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Suicide Among Rural Primary School Learners in Zimbabwe: An Epidemic in Need of Mitigation

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Abstract: The alarming rise of suicide cases among rural primary school students in Zimbabwe has become a major concern, as there is a significant lack of research on the root causes of suicide and effective prevention methods. This article aimed to address that gap by exploring Zimbabwe rural primary learners' perspectives on the factors driving them to engage in suicide and possible interventions by the Government of Zimbabwe and other stakeholders in order to curb this troubling trend. This qualitative study, drawing upon socio-cultural theory, held focus groups with 12 learners from the Mahoto rural area in Masvingo North Constituency. The aim was to understand the lived experiences and factors that contributed to suicidal thoughts among primary school learners. Through thematic analysis, key patterns were identified. This research on suicide among rural primary school students in Zimbabwe filled a crucial gap in the literature and held both theoretical and practical implications. The unique context of suicide within this demographic in a rural setting warrants further investigation. By shedding light on the factors contributing to this epidemic, the study can inform targeted interventions and mitigation strategies, ultimately leading to the protection and well-being of vulnerable young learners in Zimbabwe's rural areas. Early research indicates that many rural primary

school students who lack access to counseling may be at risk of academic difficulties and even premature death by suicide. This highlights the need for Zimbabwe's Government through Ministry of Primary and Secondary Education to urgently deploy professional counsellors to provide professional counselling to learners. By amplifying the voices of marginalised rural learners who have been directly impacted by the suicide epidemic, this study aimed to develop practical solutions to prevent further tragedies and improve the mental health of Zimbabwean rural learners.

Keywords: Counselling; Learners; Rural primary; Schools; Suicide; Zimbabwe.

Introduction

There is a lack of information on the frequency of suicide and effective prevention methods for rural primary school students aged 7-14 in Zimbabwe. This study aimed to fill this research gap. The majority of suicide studies in Zimbabwe focus on the adolescent learners and youth aged between 15-29 (Phiri, 2022; Rwafa-madzvamutse, 2023). Therefore, there is need to evaluate the causes of suicide and mitigation measures of suicide among rural primary school learners aged 7-14. Suicide occurs across all stages of life and was the fourth most common cause of death among individuals aged 15-29 globally in 2019, according to the World Health Organisation (WHO, 2022). On the 6th October 2022, the WHO launched a campaign to raise awareness and push for collective action to stop suicide in the African region including Zimbabwe, which has the world's highest rates of death by suicide (WHO, 2022). In Zimbabwe, the death by suicide was ranked as 19th cause of death in 2018 after 1 641 people killed themselves (The Herald, 2020). To highlight the alarming impact of suicide in Zimbabwe, the Zimbabwe Republic Police has revealed that 142 individuals took their own lives in the first quarter of 2019. This rise in suicide incidents is affecting both men and women in Zimbabwe, underscoring the importance of addressing the underlying reasons behind these tragic events (Gonye & Mugugunyeki, 2023). Now in 2023, the death by suicide in Zimbabwe is ranked as number 4 by Gonye and Mugugunyeki (2023) whereas in 2018. Recently, cases of suicide among urban primary school learners have been reported however, there is dearth of literature of the causes and ways to mitigate suicide among rural primary school learners (Mswazie, 2017).

Research Problem

Suicide among primary school learners is a growing problem particularly in rural areas of Zimbabwe. The alarming rise in suicides at rural primary schools in Zimbabwe has sparked growing concern, with numerous students tragically losing their lives. The purpose of this article was to explore the perspectives of learners on the causes of suicide among rural primary school learners in Zimbabwe and propose effective strategies to mitigate this distressing issue. By understanding the underlying factors contributing to suicide and implementing appropriate interventions, it is possible to create a safer and more supportive environment for vulnerable children in Zimbabwe rural learning spaces.

Research Focus

The main purpose of this study was to investigate the prevalence, causes, and potential mitigation strategies for suicide among rural primary school learners in Zimbabwe (Shumba, 2020). Moreover, there was a specific focus on the concerning rates of suicide within this particular demographic, with efforts aimed at creating tailored interventions to effectively combat this urgent problem (Maringe & Chireshe, 2018). This article highlights the importance of community-based interventions in preventing suicide among rural primary school learners in Zimbabwe. Also, strategies and approaches that can be

implemented to support mental health and well-being within the community were explored (Kurewa & Mufandaedza, 2020).

Research Aim

The aim of this research was to explore the causes and potential mitigating strategies for the alarming rates of suicide among rural primary school learners in Zimbabwe.

Research Questions

1. What are the causes of suicide among rural primary school learners in Zimbabwe?
2. What are some of the more effective strategies that could be employed to mitigate suicide cases in Zimbabwe?

Literature Review

This literature review focuses on different countries such as Mozambique, South Africa. In Mozambique, Seudi et al. (2023) discovered that adolescent suicidal behaviors are becoming a significant public health concern, leading to a rise in the number of young learners in Mozambique who have tragically lost their lives to suicide. Similarly, a study on the prevalence of suicide in Botswana reveals the alarming impact of suicide cases among both male and female primary and secondary school students, illustrating the devastating effects of this phenomenon in the region (Forty et al., 2023). In a study conducted in a rural school in the KwaZulu-Natal province of South Africa, Khuzwayo et al. (2018) discovered that the prevalence of suicide attempts among South African learners is alarmingly high. This is attributed to various factors, including the risky environments in which they reside and a variety of behaviors that pose a risk. Previous research has also identified similar risk factors, such as physical violence and substance abuse, which are linked to both suicide planning and attempts. In Philippines, Ramos (2023) found that, "A total of 404 young learners in various parts of the country took their own lives and 2,147 others attempted suicide during Academic Year 2021–2022 when most schools were still shuttered because of the pandemic." The above statistics of learners who committed suicide and attempted to commit suicide in Philippines were due to many issues affecting their mental health such as poor academic performance, poverty and shortage of learning materials.

The literature review revealed several research gaps, including:

Firstly, the limited focus on rural areas: Existing research often tends to focus more on urban areas rather than rural areas when studying suicide among school learners in America (Hirsch & Gukrowicz, 2014). This gap is evident in various studies that primarily concentrate on urban populations (Hagaman et al., 2013). Exploring the literature on the topic will uncover a lack of thorough studies that specifically focus on the distinct challenges of suicide among rural primary school students.

Secondly, cultural and contextual differences: Each country has distinct cultural, social, and economic contexts that influence suicide rates and risk factors (Gonye & Mugugunyeki, 2023). To address this, country-specific studies are needed to understand the factors contributing to suicide among rural primary school learners in each respective country is an observation by scholars in Iran (Alaghebandan et al. 2011). Comparative research can provide a deeper understanding of the cultural and contextual differences influencing the suicide rates.

