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Causes And Effects Of Neglecting The Male Gender In Suicide Cases In Zimbabwe. The Case Of Mt Hampden.
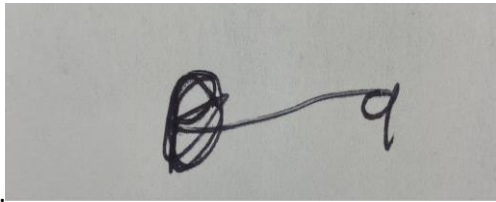
BY

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SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN DEVOLOPMENT STUDIES

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DECLARATION

I, Rejoice L Chibisa, hereby declare that this dissertation, titled "Causes and Effects of Neglecting the Male Gender in Suicide Cases in Zimbabwe: The Case of Mt. Hampden," is my own original work. Unless otherwise specified and acknowledged, the research, analysis, and findings contained in this thesis are the result of my own independent investigation.
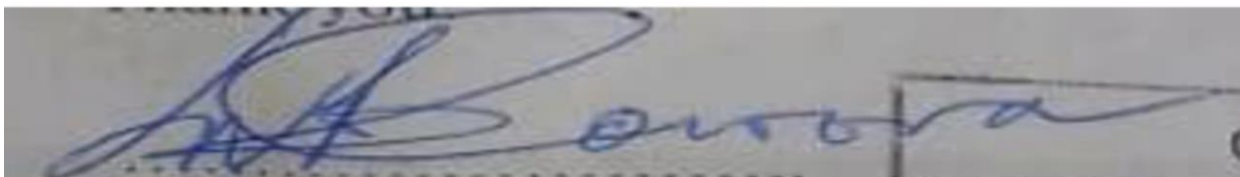
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Signed… …………………………………………

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DEDICATION

This dissertation is dedicated to my mother Mrs. T. Kavhai for her prayers, endless effort, love, motivation and encouragement. Throughout my academic journey, you have been a constant source of inspiration, guidance, and unwavering support. Above all I would like to thank the Lord almighty.

ACKNOWLEDGEMENT

ABSTRACT

Suicide is a major public health issue globally. However, efforts to address suicide often neglect the role of gender. Using the case of Mt Hampden, Zimbabwe, this study investigates the causes and effects of neglecting the male gender in suicide prevention and response efforts. The specific aims are to assess the drivers that lead to neglecting male perspectives on suicidal issues, examine the impacts of this neglect, and evaluate challenges in incorporating male-specific reasons for suicide. A mixed-methods approach will be utilized, combining quantitative analysis of suicide data and qualitative interviews with key stakeholders. Preliminary evidence suggests socio-cultural norms that valorize masculinity and discourage expression of weakness or help-seeking may contribute to the neglect of male suicide. By overlooking male-specific risk factors and warning signs, prevention efforts could be rendered less effective. Interviews seek to understand barriers faced by organizations in addressing the needs of at-risk men. The results of this study could help shape more gender-inclusive and effective suicide prevention programming in Zimbabwe. Recognizing differences between male and female suicide may enable interventions better tailored to the needs of both groups.

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ACRONMYS

WHO   World Health Organization

NGO   Non-Governmental Organization

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CHAPTER ONE: INTRODUCTION

1.0 Introduction

Suicide is a major public health and social distress and continues to be a significant risk for men. This chapter provides an overview of the study's history and presents the information that gave rise to the research challenge. The chapter also identifies the statement of the problem, the objectives of the study, the research questions, assumptions, delimitations, and limitations faced during the research project. The significance of the study, definition of terms, and study organization follow at the end of this chapter.

1.1 Background of the study

Suicide is a horrible occurrence. It is also a very complex act to comprehend; the elements that influence an individual's decision to commit suicide as an alternate action are multidimensional. Suicide is not an illness. It is an expression of a variety of feelings, including hopelessness, guilt, grief, loneliness, fury, fear, and shame, which stem from psychological, social, physiological, and biological aspects (Moutier, 2021).

Suicide remains a significant threat to the health of men and is a major public health issue. As per the 2019 data from WHO, 700,000 people worldwide die by suicide annually. Because of a lack of accurate recording, it is probable that the real value is much higher. In addition, men are more prevalent than women in every country and age bracket looked at in the Global Burden of Disease Survey (except for individuals aged 15 to 19). Scottish men between the ages of 45 and 54 experienced the highest rates of suicide in 2020 (Klomek 2020). Despite recent advancements in understanding suicide risk factors, our ability to predict suicide has not improved over more than five decades of research and is still as effective as random chance. Progress has indeed been achieved, although it is not to suggest otherwise. For instance, in the past century, many theories about suicide have been suggested, covering sociology, biology, and psychology. A paper published by Reed and Claunch (2020) outlined the intricacies of suicidal actions and how suicide risk can be shaped by various factors such as biology, psychology, clinical, social, and environmental influences.

Austin (2021) … despite the fact that suicide rates are significantly higher among males compared to females in many countries, public and academic discussions have often failed to adequately address this issue. Various factors contribute to this neglect, including gender stereotypes that

portray men as strong and invulnerable, societal expectations that discourage male expression of emotions or seeking help, and the historical focus on mental health primarily through a female lens. Traditional notions of manhood emphasize emotional resilience, self-reliance, and stoicism, which discourage men from seeking help or discussing their emotional struggles openly. Male societal expectations, coupled with the notion that men are less likely to experience emotional vulnerability, contribute to a false perception that they are less prone to suicide risks, perpetuating the oversight of males in suicide prevention efforts. According to Ari and Mari (2021), these misconceptions may perpetuate harmful stereotypes and result in inadequate support systems for males experiencing suicidal ideation.

The gendered disparity in suicide research and data representation is a significant contributor to the neglect of males in suicide prevention efforts (Baiden and Tadeo 2020). Historically, suicide research has been primarily focused on female populations, leaving men's experiences underrepresented and misunderstood. The lack of male-centric insights can perpetuate misinterpretations of suicide dynamics, causing grave implications for policy formation and the development of tailored prevention strategies. Bringing these factors to light enhances our comprehension of the issue and emphasizes the necessity of addressing male suicide through targeted prevention efforts. It is imperative for professionals to actively challenge these biases and ensure gender-inclusive approaches when researching, advocating for policy changes, or providing mental health services. By recognizing the unique challenges faced by males in relation to suicide, professionals can contribute toward developing inclusive strategies that address their specific needs while fostering open dialogue about mental health among all genders.

Only a few research have looked into how masculinity affects suicide risk. Chandler (2022) discovered that while more traditional gender role beliefs were linked to higher suicidal thoughts, masculinity was connected with decreased suicidal thoughts for older individuals. The measure of masculinity used by the authors has a measurement problem in that it focuses more on the participants' experiences of mastery and leadership than on the negative extremes of the traditional male gender role, such having a narrow emotional range and finding it difficult to ask for help. Higher masculinity was similarly found to be protective against suicide in a recent research of the 2011 cohort of Swedish military conscripts (Dixon 2021). A rough score derived from the 2011 conscript assessments' occupation and recreational activities served as the proxy for masculinity.

According to World Health Organization (2019), suicide ranks as the third most common cause of death for individuals under 25 years old. While information regarding suicide rates in higher education students is scarce, especially in low-income nations, current statistics indicate that student suicide is a leading global cause of death. According to Curtin and Hedegaard (2019), suicide and self-harm are significant health and societal problems globally, but they are especially prevalent in low- and middle-income countries. Living in the poorest areas worldwide is strongly correlated with high suicide rates, as shown by a large amount of practical evidence. McIntyre and Lee (2020) direct their attention towards Scotland within the United Kingdom, where individuals residing in deprived areas face a three times higher risk of dying from suicide compared to those in wealthier regions, with men making up the majority of fatalities. Based on this research, the main priority of suicide prevention initiatives should be targeting men from disadvantaged communities who are at highest risk of suicide.

Neglecting the male gender when examining suicidal cases yields significant findings in literature, emphasizing the importance of considering this demographic. Sher (2020) highlights that neglecting male often leads to a distorted understanding of suicide and its underlying causes. Studies consistently demonstrate that males tend to exhibit distinct suicidal behaviors when compared to females, including higher rates of completion and reliance on more lethal methods (Elhman 2022). Ignoring these differences perpetuates an incomplete understanding of suicide risk factors and prevention strategies specifically tailored to men's needs. Additionally, Reed and Claunch (2020) suggests that societal factors play a substantial role in shaping male suicidal behaviors, with issues such as traditional masculinity norms and limited help-seeking behaviors contributing to increased vulnerability.

1.2 Statement of the problem

The causes and effects of neglecting the male gender in suicide cases in Zimbabwe pose a significant challenge to the health and psychological wellness of males. This problem arises from a range of societal, cultural, and systemic factors that contribute to the under recognition and underdressing of male-specific suicide risk factors, resulting in detrimental consequences for individuals and society as a whole. Zimbabwean society is influenced by traditional gender roles and expectations that often discourage men from seeking help and expressing their emotions openly. Societal perceptions of masculinity perpetuate the idea that men should be strong, self-

reliant, and invulnerable, creating a barrier for men to acknowledge and address their mental health struggles. Such cultural norms contribute to the neglect of male gender in suicide cases, hindering early intervention and support. Zimbabwe faces systemic challenges in addressing male suicide issues. Limited availability and accessibility of mental health services, particularly in rural areas, result in inadequate support for men at risk. Insufficient funding for mental health research and programs further contributes to a lack of understanding of male-specific risk factors and effective prevention strategies. The absence of a coordinated national suicide prevention strategy hampers efforts to address the neglect of male gender in suicide cases comprehensively. Neglecting the male gender in suicide cases has severe consequences for individuals and society. Men who are discouraged from seeking help and support may experience a sense of isolation, hopelessness, and despair, which can contribute to elevated suicide rates. The perpetuation of harmful gender stereotypes exacerbates mental health challenges and inhibits the development of healthy coping mechanisms. The under recognition of male-specific risk factors and the absence of targeted interventions result in a missed opportunity to address and prevent male suicides, leading to preventable loss of life. Overall, the problem of neglecting the male gender in suicide cases in Zimbabwe is multifaceted and requires urgent attention. By recognizing and addressing the underlying causes of neglect, as well as the far-reaching effects on individuals and society, stakeholders can work towards developing inclusive and effective strategies that prioritize male mental health, promote help-seeking behaviors, and ultimately reduce male suicide rates in Zimbabwe.

