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COVID-19, mother-teachers and teen suicide-personality disorder: Exploring the synergies and readying for contingencies in Indigenous-Christian contexts

Godfrey Museka
Department of Languages and Arts Education
University of Zimbabwe
Email: godiemuseka@gmail.com

&

Anniegrace Mapangisana Hlatywayo
Research Fellow: Research Institute for Theology and Religion (RITR)
College of Human Sciences, University of South Africa (UNISA)
Email: hlatywaa@yahoo.co.uk; hlatywayoa@staff.msu.ac.zw
ORCID: https://orcid.org.0000-0003-0218-2381

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Abstract

The emergence of COVID-19 affected all facets of life. Lockdown restrictions, introduced in various countries, meant the majority of people had to stay home in the interests of social distancing. Schools and other learning institutions in Zimbabwe and elsewhere were closed and the phenomenon of home-schooling was introduced to ensure that learners do not lag behind. Home-schooling meant that in addition to the parenting role, parents- in particular mothers, had to become teachers. The impact of this sudden change of roles on the mental health of mothers and, in particular, teen suicide, a form of borderline personality disorder, is yet to be studied. Is the growing scourge of teen suicide in Zimbabwe a result of COVID-19 inspired home-schooling experiences? Data solicited through face-to-face interviews and documents analyses and analysed through the lens of family systems theory seem to suggest that family disruptions and most mothers' terrible experience with home-schooling was in part responsible for children's (learners') suicide ideation. To this end, we suggest that when teen education and child development catastrophe in the mould of COVID-19 occurs, manuals and toolkits on home-schooling should be developed to guide parents and children.

Keywords: COVID-19; mental health; mother-teachers; teen suicide-personality disorder.

Introduction

COVID-19 was first identified in December 2019 in Wuhan, China. Due to its unprecedented infection and transmission rate, the World Health Organisation (WHO) swiftly declared it a Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020 (Malunga, 2021). By November 2020, more than 54, 3 million active cases and 1, 31 million deaths had been confirmed globally. Zimbabwe, like every other global community, was not spared from this catastrophe. In Zimbabwe, the first COVID-19 case was reported in March 2020 and in response, the government immediately declared the pandemic a national disaster. WHO (2023) estimates that from January 2020 to May 2023 Zimbabwe recorded 264,848 active COVID-19 cases and 5,690 fatalities related to the pandemic. Given the life-threatening nature of COVID-19, particularly during the period

between 2020 to 2022, governments in line with WHO guidelines introduced austerity measures to curb the spread of the coronavirus. The pandemic and responses to it radically changed the usual lifestyles giving birth to the so-called 'new normal.' In the education sector, where most teenagers belong, the 'new normal' meant teenagers had to embrace online learning; home-schooling under the tutelage of inexperienced, untrained and emotionally stressed mother-teachers; and lonely studies-without peers. This 'new normal' caused mental health conditions that include depression and anxiety which in turn created a fertile ground for harmful coping mechanisms such as truancy and harmful substance use. Death anxiety caused by COVID-19 and exacerbated by the response mechanisms propelled suicide rates among youths (Muhia and Nanji, 2021; Goto, Okubo and Skokauskas, 2022). Suicide is a worldwide mental health challenge that cuts across ethnic, tribal, racial, gender, status and age boundaries. The WHO (2021) and IASP (2021) estimate that 703 000 people, over 1 in every 100 deaths (1.3%), die by suicide worldwide annually. Though ubiquitous, suicide is prevalent (77%) in low and middle income countries (WHO, 2021). Zimbabwe with crude suicide rate of 14, 1 deaths per 100, 000, is considered having one of the highest suicide rates and is ranked 34th in the world and 5th in Africa (WHO, 2021; REPSSI, cited in Gwasira (2023). Suicide, according to WHO (2021), is the fourth leading cause of death among 15-19 year olds. In Zimbabwe, UNICEF estimates that suicide is the second leading cause of death among 15-29 year-olds. Motivations for committing suicide are multifaceted hence the need to investigate and understand it cross-culturally and cross-disciplinary. Every death from suicide is an unbelievable tragedy and its gravity is so intense when teenagers are involved. In the context of Zimbabwe, where Indigenous-Christian worldviews regulate peoples' daily lives, suicide is unimaginable and considered sacrilegious and disturbing to the cosmic order. Committing suicide is a serious breach of taboos which preserve the sanctity of life. In the Indigenous-Christian religious belief systems, suicide is an immoral evil which invites a divine curse upon the victim. The living also give instant judgment by denying the victim proper funerary and burial rites.

