Shadows in the Classroom: Investigating the Post-Covid-19 Mental Health Crisis among Learners in Gwanda District, Zimbabwe

Zwelani Dube., Honest Tshuma and Sheron Gomera

Great Zimbabwe University

ABSTRACT

The COVID-19 pandemic disrupted global education and exacerbated mental health challenges among adolescents. This study explored the post-pandemic mental health issues faced by secondary school learners in the Colleen Bawn cluster, Gwanda District. Using a qualitative phenomenological design, data were collected from five teachers and ten Form 4 learners through semi-structured questionnaires and focus group discussions. Thematic analysis revealed a high prevalence of truancy, sleep disturbances, depression, and substance abuse. The study highlights a critical lack of counseling resources and recommends urgent school-based mental health investment.

Key terms: Mental Health, Post-COVID-19, Secondary School Learners, Qualitative Study, Zimbabwe

INTRODUCTION

The COVID-19 pandemic rapidly evolved into a global crisis with profound impacts on education and psychological well-being [10]. UNESCO reported that over 1.6 billion learners across 190 countries were affected by school closures, creating an unprecedented disruption to adolescent development [11]. In Zimbabwe, the shift to home-learning in rural settings was hampered by a severe digital divide, leading to significant "learning loss" and increased rates of substance use as a coping mechanism [9].

Mental health is defined as a state of well-being where an individual realizes their abilities and can cope with normal life stresses [4]. However, post-pandemic stressors such as isolation, loss of breadwinners, and academic backlog have triggered a rise in Common Mental Disorders (CMDs) [12]. This creates a significant burden on society, as untreated adolescent mental health issues often transition into chronic adult dysfunction, reduced economic productivity, and increased strain on the national healthcare system [12, 13]. While urban Zimbabwe has seen some research in this area, the rural setting of Gwanda District remains under-researched, leaving a critical gap in local public health knowledge [6].

Objectives

The objectives of the study were to:

- To identify the level of psychosocial distress among Form 4 learners in the Colleen Bawn cluster.

- To examine how post-COVID-19 academic pressures contribute to learner anxiety and "academic hopelessness."

- To evaluate the adequacy of current Guidance and Counseling (G&C) infrastructure in rural schools

LITERATURE REVIEW

The global impact of COVID-19 on adolescent mental health has been characterized by "staggering grief and loss," particularly in the SADC region where resources are thin [2]. In rural Zimbabwe, social distancing and

school closures caused an "indelible footprint" on the minds of learners, leading to a pervasive loss of aspiration [7].

Studies in low-and-middle-income countries (LMICs) emphasize that adolescent mental health is often neglected due to a lack of trained psychological professionals and limited investment [12, 25]. In Gwanda, previous findings discovered a 74% prevalence of depression among young women, often tied to a lack of social support and economic stress [7, 8]. This highlights a "culture of silence" where medical staff and educational institutions often fail to screen for or discuss mental health issues with those in their care [141, 144, 145].

METHOD

Population

The study employed a qualitative research approach using a phenomenological design. This design was instrumental in capturing the lived experiences and perceptions of teachers and learners regarding pandemic-related trauma. The target population included secondary school teachers and learners in the Gwanda District, specifically the Colleen Bawn cluster.

Ethical Considerations

Ethical integrity was maintained through several layers of protection:

- Informed Consent: All participants were provided with a detailed information sheet (translated into Shona/Ndebele where appropriate). Written or witnessed verbal consent was obtained prior to any data collection, ensuring participants understood their right to withdraw at any time without penalty.

- Confidentiality and Anonymity: To protect identities, all participants were assigned pseudonyms (e.g., Participant A, District Official 1). Any identifying geographical or personal markers were redacted from the final transcripts.

- Data Security: Digital recordings and transcripts were stored on password-protected devices, while physical notes were kept in locked cabinets accessible only to the primary research team

Sample and sampling techniques

The study utilized purposive sampling to select 15 participants who could provide rich, relevant information. The sample comprised five teachers (including the school head and a department head) and ten Form 4 learners. Form 4 learners were specifically targeted because they represent a high-stakes group facing national examinations while recovering from academic backlog.

Data gathering instrument

Data were collected using two primary instruments:

Questionnaires: Semi-structured questionnaires with open-ended questions were administered to the five teachers to gather detailed insights into observed learner behaviours and institutional challenges.

Focus Group Discussions (FGDs): One FGD was conducted with the ten learners using a structured discussion guide to explore their personal experiences and views on mental health issues. The session was recorded and notes were taken.

Procedure

Data was analyzed using Reflexive Thematic Analysis following the six-phase framework established by Braun and Clarke (2006):

1. Familiarization: Transcripts from focus groups and questionnaires were read repeatedly to achieve immersion in the data.

2. Coding: Initial codes were generated for recurring concepts like "learning loss" and "academic hopelessness".

3. Generating Themes: Codes were clustered into broader patterns, such as "Social Isolation" and "Substance Abuse".

4. Reviewing Themes: The researchers checked the themes against the original data to ensure they accurately represented the participants' voices.

5. Defining and Naming Themes: Themes were refined into distinct categories (e.g., "Resource Gaps").

6. Reporting: Selected quotes and data were integrated into the final analysis.

Design

This study employed a qualitative research approach using a phenomenological design. This design was appropriate for capturing the lived experiences and perceptions of teachers and learners regarding mental health issues in the post-COVID-19 context [9].

Limitations

A primary limitation of this study is the relatively small sample size. While the qualitative nature of the work allowed for "thick description" and deep insight into the participants' lived experiences, the findings are not statistically generalizable to the entire population of Zimbabwe. Furthermore, the geographic focus on specific rural wards may not account for the socio-economic variations found in other provinces. However, this study prioritizes transferability over generalizability, providing a foundational framework that may be applicable to similar rural contexts in the region.

