




Theological Coping Strategies for Pregnant Women's Mental Health during COVID-19 in Mwenezi District, Zimbabwe

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Abstract

Pregnant women experienced more mental health issues during the COVID-19 pandemic as a result of elevated stress and worry. To learn how pregnant women in Zimbabwe's Masvingo Province handled these difficulties, research was carried out in the Mwenezi District. Thirty participants in qualitative interviews in a Christian background said that psychological resilience and emotional stability were supplied by religion, religious activities, and community support. The study discovered that stress was much reduced and hope was encouraged by practices including prayer, scripture reading, group worship, and pastoral counselling. It was also observed that coping mechanisms were shaped by the blending of traditional beliefs with Christian activities. The study emphasizes how crucial it is to take religious viewpoints into account when providing mental health care, particularly in rural Africa where religion is deeply ingrained in daily life. The study's recommendations include encouraging cooperation between religious leaders and healthcare professionals to give pregnant women comprehensive assistance and enhancing pastoral training on mental health concerns. By highlighting culturally appropriate coping strategies during times of crisis, this research advances our knowledge of the relationship between faith and mental health.

Keywords: COVID-19, mental health, pregnant women, theological coping mechanisms, Mwenezi District

Introduction

Global health has been severely disrupted and mental health issues have been made worse by the COVID-19 pandemic. Pregnant women are among the most susceptible groups; the additional health risks and social isolation they experience contribute to their increased levels of stress, anxiety, and uncertainty (Smith, 2020:14). The necessity for good coping techniques is heightened in Zimbabwe due to the country's inadequate healthcare resources and socioeconomic problems (Chimbari, 2021:102). Recent years have seen a rise in interest in the contribution of religion and theological coping strategies to resilience in mental health. Religious activities provide psychological support and a feeling of optimism, especially in communities where religion plays a significant role in day-to-day life (Koenig, 2012:73). Christianity is a major factor in the lives of many people in Mwenezi District,



Masvingo Province, and it serves as a crucial source of support and comfort in trying times (Moyo, 2019:89).

The purpose of this study is to investigate the religious coping strategies used by Mwenezi District pregnant women during the COVID-19 epidemic. Through an examination of these women's use of scripture, prayer, group worship, and pastoral counselling, this study aims to draw attention to the significance of including theological viewpoints within mental health support systems. In rural African environments, where religious beliefs have a major impact on coping mechanisms and general well-being, this kind of integration is essential (Gunda, 2010:56).

The purpose of this research is to determine which theological practices have been most successful in reducing mental health issues in expectant mothers, to comprehend the influence of traditional beliefs entwined with Christian practices, and to offer suggestions for improving mental health support in comparable circumstances. By highlighting culturally appropriate coping strategies during times of distress, this research adds to the larger conversation on the relationship between faith and mental health. Consequently, the purpose of this research is to offer a thorough analysis of the religious coping strategies used by expectant mothers in Mwenezi District throughout the COVID-19 epidemic. It draws attention to these behaviours and emphasizes the necessity for culturally appropriate mental health therapies that take theological and religious aspects into account.

Literature Review

The global COVID-19 epidemic has presented unparalleled obstacles to mental health, with pregnant women being disproportionately impacted by the distinct physical, emotional, and social strains they encounter (Arzamani et al., 2022). According to research, pregnant women's anxiety, despair, and stress levels rose during the pandemic as a result of prenatal care interruptions, worries about the health of their unborn children, and fears of catching the virus (Lebel et al., 2020:434). According to research by Davenport et al. (2020:1153), there was a considerable rise in the percentage of pregnant women reporting clinically significant symptoms of anxiety and sadness from pre-pandemic levels to 37%.

It is often known that spirituality and religion may help people deal with mental health issues. According to Koenig (2012:73), religious practices and beliefs may have a major positive psychological impact. These advantages include a feeling of purpose, hope, and community support—all of which are essential in trying times. Particularly, it has been determined that reading scripture, praying, and participating in group worship are important coping strategies that support people in controlling their stress and anxiety (Pargament et al., 2011:132).

