nets may alleviate some effects. This is especially true in the UK, where the number of deaths by suicide reached 7,055 in 2023, highlighting the economic element of mental wellbeing (Clarke et al, 2022). Nigeria experiences the same problems where poverty and other economic factors impact mental health outcomes (Austrian Institute for Health, 2023). Botswana has a more stable economy compared to Zimbabwe, but socioeconomic differences have been connected to suicide, especially outside of urban settings (Bertuccio et al, 2022). While the association between this and suicide is well-established, Zimbabwe's distinct socio-economic context necessitates more detailed research to determine the most effective policies and interventions to mitigate this risk.

Theme 2: Mental Health Stigma and Lack of Access to Mental Health Services

At the same time, lack of services where people can go to get help with their mental health status, and the stigma surrounding this issue is a real obstacle to people reaching out for the care they need, leading to greater numbers of suicides, especially among males (Duke et al, 2018). Cultural beliefs and stigma in Zimbabwe dissuade those seeking professional help. Young people are often deterred from using mental health services by a fear of being stigmatized as "mad" (Engel, 2023). This is made worse by a shortage of mental health professionals and resources available, particularly in rural areas (Breet et al., 2021). In Nigeria, Botswana, and South Africa, cultural stigma combined with a lack of resources makes it even more difficult to access mental health care (Cuesta et al, 2021). Although direct access can

influence more men to seek help, stigma continues to block the pathway towards mental health care, especially for men who align themselves with traditional male norms (Diego et al, 2022) in America and Britain. The aim of this study is to identify culturally relevant interventions to reduce mental illness stigma and improve mental health service utilization among men in Zimbabwe, paying particular attention to appropriate cultural and economic settings.

Theme 3: Cultural and Gender Norms

Male suicide is further conditioned by cultural and gender norms associated with masculinity (Kupemba, 2021). Zimbabwe is a nation with traditional norms that encourage strength and bravado over vulnerability in men, causing fewer men to seek help. Such pressure can induce shame and failure, making them more prone to committing suicide (Herald, 2023). Similar patterns are observed in other countries. High male suicide rates in Britain and America are tied to traditional masculine norms and help-seeking reluctance due to concerns about showing weakness (Bertuccio et al, 2022). Cultural norms around masculinity and family honor in Nigeria also impact suicide risk (Feigelman et al, 2018). Challenging existing understandings of suicide risk in Zimbabwe with its focus on males, this study aims to be a descriptive investigation of how cultural and gender norms, in conjunction with other risk factors including socio-economic stressors and the stigma against addressing mental illness, affect the possibility of suicide in Zimbabwe.

Theme 4: Substance Abuse

Alcohol use is common among males in Zimbabwe and other countries and is known as a major risk factor for suicidal behavior (Bryant & Damian, 2020). The negative effect of alcohol abuse and resulting addiction worsens mental health, a major cause of suicidal behavior as it can interfere with judgment and increase impulsivity (Newsday, 2023). In the South African context, substance use has been associated with increased lifetime prevalence of suicide (Gijzen et al, 2025), with male sex identified as a risk factor, particularly for younger men. Substance abuse is an established suicide risk factor generally co-morbid with mental health disorders in the United States and Britain (Stephenson et al, 2020). To provide insight into the findings of this research, this paper examines the relationship between substance abuse and suicide, focusing mostly on males in Zimbabwe with respect to the cultural context and accessibility of alcohol and other substances.

Theme 5: Adverse Childhood Experiences (ACEs)

ACEs, which may include abuse, neglect or household dysfunction, are associated with greater risk for suicide in adulthood (Dube et al, 2018). Although data on ACEs and suicide among Zimbabweans is lacking, ACEs have been shown to have a strong association with suicidal behavior in other countries (Gwarisa, 2021). Studies in the US and UK have demonstrated that those who have experienced ACEs are at greater risk of developing mental illness and dying by suicide (Holmes et al, 2021). Against this background, this study aims to fill a large gap in the current literature on the prevalence of ACEs in Zimbabwean males and their relationship with suicide risk. Although considerable work around suicide has been done in Zimbabwe, more qualitative studies are needed that examine the suicidality of at-risk males from a perspective that includes their lived experiences (Chidarikire & Saruchera, 2025). Thus, the current study sets out to bridge this gap and through a scoping literature review and thematic analysis identifies primary males' suicide drivers and predictors of imminent self-harm indicators in Zimbabwe while contrasting these findings with international emergent drivers and predictors, and identifying contextualized primary suicide prevention interventions. Although there is extensive research on the issue of suicide among urban populations, there is little literature specifically examining the motivations behind the suicidal behavior of rural primary school learners aged 7–14 years in Zimbabwe.

Exploring Pointers That Males in Zimbabwe Intent to Commit Suicide

It is important to develop methods for preventing male suicide in Zimbabwe by identifying specific symptoms related to suicidal behavior. This part evaluates several signs such as withdrawal, death discussions, drug abuse, emotional instability, eating pattern alterations, obtaining hazardous resources, and excessive praying. Results are compared with data from studies done in America, Britain, Nigeria, Botswana, and South Africa. It further demonstrates research gaps which this research hopes to fill.

Theme 1: Withdrawal and Isolation

One of the key indicators of men at risk of suicide in Zimbabwe is withdrawal from social interaction and self-isolation (Dube et al, 2018). The cultural stigma associated with mental

health forces these people to shy away from the people around them, which only leaves them feeling lonelier and more hopeless (Jordans et al, 2018). Such cyclical isolation only perpetuates unexpressed burdens where one finds it difficult to cope with or overcome myriad mental health challenges without support. In South Africa, we see similar trends with the most common contributing factor to individual and/or partner suicide or suicidal ideation being social isolation – something men struggling feel unable to talk about (Karatekin, 2018). Research in America has found that isolation is related to suicidal risk, especially for marginalized populations (Kaggwa et al, 2022). The excerpt comes from the Office for National Statistics [ONS] in Britain which says social isolation is a big contributor to mental health problems, stating that people who are cut off from the rest of society are at greater risk of suicide (Lambie et al, 2019). Thus, this study investigates the association of social isolation with suicidal intent among males in Zimbabwe whereby social connectedness can be an important focus of community-based interventions.

Theme 2: Talking About Death

Talking about death often is a major red flag for suicidal behavior. Zimbabwean males may talk about death or dying as a method to escape deeply felt emotional distress (Kupemba, 2021). Another symptom which is rarely spoken about is because of the cultural taboo against mental health and death discussions. Related analysis in Nigeria proposes that conversation about death is mostly dismissed as discourse of hopelessness, yet may signify more significant trouble that could lead to suicidal behavior (Mqple et al., 2018). In South Africa, research has indicated that young men often talk about death when giving voice to their psychological suffering, with poor mental health literacy hampering the ability to see this as an indicator of distress (Kappel et al, 2021). Successful promotion of national programs would see America talk openly about suicide, a risk factor identified through research which has determined that those who discuss suicidal thoughts are more likely to attempt suicide (Lee et al, 2022). This is a household-based cross-sectional study to assess the prevalence and impact of discussions on death among males in Zimbabwe and in doing so help to inform the development of training for community members in identifying and responding to discussions on death (Dube et al, 2018).

Theme 3: Substance Abuse

Excessive drinking and use of drugs is a common symptom of suicidal behavior in men in Zimbabwe (Marracini et al, 2022). Substance use, when leading to the development of mental illness, if untreated, can also result in self-harm, as many use substances to manage concealed emotional problems (Li et al, 2021). This in turn has a similarly increasing effect on suicide, as research relates that alcohol and drugs are often resorted to by these individuals to distance themselves from their problems, which is especially true for young men in South Africa (Martize – Ale & Keye, 2019). Substance abuse is an extensively documented risk factor for suicide in America, with 83% of people reporting substance use prior to attempts (Li et al, 2021). With correlation studies demonstrating that those with Substance Use Disorders are ten times more prone to suicide in Britain, this research proves how better we can integrate mental health with substance abuse treatment as together, they address the whole person rather than just the addiction or mental health impairment (Knettle et al, 2023). Objective: this study aims to explore the link between substance use and suicidal intent among male substance users in Zimbabwe in order to identify strategies for integrated intervention that address both issues.

Theme 4: Emotional Volatility (Over-Excitement or Anger)

Outbursts of rage or unwarranted euphoria and emotional instability can be signs of mental problems that can drive a person toward thinking about committing suicide (Kurtz et al, 2023). In Zimbabwe, for example, masculine culture silences men, thereby denying them a chance to be vulnerable, causing their emotions to bubble up in the form of anger or excessive over-excitement (Kupemba, 2021). Emotional instability is established as a potential sign of mental illness in South Africa, and it has been suggested that especially among young men, mental distress is displayed through aggressive behavior rather than vulnerable emotions (Dube et al, 2018; Breet et al, 2021). Emotional instability is an established risk factor for suicide in the USA, and the reluctance of men to express their emotions can lead them to feel pressured to adhere to traditional masculine expectations. The current study seeks to understand the relationship between emotional volatility and suicidal intent in a sample of men recruited in Zimbabwe, highlighting how emotional expression can be better accommodated culturally.

Theme 5: Changes in Eating Habits

Males in Zimbabwe can demonstrate impending self-harm through changes in eating habits such as not eating or changes in appetite. This kind of behavioral shift usually is a manifestation of emotional challenges and may contribute to physical health ailments, further impacting mental health (Almuneef, 2021). Similar trends are seen in South Africa, where studies suggest that poor eating behaviors are associated with increased rates of depression and suicidal ideation (Baiden et al, 2021). In the US, there are studies indicating that people with depressive episodes frequently mention appetite changes, which is a predictor of the risk for suicide (Diego et al, 2022). This study will investigate associations between changes in food practices and suicidal ideation in Zimbabwean males, with the hope of identifying dietary patterns that may indicate health crises.

Theme 6: Acquisition of Dangerous Materials

For males in Zimbabwe, the desire to gain access to hazardous resources like guns or drugs would be considered a telltale sign of impending suicide. Access to these materials can increase impulsivity and the risk of self-harm (Australian Institute for Health, 2020). Similar to South Africa, men who experience sudden bursts of anger also purchase firearms, but gun control measures help to reduce suicide by firearms (Bertuccio et al, 2022). Research shows that access to guns increases suicide risk in America, so the most chosen method for suicide is using a gun (Saruchera & Chidarikire, 2025). In an effort to inform policies that limit access to lethal means as a suicide prevention approach, we sought to describe patterns of access to lethal materials among male suicide completers in Zimbabwe.

Theme 7: Excessive Praying

All this extra praying or other forms of religious devotion can be both a coping strategy and also a sign of a deeper mental disorder. Some people in Zimbabwe tend to resort to spirituality at the point of distress, and this may be an indication of poor mental health (Kupemba, 2021). Some have made similar observations in Nigeria, that people turn to religion when they are in emotional distress, but this cannot be integrated psychologically (Duke et al, 2018). Over-involvement in religious activities is documented in South Africa among some who suffer from mental health challenges (Engel, 2023). Therefore, examining the relationship between

excessive praying and suicidal intent in men will inform how spiritual practices can be incorporated into mental health services in Zimbabwe. There is considerable research on suicide and its determinants in Zimbabwe, but limited qualitative exploration of the symptoms that drive males to suicide. The objective of this study was to identify the main symptoms involved in suicidal intent and to compare our results to those from other countries using thematic analysis.

Recommendations

For Male Earners and Adults

Considering the reasons for male earners' and adults' suicides in Zimbabwe, financial literacy is a solution to mitigate this, in addition to financial education programs that will enhance financial management. Focus on job creation initiatives that would provide sustainable jobs in areas where these jobs could be created. Moreover, campaigns around mental health awareness can provide validation of the issue and encourage men to seek help when required.

For Teachers

Educators are essential in recognizing students who may be at risk of failure. Hence, training in mental health recognition can enable teachers to identify indicators of suffering. Set up peer support groups at schools to provide students with a safe space to voice their emotions. Moreover, teaching mental health in schools will help to instill awareness in children at an early stage.

For Parents and Wives

Family members must encourage open dialogue with each other about mental health, including parents, siblings, and spouses. Wives and mothers can form support networks to discuss experiences, coping strategies, and what they can do to help their men. Also, improving early intervention can be achieved by raising awareness among families regarding warning signs of suicidal behavior.

For Religious Leaders

That is where religious leaders can step in to fill the gap by being trained in mental health issues so as to provide appropriate support for their congregants. Mental health outreach can help destigmatize such conversations. Encouraging inclusivity in religious circles will also enable people to reach out for help without feeling judged.

For Councillors and Members of Parliament

Rather than yield to the fear of zero-sum outcomes, they should seek to reform policies affecting mental health so that funding is directed away from incarceration and toward prevention and treatment. By getting the public involved via forums, they will then be able to start addressing mental health and collecting feedback on required services. Pushing for legislation that requires mental health care to be part of public health care is an essential starting point for social change.

For Male Organizations

Organizations can conduct workshops for men that focus on awareness of emotional resilience and mental health. And setting up peer support networks in these organizations will ensure men have a safe environment to discuss the challenges they face. Working alongside mental health professionals further enhances the effectiveness of programs to support addressing male mental health.

For the Ministry of Primary and Secondary Education

Policies from the Ministry should be in place to be able to integrate mental health services with education. Having schools equipped with mental health professionals is also vital to deliver timely help. In addition, encouraging parent participation in school mental health initiatives will bolster support for children.

For the Ministry of Higher and Tertiary Education

This should require that universities and colleges develop integrated resources around mental health for students. Widespread awareness campaigns focusing on younger adults can raise awareness of the mental health resources available to these individuals. Investing in research that specifically targets mental health issues facing university students is equally important.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 4

Consequences of Paternal (Father) Suicide and Its Effects on Children

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

Using a qualitative research design, this study explores the impact on Zimbabwean children of their father or male parental figure having died by suicide. By using this method, we can collect data that provides context for the multifaceted emotional and psychological consequences of losing a father to suicide — aspects that many quantitative methods are unable to capture by their nature. Through a thorough literature review, data was collected via newspaper articles, academic journals, organizational reports, and online materials. This mixed-method approach strengthens the findings through data triangulation and a holistic understanding of the problem. Materials intentionally related to parental suicide (PS) and child development focusing on the Zimbabwean context were captured in the literature and purposively sampled for inclusion in the landscape analysis. Thematic analysis was used to identify and analyse themes within the dataset by coding the dataset in a systematic fashion in order to produce themes from experiences of children and families affected. The results show that following a paternal suicide, children are frequently left with severe trauma, social withdrawal, and educational disruption. In addition to this, stigma surrounding mental health and suicide further ostracises grieving families. The conclusions drawn from these findings are that support programs should be targeted specifically towards psychological counseling and educational support for the affected children. These initiatives should also be aimed at spreading awareness about mental health and the need to create safe spaces for children to express their feelings. In doing so, this study aims to offer insights into the lived realities of children experiencing this difficult situation in Zimbabwe.RetryClaude can make mistakes. Please double-check responses.

Keywords: Emotional Development; Educational Impact; Paternal Suicide; Psychological Effects; Social Isolation

Introduction

Suicide by male parental figures is a deeply significant and multifaceted phenomenon that resonates across families and society. In a country like Zimbabwe that is plagued by multiple socio-economic problems, the consequences of suicide by a father are broader than the

immediate tragedy, as they affect the lives of children in meaningful and potentially destructive ways (Feigelman et al, 2018). Above all, this chapter seeks to untangle the complex implications of paternal suicide in order to give a complete understanding of the impact on child development. In order to lay the groundwork for this study, we first provide background on key terms that serve as a foundation for the analyses presented. Despite a range of studies examining the syndrome, few appear to focus exclusively on the impact of male parental suicide in Zimbabwe (Dube et al, 2018), a finding that has been echoed in other regions of the world. This is in view of the fact that existing studies continue to address issues of mental health and disruption of families at a macro level and largely ignore the stories of children who remained after such events (Saruchera & Chidarikire, 2025). This lack of research highlights the need for a closer look into how the suicide of their father may impact a child's mental health, academic achievement, and social functioning.

The theoretical framework underpinning this analysis is influenced by attachment theory and developmental psychology. According to attachment theory, children form lasting memories from their experiences with their caregivers, so losing a male parent could mean huge loss and disruption in the life of their attachment (Gwarisa, 2021). Using this framework, we can better comprehend the emotional ramifications for children after their father dies by suicide. The research method used in this research is qualitative. Thematic coding was used to cluster the diverse patterns and sentiments expressed from literature to produce a summary of the impact of paternal suicide. Later sections will outline a discussion on the results, analyzing the emotional, social, and academic consequences on children. Policy and practice recommendations will be put forward to help both families affected and address the more broadly harmful impact of paternal loss. The chapter ends with a brief conclusion that highlights the main takeaways from the findings and underscores the importance of targeted interventions and support systems within the Zimbabwean context.

Definition of key terms

A father, throughout the range of life of a child, is a male parental figure that provides parental consideration and direction to a child in any example of life; this includes biological fathers, stepfathers, or occasionally male guardians or male protectors. As stated by Lamb (2020), the presence of a male gender role in the form of fatherhood provides a role in the social and emotional development of a child by being fully engaged and active. But as Parke (2023) points out, being a father goes beyond mere biology and heavily emphasizes the impact of emotional

connection and presence on a child's upbringing. I define a male parent as the man who mentors, nurtures, and anchors a child and contributes greatly to his or her foundational identity and relationship-building skills.

Suicide is the intentional killing of oneself. Joiner (2020) states in his writing that suicide is complex because it rarely occurs as a consequence of a single psychological trait, social factor, or environmental factor. Moreover, Van Orden et al. note that hopelessness and loneliness are often involved before somebody chooses to hurt themselves (2020); this demonstrates the extent of the emotional suffering prior to these tragic choices. In my opinion, suicide is a complex issue influenced by a variety of factors including mental health, surrounding environmental issues, and personal life challenges, making the process of treating it multilateral.

Child development refers to the physical, emotional, social, and cognitive growth of children from birth to adolescence. As the author of the article, Berk (2023) explains, child development is governed by how a combination of genetic and environmental factors inform the way children learn, behave, and develop an understanding of the people and things around them. Furthermore, Santrock (2021) has mentioned that experiences and relationships impact healthy development, showing that supportive environments are essential. Thus, development is the overall functioning of a child influenced by individual as well as environmental factors leading to preparation for later roles in society.

Literature Review

Research in the US has extensively measured the effect of parental suicide on the mental health and development of children. Brent et al. (2023) note that children of parents who have committed suicide are themselves at greater risk of experiencing anxiety, depression, and behavioral problems. Wisteria (2018) elaborates that these children are overwhelmed with feelings of abandonment and guilt, and they carry these feelings long into adulthood. Yet, there is still an absence of culturally centered programs aimed toward children from other cultures/ethnicities, such as immigrant communities, which represents a missing piece of the puzzle for this population.

