

Title

**EXPLORING FACTORS CONTRIBUTING TO HIGH SUICIDE CASES AMONG YOUNG
MEN IN MODERN DAYS, A CASE OF CHIMBIYA AREA IN DEDZA**

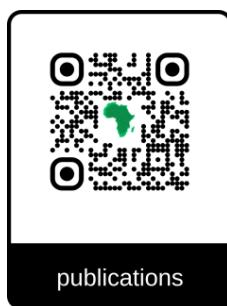
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ABSTRACT

Suicide among young men has become a growing public health concern globally, and Malawi is no exception. This study explores the factors contributing to the high incidence of suicide among young men, with a particular focus on Chimbiya area in Dedza. The research adopts a qualitative approach, utilizing in-depth interviews and focus group discussions with young men, community leaders, and healthcare providers to understand the underlying causes and social dynamics influencing suicidal behavior. Findings reveal that multiple interrelated factors contribute to the phenomenon, including socioeconomic pressures and financial instability, which create feelings of hopelessness and stress. Additionally, societal expectations and cultural norms regarding masculinity discourage young men from expressing vulnerability or seeking emotional support, exacerbating mental health challenges. Family breakdown, relationship conflicts, and peer pressure were also identified as significant triggers. The study further highlights the limited access to mental health services and inadequate community support structures as critical barriers to prevention. Stigma surrounding mental health issues and suicide further discourages affected individuals from seeking help, leading to a cycle of isolation and despair. The research emphasizes the need for a multi-faceted intervention strategy, including mental health education, community and the establishment of accessible support services tailored to young men. Moreover, the study underscores the importance of addressing socioeconomic challenges and promoting healthy coping mechanisms to mitigate risk factors. By providing an in-depth understanding of the social, and cultural determinants of suicide in Chimbiya, this research offers valuable insights for policymakers, healthcare providers, and community stakeholders aiming to design effective suicide prevention strategies. The findings contribute to the broader discourse on mental health and youth well-being in Malawi and similar contexts highlighting.

Keywords: Suicide, Young Men, Mental Health, Socioeconomic Factors, Dedza.

INTRODUCTION

Suicide is a pressing global public health issue, claiming nearly 800,000 lives each year according to the World Health Organization (WHO, 2021). It affects individuals, families, and communities, leaving lasting emotional, social, and economic consequences. Among different demographic groups, young men are particularly vulnerable to suicide, with studies indicating higher rates of completed suicide in males compared to females worldwide. In Malawi, there is growing concern over the increasing incidence of suicide among young men, yet the underlying causes remain underexplored, especially at local community levels.

Background of the Study

Suicide is a major global public health concern, with nearly 800,000 deaths reported annually, according to the *World Health Organization* (2021). It affects individuals across all ages, but young men are particularly vulnerable, often exhibiting higher rates of completed suicide compared to women. The consequences of suicide are profound, not only for the individuals involved but also for their families, communities, and society at large, leaving long-lasting emotional, social, and economic impacts.

In Malawi, the issue of suicide among young men has been increasingly reported, yet there is limited research exploring its root causes, especially at the local level. Studies suggest that young men face multiple stressors, including unemployment, financial instability, relationship challenges, and societal pressures, which can contribute to feelings of hopelessness and psychological distress. Cultural and social norms around masculinity in Malawian society often discourage men from expressing vulnerability or seeking emotional help, leaving them isolated when dealing with mental health issues.

While research on suicide in urban areas has been somewhat documented, rural communities like Chimbiya in Dedza District have received

little attention. Understanding the underlying factors that contribute to suicidal behavior in such contexts is essential, as these areas often have unique social, economic, and cultural dynamics. By focusing on Chimbiya, this study aims to fill the knowledge gap and provide insights that can inform effective prevention strategies tailored to rural settings.

Context

Chimbiya is a rural community in Dedza District, central Malawi, with a population primarily engaged in subsistence farming, small-scale trading, and informal employment. High unemployment rates, poverty, and limited educational opportunities are widespread, creating socioeconomic pressures that disproportionately affect young men. Many struggle with the responsibility of providing for their families while facing limited prospects for income generation.

Cultural and social norms in Chimbiya emphasize traditional masculinity, expecting men to be strong, independent, and resilient. This discourages them from expressing emotions or seeking help for mental health challenges. Combined with widespread stigma surrounding mental illness and suicide, young men experiencing psychological distress often remain isolated.

Mental health services in the area are limited. Health facilities are few, poorly resourced, and often lack personnel trained to address mental health concerns. Awareness of mental health issues is generally low, and community support systems are underdeveloped. Other contributing factors, such as family conflicts, relationship problems, substance abuse, and peer pressure, further exacerbate the risk of suicide.

