

The Nature and Causes of Parasuicide Cases Handled By Traditional Leaders in Hurungwe District in Zimbabwe

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ABSTRACT The paper reports on an investigation carried out to ascertain the nature and causes of parasuicide cases handled by traditional leaders, as traditional African counsellors, in Hurungwe district in Zimbabwe. The study utilized a qualitative survey design. Phenomenological interviewing was used to collect the data on a purposefully selected sample of two chiefs and ten headmen and eleven family elders. The sample consisted of twenty-one male and two female traditional leaders. Content analysis, through emerging themes, was used in analyzing the data. The study revealed that traditional leaders offered counselling to victims of diverse suicidal attempts which included hanging and taking poison. Cases of parasuicide were reportedly caused by avenging spirits, marital, family and love disputes, financial problems and terminal illnesses. The study concludes that traditional leaders handled parasuicide cases of different types and causes. Recommendations were made that assistance be offered to traditional leaders to be better prepared to deal with the magnitude and complexity of parasuicide cases.

INTRODUCTION

Suicide is self-inflicted death with evidence that the person intended to die whilst suicide attempt or parasuicide is self-injurious behaviour with a non-fatal outcome (Kaplan and Sadock 1998 cited in Masango et al. 2008: 25). It should also be noted that parasuicide may be a genuine attempt by the person to kill themselves, or it may be self-injurious behaviour without the intention to kill oneself but to draw attention to personal problems. This may not be motivated by a genuine wish to die. Human nature and the resultant human interactions are complex and failure to cope with the demands of life may result in some people contemplating taking their own lives as a solution. Many times such people require appropriate counselling interventions in order to assist them to cope and realise that termination of one's life is not the solution to life's challenges.

Statistics show that there is a rapid growth in the cases of suicide and suicide attempts the world over. Van Orden et al. (2010: 575) quote the World Health Organisation (2008) report and state that:

.....approximately one million individuals worldwide died by suicide in 2000 and estimates suggest that 10 to 20 times more individuals attempted suicide.

This really indicates that suicide and suicide attempts are a cause for concern. Khan and Reza (2000) observe that it is difficult to report with accuracy the numbers of suicide and suicide attempts as there are several factors that make this impossible. Newman (2004) reports that in South Africa, for example, suicide is committed every hour and twenty or more unsuccessful attempts are made in the same time span. This, indeed, shows the magnitude of suicide and suicide attempts in sub-Saharan Africa.

Studies on different aspects of suicide and parasuicide have been carried out in different parts of the world. Examples for the above can be seen in research outputs on suicide and parasuicide, for example, in Singapore (Ung 2003), in Sri Lanka (de Silva 2003), in India, Pakistan, Bangladesh and Nepal (Khan 2002), in Denmark (Nordentoft 2007), in Bahrain (Al Ansari et al. 2007), in Hong Kong (Chung and Leung 2001)

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and in Pakistan (Khan and Reza 2000). This shows that issues of suicide and attempted suicide are a global concern.

Nature of Suicide and Parasuicide

Farzaneh et al. (2010) observes self-poisoning as the most common nature of suicide associated with students in Tehran, Iran. In an attempt to kill themselves, students poisoned themselves by taking pharmaceutical agents. What is clear here is the deliberate overdose of drugs by suicidal people in an attempt to kill themselves. In almost all the studies, the researchers agree on the most common nature of suicide and parasuicide and some of these include hanging, use of firearms, overdose of sleeping or malaria tablets, use of insecticides, suicide bombing, use of injectibles, poisoning, drowning, suffocation and jumping to one's death (Farzaneh et al. 2010; Al Ansari et al. 2007).

Al Ansari et al. (2007) report that in Bahrain, hanging was the most commonly reported form of suicide. Chung and Leung (2001) observe that people with suicidal tendencies continue to develop newer ways of committing suicide and in Hong Kong people were using carbon monoxide poisoning as a new method to commit suicide. It shows that there are a number of forms in which suicide can be committed.

Causes of Suicide and Parasuicide

Sociological Perspectives to Suicide: Sociological theories are based on the idea that suicide results from the level and amount of control society has over an individual and the effects of social conditions and social changes on the person. Lester (2008) cites Durkheim who argues that suicide rate is related to the level of social integration (the extent to which the members of a society share beliefs and sentiments, interest in one another, and a common sense of devotion to common goals) and the level of social regulation (the extent to which the society controls emotions and motivations of their members as regulated by societal norms and customs). Egoistic and anomic suicides are linked to too little social integration and regulation whereas altruistic and fatalistic suicides result from too much social integration and regulation. In a way, society exerts influence over an individual and such influence may result

in suicidal behaviour. Societal norms play a role in controlling behaviour.