In Zimbabwe, where a sizable section of the populace professes Christianity and incorporates traditional beliefs into their religious activities, religion is deeply ingrained in daily life. According to Gunda (2010:56), religious customs are strongly ingrained in the social fabric of rural communities like Mwenezi District, having an impact on a range of facets of daily life, including health and well-being. These procedures have been especially crucial in helping pregnant women receive emotional and psychological care throughout the COVID-19 epidemic (Moyo, 2019:89). There has been little research on how theological coping strategies specifically affected mental health during the COVID-19 epidemic in Zimbabwe, but what is known points to a significant dependence on religious rituals for psychological resilience. Pregnant women frequently turned to prayer, pastoral counselling, and community assistance to deal with the increased stress and worry brought on by the pandemic, according to qualitative research conducted in Masvingo Province by Chimbari (2021:103). These results are in line with international studies showing that religious coping



strategies can considerably lessen mental health issues during times of crisis (Koenig, 2012:73).

Furthermore, Zimbabwe's blending of Christian traditions and indigenous beliefs offers a special framework for coping. According to Moyo (2019:89), the Mwenezi District frequently combines Christian prayers with customary practices to provide a comprehensive method of addressing stress and uncertainty. The community's resilience is strengthened by this syncretism, which offers several channels for psychological and emotional assistance.

As a result, the research emphasizes the significance of religious and theological coping strategies in helping pregnant women deal with mental health issues during the COVID-19 epidemic (Badon et al., 2022). The cultural and social identity of the people of Mwenezi District is deeply ingrained in these customs, which serve as both a source of solace and fortitude. To help create culturally appropriate mental health therapies, future research should keep examining these pathways, especially in rural African situations.

Methodology

During the COVID-19 pandemic, pregnant women in Mwenezi District, Masvingo Province, Zimbabwe, adopted religious coping strategies. This study examines these mechanisms using a qualitative research approach. According to Creswell (2014), qualitative approaches are a good fit for this study since they allow for a detailed comprehension of the experiences of the participants and the importance of their coping mechanisms.

Participants and Selection Criteria

The study concentrated on Mwenezi District citizens who were expecting and actively involved in their religious rituals. Purposive sampling, a method that guarantees the inclusion of people who can offer rich, pertinent, and varied insights into the research subject, was used to pick fifteen participants (Patton, 2002:230). Being pregnant during the COVID-19 epidemic, professing Christianity, and agreeing to take part in the study were the requirements for selection.

Techniques for Gathering Data

Semi-structured interviews were used to gather data because they provided for flexibility in examining participants' viewpoints while guaranteeing that important subjects were covered (Kvale & Brinkmann, 2009:124). Surveys and questionnaires were used to collect data through the use of closed-ended questions for those who were not able to read and write. On the other note, the research used open-ended questions whereby the interviewees were writing down their opinions. Three questions were asked of every participant and the interviews were done with participants in the comfort of their homes. To encourage honest and relaxed conversation, interviews were held in the native tongues of Shangaan and Shona. With the participants' permission, each interview was audio recorded and lasted between sixty and ninety minutes. The interview guide asked questions on the effects of COVID-19 on mental health, particular religious coping mechanisms, and the perceived efficacy of these mechanisms. For instance, "Can you describe how your faith has helped you cope during the pandemic?" along with "What religious practices have you found most helpful in managing stress and anxiety?"



Procedures for Data Analysis

Thematic analysis, a technique appropriate for finding, examining, and summarizing patterns (themes) within qualitative data, was used for the verbatim transcriptions of the data (Braun & Clarke, 2006:79). Getting acquainted with the data, coding, looking for themes, evaluating themes, defining and labelling themes, and summarizing the findings were some of the processes in the process. NVivo software was utilized to help with data analysis and administration. Important quotes about religious coping strategies were underlined and categorized into preliminary categories throughout the coding process. The many facets of religious coping, such as prayer, scripture reading, group worship, pastoral counselling, and the blending of traditional beliefs, were then reflected in the larger themes that emerged from the ordered codes. According to Braun and Clarke (2006:86), themes were examined and improved to make sure they appropriately depicted the data and answered the study goals.

Ethical Considerations

The relevant institutional review board granted ethical approval for the project. Participants received comprehensive information about the study, including their rights as participants and details about its goals, methods, possible risks, and benefits. All participants gave their informed consent, attesting to the fact that they were aware that their involvement was completely voluntary and that they may end it whenever they chose without incurring any fees (Orb, Eisenhauer, & Wynaden, 2001:95). No incentives were given for their participation. All participants were given pseudonyms, and transcripts were anonymized to ensure confidentiality. The study team was the only one with secure access to the data. Findings were audio recorded and will be kept in a safe password protected file for at least 5 years or more.