Thirdly, the limited understanding of risk factors: While research on suicide risk factors exists in Brazil, there is a specific gap in knowledge regarding the risk factors that contribute to suicide among rural primary school learners (Macente & Zandonade, 2012). The factors affecting urban environments may not be directly applicable to rural areas. Further investigation is required to identify the unique risk factors in rural settings, such as limited access to mental health services, socioeconomic disparities, educational challenges, and community isolation noted researchers in Northern Finland (Mainio et al., 2009).

Lastly, the lack of prevention and intervention strategies: Despite the importance of suicide prevention and intervention strategies, their effectiveness in rural primary school settings is not well-documented (Cha et al., 2014). The unique characteristics of rural communities, including limited resources and geographical isolation, may require tailored strategies. Research is needed to identify effective prevention and intervention approaches specific to rural areas.

The relevance of the research problem is explained as follows:

The vulnerability of Rural Primary School Learners: Rural communities frequently encounter unique obstacles, including restricted availability of healthcare, mental health support, and educational resources. In Iran, Alaghebandan et al. (2011) found that, these disparities can exacerbate the risk of suicide among primary school learners in rural areas and addressing this problem is crucial to protect the well-being and lives of vulnerable children.

Secondly, policy and resource allocation: The research on suicide among rural primary school learners can inform policymakers and stakeholders about the need for targeted policies and resource allocation, as recorded in the study in Spain (Álvaro-Meca et al., 2013). It can contribute to the development of interventions aimed at reducing suicide rates and improving mental health support in rural school settings (Johnson et al., 2013).

Thirdly, the cross-cultural perspectives: Comparing suicide rates and risk factors across in different countries in Asia and beyond can provide a more comprehensive understanding of the issue (Chen et al., 2012). This cross-cultural perspective facilitates knowledge exchange and allows countries to learn from each other's experiences, leading to the development of contextually appropriate strategies.

Lastly, long-term Impact on society: In India, suicide among primary school learners has far-reaching consequences for families, communities, and societies (Chowdhury et al., 2013). Addressing this problem can help build a healthier and more resilient future generation as observed in Nigeria (Omigbodun et. al, 2008). Investing in research and interventions can reduce the long-term social and economic costs associated with suicide among rural primary school learners noted in South Korea (Park & Lester, 2012).

The analysis of the above literature shows that Zimbabwe and many countries in Southern Africa and beyond are experience high rates of suicide among learners between the age of 10–29 due to drug abuse, academic failure among others. Also there are interventions that, the Governments of Zimbabwe, South Africa and other nations cited above are implementing to mitigate suicide among learners. However, there little research especially in Zimbabwe on the causes of suicide and ways to mitigate suicide among rural primary school learners aged 7–14.

Materials and Methods

Research Approach and Design

This article aligned with an interpretive, qualitative paradigm. Interpretive research is a qualitative approach that aims to understand and interpret social phenomena through the lens of those directly involved (Silverman, 2016). In the context of learners' perceptions on causes and mitigating strategies of suicide, this interpretive research aimed to explore their subjective experiences, beliefs, and meanings attached to these topics. It sought to uncover the underlying meanings, values, and social constructions that shape their perceptions rather than seeking generalisable statistical data (Chudgar & Luschei, 2009).

Population and Sample

The target population of this study was all grades 5–7 rural primary school learners aged between 7 to 14 in Mahoto, Masvingo North Constituency. This community was regarded as poor because it has poor services infrastructure such as no qualified registered counsellors, social workers, one clinic, high unemployment, high reliance on Government and donor support, experiencing severe drought and this affect their subsistence farming (Chidarikire, 2023). The study of the causes of suicide and ways to mitigate suicide among Mahoto rural primary schools learners involved the examination of the factors that contributed to suicidal tendencies among this specific population and the identification of strategies to prevent such occurrences. The study aimed to provide insights into the unique challenges faced by learners in rural primary schools and to propose interventions to effectively address these issues. Mahoto rural primary schools refer to educational institutions which are catering to learners from surrounding villages or communities. To ensure that the sample represented the population of rural learners many issues were considered in the study (McCoy et al., 2017).

Factors such as age, gender, socioeconomic status, and geographic location were considered in order to capture a diverse range of perspectives. To gather data for the study, a sample of (6 female and 6 males) learners were selected using purposive sampling method. The purposive sampling is a non-random sampling technique where participants were chosen deliberately based on specific criteria relevant to the research question (Creswell & Poth, 2018). In this case, the selection criteria included learners from grade 5–7 aged 14 and 15 who have exhibited signs of distress, had a history of mental health issues, or have been affected by suicide in their immediate environment (Pompili & Serafini, 2016). This sample aimed to represent a diverse range of learners from different backgrounds and experiences.

Research Instruments

Open-ended questionnaires written in the local dialect, which as it was believed was beneficial for collecting insights from rural primary school students on the factors contributing to suicide and potential prevention strategies was used. Three experts in language and suicide were requested to read the questionnaires. The experts were requested to check if all question items were clear and captured all rural primary school learners' view on causes and ways to mitigate suicide (Mmari et al., 2013). The experts confirmed that, the questionnaires were valid hence their suitability for this study. Here are some benefits of using open-ended questions in participants' own language.

Firstly, incorporating vernacular language in questionnaires promotes inclusivity and cultural relevance, making the educational experience more relatable and engaging for students. Overall,

utilising vernacular language in questionnaires enhances the validity and reliability of the data collected, ultimately benefiting the research process and decision-making in education (Chikutsa & Mupinga, 2016).

Secondly, vernacular language questionnaires are culturally relevant to rural communities. By using the language familiar to the learners, the questionnaires can resonate with their experiences, beliefs, and values, which can result in more authentic and context-specific responses (Agustina & Pramana, 2019).

Thirdly, when questionnaires are presented in vernacular language, learners may feel more comfortable and confident in participating. This can lead to increased response rates and a higher level of engagement, as learners are more likely to complete the questionnaire when they understand the questions and feel that their voices are being heard (Leenaars & Lester, 2018). The open-ended questions in vernacular language allow for more detailed and nuanced responses and learners can express themselves in a more natural and comprehensive manner. This can provide researchers with deeper insights into the causes of suicide and potential ways to reduce it within the specific cultural and linguistic context of rural primary school learners (Shumba, 2020). Lastly, vernacular language questionnaires have the potential to reduce bias that may arise from imposing a foreign or standardised language. Learners may be more inclined to provide honest and genuine responses when they are comfortable with the language used in the questionnaire, leading to a more accurate representation of their experiences and perspectives (Kim et al., 2004).