Despite these divine and societal sanctions, Zimbabwe's high rate of teen suicide deaths at the peak of COVID-19 has become a cause for concern. News reporters across print and on-line publications captured the COVID-19-teen suicide death unholy alliance through catchy headlines. These include: Veronica Gwaze's screaming heading-*The growing scourge of teen suicide* (The Sunday Mail, 26 September 2021); Prince Gora's article titled *Suicide among students raise concern over mental health* in University World Wide-Africa Edition dated 27 January 2022; Marko Phiri's title *Suicide cases soar in Zimbabwe* in Mail & Guardian-Africa of 21 May 2022; Vanessa Gonye and Moses Mugugunye's storyline-*Youth suffer from suicide* in NewsDay/the Standard of 13 October 2022; Nisbert Moyo and Tapfumanei Michabaiwa in NewsDay of November 10 2022 wrote *2 pupils commit suicide over cala, food*; Lovemore Kadzura of Manica Post featured with the heading *St Faith's pupil commits suicide* on 23 September 2022; Mkhululi Ncube's report *Form one pupil commits suicide* headlined the Herald and the Chronicle on 14 March 2023 and Nyashadzashe Ndoro writes *18 year old upper six student at ZRP High school commits suicide*, in Nehanda Radio of 20 June 2023. These reports resonate with Muhia and Nanji's (2021) research findings in East and Southern Africa on the increased magnitude of youth mental health challenges during COVID-19. In addition, the Center for Suicide Prevention and Research (2023) at Nationwide Children's Hospital found out that in the United States of America youth suicide increased during COVID-19. Against this backdrop, this article explores the impact of COVID-19 inspired home-schooling on Zimbabwe's increased teen suicide rates.

Methods

Given the emotional sensitivity of this subject matter, data were gathered through documents analysis. Documents analysed include; official reports from organisations such as WHO, UNICEF and REPSSI as well as various local print and online tabloids. These documents provided useful statistical data regarding the increase or decrease of suicide rates before, during the peak and off-peak COVID-19 periods. Though useful, we agree with the World

Health Organisation's (2021) contention that sensitivity and illegality that surround suicide in some world communities tend to promote under-reporting, misinformation and misclassification thereby diminishing the trustworthy of statistical figures on suicide prevalence rate. The gathered data were analysed from the lens of the family systems theory.

While psychologists attribute suicide to reduced psychological wellbeing, the sociological family systems theory explains it in terms of internal and external stressors. Although sociologists, such as Durkheim (1970) and Holmes and Holmes (2005) acknowledge that most suicide victims suffer from depression, they are skeptical as to whether these depressing situations are the real causes of suicide or they are merely precipitating circumstances. The family systems theory, which is generally attributed to Murray Bowen, is structured around the concepts of family and emotions (Lang, 2023). These concepts imply that the family system is an emotional unit in which each family member influences the others. Individuals are subsystems within a family and in this subsystem members assume different roles. The resultant emotional interactions create interdependence and cohesion to the extent that family members can sense and react to the wellness or dysfunction in other members. Thus, during the COVID-19 peak period lockdowns and social distancing compelled citizens to stay at home which in turn aggravated depression, stress and anxiety. Such responses to the pandemic led to increased rates of domestic violence, a pointer to family dysfunctionality. In a dysfunctional family system parents and children are marginalised (Mzarek & Bentovim, 1981). If a member, in this case a parent, fails to perform his/her primary duties, boundaries in the sub-system are weakened leading to family dysfunctionality. Dysfunctionality became the yardstick to measure teenagers' level of differentiation of the self, which is an individual's ability to sustain a unique sense of self in the face of intense emotional relationships with others (Lang, 2023). Given that most teenagers are yet to fully develop, they easily drown into negative self-differentiation due to COVID-19-related family dysfunctionality. Among teenagers, negative self-differentiation manifest through general delinquency, substance abuse and suicide.