This context highlights the multifaceted nature of suicide risk in Chimbiya, emphasizing the need to examine not only individual psychological factors but also cultural, social, and economic influences that shape mental health outcomes in rural Malawi.

Research Objectives

The main aim of this study is to explore the factors contributing to the high incidence of suicide among young men in Chimbiya, Dedza.

- To achieve this aim, the study is guided by the following objectives.
- To identify the socioeconomic, cultural, and psychological factors influencing suicidal behavior among young men in Chimbiya.
- To examine the role of community attitudes, family structures, and social support systems in either mitigating or exacerbating suicide risk.
- To assess the availability and accessibility of mental health services in the area and their effectiveness in preventing suicide.
- To provide recommendations for interventions, policies, and strategies aimed at reducing suicide cases among young men in Chimbiya.

These objectives aim to provide a comprehensive understanding of the social, economic, and cultural determinants of suicide, offering insights for policymakers, healthcare providers, and community stakeholders to design effective prevention strategies.

LITERATURE REVIEW

Global and Regional Trends in Suicide Among Young Men

Suicide is a significant public health concern worldwide, with males disproportionately affected. According to the *World Health Organization* (2021), men are nearly twice as likely to die by suicide as women. Young men, in particular, face heightened risks due to a combination of biological, psychological, and social factors. Studies indicate that the prevalence of suicide is influenced by socioeconomic conditions, mental health disorders, and access to support systems.

In Sub-Saharan Africa, research shows that

suicide rates among young men are increasing, often linked to unemployment, poverty, and societal pressures (*World Bank, 2020*). Malawi is no exception, with anecdotal reports suggesting a rising number of cases, though formal statistics remain limited. Urban areas have received more attention in research, leaving rural contexts like Chimbiya underexplored.

Socioeconomic Factors

Socioeconomic stressors are consistently identified as key contributors to suicidal behavior. Unemployment, financial instability, and poverty create feelings of hopelessness, particularly for young men expected to provide for their families (*Mokgobi, 2014*). In rural Malawian communities, limited access to income-generating opportunities and educational resources intensifies these pressures. Research suggests that economic hardship alone does not cause suicide but interacts with psychological and social factors to elevate risk (*WHO, 2019*).

Cultural and Social Norms

Cultural expectations of masculinity play a crucial role in shaping mental health outcomes. In many African contexts, men are socialized to be emotionally stoic, self-reliant, and resilient, discouraging help-seeking behavior (*Addis & Mahalik, 2003*). Studies from Malawi indicate that young men often internalize distress, fearing social stigma or judgment if they reveal emotional struggles (*Kankonde et al., 2018*). Peer pressure, family expectations, and relationship conflicts further compound the risk of suicidal ideation.

Mental Health and Access to Services

Mental health challenges, including depression, anxiety, and substance abuse, are strongly associated with suicide among young men. However, access to mental health services in rural Malawi is limited. Most health facilities lack trained personnel, resources, or outreach

programs to support individuals in psychological distress (Chibanda et al., 2016). Furthermore, stigma surrounding mental illness discourages both individuals and families from seeking care, perpetuating isolation and increasing vulnerability.

Gaps in Existing Literature

While numerous studies have examined suicide globally and in Sub-Saharan Africa, there is a noticeable lack of research in rural Malawi, particularly in Chimbiya, Dedza. Most research focuses on urban populations, leaving rural socio-cultural and economic dynamics underexplored. There is also limited understanding of how community attitudes, family structures, and social support systems influence suicidal behavior among young men. Addressing these gaps is crucial for designing culturally appropriate and context-specific interventions.

Implications for Current Study

This review highlights that suicide among young men is a complex phenomenon influenced by intertwined socioeconomic, cultural, and psychological factors. It underscores the importance of examining community-specific contexts, such as Chimbiya, where economic hardship, traditional gender norms, limited mental health services, and social dynamics converge to create heightened vulnerability. The present study seeks to fill these gaps by providing an in-depth exploration of the factors contributing to high suicide rates among young men in this rural Malawian setting, ultimately informing targeted prevention strategies.

METHODOLOGY

Research Design

The adopts a qualitative research design to explore the factors contributing to high suicide rates among young men in Chimbiya, Dedza. A

qualitative approach is appropriate because it allows for an in-depth understanding of personal experiences, perceptions, and social dynamics that quantitative methods may not fully capture. Through interviews and discussions, the study seeks to uncover the complex interplay of socioeconomic, cultural, and psychological factors influencing suicidal behavior in this rural context.

The research follows a case study approach, focusing specifically on Chimbiya. This approach enables an in-depth exploration of the phenomenon within its real-life context and allows the study to generate insights that are grounded in the local social and cultural environment.