Procedure

The researchers explained the purpose of the study to all participants. After the explanation, all participants answered the questionnaire. The 12 questionnaires were distributed and all 12 were returned, resulting in a 100% response rate. Participants completed the questionnaires in a classroom on Saturday from 11am to 1pm, as agreed upon by both participants and researchers.

Ethical Considerations

Discussing sensitive topics such as suicide with young learners, it is crucial to approach the subject with great care and consideration. The researchers considered some of the following ethical considerations:

The age appropriateness of the participants was considered. All the participants were aged 13 and 14 (National Association of School Psychologists, 2015). The developmental stage and maturity level of the young learners were also considered. The topic of suicide may not be suitable for very young children, and it's important that the information and the language used to their age group were tailored (Creswell & Poth, 2018). A consent from parents or guardians was obtained before discussing such sensitive topics with young learners. They were provided with a clear understanding of the purpose, content, and potential impact of the discussion (Dube, 2020). One month of training from a Mental Health Organisation has equipped educators with the necessary knowledge and skills to effectively navigate conversations about suicide with young learners. The researchers have implemented a safe and supportive environment where students are encouraged to openly discuss their thoughts and emotions. Confidentiality is assured, with students encouraged to write their names on questionnaires, and ground rules for respectful and non-judgmental conversations are established to foster a safe space for discussion (Leenaars & Lester, 2018).

Well trained and registered counsellor and educational psychologist to offer professional counselling in case our conversations trigger past painful moments that trigger suicide thoughts, stress and fear were also engaged (Mental Health Commission of Canada, n.d.). The psychologists and counsellors were responsible for appropriate referrals and support if a young learner reveals thoughts of self-harm or suicide. Educators should have knowledge of local mental health services and be ready to involve parents, guardians, or professionals as necessary.

Data Analysis

The thematic analysis is a qualitative research method used to identify and analyse patterns or themes within a dataset (Chudgar & Luschei, 2009). In the context of analysing rural learners' perceptions on causes of suicide and ways to mitigate it, the thematic analysis provided valuable insights into the perspectives and experiences. Thematic analysis general process steps as proposed by Braun and Carke (2006) were followed.

During the coding process, it is important to maintain consistency and transparency. Once the researchers have generated a set of initial codes, look for connections and patterns among them. They then grouped similar codes together to form broader themes (Chinyoka & Naidu, 2017). Themes should reflect the most salient or significant ideas present in the data. The researchers ensured that each theme captures a coherent and meaningful concept related to the research question (Tarisayi, 2023). A coding framework to manage the codes was used. The identified themes to ensure they accurately represent the data and capture the participants' perspectives were also reviewed. In addition, the researchers refined or revised the themes as needed, merging or splitting them to create a coherent and meaningful thematic framework. Furthermore, they provided clear definitions and names for each theme that capture its essence. These definitions should be supported by evidence from the data to maintain rigor and transparency. It can also be helpful to involve multiple researchers or coders to enhance the reliability of the coding process. Regular meetings or discussions among the coding team can help address any discrepancies or disagreements in coding decisions (Creswell & Creswell, 2017).

It is crucial for researchers to reflect on their own biases, assumptions, and preconceptions throughout the analysis process (Creswell & Poth, 2018). A reflexive journal was kept to document thoughts and reflections, and to consider how personal perspectives might influence data interpretation (Dube, 2020). Triangulation was employed to enhance the trustworthiness of findings by using multiple sources of data, such as focus groups and observations (Shumba, 2020). Triangulating data from different sources helps to strengthen the trustworthiness of thematic analysis (Chudgar & Luschei, 2009).

The findings were shared with participants and other relevant stakeholders [teachers and counsellors] to ensure the accuracy and validity of our interpretations (Tarisayi, 2023). This process, known as member checking, allows participants and stakeholders to validate or provide feedback on the identified themes and interpretations. It can provide valuable insights and enhance the trustworthiness of our analysis (Chikuvadze & Saidi, 2023). Throughout the research process, ethical standards by protecting the privacy and confidentiality of participants were maintained (Dube, 2020). The informed consent was obtained to assure participants of their right to withdraw from the study, and to ensure that the research was conducted in an ethical and responsible manner (Pompili & Serafini, 2016). A comprehensive report that described the thematic analysis process and presents the findings was written (Chidarikire, 2023).

The report included a detailed description of the themes, supported by relevant quotes or excerpts from the data. An interpretations and the explanations for each theme, relating them back to the research question was effectuated (Makuvaza & Peltzer, 2017). When reporting the thematic analysis, the methodology, including the data collection process, coding procedures, and analytical steps taken were clearly described (Creswell & Creswell, 2017). Also, the themes and sub-themes with supporting evidence from the data, such as relevant quotes or excerpts were presented (Creswell & Poth, 2018). In addition, one interpreted the findings in the context of existing literature and theories, highlighting the unique perspectives of rural learners on suicide issues. The thematic analysis is a flexible and iterative approach, allowing for the emergence of new themes or modifications as the researchers delve deeper into the data (Chudgar & Luschei, 2009).

Research Results

Table 1

Causes of Suicide and Ways to Mitigate Them

<i>Causes of suicide</i>	<i>Ways to mitigate suicide</i>
Academic failure	Parents, teachers and siblings to help with homework and other school work
Early and unwanted pregnancies	Awareness programs about dangers of engaging in early and unprotected sexual intercourse
Poverty	Government, Non-Governmental Organisations, Churches, Business people and other community members to provide food, school uniform and stationary among others

Source: Authors' own development.

Perceptions on Learners Regarding Causes of Suicide Among Rural Primary School Learners

The majority of the participants had the knowledge on the causes of suicide among rural primary schools. Following there were top four causes of suicide mentioned in this study by [participants] rural primary school learners: academic failure, early and unwanted pregnancies, poverty and bullying. The following written responses from rural primary school participants encapsulated this theme:

On Academic Failure as a Catalyst of Suicide

Female Learner Participant (6) commented that, *"I almost committed killed myself three months ago after my father and mother severely assaulted me for failing weekly Mathematics test. I got 12%, they assaulted me using wood log and wire. I have head and hand injuries due to the assault."*

In support of the influence of academic failure on the increase of suicide among rural primary schools, the following male Learner Participant (1) averred that:

"I did not perform well during my end of year tests during 2022 and I only passed one subject Shona [vernacular subject] out of 8 subjects. This was my worst performance since from grade 1 and I was devastated. I used to win academic awards due to my academic

performance. Other learners laughed at me for failing. I drank rat poison in order to kill myself but was rushed to hospital and received treatment."