The family systems theory acknowledges that the internal and external stressors are not limited to the family set-up, but also exist in the immediate environment such as the society in which one lives. For Durkheim (1970), the net impact of these stressors as well as the interplay between an individual's degree of integration and regulation within a given society influence the decision to commit suicide. Integration, according to Holmes and Holmes (2005), is the extent of social relations binding an individual or a group to others such that they are governed in terms of behaviour by the moral commands of the group. It determines the manner and degree to which one becomes a part of the society and its culture. In contrast, regulation is the normative or moral commands placed on the individual by virtue of being a member in a group. This means social regulation determines the extent to which a person acknowledges and abides by society's rules. How a person adapts to the demands of society and accepts the moral commands of the group determine, in no small measure, how well that individual fits into the society and accepts his or her station and circumstances in it. The interplay between these two dimensions, either being too strong or weak, explains suicidal personality. Stark (1976) echoes similar sentiment by positing that suicide is not an individual act. For him the increase in suicide rates is a reflection of the collapse in the web of social relationships among members of a society and not weaknesses of individual's character or personality. Suicide is, therefore, dependent upon the degree to which the individual is integrated into a social group and the degree to which the society regulate the individual's behaviour.

COVID-19 and mental health: a death covenant

Given that teenagers undergo intense emotional changes as they make a transition from childhood to adulthood, they are bound to be susceptible to unexpected environmental challenges and changes. The unprecedented transmission, infection and mortality rates as

well as the control measures such as social distancing and nationwide school closures prompted by the COVID-19 pandemic brought to the fore innumerable mental health challenges to teenagers. COVID-19 resembled a life-devouring spirit. Nobody felt safe as the virus swiftly spread from one continent to the other, from region to region, from country to country, from city to city and from cities to villages threatening lives and killing indiscriminately. Due to increased COVID-19 related deaths, many teenagers were orphaned. Apart from being orphaned, the excruciating pain suffered by COVID-19 infected parents, siblings and relatives that the teenagers witnessed mentally tortured them. Self-isolation at home, a WHO prescribed guideline; meant teenagers had to become caregivers. In the context of Zimbabwe and many other less economically developed countries, the teen caregivers were vulnerable due to lack of protective clothing. As they performed this moral obligation, teens were mentally stressed because apart from high chances of contracting the virus, they witnessed the painful experiences of their parents and/or siblings who they cared for. The fact that COVID-19 is a highly transmittable virus means a number of family members could go down with the virus more or less at the same time. This increased the burden of caregiving on the shoulders of teenagers who eventually suffered burnout.

In the event that, a family member succumbs to COVID-19, the unusual burial rites further perturbed the psychologically immature teenagers. Social distancing at funeral, failure to shack hands and hug as mourners commiserate and console each other is something unusual and unsettling (Taringa & Chirongoma, 2023). Limiting the number of mourners and prohibitions against traditional rituals such as viewing, washing, clothing and all-night vigil for the dead destabilised the teenagers' mental states. To the teenagers, COVID-19 was like a dark cloud hanging in the horizon ready to burst. The sense of a persistent lurking catastrophe caused death anxiety which, according to Kardes, Fidan and Yigit (2022), is a feeling of panic or fear associated with thoughts of death and loss of someone very close. It is often triggered by severe disease, in this case COVID-19.