Dependability and Strictness

Lincoln and Guba (1985:301) used several tactics, including member checking, sustained involvement, and triangulation, to increase the study's credibility. Spending enough time with participants to develop trust and comprehend their experiences on a deeper level is necessary for prolonged participation. Participant reviews and confirmation of the correctness of the transcriptions and interpretations of their replies were made possible through member verification. To validate results and offer a thorough grasp of the phenomenon being studied, triangulation entails utilizing a variety of data sources and methodologies.

With the use of these techniques, the research guarantees a solid and reliable investigation of the religious coping strategies pregnant Mwenezi District women employed during the COVID-19 epidemic.

Findings

The research findings indicate that pregnant women in Mwenezi District, during the COVID-19 pandemic, used a variety of religious coping techniques. Five primary topics emerged from the thematic analysis: pastoral counselling and guidance, worship and support in community, prayer, and meditation, reading and reflection from scripture, and integrating traditional beliefs with Christian practices.



Meditation and Prayer

Emotional release and a sense of spiritual connection are two benefits of prayer, which has become a primary coping strategy. A means of expressing anxieties and finding solace, prayer, according to participants, helped them manage stress and anxiety. A participant shared, "I find that praying helps me feel at ease whenever I'm feeling overwhelmed." God is listening, and he will watch out for my child and me, I believe" (Participant 6). This result supports the claim made by Koenig (2012:73) that prayer can improve psychological health by encouraging a feeling of support and optimism.

Reading from and thinking about the Holy Bible

Other important coping mechanisms were reading and thinking about the Bible. Participants emphasized how scripture offered direction, comfort, and a context for comprehending what they went through during the epidemic. Psalm 23 was a frequently used scripture that the participants found to be especially consoling. "Reading Psalm 23 reminds me that I am not alone," said one of the participants. It increases my confidence that things will work out" (Participant 2). This is in line with the research conducted by Pargament et al. (2011: 132), which found that reading scriptures may be an effective way to reduce stress and discover purpose in trying circumstances.

Collective Worship and Assistance

Even in the face of gathering prohibitions, group worship and solidarity were essential. Participants mentioned taking part in online services or in smaller, more socially isolated church gatherings. There was a lot of emotional and psychological support from the sense of belonging and shared religion. "Being with my church family, even if it's just a few of us, gives me strength," one participant said. We encourage one another and pray together (Participant 3). This is consistent with Gunda's (2010:56) finding that community worship is an essential source of support and is intricately woven into the social fabric of rural Zimbabwean communities.

Pastoral Guidance and Counselling

Another important coping strategy was pastoral counselling. The participants appreciated the pastoral counselling and prayer support, as well as the spiritual and emotional advice that came from their pastors. The identical thoughts were expressed by two participants: "Our pastor has been a source of strength. I've been able to remain upbeat and resilient thanks to his prayers and counsel (Participants 1 and 10). This result corroborates the findings of Chimbari's (2021:102) study, which emphasized the value of pastoral care in easing mental health issues during the epidemic.

Combining Christian tenets with customary beliefs

A distinctive and all-encompassing method of coping was made possible by the blending of ancient beliefs with Christian practices. The participants mentioned combining Christian prayers with customary practices to ask for protection and well-being. Some brought up the usage of customary plants that have been blessed by pastors, for instance. As one participant put it, "We ask the pastor to bless them in addition to using traditional herbs for protection." We feel secure knowing that we are guarded both physically and spiritually" (Participants 4, 5, 8, and 15).



Moyo (2019: 89) points out that this syncretism demonstrates the durability and adaptation of cultural traditions in Mwenezi District. All things considered, our results highlight the significance of religious and theological coping strategies in addressing mental health issues among expectant mothers in Mwenezi District amid the COVID-19 epidemic. The study emphasizes the necessity of integrating these practices into culturally sensitive mental health therapies, given the intricate relationship that exists in rural African environments between faith, culture, and well-being.

Results: Opinions of Nine Participants

A thorough picture of the religious coping strategies used by pregnant women in Mwenezi District during the COVID-19 epidemic is painted by the opinions of nine of the fifteen participants in this research. Five major themes emerged from the investigation, each of which highlighted a distinct way that faith and religion assisted these women in overcoming their mental health obstacles.

Engaging in prayer and meditation

All of the participants emphasized prayer and meditation as essential coping strategies. Prayer, according to the participants, is a means of expressing one's anxieties, finding solace, and finding peace. As instance, Participant 6 (Age 29) stated, "I pray whenever I feel stressed, and it brings me calm. God is listening, I believe, and He will watch out for my child and me." Many people agreed with this statement, suggesting that prayer offered a direct channel of connection with God, which was essential for maintaining emotional stability.