From the above rural learners' submissions, it is clear that some rural learners commit suicide after they failed to achieve their academic goals or excelling (Seudi et al., 2023). Academic failure can be a significant stressor for learners, and in some cases, it can contribute to feelings of hopelessness and despair that may lead to suicidal ideation or even suicide (The Herald, 2020).

Early and Unwanted Pregnancies as Another Cause of Suicide Among Rural Learners

In Zimbabwe, there was a 8 year old girl from Bindura rural areas who was raped in 2022, fell pregnant and gave birth to a healthy baby girl through caesarean method in 2023 (Matika, 2023). This story shows that rural primary school learners can fall pregnant through rape among others.

Commenting on the issue of early and unwanted pregnancies as a push factor to commit suicide among rural primary school learners, female Learner Participant (3) mentioned,

"My elder sister aged 14 committed suicide by hanging herself in her bedroom hut during the night on 23rd March 2021 after she discovered that she was pregnant. She had unprotected sex with our male adult neighbour. The neighbour refused the ownership of pregnancy. Also our father and aunty severely assaulted her alleging that she was promiscuous."

Furthermore, on early and unwanted pregnancies as a driver of suicide, the male Learner Participant (4) opined that,

"Her sister aged 14 was expelled from one rural Primary school in Mahoto area, Zimbabwe after she fell pregnant in 2019 and she committed suicide by drinking dangerous poison in the bush nearby the school. In Zimbabwe, a pregnant learner will be expelled from school, although recently, there are intentions to allow pregnant learners to pursue their studies."

Based on the accounts shared by participants, it is evident that early pregnancies and unwanted pregnancies can have profound psychological and emotional consequences on individuals, especially on learners. In some instances, these circumstances may even act as catalysts for suicidal ideation (Gómez-Pomar et al., 2013). Unplanned or early pregnancies can lead to heightened psychological distress, such as anxiety, depression, and feelings of hopelessness among rural learners. These emotional challenges can increase the risk of suicidal ideation or suicidal behaviours (Hawton et al., 2012).

Poverty Leads Rural Learners to Commit Suicide

The participants argued that some of their peers have committed suicide or intended to commit suicide due to the poverty that caused them to fail to pay their fees, uniforms, buy food, medication and other necessities.

A male participant Learner (8) has the following views on relationship between poverty and suicide among rural primary school learners:

"I wanted to kill myself in October 2020 during COVID-19 era after I fell sick due to COVID-19 infection. I had no money to go for treatment due to poverty and my single mother used traditional herbs but to no avail. I was in deep pain and just wished to die to deal with pain. I felt that death was my exit from COVID-19 pain."

In addition, a female participant learner (10) supported the submission that poverty may lead rural learners to resort to commit suicide:

"In 2018, I dropped out of school after my grandmother aged 78 failed to raise money to pay my fees, uniform and food. She tried to engage school authorities to enrol me under Basic Education Assistance Module (BEAM) that was created by Government to pay fees for the disadvantaged learners but the school authorities refused to assist me. I had to drop out of school aged 10 and had to work in neighbours fields and herding cattle. One day, I took a rope out of hopelessness and tried to kill myself, I was rescued a man who was passing through the road near the tree where I had hanged myself."

From the above submissions, some learners in rural areas have committed suicide due to poverty. Poverty can have a profound impact on individuals and communities, including rural learners, and can contribute to increased rates of suicide (Khuzwayo et al., 2018). This lack of access to resources can exacerbate feelings of hopelessness and despair, making individuals more vulnerable to suicidal ideation and behavior. Additionally, the stress and financial strain of living in poverty can contribute to poor mental health outcomes, further increasing the risk of suicide. The stigma and shame associated with poverty may also prevent individuals from seeking help or talking openly about their struggles, leading to feelings of isolation and disconnection. Overall, the intersection of poverty and mental health issues can create a dangerous cycle that puts rural learners at a higher risk for suicide (Pompili & Serafini, 2016). In Zimbabwe rural areas such as Mahoto rural area where this study was carried, have few or no mental health professionals and resources compared to urban areas, making it difficult for individuals in rural communities to seek help for their mental health struggles (McCoy et al., 2017).

The participants agreed that bullying among rural learners causes learners to commit suicide. The last cause of suicide identified by rural learners who participated in this study is bullying.

A female participant (5) noted that:

"My friend committed suicide after one male learner posted her naked pictures on WhatsApp status. He took these pictures whilst she was bathing in the river. The pictures were downloaded from this male learners' WhatsApp status and the pictures went viral. Many community members started to laugh at her, she was depressed and then committed suicide."

Moreso, one male participant (9) argued that:

"One learner from our nearby primary committed suicide in the nearby mountain after seven secondary school learners severely assaulted him in the presence of other learners. Other learners were celebrating while he was being beaten for stealing a ballpoint, the offence he denied. Out of fear and shame, he ran into the mountain and died there after he hanged himself using a shoe lace."

It can be deduced from the above learners' experiences that, bullying is a serious issue that can have devastating consequences on rural learners, including an increased risk of suicide (Herrman et al., 2016). While bullying can impact individuals from all backgrounds, rural learners face unique dynamics and challenges that can exacerbate the effects on their mental health (Hinduja, & Patchin, 2018).

Ways to Mitigate Suicide Among Rural Primary Schools

The next section deals with ways to mitigate suicide among rural primary schools. A collective action among learners, parents, teachers, community members, government, religious groups among others should be implemented to fight suicide causes in rural communities.

On solving academic the failure, the participants in rural primary schools offered the following interventions and strategies to mitigating academic failure in their schools. In regards to addressing academic failure, the male learner participant [2] suggested implementing specific interventions such as individualized tutoring and study support programs:

“Our school does not have enough classrooms block, we are having afternoon classes because of lack of classrooms. Also classroom do not have electricity at school to use with computers and reading. Furthermore, there are no libraries in all rural primary schools, this incapacitate us in learning process. We also do not have resources such as textbooks as in some instances eight learners share one textbook.”

Another strategy to assist rural learners achieve their academic goals, was proposed by a female learner participant (7) who opined that:

“We kindly request the Ministry of Primary and Secondary Education to deploy high qualified teachers to teach in rural schools, there are few qualified Mathematics and English language teachers at my rural school. This negatively affects our teaching and learning process.”

Parental involvement was also proposed as an intervention strategy by rural primary school learners.