Study Population and Sampling

The target population comprises young men aged 18–35 living in Chimbiya, community leaders, and local healthcare providers. This age range is selected based on evidence from prior studies indicating that young adulthood is a period of heightened vulnerability to suicide.

A purposive sampling technique is employed to select participants who have direct or indirect experience with suicide or its risk factors. This includes:

- Young men with a history of suicidal ideation or attempts
- Family members of individuals who have died by suicide
- Community leaders knowledgeable about social norms and community dynamics

Healthcare providers familiar with mental health issues in the area

A total of 30–40 participants are targeted, ensuring diverse perspectives while maintaining manageability for qualitative analysis. The sample size is guided by the principle of data saturation, where additional interviews no longer yield new information.

Data Collection Methods

Data is collected through semi-structured interviews and focus group discussions (FGDs):

- **Semi-structured interviews:** Conducted with young men and healthcare providers to explore personal experiences, perceptions, and challenges related to suicidal behavior. Interviews are guided by open-ended questions to allow participants to share their stories freely. Each interview lasts approximately 45–60 minutes.
- **Focus group discussions:** Conducted with community leaders and family members to capture collective perspectives on social norms, stigma, and community-level factors contributing to suicide. Each FGD consists of 6–8 participants and lasts approximately 60–90 minutes.

All interviews and discussions are audio-recorded with participants' consent, and detailed notes are taken to supplement recordings.

Data Analysis

Thematic analysis is used to analyze the qualitative data. This involves:

- **Transcription:** All audio recordings are transcribed verbatim.
- **Familiarization:** The researcher reviews transcripts to become thoroughly acquainted with the data.
- **Coding:** Data is coded into meaningful units, capturing recurring ideas, patterns, and significant statements.
- **Theme development:** Codes are organized into broader themes that reflect the socioeconomic, cultural, and psychological factors influencing suicide.
- **Interpretation:** Themes are analyzed in relation to existing literature and the

study's objectives, highlighting local context-specific findings.

NVivo software may be used to assist in organizing and coding the qualitative data systematically.

Ethical Considerations

Given the sensitive nature of suicide research, ethical considerations are a priority:

- **Informed consent:** All participants are fully informed about the study's purpose, procedures, risks, and benefits, and their consent is obtained in writing.
- **Confidentiality:** Participants' identities are protected through anonymization, and all data is securely stored.
- **Right to withdraw:** Participants are informed that they can withdraw from the study at any time without any consequences.
- **Psychological support:** Referrals to counseling services are provided for participants who may experience distress during the study.

Ethical approval is sought from the relevant institutional review board or local ethics committee before data collection.

RESULTS

The factors contributing to high suicide cases among young men in Chimbiya. Data were collected through 30 in-depth interviews with young men, healthcare providers, and family members, and 4 focus group discussions (FGDs) with community leaders and families. Thematic analysis revealed several interconnected factors influencing suicidal behavior. Findings are presented under the main themes identified: socioeconomic pressures, cultural and social norms, mental health challenges, family and relationship factors, substance abuse, and access to support services.

Socioeconomic Pressures

Participants consistently highlighted unemployment, poverty, and financial instability as major contributors to psychological distress. Many young men expressed frustration over the inability to meet family expectations and sustain livelihoods.

Socioeconomic Factors Reported by Participants (N=30)

The most frequently mentioned socioeconomic problems are:

- **Unemployment (mentioned 28 times):** people feel useless and unable to support their families.
- **Poverty / financial instability (mentioned 25 times):** extreme hardship, including going days without food and feeling hopeless.
- **Lack of education / skills (mentioned 15 times):** no skills means no jobs and no future prospects.

These three issues dominate the responses, forming a clear cycle of joblessness, desperate poverty, and blocked opportunities. These findings suggest that economic hardship is a key stressor that interacts with other personal and social factors, increasing vulnerability to suicidal thoughts.

Cultural and Social Norms

Cultural expectations regarding masculinity emerged as a strong factor. Participants noted that men are expected to be strong, unemotional, and self-reliant, which discourages help-seeking.

Influence of Masculinity Norms on Young Men

[High Pressure to Provide & Be Strong] -->
 [Suppressed Emotional Expression] -->
 [Isolation / Psychological Distress] -->
 [Increased Suicide Risk]

Focus group discussions revealed that societal judgment and fear of appearing weak prevent young men from sharing struggles. One participant stated:

“If I tell anyone I am depressed, they will say I am weak... better to stay quiet.”

This demonstrates the strong role of social norms in shaping mental health outcomes.