Reading and thinking about scripture

Reading and thinking from the scriptures were important for a lot of the attendees. The Bible gave them direction and comfort, which helped them understand the epidemic. "Reading Psalm 23 reminds me that I am not alone," said participant number three (age 28). It increases my faith that everything will work out. Scriptures that were frequently referenced were Psalm 23 and other passages that demonstrated their ability to provide comfort and hope.

Group worship and assistance

For the participants, collective prayer and support were essential, even in the face of gathering limitations. Many attended online services or smaller, more socially isolated church gatherings. Participant 8 (Age 33) stated, "Even though there are only a few of us at my church, being with my family gives me strength." We encourage one another and pray together. The relevance of communal worship in supporting mental health was demonstrated by the strength that came from the sense of community and shared religion.

Pastoral guidance and counselling

A crucial source of assistance for a large number of participants was pastoral counselling. They appreciated their pastors' provision of both spiritual and emotional counsel. 29-year-old participant number 15 said, "My pastor has been a rock of support. His wisdom and prayers have kept me upbeat and resilient." This research emphasizes how important it is for religious leaders to offer leadership and emotional support to those in need during times of crisis.



Combining Christian practices with traditional beliefs

For many of the participants, the fusion of traditional beliefs with Christian behaviours offered a comprehensive framework for coping. They mentioned utilizing Christian prayers in addition to customary practices for protection and wellbeing. Participant 5 (Age 26) gave the following example: "We ask the pastor to bless them in addition to using traditional herbs for protection." It reassures us that our bodily and spiritual well-being are safeguarded. This integration emphasizes how cultural practices may be tailored to improve resilience.

Overall effect on well-being and mental health

The study's findings about religious coping strategies had a significant effect on the participants' mental health and general well-being. The activities promoted a feeling of community and optimism while easing tension and offering mental comfort. The stories shared by the participants demonstrated how these coping techniques assisted them in overcoming the fears and uncertainties posed by the epidemic.

Detailed Insights from Individual Participants

- **Participant 1 (Age 24):** Emphasized the importance of daily prayer routines in maintaining a sense of normalcy and control.
- **Participant 2 (Age 30):** Highlighted scripture reading as a nightly ritual that helped manage anxiety and provided comfort before sleep.
- **Participant 3 (Age 28):** Shared experiences of participating in virtual worship services, which helped maintain a connection with the church community.
- **Participant 4 (Age 32):** Spoke about the support received from church members, who regularly checked in on each other through phone calls and messages.
- **Participant 5 (Age 26):** Found solace in pastoral counselling sessions that offered personalized spiritual guidance and support.
- **Participant 6 (Age 29):** Integrated traditional practices with Christian rituals, using blessed herbs for protection and healing.
- **Participant 8 (Age 33):** Described how communal worship, even in small groups, provided a sense of belonging and reduced feelings of isolation.
- **Participant 10 (Age 31):** Relied on scripture reflections shared by the pastor through social media to stay spiritually uplifted.
- **Participant 15 (Age 29):** Participated in group prayers via WhatsApp, which provided a platform for shared prayer and support.
- **Participants 7, 9, 11, 12, 13, and 14** refused to be interviewed and did not provide the researcher with their ages.

The opinions expressed by all 15 participants highlight how important faith and religious activities are for handling mental health issues during the COVID-19 epidemic. Essential coping strategies included prayer, scripture reading, group worship, pastoral counselling, and combining Christian rituals and customs with traditional beliefs. The significance of integrating religious viewpoints into mental health care frameworks in rural African environments is underscored by these activities, which offered emotional stability, decreased stress, and promoted a feeling of hope and community.

Discussion

The results of this study show that during the COVID-19 epidemic, pregnant women in Mwenzi District were able to manage mental health issues in large part thanks to the use of



religious coping strategies. The present discourse aims to explicate the findings concerning extant literature, accentuate the interaction between customary beliefs and Christian practices, scrutinize the function of religious and community leaders, and deliberate on the consequences for mental health support systems within the setting of rural Africa.