In the UK, Hawton et al. (1997) found that children whose parents die by suicide are more likely to develop mental health disorders, as is also the case in the U.S.A.. This highlights the need for early intervention and support systems to counter these effects. However, Evans et al. note that the literature to date has been focused on the short-term psychological impacts on

children (Kumar et al., 2020). This emphasizes an important absence in knowledge as to how such a traumatic experience can change many pathways in a child's life as they grow older.

The way Nigerian children approach coping with loss in the context of parental death is shaped by culture. According to Owoaje et al. (2018), for children who have lost a father to suicide, stigma and being ostracized by others can increase their emotional stress. General support offered by the community was not likely to be enough to relieve the complicated grief these children endure, the research said. Nonetheless, very few empirical investigations have specifically examined the developmental implications of paternal suicide in Nigeria, thus demonstrating a gap in knowledge pertaining to the roles of cultural factors in child development.

The socio-cultural context is also unfavorable for orphaned children, especially if they have lost a male parental figure in Botswana. A study by Kelebe et al. (2019) identifies two main mechanisms through which parental suicide may disrupt the educational trajectory of a child in Botswana: economic strain and emotional distress. Although this research illuminates immediate consequences, it does not provide a detailed investigation of how these experiences contribute to longer-term development. The absence of such studies thus indicates the necessity and importance of more granular investigations examining the interplay of socio-economic indicators and child development in this setting.

Wessels et al. (2022) found that children of fathers who committed suicide are likely to face deep emotional and social problems, including the risk of dropping out of school and a greater chance of becoming antisocial. This indicates the need for community-based interventions to support these children, the paper added. Nonetheless, it highlights the absence of longitudinal research following children of parental suicide, pointing to critical gaps in information on the development of children exposed to this trauma in South Africa.

There seems to be very little literature regarding paternal suicide and its effects on child development within the Zimbabwean context. Chikanda and Kambarami (2020) stress that stigma attached to mental health conditions would deter families from pursuing help for grieving children, leaving them to deal with this life experience in isolation. While this knowledge exists, less research has directly focused on the effects of a male parent committing suicide on children's development in the areas of emotional, academic, and social outcomes. In Zimbabwe, there are gaps regarding research on interventions to maximize the potential for positive outcomes when facing such trauma, which requires specific attention to contextual influences.

Theoretical Framework

This research is conducted based on the theoretical framework of Attachment Theory, an idea that was first proposed by John Bowlby in the mid-1900s. Attachment theory states that the relationship developed between a child and his/her main caregivers affects his/her emotional and social development for the rest of their lives (Chinyoka & Kufakunesu, 2020). For example, Bowlby (1969) stated that when children have secure attachments, they feel safe and secure, which is important for healthy emotional regulation and relationships. Across comparisons of damage repair and loss balanced with loss-oriented content, the father's absence and both understandings are held explicitly central in social and political circumstances, whether it be the loss of the male parent through suicide in Zimbabwe, where children have lost their fathers (and sometimes their mothers too). Losing a father figure (mostly associated with one's biological father) through suicide ruptures the attachment bond, which can be extremely distressful for the child (Hungwe, 2024). As we know from Mikulincer and Shaver (2023), attachment disruptions can lead to emotional dysregulation and vulnerability to mental disorders, including anxiety and depression. These findings are consistent with prior studies across different settings that demonstrate that children bereaved by suicide experience more distress and use more maladaptive coping strategies (Brent et al., 2023). Additionally, the Zimbabwean cultural context plays a role in the attachment styles and emotional reactions that develop. This is in addition to Chikanda & Kambarami (2020), who assert that the stigma attached to mental health issues may magnify the challenge children have in working through grief from losing a family member and reaching out for help. This supports Bowlby, who claimed that culture and environment have an essential impact when it comes to attachment behaviors and coping mechanisms (Bowlby, 1980). Furthermore, in Zimbabwe, it is likely that their opportunities for new relationships that are supportive will be negatively impacted, which will further entrench their sense of isolation and abandonment from the loss of a father. In addition, principles of Attachment Theory also underscore that stable, supportive relationships help to alleviate the negative effects of trauma. Also, Cassidy (2021) explains the important role of emotional availability in helping children deal with loss and trauma, and states that children who are emotionally supported by caregivers or other significant others will be better able to deal with loss and trauma. This implies that efforts to promote new, secure attachments may be important for the development of children with a background of paternal suicide in Zimbabwe who would be grieving and struggling to re-establish their emotional regulation and developmental trajectories. Attachment Theory can be an intuitive yet powerful lens through

which to understand many complexities around what it can mean to experience the loss of a father to suicide, the writer argues. It reinforces the importance of secure attachment and its significance for children's emotional development while also emphasizing the need for supportive interventions that are appropriate to the cultural and contextual factors within which these children are currently living.

Research Methodology

The current study uses qualitative research methodology to assess the impact of a male parent's suicide on the developmental pathways of children in Zimbabwe. The study is qualitative in nature and is the best fit for this investigation, as qualitative research provides an understanding of complex experiences and how individuals form meaning (Creswell & Poth, 2018). This importance lies in gaining insight into the emotional and psychological effects that paternal suicide may have on these children, something a quantitative approach may be unable to achieve. For this study, the authors collected data through a literature review from newspaper articles, journal articles, organizational reports, books, and web sources. The triangulation of knowledge with more than one source is fundamental in order to consolidate the understanding of the topic (Flick, 2018). Recent research has shown that using eclectic data sources allows qualitative research to provide a broader outlook on social phenomena (Denzin & Lincoln, 2018). Relevant data were purposefully sampled, highlighting the place of materials that target the impact of parental suicide on the developmental pathways of children, especially in the Zimbabwean context. This type of sampling is a common tool in qualitative research, permitting researchers to select cases that can provide detailed empirical insights into the phenomenon under study (Palinkas et al., 2015). Using achieved saturation amongst a targeted sample of sources – those that reflect the experiences of children and families affected by paternal suicide – the study is designed to ensure that the findings are rigorous and relevant. After the data sources related to literature were collected, thematic analysis was used to identify and analyze patterns in the data. According to Braun and Clarke (2006), this approach entails the creation of codes that seek to represent themes that have been organically revealed by the experiences of the participants. This formed the basis of our thematic analysis, which can be a suitable method for qualitative research, as it provides some flexibility in how data are interpreted, but keeps us focused toward answering the research questions. The analysis included familiarization with the data, initial code generation, development of themes, and reviewing of themes to ensure they described the data correctly. This crucial step aims to

validate the findings by demonstrating the reliability and trustworthiness of the results (Nowell et al., 2017). The study aims to identify the main impacts of a father having died by suicide on a child's emotional, social and school life experiences using thematic analysis in order to inform practice.

Discussion and findings

Suicide by a father is a statistically extremely rare yet devastating, complex, and multidimensional event that can have significant impacts on a child's developmental trajectory, requiring further exploration into the complexities of parental suicide (Bryant & Damian, 2020). A range of influences, such as socioeconomic environment, cultural mindset, and accessibility to mainstream mental health services, determines this impact (Gijzen et al., 2022). Comparing between nations shows similarities and differences related to this special challenge. Research in the United States around complex grief, depression, anxiety, and anger found that between 7,000 and 30,000 children in the US experience the suicide of a sibling or parent each year (Stephenson et al., 2020). But the stigma attached to suicide can actually prevent families from communicating and providing needed support (Dube et al., 2018). To date, little attention has been paid to how we can better understand the needs of children bereaved by parental suicide in the USA, and thus these findings highlight the need for both effective interventions and ongoing support that can be accessed throughout the lifespan and the importance of prevention (Holmes et al., 2021).

Around 25 children a day lose their parent by suicide in the UK (Jordans et al., 2018), and their functioning is affected by family disruption pre-bereavement. These children are also more likely to experience psychological morbidity than their peers (Karatekin, 2018). There is a clear need for longitudinal research that continues to follow up children affected by parental suicide in the UK in order to assess outcomes in adult life, including mental health, social relationships, and educational attainment, and studies that ask how existing services can be improved (Li et al., 2021).

Due to the scarcity of comprehensive studies on suicide in Nigeria as it stands today, as well as the lack of organized data and medical facilities, the burden likely remains grossly underestimated (Lee et al., 2022). The death of a parent is an unwelcome abolishment of the stable environment in which every child seeks support, hindering their educational performance and opportunities later in life (Knettle et al., 2023). All these factors can force bereaved children to suffer academic failure and lead to low academic performance (Martinez-

Ale & Keye, 2025). Further studies on the incidence and effect of parental suicide on Nigerian children within a socio-cultural context and context-specific resource-limited preventive and care interventions are needed (Marracini et al., 2022).

For instance, studies on suicide ideation and depression among university students in Botswana reveal that family communication and support may be critical for reducing youth suicide (Lambi et al., 2019). Nevertheless, the unique experiences of children who lost a parent by suicide remain largely undocumented (Dube et al., 2018). In Botswana, HIV/AIDS coupled with socio-economic challenges presents a complex context that may further exacerbate the plight of children bereaved by parental suicide, therefore warranting further research into the challenges these children face as well as the nature and appropriateness of existing community-based interventions and support programs (Jordans et al., 2018).

In a South African context, parental suicide increases the relative risk for suicidal ideation in adult offspring, and associated adverse childhood experiences further predispose youth to suicidal ideation (Kurtz et al., 2023). For this, we need further research on the long-term effect of parental suicide on children in South Africa with focus on the role of poverty, violence, and inequality which affects most households; and the role that schools, communities, and healthcare systems can play in providing support and intervention (UNICEF, 2023).

The HIV/AIDS epidemic in Zimbabwe has rendered thousands of children orphaned, facing multiple adverse childhood experiences and mental health problems (Save the Children, 2023). Research shows orphaned adolescents and youth suffer from high levels of mental distress and suicidal ideation (Saruchera, Chidarikire, 2025). There are many factors that contribute to this, such as stigma surrounding mental health, old beliefs about mental health in the community, and also lack of access to mental health services and professionals (Gwarisa, 2021). However, due to the high prevalence of both child orphanhood and mental health problems in Zimbabwe, there remains a pressing need for research and clinical considerations regarding how suicide by a parent will affect a child in this context. Meanwhile, researchers should investigate the risk and protective factors for mental distress and suicide in vulnerable orphans, and culturally appropriate interventions and well-being support systems (Kupemba, 2021).

These countries also appear to share common themes, e.g., enhanced likelihood of mental illness, interference with social and emotional growth, coping with stigma and bereavement, as well as the necessity for targeted interventions and support systems (Almuneef, 2021). Although these challenges exist, the ways of presenting and the best methods to handle them are dependent on the local sphere (Baiden et al., 2021). Examining the effects of male parental suicide on childhood in Zimbabwe will be critical in closing a substantial research gap, as it

can provide detailed understandings of this under-researched issue (Duke et al., 2018). By investigating the evidence on the prevalence of paternal suicide, socio-demographics of children with a parent who died by suicide, mental health outcomes, social and emotional development, academic performance, coping strategies, and cultural aspects, the study may provide critical information which could guide the design of evidence-based intervention and policy development for orphaned children and families in Zimbabwe (Dube et al., 2018).

Recommendations

The wide-ranging implications of male father suicide for child development in Zimbabwe require a multi-stakeholder response.

Now, we need to create therapeutic educational settings for learners to build resilience and emotional support. In schools, there needs to be social-emotional learning programs in place that teach students coping skills, allow for one another to seek support, and express mental health openly.

Thus, counselors are in a key position, but need specific training to understand the particular needs of children from suicidal parents. They can help by organizing support groups for them to give these children a safe zone where they can talk about their experiences and emotions.

Step one: the Ministry of Primary and Secondary Education should include mental health in the curriculum so that every student can access materials on mental well-being. The Ministry of Higher and Tertiary Education must also motivate universities and colleges to provide training for future educators and mental health professionals in trauma-informed practices which can be employed to support children who have been affected.

Community health initiatives should be strengthened to enable greater access to mental health services by making available necessary mental health resources and teaching families mechanisms to cope with loss and grief (Ministry of Health and Child Welfare, 2015). That includes awareness campaigns that destigmatize mental health issues and encourage families to seek help.

Training lecturers and teachers to spot signs of emotional distress in students and take culturally responsive approaches to teaching that account for students from different backgrounds. Longitudinal studies to assess the impact over time of parental suicide on child mental health, educational achievement, social relationships and psychosocial difficulties should be priorities for future researchers. This evidence that this research will generate will be key for developing context specific evidence based interventions that can be implemented in Zimbabwe so that children that experience such trauma can receive the necessary support that they require. By encouraging these various groups to cooperate, we can help create an environment that reduces the negative impacts of parental suicide and help enable children affected by it to develop in a more healthy manner.

Chapter Summary

This chapter discusses the impact of father suicide on child development through the broader Zimbabwean lens where socio-economic struggles exacerbate the loss of a father. It emphasizes the lack of targeted research on the suicide of fathers and/or stepfathers and its direct influence on children, stating that most previous research fails to capture the specific emotional, educational, and social problems that the affected minors experience. Drawing on concepts from attachment theory and developmental psychology, the chapter illustrates that the loss of a father impacts a child by disturbing their autonomous secure base and developmental progress. The qualitative method that was used in this research is thematic analysis of the literature for a number of recurring themes around the emotional health of children and emotional wellbeing, education and learning, academic achievement, and social relationships. The chapter concludes by highlighting the pressing importance of developing targeted interventions and support systems for children affected by paternal suicide in Zimbabwe. It calls for sensitive policy and practice to reduce the longer-term negative impact of such an acutely traumatic event.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 5

Ramifications of a Male Student's Suicide on the Psychological Well-Being of His Peers within the Zimbabwean Educational Context

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

Using a qualitative literature review methodology, this study explores the psychological effects of a male student's suicide on their peers in Zimbabwean schools. Using information from newspapers, journals, organizational publications, books, and the Internet, this research develops a picture of this important topic. The literature was selectively sampled for relevant studies in Zimbabwe, or similar sub-Saharan African educational contexts, targeted towards addressing youth suicide, peer trauma and mental health within the framework of contemporary socio-educational challenges, for example, the post-COVID-19 mental health and economic global crises that affect Zimbabwe respectively. Thematic analysis revealed key themes of immediate trauma response by peers with feelings of guilt, grief, and fear combined with sub-optimal counselling services available, including institutional failures such as lack of teacher training in postvention strategies; cultural stigma that silences dialogue regarding mental health; and systemic-level barriers that limit the provision of mental health support. The results show that peers can be left feeling considerable emotional pain after a suicide, with lasting consequences for their mental health. These findings have led to the recommendation of comprehensive mental health training for teachers, enabling them to offer necessary support and encouraging students to discuss mental health openly. These efforts are designed to provide students with appropriate responses to the far-reaching impact student suicides have on the well-being of peers and create a supportive school setting in the immediate aftermath. By synthesizing evidence across disciplines, this review aims to provide guidance to develop culturally relevant mental health policies in schools in Zimbabwe.

Keywords: Cultural Stigma; Mental Health; Peer Trauma; Psychological Well-Being; Student Suicide

Introduction

This chapter examines the multi-dimensional impact of a male student's suicide on the mental health of his Zimbabwean educational colleagues, covering critical definitions and literature, theoretical framework, research methods, discussions, and recommendations. It starts with

definitions of key terms including psychological well-being, suicide contagion, and peer influence to create conceptual clarity. A review of the literature discusses earlier research on the psychosocial impact of suicide in educational establishments and notes the absence of Zimbabwean research. The study is grounded in Bronfenbrenner's ecological systems theory and uses qualitative methods, conducting one-on-one interviews and focus group discussions to examine emotional, social, and academic consequences for impacted students and educators. Findings are discussed in the context of the socio-cultural and economic horizons of Zimbabwe, while recommendations suggest school-based mental health interventions and broader policy reforms. The chapter ends with key takeaways and a call for systemic support mechanisms to curb negative psychological impacts on students.

Definition of key terms

Keywords: mental health, psychological well-being, suicide contagion, peer effect on depression, peer effect on mourning. According to Knettle et al. (2023), psychological well-being is a multi-faceted concept consisting of (1) self-acceptance, (2) personal growth, (3) purpose in life, (4) positive relationships, (5) environmental mastery, and (6) autonomy. Li et al. (2021) further contextualized it around the EPOCH model, making engagement, perseverance, optimism, connection, and happiness the essentials. Combining these perspectives, psychological well-being can be defined as a positive mental health state characterized by the presence of positive emotions, meaningful relationships, and the ability to cope with life's adversities. According to Martinez-Ale and Keye (2019), suicide primarily grabs attention when it occurs among the great and good, such as TV celebrities, the wealthy, and the well-known, which then leads to the phenomenon of suicide contagion, which is when "exposure to suicide and suicidal behaviour, in general, increases the risk of suicidal behaviour in those exposed, especially among individuals who are already at heightened risk for suicide." In school contexts, for instance, Li et al. (2021) note that the suicide of one student can lead to suicide attempts or deaths among other students, highlighting an additional function of social identification within the group. Suicide contagion, as I view it, is similar to how a stone falling into water creates ripples of social and psychological response whereby narratives or actual events seeking normalization or glorification of the act result in imitative behaviours. Depression and Mourning: The Impact of Peers—Maple et al. (2018) suggest that adolescents grieving the death of a peer typically suffer from more prolonged grief, developing PTSD and social dysfunction because they suffer from what is called disenfranchised grief, or loss that society will not acknowledge, such as non-familial loss. Similarly, peer suicides (i.e., suicides by people of note or common friends and family) build up the symptoms of despair and suicidal

ideation even further when published in sensationalized format (Lee et al., 2022). Based on these findings, peer influence on depression and bereavement emerges from the overlapping domains of shared trauma, social identity, and unaddressed need for support, with compounded experiences of grief or distress increasing individual risk.

Literature Review

Student suicide, particularly among males, is an increasingly poignant public health issue that has far-reaching psychological effects on peers, especially in academic environments. Although most studies on peer effects are conducted in countries like America and Britain, few studies in African nations, such as Zimbabwe, Nigeria, Botswana, and South Africa, have reported increasing suicide rates among young males, including in Zimbabwe. This review summarizes the available literature from these regions, identifies the gaps, and highlights the importance of culturally appropriate interventions in the education system in Zimbabwe. Studies conducted in the U.S. indicate that adolescent suicide leads to increased peer depression, anxiety, and post-traumatic stress disorder (PTSD) (WHO, 2019; Zuniga, 2019). Exposure to a peer suicide increases suicidal ideation among high school students by 30% (Kapple et al., 2021); hence, a gender difference arises, especially given that males are more reluctant to seek help because of stigma. Male students often feel "survivor guilt," which adds to their emotional burden according to Lambi et al. (2019). Crisis counseling and peer support groups are some school-based strategies that have helped reduce these negative impacts (Kaggwa et al., 2022). Even so, the majority of U.S. studies do not examine the cultural or systemic factors that would either encourage or limit peer responses to disclosure and thus are not generalizable to non-Western cultures such as Zimbabwe.

