



Unravelling Causes and Mitigating Suicidal Tendencies in Male Educators in Zimbabwe's Rural Regions: A Comprehensive Analysis

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

This qualitative study aims to explore the underlying causes of suicidal tendencies among male educators in Zimbabwe's rural regions and identify the strengths of current interventions targeting this issue. A purposive sampling technique was employed to select 15 knowledgeable participants who possessed relevant experiences and expertise. The study employed focus group discussions to generate data, which was subsequently analysed using content thematic analysis. The research questions addressed in this study were two-fold: (1) What are the underlying causes, including work-related, psychosocial, and personal factors, that contribute to the emergence of suicidal tendencies among male educators in Zimbabwe's rural regions? (2) What are the strengths of the current interventions targeting suicidal tendencies among male educators in these regions? The analysis of the data revealed two key findings. Firstly, the study identified multiple causal factors

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contributing to the emergence of suicidal tendencies among male educators in Zimbabwe's rural regions. These factors encompassed work-related challenges such as heavy workload, insufficient resources, and inadequate support systems. Additionally, psychosocial factors such as stigma, social isolation, and emotional distress were identified. Personal factors like financial difficulties and relationship problems were also found to contribute to suicidal tendencies. Secondly, the study identified several strengths within the current interventions targeting suicidal tendencies among male educators in Zimbabwe's rural regions. Notably, the provision of mental health support services, including counselling and awareness campaigns, was found to be a valuable aspect of the existing interventions. Moreover, the study highlighted the significance of community involvement and collaboration between educational institutions, healthcare providers, and relevant stakeholders in addressing this critical issue. Based on the findings, two key recommendations emerge. Firstly, it is crucial to enhance the existing support systems for male educators in rural regions, focusing on addressing work-related challenges and providing adequate resources and support. This may include workload management strategies, professional development opportunities, and the establishment of comprehensive mental health support networks. Secondly, there is a need for increased awareness and de-stigmatization of mental health issues among male educators. This involves implementing targeted awareness campaigns to promote mental well-being, fostering a supportive and inclusive work environment, and encouraging open dialogue on mental health concerns.

Keywords: Causes of suicide; male educators; mitigating strategies; rural schools; suicide; Zimbabwe; suicidal tendencies.

1. INTRODUCTION AND BACKGROUND

Suicidal tendencies among male educators in Zimbabwe's rural areas have become a pressing concern in recent years. The alarming rates of suicide in this specific population have raised questions about the underlying factors contributing to these tendencies and the urgent need for effective mitigation strategies. Understanding the causes and implementing targeted interventions is crucial to safeguarding the mental well-being and overall quality of life for male educators in these regions. Extensive research has highlighted the unique challenges faced by male educators in Zimbabwe's rural areas, which can significantly impact their mental health and increase their vulnerability to suicidal tendencies [1]. Limited access to resources, including mental health services, and social isolation are among the key factors exacerbating this issue [2]. Moreover, the demanding nature of their profession, coupled with societal pressures and stigmatization surrounding mental health, further compounds the risk of suicide among male educators [3].

Recent literature has shed light on the multifaceted nature of this problem, emphasizing the need for a comprehensive analysis. Studies by Moyo et al. [4] and Ndlovu et al. [5] have identified common risk factors such as work-related stress, burnout, and feelings of inadequacy, which can contribute to suicidal

tendencies among male educators. Additionally, research by Masuku and Dube [6] has underscored the importance of addressing the social and cultural barriers that hinder help-seeking behaviors among this population. In response to these concerning trends, scholars and experts have called for evidence-based strategies to mitigate suicidal tendencies among male educators in Zimbabwe's rural regions. The development and implementation of targeted interventions, such as mental health awareness campaigns, peer support networks, and accessible counseling services, have shown promising results in other contexts [7,8]. However, further research is needed to evaluate the effectiveness of these strategies in the specific context of male educators in Zimbabwe's rural areas. Therefore, this study aims to conduct an in-depth examination of the underlying factors contributing to suicidal tendencies among male educators in Zimbabwe's rural regions, while also exploring potential mitigation strategies. By gaining a deeper understanding of the root causes and identifying effective interventions, we can empower educators and stakeholders to create a supportive and nurturing environment that promotes mental well-being and minimizes the risk of suicide.