COVID-19, according to WHO (2020), is the first pandemic in which technology and social media were massively used to keep people informed, connected and safe. While this use of technology is commendable, it also amplified infodemic. Infodemic refers to an overabundance of largely false and misleading information, in this case, about the COVID-19 (WHO, 2020). The Zimbabwean teenagers were not spared from COVID-19 related mis- and disinformation. In fact, an avalanche of COVID-19 infodemic inundated them and negatively affected their mental health. A section of teenagers were perplexed by the fact that their parents, relatives, teachers and friends succumbed to COVID-19 despite one of the most influential government minister's early false proclamation that the pandemic was a divine vengeance to the West for imposing 'illegal' economic sanctions on Zimbabwe (Shumba et al, 2020). Infodemic also emerged from church leaders who are generally considered infallible by the teenagers. Prominent Pentecostal religious leaders in and outside Zimbabwe publicly expressed suspicion over COVID-19 vaccines. A conspiracy theory that the vaccines were a Western ploy to wipe out the Africans was advanced. Some religious leaders considered it satanic and a 'mark of the beast.' Others taught congregants that the on-set of COVID-19 was an apocalyptic event which marks the end of the world. As such, no human effort can prevent this end-time calamity. Consequently, most of the teen believers who regard whatever the religious leaders say as infallible refused to be vaccinated and abide by recommended guidelines. Generally, people, and in particular teenagers, attach a lot of trust and reverence in their political and religious leaders and if a leader misconstrues scientific facts, chances are that the followers will violate public-health-promoting behaviours (Okereke, et al 2021). Overabundance of mis- and disinformation confused, depressed and stressed the teenagers. As a result, some ended up embarking on negative coping mechanisms such as drug and substance abuse.

The 'pandemic of infodemic' was also instrumental in jet-propelling COVID-19 stigma. Given that COVID-19 was novel, insufficient knowledge about its transmission, prevention and treatment paved way for social media and individuals to spread myths and falsehoods about

the pandemic. Both the infected and the affected teens were stigmatised. Reports abound of teenagers who lost friends because they, their siblings, their parents or relatives contracted COVID-19. Some teens were instructed by their parents to shun friends and neighbours who would have contracted the pandemic. Such families were labelled 'COVID-19 families.' COVID-19 guidelines, in particular social distancing and isolations (quarantines) aggravated the stigmatisation of the infected and the affected. Mis- and disinformation regarding the lethal effect of COVID-19 vaccines led to the stigmatisation of the vaccinated. The vaccinated teens were seen by their peers as 'moving graves.' This contradicts what was happening in America and some European countries where the unvaccinated were stigmatised leading to the coinage of a phrase 'pandemic of the unvaccinated' (Zamir & Gillis, 2023). The stigmatised teens suffered death anxiety, stress and depression to the extent of indulging in life-threatening activities such as drug and substance abuse and suicide ideation.

In short, COVID-19 caused a variety of mental health challenges with various classifications such as paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder, avoidant personality disorder, dependent personality disorder and obsessive-compulsive personality disorder (Aydin et al., 2022). It is however important to note that these personality disorders are interlinked to the extent that distinguishing them is a mammoth task. In light of this interconnectivity, this article focuses on suicide, a mental health problem closely linked to borderline personality disorder. Teens struggled with these personality disorders and some engaged in negative and life-threatening coping strategies. Evidence from documents analyses show that indeed teen suicide rates not only in Zimbabwe but across the globe increased during the pandemic peak period. The link between COVID-19 and mental health is indeed a death covenant in that it gives birth to suicide ideation.

When home is not homely, school closures and suicide ideation

While some COVID-19 response strategies profoundly helped to curtail the spread of the pandemic, the measures were not by and large teen friendly. Lockdown measures, in particular, restrictions on mobility and school closures ensured that families stay home. This 'new normal' way of life meant families had to stay together all day long without breathing space. This 'new normal' gave birth to unparalleled levels of conflict between and among family members. The Government of Zimbabwe (GoZ) (2022) report on violence against women stresses the increase of domestic violence cases as families were locked down and obliged to stay at home. The USAID (2020) report echoes the sentiments that as young girls and women were forced to stay at home with their abusers, there was drastic increase in gender-based violence (GBV) throughout the country. According to the report, Zimbabwe experienced 60% increase in reported cases of GBV, with the national GBV Hotline, Musasa, recording a total of 4616 GBV-related calls during the period of 30 March to 5 July 2020. These reports show that women and children bear the brunt of COVID-19-related gender-based violence.