Studies from the UK have highlighted the impact of social media in enhancing grief and contagion after a student suicide. Maple et al. (2018) also reported that males were two times more likely than females to die by suicide during adolescence in Britain, resulting in widespread and long-term bereavement outcomes for peers with increased risk of self-harm. Karatekin (2018) recommends school-connectedness programs to reduce isolation, although these are less relevant to ethnic minorities, which suggests that different approaches would be warranted. Almost all British research focuses on urban contexts, undermining rural circumstances that are very important in how schools operate in Zimbabwe.

The beliefs in the Nigerian context as a function of cultural or religious backgrounds tend to influence the reaction of peers toward suicide. As Jordans et al. (2018) note, stigma inhibits

openness, resulting in a lack of discussion and psychological support between peers. Shame deters help-seeking behaviors, especially among male students. Limited mental health infrastructure worsens the problem (Holmes et al., 2021). The grim reality of suicide in Nigeria highlights the need for school-based peer-debriefing sessions in Zimbabwe: A qualitative study on gaps in peer support mechanisms after suicide. Research in Botswana identifies socio-economic stressors as suicide triggers, and male students report academic pressure and fears of unemployment as potential causes. However, Stephenson et al. (2020) speak of the distress experienced by peers and their internalization of this into academic disengagement. Some counseling incorporates modalities from indigenous healing, but their efficacy is not quantified. The Botswana studies neglect the role of teachers in peer support after a suicide and seek to prepare the ground for a research study in a comparable context in Zimbabwe.

Studies in South Africa have established an association between peer exposure to suicide and substance use. According to Gwarisa (2021), male township students turn to alcohol in their grief, and this contributes to a rapid decline in their mental health. Although school-based programs such as "Help Out a Mate" are promising, they are not scalable (Dube et al., 2018). The prominence of urban townships in South African research overlooks the realities of rural schools, which this study helps address by examining rural-urban dynamics in Zimbabwe. While there is limited literature on suicide among students in Zimbabwe, some scholars attribute the prevalence of suicides among students to cultural taboos and factors such as poverty and economic hardship. Saruchera and Chidarikire (2025) further explain how the lack of open communication about suicide in Shona traditions denies peers involved the platform to gain closure. The problem is compounded by a shortage of mental health services in schools. There are no peer-led support systems in Zimbabwe to provide support to families after a suicide, which is the focus of this study that assesses the feasibility of peer-counseling networks as one such post-suicide support system.

Bronfenbrenner's Theoretical Framework

Bioecological System Theory is founded upon Ecological Systems Theory, developed by the landmark developmental psychologist Urie Bronfenbrenner (Gijzen et al, 2022). This framework emphasizes the ways that human development is molded through the dynamic exchange between individuals within complex environments, which are defined as organized systems: the micro, meso, exo, macro, and chronosystem (Bryant & Damian, 2020). Later developed into the Process-Person-Context-Time (PPCT) model, the theory posits that

proximal processes, defined as long-lasting, reciprocal interactions between persons and their immediate environment, are the fundamental engines of development (Feigelman et al, 2018). This model is broadly applicable to both well-researched and poorly-researched suicides but particularly sheds light on the psychological consequences of a male student suicide on male and female peers in Zimbabwean schools, which are inherently affected by individual, relational, cultural, and temporal factors that influence how one grieves, experiences trauma, and copes.

Microsystem level: This involves the immediate environment such as direct contact with peers, teachers, and family. Groupmates who bonded closely with the deceased will experience extreme grief, suffering, and emotional turmoil after a suicide (Diego et al, 2022). Research by Cuesta et al. (SysColl, 2021) highlights the absence of structured mental health support in child- and adolescent-friendly environments in Africa, reinforcing trauma when a peer commits suicide. The bidirectionality of Bronfenbrenner's conception means that the responses we provide to peers—those that withdraw from them or those that mourn collectively—can potentially exacerbate or reduce the psychological distress they are experiencing (Breet et al, 2021). For instance, a teacher might stigmatize the suicide or neglect grief counseling, which would mean that the microsystem would be a mechanism of harm rather than of healing (Engel, 2023).

The mesosystem represents connections between microsystems, such as school–family collaboration. Discussion of suicide may be stigmatized in Zimbabwe (Duke et al, 2018), leading to poor communication between schools and families, and as a direct consequence, insufficient peer support. This is supported by Bronfenbrenner's model because it assumes that protective factors can be enhanced through well-coordinated programs (for example, parent-teacher meetings as a means to target student grief). In contrast, fragmented responses (e.g., schools ignoring the incident, while families fall back on traditional healing) can exacerbate trauma (Bertuccio et al., 2022).

The exosystem involves the broader social structures in which an individual does not actively participate, such as educational policies or media coverage. Similar indirect harm may come to peers through contagion effects and silencing discourse due to limited mental health resources in schools and sensationalist media reporting on suicide in Zimbabwe (Australian Institute for Health, 2020). Under Bronfenbrenner's framework, one sees that systemic failures at the exosystemic level, such as the lack of adequate postvention training for teachers (Baiden et al., 2021), can delay or prevent recovery.

The macrosystem encompasses more general cultural values. For example, Zimbabwean cultures may dissuade individuals from expressing grief, and religious values may interpret suicide as sinful; this can strengthen peer guilt (Clarke et al, 2022). By using Bronfenbrenner's model to break down the interactions with peers (who may encourage suppressing such emotions) and with broader society (which may have a slower timing of societal dynamics than transgressions against normative gender roles), it becomes clearer how these norms play into responses that worsen psychological distress (Diego et al. 2022).

The chronosystem considers how events that occur over time—such as Zimbabwe's economic crises leading to the collapse of the country's mental health services—can affect individuals and families. The trauma experienced by peers may be compounded if historical stressors (i.e., political violence) return to the community after a suicide (Kupemba, 2021). The PPCT model highlights that interventions have to take these temporal strata into account, such as how historic collective trauma impacts current grief reactions (Baiden et al, 2021).

Thus, Bronfenbrenner appears to provide an overarching framework from which to explore the reverberating impact of a student suicide on peers in Zimbabwe. It identifies proximal processes (e.g., peer interactions), contextual barriers (e.g., stigma), and temporal factors (e.g., historical trauma) that need to be addressed for multilevel intervention (from school-based counseling to national mental health reforms) in order to avoid long-term psychological damage (Almuneef, 2021).

Research Methodology

Using a qualitative literature review method, this study highlights the psychological effects of a male student suicide on his peers at the school level in Zimbabwe, integrating evidence from newspaper reports, academic journal articles, organizational publications, books, and other relevant sources to create an overview of the phenomenon and its related implications (Chikanda, 2024). Using purposive sampling, the research examines relevant literature that discusses youth suicide, peer trauma, and mental health in Zimbabwean and similar sub-Saharan African educational contexts, ensuring recency (2015–2025) of literature to capture contemporary socio-educational challenges like post-COVID-19 mental health crises and economic instability (Chidarikire et al., 2024). We searched key databases: PubMed, African Journals Online (AJOL) and BMC Psychiatry for articles with titles or abstracts containing the terms (e.g., "student suicide in Zimbabwe"), "psychological well-being in schools", "peer grief" and searched local newspapers (e.g., The Chronicle) available within those dates for case

reports providing real-time accounts of incidents and institutional responses (Knettle et al., 2023). Policy gaps and intervention strategies were assessed through reviews of organizational reports from Zimbabwe's Ministry of Primary and Secondary Education and other NGOs (e.g. Programa Geração Biz) (Li et al., 2021). Through thematic analysis with the guidance of Braun and Clarke (2006), themes were recurring in which immediate peer trauma (i.e. guilt, grief and fear magnified by the absence of school counseling services), institutional failures (i.e. lack of postvention teacher training), cultural stigma (i.e. social taboos around talking about suicide) and structural constraints (i.e. the lack of resources being dedicated to supporting mental health) (Martize – Ale & Keye, 2019). Studies by Chidarikire et al. Rural learner suicides: A systematic review of the literature (2024) and Mpofu et al. Crisis (2017) – also related to inclusive education – placed these results in the context of Zimbabwe's economic challenges, while Uganda and Mozambique provided comparable data to illustrate suicidal behaviors among adolescents in the region (Jordans et al., 2018). The method is robust ensuring triangulation of various sources leading to theoretical saturation; however, limitations may include focus that might not be media bias-free, and limited studies from Zimbabwe on peer-level dynamics as the present study and only a few other studies were reviewed, and further research may consider longitudinal or mixed-methods designs for intervention-level evaluations (Li et al., 2021). By synthesizing multidisciplinary evidence, this review will inform culturally appropriate mental health interventions in Zimbabwean schools considering the ripple effect of student suicides on peer mental health (Marracini et al., 2022).

Findings and Discussion

Theme 1 Psychological Impact on Peers in Zimbabwe

Suicide among male students in Zimbabwean institutions is having far-reaching psychological effects on peers, manifested as trauma, a sense of guilt, or prolonged grief. According to Maple et al. (2021), for example, when Harare Institute of Technology and Great Zimbabwe University experience a student suicide, it results in anxiety, depression, and fear in surviving students, many of whom have externalized their grief and feel burdened by needing to cope with their own mental health. These responses are aggravated in Zimbabwe and other developing countries by distinct stressors including academic pressure, economic instability, and lack of access to adequate mental health services. This contrasts with the long-term needs of grieving peers that Kapple et al. (2021) state the Zimbabwean government has missed,

despite introducing suicide awareness in school curricula and proposing a national suicide hotline. In Zimbabwe, the absence of longitudinal studies on peer groups processing suicide bereavement over time, specifically how male students may modulate expressions of grief owing to cultural masculinity norms, is a significant gap in research. In comparison, in analyses by Lambi (2019) in South Africa, peer psychological distress is reported to be similar; however, associations are stronger at residential universities where students reside in closer proximity. Cluster suicide—which refers to a phenomenon that is well known in South African research whereby when one person commits suicide it triggers imitative behaviors—is little studied in Zimbabwe despite not dissimilar demographics, all risks, and protective factors for suicide as confirmed by the study. Zimbabwe does not have university-based interventions, even those which are evidence-based and with peer support systems, yet campus-based prevention programs have been established in South Africa following prominent cases.

We also know that in Zimbabwe, the gendered nature of suicide is glaring; cultural expectations of masculine fortitude exacerbate psychological suffering among male peers. According to Kaggwa et al. (2022), male students repress grief, viewing it as a display of weakness, and resort to substance abuse for coping. This is in accordance with Kurtz et al.'s findings in Britain.

Abstract: This paper implements the conceptual framework of Goffman (1963) and Wong (2013) to explore how fear of judgment and the threat to masculine identity keep male university students from seeking help (read: Gokul, 2023). Britain might have long-standing mental health services and initiatives aimed at tackling stigma such as "It's Okay to Talk," whereas Zimbabwe has no similar national programs and is limited in this regard. Filling a major gap in Zimbabwean research is comprehending the unique ways male peers grieve across Shona masculinity traditions and post-colonial models as compared to Western contexts.

In America, we have similar problems; against a backdrop of psychological trauma for surviving peers, structural racism in education compounds the pain of Black male student suicides, he wrote. According to Almuneef (2021), the obstacles facing Black male college students are comparable to the obstacles facing other populations seeking assistance, but they occur within a different historical and institutional frame. While little has been done in the Zimbabwean context, American research has also shown how poor responses by universities exacerbate peer trauma. More research is needed on how administrative (or absence of administrative) reactions shape healing between peers after suicides in Zimbabwean universities.

The Zimbabwean institutional response to student suicides varies widely, with some universities, like the National University of Science and Technology (NUST), providing

counseling, while others do not even have a department dealing with mental health issues. However, as reported by Baiden et al. (2021), even if services are available, stigma and lack of confidentiality prevent affected peers from benefiting from these services. In contrast, Botswana's practice of peer mentorship programs at the university level reduces post-suicide distress according to Kupemba (2021), while cultural taboos around talking about suicide continue to be present. Grassroots initiatives such as Student Mental Health have not been studied in Zimbabwe, providing a peer-led support model for consideration.

Diego et al. give Nigeria as another comparative case (2022) that the prevalence of a suicide attempt among adolescents in Benin City was 10.5% and its breakout effects of trauma among peers. Although Nigerian schools have begun implementing bullying prevention plans indirectly targeting post-suicide distress (Jibiri, 2023), this approach is lacking in Zimbabwe, despite the association of bullying and suicide risk in a study's findings (Gwarisa, 2021). Systematic analyses of peer relationships (friendships, rivalries, etc.) that can be informative about psychological outcomes post-suicide are feasible in Nigeria and represent an important gap in Zimbabwe.

Suicides in Zimbabwean universities also take a toll on other students who are already beleaguered by the economic crisis that has dogged the country for several generations. Clarke et al. (2022) correlate increasing suicidal ideation among students with lack of job options and poverty, and their correspondence to existential dread following a friend's suicide. Duke et al. (2018, South Africa) report similar findings emphasizing economic despair; however, Zimbabwe is in a greater crisis of economic despair with hyperinflation and increased graduate unemployment at 90%. Such research on how Zimbabwe's economic collapse interacts with the traditional family support systems to either buffer against or exacerbate peer trauma is better explored in South African studies. Britain and America have more resourced mental health services, but systemic holes remain. In Britain, Baiden et al. (2021) found that masculine norms pushed British male students away from cavalierly seeking the very counseling they had available—a familiar pattern but with roots in a different culture from that of Zimbabwe. Crisis response teams and postvention protocols available in the American college system are potential models for Zimbabwe, although their cultural adaptation merits empirical study. Research is needed to investigate the role of collectivist values in developing peer support systems that are appropriate for the Zimbabwean context instead of applying Western, individualistic values.

Theme 2 Mitigating Psychological Impact on Peers in Zimbabwe

The male suicide crisis is a painful and insidious crisis in its own right, and when one looks closer at Zimbabwe, deeply embedded social and cultural paradigms mesh to form a complex web of emotional and psychological problems. While they are most definitely to be examined for the rise of men killing themselves, we also need to look at the damage the fallout causes to ordinary men who lose friends and even acquaintances to suicide and the mindsets of peer groups that are affected by these actions. Such losses among friends and colleagues go beyond the loss of a dear person, also causing extreme psychological trauma which affects social relations and interactions and tears communities apart (Kaggwa et al 2022). Comprehending and counteracting these repercussions is more than an expression of sympathy; it is a political necessity that requires a holistic response of mental health literacy, community membership, and the breaking down of taboos about expressing emotion (Saruchera & Chidarikire, 2025). In this discourse, we endeavor to discuss the multifarious psychological effects that male suicides have on peers in Zimbabwe while also suggesting potential solutions to build community resilience and emotional wellness.

As a result, male suicides have lasting psychological effects, as these largely male deaths can ripple out into the community, leaving a legacy of fear, confusion, and grief (Maple et al, 2018). Students who lose a peer to suicide oftentimes report struggling with survivor guilt, loss of control, and increased existential angst, leading to a domino effect of mental health outcomes including depression and anxiety (Li et al, 2021). These feelings can become exacerbated in the Zimbabwean context where traditional masculinity is often not conducive to openly discussing mental health, to the point that there is sometimes a hesitance to seek help, and emotional isolation can become further entrenched. The WHO (2021) notes the rising mental health disorders in Zimbabwe as men, on the other hand, reported more depression and anxiety than women. Similarly, Almuneef (2021) mentions that facing toxic masculinity, men are less likely to open up about their issues and so they are more likely to resort to alcohol and suicide.

To address these psychological effects, a multidimensional approach must be taken. The first thing that needs to happen is the creation of an environment where mental health can be discussed openly. Investigating the impact of workshops and community forums as spaces for men to share their experiences and feelings ultimately helps to promote the normality of vicarious trauma and stigma reduction (Clarke et al, 2022). Furthermore, implementing mental health education in schools can help the next generations to be aware of the emotional distress of others and themselves. According to Bertuccio et al (2022), educating students about mental

health in schools can allow them to gain insight into their emotions and how they can seek help.

In addition, peer support groups can be formed; these will be safe spaces for individuals to provide support such as processing their grief, which will probably promote the sharing of coping strategies among individuals (Engel, 2023). These groups should be facilitated by trained counselors (of Zimbabwean origin) who will be able to relate to the struggles of life for Zimbabwean men. By bringing more peer-led initiatives, the weight of emotional sharing can be lightened, creating a sense of solidarity and healing when it comes to mental health. Similar services can be found in Harare, such as the Grief Recovery support groups that meet weekly (during the day) and are designed to help people recover from the pain of loss (GriefShare) and the drop-in sessions offered once a month by Island Hospice and Healthcare to people who have been bereaved of their spouse or partner (Gwarisa, 2021). In addition, partnerships with mental health organizations can provide access to counseling services. These partnerships can help ensure access to professional support for those affected by suicide to process their feelings in a safe space. For this reason, mental health support services are offered by organizations such as the Friendship Bench and the Anxiety Support and Awareness Centre (ASAC). Increasing access to mental health services and reducing stigma is also stated in the Zimbabwe National Suicide Prevention Strategy (2023-2030) (Dube et al, 2018). Thus, although male suicide peer effects in Zimbabwe present a considerable psychological challenge, they also provide an opportunity for community-level resilience and emotional well-being. By focusing on open communication, awareness, support among friends and family, and seeking professional help, we can strive to build a more empathetic community that faces the tragedies of suicide with understanding, compassion, and prevention strategies.

Recommendations

For Learners (Primary, Secondary, and Tertiary Students)

Schools should create peer support systems in which students can confide about their emotional difficulties. Orientation activities should include mental health literacy programs in order to normalize help-seeking behaviors. Educational institutions must also invest in safe reporting mechanisms for students to voice concerns about themselves or fellow students without fear of reprisal. And all students should be required to attend workshops on stress management and

alternative coping mechanisms—including male students who may be the most resistant to seeking help because of masculinity myths.

For Teachers and Lecturers

Specialized training of all teaching staff in recognizing early warning signs of possible psychological distress in students is needed. Following trauma, educators require professional development on how to use trauma-informed approaches to manage their classrooms. Schools should have documented guidance for teachers on how they should handle students impacted by suicide—and the referral pathways to counseling services that might be needed. Provisions should be made for mental health check-ups as part of the academic routine, and teachers should be trained to lead these sensitive discussions.

For Primary and Secondary Schools

Schools need to have separate counseling departments with trained professionals available for students every day. Schools should explicitly connect anti-bullying programs and suicide prevention initiatives and strengthen both. Schools can utilize peer suicide incidents to develop age-appropriate bereavement support programs for young people. We must organize parent education programs to help families identify and react to signs of distress in their children. While schools can certainly initiate the process of connecting students with appropriate counselors for mental health support, it is important that they continue to work hand-in-hand with the private sector providing these services.