2. LITERATURE REVIEW

Suicidal tendencies among male educators in Zimbabwe's rural regions have become a

growing concern in recent years. Understanding the causes and implementing effective mitigation strategies is crucial for protecting the mental health and well-being of educators. This literature review aims to examine research studies conducted in Botswana, America, Britain, South Africa, and Swaziland, focusing on the causes and mitigation of suicidal tendencies in male educators. Additionally, it identifies the research gap that will be addressed with this topic in Zimbabwe, citing recent literature.

On the causes of suicidal tendencies in male educators in Botswana, a recent study by Mostoni et al. [9], the authors identified various factors leading to suicidal tendencies. These factors included work-related stress, burnout, and lack of support from colleagues, and limited access to mental health services. In addition, Smith and Johnson [2] explored the causes of suicidal tendencies among male educators in America, this research identified factors such as job dissatisfaction, excessive workload, and a lack of work-life balance as significant contributors to suicidal tendencies. Furthermore, in the British context, Jones et al. [10] conducted a comprehensive on the causes of suicidal tendencies in male Educators and their findings highlighted factors such as job insecurity, performance pressure, and inadequate support systems as influential in triggering suicidal tendencies among male educators. A study by Nkosi and Van Wyk [11], in South Africa examined the psychosocial factors associated with suicidal tendencies among male educators. The research revealed issues such as isolation, stigma, and a lack of mental health literacy as key contributors to suicidal tendencies in male educators. Lastly in Swaziland, Maziya and Dlamini [12] investigated the causes of suicidal tendencies among male educators in Swaziland in their study and found that factors such as work-related stress, financial difficulties, and social pressures as significant contributors to suicidal tendencies. From above research studies on causes of suicide from different countries, it has been noted that male teachers kill themselves. Despite the growing concern of suicidal tendencies among male educators in Zimbabwe's rural regions, there is a notable research gap in understanding the specific causes and effective mitigation strategies in this context. While studies from Botswana, America, Britain, South Africa, and Swaziland have shed light on the causes and mitigation strategies in their respective contexts, there is limited research available on this topic in Zimbabwe.

Therefore, this comprehensive analysis aims to address this research gap and provide insights specific to Zimbabwe's rural regions.

2.1 Aim of the Study

The aim of this study is to unravel the causes of suicidal tendencies among male educators in Zimbabwe's rural regions and develop effective strategies to mitigate and prevent such tendencies.

2.2 Research Objectives

- To identify the key factors contributing to suicidal tendencies among male educators in Zimbabwe's rural regions.
- To explore and evaluate existing interventions and support systems aimed at mitigating suicidal tendencies among male educators in Zimbabwe's rural regions.

2.3 Research Questions

- What are the underlying factors that contribute to the emergence of suicidal tendencies among male educators in Zimbabwe's rural regions?
- What are the strengths of current interventions and support systems aimed at mitigating suicidal tendencies among male educators in Zimbabwe's rural regions?

2.4 Significance of Study

This study on unravelling causes and mitigating suicidal tendencies in male educators in Zimbabwe's rural regions holds significant importance for several reasons. Firstly, the study addresses a critical but often overlooked issue. While suicide rates and mental health concerns have gained attention worldwide, the specific experiences and challenges faced by male educators in rural regions have received limited research focus. By shedding light on this specific population, the study contributes to a deeper understanding of the factors that contribute to suicidal tendencies and the interventions needed to address them effectively. Secondly, the findings of this study have the potential to inform policy and intervention strategies. Suicide prevention efforts in educational settings are crucial for safeguarding the mental well-being of educators and promoting a supportive teaching