1.3 Aim
The aim of this study is to investigate the effects of neglecting the male gender when dealing with suicide cases.

1.4 Objectives
   i.   To assess the drivers of neglecting male gender on suicidal issues in Mt Hampden.
   ii.   To examine the effects of neglecting male gender on suicidal issues in Mt Hampden.
   iii. To evaluate challenges encountered when trying to include the reasons behind suicide in man   in Mt Hampden.

1.5 Research questions
   i.   What are the drivers of neglecting male gender on suicidal issues in Mt Hampden?

ii.   What are the effects of neglecting male gender on suicidal issues in Mt Hampden?

iii. What are the challenges encountered in trying to evaluate the reasons for considering suicide issues in Mt Hampden.?

1.6 Significance of the study
This section provides an explanation or justification for the study in practice and theory.
1.6.0 in Practice
Knowing the effects of neglecting males on issues of suicide is necessary for families, communities, organizations and professionals working on these issues, since there is a high number males who succumb to suicide per year. The research will assist to raise awareness on the issues to do with suicide amongst males. It will also work as an instrument to inform policy makers on effects of neglecting males on issues to do with suicide. The research benefits male's awareness on the mechanisms that are in place to help them when they face suicidal thoughts. In this regard, this research is relevant because it shows out literature on issues to do with suicide amongst males, this research will help fill a gap in the literature and provide a starting point for future studies that focus on suicide issues amongst men. The study will, in theory, be extremely important to academia. In addition to filling the gap in the body of knowledge, the research will help the academic community advance. The effective completion of the study will also be very insightful to the researcher. The researcher will acquire fundamental research and communication abilities. Additionally, the researcher will possess the ability to make arguments based on facts or objectivity, which is essential for decision-making in the field of research.

1.7 Limitations of the study
Financial limitations resulting from Zimbabwe's ongoing economic predicament affected the study. The researcher managed to save a few dollars to help in moving from point A to B collecting data for the research. The study also faced some limitations from the Mt Hampden District Council which delayed the approval of the proposal to research in Mt Hampden hence disturbing the anticipated time range for the process of data collection. The researcher approached the authorities, explained that the study is strictly academic, and persuaded them to recognize how the study would advance the concerns

1.8 Delimitations of the study

The study was carried out in Mt Hampden informal settlement area which is located about 30 kilometers outside Harare in Zvimba Rural district. Mt Hampden is mostly of rural nature characterized by high population density and compounds which are mostly shanty. The study was focused on the male gender who are residents of the settlement. Efforts were, however, made by the researcher to reduce respondents' fear of being judged by assuring them of the confidentiality of all information provided.

1.9 Definition of key terms

1.9.0 Gender

Gender involves the socially constructed traits, roles, duties, and expectations that are assigned to individuals based on their sex in a given society (Ehlman, 2022). Gender includes the social, psychological, cultural, and behavioral traits of being male, female, or another gender identity (Klomek 2020). Gender pertains to the socially fabricated characteristics of females, males, young women, and young men.

1.9.1 Sex

Sex is the biological differences between men and women. Moutier (2021), Sex refers to the physical differences between people who are male or female. Sex is thus a fact of human biology whereas gender is not. Sexual differences are the same throughout the human race (Kumar 2019).

1.9.2 Attempted suicide

Attempted suicide, also known as para-suicide, is a purposeful act of self-destruction or other life-threatening activity that does not result in death (Klomek 2020). A suicide attempt is generally described as a self-inflicted injury that is not fatal and is intended to end one's own life (Reed 2020). A suicide attempt is when a person intentionally harms themselves in an effort to end their life, but ultimately does not succeed.

1.9.3 Suicide

According to Tanaka and Okamoto (2021), suicide is the voluntary and intentional taking of one's own life. In this study, the term suicide refers to the purposeful ending of one's life .Suicide is when someone knowingly causes their own death through deliberate actions, whether positive or negative.

Men continue to be disproportionately at risk of suicide, which is a serious public health and social problem. This chapter provides an overview of the study's history and presents the information that gave rise to the research challenge. The introduction, study background, problem statement, objectives, research questions, assumptions, study restrictions and delimitations, and definitions of key words were all covered in this chapter. The relevant literature is reviewed in the following chapter.

2.0 Introduction

This chapter reviews existing literature on the effects of neglecting the male gender paying attention to suicide cases. In explaining these effects, the chapter utilizes the Egoistic suicide theory. The chapter explores literature on the effects of neglecting the male gender paying attention to suicide cases taking the global, regional and local perspectives.

2.1 Theoretical framework

This research is underpinned by the Egoistic Suicide Theory.

2.1.0 Egoistic Suicide Theory

The egoistic suicide theory was used in this study. Durkheim proposed the thesis in 1952. According to Durkheim (1952), egoistic suicide happens when a person's connections to society and morals are too weak. It is often defined as self-centeredness, and persons in this state are more preoccupied with themselves than anything else. This stems from an individual's poor integration into the society to which he or she belongs. Individuals who are strongly attached to social groupings typically lack well-defined values, traditions, conventions, and aspirations. These individuals have little social integrative support or guidance, and as a result, they commit suicide at a higher rate.

Durkheim (1952) proposed that religion which encouraged free thought experienced fewer suicides than others. Individuals who do not belong to a religion's higher beliefs are allowed to develop their own sense of the universe. When people are unable to make sense of their surroundings, they may lose interest in life and consider suicide.

Durkheim (1952) also identified family size and education as factors that encourage egoistic suicides. Families, especially big and close-knit ones, can provide the required social links through their own traditions and shared beliefs. In his discovery, he also noted that unmarried persons, particularly males with fewer ties to established social norms and aspirations, committed suicide at a higher rate than married people.

Furthermore, in relation to this study egoistic suicide theory is of great significance as it helps to recognize dynamics which help shed light on the unique challenges faced by males and guides

targeted interventions aimed at reducing suicide rates within this population. In many societies, traditional gender roles emphasize emotional detachment and self-reliance among men, creating an environment where seeking help for mental health concerns is stigmatized. Consequently, male individuals may feel isolated, lacking social support that serves as a protective factor against suicidal ideation. Mamun and Griffiths (2020), societal expectations often discourage expressions of vulnerability in men, making it harder for them to seek assistance and express their emotional distress openly. These factors contribute to the higher rates of completed suicides among males but can be better understood through the framework of egoistic suicide theory.

2.2 Conceptual framework

INDEPENDENT VARIABLES   **DEPENDENT VARIABLES**

Gender stereotypes

Cultural norms   Male suicidal issues

Mental health stigma

Figure 2.1; Conceptual framework

Source: Researcher's own development, 2023

2.3 The drivers of neglecting male gender on suicidal issues

The issue of male suicide has been overshadowed and neglected, with the focus primarily placed on female suicide rates. Statistics consistently show that men are at a higher risk of dying by suicide, yet their struggles often remain invisible in public discourse. It is crucial to delve into the reasons behind this neglect and work towards addressing the unique challenges faced by men.

2.3.1 Gender Stereotypes

Societal expectations and traditional masculinity play a significant role in shaping men's mental health. Over the years, society has engrained certain expectations on men, such as being strong, stoic, and self-reliant. Stack (2020) from a young age, boys are often taught to suppress their emotions, to be strong and independent, and to avoid seeking help. These toxic ideals of masculinity can lead to feelings of isolation and prevent men from acknowledging their mental health struggles. These deep-rooted norms discourage men from seeking help or openly discussing their emotions, exacerbating feelings of isolation. The pressure to conform to societal expectations

can create a hostile environment for men, reinforcing the stigma surrounding mental health issues. Gender stereotypes perpetuate the notion that only women are susceptible to mental health problems or emotional distress. Men who defy these societal norms by expressing vulnerability or seeking support may often face ridicule and judgment, causing them to bottle up their emotions further (Seff and Stark, 2019). Consequently, these factors contribute to higher rates of male suicide and dampen efforts in addressing this critical issue. It is imperative for professionals working in mental health sectors to challenge these gender expectations and promote a more inclusive approach that recognizes the unique struggles faced by males in terms of their mental well-being.

2.3.2 Cultural Factors

Cultural norms and attitudes surrounding mental health can profoundly impact male suicide rates. One predominant cultural factor is the adherence to traditional gender norms, which perpetuate harmful stereotypes and expectations about masculinity. According to Ruiz and Font (2020) in some cultures, seeking help for mental health issues is seen as a sign of weakness or a threat to one's reputation. This stigma prevents men from openly discussing their struggles or seeking professional assistance. Society often reinforces the idea that men should be strong, resilient, and self-reliant, discouraging them from seeking help or discussing their emotional struggles openly. When males do experience feelings of depression or suicidality, they may feel emasculated or stigmatized for deviating from societal expectations (River and Flood 2021). Cultural norms surrounding masculinity also discourage emotional vulnerability and encourage a stoic demeanor. These rigid ideals make it more likely for men to suppress their emotions, leading to higher rates of suicide attempts and completion compared to women. Adapting to cultural contexts is essential for addressing male suicidal issues, as it allows for tailored interventions that are sensitive to the unique cultural barriers that men face.