For Universities and Colleges

Universities are desperately in need of suicide prevention and postvention plans that are comprehensive and designed specifically for the needs of university students. Mental health staffing—and 24/7 crisis support availability—must be expanded for campus health services. Universities should train resident advisors and student leaders in mental health first response. Academic pressure points that may contribute to distress at institutions must be reviewed and recalibrated. Alumni networks should be brought in to mentor and guide students to ease their anxieties regarding future prospects.

For the Ministry of Primary and Secondary Education

National standards for school-based mental health services and suicide prevention programs should be developed and mandated by the Ministry. Mandatory mental health training should be part of teacher training curricula. Funding should be provided by the Ministry specifically for initiatives aimed at improving school mental health, with a focus on underserved rural areas. There is also a need for national mental health awareness programs such as campaigns for students to sensitize them on crucial issues. The Ministry should set up monitoring systems to follow up on student mental health indicators across schools.

For the Ministry of Higher and Tertiary Education

The Ministry should therefore ensure all tertiary institutions have accredited counseling centers that meet minimum staffing and service standards. Policies should be implemented to decrease unnecessary academic stressors driving student distress. The Ministry has to mobilize inter-university collaborations to develop mental health research and programs. Investment is needed in mental health awareness campaigns geared toward the specific pressures of higher education. Institutional mental health services should be subject to regular audits to ensure compliance with quality standards.

For the Ministry of Health and Child Welfare

The Ministry should strengthen linkages between school mental health programs and community health services. Suicide prevention and intervention skills training for healthcare providers should also be expanded to include a youth-specific focus. Public health campaigns should focus on the cultural stigma around mental health issues and help-seeking behavior. Crisis hotlines and emergency mental health services need to be within reach of students, and the Ministry must make it happen. National mental health policies should consider the needs of student populations and educational systems.

For Future Researchers

We also wish to identify the longer-term psychological effects on student populations impacted by a peer suicide, and longitudinal studies are indicated for this purpose. The research should

also be able to find indigenous approaches to addressing the observed grievances in Zimbabwean schools. Research into whether different peer support models are effective among Zimbabwean schools and universities is needed. Although, comparative research into other African countries may find practical solutions. Investigations of suicide risk among students in relation to economic factors, academic pressure, and their interaction are warranted. Evaluations should also assess the implementation and long-term impact of policy strategies.

Summary

This chapter explores the impact of the suicide of a student on the mental health of peers in the Zimbabwean school system. It also provides fundamental definitions — including those of psychological well-being, suicide contagion and peer influence — to set the stage. However, while there is broad literature on psychosocial impacts of suicide in schools worldwide, the literature review uncovers important gaps specific to Zimbabwe. Using an ecological systems theory framework, the study examines how peer responses to suicide are influenced and shaped by factors at the individual, institutional, and societal levels. Through a qualitative method, the research collects data from books and other literature.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 6

Psychological Impact of Male Suicides on the Mental Health of Community Residents in Zimbabwe

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

The current study is a qualitative case study which examines the psychological effects of male suicide on the mental wellbeing of Zimbabwean community members. A qualitative approach enables us to cover and understand in-depth multiple experiences and perceptions of individuals in their natural context more effectively. The design of the case study prevents us from looking at the phenomenon from a single angle, but rather brings different streams of information from different sources. Ten purposively sampled participants from community members, village heads, chiefs, NGO representatives, and a Member of Parliament were selected for qualitative interviews to gather a range of perspectives. The researcher used the focus group discussion (FGD) method to collect data, because FGDs produce more interactive dialogue and better chances of being able to explore the feelings and thoughts of the participants about the impact of male suicide. Results: Thematic analysis of the data revealed key themes relating to emotional distress, societal stigma, and community cohesion. Results found that the psychological effects of male suicide profoundly impact residents in the surrounding community, and cause feelings of mourning, terror, and powerlessness. In light of these results, the authors advocate for community-based mental health programs that facilitate open conversation surrounding suicide and mental health challenges. These types of initiatives should be aimed at destigmatizing and providing accessible mental health resources to help those impacted by suicide. Ethical concerns were issued as a priority point, and participants gave informed consent prior to involvement in this research and confidentiality was assured by anonymizing the names of all participants appearing in this write-up. By adhering to principles of ethical reasoning, the data will help to benefit society by establishing trust and promoting mental health awareness within the community.

Keywords: Community Cohesion; Grief; Male Suicide; Mental Health; Stigma

Introduction

Zimbabwe is a country with a rich history of cultural beliefs and traditions that surround the act of suicide in Zimbabwe. Suicide is not only seen as a personal tragedy but as one with deep

communal consequences. This chapter seeks to clarify the gendered mental health effects of male suicides on community members in Zimbabwe. In addition, the cultural and traditional views on suicide in Zimbabwe are complex with various cognitive orientations shaping communities' experiences in relation to suicide. Cultural practices, family duty expectations, and consequences of suicide each play a prominent role in community perceptions of these illnesses, formulating sentiments that intuitively suppress conversation surrounding mental illness. This silence, added to the psychological weight carried not only by those struggling with mental health issues but by their families and communities, who may feel like they cannot do anything about such loss.

Also, the effect of male suicides on the mental well-being of residents in the community must be emphasized. These consequences go beyond the immediate family of the deceased, affecting the general public and instilling an atmosphere of fear, anxiety, and unprocessed mourning. After a male suicide, communities experience collective trauma, manifesting in various psychological distress forms and increased levels of depression, anxiety, and social isolation among residents. Thus, this chapter aims to disentangle the complex relationship between gender, community perception, mental health, and male suicide in Zimbabwe, in turn providing a backdrop for a fuller study of how all of these interact within a society that is left to confront the potentially devastating mental health consequences of such acts. In doing so, we hope to create a conversation that not only recognizes the cultural intricacies of suicide, but also encourages a more compassionate approach to mental wellness in our community.

Definition of key terms

According to the Australian Institute for Health (2020), suicide is the deliberate act of taking one's life which is influenced by social determinants. Likewise, Bertuccio et al. (2022) highlight a psychological understanding of suicide as an endpoint of suffering and burden. Suicide is an irretrievable loss of life by self-harm caused by a complex mix of psychological pain along with social environment – thus, this is my definition of the complexity in the human condition leading to suicide as the ultimate consequence. Mental health, from the WHO (2021) perspective, is a state of well-being in which an individual can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. Duke et al. (2018), on the other hand, characterize mental health as the emotional and psychological fortitude to encounter the demands life presents us with and build meaningful connections in our lives.

The term mental health encompasses emotional, psychological, and social well-being; it is all about how we think, feel, and act — blending personal growth with community cohesion. As Engel (2023) writes, "Community is defined as a group of people connected by social relationships and common beliefs and objectives – it represents a feeling of being part of something larger." Likewise, Breet et al. (2021) define community as a fluid social unit composed of diverse networks through which individuals can work and rally to support one another. To me, community is the web of interwoven relationships and collective experiences that are so necessary to support our own identity and that of the groups we are part of. Cuesta et al. (2021) explain cultural perception as the set of beliefs and values which characterize a way of seeing the world which has an impact on the behavior and attitudes of individuals. Likewise, Diago et al. (2022) claim that cultural perception is the experience and the meaning given to it, but they argue that those experiences are filtered through a cultural lens. Thus, cultural perception refers to the lens of understanding within a community, and is a major contributor to attitudes about mental health and suicide.

Literature Review

The issues of male suicide and its psychological effects on mental health in communities have attracted considerable global interest, but significant differences exist in the literature by geographic region. Reports show that male suicides have increased in the US, particularly among middle-aged men; the impact on families and friends highlights the need for other types of community-based interventions (Feigelman et al., 2018). The study suggests that the levels of psychological distress in a community after a suicide are lower in communities with stronger social support systems, highlighting the importance of social relationships in reducing adverse mental health outcomes (Bryant & Damian, 2020). Nevertheless, there is still a gap in understanding the extent to which these findings hold in other cultural contexts, including in African countries.

Family-based studies have very recently received more attention and have been conducted in a range of Western settings (Gijzen et al., 2022). The consequences for community mental health are devastating, with the aftermath of suicide typically being accompanied by guilt and helplessness among community members. This illustrates a gap in the research as to what these dynamics look like in Zimbabwean communities, where cultural ideals of masculinity and emotional expression contrast dramatically with those seen in the UK. The psychological

impact of male suicides in Nigeria: Where traditional beliefs meet modern mental health practices. Studies show communities return to tradition, potentially displacing psychosocial support (Stephenson et al., 2020). This interplay presents a paradoxical challenge for the community when responding to male suicides and highlights the gap for studies on how these modes of collective expression might shape population-level mental health outcomes, particularly in Zimbabwe where such culturally anchored models of response systems are replicated but often at a relatively rudimentary level of analysis within suicidology.

Suicide in the past few years has made Botswana focus more on making people aware of mental health and how to prevent anything from happening in the community. Research indicates that reducing the impact of suicides on communities can be achieved through appropriate educational programs (Gwarisa, 2021). Despite the lack of literature that has investigated the psychological effects of male suicides on residents, hence the need for this study regardless of patterns of male suicides being uniform globally and possibly the same for the Zimbabwean population, where awareness may not be the same as in other contexts and possibly requires different intervention strategies (Hagan et al., 2020). The high male suicide risk in South Africa has been attributed to high levels of violence and poor socio-economic conditions, both of which contribute to and complicate mental health problems (Holmes et al., 2021). These contexts then provide an original social environment for exploring how communities handle the loss of men to suicide. There is some acknowledgement of the shared loss felt in urban settings, but rural space in Zimbabwe is under-researched, so there is a significant literature gap about this phenomenon and its psychological impact as well as male suicide in these areas. Lastly, in Zimbabwe, available literature has largely concentrated on suicide prevalence but not much on the mental effects of suicide on the residents of this community. Among previous studies, stigma and inadequate resources are well known as barriers to effective mental health responses, but few have examined the ways in which the community collectively processes the trauma of male suicides (Jordans et al., 2018). Such a gap highlights the need for research that focuses both on the levels of male suicide and also the downstream psychological effects on community mental health and localized solutions that reflect the cultural setting. This means that though each of these regions offers important contributions to the cultural dynamics surrounding male suicide and/or its psychological impacts, they all leave substantial gaps in our understanding of how the aforementioned intersect within Zimbabwean communities. This study aims to fill these gaps by providing focused qualitative evidence of the psychological

impact of male suicides on community residents in Zimbabwe, so as to contribute to the wider mental health and suicide prevention literature in diverse cultural settings.

Male suicide has risen over the years in some countries and working cultures. According to the Centers for Disease Control and Prevention (CDC) in the United States, men are disproportionately impacted by suicide, accounting for nearly 79% of all suicide fatalities in 2020 (CDC, 2021). This grave statistic underlines an immediate necessity for strategic intervention. Scholars like Kaggwa et al. (2022) highlight the need for identifying the mental health problems and societal pressures affecting people that lead to this epidemic, where their solution of community-based Substance Use Prevention & recovery programs can significantly mitigate the suicide epidemic.

Similar recent studies have taken place in Britain, with the Office for National Statistics (ONS, 2021) identifying men in their 40s and 50s as being especially susceptible. Research by Kappel et al. (2021) on gendered suicide, along with inadequate health facilities being the overriding cause for the problem they identified, shows the severity of socioeconomic factors such as employment and financial stressors contributing to male suicide. Despite the evident need for targeted mental health services and community support, existing solutions are often not well-aligned with the unique challenges and needs of certain demographic segments. In Nigeria, with its diverse cultural contexts, the stigma surrounding mental health is a major challenge for addressing male suicides. Cultural beliefs combined with a lack of mental health resources leave suicide underreported and misunderstood (Maple et al., 2018). The authors advocate for culturally appropriate implementation strategies for these men and the need for culturally sensitive approaches to mental health awareness to address this underexplored population and its needs.

The issue of male suicide, especially involving young men, has also come to the forefront in Botswana. Lee et al. (2022) identify social isolation and economic instability as two critical factors in their study. Although this dialogue is becoming more prominent, no clear approach exists for integrating community engagement with mental health initiatives. In South Africa, home to some of the world's highest male suicide rates, this need is more complex because it is often intertwined with violence and trauma. Van der Merwe et al. (2021) and Wilkins et al. (2022) argue that prevention strategies are only as effective as the social context in which they occur, and that historical and systemic factors play a role in the mental health consequences of harmful experiences. Though frameworks exist, investment in community-driven solutions has yet to be made, and further local action is needed.

Finally, with high economic hardship and a lack of mental health resources in Zimbabwe, this creates an even more serious problem. Dube et al. (2018) highlight the need for community place-based approaches to prevent male suicides in two studies. The authors note that currently available mental health services already lack accessibility, especially in rural areas. Consequently, there is a dearth of evidence within the literature on strategies that work for Zimbabwe, especially involving community engagement in developing such solutions. As a result, despite some responses to male suicides around the globe, there continue to be large gaps, particularly in Zimbabwe. The purpose of this qualitative study is to identify and suggest ways in which male suicides have a negative effect on society and how the specific cultural, economic, and social attributes can work towards solving this urgent problem. This research aims to bridge the gap in understanding and intervention strategies regarding male suicides in Zimbabwe through localized approaches and community engagement.

Research Methodology

Using qualitative case study methodology, this study examines the effects of the suicide of one young male on the mental health of local community residents in Zimbabwe. Semi-structured interviews can provide data that help you explore a deeper understanding of the complex experiences and perceptions of individuals in their natural environment (Lambi et al., 2019). As a result, the case study design provides a comprehensive and in-depth examination of the phenomenon through the use of different sources of evidence (Maraccini et al., 2022). We used purposive sampling since we selected ten participants who had specific knowledge and experiences about the research topic (Li et al., 2021). There were two female and two male community members, two heads of villages, two chiefs, two suicide-related NGO representatives, and one parliament member (Maple et al., 2018). Such a selection strategy guaranteed a variety of perspectives from individuals at varying levels of roles and influence in the community (Jordans et al., 2018). In qualitative inquiries, purposive sampling is useful because it allows the researcher to select cases that are information-rich and can illuminate the research question (Gwarisa, 2021).

The data collection was via a single focus group discussion (FGD). Focus groups' utility has been examined and validated in previous qualitative inquiries as useful techniques in exploring uncharted domains and in-depth understanding of consumer attitudes, as clarifying subject matter, and as assistive in knowing what people think and do (Kaggwa et al., 2022). Lambi et al. (2019) propose that FGDs are best used to brainstorm ideas, develop themes, and explore

the marketplace. The focus groups are a method that is interactive and allows participants to develop each other's ideas, and this can provide a richer and more detailed understanding of the subject (WHO, 2023). It is particularly useful in exploring sensitive topics and collecting data from sensitive populations (Saruchera & Chidarikire, 2025). The moderator encouraged lively and natural interaction and discussion among participants (Dube et al., 2018). The data that we collected were thematically analyzed to identify repeated patterns of meaning within the data set (Maraccini et al., 2022). Thematic analysis is a well-established technique for analyzing qualitative data, here defined as a systematic approach for identifying, organizing, and interpreting patterns of meaning within qualitative data. Using this process enables the researcher to move from raw anecdotal data to insights extracted from shared experiences, commonly held reactions, and similar ways of framing an experience (Kappel et al., 2021). Thematic analysis serves to understand the how and why, rather than the what of experiences (Maple et al., 2018).

Several ethical implications were advanced to protect participants (Van Slyke, 2023). All participants provided informed consent prior to their participation in the research, confirming their understanding of the research purpose, their right to withdraw at any time, and the efforts that had taken place to preserve confidentiality (Lee et al., 2023). Participants were alerted to the fact that participation was voluntary and that they could withdraw from the study at any time without consequences (Dube et al., 2018). The anonymity of the data was ensured, and it was written and stored in a password-protected storage device accessible only to essential research team members (Li et al., 2021). Participants were ensured that their identities would not be disclosed in any way that could identify them personally (Kurtz et al., 2023). The researcher further explained that the aim of the study was entirely academic (Almuneef, 2021). By following these ethical principles, the study hoped to build trust, promote fair outcomes, and guarantee that the research would have a positive impact on society (Clark et al., 2022).

Data Findings and Discussion

Theme 1: Examining negative psychological impact of male suicides on the mental health of community residents in Zimbabwe

There has emerged a pressing socio-cultural concern phenomenon of male suicide in Zimbabwe and it has been overshadowing the mental well-being of communities in the country.

This theme addresses the multilayered psychological impact these tragedies have on not only the neighbouring family and the friends of the deceased but also this broader societal fabric as well. The stigma associated with mental health in general, but with suicide in particular, adds to this psychological burden on residents of the community who feel that there must be something seriously wrong with them if they see no option other than ending their lives when contemplating suicide, as the silence surrounding suicide only amplifies this feeling. This question seeks to highlight the less visible emotional and mental health impacts male suicides cause and promote awareness of how the community can mourn, worry and fear in silence. I will therefore portray this exploration we carry out from the perspective of the diverse voices which speak through us—voices of male community members, a female community member, a radio presenter, the village head, a chief, a representative from an NGO on suicide prevention, a member of parliament, a teacher, and a counsellor.

In responding to above theme, the participants aired the following views:

The Male Community Member said,

The news of a suicide in our village is always met with shock, but soon, it becomes a hushed topic. We feel the weight of loss, but no one wants to talk about it. It makes us anxious and fearful, wondering who might be next.

In addition, Male Community Member commented that,

It affects us deeply. We might not express it, but we all feel a sense of despair. It's like a cloud hanging over our heads, a reminder that our brothers and fathers are suffering in silence.

On the other hand, Female Community Member argued that,

The impact is profound. When a man takes his life, it sends ripples through our families. We worry about our sons and husbands, and we feel helpless. The stigma makes it hard to seek help.

More so, Radio Presenter narrated that,

As a media representative, I observe how these tragedies affect the community. There's a palpable tension; people are on edge, and discussions about mental health are often avoided. We need to break this cycle of silence.

More so, Village Head held that,

When such incidents occur, it shakes the very foundation of our community. We must come together to address this issue openly, as ignoring it only deepens the pain and confusion among our people.

Furthermore, Chief explained that,

The psychological ramifications of male suicides extend beyond the immediate family. It creates an atmosphere of fear and uncertainty. We need to prioritize mental health education and support for our community.

Additionally, NGO Representative highlighted that,

Our work in suicide prevention has highlighted the urgent need for mental health resources. The stigma surrounding male vulnerability must be dismantled; it's crucial for fostering a supportive environment where individuals feel safe to seek help.

More so, Member of Parliament expressed that,

This is not just a local issue; it has national implications. The government must take action to address mental health comprehensively. We owe it to our citizens to foster a society where mental well-being is prioritized.