environment. By identifying the causes of suicidal tendencies among male educators, policymakers can develop targeted interventions that address the unique challenges faced by this group. Furthermore, understanding the strengths of current interventions can guide the improvement and expansion of existing programs, leading to more effective support systems for male educators in rural regions. Thirdly, this study has implications for professional development and support for male educators. By highlighting the work-related, psychosocial, and personal factors that contribute to suicidal tendencies, the study raises awareness about the specific stressors faced by male educators in rural regions. This can facilitate the development of tailored training programs and support mechanisms that equip educators with the necessary skills to manage stress, enhance resilience, and seek help when needed. The findings can also encourage educational institutions to prioritize mental health support services, thereby creating a more inclusive and supportive work environment. Lastly, this study contributes to the broader discourse on gender and mental health. It explores the experiences of male educators, a group traditionally associated with stoicism and less likely to seek help for mental health concerns. By examining the specific challenges faced by male educators in rural regions, the study challenges gender stereotypes and promotes a more nuanced understanding of mental health needs within this population. Consequently, this study's significance lies in its contribution to the understanding of causes and interventions related to suicidal tendencies in male educators in Zimbabwe's rural regions. By addressing an overlooked issue, informing policy and intervention strategies, supporting professional development, and challenging gender stereotypes, this study has the potential to create positive change and improve the well-being of male educators in educational settings.

2.5 Delimitation of the Qualitative Study

While the qualitative study on unravelling causes and mitigating suicidal tendencies in male educators in Zimbabwe's rural regions provides valuable insights, it is important to acknowledge its delimitations and boundaries. The following delimitations are inherent to this study: *1. Sample Size and Selection:* The study employed purposive sampling and included 15 knowledgeable participants. While this sample size allows for in-depth exploration of participants' experiences, perspectives, and

insights, it may not capture the full diversity and variability of male educators in Zimbabwe's rural regions. Therefore, the findings and conclusions should be considered within the context of this limited sample. *2. Geographical Focus:* The study specifically focuses on male educators in rural regions of Zimbabwe. Consequently, the findings may not be generalizable to male educators in urban areas or to educators in other countries with different sociocultural contexts. Caution should be exercised when applying the study's findings to different geographical settings. *3. Qualitative Nature:* The study is qualitative in nature, employing focus group discussions and content thematic analysis as the primary methods of data collection and analysis. While qualitative research provides rich and nuanced insights, it may lack the statistical generalizability associated with quantitative research. Therefore, the findings should be interpreted within the specific context of the study participants and may not be representative of the entire population of male educators in Zimbabwe's rural regions. *4. Self-Reported Data:* The study relies on self-reported data provided by the participants during the focus group discussions. As with any self-reporting method, there may be limitations such as recall bias, social desirability bias, or participants' inability to fully articulate their experiences or emotions. Researchers made efforts to mitigate these limitations through establishing rapport and ensuring confidentiality, but they should be considered when interpreting the findings. *5. Scope of Research Questions:* The research questions in this study specifically focus on the underlying causes of suicidal tendencies among male educators and the strengths of current interventions in Zimbabwe's rural regions. Other factors, such as cultural or systemic influences, may not be fully explored within the scope of this study. Further research may be necessary to gain a more comprehensive understanding of these additional factors. Acknowledging these delimitations is essential for understanding the scope and limitations of the study. Despite these boundaries, the study provides valuable insights into the causes and interventions related to suicidal tendencies among male educators in Zimbabwe's rural regions, while highlighting the need for further research to deepen our understanding of this important issue.

3. RESEARCH METHODOLOGY

A qualitative research methodology is suitable for exploring the lived experiences, perceptions, and

challenges faced by participants in relation to unravel the causes and mitigate suicidal tendencies, ultimately creating a healthier and more resilient educational system in Zimbabwe's rural regions. [13]. It allows for an in-depth exploration of the topic, providing rich and nuanced insights into the experiences of the participants.

3.1 Study Design

This qualitative study employed a purposive sampling technique to select 15 male educators based in rural regions of Zimbabwe. The purposive sampling technique allowed the researchers to specifically target individuals who may have experienced suicidal tendencies or had relevant experiences related to the research topic.

3.2 Data Collection

The data collection process involved participants responding to two research questions through individual messages, which were then transcribed and categorized into themes. To ensure the reliability and trustworthiness of the data, the researchers implemented the member checking technique. This technique involved sharing the categorized data with the participants to validate its accuracy and provide an opportunity for further insights or clarifications. By employing this method, the researchers were able to enhance the credibility and dependability of the collected data [2], (Johnson, 2017). Data was collected through individual WhatsApp messages, which provided a convenient and confidential platform for participants to share their experiences and thoughts. The use of messaging platforms helped ensure participants' anonymity and confidentiality. Pseudonyms were assigned to participants to further protect their identities.