In a study on suicide among students in Iran found that most suicide attempts were caused by family conflict and romantic disappointment (Farzaneh et al. 2010). In another study on suicidal contemplation and suicidal attempts, Cheung et al. (2006) confirmed that issues of hopelessness, depression and social factors put people at great risk of committing suicide. Cheung et al. (2006) further observed that marital dissolution often causes hopelessness that leads to depression which may ultimately lead to contemplation and attempt at suicide. The marital problems as a causative factor to suicide attempts is also raised by Parkar et al. (2009) who contend that a lot of problems emanating from dysfunctional marriages often result in suicides. This assertion is further raised by Caruso (2011) who states that it is extremely common for people to become depressed over a divorce, and untreated depression is the number one cause for suicide. Thus, a divorce can significantly increase a person's risk for suicide.

Holmes and Holmes (2005) allude to the fact that the majority of suicide and suicide attempts are caused by despair and depression which is often a result of some of negative life experiences that include the death of a loved one, a divorce, separation, or break-up of a relationship, losing custody of children, or feeling that a child custody decision is not fair, a serious loss, loss of a job, house, or money, a serious or terminal illness, a serious accident, chronic physical or intense emotional pain, loss of hope, being victimized through domestic violence, rape or assault, a loved one being victimized by way of child murder, child molestation, kidnapping, murder, rape or assault, physical abuse, verbal and sexual abuse (Cheung et al. 2006; Parkar et al. 2009; Caruso 2011).

Khan (2002) identifies two main causes of suicide and attempted suicide as interpersonal relationship problems as well as life events. This broad categorization covers issues of a larger sociological interplay in which one's interaction with self and a wider society may result in conflicts which if unresolved result in ideas on suicide. If one fails to find solutions to some challenges they encounter in life, they may decide to terminate life as an escape route. Brockington (2001) reports causes of suicide or suicide attempts to include sexual abuse, rape

and domestic violence and these are societal ills that lead victims to think of terminating their lives if they are not assisted to properly handle them.

Psychological Perspectives to Suicide:

Psychological perspectives understand suicide by engaging the functioning of the human mind, thoughts, emotions behaviour. Psychological theories of suicide generally focus on conflicts within the individual by explaining how the function of the mind and thought process as well as emotion influences behaviour. It also looks at an individual's developmental stage and the ways in which the person's family functions. An examination of Freud's psychoanalytic theory of suicide reveals two major hypotheses. The first is his theory of depression which basically views suicide as murder. The second is based on thanatos, the death instinct. Freud identified that normal individuals can control their death instinct and direct it outward. Suicidal individuals have a propensity to turn this death instinct inwards which normally results in the individual taking their own life (Suicide Theories 2005).

Nock et al. (2010) contend that there is a close link between mental disorders and suicidal attempts. Some of these mental disorders manifest themselves in severe anxiety or agitation and poor impulse control and these often lead individuals to commit or attempt to commit suicide (Nock et al. 2010). This suggests that people with suicidal tendencies have inherent disorders and require specialist assistance. The special problems of the survivors of suicide receive little attention in the training of therapists and counsellors. The situation may be further compounded in situations where the counsellors have no formal training. In rural areas in most developing countries, there is lack of trained counsellors. It becomes interesting to note how traditional African leaders as counsellors are able to assist parasuicide victims.

Biological perspectives to suicide are hinged on the argument that causes of suicide are related to the functioning of the human body. Biological theories are based on the examination of biological aspects of suicide such as the influence of genetics, hormone levels, and neurotransmitter levels in the brain. Deyster et al. (2011) observe that through neuro-imaging study of the suicidal brain one can understand the state of the brain prior to the suicidal act.

The Zimbabwean Context

Lester and Wilson (1990) report an increase in suicide cases in Zimbabwe, particularly among teenagers. Cooper (2008) states that in the late 1990s, deliberate organophosphate poisoning showed a massive increase of 320%, and this was thought to be linked to the physical, mental, and social status of a Zimbabwean society bedevilled by a plethora of socio-economic and political challenges. What it means is that as people grappled with economic challenges, a myriad of challenges were encountered leading to rise in suicide through poisoning. Rural areas in Zimbabwe are under the leadership of traditional leaders, mostly chiefs and headmen. Political leaders such as councillors and ward coordinators also play a role on community leadership. Church leaders, as Cooper (2008) reports, also assist in responding to suicide. Whenever there are problems these community leaders are found to be offering assistance in solving the problems. Family elders, in line with the extended family concept, also provide counselling to family members. These leaders may not have the required Eurocentric skills in counselling yet they are the people who offer counselling to parasuicide victims every time. In Zimbabwe, there is, however, a paucity of literature on the nature and causes of parasuicide cases traditional leaders handle in rural Zimbabwe, hence the purpose of this current study to address this gap.