A Male learner participant (1) articulated that, parents should help them in their academic journey:

“I am an orphan learner staying with my form two sister aged 16, she and my neighbor female teacher help me in my studies. I have managed to pass all my subjects last term because of their help. They assist me in Mathematics, English language and other subjects that I have challenges. Also, our School Development Committee have recently purchased textbooks, solar lights, drilled a borehole and built two new classroom blocks. This has greatly helped us to learn.”

From participants' observations cited above, there is need for Government, Non-Governmental Organisations and other empathetic community members to collective build physical infrastructure, such as classrooms, libraries, and laboratories, can create a conducive learning environment. It also includes providing adequate teaching materials and resources such as textbooks (UNESCO, 2020). Most rural primary schools in Mahoto area do not have libraries and other educational facilities since 1980, when Zimbabwe got independence that is why majority of rural schools record zero pass rate (Mswazie, 2017).

To deal with unwanted early pregnancies in rural schools, the participants proposed the teaching of comprehensive sexuality education among others.

A female learner participant (6) requested that there should be compulsory Comprehensive Sexuality Education (CSE):

"I know in our culture, it is taboo to teach us young learners about sexuality education but we are being raped, sexually abused among others. We need to be taught about dangers of unprotected sex, unwanted pregnancies, HIV/AIDS causes and ways to mitigate it among others."

In addition, a male learner participant (1) stated that,

"Our school authorities such as School Head, School Development Committees and Ministry of Primary and Secondary Education should organise workshops, awareness campaigns and competitions to discuss ways to deal with early and unwanted pregnancies."

Rural learners have expressed a belief that introducing age-appropriate and culturally sensitive sexuality education programs can effectively provide young individuals with comprehensive knowledge about reproductive health, contraception, and the risks associated with early pregnancy. CSE programs should also focus on developing life skills, such as decision-making and communication, to empower learners to make informed choices (Makuvaza & Peltzer, 2017).

Addressing bullying in rural primary schools requires a comprehensive approach involving various stakeholders, including educators, parents, and community members. Participants provided the following potential ways to address bullying in rural schools.

Concerning strategies to stop bullying in rural schools, a female learner participant (3) proposed that:

"Our school authorities, parents, teachers, learners and other community members make and effectively implement comprehensive school policies and laws on and against bullying. In addition, learners should be taught about the rules, regulations on bullying and punishment subjected such as being expelled from school to those who engage in bullying. This act as deterrent punishment to learners who may want to engage in bullying."

A male learner participant (4) recommended that:

"There is need to inform learners through classroom discussions, workshops, awareness campaigns about dangers of bullying such as injuring and killing of the victim of bullying. In addition, the schools should have anonymous letter boxes or hot-lines that learners can report bullying whilst their identity is protected. Also, the schools should have teachers who are professional trained to assist victims and perpetrators of bullying. Alternatively, the school authorities should be able to refer the victims and perpetrators of bullying to social workers, police officials among others."

The learners emphasised the importance of implementing a comprehensive anti-bullying policy that engages the entire school community. This strategy should encompass detailed protocols for prevention, detection, reporting, and intervention techniques to foster a secure and respectful school environment (Gini & Espelage, 2014).

Discussion

On Causes of Suicide Among Rural Primary School Learners

It was observed that academic failure can result in heightened stress for students, especially in competitive academic settings. The fear of letting down oneself, loved ones, or classmates can be all-consuming, ultimately sparking emotions of unworthiness and insecurity (Mswazie, 2017). This

pressure can contribute to a decline in mental health and well-being, potentially increasing the risk of suicidal thoughts or actions (Hjelmeland et al., 2012). Also, some individuals may internalise academic failure as a reflection of their personal worth or intelligence. This negative self-perception can lead to feelings of shame, self-blame, and a distorted view of their future prospects. Such thoughts and emotions can contribute to a sense of hopelessness and despair, which are risk factors for suicide (Klonsky et al., 2016). In addition, academic failure can create a sense of social isolation and alienation. Learners often compare themselves to their peers, and when they perceive themselves as falling behind, they may experience a sense of shame or inferiority and a fear of judgment and stigma associated with academic failure can further exacerbate emotional distress and increase the risk of suicidal thoughts (Nock et al., 2008). Finally, academic failure can be particularly challenging for individuals who lack effective coping strategies to deal with setbacks. If learners are unable to manage the stress and disappointment associated with academic failure, they may feel trapped and see suicide as a way to escape these circumstances (Makuvaza & Peltzer, 2017).

The researchers witnessed that rural learners commit suicide due to the shame of becoming pregnant. According to the Ministry of Primary and Secondary Education in Zimbabwe (<https://mopse.co.zw>) teenage girls who experienced an unplanned pregnancy had a higher likelihood of suicidal ideation and attempts compared to their peers who did not experience an unplanned pregnancy. In addition, unwanted pregnancies, particularly among rural learners, can be accompanied by social stigma and isolation (Mswazie, 2017). Negative judgment from peers, family, and society can contribute to feelings of shame, guilt, and a sense of being trapped. These negative social experiences can intensify emotional distress and increase the risk of suicidal thoughts or behaviours (Chidarikire, 2021).

Additionally, adolescent mothers faced a higher risk of developing depressive symptoms and experiencing thoughts of suicide due to the social stigma surrounding teenage pregnancy (Chikutsa & Mupinga, 2016). Lastly, unplanned pregnancies disrupt educational pursuits, leading to additional stress and feelings of failure among learners (Ayubu, et al. 2020). The fear of academic setbacks, compromised career opportunities, or social exclusion can significantly impact an individual's self-esteem and mental well-being. Studies have shown that adolescents who drop out of school due to pregnancy were at a higher risk of depression and suicidal behaviours (Biddle et al., 2015).

In addition, the participants in this study, acknowledged that, poverty can lead to failure to pay school and examination fees, limited educational opportunities and resources for rural learners. Inadequate access to quality education can result in feelings of hopelessness, low self-esteem, and a lack of future prospects, which can contribute to mental health issues and suicidal thoughts (Chudgar & Luschei, 2009). Furthermore, poverty can lead to social isolation and feelings of shame or stigma, particularly in small rural communities where there may be a lack of understanding and support for those experiencing financial hardship (Dube, 2020). The isolation and stigma associated with poverty can exacerbate the feelings of despair and hopelessness, increasing the risk of suicide. Finally, it is crucial to acknowledge that bullying poses a significant threat to rural learners, potentially leading to grave outcomes such as an elevated risk of suicide. While it affects individuals of all backgrounds, including rural learners, the specific dynamics and challenges faced by rural communities can contribute to the impact of bullying on learners' mental health (Hinduja & Patchin, 2018). First of all, rural communities often have limited mental health resources and support networks compared to urban areas (Kanyopa, 2023). Such a lack of access to mental health services can leave bullied learners feeling isolated and without adequate help, exacerbating their distress. Second, rural learners who experience bullying may

be hesitant to disclose their struggles due to fears of being judged or ostracized, which can contribute to a sense of shame and prevent them from seeking support (Biddle et al., 2015).