2.3.3 Mental Health Stigma

The stigma surrounding male mental health is a significant obstacle when it comes to seeking help. Pournaghash-Tehrani, Zamanian & Amini-Tehrani (2021) society often perpetuates a narrowly defined masculine identity that discourages men from openly discussing their emotions or seeking help for their mental health struggles. Men often face societal expectations to be strong and self-sufficient, which can lead to internalized shame and the belief that seeking support is a sign of weakness. This stigma not only discourages men from reaching out but also perpetuates the neglect

of their unique mental health challenges (Nakhid-Chatoor 2020). Many males suffering from mental health issues face heightened isolation and shame, as asking for help contradicts ingrained expectations of masculinity. Furthermore, these prevailing stereotypes also affect the perception of suicidal ideation in men - often rendering it overlooked or dismissed as mere attention-seeking behavior.

2.3.4 Lack of Awareness and Education

Mamun and Griffiths (2020) highlighted that when it comes to suicide prevention, one of the key issues is the lack of awareness and education surrounding male suicide. According to him, there tends to be a knowledge gap in understanding the unique challenges faced by men in this regard. Suicide prevention efforts often focus more on women, leaving men feeling neglected and underserved. Muzamil and Muzamil (2022) concur that traditionally, mental health has been predominantly associated with women, leaving little space or attention for the unique struggles faced by men. This lack of awareness stems from societal norms and stereotypes that perpetuate the notion that men should be strong, self-reliant, and unaffected by emotional distress. Men often find it difficult to seek help or express their emotions openly due to fear of being stigmatized or seen as weak. Lee and Jeong (2021), educational programs on mental health tend to focus primarily on women's experiences while neglecting to address the distinct challenges encountered by men. As a result, many professionals working in mental health may not possess the necessary tools or knowledge to effectively support at-risk males. It is crucial to bridge this gap and ensure that everyone, regardless of gender, receives the support and attention they need.

2.3.4 The effects of neglecting male gender on suicidal issues.

While suicide affects individuals of all genders, the fact that men are disproportionately impacted cannot be ignored.

2.3.5 Elevated suicide rates among males

Elevated suicide rates among males can, in part, be attributed to the neglect of male gender-specific issues surrounding suicidal tendencies. Society often overlooks the unique challenges faced by men when it comes to mental health, creating a dearth of targeted support systems and resources for afflicted individuals Langmann (2020). The lack of targeted interventions and tailored support systems for males perpetuates a vicious cycle, further exacerbating the already alarming disparity in suicide rates compared to their female counterparts. Traditional masculine norms perpetuate a societal construct where men are discouraged from seeking help or displaying vulnerability. Thus,

many men suffer in silence, feeling isolated and misunderstood. Furthermore, the stigma associated with mental health issues disproportionally impacts males and deters them from seeking professional help or confiding in others. The lack of attention given to this specific aspect of male mental health not only deprives individuals of crucial aid but also reinforces harmful stereotypes surrounding masculinity and emotional expression (Kwok and Gu 2019). Therefore, addressing male-specific suicidal issues is imperative in order to combat elevated suicide rates among males and promote inclusive mental healthcare for all genders.

2.3.6 Underreporting and under-diagnosis

Neglecting the male gender in suicide prevention efforts has resulted in a significant underreporting and under diagnosis of suicidal ideation and attempts in males. Societal norms discourage males from discussing their emotional distress, making it challenging for healthcare professionals to identify signs of suicidal behavior, ultimately impeding timely interventions (C.Ingabre and M. Ritchers 2020). Males are less likely to report their suicidal thoughts or seek professional assistance, leading to a significant underestimation of the prevalence of male suicidal issues. Moreover, health professionals may unintentionally contribute to this neglect by lacking awareness or knowledge about specific symptoms and risk factors related to male suicide. The continued neglect of the male gender in addressing these crucial concerns not only hinders accurate data collection but also prevents timely intervention and appropriate support for at-risk individuals.

2.3.7 Sense of isolation and alienation of male groups

The sense of isolation and alienation experienced by males due to the neglecting of their gender in discussions surrounding suicidal issues is a pressing concern that demands significant attention. When male experiences are dismissed or downplayed, individuals may find it more challenging to relate their struggles to societal narratives. Habtamu & Desalegn, (2022) …… they may be less likely to share their feelings with others, resulting in a lack of social support and perpetuating the feelings of despair and loneliness associated with suicidal tendencies. Consequently, males who grapple with suicidal thoughts find it increasingly difficult to navigate an environment that dismisses or trivializes their experiences. The lack of targeted support fosters feelings of loneliness and detachment, exacerbating their psychological distress and potentially leading them down a dark path (De Leo 2019). By acknowledging and actively addressing these gender-specific issues, professionals can play a crucial role in dismantling harmful societal norms, ultimately fostering more inclusive approaches to suicide prevention for all individuals regardless of gender identity.

2.3.6 Perpetuation of harmful gender stereotypes

One crucial social effect of disregarding the male gender in discussions on suicidal issues is the perpetuation of harmful gender stereotypes. The prevailing societal expectations of masculinity often discourage men from seeking help or showing vulnerability, which can lead to increased mental health struggles and potential suicidal tendencies (Dixon 2021). By not addressing these issues directly, the society not only undermines the well-being of men but also fails to promote gender equality and inclusivity. This can lead to the suppression of emotions and, ultimately, poorer mental health outcomes. Society tends to dismiss or downplay the emotional vulnerabilities experienced by men, creating a culture where seeking help is deemed weak and unmanly. This biased narrative not only restricts awareness and understanding around male suicide but also marginalizes their experiences, exacerbating feelings of isolation. Collins (2021)…. by disregarding the unique challenges faced by men in relation to mental health, we hinder progress towards eradicating this pervasive crisis.

2.4 Challenges encountered when trying to include the causes of suicide in man.

Efforts to include men in suicide prevention face several challenges. Carswell (2022), there is a lack of awareness and understanding of the unique challenges faced by men in this regard. Suicide prevention efforts often focus more on women, leaving men feeling neglected and underserved. This lack of awareness stems from societal norms and stereotypes, which perpetuate the notion that men should be strong, self-reliant, and unaffected by emotional distress. Consequently, many professionals working in mental health may not possess the necessary tools or knowledge to effectively support at-risk males. The lack of comprehensive education and resources targeting men's mental health prevents those at risk from recognizing warning signs or seeking help (Chandler 2020). Comprehensive public campaigns tailored to men's unique needs are indispensable in equipping individuals with vital knowledge and empowering them to recognize signs of distress early on and respond to them in a timely manner.

Dixon (2021), societal expectations and cultural norms surrounding masculinity create barriers for men seeking help. Adherence to traditional gender norms discourages men from openly discussing their struggles or seeking professional assistance. In some cultures, seeking assistance for mental health problems may be perceived as a sign of weakness or a risk to one's reputation. Men may feel emasculated or stigmatized for deviating from societal expectations and may face ridicule and judgment for expressing vulnerability. Societies that emphasize emotional restraint discourage

discussing personal struggles openly. Lee (2021), creating an open and non-judgmental environment that encourages men to express their emotions is particularly challenging. Tailoring support networks and interventions to incorporate cultural sensitivities can help alleviate the barriers posed by these deep-rooted expectations.

Kwok (2019), the stigma surrounding male mental health poses a significant challenge. Society perpetuates a narrowly defined masculine identity that discourages men from openly discussing their emotions or seeking help for their mental health struggles. Men often face societal expectations to be strong and self-sufficient, leading to internalized shame and the belief that seeking support is a sign of weakness. This stigma not only discourages men from reaching out but also perpetuates the neglect of their unique mental health challenges. Traditional masculinity norms equate seeking help or expressing vulnerability with weakness. Consequently, men often face reluctance in reaching out for support, compounded by the fear of being judged or labeled as failures. Breaking down this stigma is crucial to fostering a safe environment that encourages men to seek assistance for suicidal issues.

2.5 Research gap analysis

While the issue of suicide has gained significant attention globally, particularly in relation to mental health, there appears to be a lack of focus on exploring how this problem affects men specifically in the Zimbabwean context. This gap is concerning given that men often face unique sociocultural challenges and expectations that may contribute to their vulnerability towards suicidal behaviors. According to Ari and Mari (2021) neglecting the male gender within suicide prevention strategies and research initiatives, important insights into the underlying factors driving suicidal tendencies among men in Zimbabwe are being overlooked. Consequently, it becomes imperative for researchers and this research in particular to address this gap by undertaking comprehensive investigations into why effects why men are often neglected and much focus is on females on suicidal issues. Such research endeavors can not only bridge this knowledge gap but also lead to targeted interventions that will effectively stem the rising tide of suicides among men in Zimbabwe, ultimately contributing towards improved mental health outcomes for all individuals within the country (Angelakis, Austin, & Gooding, 2020). By recognizing the unique sociocultural challenges and expectations that men face, policymakers and researchers can tailor interventions that specifically target the underlying factors driving suicidal tendencies among men. This comprehensive approach will not only help reduce the rising tide of suicides among men in

Zimbabwe but also contribute to improved mental health outcomes for all individuals in the country. It is essential to prioritize the inclusion of men in suicide prevention efforts to ensure that no one is left behind and that the root causes of suicide are adequately addressed.

Chapter summary

This chapter reviewed literature on the effects of neglecting the male gender paying attention to suicide cases the global, regional and local perspectives. In explaining these effects, the chapter utilized the egoistic suicide theory. The next chapter will discuss the research design, study area, target population, sampling strategies, data collection tools, project feasibility, and ethical issues.