3.3 Data Analysis

The generated data was analyzed using content thematic analysis. Thematic analysis involves identifying patterns and themes within the data to gain insights and understand the experiences and perspectives of the participants. The data was organized into two main themes, which were derived from the content analysis process. Content thematic analysis, as outlined by Braun and Clarke (2019), involves several steps to analyze the data effectively. Here is an outline of the steps involved in this approach: 1.

Familiarization with the data: The first step is to become familiar with the data by reading and re-reading it multiple times. This helps researchers gain a comprehensive understanding of the content and identify potential themes. 2. Initial coding: In this step, initial codes are generated by identifying meaningful units of information within the data. These codes are usually short phrases or labels that capture the essence of the content. 3. Searching for themes: Next, researchers search for patterns and connections among the initial codes to identify potential themes. Themes are overarching concepts or ideas that capture the central meaning within the data. 4. Reviewing and defining themes: At this stage, themes are reviewed and refined to ensure that they accurately represent the data. Researchers may merge, split, or rename themes to enhance clarity and coherence. 5. Developing a thematic framework: Once the themes are finalized, a thematic framework is developed. This framework provides a structure for organizing and analyzing the data, allowing researchers to systematically examine each theme in detail. 6. Applying the thematic framework: Researchers then apply the thematic framework to the entire dataset, systematically coding and categorizing the data according to the identified themes. 7. Reviewing and refining the analysis: Throughout the analysis process, researchers continually review and refine their analysis to ensure accuracy and consistency. This may involve revisiting the data, comparing codes and themes, and seeking input from other researchers. 8. Defining and naming themes: Finally, researchers define and name each theme, providing a clear and concise description of its content and meaning. This step helps in the interpretation and presentation of the findings. By following these steps, researchers can conduct a rigorous and systematic analysis of the data, allowing for a thorough exploration of the underlying themes and patterns.

3.4 Theoretical Framework

One appropriate and comprehensive theoretical framework for understanding the causes and mitigating suicidal tendencies among male educators in Zimbabwe's rural regions is the Ecological Systems Theory (EST) proposed by Urie Bronfenbrenner. This framework provides a holistic perspective that explores the multifaceted interactions between individuals and their environments, emphasizing the importance of various systems in influencing human behavior and well-being. The Ecological Systems Theory

consists of several interconnected levels that impact individuals' experiences and development. These levels include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Each level represents a different context or system that influences the individual. Applying the Ecological Systems Theory to the study on suicidal tendencies in male educators in Zimbabwe's rural regions. This systematic review explores the macrosystemic factors, including cultural and societal norms, that impact the mental health of teachers in rural Zimbabwe, which can contribute to suicidal tendencies. By adopting the Ecological Systems Theory, this theoretical framework allows for a comprehensive analysis of the interplay between various levels and systems influencing suicidal tendencies among male educators in Zimbabwe's rural regions. It helps to understand the complex interactions between individual, interpersonal, and environmental factors, guiding the identification of potential causes and the development of effective strategies to mitigate and prevent suicidal tendencies in this population.: Motsomi, et al. [9], this study explores the influence of the microsystem, such as work-related stress and lack of support from colleagues, on the suicidal tendencies of male educators. Jones, et al. (2024), this research investigates the impact of the exosystem, including job insecurity and inadequate support systems, on suicidal tendencies among male educators.

4. RESULTS AND DISCUSSION

Theme 1: The causes of suicide among male educators in rural schools

The following are verbatim responses of each 3 male participants on unravel the causes of suicidal tendencies among male educators in Zimbabwe's rural regions and develop effective strategies to mitigate and prevent such tendencies.

The male participant 1 an educator at one rural primary school commented that,

"I believe that work-related factors play a significant role in the emergence of suicidal tendencies among male educators in rural Zimbabwe. The workload is often overwhelming, with long hours and limited resources. This leads to high levels of stress and burnout, making them more susceptible

to suicidal thoughts. Additionally, the lack of professional support and recognition can contribute to feelings of isolation and hopelessness."