Substance Abuse

Substance abuse, particularly alcohol, was reported both as a coping mechanism and a contributing factor to suicidal behavior. Young men noted that excessive drinking often intensified depressive feelings and impulsivity:

“I drink to forget my problems... but sometimes it makes me think of doing something bad.”

This suggests that substance use both reflects and exacerbates mental health challenges.

DISCUSSION

The findings of this study reveal that suicide among young men in Chimiya is a multifaceted issue influenced by a combination of socioeconomic, cultural, psychological, and environmental factors. By examining these factors in a rural Malawian context, the study provides insights into how individual experiences intersect with community-level dynamics to heighten vulnerability.

Socioeconomic Pressures and Suicide Risk

Consistent with global and regional studies, this research found that unemployment, poverty, and financial instability are major contributors to suicidal behavior among young men. The majority of participants described the inability to secure income or meet family expectations as a source of intense stress, echoing findings from *Mokgobi (2014)* and *WHO (2019)* that economic hardship is a key risk factor for suicide.

In Chimiya, these socioeconomic pressures are exacerbated by limited educational and vocational opportunities, which restrict young men's ability to improve their financial circumstances. This reinforces the notion that suicide is often not caused by a single factor but emerges from the interaction between personal vulnerabilities and structural challenges. The results suggest that economic empowerment programs, skills training, and youth employment initiatives may play a role in mitigating suicide risk.

Cultural and Social Norms

The study highlighted the significant influence of societal expectations around masculinity. Participants reported that men are expected to remain emotionally stoic, self-reliant, and strong, which discourages help-seeking behavior and emotional expression. This finding aligns with *Addis and Mahalik (2003)* and *Kankonde et al. (2018)*, who emphasize that traditional masculinity norms increase vulnerability to psychological distress and suicide.

In Chimiya, social stigma around mental health intensifies these pressures, leaving young men isolated. This finding underscores the need for community sensitization and awareness campaigns aimed at challenging harmful stereotypes and promoting mental health literacy. Creating culturally acceptable avenues for emotional expression may reduce the negative impact of rigid gender norms on mental well-being.

Mental Health Challenges

Depression, anxiety, and suicidal ideation emerged as prevalent among participants, consistent with global evidence that mental health disorders are strongly associated with suicide. Participants' accounts indicate that these conditions are often undiagnosed and untreated due to both stigma and limited availability of mental health services.

This aligns with *Chibanda et al. (2016)*, who note that rural Malawi faces significant gaps in mental health infrastructure. The results reinforce the importance of integrating mental health services into primary care and expanding community-based counseling programs. Early identification and treatment of mental health disorders could substantially reduce suicide risk.

Family, Relationship, and Social Support Factors

Family instability, relationship conflicts, and lack of emotional support were significant contributors to suicidal behavior. These findings reflect prior research indicating that disrupted family structures and interpersonal problems exacerbate feelings of isolation and hopelessness (*WHO, 2019*). In Chimbiya, young men reported limited opportunities to discuss personal struggles within families or peer groups, intensifying psychological distress.

This suggests that interventions should also target family engagement and social support, encouraging open communication and stronger relational networks. Peer support groups, mentorship programs, and community dialogue platforms could serve as protective factors.

Substance Abuse

Alcohol use was reported both as a coping mechanism and a risk factor for suicidal behavior. This finding is consistent with literature suggesting that substance abuse amplifies impulsivity, depression, and risk of self-harm. Addressing substance use through

education, counseling, and community-based programs could help mitigate one pathway leading to suicide.

Access to Support Services

Limited access to mental health services emerged as a structural barrier. Participants emphasized that facilities are few, distant, and under-resourced, which delays or prevents treatment. The stigma surrounding mental health further discourages utilization. This finding echoes research in other rural Sub-Saharan contexts, highlighting that structural and societal barriers interact to increase suicide vulnerability (*Chibanda et al., 2016*).

Strengthening local mental health infrastructure, training healthcare providers, and promoting culturally sensitive interventions are critical for improving early support and reducing suicide risk.

Integration and Implications

The results demonstrate that suicide among young men in Chimbiya is multi-causal, arising from the intersection of individual vulnerabilities, family dynamics, cultural norms, socioeconomic pressures, and systemic limitations. Interventions must therefore be holistic, addressing both the personal and structural dimensions of risk.

CONCLUSION

The factors contributing to high suicide cases among young men in Chimbiya, Dedza, and revealed that suicidal behavior is a multi-faceted phenomenon shaped by the interplay of socioeconomic, cultural, psychological, and structural factors. The findings indicate that economic pressures, including unemployment, poverty, and limited access to education and skills development, significantly contribute to feelings of hopelessness and stress among young men. These pressures are often compounded by traditional masculinity norms that discourage

emotional expression and help-seeking, leaving young men isolated in coping with psychological distress.

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