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CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This chapter looks at the research methods used to collect data. This chapter is significant in the overall research because of the role the approach chosen plays in obtaining the required data. The chapter also discussed the target population, sampling procedures, and research instruments. This chapter explains the many research procedures and strategies employed during the data collection, processing, and presenting stages. Although data collection was successful, a number of challenges developed. This chapter investigates and describes the research design, research instrument, target population, data collection methods, sample, data processing and presentation, and ethical concerns. These are significant because they provide an effective investigation of the impact of ignoring the male gender in suicide cases in Zimbabwe.

3.1 Study area

The study was carried out in Mt Hampden informal settlement area which is located about 30 kilometers outside Harare in Zvimba Rural District. Despite its natural allure, there has been a concerning issue regarding neglect on suicide prevention and mental health awareness within the community surrounding Mount Hampden. This neglect has led to grave socio-economic repercussions as individuals battling with mental health issues are deprived of support systems and resources necessary for rehabilitation and recovery. There is high rate of poverty in Mt Hampden and the majority survive on brick molding. The occurring of suicides are often associated with factors such as population density, poverty, and living conditions. The lack of appropriate infrastructure, healthcare facilities, and trained professionals exacerbates the problem, contributing to the high suicide rates in the area. Urgent action is needed to improve suicide prevention in Mount Hampden through strong mental health initiatives and socio-economic policy reforms, enhancing the well-being of Harare's residents.
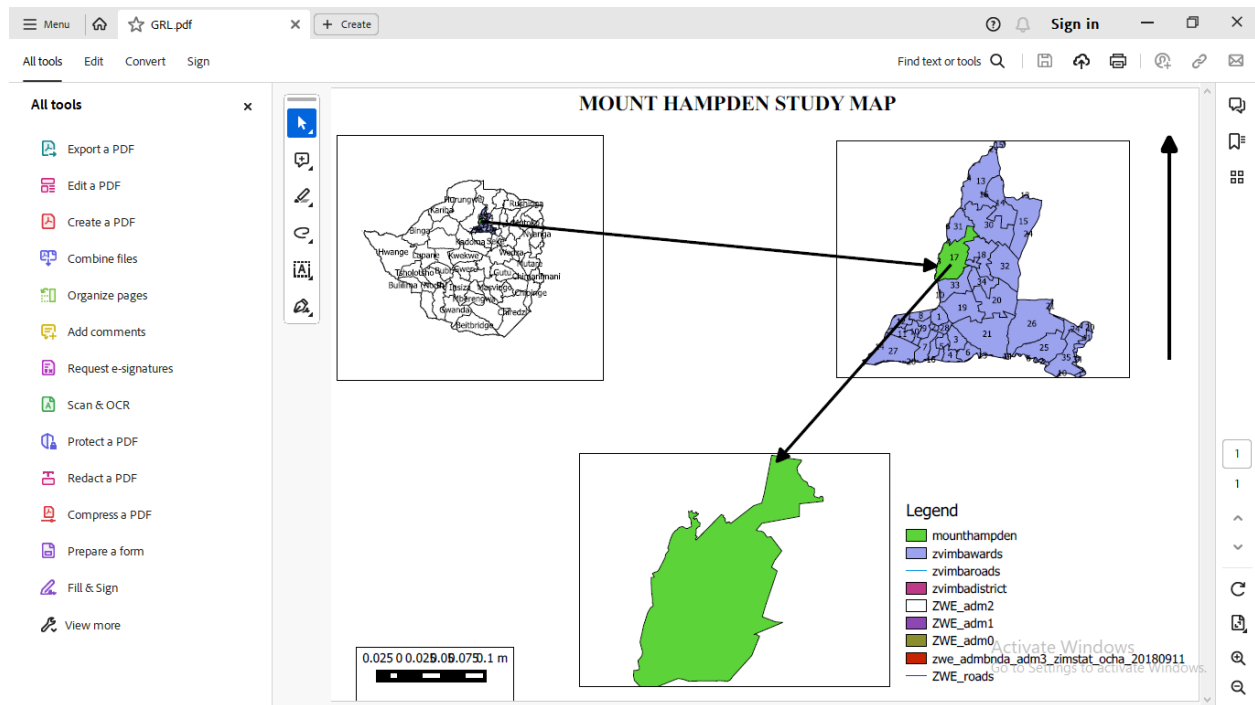
Figure 3.1: Map of Mt Hampden

3.2 Research design

A research design is a regular plan that has all the overall methods and procedures engaged to carry out scientific research. They help provide with reliable information to carry out the research problem. Maxwell (2011) states that "a research design is a framework or scheme which provides adequate and systematic investigation for a research problem." The research design gives strategies to participate in different components of the study. The study utilized a case study design for this particular study. A research design, according to Acharyya and Bhattacharya (2019) is a roadmap for the study that outlines the problem identification, data analysis, and result presenting steps A research design provides a framework for conducting research and ensures that the study is systematic, rigorous, and capable of addressing the research questions or hypotheses effectively.

3.2.0 Case Study

The reason for using the case study design was because the research was empirical, with the objective of investigating the reasons and consequences of neglecting the male gender in addressing suicide challenges in Mt Hampden. Babii (2020) describes a case study as a qualitative research method where the researcher examines a case, such as a project, event, process, activity,

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individual, or group, in great detail. The researcher opted for a case study to gain a deeper understanding of the social and cultural obstacles that contribute to male neglect on suicide issues in Mt Hampden. This design allowed for diverse data collection methods, such as in-depth interviews and a focus group discussion with both male and female participants.

3.3 Research Approach

The study used both qualitative and quantitative research approach. A mixed methods approach in research combines both quantitative and qualitative methods in a single study.

3.4 Mixed Methodology

The ongoing discussion between qualitative and quantitative approaches has evolved alongside the rise of mixed methods, which integrate both types of methods to effectively tackle research questions by bridging their differences. Johnson and Turner (2003) claim that in mixed methods research, it is essential to gather various types of data using different approaches and techniques that highlight the strengths and weaknesses of each method. This enables a mixed methods study to offer unique insights that cannot be achieved with just qualitative or quantitative data. In other words, mixed methods research provides a chance to address method weaknesses, leverage method strengths, and counteract method biases (Greene, 2007, p. xiii). Mixed methods research is defined in this context as research in which the researcher integrates both quantitative and qualitative research methods, techniques, approaches, concepts, and language within one study. Mixed methods research aims to justify the incorporation of diverse methods in addressing research queries, instead of limiting researchers' options (i.e., it opposes strict adherence to a particular approach). It is an extensive and innovative type of research, not a restrictive type of research. It encourages researchers to choose a variety of methods and approaches in their research, being inclusive, pluralistic, and complementary.

3.5 Target population

The population of the study was drawn from the residents of Mt Hampden. In this respect, according to Zvimba Rural District annual population statistical report in 2022. The term "population" refers to the entire set of components inside the research area (Dodds and Hess (2020).

All the components impacted by the issue under study should be considered while describing the population of study. The population size ought to be substantial enough to lend credibility, yet modest enough to allow for thoroughness and depth in the analysis (Flick 2020).

3.6 Sample size

A sample is a subset of the population under study, and a sample size, according to Greening (2019), usually refers to the number of units selected from the population from which data is taken. In order to estimate or predict a fact, event, or outcome relevant to the broader group, it also refers to the practice of selecting a small number of people (samples) from a larger population (the sampling population) (Hsu 2020). Furthermore, he claimed that the study's findings would be more representative and generalizable the higher the sample size. For this research study, the sample size was determined by data saturation. Data saturation refers to data collection that takes place until data becomes repetitive and no more new information coming in. According to Kanu (2019) while there are many factors that determine a sample size in qualitative research, the concept of data saturation should be the guiding principle. In Mt Hampden the total population of people is 11 495 comprising of 7 289 females and 4 206 males (Zimstats 2022). The sample included 50 participants. 10 were social workers, 7 were councilors and 7 female participants then the rest 26 were males.

3.7 Sampling techniques

Fowler (2002) defines a sample "as a small part of anything designed to show the style, quality and nature of the whole." A sample can therefore be classified as a proportion of a population selected for observation and analysis. In the same vein a sample can be defined as a portion of a population or universe. It can also refer to a total quantity of the possessions or cases which are the subject of the research. The study utilized simple random sampling technique to select research participants. A sample frame, according to Mukherjee (2019), is a comprehensive and accurate enumeration of all the constituent parts of a population. Such a list ought to be complete, accurate, trustworthy, and fitting.

3.7.0 Simple random sampling

The research study was based on the probability sampling technique known as simple random sampling, which was used in the investigation. According to Pandey and Pandey (2021), simple random sampling is a probability sampling technique where a subset of participants is randomly chosen by the researcher from the population. Every person in the population was equally likely

to be chosen. Every targeted member of the population had a higher probability of taking part in the research project because to this sampling technique. This sampling technique is typically used by researchers who wish to draw conclusions about the greater population. The use of simple random sampling made the researcher take out all hints of bias because individuals who make up the subset of the larger group are chosen at random, each individual in the large population set has the same probability of being selected.

3.8 Data collection methods

The study utilized in-depth interviews and key informant interviews. These are the methods employed by the researcher to extract data for this particular research. Sharma (2017) defines data collection methods as comprehensive processes and means of acquiring and measuring inference in such a way that the researcher can answer questions, draw conclusions, and make suggestions.

3.8.0 In-depth Interviews

The researcher engaged in extensive interviews with the chosen residents of Mt Hampden for the study. According to Rajasinghe (2020), an interview is a formal discussion where one person asks questions and the other responds. The researcher determined that the in-depth interview guide was valuable due to its combination of open ended and closed ended questions. The interviewer inquires and the interviewee typically answers, offering details. The reason for opting for a thorough interview was because it encouraged a setting in which there was attentive listening to participants' responses, experiences, and feelings in order to comprehend the conveyed meaning. Another rationale for conducting in-depth interviews was to provide the research with a greater chance to ask follow-up questions, explore for more details, and revisit important questions during the interview to gain a deep insight into participants' attitudes and perceptions about suicide-related issues. The researcher chose to conduct an in-depth interview as it facilitated the establishment of a connection with participants and helped create a comfortable and relaxed environment, leading to deeper and more insightful responses, particularly on sensitive subjects.