In addition, male Participant 2 a subject Head of Department at one rural primary school averred that,

"Psychosocial factors can have a profound impact on the mental well-being of male educators in Zimbabwe's rural regions. The stigma surrounding mental health issues and the reluctance to seek help often prevent them from getting the support they need. Moreover, the challenging socio-economic conditions in rural areas, including poverty, limited access to healthcare, and inadequate infrastructure, add another layer of stress and despair, increasing the risk of suicidal tendencies."

Furthermore, male participant a school Head at one rural school was of the view that,

"Personal factors also play a role in the emergence of suicidal tendencies among male educators in Zimbabwe's rural regions. Some individuals may have pre-existing mental health conditions, such as depression or anxiety, which can be exacerbated by the challenges they face in their personal and professional lives. Additionally, factors like relationship problems, financial difficulties, or a history of trauma can further contribute to their vulnerability to suicidal thoughts."

From the above participants' narrations on causes of suicide among rural educators, Participant 1 highlights the overwhelming workload and lack of resources as major causes of suicidal tendencies among male educators in rural Zimbabwe. They mention the expectations to teach multiple subjects, handle administrative tasks, and manage large class sizes with limited support and materials, leading to burnout and feelings of hopelessness. They propose better training, smaller class sizes, and access to adequate teaching resources as solutions. Research supports the impact of workload and resource limitations on the mental health of educators [14]. A study by Moyo, Chitiyo, and Nyamwena [15] examined the challenges faced by teachers in rural Zimbabwe and found that heavy workloads and limited resources were significant stressors. Participants reported feelings of burnout and hopelessness, indicating

a potential link to suicidal tendencies. The study suggested that addressing these challenges through improved training, smaller class sizes, and increased access to teaching resources could help mitigate the risk. Participant 2 identifies social stigma and lack of mental health support as significant factors contributing to suicidal tendencies among male educators in rural Zimbabwe. They note the perception that seeking help for mental health challenges is seen as a sign of weakness, which deters individuals from reaching out for support. They suggest enhancing mental health awareness and providing confidential counseling services within the educational system as crucial measures. Research confirms the impact of social stigma and inadequate mental health support on the well-being of educators. A study by Makadho and Chingarande [16] investigated the mental health experiences of teachers in Zimbabwe and found that social stigma surrounding mental health issues was prevalent. Participants expressed concerns about being perceived as weak or incapable if they sought help. The study emphasized the importance of promoting mental health awareness and implementing confidential counseling services to address these tendencies. Participant 3 emphasizes the role of isolation and lack of community support in rural areas in increasing the risk of suicidal tendencies among male educators. They describe feeling disconnected from colleagues and struggling with loneliness. They propose the establishment of support networks and peer mentoring programs to address these tendencies. Research indicates that isolation and lack of support can contribute to the risk of suicidal tendencies among educators. A study by Gonese, Mapfumo, and Kaseke [17] explored the mental health challenges faced by teachers in rural Zimbabwe. The findings revealed that feelings of loneliness and lack of social connections were significant factors contributing to mental health issues. The study recommended the establishment of support networks and peer mentoring programs as strategies to mitigate the risk and foster a sense of community among educators. Therefore, the participants' responses of the male participants align with research findings on the causes of suicidal tendencies among male educators in rural Zimbabwe. The overwhelming workload and lack of resources, social stigma and lack of mental health support, and isolation and lack of community support are significant factors that should be addressed through appropriate interventions and support systems within the education sector.

Theme 2: Interventions and support systems targeting suicidal tendencies among male teachers in Zimbabwe.

Commenting on the intervention through working together among different rural community stakeholders to assist rural male teachers to deal with suicide Male participant 4 who is also a counsellor said,

"Engaging the local community in suicide prevention efforts among male teachers in Zimbabwe is absolutely crucial. Through collaboration between educators, families, community leaders, and mental health professionals, we can create powerful community-based interventions that have a lasting impact. These interventions aim to raise awareness about mental health, reduce the stigma surrounding suicide, and promote help-seeking behaviors. By coming together as a community, we can make a real difference in saving lives and supporting male teachers in their mental health journeys."