Cyberbullying has been on the rise in rural areas in recent years, with students in these communities potentially facing a higher risk as they heavily rely on digital platforms for social interaction (Gini & Espelage, 2014). The perpetration of online harassment in rural schools and communities can have a profound impact on mental well-being, leading to an increased risk of suicide.

On Ways of Reducing and Mitigating Suicide the Participants Observed the Following

Many rural primary schools lacking qualified teachers have contributed to a high failure rate (Chitsiko, 2018). Therefore, there is a need for Government High-quality teacher training programs that focus on pedagogical skills, subject knowledge, and classroom management. It is crucial for improving educational outcomes (McCoy, et al. 2017). Qualified rural teachers currently teaching should receive ongoing professional development opportunities and mentorship at no cost to improve their teaching effectiveness (Chikuvadze & Saidi, 2023). Finally, there is need for active rural community engagement and parental Involvement in the education process of rural learners (Chidarikire & Hlalele, 2022). Parents can get involved in supporting their learners through activities like parent-teacher associations (School Development Committee), facilitating their academic progress by assisting with homework and other tasks (Epstein, 2001).

The researchers emphasised the importance of involving parents, guardians, and community members in addressing early pregnancies among rural learners. Community-based interventions, such as workshops, dialogues, and awareness campaigns, can help raise the awareness about the importance of education and the risks associated with early pregnancy (Chinyoka & Naidu, 2017). Parents and guardians involvement in these efforts can foster a supportive environment for young rural learners. Finally, it is crucial to guarantee access to reproductive health services, such as contraceptive methods and counseling (Pompili & Serafini, 2016). The collaborations with local health centres, Non-Governmental Organisations (NGOs), and other stakeholders can help establish accessible and youth-friendly services, particularly in rural areas where healthcare facilities may be limited (Chidarikire et al., 2022).

When it comes to bullying, it was observed that educating students, teachers, parents, and community members on the harmful impact of bullying is crucial. This education can be effectively delivered through workshops, awareness initiatives, and open discussions in the classroom (Hinduja & Patchin, 2018). Encourage empathy, kindness, and respect among learners should be a priority in schools. Implementing a confidential reporting system is crucial in creating a safe space for learners to report incidents of bullying without fear of retaliation. This system should ensure that learners feel comfortable coming forward and have confidence that appropriate action will be taken to address the issue. It is essential to create a culture of trust and support within the school community to promote a positive learning environment for all. By prioritizing empathy, kindness, and respect, schools can work towards creating a safe and inclusive space for all learners (Chudgar & Luschei, 2009). Rural Schools should offer counselling services to learners who have been bullied and those who were engaged in bullying behaviour (Chidarikire, 2021). It is vital providing a safe space where learners can discuss their concerns and receive guidance on conflict resolution and social skills development.

To mitigate bully among rural primary school learners, the rural communities should have adequate mental health resources and support networks to deal with learners' violent behaviours and

causes that lead learners to have aggressive behaviours (Kanyopa, 2023). This lack of access to mental health services can leave bullied learners feeling isolated and without adequate help, exacerbating their distress. Rural learners who experience bullying should be encouraged to disclose their struggles by not judging them, this assist seek counselling and support from schools, peers and community organisations (Bork & Rucks-Ahidiana, 2013). In rural spaces, cyberbullying has become increasingly prevalent in recent years and rural learners may be more susceptible to cyberbullying due to their reliance on digital platforms to connect with peers (Klomek et al., 2007). Hence, it is imperative to involve and instruct rural primary schools on the risks of online harassment and bullying, as these can significantly affect mental health and escalate the likelihood of suicide.

Conclusions

The recent research studies on suicide among students have revealed a troubling increase in suicide rates in rural Zimbabwean schools. As a result, it was imperative to explore the underlying reasons behind suicide among rural learners. In this article was found that unwanted early pregnancies, poverty, academic failure and bullying were among the causes. To address the underlying factors contributing to suicide, it is imperative for cooperation among government, educators, students, Non-Governmental Organizations, counselors, and others. It is essential to establish culturally sensitive laws and policies to combat bullying, provide financial support and educational resources to disadvantaged students, offer professional counseling services, and implement other strategies aimed at preventing suicide among rural learners.

Suggestions for Future Research

Based on the research outlined in this article about the significant impact of suicide on rural primary school students in Zimbabwe, it is important to investigate the following issues:

Firstly, scholars, teachers, school authorities, and other stakeholders need to examine the role of online bullying in contributing to increased rates of suicide among rural students aged 7 to 14. Many studies have focused on students aged 15 to 29 as victims of suicide, overlooking the younger age group of under 15. Secondly, the researchers suggested that educating learners about the causes of suicide, such as bullying, is crucial in order to prevent such tragedies. Specifically, teachers and other stakeholders should emphasize the negative effects of physical bullying, including the potential for serious injury or even death for both victims and perpetrators. Thirdly, the researchers state that scholars should investigate how the Government should support financially and materially learners from disadvantaged backgrounds by paying their fees and providing them with food at school [school feeding programs. Fourthly, the research findings suggest that researchers should explore the potential benefits of implementing Comprehensive Sexuality Education in rural primary schools. This would help educate learners about the risks associated with early sexual activity such as unwanted pregnancies and provision of professional counselling by teachers to deal with problems that lead learners to commit suicide.

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Conflict of Interest

There is no conflict of interest.