Goal of the Study

The study aimed at identifying the nature and causes of parasuicide cases that traditional leaders handle in rural Zimbabwe by answering the question: What is the nature and causes of parasuicide cases handled by traditional leaders in Hurungwe district in Zimbabwe?

METHODOLOGY

Research Design: This is a qualitative study that sought an understanding of the views of twenty-three purposefully selected traditional leaders who normally handled parasuicide issues in one rural area. Weinreich (2006) observes that the advantage of using qualitative methods is that they generate rich and detailed data. In this study, the researchers sought to gain insights

into participants' views on suicide and attempted suicide. Data were collected through in-depth and semi-structured interviews. The importance and richness of this methodology is summed up by Seidman (1998: 3):

At the root of in-depth interviewing is an interest in understanding the experience of other people and the meaning they make of that experience.

The study utilized in-depth interviews as the researchers attempted to seek understanding from the participants' point of view, on the nature and causes of suicide as evidenced by the parasuicide cases they handled. Such type of interviews allowed participants to tell stories of their experiences on issues of suicide.

Research Participants: The researchers targeted traditional leaders in the area in which the study was carried out. Participation in the study was voluntary. In total, 28 traditional leaders were selected but because of non-availability due to other commitments, interviews were carried out with 23 traditional leaders. The participants were twenty-one male and two female traditional leaders. These traditional leaders included chiefs, headmen and family elders. The participants represented a wide range of ages with the youngest traditional leader being 35 years old and the oldest 72. The participants were Shona speaking and mostly of the Korekore dialect in Hurungwe district of the Mashonaland West Region in Zimbabwe. The participants represented different academic levels ranging from Grade 7 (upper primary school level), Zimbabwe Junior Certificate and Ordinary Level qualification and the old Standard two qualification. Some participants indicated that they had never been to formal school but were able to read and write after attending adult literacy classes in the early years of the country's independence. However, there were a few others who were completely illiterate. None of the participants had diploma or degree qualifications.

Ethical Issues: Verbal consent was sought from the participants after the purpose of the study was explained to them. Participants were also advised they were allowed not to answer questions they felt uncomfortable in answering and that they could withdraw their participation from the study at any time. Participants were assured of confidentiality and anonymity.

Instrumentation and Data Collection: In-depth, semi-structured interviews were the

primary form of data collection for this study. The researchers used interview guides that allowed participants to freely express themselves. This was in contrast to asking them set questions on preconceived notions about the phenomenon under investigation. This was very much in line of Marshall and Rossman's (1999: 108) description of qualitative interviews as being;

...much more like conversations than formal event ... The researcher explores a few general topics to help uncover the participants' views but otherwise respects how the participant frames and structures responses.

The study sought to empower participants by hearing their voice on the nature and causes of parasuicide cases. All interviews were audio taped with the consent of the participants.

Data Analysis: Data collection and first stages of analysis occurred simultaneously in line with views by Bogdan and Biklen (1998) that it is the nature of qualitative studies that the two processes normally occur simultaneously. Audio-taped interviews were transcribed after the interview process and appropriate coding was done (Willig 2001). Coding entailed grouping common issues on the nature and causes of parasuicide from the different interviews. Data analysis was mainly based on content analysis as emerging themes from interviews guided the analysis.

Researcher Neutrality: One common criticism levelled against qualitative studies is researcher bias. As the researcher is fully involved in the data collection process there is bound to be researcher bias in the interpretation of results if mechanisms are not put in place to control this. In ensuring researcher neutrality, the researchers' interpretations were wholly drawn from the accounts provided by participants. This was further assisted by the use of verbatim quotations from the participants. Debriefing also ensured that researchers cross checked interview transcriptions with participants. This was done to ensure that the transcriptions represented participants' views.

RESULTS

The Nature of Suicide and Parasuicide Cases

Table 1 summarises the participants' views on the nature of suicide and attempted suicide

cases. In finding out the nature of suicide and parasuicide cases the traditional leaders handled there were two main themes that the researchers could ascertain from the data collected were hanging and the taking in of dangerous substances.