FINDINGS OF THE STUDY

The findings of this study paint a concerning picture of the mental health landscape among adolescents in rural Zimbabwe following the COVID-19 pandemic. The identified issues truancy, sleep disturbances, depression, and substance abuse align with global studies on the pandemic's psychological impact [5, 6]. The sense of hopelessness and academic decline resonates with Abramson's Hopelessness Theory, where perceived uncontrollable stressors lead to negative outcomes [11].

A critical finding is the severe lack of resources and infrastructure to address these challenges. The reliance on an under-resourced guidance and counseling system reflects a broader systemic gap in adolescent mental health support in Zimbabwe, consistent with previous reports [12].

Findings are presented according to the three key research questions.

A. Level of Psychosocial Distress

The analysis revealed a profound level of distress among learners:

- Social Isolation: A majority of participants observed learners withdrawing from peer groups.

- Common Mental Disorders (CMDs): High reports of persistent low mood, sadness, and irritability were recorded.

- Physical Manifestations: Learners frequently suffered from sleep disturbances and changes in eating habits.

B. Academic Pressure and "Academic Hopelessness"

Academic backlog from the pandemic has translated into severe anxiety:

- Cognitive Impact: Distress led to difficulty concentrating and memory problems.

- Performance Decline: These factors resulted in a direct decline in academic engagement.

- Theory of Hopelessness: Perceived uncontrollable stressors regarding national exams have led to widespread academic despair.

C. Adequacy of Counseling (G&C) Infrastructure

The current support system was found to be critically insufficient:

- **Resource Deficit:** There is a total absence of dedicated counseling rooms and qualified psychological professionals.

- **Systemic Gaps:** Under-resourced infrastructure reflects a broader national neglect of adolescent mental health.

- **Stigma:** A general lack of awareness prevents students from seeking help.

CONCLUSION AND RECOMMENDATIONS

This study concludes that secondary school learners in Gwanda District are facing a significant mental health crisis in the wake of the COVID-19 pandemic. The issues are multifaceted, affecting their emotional well-being, social interactions, and academic performance. Current support systems are inadequate and overwhelmed. There is an urgent and compelling need for strategic investment in school-based mental health resources, teacher training, community awareness, and policy implementation to mitigate this growing public health concern and safeguard the future of Zimbabwe's youth. The writer recommends the following:

- The Ministry of Education should establish solar-powered community centers in rural wards. These hubs would provide private spaces for mental health support and utilize solar energy to provide digital access to remote psychologists via tele-health, bypassing the local shortage of specialists.

- To combat stigma, programs must formally integrate Traditional Leaders (Chiefs and Headmen). Training leaders as "Mental Health Champions" ensures that community-led support reaches families who might otherwise fear the judgment of seeking formal psychological help.

- Hospitals and Schools: Conduct consistent mental health screening as early as the prenatal stage through to the secondary school level.

- Awareness Campaigns: Implement programs in rural outskirts to teach communities and parents the importance of support and care for youth facing distress.

- Future Research: Broaden research to more rural areas to assess the prevalence of adolescent distress and mitigate the long-term societal burden.

- Implementing comprehensive mental health support and awareness campaigns in schools.

- Providing specialized training for teachers on identifying and supporting students with mental health challenges.

- Fostering a strong, collaborative relationship between the school, family, and community.

- Adopting a multi-sectoral approach involving ministries (Health, Education, Women's Affairs) and NGOs to pool resources and expertise.

REFERENCES

1. Ahmad, N., et al. (2018). Postnatal depression and intimate partner violence: A nationwide clinic-based cross-sectional study in Malaysia. BMJ Open
2. Chauke, T. A. (2024). Lifelong learning among students in the context of COVID-19: A case study of the SADC region. Journal of Culture and Values in Education, 7(1), 54-69
3. Dermatol, L. J. (2016). Methodology series module 3: Cross-sectional studies. Indian Journal of Dermatology.
4. Galderisi, S., et al. (2015). Toward a new definition of mental health. World Psychiatry, 14(2), 231–233
5. Halbreich, U. (2005). The association between pregnancy processes and postpartum depressions. American Journal of Obstetrics and Gynecology.
6. January, J., & Chimbari, M. J. (2018). Prevalence and factors associated with postnatal depression among women in two rural districts of Zimbabwe. South African Journal of Psychiatry.
7. Ncube, S., & Motalenyane, A. M. (2020). Social distancing, cultural and psychological effects on learners in a rural setting in Zimbabwe. Journal of Ethnic and Cultural Studies, 7(3), 200-209.
8. Mbawa, M., Vidmar, J., Chingwaru, C., & Chingwaru, W. (2018). Understanding postpartum depression in adolescent mothers in Zimbabwe. Asian Journal of Psychiatry.
9. UNICEF Zimbabwe. (2021). Rapid assessment of the socio-economic impact of COVID-19 on children and families in Zimbabwe.
10. WHO. (2020). Coronavirus disease (COVID-19) pandemic. World Health Organization.
11. UNESCO. (2020). COVID-19 educational disruption and response.
12. Wilson, E., Loades, M. E., et al. (2024). The impact of the first phase of the COVID-19 pandemic on psychosocial distress in a Low-or Middle-Income Country. Clinical Child Psychology and Psychiatry.
13. O'Hara, M. W., et al. (2014). Perinatal mental illness: Definition, description and aetiology. Best Practice & Research Clinical Obstetrics & Gynaecology.
14. Abramson, L. Y., et al. (1989). Hopelessness depression: A theory-based subtype of depression. Psychological Review.
15. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. This was added to define the six-phase process (Familiarization, Coding, etc.) that you used to analyze your interview and focus group data.