References

- Alaghehbandan, R., Lari, A., Joghataei, M. T., & Islami, A. (2011). The role of marital status, literacy, and urbanicity in suicidal behavior by burns in the province of Khorasan, Iran. *Community Mental Health Journal*, 4(7), 181–185. <https://doi.org/10.1007/s10597-010-9297-1>
- Álvaro-Meca, A., Kneib, T., Gil-Prieto, R., & Gil de Miguel, A. (2013). Epidemiology of suicide in Spain, 1981–2008: A spatiotemporal analysis. *Public Health*, 127(4), 380–385. <https://doi.org/10.1016/j.puhe.2012.12.007>
- Agustina, N., & Pramana, S. (2019). The impact of development and government expenditure for information and communication technology on Indonesian economic growth. *The Journal of Business, Economics, and Environmental Studies (JBEES)*, 9(4), 5–13. <https://doi.org/10.13106/jbees.2019.vol9.no4.5>
- Ayubu, M., Kidanto, H. L., & Nystrom, L. (2020). The influence of social support on suicidal ideation among pregnant women in rural Tanzania. *BMC Psychiatry*, 20(1), 1–10.
- Bork, A., & Rucks-Ahidiana, Z. (2013). Mobile learning in Sub-Saharan Africa: The case of School Zambia. *International Journal of Education and Development using Information and Communication Technology (IJEDICT)*, 9(1), 4–17.
- Biddle, L., Gunnell, D., & Donovan, J. L. (2015). Explaining the association between socioeconomic deprivation and suicidal behavior: A systematic review. *Social Science & Medicine*, 12(8), 1–11.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cha, E. S., Khang, Y. H., & Lee, W. J. (2014). Mortality from and incidence of pesticide poisoning in South Korea: findings from National Death and Health Utilization Data between 2006 and 2010. *PLoS one*, 9(4), Article e95299. <https://doi.org/10.1371/journal.pone.0095299>
- Chen, Y. Y., Chien-Chang Wu, K., Yousuf, S., & Yip, P. S. F. (2012). Suicide in Asia: Opportunities and challenges. *Epidemiologic Reviews*, 3(4), 129–144. <https://doi.org/10.1093/epirev/mxr025>
- Chidarikire, M. (2021). Rural teachers' perceptions on challenges and solutions of inclusive education in Zimbabwe rural primary schools. *International Journal of Social Science Research*, 2(3), 1–15.
- Chidarikire, M. 2023. Strength of peer counselling strategy in curbing drug abuse among secondary rural learners in Chivi, Zimbabwe. *Journal of Innovations*, 72(4), 891–898.
- Chidarikire, M., & Hlalele, D. (2022). Exploring safety in disaster induced displacements relocation in Tokwe, Zimbabwe. *Jamba: Journal of Disaster Risk Studies*, 2(5), 1–19.
- Chidarikire, M, Muza, C. & Beans, H. (2022). Integration, gender equality, and language diversity in Zimbabwe teacher education curriculum. *East Africa Journal of Education, Social Sciences*, 2(7), 14–21. <https://doi.org/10.46606/eajess2021v02i02.0094>
- Chikuvadze, P., & Saidi, E. (2023). Factors influencing inclusive education in Zimbabwe rural schools. *Mediterranean Journal of Social Sciences*, 14(1), 28–32. <https://doi.org/10.36941/mjss-2023-0003>

- Chinyoka, K., & Naidu, N. (2017). Uncaging the caged: Exploring the impact of poverty on the academic performance of form 3 learners in Zimbabwe. *International Journal of Education Science*, 5(3), 271–281. <https://doi.org/10.1080/09751122.2013.11890087>
- Chudgar, A., & Luschei, T. F. (2009). Teaching in rural India: Linking teacher performance incentives to student achievement. *Journal of School Choice*, 3(3), 316–350.
- Chikutsa, A., & Mupinga, D. (2016). The influence of sociocultural factors on the academic performance of rural learners in Zimbabwe. *Journal of Emerging Trends in Educational Research and Policy Studies*, 7(5), 280–289.
- Chitsiko, M. (2018). The influence of socioeconomic status on academic performance in Zimbabwe: A case of three disadvantaged schools in Mashonaland East Province. *International Journal of Innovative Research and Development*, 7(9), 1-9.
- Matika, P. (2023, October 23). *Man commits suicide – Bulawayo*. Chronicle. <https://www.chronicle.co.zw/man-commits-suicide/>
- Chowdhury, A. N., Banerjee, S., Brahma, A., & Biswas, M. K. (2013). Participatory research for preventing pesticide-related DSH and suicide in Sundarban, India: A brief report. *International Scholarly Research Notices*, 2013, Article 427417. <http://dx.doi.org/10.1155/2013/427417>
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Newbury Park: Sage.
- Creswell, J. W., & Poth, C. N. (2018) *Qualitative inquiry and research design choosing among five approaches* (4th ed.). Thousand Oaks: SAGE Publications.
- Dube, B. (2020). Rural online learning in the context of COVID-19 in South Africa: Evoking an inclusive education approach. *Multidisciplinary Journal of Educational Research*, 10(2), 135–157. <https://dialnet.unirioja.es/servlet/articulo?codigo=7606310>
- Epstein, J. L. (2001). *School, family, and community partnerships: Preparing educators and improving schools*. New York: Westview Press.
- Hagaman, A. K., Wagenaar, B. H., McLean, K. E., Kaiser, B. N., Winskell, K., & Kohrt, B. A. (2013). Suicide in rural Haiti: Clinical and community perceptions of prevalence, etiology, and prevention. *Social Science and Medicine*, 8(3), 61–69. <https://doi.org/10.1016/j.socscimed.2013.01.032>
- Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Herrman, J. W., Waterhouse, J. K., Chiquoine, J. B., Spencer, S. M., & Surkan, P. J. (2016). Social stigma and depressive symptoms among adolescent mothers: The role of social support and social comparison. *BMC Women's Health*, 16(1), 1–9.
- Hinduja, S., & Patchin, J. W. (2018). Bullying, cyberbullying, and suicide. *Archives of Suicide Research*, 22(1), 15–30. <https://doi.org/10.1080/13811118.2010.494133>
- Hirsch, J. K., & Cukrowicz, K. C. (2014). Suicide in rural areas: An updated review of the literature. *Journal of Rural Mental Health*, 38(2), 65–78. <https://psycnet.apa.org/doi/10.1037/rmh0000018>