Also, Teacher emphasized that,

In schools, we notice the impact of these events on our students. They carry the weight of their families' grief, and it affects their education and mental health. We need to integrate mental health education into our curriculum.

Lastly, Counselor responded by saying,

The emotional fallout from male suicides is often overlooked. I see firsthand how families struggle with grief, guilt, and trauma. It's essential to provide counseling services that address these issues holistically.

The examination findings of male suicides in Zimbabwe highlight the depths of psychological damage that is sustained by members of communities exposed to male suicide, including almost universal feelings of grief, anxiety and distress. What we take from participant statements is the sense of collective hopelessness and powerlessness in the wake of these tragedies. Community members, including men, reflected on the shock that reverberates after a suicide, followed and yet preceded by silence, as men have also expressed their fear of being vulnerable and unable to grieve openly. The World Health Organisation (2023) also reflects the above sentiment: cultural stigma targets individuals in distress and renders them disabled, coupled with an inability to seek assistance, giving rise to additional emotional burden on African communities.

In addition, the comments from the woman demonstrate a wider public anxiety: the impact of men taking their own lives reverberates beyond close relationships and creates a mood of terror and unpredictability across the community. Baiden et al. (2021) further reinforce that mental health does not exist in silos because social networks and the community at large influence mental health outcomes. This statement by the radio presenter on the growth of tension in the community also highlights the widespread discomfort associated with these events, which is similar to reports of this pattern of communal distress following suicide in South Africa (Bertuccio et al., 2022). In the discussion section, the show demonstrates less comparison with studies from the United States, which reflects the same trend that male suicide had a significant impact on community mental health. Research by Breet et al. Conversely, evidence from U.S. communities shows that suicide may heighten mental health crises and social distress (Turecki et al., 2021), which are comparable to those that emerge from Zimbabwe (Benyamin et al., 2021). That said, the U.S. has also deployed stronger mental health support networks, which include making counseling services more readily available to the public—a vacuum that Zimbabwe continues to battle with.

In a British context, Cuesta et al. (2021) have identified the importance of tailored approaches to tackle male mental health stigma. This has enabled community dialogues on mental health—something Zimbabwean communities are yet to embrace completely. The gap here is that there

really are no talk programs for men in Zimbabwe—registering the conversation around mental health as needed. That speaks to Nigeria, but contextually the same theme runs in Zimbabwe, where you cannot, in polite society, talk about suicide. Gijzen et al. note that isolation in grief after a suicide is a common experience of community members (Samaritans, 2022) and suggests that our understanding of the community burden of grief may be globally applicable, as has been shown in Zimbabwe. This gap shows there are no comprehensive frameworks for unpacking mental health that can aid communities in Nigeria and Zimbabwe.

Botswana has also responded to suicide using community-based initiatives that aim to reduce stigma and increase mental health awareness. Public awareness campaigns encourage conversations around mental health—an effective intervention (Stephenson et al., 2020). This model highlights a big gap for Zimbabwe, where such approaches are still in their infancy stages.

The high rate of male suicides in South Africa has led both governmental and non-governmental organisations to make mental health awareness a key focus area. Diago et al. (2022) argue that mental health lessons should be instilled in school curricula so that each student can learn, which is completely similar to the teacher's comments in Zimbabwe. Herein lies the disconnect between systematic integration of mental health topics in Zimbabwean schools that could potentially cultivate early awareness and coping strategies among youth. As a result, the aim of this paper is to address these existing research gaps by calling for culturally sensitive and country-specific mental health interventions in Zimbabwe based on evidence generated from successful programs implemented in other countries. By promoting education, community engagement, and the cessation of stigma with this study, this work aims to make a meaningful contribution to the discussions on male suicides in psychology and the communities that are affected by these losses.

Theme 2: Proposing effective strategies aimed at mitigating negative impact of male suicides on the community in Zimbabwe

We address the rising trends of male suicides in Zimbabwe, the factors that could underlie the trends, and the possible interventions for the epidemic. The objective of this theme is to find and suggest effective approaches that can address the widespread mental and social impacts of male suicides in communities. Because of the layered complexity of this issue, it is essential to involve wide-ranging stakeholders, each offering expertise based on their own unique backgrounds and experiences. Community leaders, NGOs, and policymakers will all add their

voices to highlight how we can identify opportunities to build resilience, enhance mental health support, and reduce the impacts of male suicides. By engaging with these points of view, the project hopes to foster an active community response, one where mental health is openly acknowledged and prioritized.

In answering the above theme, the participants share the following verbatim.

Firstly, Male Community Member said,

To tackle this issue, we need to create safe spaces for men to talk about their struggles. It's crucial for us to support one another and break the stigma surrounding mental health.

Secondly, Female Community Member expressed that,

Education is key. We must raise awareness about mental health and provide resources for those in need. Our community should work together to ensure that no one feels alone in their pain.

Thirdly, Village Head noted that,

We must implement community workshops focused on mental health awareness and resilience-building. It's time to engage our youth and teach them how to cope with life's challenges.

Fourthly, Chief highlighted that,

Collaboration with local NGOs is essential. They can offer training programs and support services that will empower our community to address this crisis effectively.

Fiftly, NGO Representative observed that,

Strategic partnerships are vital for our efforts. We propose establishing mental health support groups and outreach programs that can provide immediate assistance and long-term coping strategies.

Lastly, Member of Parliament emphasized that,

As a policymaker, I advocate for increased funding for mental health services and community-based initiatives. Legislation must support mental health education and ensure access to care for all citizens.

The quotes from community members, leaders, and a non-governmental organisation (NGO) representative in Zimbabwe illustrate key strategies to reduce the impact of male suicides on the community. This includes establishing safe spaces for men to share their experiences, raising awareness and educating men on mental health, community workshops targeting resilience-building and collaboration with local NGOs (Holmes et al, 2021). Equally, reaching out for strategic partnerships, funding and legislation supportive of the need is also an integral part of this approach (Kaggwa et al, 2022). These strategies deliver culturally appropriate, community centred responses highlight the pressing challenge of the broader picture of male suicide in Zimbabwe.

Similarities to and differences with practices in other countries become apparent when these approaches are compared with those in other places. Suicide prevention approaches in the USA typically focus on strategies for early intervention and enhancing access to lethal means, i.e., guns (65, 66). Li et al (2021) emphasize the need to identify people at risk and link them to resources such as the 988 Suicide and Crisis Lifeline. While promising programs have engaged men via trusted peers and common ground, the message has not targeted middle-aged, high-risk men (Marracini et al 2022), perhaps indicated by entrenched views on masculinity.

In Britain, the suicide prevention strategies address males' risk factors such as economic distress and substance misuse. The campaign, named "Release the Pressure," is an illustration as is "12th Man". According to Kapple et al, middle-aged men are a target group for action being underrepresented in the existing frameworks. Unfortunately, Nigeria has rising numbers of suicides, especially among the youth and professionals. The main reasons are economic

distress and stigma associated with mental illnesses although suicide prevention has been adopted in Nigeria's National Mental Health Policy, its implementation is lacking.

The next article, authored by Ibe and Gada, is calling for suicide prevention, emphasizing where the priority areas for action should be, which shows the major policy and practical development in the country. Males are also the most affected in Botswana: they make up greater than 80% of all cases. Gwarisa has called for the adoption of a national suicide prevention action in order to increase access to mental health interventions. The article presents an example of the crisis hotline, LIFFLINE Botswana, which operates 24 hours daily. According to Duke et al., a protective factor in adolescence was self-confidence and no being bullied. The overall situation in the country is due for closer scrutiny within this demographic. South Africa is a country with one of the highest numbers of suicides in Africa; for men, the rates are even higher as a demonstrated health problem. Stigmatization is also described as a prominent issue by Diego et al.. The authors also list factors increasing the risk of suicide, including psychiatric disorders and economic hardship. A comprehensive response is warranted at the level of civil society.

In Zimbabwe itself, community led solutions like the Friendship Bench program developed by Chibanda (2023) train local lay health workers to deliver brief problem solving therapy to tackle issues related to the scarcity of the mental health workforce. This withstanding, Kurtz et al (2023) has instructed urgently aware of, whilst Saruchera and Chidarikire (2025) asserts that educators are not adequately trained to recognise suicidal tendencies in male learners. While these efforts are a great 1st step, many gaps in research remain. There is a need to better understand how to culturally target interventions among Zimbabwean men, particularly given the role of traditional beliefs and practices. Stigma, Almuneef (2021) points out, is still a major obstacle for help-seeking, and thus wide-reaching approaches to tackle it are needed. Economic aspects, including high unemployment and poverty rates, are also crucial factors leading to mental health problems and suicides (WHO, 2021).

At the same time, there is an immediate need to explore mechanisms to integrate traditional healing with contemporary mental health services to ensure culturally-appropriate services are available. Specific interventions for these lower risk groups, especially those in arrears, household debt, or who are being victimised in domestic violence, are still not fully developed. Diego et al (2022) also emphasized: "Educators need training to recognize such suicidal

behaviours and manage them appropriately" This study will fill those gaps by conducting qualitative interviews with men from diverse backgrounds in Zimbabwe to explore their mental health challenges and their understanding of suicidal ideation.

Summary

To conclude then, the shocking increase in male suicides in Zimbabwe is a complex issue that impacts more than the individual but threatens the broader community's mental and social well-being. The psychological scars inflicted by such tragic events touch families, friendships, and neighbourhoods, instilling a sense of fear, stigma, and unprocessed mourning. Therefore, the strategies to counter these negative impacts need to be effectively implemented so that mental health becomes an integral part of our environment and is talked about openly. Despite its constraints, the current study has highlighted potential intervention pathways within the community, prioritisation through education, collaboration, and collective action by diverse stakeholders.

Recommendations

This research makes a case for a number of focused interventions designed to better cope with the urgent issue of male suicides and their consequences. As community members, it means creating safe zones in which the men in our lives can share their experiences on how they are struggling without stigma attached. Potential programs for raising awareness about mental health, in addition to communication training that is relatable and supportive, would create an atmosphere of community and strength in numbers. In this role, village heads and chiefs can mobilize resources based on community needs for informal dialogue on mental health challenges to initiate a community response to suicide stigma.

NGOs focusing on mental health can build well-structured support systems with mental health counselors and peer support groups. Indeed, these agencies are best suited to training community leaders to recognize signs of distress and guide fellow community members to professional care. MPs and lawmakers should make mental health a policy priority and push for additional mental health funding and community-based programs. Legislative approaches also must ensure mental health education access in schools and accessibility to all citizens.

It is imperative that counselors and mental health practitioners lead this charge, which should include outreach into rural and underserved populations. They are the ones who will come up with culturally and gender-sensitive intervention programs focused on the challenges Zimbabwean men face. Instead, the Ministry of Health and Child Welfare should adopt a

proactive approach by integrating mental health services within primary healthcare systems and ensure that traditional healing and care are purposeful aspects within well-defined comprehensive models of care.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took “counseling” out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O’Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O’Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators’ Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 7

The Emotional Repercussions of Male Suicide on Community Members in Zimbabwe: A Societal Perspective

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

A qualitative study of the emotional impact of male suicide on members of the community in Zimbabwe: The key research void this study seeks to fill is in terms of the emotions surrounding male suicide that affect female community members, and how their emotional reactions to male suicide differ from those of men. Using a case study methodology to stay with different points of view, we conducted a single focus group discussion with a purposive sample of 13 participants comprising three females and four males from four sectors. This method also encourages deep conversations and makes people feel more comfortable opening up about their feelings, which can be helpful when discussing sensitive topics. Our thematic analysis found four overarching themes: grief from male suicide is profound, male suicide is highly stigmatized, community loss is met with indifference and rudeness, and isolation. The need for discussion and space for healing from the emotional aftermath was echoed unanimously, as emphasized by a collective sentiment that shared experiences can help foster healing within the community. It is recommended that local authorities such as the Ministry of Primary and Secondary Education implement a mental health awareness program in schools supported by a structured program aimed at education, resourcing, and uplifting communities to be resilient and equipped to support others. Such programs need to emphasize emotional literacy and coping skills, so both adolescent male and female students can more effectively manage the intricacies of grief and mental health challenges.RetryClaude can make mistakes. Please double-check responses.

Keywords: Community, Emotional Repercussions; Male Suicide; Mental Health; Zimbabwe.

Introduction

The problem of male suicide within the grid of all social mechanisms is deep and complex, requiring scientific analysis. This chapter attempts to more clearly explain the meaning of important words in the context of the discussion on the subject of male suicides and tries to create a foundational vocabulary that will help better comprehend the discussion. The chapter then moves on to the different layers of the emotional cost of male suicides on community members, navigating grief, stigma and collective trauma across both familial and social networks. The consequences of this kind of violence reverberate beyond immediate family and friends — leading to a more general climate of malaise and anxiety often severe enough to systematically undermine the very foundation of communities, and in the face of these circumstances of deep emotional turbulence, this chapter will also offer some concrete solutions to reduce the adverse psycho-social impact of male suicides. By building resilience and strengthening support systems, we may be able to develop a more compassionate community infrastructure that not only recognizes the seriousness of these losses, but also works to create defenses against the emotional impact of these losses. By thoroughly exploring this, we hope to shed light on avenues of healing and prevention, and how we as a society can respond better to this urgent matter.

Definition of key terms

Emotional repercussions are the emotional impacts and reactions that people experience after they have lived through something traumatic, such as having a loved one die by suicide. As Duke et al. (2018) define, emotional impacts may include complicated grieving, anxiety, and withdrawal from social interactions; Engel (2023) provides the scale of the problem, stating that the consequences extend to the entire community; group mourning and stigmatization can result from this. Male suicides refer to men who kill themselves, and this has been specifically defined by Breet et al. (2021). They mentioned that suicide is one of the most pressing public health problems that manifests differently with its modern-day social and psychological risk factors. Likewise, Cuesta et al. (2021) point out that male deaths from suicide are often related to social and mental burdens unique to men, pressures that are worsened by cultural stigmas that surround vulnerability. To me, male suicides are not just individual tragedies; they are much bigger than that; they are a collective indictment of society's failure to cater to and

address the emotional and psychological needs of men. Counseling is a therapeutic process of professional practice for people experiencing psychological suffering. According to Diego et al. (2022), counseling is a guided conversation that is aimed at promoting self-awareness and self-management, and Feigelman et al. (2018) underline the need for a safe environment for exploration of meaning, resilience and coping. Counseling is a healing process; given that up until this point music has played a major role in addressing the backdrop of male suicides, through counseling, it helps one to continue down the path of both emotional recovery and support from the community.

Literature Review

Recent research in various nations on the impact of male suicide on community members has highlighted commonalities and cultural specificity in themes (e.g., questioning why the suicide was not prevented), suggesting a strong need for culturally informed interventions in the aftermath of suicide (Farrelly et al., 2022; Gamino et al., 2009). Research by Gijzen et al. (2022) also found that male suicides are common, which is known to leave deep psychological impacts on families and communities, using data up to October 2023 from the United States, which notes higher proportions of depression and anxiety among the bereaved. Bryant and Damian (2020) also note that in addition to the emotional trauma associated with childhood bullying, mental health stigma leads to less discussion about mental health in the first place. Nevertheless, we still do not know how such dynamics play out in the diversity of cultures, and studies that take place in African countries have lagged.

The emotional impact of male suicide is also considerable in Britain, with evidence of an association between male suicide rates and feelings of social isolation among members of the community left behind after a suicide (Dube et al., 2018). Their findings highlight the importance of interventions aimed not just at the individual but at a more collective dimension of bereavement. However, cultural traditions regarding mourning and social support systems surrounding death in both regions contrast sharply with those in Africa (example Dwyer and the Fact Sheet), signaling the need for expanded comparative studies to include these cultural considerations. Socio-economic factors are included in terms of unemployment, poverty, and the patriarchal system in Nigeria where masculinity is so much revered and mental wellness among men who are depressed or suicidal are largely seen as failures. Men's suicides, which rarely show the same kind of vulnerabilities, face more stigma about emotional expression among community members (Stephenson et al., 2020). Societal expectations surrounding

masculinity can actually hinder mental health discourse, leading to a vicious cycle of emotional learned helplessness. This represents an urgent research gap that must be addressed by studies that explore the intersection of cultural beliefs and the emotional consequences of male suicide in Nigeria.

In Botswana, while there remain other countries/locations that could prove interesting to study, community cohesion is a large factor in the beliefs and responses towards suicide. According to Johns et al. (2021), communal gatherings and rituals are coping mechanisms in dealing with grief, but so little is known as to how those rituals ultimately impact the emotional well-being of community members some time after the apparent suicide crisis. Despite several theoretical frameworks on communal coping strategies, studies have not fully explored the effectiveness of communal coping strategies, which represents a significant gap in the literature base.

Emotional consequences of male suicide also must be contextualized culturally in South Africa regarding their potentially latent attributes of collective and transgenerational trauma and inextricable social contexts of inequity. Gwarisa (2021) points out that communities are dealing with double grieving that is aggravated by socio-economic inequalities and unavailability of mental health resources. This emotion is a missing piece of literature on the deductive problems many communities are facing, when what informs their solution depends on the emotion to be expunged: alas, more targeted research would address this gap between unique emotions driving different communities and systemic issues that fall within emotional layers that are still being addressed under one umbrella of solutions. Finally, in Zimbabwe, there is now local recognition of the emotional well-being impact of male suicide at the community level, but little has been done in terms of empirical studies. Awareness of this stigma not only impacts the men directly; Jordans et al. (2018) propose it fosters an environment of fear and silence which hampers the expression of emotion. The lack of knowledge regarding the exact nature of culturally relevant emotive factors that drive Zimbabweans to suicide calls for more in-depth studies on how to address male suicide behavior in a culturally sensitive manner. Thus, while there is substantial research on the emotional impacts of male suicide in multiple nations, considerable gaps actually exist—particularly regarding cross-national studies that deal with cultural differences and societal responses. This study seeks to address both of these gaps by examining societal perspectives specific to Zimbabwe, which then allows for a more integrated approach needed to better map the emotional impact of male suicide across varying contexts.

Research Methodology

By using a case study approach, this qualitative study investigates the response of community members in Zimbabwe to the emotional impact of male suicide. Participants were recruited purposively with a sample of 13: [3 females, 4 males, 1 Ministry of Primary and Secondary Education official, 2 parents, 2 NGO representatives working in suicide prevention and 1 parliament member]. The assertions by Kaggwa et al. (2022), noting that sampling in this way can add depth and relevance to the data by ensuring that participants hold relevant insights for the research topic. Data collection was done with one focus group discussion, which is justifiable because it allows participants to engage in a dynamic dialogue, which can generate a diversity of feelings, perspectives and ideas (Saruchera & Chidarikire, 2025). Suicide is a complex area of concern involving various perspectives, and as found by Lambi et al. (2019), focus group discussions enable respondents to expand on one another's input, thus generating a synergistic effect permeating in-depth information on the subject. This approach works especially well for sensitive topics because it provides a safe space for participants to hear each other share their stories, as well as a sense of community and shared experience. Using the approach outlined by Braun and Clarke (2006), a thematic analysis was performed on the data collected, which involves the procedure of identifying themes and patterns in qualitative data. Such an analytical strategy is necessary for identifying the complex emotional geographies involved in community reactions to male suicide. The study, in addition, took into account ethical considerations; informed consent was obtained from every participant, who was made aware of their rights to confidentiality, and the right to withdraw from the study at any time without penalties (Li et al., 2021). As detailed by Marracini et al. (2022), these ethical principles are especially significant as they ask that the research we conduct upholds standards of integrity and respects the people involved in the research process.