Table 1: Nature of parasuicidal cases

<i>Nature of parasuicide cases</i>	<i>Recorded cases</i>
	Taking a overdose of malarial tablets
	Taking rat kill
	Hanging with wire
	Hanging with a rope
	Taking overdose of sleeping tablets
	Throwing oneself in a river or dam
	Taking poison
	Taking herbicides
	Taking dangerous herbs

Hanging

Hanging was found to be one of the ways in which people attempted to commit suicide. Some of the participants had the following views on hanging.

Participant T

“Some people I have helped here had taken a thick rope and attempted to hang themselves from a tree.”

Participant N

“One woman was found trying to hang herself from the roof of her bedroom using a wire.”

Participant L

“Some men just disappear into the bush and try to hang themselves from some tall and big trees.”

Participant R

“Leather strips used to yoke oxen are also used to hang”.

Participant C

“Some time last year a very young man of school going age attempted to hang himself

using strip from a bark of a tree. It was not strong enough and he fell from the tree.”

Such remarks from the participants helped to buttress the fact that hanging was indeed one of the common ways in which suicidal people often decided to commit suicide.

Taking in of Dangerous Substances

The participants in the study gave narratives of survivors who had attempted to terminate their lives by taking in dangerous substances. The following were some of the remarks;

Participant T

“There are a number of married women who attempted to kill themselves by drinking a deadly cotton pesticide (name supplied). However they were found just after drinking the pesticide and we rushed to the clinic where they were assisted and recovered.”

Participant C

“There is a common ratkill sold by informal traders in towns and at the nearby Growth Point. Most suicidal people buy this purporting to control rats at home but then use it for suicide.”

Participant R

“One man from X village took a very dangerous herb and almost died last year. The herb is so dangerous that the man is lucky to be alive today.”

Participant A

“Crocodile brains are very rare to get but when one has access to them and takes then there are no chances of surviving. They are fatal but rarely used because they are not commonly found.”

Participant J

“Last year during this same time a girl was brought to me having attempted suicide by drinking two litres of paraffin. We took her to the clinic but I don't know if paraffin really kills when drunk.”

Participant M

“Some school children at the nearby secondary school abuse a common malarial drug (name supplied) by taking it in excess in suicide. Some have died while others have survived.”

Participant P

“I have a case of a woman who took an overdose of sleeping tablets and never woke up again. She died in her sleep and it was later discovered that it was a suicide case.”

It was clear from the narratives on the nature of suicide and parasuicide cases that the taking in of dangerous substances was one of the common ways suicidal people attempted or actually took their lives.

Table 2: Causes of suicide and suicide attempts

<i>Causes of parasuicide cases</i>	<i>Recorded causes</i>
	Avenging spirits
	Impregnating a girl
	Falling pregnant
	Husband has married another wife
	Husband has girlfriends
	Wife cheating on husband
	Mother not revealing son's father
	Family dispute over inherited property
	Dispute over land
	Terminal illness
	Husband squandering harvest proceeds
	Retrenched and failing to support family

Table 2 summarised the recorded causes of suicide and suicide attempts from the interviews. In an attempt to establish the causes of suicide and suicide attempts from the participants' point of view, the following major causes emerged as common themes; avenging spirits, marital or love relationship problems, financial problems, family disputes and terminal illness. Findings on each of the themes are presented in detail below;

Avenging Spirits

Some of the participants' views on avenging spirits as causing suicide and attempts at suicide were captured as follows;

Participant H

“Suicide and attempt at suicide are not normal everyday happenings in our culture. These are works of ngozi (avenging spirit) in a family.”

Participant B

“There is a family in this village where every year a member of this family commits suicide. Unless they appease an avenging spirit of a stranger murdered by their forefathers a long time ago this will continue to happen.”

Participant G

“With ngozi (avenging spirit) one may not know what they are doing. There is a strong force that drives someone to commit suicide. Even at slightest provocation someone will commit suicide.”

Participant U

“The avenging spirit has to be appeased. If it is not appeased it will continue to cause harm in a family and suicides could some of the problems.”

Marital or Love Relationship Problems

Some of the accounts given by participants on marital and love relationship problems as causes of attempted suicide;

Participant L

“Some men unilaterally decide to marry second wives without consulting their first wives. The first wives may not accept this and decide to take their own lives.”