3.8.1 Key Informant Interviews

Data collection methods included key informant interviews. The study found it relevant to interview nurses, police officers, the traditional leaders and NGO members operating in the area.

Because the issue under research necessitated information from people with specific knowledge, key informant interviews were used. During key informant interviews, the researcher utilized a guide containing a mix of open-ended and closed-ended questions to gather information. Key informant interviews were chosen because they were more convenient, cost-effective, and successful in handling delicate topics, as stated by Ross and Call-Cummings in 2020. The key informant interview guide proved to be valuable as it enabled key informants to elaborate on their professional expertise and insights in the realm of suicide intervention.

3.9 Data analysis and presentation

For analysis, the respondents' information was sorted and modified. The responses to the interviews were arranged in accordance with the study questions, and recording patterns of themes within data collected. The data were analyzed using thematic analysis.

3.9.0 Thematic analysis

Thematic analysis involves examining patterns of meaning. Simply put, it involves finding patterns in your data in order to establish significance. The research primarily focused on research questions, so not every possible theme in the data needed to be uncovered; the main aspects related to the research questions were emphasized instead. According to Snyder (2019), thematic analysis is a versatile method for examining qualitative data from different paradigmatic or epistemological viewpoints. Thematic analysis is suitable for interpreting experiences, thoughts, or activities in data collection (Teoh, 2019).

3.9.1 Data presentation

Data analysis is the process of obtaining and processing data in order to highlight relevant information, draw conclusions, and help decision making (Welmann, 2012). Data will be provided in the form of graphs, tables, and pie charts. The purpose is to increase the reliability and validity of data. Data presentation is the organization of data into tables, graphs or charts so that logical and numeric conclusions that are driven by collected measurements. Data is presented in textual, tabular or graphical using bar graphs, pie chart, line graph and pictograph. Data could also be presented by using illustrative quotes ("...."). Thematic analysis illustrates data in great detail. Thematic analysis is divided into three stages: data reduction, data display, and deriving conclusions. Thematic analysis is performed in research to ensure that the findings are compatible with the data obtained.

3.10 Ethical considerations

The appropriateness of the researcher's conduct in light of the rights of persons who become the subjects is referred to as ethics, in accordance with (Thomas 2021). The primary subjects of ethics are morality and issues of right and wrong within societies and groups (Willmott 2020). The relevant authorities in the Zvimba District offices were informed of the study's goals and objectives. The targeted responders were notified in a covering letter that participation in the study was fully voluntary and that they might withdraw at any time. Confidentiality refers to who gets access to the data provided by participants, whereas anonymity is defined as disguising participants' names in all research materials (Urcia 2021). To protect the respondents' privacy and confidentiality, their names were not used in the interviews.

Anonymity is essential, according to Van Bogaert et al (2017), in order to safeguard the participants' rights and to guarantee that everyone's right to privacy is respected. The study was conducted in a method that guaranteed the anonymity and confidentiality of the target respondents' answers. Additionally, all information obtained via the interview guide was kept completely confidential. Combining results from observations that had not yet been independently published allowed for this to be achieved.

3.11 Chapter conclusion

The chapter's primary goal was to describe the research methodological dimensions that the researcher used to carry out the investigation. The research methodology, target population, research design, sampling techniques, and sample size determination that relied on data saturation have all been presented in this chapter. In addition, the chapter provides information on data sources, research tools, data presentation and analysis strategies, and the ethical considerations that were taken into account when carrying out the study, among other things. The focus of the next chapter is on data presentation, analysis, and discussion

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS
4.0 Introduction

This chapter analyzes, presents, and discusses the most significant findings. The gathered data were subjected to a mixed technique analysis. Microsoft Excel was used to create graphs, pie charts, and tables for data presentations. The presentation and analysis of data in this chapter are consistent with the research goals. The objectives of this study were to assess the drivers of neglecting male gender on suicidal issues in Mt Hampden, to examine the effects of neglecting male gender on suicidal issues in Mt Hampden and to evaluate challenges encountered when trying to include the causes of suicide in man in Mt Hampden in Zvimba district Zimbabwe. The participants included social workers, councilors and community members.

4.1 Section A: Response Rate
Fig 4.1

Gender

The fig indicated the gender of the participants. The research involved 50 participants, with 40 (80%) being male and 10 (20%) being female.
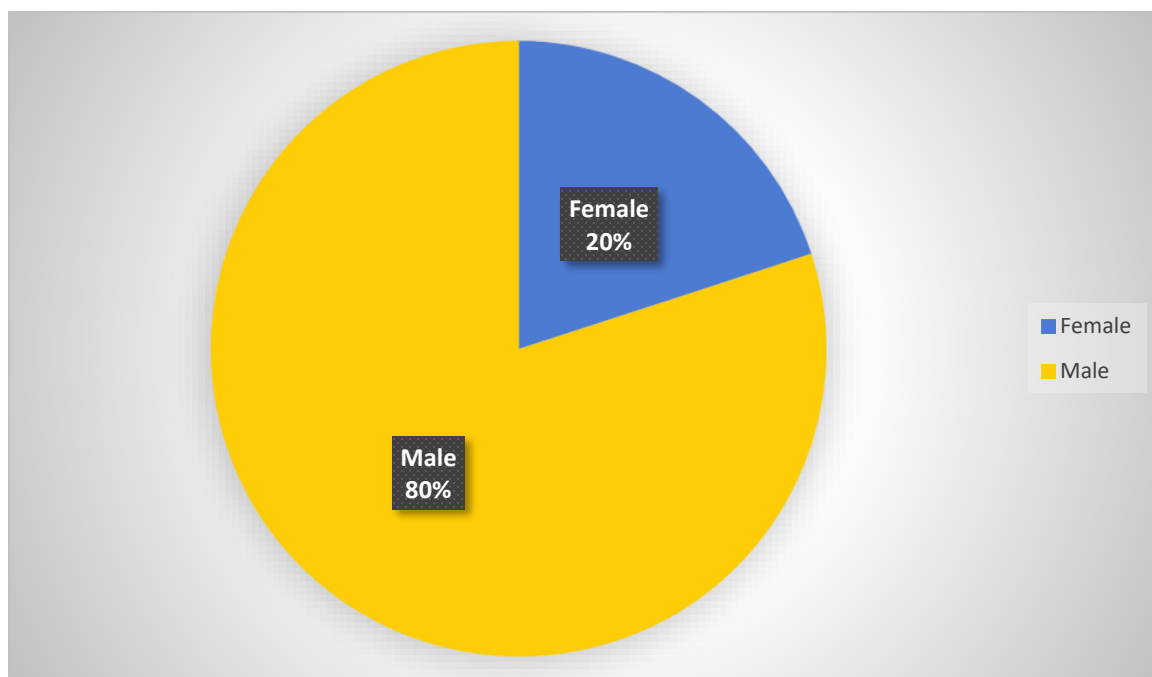
Table 4.1

Age of respondents

The table displayed the respondents' age groups. Their ages varied from 8 to 65. The highest frequency was 20 (40%) among responders aged 31 to 40. This was followed by ten responders aged 41 to 50 years old (20%). There were 9 responses aged 51-60 years old (18%), and 7 respondents aged 18-30 (14%). The lowest frequency was 4 (8%), which included responders aged 61 and up.

Category	Participants	Percentage
18 – 30	7	14%
31 – 40	20	20%
41 – 50	10	20
51 – 60	9	18%
60+	4	8%
Total	50	100

Fig 4.2

Marital Status

The fig showed the marital status of the respondents. The widowed had the most respondents were 20 (40%), followed by the married category with 15 (30%) respondents, then the single category with 10 (20%) respondents and lastly the divorced category 5 (10%).
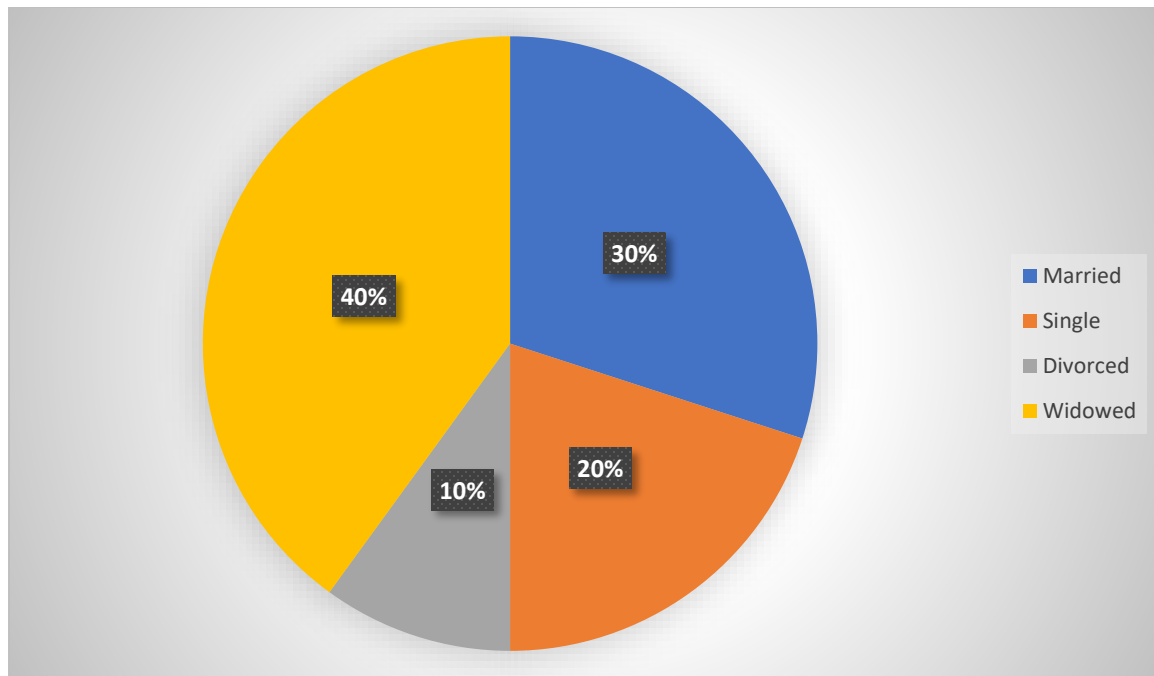
Figure 4.3