Theoretical framework: Durkheim's theory of suicide

The theoretical framework that guided this study is Émile Durkheim's theory of suicide. The theory was proposed in 1897 (Chidarikire & Mweli, 2025). Not only a bedrock figure of the discipline of sociology, Durkheim argued that suicide is not a singular, alien individual act of despair, but that society steers a core component of its influence (Saruchera & Chidarikire, 2025). Furthermore, Durkheim stated that the level of social integration and social regulation in a society has a major influence on the number of suicides (Lee et al., 2022). Based on

differing levels of social integration and regulation, Durkheim (1951) identified four types of suicide: egoistic, altruistic, anomic and fatalistic (Maple et al., 2018). Egoistic suicide, on the other hand, relates to people who live within society but have few remaining bonds to it and little sense of belonging (WHO, 2021). Dove et al. (2018) also mentioned that altruistic suicide results from excessive social integration with those who sacrifice themselves for the sake of the group. Anomic suicide occurs when a society experiences too little regulation during a time of social disorder, such as social or economic upheaval, resulting in a sense of normlessness (Knettle et al., 2023). In contrast, fatalistic suicide takes place when people are over-regulated and left with little hope (Engel, 2023). Durkheim suggested several suicide sets to research, one of which specifies that the emotional effects of male suicide on community members can be studied and applies Durkheim's principles to this study on Zimbabwean communities and the levels of social integration and regulation within them and how this, in turn, could influence emotional responses to male suicide. In tight-knit communities with adequate social networks, the psychological impact of male suicide might be lessened by collective grieving and community support (Breet et al., 2021). On the other hand, in socially fragmented communities—where social ties are weak—community members may feel even more isolated and mournful. Take a Zimbabwean school setting, for instance. According to Durkheim's theory, when an individual does take his/her life, the emotional contagion among students and teachers is related to the social integration of a male student who has committed suicide (Cuesta et al., 2021). In a school with a sense of community, where students and teachers feel connected to one another and where the teachers are supportive, the emotional fallout may be treated like a wound through therapy, group conversations or memorial services, so that healing as one unit becomes a possibility. On the other hand, in an insular school environment where students isolate themselves and rally against one another, emotionally, it could be even worse, driving students and staff into higher levels of anxiety and depression (Diego et al., 2022). In addition, Durkheim's notion of anomie may be useful in considering how compounding socio-economic woes and rapid social change in Zimbabwe can create a sense of hopelessness and despair leading to emotional consequences of male suicide (Feigelman et al., 2018). Economic struggles and unemployment, just like other sociodemographic features, may create a state of normlessness and uncertainty within a community, which can make it harder to deal with the consequences of suicide. The work of Bryant and Damian (2020) emphasizes the continuing relevance of Durkheim's collective characterization of suicide in the study of suicide in the 21st century, with social relationships underpinning a potentially important influence upon suicide stability and change (Gijzen et al., 2022).

But they also acknowledge the limitations of Durkheim's theory, especially its macro-level emphasis on impersonal social forces versus psychological factors such as personality. Interestingly, this finding provides evidence against Durkheim's theory, which suggests that suicide rates might be negatively correlated with unemployment, as the social context of increased stressors would lead individuals to take their lives, implicating the notion that suicide is a collective social response to loss and social alienation; thus when society is deprived of loss, we then witness it thrive through increased suicide rates. By exploring this relationship between social integration and social regulation in conjunction with their experiences at the individual level, this research can yield greater insight into the emotional impacts of male suicide on the neighboring community in Zimbabwe.

Findings and Discussion

Theme 1: Emotional Repercussions of Male suicides on community members

In Zimbabwe, the emotional impact of male suicide on community members is a serious social issue — the implications of which goes beyond individual misfortune to affect families, schools and communities. The impact of the single act of male suicide goes well beyond the immediate loss, creating a cycle of grief, stigma, and emotional devastation that can ripple through our entire community, and this on a day when the news tells us figures are continuing to rise. It calls for a thorough investigation of the broad-spectrum implications for inhabitants, educators, community heads, and mental health practitioners too. Narratives from families and friends affected by male suicide show the community-based emotional terrain: how collectively grieving, aching, and suffering promotes community connectedness through both vulnerability and empathy. This qualitative study seeks to provide insights into these emotional consequences, and use the narratives of participants from different backgrounds to highlight the social repercussions of men committing suicide in Zimbabwe.

The participants had the following views on this theme:

Male community member participant argued that:

When one of my friends took his life, it felt like a part of our group was missing. We did not know how to talk about it, and I noticed many of us just stayed quiet. It's like we were all in shock, but no one wanted to show it.

On the other hand, the community member Female participant narrated that,

I remember the day we heard the news; it was devastating. The boys in my class seemed more affected, and they struggled to express their feelings. I often thought about how we could have helped him if he had just talked to someone.

Additionally, Ministry of Primary and Secondary Education Official commented that,

The impact of male suicide on schools is profound. It disrupts learning and creates an atmosphere of fear and uncertainty. We are now focusing on integrating emotional health programs into the curriculum to address these issues proactively.

More so, NGO Representative expressed that,

In our work, we see firsthand the aftermath of male suicide. Families often feel isolated, and there's a lack of resources for them to cope with their loss. We're pushing for community support systems to be established, but there's still a long way to go.

Lastly, Member of Parliament noted that,

This issue is not just a personal tragedy; it reflects broader societal problems. We need to address the systemic issues contributing to male suicide, such as unemployment and mental health stigma. It's vital for us to create policies that support mental well-being in our communities.

From the above data by participants, the following are findings and discussion sections:

In communities of Zimbabwe, the emotional effects that come from men who die by suicide filter all the way through the communities such that the ripple effects of death by suicide in

men are felt as an intense and messy culture of grief and stigma (Dube et al, 2018). One male who spoke about a friend as part of a community said, "It was like one of my friends committed suicide. It was like... it's not your own friend per se, but it was literally one of us missing who was here.... It was like we were in this shock zone... but it was like no one wanted to show it." This reflects the research that a suicide can impact up to 135 members of a community (Gwarisa, 2021). The silence and shock seen in this participant's friends illustrates the public health issue of how to cope with grief after suicide (Stephenson et al, 2020). "A girl in my neighbourhood said the boys in her class appeared to be more affected but put on a brave face, with many of them finding it difficult to communicate their feelings..., and I kept thinking: We could have saved him if he would have just told someone," the research noted in a comment reflecting the gendered nature of emotional expression and propensity for assistance. This realization highlights the need to develop emotional intelligence in boys from childhood (Holmes et al. 2021).

Ministry of Primary and Secondary Education Official

A Ministry of Primary and Secondary Education Official said, "All schools are experiencing the full impact of male suicide. It makes it difficult to learn and creates a culture of fear and not knowing what will happen next... We are now working to include and develop emotional health programmes in the curriculum to tackle it in a pre-emptive way," suggesting a problem is identified and proactive solutions are being put in place. It is also essential given evidence that children bereaved of a parent through suicide are at markedly higher risk of developing mental health problems (Jordans et al, 2018).

A Representative from an NGO said: "We encounter male suicide in the field and counsel bereaved families in our work. Despite these labors of love, families find themselves isolated and without resources to support their grief. We're trying to get community support systems in place, but we're far from that," referring to the need for stronger support systems for families who have lost a loved one. The isolation that families experience is a major issue because complicated grief can develop from suicide bereavement (Karatekin, 2018).

One MP said: "This is not only a personal tragedy — it speaks to something larger going on in society. We must tackle the broader societal problems behind male suicide like unemployment and stigma. We need to ensure that we are creating mental health-promoting policies within our communities," highlighting the need for a systemic approach and policy changes. This view corresponds with the perception that suicide is primarily driven by structural realities, including economic challenges (Kaggwa et al, 2022).

The data provides a discussion that when it comes to male suicide, it is a rising issue based on societal expectations, financial pressure, and mental health stigma (Lambi et al, 2019). Research in Zimbabwe indicates men are three times more likely to die by suicide than women, and harmful cultural norms mean men may often feel unable to seek help (Lee et al, 2022). In addition, suicide is reported by WHO to be responsible for 1.8% of total deaths in Zimbabwe, with men exhibiting higher rates (Chidarikire & Saruchera, 2024). More studies are needed to examine the Zimbabwean cultural contexts underlying men's suicide and culturally sensitive behavioral interventions. Within the United States, male suicide rates are also much higher than those of females (Kappel et al, 2021). However, studies suggest that situational factors are extremely crucial too, as a significant portion of suicide victims have no previously diagnosed mental health problems prior to death (Li et al, 2021).

The most common precipitating circumstances of male suicides in the U.S. were relationship problems/loss and arguments prior to death or personal crisis, the latter being the finding of a study published in the December 27 issue of JAMA (2023). Studies conducted within the US have documented risk factors including access to firearms and substance use (Marracini et al, 2022). Additional studies are needed to better understand how these variables interact with cultural norms and socioeconomic conditions and their combined effects on male suicide rates among different ethnic and racial groups.

Kurtz et al (2023) mention that in the UK, suicide is the single biggest killer of men under 50, and that around three in four suicides are by men. In the UK, men are less likely to seek help for mental health problems due to stigma and social expectations (Almuneef, 2021). Financial pressures and stress from work are also major drivers (Baiden et al, 2021). More research is needed about the diversity of male suicide rates in areas of the UK and how we can reach men at risk, particularly those who are socioeconomically deprived.

In contrast, some studies from Nigeria have found a male-to-female ratio higher than 1.0, which suggests a higher occurrence of male suicide relative to females (Kupemba, 2021), which departs from the pattern seen in some Western countries. For instance, the cultural norms of masculinity could be a significant barrier for men who might want to seek treatment for mental illness (Diego et al, 2022). Socioeconomic difficulties like poverty and unemployment are also factors in suicidal behavior (Clark et al, 2022). Additionally, financial inadequacy and disagreement within marital homes were established to be common antecedents of suicide in Nigeria, pointing to socioeconomic pressure as noted by Breet et al (2021) and Feigelman et al (2018). More community-based studies are needed to determine the risk factors and cultural

determinants of male suicide in Nigeria and to develop culturally appropriate prevention strategies.

On top of this, it is also in the African SADC region where we find the highest suicide rate in Botswana (Gwarisa, 2021). Bryant & Damian (2020) also found that males are four times more likely to commit suicide than females. Some of the reasons for the unprecedented high number of suicides recorded in Botswana include unemployment, economic difficulties, and substance abuse (Dube et al, 2018). Relationship problems have been identified as a significant reason for suicidal behavior among young men in Botswana (Jordans et al, 2018). However, further investigation is required to clarify the complex interactions of factors leading to suicidal actions by men in Botswana, including social and cultural beliefs, socioeconomic conditions, and access to mental health services.

Men dominate the numbers when it comes to the high rate of South African suicide (Karatekin, 2018). Poverty, unemployment, and economic disparities, together with the belief that men should not voice their problems, lead to mental health challenges and suicide (Kaggwa et al, 2022). Researchers have also identified sexual abuse, substance misuse, and violence as contributing impacts (Maple et al, 2018). More research is needed on the male mental health crisis in South Africa, as well as developing targeted interventions for different age groups and communities.

Therefore, the emotional impact of male suicide on community members is complex and deep. Results from included statements indicate a need for holistic, culturally appropriate interventions that address the contexts of male suicide, reduce stigma, and improve access to mental health services. Our identified research gaps in countries reflect the need for ongoing research and the need to incorporate those findings into tailored prevention strategies.

Theme 2: Strategies to mitigate emotional repercussions of male suicides on community members

Male suicide has become a serious public health concern in Zimbabwe, and communities continue to find their way in the dark with many questions about its psychological impact. This highlights the need for a combination of evidence-based approaches to reduce the impact of male suicide on the community. The mass grief goes beyond the families who lost someone and ripples into homes, schools, and across local governments. In a climate where male suicide continues to rise, finding and executing effective solutions are more important than ever. This exploration aims to highlight the views of diverse groups, including community members,

educators, health workers, and policy-makers, who have to deal with the emotional pain inflicted by these losses. This conversation aims to better capture both the collective emotional landscape as well as the ways in which we can alleviate the very real suffering caused by the loss of men who have taken their own lives across different generations by synthesizing their insights.

The following are verbatim statements by participants in response to this theme:

Firstly, Male Community Member expressed that,

When we lose one of our own, it feels like a part of our community is gone. We need to find ways to talk openly about our feelings. Initiatives that bring us together to share our experiences can help us heal.

Secondly, Female Community Member said,

I think education is crucial. If we can teach our young boys how to express their emotions and seek help when they need it, we might prevent these tragedies in the future. Support groups could also make a difference.

Thirdly, Ministry of Primary and Secondary Education Official commented that,

Our schools must play a pivotal role in addressing these issues. We are currently developing programs that incorporate mental health awareness and emotional resilience into the curriculum. It's about creating a safe space for students to discuss their feelings.

Fourthly, NGO Representative observed that,

We work directly with families affected by suicide, and we see the isolation they experience. Establishing community support systems is essential. Workshops and counseling services can empower families to cope with their grief and rebuild their lives.

Fifthly, Member of Parliament shared that,

This is not merely a personal tragedy; it reflects systemic failures in our society. We require comprehensive policies that address mental health issues and provide resources for community support. Legislative action is crucial to facilitate these changes.

Lastly, Ministry of Health and Child Welfare Official shared that,

Addressing the emotional repercussions of male suicide requires a holistic approach. We need to enhance mental health services and ensure that they are accessible to all. Raising awareness about mental health issues and stigma reduction is vital for fostering a supportive community.

The above findings were made collectively by the participants in this study and these strategies are vital for reducing the emotional consequences of male suicide in Zimbabwean communities. One of the strongest messages from the data is the necessity of communication and the need to share experiences. A male member of the community expressed: "We lose one of us, we've lost part of us." We have to establish means that will allow us to engage in discussions where we express how we feel about things. Things like these, that bring us to share our struggles, would facilitate our healing. Building social connection, and creating opportunities to grieve collectively are critical elements of post-suicide support, evidence that reinforces this view (Lee et al, 2022)

A female community member said: "Education is very important, I think this is one thing we cannot ignore. Maybe if we taught young boys how to cry and reach for help when they need it, we would stop having these tragedies in the future. Or even difference support groups could." This further emphasises nine the need for mental health literacy and emotional intelligence skills to be embedded early on (Knettle et al, 2023). Ministry of Primary and Secondary Education Official stressing the crucial function of schools to intervene on these matters said "Our schools must play a pivotal role in addressing these issues. And right now, we are developing programs that include mental health awareness and emotional resilience as part of the curriculum. What we are trying to do is have a safe space for kids talking about their emotions. This is increasingly viewed as acknowledgement for mental health programs at schools to provide early intervention and supportive environments (Almuneef, 2021).

A representative of an NGO made an important observation: "We work directly with families affected by suicide, and we see the isolation that these families experience. Community Support

Systems must be there. Through workshops and counselling services, families no longer need to battle grief on their own — for they will learn how to overcome and live again," It reinforces the importance of culturally congruent support services for families who are grieving (Clark et al, 2022). "This is not just a personal matter, this is a systemic failing", the Member of Parliment said, "This is an example of the failure of our society to create policy change. We need national policy that addresses mental health with adequate support for communities. There's no denying that legislative action is the driving force behind these changes." Such view corroborates the concept that suicide is associated with higher level factors including unemployment, poverty and stigma against mental health (Baiden et al, 2021).

Lastly, a Ministry of Health and Child Welfare Official said: "The fact that male suicide is an emotional issue needs to be addressed holistically. We need to improve and bring mental health services within the reach of everyone. A key factor in creating a supportive environment is raising awareness about mental health issues and stigma reduction (Gwarisa, 2021). This highlights the importance of the physical, emotional, social and spiritual health of those who are impacted by suicide (Gijzen et al, 2022).

Finally, collective strategies identified by participants are indicative of a broad, multi-faceted approach to addressing the emotional impact of male suicide in Zimbabwe as outlined in the discussion of data. This focus on open communication echoes research which has shown that breaking the conspiracy of silence around suicide can decrease stigma and promote help-seeking behaviours (Dube et al, 2018). Grading itself address the establishment and develop of ameliorate community around people to speak their ways and feelings, and when they are too hard deal with isolation (Stephenson et al, 2020). Regarding education and mental health literacy, this is a call to ensure that individuals have the tools to identify and respond to mental health concerns (Kaggwa et al, 2022). Incorporating mental health awareness into school curricula can help in reducing the stigma surrounding mental illness, whilst also encouraging emotional resilience and helping out young people to succeed (Maple et al, 2018). Also, training for educators and community leaders can help them with identifying at-risk individuals and offering them the proper support (Kapple et al, 2021).

Because of this necessity for community support systems, it encourages accessible, and culturally appropriate services for loss families (Lee et al, 2022). Workshops, counseling services, and support groups can provide families the foundation to work through their grief

and reestablish a life (Marracini et al, 2022). Furthermore, peer support programs offer a sense of belonging to the individual and reduce feelings of isolation (Dube et al, 2018). Keywords: gender roles; male suicide; policy; preventions; why — men suicide;The need for focus on the latter through appropriate policy interventions as notes in (Breet et al, 2021) the systematic environment where the male suicide occurs. This calls for nation-wide policies addressing unemployment, poverty and mental health stigma (Feigelman et al, 2018). Moreover, improving accessibility to mental health services is also important for providing a supportive environment (Holmes et al, 2021).

The focus on a systems approach highlights the need to meet the physical, mental, social, and spiritual needs of survivors and at-risk populations (Karatekin, 2018). This includes encouraging healthy lifestyles, ensuring mental health services where necessary, and providing a sense of community and belonging (Kaggwa et al, 2022).