- Hjelmeland, H., Dieserud, G., Dyregrov, K., Knizek, B. L., Leenaars, A. A., & Ostlie, K. (2012). Psychological autopsy studies as diagnostic tools: Are they methodologically flawed?. *Death Studies*, 36(7), 605–626. <https://doi.org/10.1080/07481187.2011.584015>
- Gini, G., & Espelage, D. L. (2014). Peer victimization, cyberbullying, and suicide risk in children and adolescents. *JAMA Pediatrics*, 168(5), 435–442. <https://doi.org/10.1001/jama.2014.3212>
- Gómez-Pomar, E., Fisher, P. H., & Stratton, H. J. (2013). School-aged pregnancies: A systematic review of psychological outcomes. *Journal of Adolescent Health*, 53(6), 723–731.
- Gonye, V., & Mugugunyeki, M. (2022, October 13). *Youths suffer from suicide*. <https://www.newsday.co.zw/thestandard/local-news/article/200001909/youths-suffer-from-suicide>
- Johnson, D. W., Johnson, R. T., & Holubec, E. J. (2013). *Cooperation in the classroom*. New York: Interaction Book Company.
- Forty, J., Navaneetham, K., & Letamo, G. (2023). Prevalence and predictors of suicidal behaviours among primary and secondary school going adolescents in Botswana. *PLoS one*, 18(3), Article e0282774. <https://doi.org/10.1371/journal.pone.0282774>
- Khuzwayo, N., Taylor, M., & Connolly, C. (2018). High risk of suicide among high-school learners in uMgungundlovu District, KwaZulu-Natal Province, South Africa. *South Africa Medical Journal*, 108(6), 517–523. <https://hdl.handle.net/10520/EJC-ec14d3e35>
- Kanyopa, T. J. (2023). Exclusion, diversity and inclusion. In D. Hlalele & T. M. Makoelle (Eds.), *Inclusion in Southern African education*. Cham: Springer. https://doi.org/10.1007/978-3-031-43752-6_1
- Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S., & Gould, M. S. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(1), 40–49. <https://doi.org/10.1097/01.chi.0000242237.84925.18>
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12, 307–330. <https://doi.org/10.1146/annurev-clinpsy-021815-093204>
- Kim, Y. S., Koh, Y. J., & Leventhal, B. L. (2004). Prevalence of school bullying in Korean middle school students. *Archives of Pediatrics & Adolescent Medicine*, 158(8), 737–741. <https://doi.org/10.1001/archpedi.158.8.737>
- Kurewa, J., & Mufandaedza, J. (2020). Community-based interventions for suicide prevention among rural primary school learners in Zimbabwe. *International Journal of Mental Health Promotion*, 22(6), 368–380.
- Leenaars, A. A., & Lester, D. (Eds.). (2018). *Suicidal behavior: Theories and research findings*. Cairo: Hogrefe Publishing.
- Makuvaza, N., & Peltzer, K. (2017). Mental health and psychosocial wellbeing in the context of sustainable development in Zimbabwe. *Sustainability*, 9(2), 196–203.

- Macente, L. B., & Zandonade, E. (2012). Spatial distribution of suicide incidence rates in municipalities in the state of Espirito Santo (Brazil), 2003–2007: Spatial analysis to identify risk areas. *Revista Brasileira de Psiquiatria*, 3(4), 261–269. <https://doi.org/10.1016/j.rbp.2011.11.001>
- Mainio, A., Karvonen, K., Hakko, H., Sarkioja, T., & Rasanen, P. (2009). Parkinson's disease and suicide: A profile of suicide victims with Parkinson's disease in a population-based study during the years 1988 –2002 in Northern Finland. *International Journal of Geriatric Psychiatry*, 2(4), 916–920. <https://doi.org/10.1002/gps.2194>
- McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... & Shonkoff, J. P. (2017). Impacts of early childhood education on medium-and long-term educational outcomes. *Educational Researcher*, 46(8), 474–487. <https://doi.org/10.3102/0013189X17737739>
- Maringe, C., & Chireshe, R. (2018). The challenges of suicide prevention in rural Zimbabwe: Perspectives from primary school teachers. *Journal of Rural Mental Health*, 42(3), 215–230.
- Mental Health Commission of Canada, (n.d.). *Talking to children about a suicide*. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-03/talking_to_children_about_a_suicide_eng.pdf
- Mmari, K., Blum, R., Sonenstein, F., Marshall, B., Brahmbhatt, H., Venables, E., ... & Sangowawa, A. (2014). Adolescents' perceptions of health from disadvantaged urban communities: Findings from the WAVE study. *Social Science & Medicine*, 104, 124–132. <https://doi.org/10.1016/j.socscimed.2013.12.012>
- Mswazie, W. (2017, August 9). *Bullied Form 2 pupil in school suicide*. Cronicle. <https://www.chronicle.co.zw/bullied-form-2-pupil-in-school-suicide/>
- Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, 30(1), 133–154. <https://doi.org/10.1093/epirev/mxn002>
- National Association of School Psychologists, . (2015). *Preventing youth suicide: Tips for parents and educators*. <https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>
- Omigbodun, O., Dogra, N., Esan, O., & Adedokun, B. (2008). Prevalence and correlates of suicidal behaviour among adolescents in southwest Nigeria. *International Journal of Social Psychiatry*, 5(4), 34–46. <https://doi.org/10.1177/0020764007078360>
- Park, B. C., & Lester, D. (2012). Rural and urban suicide in South Korea. *Psychological Reports*, 111(2), 495–497. <https://doi.org/10.2466/12.17.PR0.111.5.495-497>
- Phiri, M. (2022, May 21). *Suicide cases soar in Zimbabwe*. <https://mg.co.za/africa/2022-05-21-suicide-cases-soar-in-zimbabwe/>
- Pompili, M., & Serafini, G. (Eds.). (2016). *Understanding suicidal behavior: The suicidal process approach to research, treatment, and prevention*. Caroi: Hogrefe Publishing.

- Ramos, M. (2023, February 1). *Mental health crisis: 404 student suicides in 2021-22*. INQUIRER.net. <https://newsinfo.inquirer.net/1723742/mental-health-crisis-404-student-suicides-in-2021-22>
- Rwafa-madzvamutse, C. (2023, February 12). *Mental Health: Suicide — A rising public health threat*. <https://www.newsday.co.zw/theindependent/standard-people/article/200007331/mental-health-suicide-a-rising-public-health-threat>
- UNESCO, (2020). *Education in rural areas*. New York: A Global Perspective.
- Seudi, S. Alshutwi, M., & Alwad, M. Perceived impact of patients' suicide and serious suicide attempts on their treating psychiatrists and trainees: A national cross-sectional study in Saudi Arabia. *BMC Psychiatric*, 2(3), 607–701. <https://doi.org/10.1186/s12888-023-05042-x>
- Shumba, A. (2020). Suicide among Zimbabwean children and adolescents: A scoping review. *Journal of Child and Adolescent Mental Health*, 32(2), 145–156.
- Silverman, D. (2016). *Qualitative research*. New York: Sage Publications.
- Tarisayi, K. S. (2023). Autoethnographic reflections on the survival strategies of Zimbabwean migrant teachers. *Cogent Social Sciences*, 9(2), 1–10. <https://doi.org/10.1080/23311886.2023.2282788>
- The Herald, (2020, February 3). *Concerns over surge in suicide cases – Harare*. <https://www.herald.co.zw/concern-over-surge-in-suicide-cases/>
- WHO, (2023, August 28). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>