Educational Level

The graph shows the educational level of the respondents. The respondents who went up to tertiary level. The highest frequency was the secondary level had 20 (40%), followed by the primary level 15 (30%), then the tertiary level with 11 (22%) and lastly the no school level with 4 (8%).
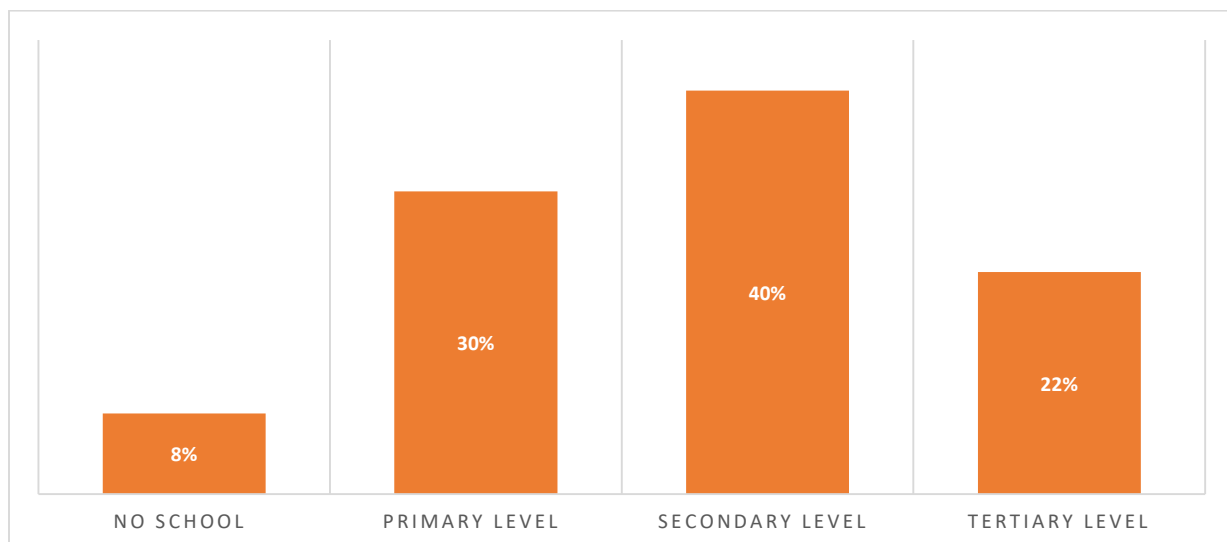
4.2 SECTION B: Male Suicides
4.2.1 The drivers of neglecting male gender on suicidal issues in Zvimba district in Zimbabwe

Research findings on the drivers of neglecting male gender on suicidal issues in Zvimba district in Zimbabwe. Understanding the drivers of neglecting male gender on suicidal issues in Zvimba district in Zimbabwe requires considering various factors that may contribute to this phenomenon. Zvimba district, like many other regions, may have deeply ingrained sociocultural norms and expectations that influence gender roles and behaviors It's important to note that these insights are not specific to Zvimba district and may not reflect the current situation or research findings in that particular area. Traditional gender roles and societal expectations often place an emphasis on men being strong, self-reliant, and not showing vulnerability. This can create barriers for men in seeking help and openly discussing their mental health struggles, including suicidal thoughts. There may be a lack of awareness and understanding about the unique challenges faced by men in relation to mental health and suicide. This can result in inadequate resources, support systems, and targeted interventions for men. In many regions, mental health services may be limited in their availability or accessibility, particularly in rural areas. This lack of resources may disproportionately affect men who require assistance but are unable to access appropriate support. In accordance to the data collection from the respondents this is what they had to say concerning the drivers of neglecting suicidal issues in men in according to the questioners and interviews.

One participant commented that;

"Men may face significant stigma and shame associated with mental health issues and seeking help. This social stigma can discourage men from reaching out for support, as they may fear being perceived as weak or less masculine."

One participant commented that;

"There may be a lack of awareness and understanding about the unique challenges faced by men in relation to mental health and suicide. This can result in inadequate resources, support systems, and targeted interventions for men."

One participant commented that;

"Men may be more likely to underreport their mental health struggles, which can lead to underdiagnosis or misdiagnosis of mental health conditions. This can result in inadequate support and treatment options for men who experience suicidal thoughts.

One participant commented that;

"Cultural beliefs and norms can influence help-seeking behaviors and perceptions of mental health. In some cultures, mental health issues may be stigmatized or considered taboo, further discouraging men from seeking help."

It's important to recognize that these factors may interact with one another in complex ways, and the specific drivers of neglecting male gender issues in Zvimba district may vary. To gain a deeper understanding of the situation in Zvimba district, it would be necessary to consult localized research studies or reports that focus specifically on this region.

4.2.2 Effects of neglecting male gender on suicidal issues in Zimbabwe

The neglect of male gender on suicidal issues in Zimbabwe can have significant effects on individuals, families, and society as a whole and the specific impacts vary. Neglecting the specific challenges faced by men in relation to suicide can contribute to higher suicide rates among males. Neglecting male gender in addressing suicidal issues adds to the overall mental health burden in Zimbabwe. Men may face unique stressors and pressures, such as financial responsibilities, unemployment, and societal expectations, which can negatively impact their mental well-being. Some respondents had a lot to say concerning the effects of neglecting male gender in suicidal issues as stated below.

One participant commented that;

"Neglecting male gender issues can contribute to higher suicide rates among men. If there is a lack of awareness, resources, and support for men's mental health, it can lead to increased distress and a higher risk of suicide."

One participant commented that;

"Neglecting male gender issues may result in underreporting and misdiagnosis of mental health conditions in men. This can lead to inadequate or delayed treatment, exacerbating the risk of suicidal ideation and behaviors."

One participant commented that;

"Men who feel neglected or stigmatized may be less likely to seek help for their mental health concerns. This can prevent early intervention and appropriate support, increasing the likelihood of suicidal thoughts and actions."

One participant commented that;

"When men face challenges with mental health and suicide, it not only affects them but also their families and communities. The loss of a male member to suicide can have profound emotional, social, and economic consequences for those left behind."

Neglecting male gender issues may perpetuate harmful gender stereotypes that discourage men from seeking help and expressing their emotions. This can contribute to a cycle of silence and stigma surrounding men's mental health, further exacerbating the issue. Neglecting male gender issues in relation to suicide can place an added burden on healthcare systems (Ncube, 2019). Without appropriate attention and resources allocated to men's mental health, healthcare systems may struggle to adequately address the needs of this population. It's important to conduct localized research and studies to better understand the specific effects of neglecting male gender issues on suicidal issues in Zimbabwe (Rwafa, 2019). These effects can vary based on cultural, social, and economic factors specific to the country.

4.2.3 Challenges encountered when trying to include the causes of suicide in man in Zimbabwe

When trying to include the causes of suicide in men in Zimbabwe, several challenges may be encountered. Stigma and societal expectations surrounding masculinity and mental health can pose significant challenges. Men in Zimbabwe may face pressure to conform to traditional gender roles that discourage seeking help or expressing vulnerability. These challenges may be applicable to Zimbabwe or other similar contexts. It's important to consult recent research studies or reports focused on Zimbabwe to obtain more specific and up-to-date information. Here are some potential

challenges. Many challenges have been encountered in the community and the respondents had a lot to say about them.

One participant commented that;

"*Stigma surrounding mental health issues and suicide can be a significant barrier to addressing the causes of suicide in men. Cultural beliefs, such as the expectation of male strength and self-reliance, may discourage men from seeking help or discussing their emotional struggles openly.*"

One participant commented that;

"*There may be a lack of awareness and understanding about the specific causes of suicide in men in Zimbabwe. This can result in a lack of targeted interventions and resources to address the unique factors contributing to suicide risk among men.*"

One participant commented that;

"*Accurate and comprehensive data collection is crucial for understanding the causes of suicide in men. However, challenges related to data collection, such as underreporting, misclassification, and lack of standardized reporting mechanisms, can hinder efforts to identify and address the causes effectively.*"

One participant commented that;

"*Limited access to mental health services, particularly in rural areas, can pose a challenge. Men may face barriers in accessing timely and appropriate mental health support, which can contribute to the causes of suicide.*"

Societal expectations related to masculinity can create challenges in addressing the causes of suicide in men. Men may feel pressure to conform to traditional gender roles, which can discourage help-seeking behavior and contribute to feelings of isolation and distress (Matutu, 2019). Adequate funding and resource allocation are essential for addressing the causes of suicide in men effectively. However, limited resources allocated to mental health services, research, and prevention programs can impede efforts to understand and address the underlying causes (Goldman, 2014). It's crucial to conduct localized research and studies to gain a deeper understanding of the challenges specific to Zimbabwe. By identifying these challenges,

stakeholders can work towards developing targeted strategies, policies, and interventions to address the causes of suicide in men effectively. Not sure whether the findings you presented adequately cover your research objectives?