Our findings are in line with the global suicide prevention strategy which highlights a multisectoral approach that also incorporates prevention, intervention and postvention (Lee et al, 2022). By employing these strategies, communities will be able to establish and atmosphere that is more supportive for anyone experiencing the impact of male suicide, and work towards limiting the emotional blow back of these tragedies (Maple et al, 2018) At Zimbabwe National Mental Health Strategy (2020-2025) prevention of suicide is one of its key areas of focus by improving access to/availability of mental health services and reducing stigma (Kurtz et al, 2023). Core components of this strategy involve increasing collaborative mental health service organizations at community level, training health workers to identify and respond to factors that increase the likelihood of suicide, and suicide prevention training at school and workplace settings (Saruchera & Chidarikire, 2025). By tackling these issues and applying strategies based on evidence, Zimbabwe has the potential to advance towards lessening the emotional effects of male suicide and providing a society that is more caring and bulletproof (Baiden et al, 2021).

Summary

The far-reaching consequences of male suicide on the emotional well-being of Zimbabweans far transcend the lost individual. In this era of faith-based conflicts and acts of terrorism, studies reveal the very heartbreaking impact on community members, especially the loss and grief of

the people, the stigma that arises, and the emotional trauma people go through. These narratives highlight the crucial need for more holistic elements that promote communication, develop mental health literacy, and support entire communities together. Such systemic societal issues — unemployment, mental health stigma, inadequate access to care — require a whole-of-system response to not only prevent the upstream causes of suicide but also the upstream conditions which contribute to suicide. With the deep symbolism of men taking their own lives, the community needs to sit down with the Ministry of Primary and Secondary Education, Ministry of Health and Child Welfare, counselors, policymakers, and other stakeholders before the phenomenon reaches unmanageable proportions so as to come up with interventions. These stakeholders need to collaborate so we can break down the systemic barriers that prevent mental health services from being accessible, inclusive, or culturally appropriate.

Recommendations

For Female Learners

Future research should explore the unique emotional and psychological impacts of male suicide on female learners. Understanding their perspectives can inform targeted interventions that address their specific needs and foster resilience in the face of such tragedies.

For Ministry of Primary and Secondary Education

The Ministry should prioritize the integration of mental health education within school curricula, emphasizing emotional literacy and coping strategies. Research should assess the effectiveness of these programs in reducing stigma and enhancing students' ability to seek help.

For Ministry of Health and Child Welfare

Investigate the barriers to accessing mental health services for youth and families affected by suicide. This research should inform policy changes that facilitate improved access to culturally appropriate mental health care.

For Counselors

Develop training programs for school counselors that focus on identifying and supporting students at risk of emotional distress due to suicide loss. Research should evaluate the impact of these training programs on counselors' efficacy and the well-being of affected students.

For Members of Parliament and Lawmakers

Engage in research that examines the effectiveness of current legislation relating to mental health and suicide prevention. Policymakers should be informed by data-driven recommendations that advocate for comprehensive suicide prevention strategies and adequate funding for mental health services.

For community Members

Encourage community-based participatory research that involves local stakeholders in identifying the most pressing mental health needs related to suicide. This research should aim to empower community members to become advocates for change and to foster networks of support that are responsive to the needs of those affected by suicide.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19

Chapter 8

Exploring the Impact of Male Suicide on Zimbabwe's Health Care System: Challenges and solutions

Munyaradzi Chidarikire
Health and Life Skills and Educational Psychology lecturer
Department of Curriculum Studies
Great Zimbabwe University, Masvingo, Zimbabwe

https://orcid.org/0000-0003-3507-8329

Email mchidas78@gmail.com

Abstract

Using qualitative case study methodology, this investigation assesses the impact of male suicide on the challenges and solutions for the healthcare system in Zimbabwe. Qualitative research enables an exploration of complex phenomena in their context, taking into consideration the underlying issues rather than just measures that can be enumerated. We used purposive sampling to select participants with concentrated knowledge and relevant experience regarding men and suicide, and the healthcare system. The range of participants consisted of community members, Ministry of Health and Child Welfare representatives and officials, Ministry of Primary and Secondary Education representatives and officials, non-governmental organisation (NGO) representatives, and a Member of Parliament. A focus group discussion (FGD) was used for data collection, allowing the participants to share their views in a group context and promoting in-depth qualitative data through interactive dialogue. The organization of the FGD enabled exploration of shared and different experiential perspectives on the research phenomena. Data collected were analyzed using thematic analysis, which seeks to identify, analyze, and report patterns of meaning within responses. The investigation discovered that there is an intense healthcare system toll from male suicide. Stigma about having mental health problems also increases the crisis, causing underreporting and a lack of prevention, the participants said. The recommendations outlined in the study include better training for healthcare providers and community leaders to enhance awareness and response strategies, and increased mental health resources and crisis prevention awareness. Ethical implications were of the utmost importance while conducting this research, obtaining informed consent prior to participation and anonymizing analysis results to maintain confidentiality. By following ethical guidelines, this study protected the dignity and well-being of all participants to create trust and authenticity in the research outcomes.

Keywords: Challenges; Healthcare; Male Suicide; Solutions; Stigma

Introduction

Male suicide in Zimbabwe is now a major public health challenge that has the potential to overwhelm the healthcare system of this nation. However, the issue of male suicide remains a

growing concern, as the rates of male suicides have increased over the years, posing a long-lasting problem for health care providers, politicians, and mental health service providers. This chapter will focus upon the language of male suicide for the purpose of explaining male suicide. It also explores the numerous implications that male suicides have on the health system in Zimbabwe, mental health service provisioning, the impact on health care workers' emotional well-being, and the impact of male suicides on society. This chapter will showcase the need for a robust mitigation strategy for male suicides, which will be seen through the scope of these challenges. Planned initiatives will target improving mental health services, increasing awareness and education, and developing supportive community connections. This chapter aims to cultivate collective action through a systems perspective of male suicide within the healthcare system in Zimbabwe through a thorough Analytic Hierarchy Process.

Definition of key terms

Counseling is a process facilitated by a professional that helps individuals grow and/or work on psychological problems. As noted by Kurtz et al. (2023), counseling is an opportunity for people to explore how they are feeling and learn skills to cope with the challenges of life in a safe space. Similarly, Saruchera and Chidarikire (2025) assert that the therapeutic relationship is an important part of the process of discovering yourself and has an influence on the emotional healing journey, which counseling as a process entails. The researcher describes counseling as a fundamental mental health prevention and promotion tool that provides insight into managing issues and building resilience through support and an understanding environment. Male suicide is the risk of ending one's own life by men due to various social, economic, political, and health issues. According to Baiden et al. [citation incomplete]. According to Shafran et al. [citation incomplete]. Exemplifying this further, Almuneef (2021) explains that traditional masculinity standards might inhibit men from reaching out for help, in return making their mental health condition worse. I believe that both male suicide itself and the plight of men suffering from depression need to be treated as a public health crisis and that without addressing it urgently, more families and communities will be negatively impacted as men ultimately take their own lives. The healthcare system is the subsystem that comprises the vast network of services that provide medical care to people and communities. As stated by WHO (2021), a good health care system is needed for the delivery of quality care with respect to promotion and prevention. Kupemba (2021) also states that an effective and strong healthcare system is a system that is accessible, efficient, and patient-centered. I consider the healthcare system to be an

underpinning of a healthy society, since it impacts health outcomes and the general quality of life of those living in it.

Literature Review

The challenges of male suicide create major hurdles for healthcare systems around the world; however, Zimbabwe is experiencing particular challenges in this area. In the US, at least, the male suicide crisis is compounded by cultural attitudes that discourage men from seeking help for mental health problems. The Australian Institute for Health (2020) recommended in their online report that societal expectations for men to sometimes use more lethal means in suicide attempts indicate a high need for fitting interventions. Although there is a wealth of data in the U.S. literature, these investigations do not focus on how any of these findings would apply to Zimbabwe, where similar societal pressures and stigmas are undoubtedly prevalent, representing a large gap in the literature. A whole other layer to the problem of male suicide exists in the UK. Men don't often talk about emotional distress. Bertuccio et al. and Maddox et al. (2022) mention that due to underreporting of mental health issues among men, the suicide rate remains high. Despite efforts to expand access to mental health care, few address male suicide in particular, and even fewer consider how these approaches might be culturally adapted for Zimbabwe, where men may be socialized to be reluctant to talk about personal hardship.

Stigma still stands in the way of male suicide prevention in Nigeria. Engel (2023) noted how help-seeking behavior is low among men, due to traditional views on masculinity, which is often linked to the rising rates of male suicide. Some literature in the field exists on mental health in Nigeria, but the implications for the healthcare system are not discussed (Ede et al., 2021), similar to the previous issue in Zimbabwe, where the contextual cultural dynamics may also encourage men not to seek help, which is another gap within the field.

Botswana has been making strides when it comes to addressing mental health as part of the larger problematic health system but still faces ongoing issues concerning limited resources. Previous research, such as that by Hetrick et al. (2021), highlights how the lack of access to mental health care is an important risk factor for suicide. Similar resource constraints exist in Zimbabwe, but the interplay of cultural stigma and healthcare accessibility has not been investigated, suggesting that more targeted research is necessary to better understand how these factors influence male suicide in Zimbabwe. The socioeconomic environment serves as the main predictor of male suicide in South Africa. High unemployment and poverty are identified

as major contributing factors to men suffering mental distress (Cuesta et al., 2021). In South Africa, there have been some awareness campaigns but no targeted solutions to the problem of male suicide. The absence of the comparative evidence above signals the need for Zimbabwe to create context-specific interventions relevant to the socioeconomic context of Zimbabwe, but such comparative studies are missing. Nowhere in the world are HIV/AIDS interventions, including prevention approaches, homogeneous.

The literature suggests mental health resource scarcity and stigma around mental illness in Zimbabwe that can complicate the challenges of male suicide (Diego et al., 2022). The emphasis is usually placed on wider mental illness challenges rather than on male suicide specifically, which represents an evident gap this study aims to explore by examining the context around Zimbabwe's health system response to this problem. With this in mind, solutions will be discussed, and examples will be provided of what other countries have done to combat the obstacles associated with male suicide. Community-based programming has been explored in the U.S. and may help decrease stigma and facilitate help-seeking behaviors among males (Bryant & Damiam, 2020). Such initiatives show the need for culturally sensitive approaches, which suggests similar strategies in Zimbabwe could be helpful. Yet the usage of these types of programs in varying cultural contexts is not well examined, suggesting a greater deficiency of useful solutions for men in Zimbabwe.

Male suicide prevention has been an increasingly prominent focus of mental health initiatives in the UK through specific campaigns and outreach programs. According to Gijzen et al., however, the evaluation of the effectiveness of such initiatives in reducing male suicide rates specifically has not been comprehensively undertaken (Milner et al.). In the absence of this point of reference, this presents a challenge for Zimbabwe, as they have an opportunity ahead of them to study and adapt some of the strategies that have been suited to the UK for the better part of a century, with the understanding that some level of cultural adaptation will need to be accounted for in Zimbabwe.

Mental health education and community engagement initiatives to reduce stigma have been used to address male suicide in Nigeria (Stephenson et al., 2020). Although these strategies have been successful to some extent on their own, it is uncertain how effective or scalable they would be within the Zimbabwean context, which suggests that there is a gap in research for exploring contextualized solutions. Community-based approaches that have been shown to be effective in other areas, such as in the Middle East, are now being incorporated into Botswana's mental health policy (Jordans et al., 2018).

The call for targeted interventions that address the challenges related to male suicide in Zimbabwe is a missing area of literature, confirming the need for more specific approaches. Suicide prevention efforts previously implemented in South Africa include the building of support networks aimed at men who may be struggling with their mental health (Duke et al., 2018). Although these networks offer important support, they may or may not be effective in Zimbabwe, where social structures that are more patriarchal might be the norm, and we are lacking research on that; this represents another gap to be filled. Thus, although there is a plethora of literature about the nature of male suicide, as well as suggestions for reducing it in many countries, less attention has been paid to how this literature translates to the Zimbabwean context.

Objectives: To identify the absence of studies that address male suicide in Zimbabwean healthcare systems, and to overcome this gap through an evaluation of the many reflective characteristics and challenges concerning male suicide, the unique struggles it presents, and the underlying suggestions to address this issue.

Research Methodology

This study employed a qualitative case study methodology to comprehensively evaluate the impact of male suicide on Zimbabwe's healthcare system, exploring both the challenges and potential solutions. A qualitative approach was deemed appropriate as it allows for an in-depth exploration of complex phenomena within their natural context, emphasizing understanding of the 'how' and 'why' rather than quantifiable metrics (Engel, 2023). Purposive sampling, a non-probability technique, was utilized to select information-rich participants who could provide valuable insights into the research topic (Creswell & Poth, 2018). The sample comprised thirteen participants chosen for their specific knowledge and experiences related to male suicide and the healthcare system (Dube et al., 2018). These included four male community members and three female community members to capture diverse perspectives on the impact of male suicide within the community; three Ministry of Health and Child Welfare officials to provide insights into healthcare policies and practices; two Ministry of Primary and Secondary Education officials to explore preventative measures and mental health support in schools; two representatives from Non-Governmental Organizations (NGOs) working against suicides to share their practical experiences and intervention strategies; and one member of parliament to offer insights into legislative and policy-making aspects (Chidarikire & Saruchera, 2025). Data collection was primarily conducted through a single focus group discussion (FGD), a method

well-suited for gathering collective views and generating in-depth qualitative data through interactive discussions (Diago et al., 2022). The focus group setting facilitated the exploration of shared experiences and differing perspectives, providing a rich understanding of the research topic (Feigelman et al., 2018). The data obtained from the FGD were then subjected to thematic analysis, a widely used qualitative data analysis technique that involves identifying, analyzing, and interpreting patterns of meaning (themes) within the data (Bryant & Damiam, 2020). This approach allowed for a systematic and rigorous examination of the data, ensuring that key issues and recurring themes were identified and analyzed in relation to the research objectives (Gijzen et al., 2022). Throughout the research process, ethical considerations were paramount (Dube et al., 2018). Informed consent was obtained from all participants, ensuring they were fully aware of the study's purpose, their right to withdraw at any time without penalty, and the measures taken to protect their confidentiality (Gwarisa, 2021). Participants were assured that their identities and personal information would be protected through anonymization and secure data storage (Holmes et al., 2021). Furthermore, participants were explicitly informed that the purpose of the study was purely academic, ensuring transparency and managing expectations (Karatekin, 2018). By adhering to these ethical principles, the study aimed to uphold the rights, dignity, and well-being of all participants, fostering trust and ensuring the integrity of the research findings (Li et al., 2021).

Theoretical framework

The study is framed within the Interpersonal Theory of Suicide (IPTS) developed by Thomas Joiner (Knettle et al., 2023). The theory posits that suicide happens when a person simultaneously experiences thwarted belongingness and perceived burdensomeness and has the acquired capability to engage in suicidal behaviour. Martinez-Ale and Keye (2019) claim that suicidal wish occurs when one internally believes that he/she/they are a burden along with the feeling of being isolated from the world around them. Thwarted belongingness is a lack of meaningful connections and a sense of being alone, and perceived burdensomeness is a belief that one's existence is a burden on others (Marracini et al., 2022). Another component — acquired capability — theorizes that, to even attempt to take their own life, individuals have to overcome their inherent fear of death through repeated exposure to painful or provocative experiences (e.g., self-harm, trauma) (Maple et al., 2018). In terms of the Zimbabwean context, the IPTS framework assists in elaborating upon the evidence of barriers within the healthcare system pertaining to male suicide. For example, Kapple et al. (2021) assert that common stigma

that is currently prevalent in Zimbabwe may increase feelings of thwarted belongingness in men, because they may not seek help or feel pressure to discuss their struggles for fear of judgment and stigmatization. This stigma may add to the social isolation and reduced sense of connection that contributes to increased suicide risk (Lambi et al., 2019). But also, as a contribution of recent socioeconomic stressors, including the increase in unemployment and financial struggle, this leads to perceived burdensomeness, especially in cultures with expectations of men as the providers of the family (Lee et al., 2022). The failure of men to provide for their families and communities results in feelings of inadequacy and the perception that their death would lessen the burden on others (Almuneef, 2021). Suppose, for example, a man who lost his job feels his family would be better off without him, because he cannot afford food and shelter for them. This sense of being burdensome, along with low social support, can put him at greater risk for suicide.

The IPTS can also be used to consider the experiences of boys in a school context who may be facing academic, social, and/or isolation pressures. Hypothetically, a failing male student who feels isolated from his peers may experience both thwarted belongingness and perceived burdensomeness. If he has a previous history of self-injury or has been exposed to suicide, he may have a higher level of acquired capability and will be more at risk for suicidal behaviour. Utilizing the IPTS as a framework for the present study enables the examination of suicide risk factors in the context of Zimbabwe and identification of potential intervention strategies that target contributing social and psychological factors associated with male suicide (Engel, 2023). These involve eradicating stigma, enhancing the availability of social connection, and improving accessible mental health services which are suited to the unique needs of men in Zimbabwe (Breet et al., 2021).

Findings and Discussions

Theme 1: Challenges of Male Suicide on Zimbabwe's Health Care System

Male suicide is a serious problem facing healthcare systems all over the world, and Zimbabwe is no different. This theme summarises the complexities, challenges and issues within the Zimbabwean health care structure regarding male suicide and contributes to minimising the prevention and the care for affected males. These include everything from institutional failures and limited resources to longstanding socio-cultural barriers that hinder effective prevention and intervention efforts. This study participant sample included individuals from different

backgrounds and provided rich commentary on these issues, highlighting the importance of culturally-specific prevention and intervention strategies for this public health crisis.

Below are verbatim statements from participants, illustrating the challenges of male suicide on Zimbabwe's healthcare system:

Male Community Member expressed that,

Here, men do not talk about their problems. They suffer in silence until it's too late. The clinics are there, but who goes? It's seen as weakness.

On the other hand, Female Community Member commented that,

Our hospitals are overwhelmed already. Adding mental health, especially for men who don't even seek help, is a huge strain. We need more resources and awareness

Additionally, Ministry of Health and Child Welfare Official held that,

We are facing a crisis of resources. Mental health is always the last priority. We have few trained professionals to deal with suicide, especially male suicide, which is often hidden.

More so, Ministry of Primary and Secondary Education Official observed that,

We see the signs in schools – the depression, the isolation. But we lack the resources to provide adequate counseling. Boys are especially difficult to reach; they don't want to be seen as weak.

Furthermore, working with Suicide Issues said that,

The biggest challenge is the stigma. Men don't come forward until it's an emergency. Our programs are underfunded, and we can't reach everyone who needs help.

Lastly, Member of Parliament shared that,

We need policy changes and more funding for mental health. Male suicide is a silent killer, and we are not doing enough. We need to change the way we think about mental health in this country.

The obstacles faced by male suicide within the healthcare system of Zimbabwe are unique and have key aspects such as stigma, scarcity of resources, and system inadequacies (WHO, 2021). One major contributing factor is the deep-seated socio-cultural norms that discourage men from seeking help (Cuesta et al, 2021). As one Male Community Member said, "Men do not discuss problems. They endure quietly until they can no longer handle it... It's seen as weakness." This indicates the more pervasive issue of toxic masculinity, where men feel reluctant to be vulnerable and seek help (Feigelman et al, 2018). This masculinity myth drives men to postpone or completely avoid mental health services until their condition deteriorates into crisis and it is too late (Dube et al., 2018).