Teenagers mostly became victims of domestic violence due to the home-schooling phenomenon which emerged in line with COVID-19 stay-at-home guidelines. Home-schooling obtains when parents educate their children at home, in the context of COVID-19, due to school closures. School teachers would send on-line tasks for pupils to do at home with the assistance of their parents. In most cases, mothers were at the forefront ensuring that objectives of home-schooling are fulfilled. This means, most mothers went through some kind of role reversal. They were expected to temporarily shelve their parental duties and become teachers. This transition could not always yield anticipated results. When mothers failed to discharge the new teaching duties, they were looked down upon by their own children, criticised and subjected to violence by their husbands. Reports abound of mothers who were beaten by their husbands for academic deficiencies and for failing to provide the expected academic guidance to the children. As mothers were caught in

between the dark blue sea and the devil, they suffered stress and depression. COVID-19 weakened family bonds and marginalised family members. Although family members were not insulated, they were isolated from each other. In this state of family dysfunctionality, some family members would act out by (re-)directing violence to the weaker family members, that is, the school going teenagers. Goto, Okubo and Skokaushos (2022) are therefore right in pointing out that the stay-at-home orders might have increased teenagers' exposure to trauma from family members. Trauma is a fertile ground for suicide ideation.

Suicide Ideation and breaching the suicide taboo

Suicide ideation is when an individual thinks of taking his/her own life. While suicide ideation is more prevalent in some communities or countries than others, it is not limited by age, sex, gender, race or region. A study conducted by the Regional Psychosocial Support Initiatives (REPSSI) shows that Zimbabwe has the highest rates of adolescents who think about committing suicide (Gwasira, 2023). This means, a suicide event is often preceded by suicide ideation. If this premise is true, a question that arises is; how does suicide ideation manifest among teenagers? It seems teenage suicide, as is the case with other age groups, is triggered by stressful life events. However, the collected data seem to suggest that what a teenager sees as serious and insurmountable appear minor to an adult. Documents analysed, in particular newspaper reports, generally attribute teen suicide to disagreements and conflicts within a family.

The disagreements and conflicts appear minor to most adults. This argument resonates with a summary of some suicide cases which Gwaze (2021) recorded in the Zimbabwean weekly newspaper, The Sunday Mail of 26 September 2021 under the headline; *the growing scourge of teen suicide*. According to the report, a 9 year old grade three pupil at a school in Harare hanged himself after his mother reprimanded him for beating his sibling. In the second case a 14 year old girl at a school in Bulawayo (Zimbabwe' second largest city) committed suicide after her mother insisted that she could only watch television after completing her homework. In a third case, a 14 year old rural Buhera girl took her life after being chastised by her mother for not doing household chores. Another 14 year old girl from Mutare killed herself following a scuffle with her mother who had confiscated her cell phone. In the NewsDay of November 10, 2022, Moyo and Michabaiwa reported a suicide case in which a grade six pupil at a school in Chitungwiza (Harare's dormitory town) committed suicide after his teacher and mother met to discuss continuous assessment learning activity (CALA) performance. The Students and Youth Working on Reproductive Health Action (SAYWHAT) weighs in by highlighting that in 2022 (COVID-19 peak period) the organisation was receiving 20 suicide calls per month in and around Harare.

A closer look at these suicide cases shows that teen suicide rates increased tremendously after the outbreak of COVID-19. To this end, the aforementioned Gwaze's (2021) report starts by acknowledging that teen suicides are on the increase since the beginning of the coronavirus pandemic. As noted earlier, teen suicides were often triggered by disagreements or conflicts. This observation resonates with Goto, Okubo and Skokauskas (2022) contention that motives of teen suicide during the coronavirus pandemic largely fall within the family-relations domain which comprises disagreements with parents, disagreements with other family members, discipline and scolding. Of interest to note is the fact that in the above mentioned cases, mothers were directly involved in the altercations that led to the suicide events. The involvement of mothers support our earlier argument that COVID-19 pandemic and the response strategies impacted more negatively on women and children. Mothers experienced death anxiety as the pandemic continued unabated; stressful marital relations, loss of income, violence and abuse from their husbands; and hostile and misbehaving child-learners, inverted roles and unfriendly school curriculum.