Participant S

“In one instance that happened in the recent past, a husband left her home to go and stay with another woman at the township. The wife was so bitter and angry that she attempted to kill herself and all the three children by poisoning the food. Luckily, they all survived.”

Participant D

“With young adults particularly girls they often want to kill themselves if they discover they have been impregnated and the lover refuses responsibility.”

Participant O

“Some men do not handle divorce properly. Wives, who after working hard for so many years for the development of the home and the family, are abruptly dumped. They may not bear this and decide to kill themselves.”

Participant F

“Even men are not strong. One man attempted to kill himself after discovering that his wife was having an affair with another man. Instead of divorcing the woman and marry another one, he tried to commit suicide.”

Financial Problems

The issue of financial problems was also raised as a potential cause of suicide and attempted suicide as evidenced by some of the narratives below:

Participant I

“Times are hard. Many men are failing to perform their duties as providers of the family. They suffer from pressure of the expectations from the wife and children and feel they cannot handle it any more.”

Participant E

“We have a case in this area where a man was retrenched from his job in the city and completely failed to manage life out of employment. The man decided to throw himself in the nearby dam. He was luckily saved by some fishermen.”

Family Disputes

On the issue of family disputes, some of the participants had this to say;

Participant C

“Some families have irreconcilable differences. We had one case where members of one family were fighting over their late father’s property. There was a real war as these children fought against each other. We lost one of the brothers who was found hanging up a tree one morning.”

Participant R

“One girl attempted to kill herself by taking an overdose of malarial tablets. The reason was that she was not accepted in the family she got married into.”

Participant Q

“We also had an incident brought before my court where a member of an extended family was accused of witchcraft. He was accused of being involved in the spate of deaths in the family. He was now threatening to kill himself over what he termed ‘wrong accusations’.”

Terminal Illness**Participant N**

“We have this dangerous disease AIDS. Some people once they get tested and find out that they are HIV positive they may not accept it and would wish they die before developing full blown AIDS.”

Participant K

“One lady suffering from AIDS came to report that she was always insulted and harassed by her mother because of her condition and was contemplating killing herself to save her mother from the burden of taking care of her.”

Participant A

“Another girl was raped by a relative and got infected with HIV. She has been caught several times trying to commit suicide.”

DISCUSSION

It emerged from the study that suicide and suicide attempts took a number of forms with hanging and taking in of dangerous substance

being most prevalent forms. Such findings are consistent with findings in a similar study by Farzaneh et al. (2010) who found that suicide and suicide attempts among students in Tehran, Iran were mostly as a result of self-poisoning. The other common element is the use of drug as poison. In the study it was found that poisoning was mostly done using pesticides, herbicides as well as a common malarial drug.

The nature of suicide and suicide cases found in the study however differ with some found in other studies. Chung and Leung (2001) report on the use of carbon-monoxide poisoning as a method of suicide in Hong Kong. The differences could be attributed to differences in contexts. Suicidal people mostly use available means in their surrounding. The study being conducted in a rural area availability of carbon monoxide emitting machines and the knowledge of the fatal nature of carbon monoxide may not be readily available.

It also emerged from the study that hanging was a common form of suicide and suicide attempts. Such a finding is consistent with earlier findings by Gunnell et al. (2004) who found that hanging was the most common form of suicide in England. The current study also found that most suicide victims used ropes and wire strips to hang themselves and they hanged mostly from trees. Gunnell et al. (2004) found that ropes, belts and flex were used as ligatures in hanging while the ligature points were mostly beams and trees. De Leo et al. (2001) also found that hanging was the most prevalent form of suicide for both male and female in Australia in 1997.

The study also found that there were some uncommon forms of suicide and suicide attempts such as drowning. Such a finding is consistent with findings by Connolly (2007) who reports that of the 400 suicide cases in Ireland 100 were of suicide by drowning. Connolly (2011) further reports that in the USA between 1999 and 2002 drowning deaths made up 0.9% (n=873) of male suicides and 2.1% (n=496) of female suicides. Though the statistics are relatively low, given the fact that these are statistics on death, drowning is really a form of suicide that claims a number of people's lives.

On the causes of suicide and suicide attempts, the study revealed that marital problems caused quite a number of people to attempt suicide. This finding corroborates assertions by Caruso (2011) that depression as

a result of divorce is the number one cause for suicide. This is further raised by Parkar et al. (2009) who found that marital problems contributed significantly in suicide and suicide attempts in the urban slum of Mumbai, India. The finding in the study also serve to authenticate related press reports on marital problems killings in and suicide as Edwards (2011) reports of a police officer who killed four members of his wife's family and later committed suicide by shooting himself following a marital dispute.