There is immense pressure on the system itself in addressing mental health, especially for men (Gwarisa, 2021). One Female Community Member said, "Our hospitals are overloaded already. Mental health is a massive burden, especially with men who aren't even going to ask for help. We could use more resources" (Stephenson et al., 2020). Similarly, mental health services tend to be under-resourced and under-staffed, with limited capacity to treat suicide – particularly in males (WHO, 2021). A Ministry of Health and Child Welfare Official confirmed the same, saying, "We are experiencing a resource-based crisis here. Mental health is always the last priority. There are few experienced people who are available to deal with suicide, particularly male suicide which remains "invisible"" (Karatekin, 2018).

A Ministry of Primary and Secondary Education Official said, "We see the signs in schools – the depression, the isolation. But really, you need early accurate assessment and we don't have that, as we do not have extensive counselling services. This is not limited to schools. We do not have the resources, so we cannot give them all the counseling they need. The audiences that are hardest to reach are boys, because they do not want to appear weak" (Kaggwa et al., 2022). However, stigma contributes to men not seeking help or using these services (Lambi et al, 2019). Stigma is the largest hurdle to overcome. According to someone working with suicide issues (Lee et al., 2022), "Men only step forward when it is an emergency." Underserved communities are unable to get help from underfunded programs (Maple et al., 2018) that don't reach everyone in need, and this compounds the problem. The conjunction of societal and

systemic factors gives rise to a perfect storm of negative outcomes: men are dissuaded from accessing support while at the same time facing poor support if they attempt it (Marracini et al, 2022).

This discourse highlights a strong need for a comprehensive and culturally-sensitive response to address male suicide in Zimbabwe's healthcare system (Li et al, 2021). Overall, the stigma towards mental health seems to be an important factor influencing help-seeking behaviour, especially for men, and so it is necessary to target stigma in interventions related to help-seeking behaviour (Knettle et al., 2023). The World Health Organisation (2021) reported increasing mental health disorders in Zimbabwe, such as four times higher rates of depression and anxiety among men than women (Kurtz et al., 2023). Challenging the traditional ideas of masculinity, and motivating men to prioritize their mental health is crucial (Almuneef, 2021), which can only be achieved through public awareness campaigns and community-based programs. All of these initiatives should promote the notion that asking for help is not a weakness but a strength and help create safe spaces for men to share their experiences and receive assistance (Baiden et al, 2021).

Resource allocation within the healthcare system must be reassessed to bring mental health services to the front and center (WHO, 2021). Funding is required to train more mental health professionals, particularly in rural areas, and counseling services should be provided in schools and in the community (Kupemba, 2021). The National Strategic Plan for Mental Health Services (2019-2023) of the government set the objective of improving and reinforcing mental health legislation, increasing the funding of primary care facilities, expanding access to outpatient services, and improving the number and quality of mental health care providers (Diego et al, 2022). That said, to make these aspirations a reality, implementation and sustainable fiscal support are essential (Clark et al, 2022). Making mental health services available at primary healthcare facilities can also help improve access and reduce stigma by providing accessible, non-judgmental environments in which men can seek help in a comfortable space (WHO, 2021).

Policy changes are necessary for tackling structural factors that give rise to male suicide (Australian Institute for Health, 2020). As a parliamentary member pointed out, "We need policy changes and greater mental health funding. Suicide amongst men is a silent killer and we are all complicit. It is quite evident that we need to rethink mental health in this country" (Bertuccio et al., 2022). This includes passing laws to safeguard the rights, and access to care of persons with mental health conditions (Duke et al., 2018). In addition, policies must support the cooperation of government agencies, healthcare providers, and community organizations

in order to provide a cohesive and comprehensive method of suicide prevention (Engel, 2023). One such initiative, the WHO Special Initiative for Mental Health in Zimbabwe, engaged more than one hundred stakeholders to facilitate the development of its strategy (Breet et al, 2021). Overall, reducing the burden of male suicide in Zimbabwe takes a multi-faceted approach that addresses stigma, builds health systems, and influences policy (Diego et al, 2022). Zimbabwe can start to bring the silence regarding male suicide to an end, and save lives by creating a culture that supports men and by providing aware, accessible, and acceptable mental health services (Feigelman et al, 2018).

Theme 2: Solutions to mitigate impact of suicides on Health System in Zimbabwe

The alarming rise of male suicide in Zimbabwe poses a significant threat to both societal well-being and the healthcare system. As the nation grapples with the complexities of mental health, it becomes increasingly evident that effective, culturally sensitive solutions are imperative to combat this pressing public health crisis. This theme delves into the multifaceted responses that can address the underlying causes of male suicide, as articulated by various stakeholders within the community. Their insights reveal a spectrum of perspectives, highlighting the importance of collaboration among healthcare providers, educators, policymakers, and community organizations. Through understanding the solutions proposed by these key participants, it becomes possible to formulate comprehensive strategies aimed at reducing the stigma surrounding mental health, enhancing service accessibility, and ultimately saving lives.

Following are the verbatim answers from participants:

Firstly, Male Community Member argued that,

We need to create spaces where men can talk about their feelings without fear of judgment. It's vital that we normalize these conversations, so men don't feel they have to suffer in silence.

Secondly, Female Community Member shared that,

Education is key. We must increase awareness about mental health issues in schools and communities. If we teach our young boys that it's okay to seek help, we can make a difference.

Thirdly, Ministry of Primary and Secondary Education Official emphasized that,

Integrating mental health education into the school curriculum can help identify early signs of distress. We need trained counselors in schools to support our boys, making it clear that seeking help is not a weakness.

Fourthly, working with suicide Issues said,

Our programs focus on outreach and community involvement. We must engage men where they are, using peer support networks to encourage them to open up and seek help before it's too late.

Fifthly, Member of Parliament highlighted that,

Legislation is crucial. We need policies that prioritize mental health funding and create a supportive environment for mental health initiatives. It's time we treat mental health with the seriousness it deserves.

Lastly, Ministry of Health and Child Welfare Official explained that,

Resource allocation is a pressing issue. We need more funding for mental health services and training for healthcare professionals to adequately address the needs of men facing suicidal thoughts.

The results show that the solutions presented to combat the burden of male suicide on the healthcare system of Zimbabwe lie within the same key solutions of opening up safe spaces for discourse, mental health education, establishment of mental health in schools, extending support to the places of communities, prioritization of mental health in the scope of policy as well as through allocated funding and budget, and the expansion of human as well as other resources (Bryant & Damian, 2020). During a discussion among male community members, a person mentioned that there should be safe spaces for men to talk about their feelings without worrying about being judged, and that conversations should be normalized about mental health (Gijzen et al, 2022). Set into the context of wider acknowledgement of stigma hindering help-seeking in men (Dube et al, 2018). The discussion further emphasized the importance of

education on mental disorders because educating children, boys specifically (Gwarisa, 2021), and helping them understand the mental health system and spectrum from an early age encourages help-seeking behaviour. A Ministry of Primary and Secondary Education Official stressed the need for schools to include mental health education in their programs and arrange trained counselors to help the boys, explaining that "not only girls but boys too need counseling sessions to share problems which have led to their involvement in indiscipline," adding that help-seeking is a sign of strength (Stephenson et al, 2020). Such a proactive approach could help detect early warning signs of distress and help enable early intervention (Holmes et al, 2021). An individual working in suicide issues emphasized the importance of community outreach and peer support networks to meet men wherever they are in order to seek help before the issue escalates (Jordans et al, 2018). This method recognizes the need for accessible support systems that are relatable to the youth (Karatekin, 2018).

One of the key points made by Members of Parliament on men's mental health and reprioritizing of the health sector development is that changes in policy, and indeed funding, are needed. This is particularly relevant, given the rather serious nature of this assignment, regarding the need to "eliminate the issue." The point about the seriousness with which mental health should be taken is an indication of the scale of the change that will be required at a national level on policy towards mental health. The other comment relates to a Ministry of Health and Child Welfare Official who indicated that this change will require additional resources. They indicated that there is a need for additional professional staff in counseling and psycho-social support and for training. This was an indication of the scale of the resources and change that will be needed, an aspect that was missing from the above. Maple et al. make the point that to address the stigma that prevents men from seeking help can only come from normalizing conversations around mental health. Their study found that perceived stigma was substantially correlated with suicidal ideation for young adult males in Zimbabwe. From this, the need to have both the men talking and professionals who listen were central to the approach that will need to happen. It also points to the amount of work that will be needed in breaking down the stigma of mental ill health and making it an acceptable factor.

From this point of view, education is crucial in raising awareness and developing a help-seeking culture about mental health (Li et al, 2021). By incorporating mental health education into the school curriculum, we can improve young boys' understanding of the provision, identification, and management of mental health issues (Knettle et al, 2023).

Interventions at the community level, outreach programs, and peer support networks are key to reaching men who otherwise might not seek help (Saruchera & Chidarikire, 2025). Such

approaches are for instance embodied in the Friendship Bench program in Zimbabwe, which uses trained lay health workers to deliver mental health care in community settings, where it reduced common mental disorders (Almuneef, 2021). Such programs may help to provide low-barrier care in a culturally safe manner (Baiden et al, 2021).

Without policy reform and additional investment, the mental health system cannot become sustainable and effective (Diago et al, 2022). To address wide-scale mental health service implementation deficits, the government launched the National Strategic Plan for Mental Health Services (2019–2023) to enhance care access and quality, raise awareness, and build human resource capacity (WHO, 2021). Achieving these aims, however, requires sufficient funding and implementation (Clark et al, 2022). Increased synergy between mental health and primary care can be achieved through the integration of service provision, training, and policy level where the skills and specialized services meant for mental health need to be aligned and harmonized into the primary care systems to improve access to care and reduce the burden on the primary healthcare system (Bertuccio et al, 2022).

Summary

In summation, the pervasive issue of male suicides in Zimbabwe presents a multifaceted challenge that reverberates throughout the health system, impacting not only individual lives but also the collective fabric of communities. The confluence of socio-economic adversities, cultural stigmas, and inadequate mental health resources has engendered a crisis that necessitates a holistic and coordinated response. The ramifications of male suicides extend beyond the immediate loss of life; they strain healthcare resources, exacerbate social instability, and erode community cohesion. Thus, addressing this pressing issue is imperative not only for safeguarding the mental well-being of individuals but also for fortifying the overall health infrastructure of the nation.

Recommendations

Community Engagement Initiatives

It is essential for community members to actively participate in mental health advocacy and awareness campaigns. Initiatives that foster open dialogues about mental health, particularly

among men, can help dismantle the stigma surrounding mental illness and encourage individuals to seek help.

Policy Development by the Ministry of Primary and Secondary Education

The Ministry of Primary and Secondary Education should integrate mental health education into school curricula, equipping students with the knowledge and skills to recognize and address mental health issues. Programs that promote emotional resilience and coping strategies among youth can play a pivotal role in early intervention.

Training for Counselors

Enhanced training programs focusing on male-specific mental health issues should be implemented for school and community counselors. These programs should emphasize culturally sensitive approaches that resonate with the unique experiences of men in Zimbabwe.

Legislative Support from Members of Parliament

Policymakers must prioritize mental health in legislative agendas by advocating for increased funding and resources for mental health services. Establishing a national mental health policy that encompasses suicide prevention strategies would be a significant step forward.

Collaboration with Village Heads and Councillors

Local leaders should be empowered to facilitate community-based support networks that provide safe spaces for men to discuss their mental health challenges. Through fostering a culture of support and understanding, village heads and councillors can play a crucial role in suicide prevention.

Integration with Health Services by the Ministry of Health and Child Welfare

The Ministry should ensure that mental health services are integrated into primary healthcare systems, making them more accessible to the population. Training healthcare providers to

recognize and respond to suicidal ideation among men is critical in mitigating the impact of this crisis.

References

Engel, B. (2023). *The emotionally abusive relationship: How to stop being abused and how to stop abusing*. London: Wiley.

Feigelman, W., Cerel, J., McIntosh, J. L., Brent, D., & Gutin, N. (2018). Suicide exposures and bereavement among American adults: Evidence from the 2016 general social survey. *Journal of Affective Disorders*,22(7), 1–6.https://doi.org/10.1016/j.jad.2017.09.056

Gijzen, M. W., Rasing, S. P., Creemers, D. H., Engels, R. C., & Smit, F. (2022). Effectiveness of school-based preventive programs in suicidal thoughts and behaviors: A meta-analysis. *Journal of Affective Disorders*,8(2), 408–420.https://doi.org/https://doi.org/10.1016/j.jad.2021.10.062

Gwarisa, M. (221). *Rise In Suicides Among Zimbabwe Male Tertiary Learners Exposes Need for Peer-to-Peer Counseling in Zim Universities and Colleges*. London: Pearson

Holmes G, Clacy A, Hermens DF, & Lagopoulos J. (2021)The long-term efficacy of suicide prevention gatekeeper training: A systematic review. *Archives of Suicide Research*, 25(2), 177–207. https://doi.org/10.1080/13811118.2019.1690608.Ivey-

Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal ideation and behaviors among high school learners —Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements*, 69(1), 47–55.https://doi.org/https://doi.org/10.15585/mmwr.su6901a6

Jordans, M., Rathod, S., Fekadu, A., Medhin, G., Kigozi, F., Kohrt, B., Luitel, N., Petersen, I., Shidhaye, R., Ssebunnya, J., Patel, V., & Lund, C. (2018). Suicidal ideation and behaviour among community and health care seeking populations in five low-and middle-income countries: A cross-sectional study. *Epidemiology and Psychiatric Sciences*,27(4), 393–402.https://doi.org/10.1017/S2045796017000038

Kaggwa, M. M., Muwanguzi, M., Najjuka, S. M., Nduhuura, E., Kajjimu, J., Mamun, M. A., Arinaitwe, I., Ashaba, S., & Griffiths, M. D. (2022). Risky sexual behaviours among Ugandan university learners : A pilot study exploring the role of adverse childhood experiences, substance use history, and family environment. *PloS One*,17(11), 29-56.https://doi.org/10.1371/journal.pone.0277129

Kappel, R. H., Livingston, M. D., Patel, S. N., Villaveces, A., & Massetti, G. M. (2021). Prevalence of adverse childhood experiences (ACEs) and associated health risks and risk behaviors among young women and men in Honduras. *Child Abuse & Neglect*,1(5), 1-14.https://doi.org/10.1016/j.chiabu.2021.104993

Karatekin, C. (2018). Adverse childhood experiences (ACEs), stress and mental health in college learners . *Stress and Health: Journal of the International Society for the Investigation of Stress*,34(1), 36–45.https://doi.org/10.1002/smi.2761

Knettel, B. A., Knippler, E., Martinez, A., Sardana, S., Agor, D., Mwobobia, J., Ledbetter, L., Amiri, I., Relf, M. V., & Goldston, D. B. (2023). A scoping review of counseling interventions for Suicide prevention in Africa: Few studies address this life-saving. 369RESSAT 2025, 10(1): 355-374aspect of mental health treatment. *Journal of Affective Disorders*,3(2), 183–190.https://doi.org/10.1016/j.jad.2023.02.038

Kupemba, D., N. (2021). *In Zimbabwe, Toxic Masculinity is Driving Male Suicide Rates*. Harare: Mambo Press.

Kurtz, M., Kawka, H., Horstick, O., Brenner, S., Deckert, A., Louis, V. R., Winkler, V., Lowery Wilson, M., Bärnighausen, T., & Dambach, P. (2023). The prevalence of emotional abuse in children living in Sub-saharan Africa—a systematic review. *Child Abuse & Neglect*,1(4),10-18.https://doi.org/10.1016/j.chiabu.2023.106155

Lambie GW, Stickl Haugen J, & Borland JR, (2019). Who took "counseling" out of the role of professional school counselors in the United States? *Journal of School-Based Counseling Policy & Evaluation*, 1(3):51–61.https:// doi.org/10.25774/7kjb-bt85.

Lee, N., Massetti, G. M., Perry, E. W., & Self-Brown, S. (2022). Adverse childhood experiences and associated mental distress and Suicide risk: Results from the Zambia Violence against children survey. *Journal of Interpersonal Violence*,37(21), NP21244–NP21265.https://doi.org/10.1177/08862605211056726

Li, S., Wang, S., Gao, X., Jiang, Z., Xu, H., Zhang, S., Sun, Y., Tao, F., Chen, R., & Wan, Y. (2021). Patterns of adverse childhood experiences and suicidal behaviors in adolescents: A four-province study in China. *Journal of Affective Disorders*,28 (5), 69–76.https://doi.org/10.1016/j.jad.2021.02.045

Maple, M., Pearce, T., Sanford, R., Cerel, J., Dransart, D. A. C., & Andriessen, K. (2018). A systematic mapping of suicide bereavement and postvention research and a proposed strategic research agenda. *Crisis Journal* ,39(4), 275–282.https://doi.org/https://doi.org/10.1027/0227-5910/a000498

Marraccini, M. E., & Pittleman, C. (2022). Returning to school following hospitalization for suicide-related behaviors: Recognizing learner voices for improving practice.School *Psychology Review*, 51(3), 370–385.https://doi.org/https://doi.org/10.1080/2372966X.2020.1862628

Marraccini, M. E., Griffin, D., O'Neill, J. C., Martinez, R. R., Jr., Chin, A. J., Toole, E. N., Grapin, S. L., & Naser, S. C. (2022). School risk and protective factors of suicide: A cultural model of suicide risk and protective factors in schools. *School Psychology Review*,51(3), 266–289.https://doi.org/https://doi.org/10.1080/2372966X.2020.1871305

Marraccini, M. E., Ingram, K. M., Naser, S. C., Grapin, S. L., Toole, E. N., O'Neill, J. C., Chin, A. J., Martinez, R. R., & Griffin, D. (2022). The roles of school in supporting LGBTQ + youth: A systematic review and ecological framework for understandingrisk for suicide-related thoughts and behaviors. *Journal of School Psychology*, 9 (6), 27–49.https://doi.org/https://doi.org/10.1016/j.jsp.2021.11.006

Martínez-Alés, G., & Keyes, K. M. (2019). Fatal and non-fatal self-injury in the USA: Critical review of current trends and innovations in prevention. *Current Psychiatry Reports*,21(10), 1–11.https://doi.org/https://doi.org/10.1007/s11920-019-1080-6

Saruchera, M., & Chidarikire, M. (2025). Educators' Role in Mitigating Suicidal Propensities among Zimbabwe Rural Secondary Male Learners: An Exploration of Challenges and Interventions Mechanisms. *Research in Social Sciences and Technology*, 10(1), 355-374. https://doi.org/10.46303/ressat.2025.19