Increase in teen suicide during the coronavirus pandemic peak period was not unique to Zimbabwe. The Center for Suicide Prevention and Research at Nationwide Children's Hospital in the United States of American (USA) (2023) reported that youth suicide rates

tremendously increased during COVID-19. In addition, Gwaze (2021) highlighted that in December 2020 a leading newspaper in the USA carried a research finding noting 67% increase in teen suicides in 2020 compared to 2019 before the pandemic. A post from Psychology today, cited in (Gwaze, 2021), also reported that in India a student died by suicide every hour from the time COVID-19 lockdowns were introduced. Goto, Okubo and Skokauskas further contend that suicide rates increased among youths in Japan and throughout the world during the pandemic relative to the pre-pandemic levels and that most of these suicides resulted from family-related problems. Thus, in line with the family systems theory, it can be argued that couples' over-involvement with each other and children's over-involvement with parents due to COVID-19 lockdown restrictions propelled family dysfunctionality which in turn pushed the teens towards suicide ideation.

Rationalising teen suicide

Evidence from documents analysed show that teens commit suicide for different motives. Although motivations for teen suicide are multifaceted, three major motives, that is; revenge, release and ritual (Chidester, 1987) appear to be dominant. The revenge motive is anchored in the African cosmology and emanates from the belief that the spirit of the deceased would return to retaliate and torment the person responsible for the suicide. Thus, the revenge suicide is an attempt by the victim to achieve retributive justice. Most reported teen suicide cases that relate to bullying, ill-treatment and false accusations ought to be understood in terms of revenge or post mortem retaliation. Ill-treatment and violence against teens which point to family dysfunctionality became rampant during the COVID-19 lockdowns and this might explain the corresponding high incidence of teen suicides.

The release motive, on the other hand, is associated with excruciating pain or suffering which the victim can no longer sustain, hence he or she commits suicide in order to escape from the pain (Chidester, 1987). From documents analysed, it seems the high incidence of suicide among teenagers related the victims' wish to free themselves from the pain, shame and stigma (probably of being infected or affected by COVID-19). Some teens also felt that they were in an inescapable bondage, hence they saw death as the only release from that bondage. This motive is common to teens in hopeless conditions such as abusive relationships. Similar to what Durkheim (1970) refers to as maniacal suicide, the victim may feel haunted by some dangerous spirits which are perceived as working against his or her happiness and success and then decide to release himself or herself by committing suicide.

Finally, ritual motive is associated with the individual's desire to sacrifice his or her life due to shame or for tarnishing the image of the family or institution (Chidester, 1987). It is sudden and common in strongly regulated families and institutions such as schools, police, army and church. The ethical code of conduct, especially in most schools requires that learners abide to strict discipline and absolute allegiance. A breach of this code of conduct brings shame to the self and the whole institution. This often pushes the offending individual into self-sacrifice. Thus, during COVID-19 lockdowns, teens were barred from social interactions and when restrictions were relaxed they tried to compensate for the lost time leading to confrontation with parents or school authorities. Shame would set in once they were caught leading to self-sacrifice.