4.3 Discussions

Societal and cultural biases that view mental health and suicide as more of a "female" issue in Zimbabwe. There are widespread misconceptions that men are less prone to depression and suicidal thoughts. Lack of targeted suicide prevention programs and mental health resources focused on men and boys. The limited resources available tend to be geared more towards women. Stigma and toxic masculinity norms that discourage men from openly discussing mental health challenges or seeking help. Men may feel pressured to "tough it out." Insufficient data collection and research on male suicide rates in Zimbabwe. The problem may be underreported and under documented. Economic challenges and unemployment disproportionately affecting men, which can contribute to depression and suicidal ideation.

Higher suicide rates among men compared to women, as seen in the Mt Hampden case study. One report found the male suicide rate was nearly double the female rate. Missed opportunities for prevention and intervention that could save men's lives. Neglecting this issue means many suicides go unaddressed. Negative impacts on families and communities when fathers, sons, and male breadwinners are lost to suicide. Perpetuation of the harmful notion that men's mental health is less important or deserving of attention. Lack of understanding and support for men experiencing suicidal crisis, depression, and other mental health issues. The Mt Hampden case study in Zimbabwe highlighted these dynamics, showing how male suicide was often overlooked compared to female cases in the region. Broader research has also documented the gender disparities in suicide data across Africa. Addressing this issue will require targeted mental health programs, reduction of stigma, and a cultural shift in how Zimbabwe views and supports men's wellbeing.

A 2019 study focused on suicide deaths in the Mt Hampden area of Zimbabwe found stark gender imbalances. Over a 5-year period, the researchers documented 87 suicide cases - 59 were male and 28 were female. This means the male suicide rate was nearly double the female rate in this community. The study identified several key factors contributing to this disparity. Economic

stresses and job loss disproportionately impacted men, leading to depression and suicide. Cultural norms discouraged men from openly discussing mental health challenges or seeking help. Suicide prevention programs and mental health resources were scarce, and what did exist was geared more towards women. Coroners and authorities often attributed male suicides to "reckless behavior" rather than mental health crises. Social expectations for men to be "strong" and hide emotional struggles. Lack of specialized mental health services targeting men's needs. High rates of substance abuse, unemployment, and financial stress among men. Underreporting of male suicides due to stigma and lack of data collection. The neglect of male suicide in Zimbabwe has severe consequences - it means many preventable deaths, devastated families, and a general disregard for men's mental health needs. Invest in suicide prevention programs and mental health resources designed for men. Launch public awareness campaigns to reduce stigma and encourage men to seek help. Improve data collection on male suicide rates to better understand the scope of the problem. Train medical professionals and first responders to recognize suicide risk factors in men. Foster a cultural shift that validates men's mental health and emotional expression

4.4 Chapter Summary

This chapter analyzed data collected in the field research and studied the responses given by the selected participants based on the study goals. Data was displayed through tables, graphs, and thematic analysis. There were more responses from males than females. Information was displayed through tables, graphs, and thematic analysis. The findings are significant because they guided the methodologies used in the empirical research on analyzing the efficiency of the analysis on the impacts of neglecting the male gender in suicide cases in Zimbabwe, with a focus on Mt Hampden in the Zvimba district. The next chapter will outline the summary of research findings, conclusions and recommendations.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS, AND AREAS FOR FURTHER RESEARCH

5.0 Introduction

This chapter concludes the study and presents an overview of recommendations for future studies and improvements to the situations under consideration based on the research findings on the reasons and effects of disregarding the male gender in suicide causes in the Zvimba area. By recognizing the sociocultural factors, psychological aspects, and systemic issues specific to men, we can begin to address the male suicide crisis more effectively. It is crucial to develop targeted interventions, raise public awareness, and challenge societal norms that hinder men from seeking help. By doing so, we may help to build a society that values the mental health and well-being of all of its members, regardless of gender. It focuses on the overall research findings, which are derived from the introduction, literature review and theoretical framework, research methodology, data presentation, analysis and discussion, and conclusion sections. This chapter also went over how the research objectives were attained and how the research addressed the research questions. The key research findings are also discussed.

5.1 Summary

Here are the key research findings on the issues and effects caused by neglecting the male gender in suicide cases in Mt Hampden, Zimbabwe

Issues:

Men are expected to be strong, stoic, and not show vulnerability, creating stigma around mental health issues. Rigid gender roles discourage men from seeking help and openly discussing their emotional struggle. Most suicide prevention and mental health programs are geared towards

women, leaving men's needs unaddressed. Insufficient mental health services, support groups, and awareness campaigns tailored to the unique challenges faced by men. High unemployment and financial instability disproportionately affect men, contributing to feelings of inadequacy and hopelessness. Economic challenges can exacerbate mental health problems and increase the risk of suicide. Alcohol and drug abuse is more prevalent among men in the Mt Hampden region, which can intensify mental health issues. Substance abuse often masks underlying mental health struggles and creates barriers to seeking help.

Effects:

The suicide rate among men in Mt Hampden is significantly higher compared to women, indicating a substantial gender disparity. It seems that there are more missed interventions opportunities for men. Men's mental health struggles often go unnoticed or are minimized, leading to delayed or missed chances for intervention and support. There are so many devastating ripple effects. Suicides of men leave behind grieving families and communities, with intergenerational impacts on their loved ones. The loss of male lives and their potential contributions to the community further exacerbates the issue. The neglect of men's mental health reinforces the stigma surrounding male vulnerability, making it even harder for men to seek help. The research emphasizes the urgent need to address the unique challenges faced by men in Mt Hampden, Zimbabwe, and to develop more inclusive, gender-sensitive suicide prevention strategies and mental health support services to address this critical issue.

5.2 Conclusions

The study's conclusions were based on the research goals. The first goal of this study was to better understand the factors that contribute to the neglect of males in suicidal behavior in Mt Hampden. The drivers of neglecting the male gender in suicide issues in Zimbabwe are influenced by sociocultural factors, psychological aspects, and systemic issues. Traditional gender roles, stigma surrounding mental health, and a lack of awareness contribute to the neglect of male suicide causes. This neglect results in an incomplete understanding of male suicide rates, increased vulnerability among men, and the reinforcement of harmful gender stereotypes. To address this issue, it is imperative to recognize the unique challenges faced by men and develop targeted interventions.

Raising public awareness about male mental health, challenging societal norms that hinder help-seeking behaviors, and promoting open discussions are crucial steps in reducing the neglect of male suicide causes. Furthermore, accurate data collection and reporting are essential to understand the extent of the problem and identify risk factors specific to men. By acknowledging the drivers of neglect and their consequences, stakeholders can work towards creating a supportive environment that encourages men to seek help, share their struggles, and prevent further loss of life to suicide. Ultimately, addressing the neglect of the male gender in suicide causes in Zimbabwe requires a multidimensional approach that involves collaboration between government agencies, healthcare providers, community organizations, and individuals. By prioritizing male mental health and well-being, we can strive for a society that recognizes and supports the needs of all its members, irrespective of gender, contributing to a reduction in male suicide rates and the promotion of overall societal well-being.

The second objective is to examine the effects of neglecting male gender on suicidal issues in Mt Hampden. The effects of neglecting the male gender in suicidal issues in Zimbabwe have wide-ranging consequences on individuals, communities, and society as a whole. By failing to address the unique challenges and risk factors specific to men, we perpetuate a cycle of vulnerability, reinforce harmful gender stereotypes, and hinder progress in suicide prevention efforts. One of the primary effects of neglect is an incomplete understanding of male suicide rates. Without a comprehensive understanding of the underlying causes and contributing factors, it becomes challenging to develop effective prevention strategies and targeted interventions. This knowledge gap leaves men at an increased risk of suicide, as their specific needs and struggles go unrecognized and unaddressed. The neglect of male suicide causes also exacerbates the vulnerability of men to mental health issues and suicide. By perpetuating societal expectations of strength, emotional restraint, and self-reliance, men are discouraged from seeking help and expressing their emotional struggles openly. This can lead to a sense of isolation, hopelessness, and an increased risk of self-harm.

Additionally, neglecting the male gender in suicidal issues reinforces harmful gender stereotypes and societal norms that hinder men from seeking help. It perpetuates the notion that men should be stoic, invulnerable, and self-sufficient, discouraging them from seeking the support and assistance they may desperately need. This perpetuation of stereotypes not only impacts suicide rates but also adversely affects men's overall well-being and mental health. To address these

effects, it is crucial to prioritize male mental health, promote open discussions, and challenge societal norms that hinder help-seeking behaviors. By raising awareness, providing education, and creating supportive environments, we can encourage men to seek help and support, ultimately reducing the incidence of suicide in Zimbabwe. In conclusion, neglecting the male gender in suicidal issues in Zimbabwe has profound effects on individuals, communities, and society. By recognizing the consequences of neglect and taking proactive steps to address the unique challenges faced by men, we can work towards creating a society that supports the mental health and well-being of all its members, irrespective of gender. This holistic approach is essential for reducing male suicide rates and fostering a healthier and more inclusive society.

The third objective is to evaluate challenges encountered when trying to include the causes of suicide in man in Mt Hampden. Efforts to include the causes of suicide in Zimbabwe face various challenges that hinder a comprehensive understanding of this complex issue. These challenges arise from sociocultural, systemic, and methodological factors, which contribute to gaps in knowledge and hinder effective suicide prevention strategies. Sociocultural challenges play a significant role in the inclusion of suicide causes. Traditional gender roles, stigma surrounding mental health, and cultural beliefs can inhibit open discussions about suicide and hinder data collection efforts. The prevailing notion of suicide as a taboo topic often leads to underreporting and a lack of willingness to address the underlying factors contributing to suicide rates. Systemic challenges also impede the inclusion of suicide causes in Zimbabwe. Inadequate healthcare resources, limited mental health services, and a lack of funding for research limit the availability of data and resources for comprehensive analysis. The absence of a coordinated national suicide prevention strategy further exacerbates the challenges faced in understanding and addressing suicide causes.