The study also found that love relationship problems also caused suicide and suicide attempts. The finding is consistent with assertion by High (2011) who states that love lost suddenly, which could include "breaking up" with a girlfriend or boyfriend is a one of the causes of suicide among teenagers. In a study on suicide and depression among college students Westefeld and Furr (1987) found that problems in love relationships among students often resulted in ideas on suicide or actual attempts at suicide. Therefore, the findings in the present study are not unique to the area in which the study was carried out but are a confirmation of similar studies elsewhere.

It also emerged from the study that family problems of various forms often resulted in suicide attempts. Such a revelation corroborates findings by Bhugra and Desai (2002) that South Asian women would think of committing suicide after quarrels with in-laws. Martin (2011) further observes that failure of parents to give consent to their children to marry partners of their choice may hurt the feelings of the children and case them to decide to commit suicide.

The study also found that financial problems were also a cause of suicide attempts. The finding is consistent with assertions by the National Suicide Prevention Lifeline (2011) that mounting debt, losing a job, home or low retirement income contributed to stressful situations that led to thoughts of suicide, suicide attempts or suicide itself. Preti and Miotto (1999) also confirm the link between the economic status of people and suicide. From the study there were many economic problems affecting people that led others fail to cope and attempt suicide.

The study further found that suicide was attributed to works of avenging spirits. This is an Afrocentric view of suicide and parasuicide and very much contrary to Eurocentric views. Eurocentric views simply believe that suicide

and suicide attempt are a result of complex psychological, biological and social factors (Nock et al. 2010). The belief in spiritual control of human life is consistent with Mutekwa's (2010: 162) view of avenging spirits as;

... spirits questing for revenge for some wrong perpetrated on them, and unrectified during their life time.

This shows that spirits of the dead could come back to haunt the living in search of revenge and retribution. Mutekwa (2010) further observes that the issue of spirit possession and spirituality is at crossroads with other discipline such as psychology, medicine and sociology and that virtually all human societies have belief systems rooted in spirit possessions and spirituality.

CONCLUSION

The study uncovered that there were various causes of suicide and parasuicide cases that were handled by traditional leaders in the rural area under investigation. These included the works of avenging spirits, dysfunctional marriages, untreated depression and mental disorder among others. It also emerged that the nature of the suicide and parasuicide cases were hanging, where the use of ropes and wire strips were used to take one's life. Taking dangerous substances appeared to be the other prevalent nature of suicide and parasuicide case followed by perpetrators. Victims took substances such as pesticides, rat kill and other dangerous herbs to terminate their lives too. Suicide attempts were also evident and were mainly caused by marital break ups among adults and teenagers. It was however found out that traditional leaders who included family elders, headmen and chiefs had a major responsibility to conscientise communities on how to deal with potential suicidal tendencies among individuals and how to carry out counselling on survivors.

RECOMMENDATIONS

In view of the findings of the study, the following recommendations are made: that the Government should carry out awareness campaigns on possible causes of suicide and parasuicidal cases and how to minimise them. Emphasis should be places on preventing cases of suicide and suicide attempts from occurring. There is

need to train therapists to carry out counselling on survivors of suicide. Trained therapists should be easily accessible so that people with problems know where to go and seek assistance before they think of committing suicide. People in rural areas should also be sensitised of the need to seek counselling services whenever they face problems. Training of community leaders on counselling skills is necessary to equip them with counselling skills. Since community leaders are the ones who offer counselling to parasuicide victims there is need to offer them basic counselling skills so that they can better assist the victims. Given the nature and causes of parasuicide cases prevalent in rural areas there is need for the establishment of crisis-counselling centres in the rural areas. This will ensure that people access counselling services as and when they require them. Whilst this research attempted to identify the nature and causes of parasuicide cases in Hurungwe District, there is need to carry out further research in other Districts and at national level too.

This study on the nature and causes of parasuicide cases handled by traditional leaders was carried out using a small and purposive sample of family elders, chiefs and headmen in one district in Zimbabwe. As such, the findings of this study cannot be generalized over the whole population of all traditional leaders in all the rural districts in Zimbabwe. The findings, however, give light on the nature and causes of parasuicide cases handled by traditional leaders. Hence a larger study is necessary to give a clearer picture on the issue of the issue parasuicide in all the rural areas in Zimbabwe.

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APPENDIX

Word	Meaning
Ngozi	Avenging spirit