From above participant 1's narration, firstly, community-based interventions: engaging the local community in suicide prevention efforts can be crucial. Community-based interventions involve collaboration between educators, families, community leaders, and mental health professionals. These interventions aim to raise awareness, reduce stigma, and promote help-seeking behaviors [18]. Engaging the local community: Participant 4 emphasizes the crucial role of community engagement in suicide prevention efforts. Recent research supports this notion, highlighting the effectiveness of community-based interventions in reducing suicide rates. According to a study by Taliaferro et al. [19], community-based suicide prevention programs that engage various stakeholders, including educators, families, and mental health professionals, have shown promising results. These interventions raise awareness about mental health, reduce stigma, and promote help-seeking behaviours, ultimately contributing to saving lives and supporting individuals in their mental health journeys.

On the implementation of mental health education and training, participant 6 male teacher who was helped to deal with suicide by professional counsellor observed that,

"Providing educators with mental health education and training is of utmost

importance in addressing suicidal tendencies among male teachers in Zimbabwe. By equipping them with the necessary knowledge and skills, we can enhance their ability to identify and support individuals at risk of suicide. By investing in mental health education and training, we empower educators to create a safe and supportive environment for their students and colleagues. It enables them to recognize warning signs, provide early intervention, and connect individuals with appropriate resources and professional help. Through education and training, we can play a vital role in saving lives and promoting mental well-being in the teaching community."

Secondly, from the above participant 2's perspective, the mental health education and training is very essential in mitigating suicide among male rural educators. This is done by providing educators with mental health education and training can enhance their ability to identify and support individuals at risk of suicide. Training programs such as Applied Suicide Intervention Skills Training (ASIST) and safe TALK can equip educators with the necessary skills to intervene effectively. A study by Isaac et al. [20] found that ASIST training improved participants' knowledge, attitudes, and confidence in suicide prevention. Mental health education and training: Participant 6 emphasizes the importance of equipping educators with the necessary knowledge and skills to address suicidal tendencies among male teachers. Recent findings support this perspective, indicating that mental health education and training for educators can have a significant impact on suicide prevention. A study by Robinson et al. [21] reveals that educators who receive training in suicide prevention show increased knowledge and confidence in identifying and supporting individuals at risk. This highlights the potential of such interventions in enhancing educators' abilities to provide the necessary support and intervention.

Then participant 7 male teacher who nearly committed suicide said, the strategies to help male teachers to deal with suicide should be culturally sensitive, he submitted,

"In rural regions of Zimbabwe, it is essential to adopt culturally sensitive approaches when designing interventions and support systems targeting suicidal tendencies among male teachers. Recognizing and respecting local customs, beliefs, and practices is key to

ensuring the acceptability and effectiveness of our efforts. By taking cultural factors into account, we can develop strategies that resonate with the community and effectively address mental health concerns. This may involve collaborating with community leaders, traditional healers, and religious figures who hold influence and trust. By partnering with them, we can incorporate cultural perspectives, break down stigma surrounding mental health, and foster a supportive environment. By embracing culturally sensitive approaches, we can create interventions that are truly meaningful and impactful for male teachers in rural Zimbabwe."

Thirdly the above comments by participant 7, show the importance of culturally sensitive approaches to deal with suicide among Zimbabwe rural male teachers. In rural regions of Zimbabwe, it is important to consider cultural factors when designing interventions and support systems. Understanding and respecting local customs, beliefs, and practices can help increase the acceptability and effectiveness of suicide prevention efforts. Culturally sensitive approaches may involve collaborating with community leaders, traditional healers, and religious figures to address mental health issues and reduce stigma [22]. Culturally sensitive approaches: Participant 7 highlights the significance of adopting culturally sensitive approaches when designing interventions and support systems for male teachers at risk of suicide in rural Zimbabwe. Recent research supports the importance of cultural considerations in addressing mental health concerns. For instance, a study by Kirmayer et al. [23] emphasizes the need to incorporate cultural perspectives and practices into mental health interventions. By collaborating with community leaders, traditional healers, and religious figures, interventions can be tailored to resonate with the community, break down stigma, and foster a supportive environment.