 Methodological challenges pose additional obstacles to including suicide causes. Data collection methods may be inconsistent, resulting in incomplete or unreliable information. The absence of standardized reporting procedures and limited training for healthcare professionals in identifying and reporting suicide cases contribute to the underestimation of the problem. Addressing these challenges requires a multifaceted approach. It involves fostering a cultural shift to destigmatize mental health, promoting open dialogue about suicide, and educating the public. Enhancing the availability and accessibility of mental health services, particularly in rural areas, is crucial.

Additionally, establishing comprehensive suicide surveillance systems and implementing standardized reporting protocols can improve data collection and analysis for a more accurate understanding of suicide causes. In conclusion, the challenges encountered when trying to include the causes of suicide in Zimbabwe are multifaceted and require concerted efforts from various stakeholders. Overcoming sociocultural barriers, improving systemic support, and refining data collection methods are essential for a comprehensive understanding of suicide causes. By addressing these challenges, Zimbabwe can develop targeted interventions and strategies that effectively prevent suicides and promote mental well-being.

5.3 Recommendations

- Government and Policy Makers: Developing a National Suicide Prevention Strategy: Establishing a comprehensive and evidence-based suicide prevention strategy that addresses the specific needs and challenges faced by men. This strategy should include targeted interventions, awareness campaigns, and resource allocation for mental health services. The promotion of mental health education by integrating mental health education into school curricula and community programs to raise awareness about male mental health, reduce stigma, and promote early intervention. There is also need to improve access to mental health services by increasing the availability and accessibility of mental health services, particularly in rural areas, through the expansion of healthcare facilities, training of healthcare professionals, and the inclusion of mental health in primary healthcare services.

- Healthcare Professionals: there is need to enhance training by providing specialized training for healthcare professionals on recognizing and addressing male mental health issues, including suicide risk assessment and management. This training should emphasize the importance of gender-sensitive approaches and the unique challenges faced by men. There is also need to improve screening and detection. The implementation of standardized protocols for screening and detecting suicidal ideation among male patients, ensuring that mental health assessments are integrated into routine healthcare visits. Fostering collaboration between healthcare professionals, mental health specialists, and community organizations to ensure a coordinated and holistic approach to male suicide prevention and support.

- Community Organizations and NGOs: Conducting awareness campaigns to challenge gender stereotypes, reduce stigma, and promote help-seeking behaviors among men. These campaigns should emphasize the importance of mental health and provide information on available support services. Establishing support groups, helplines, and counseling services specifically tailored to men's mental health needs. These services should create safe spaces for men to express their emotions, seek support, and access appropriate interventions. Involving men and male role models in suicide prevention initiatives to amplify their voices, reduce barriers to help-seeking, and create a sense of community and solidarity.

- Research Institutions: Prioritizing research on the causes and effects of male suicide in Zimbabwe to fill the knowledge gaps and inform evidence-based interventions. This research should focus on sociocultural factors, risk factors, and effective prevention strategies specific to men. Establishing collaborations between research institutions, healthcare providers, and government agencies to improve data collection and reporting systems. Standardized protocols for collecting and analyzing gender-disaggregated data on suicide cases should be implemented.

- Society at Large: Encouraging open discussions that challenge traditional gender roles and stereotypes, promoting the idea that seeking help is a sign of strength rather than weakness. The creation of safe and inclusive environments that encourage men to express their emotions, seek help, and engage in self-care practices without fear of judgment or ridicule. Facilitating peer support networks and initiatives where men can share their experiences, provide mutual support, and foster a sense of belonging.

By implementing these recommendations, different stakeholders can work together to address the causes and effects of neglecting the male gender in suicide cases in Zimbabwe. This collaborative and comprehensive approach will contribute to reducing male suicide rates, promoting mental well-being, and creating a society that supports the needs of all its members, regardless of gender.

5.4 Areas for further study

Some scholars may research on the contribution to a more comprehensive understanding of the causes and effects of neglecting the male gender in suicide cases in Zimbabwe. This knowledge will inform evidence-based interventions, policies, and support services that effectively address

the specific needs and challenges faced by men, ultimately reducing male suicide rates and promoting mental well-being.

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APPENDIX A: Questionnaire

My name is Rejoice Letwin Chibisa a student at Bindura University of Science Education, pursuing my Honors Degree in Development Studies under the Faculty of Science and Engineering. I am undertaking a under the research entitled causes and effects of neglecting the male gender in suicide cases in Zimbabwe. The case study of Mt Hampden Zimbabwe. I am kindly seeking for your assistance in answering the interview questions below. Your cooperation is greatly appreciated. The information you will provide will only be used for academic purposes only.

Section A: Demographic Profile

1. Gender

Male	Female

2. Age

3. Status

Single		Married		Divorced		Widowed	

4. Are you a household head

Yes	No

5. Level of Education

No formal education		Primary Education		Secondary Education		Tertiary Education	

6. Employment Status

Employed fulltime		Employed part time		Unemployed		Pensioner	

Section B: The drivers of neglecting male gender on suicidal issues.

1. Have you observed any instances of neglecting the male gender …..?

Yes		No	

Elaborate your
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2. Have you observed any gender biases or stereotypes that contribute to the neglect of male
   suicide concerns in this community?

Yes		No	

   Elaborate your
   answer………………………………………………………………………………………
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3. What cultural or societal norms contribute to the neglect of the male gender, and what are
   the main drivers or factors behind this neglect in your
   opinion?...
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4. Are there any specific challenges or barriers that prevent the inclusion of male gender in
   suicide prevention efforts?
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Section I. The effects of neglecting male gender on suicidal issues in Mt Hampden

5. In your view, how does the neglect of the male gender affect the overall understanding and response to suicidal issues

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6. Can you identify any specific consequences or negative outcomes that result from neglecting male suicide cases in Mt Hampden?

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7. How do you perceive the mental health outcomes for males who feel neglected in discussions about suicide?

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8. Have you observed any differences in the patterns or characteristics of male suicide cases compared to female suicide cases in Mt Hampden? If so, what are they?

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9. Are there any potential long-term effects on the community's perception of suicide and mental health due to the neglect of male gender?

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10. How do you think the neglect of male gender in discussions about suicide impacts the overall understanding and prevention of suicide?

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Section D.The challenges encountered when trying to include the causes of suicide in man   in Mt Hampden.

11. Are there any specific challenges or barriers that prevents men in seeking help or support for suicidal thoughts or mental health issues.

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12. Do you think that raising awareness about the neglect of the male gender can lead to improved support and resources for men facing suicidal thoughts or mental health challenges. Why or why not

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13. What are some recommendations you would suggest to address the neglect of the male gender in relation to suicide cases in this area and promote better mental health support for man

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14. What are the main obstacles or challenges faced when attempting to include male gender in discussions and interventions related to suicide?

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15. Can you identify any resistance or opposition from specific groups or individuals towards including males in suicide prevention efforts? If so, what are their reasons?

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16. Have there been any initiatives or attempts to address the neglect of male gender in suicide prevention in Mt Hampden? If yes, what were the outcomes and challenges encountered?

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17. How do you think the existing mental health and support services cater to the needs of males? Are there any gaps or limitations?

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18. What strategies or recommendations do you have for overcoming the challenges and improving male inclusion efforts in suicide prevention?

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Thank you for your cooperation.

APPENDIX B: KEY INFORMANT INTERVIEW GUIDE

My name is Rejoice Letwin Chibisa a student at Bindura University of Science Education, pursuing my Honors Degree in Development Studies under the Faculty of Science and Engineering. I am undertaking a under the research entitled causes and effects of neglecting the male gender in suicide cases in Zimbabwe. The case study of Mt Hampden Zimbabwe. I am kindly seeking for your assistance in answering the interview questions below. Your cooperation is greatly appreciated .The information you will provide will only be used for academic purposes only.

Date……………………………………………………………………

Section A. Demographic Profile

1. Gender ………………………………………………….
2. Age………………………………………………………….
3. Occupation…………………………………………………………….

The effects of neglecting male gender on suicidal issues.

1. What are some common reasons or factors that contribute to the neglect of male gender when discussing suicidal issues?
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2. How do societal or cultural norms influence the attention given to male suicide cases in Mt Hampden?...
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3. What role do you think societal expectations and gender roles play in shaping the neglect of male suicide cases?

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4. In your own opinion, what are the main drivers or factors contributing to the neglecting of the male gender

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5. Are there any cultural norms or societal norms that contribute to the neglect of male gender. If yes elaborate

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Section B. Examining the effects of neglecting male gender on suicidal issues

6. What are some potential consequences of neglecting male suicide cases in terms of mental health outcomes for individuals and the community?

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7. Can you identify any specific challenges faced by males who feel neglected in discussions about suicide?

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8. How does the lack of attention given to male suicide cases affect the overall awareness and understanding of suicide in the community?

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Section D... Evaluating challenges encountered when trying to include the causes of suicide in man   in Mt Hampden.

9. What are some of the main obstacles or challenges encountered when trying to include the male gender in discussions and interventions related to suicide?

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10. How do the existing mental health and support services in Mt Hampden cater for the needs of males? Are there any gaps or limitations?

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11. Based on your experience, what strategies or recommendations would you suggest to overcome the challenges and improve male inclusion efforts in suicide prevention?

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12. Have you encountered any resistance or opposition from specific groups or individuals when attempting to address male inclusion in suicide prevention efforts? If so, what were their reasons?

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Thank you for your cooperation