However, explaining the rise of teen suicide strictly in terms of COVID-19 appears to be an oversimplification of a complex phenomenon. The rate of teenage suicide has been growing gradually from the 1970 through to the mid-80s (Lester & Wilson, 1990). Marked increase in teen suicide occurred from the turn of the century up to the pre-COVID-19 period. Three years before COVID-19 hits Zimbabwe, Tshuma alerted the citizens about the rapid increase in teenage suicide with the headline; *Zimbabwe's teenage suicide crisis* in an on-line publication, The International Clarion of 6 November 2017. In the same year, the Catholic News reported the case of a form 2 pupil who committed suicide at a Catholic boarding school. These cases suggest that COVID-19 aggravated an exploding phenomenon. In addition, any attempt to make a water-tight argument regarding the impact of COVID-19

mental health, in particular teen suicide, is hampered by lack of reliable statistical evidence (Lester and Wilson, 1990). The same sentiments are echoed in WHO's (2021) report which laments the fact that globally the availability and quality of data on suicide and suicide attempts remain poor. Despite these limitations, this article has raised awareness on teen mental health challenges, in particular suicide, during the coronavirus pandemic and as the world communities count and recover from the COVID-19 losses, it is important to draw lessons learnt in order to prepare for similar future disasters.

Lessons learnt from COVID 19 and way forward

Adherence to COVID-19 guidelines and uptake of vaccines was seriously hampered by the 'pandemic of infodemic.' The same scenario happened during the early outbreak of HIV and AIDS when the acronym AIDS was erroneously and corruptly interpreted to mean American Idea of Discouraging Sex (Gundani, 2004; Rodlack, 2006). Thus, if a pandemic in the mould of COVID-19 is to occur in future, governments and the responsible ministries and authorities must move swiftly to educate the populace and provide accurate information. Education on how pandemics impact mental health, in particular suicide, ought to be emphasised. Lack of education and stigma surrounding suicide means many teens who attempted or committed suicide did not get the help needed. WHO (2021) is therefore right in pointing out that the prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it. To date very few countries have included suicide prevention among their health priorities and only 38 countries report having a national suicide prevention strategy (WHO, 2021). Surprisingly, Zimbabwe with one of the highest suicide rates and ideation (WHO, 2021; REPSSI cited in Gwasira (2023) has no suicide prevention strategy. To this end, we argue that Zimbabwe needs to join the World Health Organisation in recognising suicide as a public health priority. The country ought to embrace the WHO Mental Health Action Plan 2013-2030 in which member states are committed to work towards reducing suicide rates by 2030.

Given that most pandemics lead to family dysfunctionality, governments need to project the magnitude to which parents and society in general are to engage the teens and accordingly design manuals and toolkits to enhance health interactions. Step by step manuals and toolkits on how parents can assist their children with school work could have ameliorated a number of suicides. In addition, friendly mental health services, such as counselling, should be decentralised and accessible to teens in rural villages and urban residential areas. Such mental health services should be fully equipped to be able to provide mental health support and opportunities for regular social interactions to teens throughout the pandemic period. Communities also need to be educated about the dangers of stigma which is generally heightened by insufficient knowledge about how the disease is transmitted, prevented and treated. Thus, in order to nip stigma in the bud, communities need to be equipped with the requisite knowledge to reduce mis- and disinformation, the key drivers of stigma.

Due to the fact that teens spend much of their time at school, it is prudent that teachers are equipped with knowledge regarding mental health and early symptoms of suicide ideation. This knowledge can be cascaded down to learners through clubs and guidance and counseling lessons so that as they interact peers can identify the signals and relay them to the school authorities and parents. This implies that guidance and counseling lessons which currently occupy the periphery of the school curriculum need to be strengthened.

Conclusion

From the foregoing discussion, it is clear that COVID-19 jet propelled the rates of teen suicide not only in Zimbabwe but throughout the world. The pandemic itself and responses to the pandemic brought to the fore innumerable mental health challenges which range from stress, depression, family conflict and violence against women and children. Insights from the family systems theory show that family dysfunctionality which was aggravated by

lockdowns and stay-at-home orders pushed vulnerable family members to the edge. Teenagers, by virtue of their stage of development, are more inclined towards negative self-differentiation, hence they easily capitulated to family pressure by committing suicide. A strong desire to revenge ill-treatment or perceived injustice; the wish to release oneself from pain or shame; and the will to self-sacrifice were the key motives behind teen suicide during the COVID-19 era. More research on the link between COVID-19 and suicide is, however needed to avoid oversimplifying a complex phenomenon.

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