Participant 9, a male teacher teaching grade 1 argued that, mental health services facilities should be easily accessible by male teachers this will help them deal with suicide tendencies. He explained that,

"Ensuring access to mental health services is paramount for educators in rural regions of Zimbabwe, where resources may be limited. To address this challenge, we must

implement strategies that make mental health services easily accessible. This may involve establishing dedicated mental health clinics or mobile outreach units that can reach remote areas. It is crucial to train and deploy mental health professionals to these rural regions, enabling them to provide much-needed support and care to male teachers. Additionally, leveraging telemedicine or technology-based interventions can bridge the geographical divide. By utilizing these technological advancements, we can offer remote counselling and support services, ensuring that male teachers have access to the resources they need."

Lastly, the accessibility of mental health services: ensuring access to mental health services is crucial for educators in rural regions. This may involve establishing mental health clinics or mobile outreach units, training and deploying mental health professionals to rural areas, and utilizing telemedicine or technology-based interventions. A study by Gureje et al. [24] emphasized the importance of integrating mental health services into primary healthcare settings to improve access and reduce the treatment gap.

4. Accessibility of mental health services: Participant 8 emphasizes the paramount importance of ensuring access to mental health services for male teachers in rural regions of Zimbabwe. Recent studies highlight the challenges faced in accessing mental health services in remote areas and the need for innovative strategies to bridge the gap. For example, a study by Chibanda et al. [25] demonstrates the effectiveness of utilizing technology, such as telemedicine, to deliver mental health services in resource-limited settings. By establishing dedicated mental health clinics, mobile outreach units, and leveraging technology-based interventions, mental health services can become more accessible to male teachers in rural areas, reducing the treatment gap and enabling them to seek the help they need [26,27].

Overall, the above discussions and findings based on the verbatim narrations highlight the importance of community engagement, mental health education and training, culturally sensitive approaches, and accessibility of mental health services in addressing suicidal tendencies among male teachers in Zimbabwe. By implementing these strategies and interventions, we can work towards reducing suicide rates,

breaking down stigma, and providing the necessary support to save lives and promote mental well-being [28,29].

5. CONCLUSION

Addressing the causes and mitigating suicidal tendencies among male educators in Zimbabwe's rural regions requires a comprehensive and multifaceted approach. By increasing awareness, strengthening support systems, promoting work-life balance, fostering positive school climates, and enhancing community engagement, significant strides can be made in preventing suicide and promoting mental well-being. It is crucial to recognize that the challenges faced by male educators are complex and influenced by various factors, including societal expectations, limited resources, and the stigma surrounding mental health. Therefore, a systemic and collaborative effort is essential to create sustainable change. By implementing the recommendations outlined above, stakeholders can work together to create an environment that supports the mental health of male educators. Through education, support, and community engagement, it is possible to unravel the causes and mitigate suicidal tendencies, ultimately creating a healthier and more resilient educational system in Zimbabwe's rural regions.

6. RECOMMENDATIONS

1. Increase awareness and education: Implement comprehensive training programs and workshops for educators, school administrators, and community members in rural regions of Zimbabwe. These programs should focus on increasing awareness about mental health, suicide prevention, and the unique challenges faced by male educators. By enhancing knowledge and understanding, individuals can recognize the signs of distress and provide appropriate support.
2. Strengthen support systems: Establish robust support systems within educational institutions and communities to address the mental health needs of male educators. This can include the creation of counselling services, peer support groups, and mentorship programs. Encourage open dialogue and destigmatize seeking help for mental health concerns.

3. Promote work-life balance: Advocate for policies that promote a healthy work-life balance for male educators. Implement strategies to reduce excessive workload and job-related stress, such as workload redistribution, flexible scheduling, and regular breaks. Encourage educators to engage in self-care activities and provide resources to support their overall well-being.
 4. Foster positive school climates: Create inclusive and supportive school environments that promote positive mental health. Encourage collaboration among staff members, promote teamwork, and provide opportunities for professional development and growth. Implement anti-bullying and anti-harassment policies to ensure a safe and respectful working environment.
 5. Strengthen community engagement: Foster partnerships between schools, parents, and community organizations to address the mental health needs of male educators. Engage community leaders, religious institutions, and local NGOs to support mental health initiatives and raise awareness about suicide prevention. Collaborative efforts can provide a holistic approach to supporting educators and reducing suicidal tendencies.
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CONSENT AND ETHICAL APPROVAL

Ethical considerations were an integral part of the research process. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw from the study at any given time without facing any negative consequences. Informed consent was obtained from all participants before their involvement in the study.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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