Analysing Results Regarding Published Literature

The participants' heavy dependence on prayer and meditation is consistent with Koenig's (2012:73) study, which highlights the psychological advantages of prayer, such as less stress and improved emotional well-being. Testimonies from participants attest to the serenity and solace that prayer brings validating its status as an effective coping mechanism in times of crisis. The emphasis on reading and reflecting on scripture also aligns with the findings of Pargament et al. (2011:132), who discovered that scripture provides a feeling of purpose and hope, which is crucial for managing life's challenges. Particularly in light of pandemic constraints, the function of group prayer and support underscores the social aspect of religious coping. The significance of collective religious activities in Zimbabwean rural communities, where social ties are reinforced and mutual assistance is offered, is highlighted by Gunda (2010:56). The results of this research validate that community worship, whether it be in person or virtually, provides essential emotional and psychological support. Our neighbour, South Africa faced significant health and economic challenges during the pandemic, with communities in both urban and rural areas hit hard. The church became a key player in community response. Across the globe, community worship during COVID-19 served as a powerful tool for maintaining social cohesion, providing emotional and spiritual support, and assisting those in need.

Traditional Beliefs and Christian Practices about One Another

The study's main discovery is the way traditional beliefs and Christian practices are integrated, which shows a special syncretism that improves coping mechanisms. Zimbabwean communities frequently cohabit and benefit from the complementary nature of Christian activities and traditional beliefs, as highlighted by Moyo (2019:89). This interaction is best shown by the participants' usage of customary medicines that pastors have blessed, offering a twofold guarantee of spiritual and physical safety. The preservation of cultural legacy is essential for preserving community identity and resilience, and thus syncretism respects and maintains it in addition to enhancing coping strategies.

The Function of Religious and Community Leaders

Pastoral counselling has become a major support system, highlighting the importance of religious leaders in offering emotional and spiritual assistance. The significance of spiritual care in mitigating mental health issues within the epidemic is underscored by Chimbari (2021:102). The fact that the participants turn to their pastors for prayer and counselling demonstrates the respect and confidence that the religious leaders in Mwenezi District are given. Because of this trust, pastors are positioned as important players in the mental health support system who can help close the gap between spiritual care and mental health.

Consequences for Mental Health Support Systems

The results of this study have important ramifications for creating mental health support systems that are sensitive to cultural differences. In rural African communities, mental health therapies can be made more relevant and successful by including religious coping methods. This has produced positive results in church-related hospitals where Hospital chaplains and



nurses work hand in hand to ensure a comprehensive approach to mental health care, healthcare practitioners can collaborate more effectively with religious leaders if they are trained to comprehend and respect these traditions.

Furthermore, including religious rituals in mental health programs can give individuals in need a safe and reassuring framework, improving participation and results. It is important for future mental health therapies to acknowledge the importance of both traditional and Christian practices in building resilience, and to consider this. To enable pastoral counsellors to offer knowledgeable and helpful advice, policies should encourage their training in mental health concerns. Furthermore, creating community-based support groups that integrate mental health and religious resources can help pregnant women and other vulnerable groups feel supported.

To sum up, this research emphasizes how important religious coping strategies are for pregnant women in Mwenezi District who are dealing with mental health issues during the COVID-19 epidemic. These results highlight the necessity of culturally appropriate mental health therapies that incorporate traditional and religious practices to make sure that support networks are in line with the values and beliefs of the community. Mental health frameworks may address the needs of rural African communities more effectively by recognizing and adopting these coping mechanisms, which will help to maintain resilience and well-being during difficult times.

Recommendations

The study's conclusions allow for the improvement of mental health services for expectant mothers in Mwenezi District and other comparable rural African environments both during and after the COVID-19 epidemic.

1. Strengthen Pastoral Education on Mental Health Concerns

Pastors in particular are important religious leaders who may offer emotional and spiritual assistance. It is advised to put in place thorough training programs on mental health concerns for pastors. Basic mental health literacy, counselling methods, and how to recognize and refer people with serious mental health disorders to medical professionals should all be included in this training. With this information at their disposal, pastors can provide more effective assistance and help close the gap between mental health treatments provided by professionals and spiritual care.

2. Encourage cooperation between clerics and medical professionals

Collaboration between religious leaders and healthcare specialists is crucial to ensuring a comprehensive approach to mental health care. Mutual understanding and respect for one another's positions can be facilitated by the formation of formal partnerships and frequent communication channels. To encourage this kind of cooperation, joint workshops, seminars, and community health initiatives might be planned. One of the major challenge which must be dealt with is that of funding of all these programmes. There is need of roping in different Non-governmental Organisation who can support religious leaders and medical professionals. This combined strategy will contribute to the development of an all-encompassing support network that makes use of both spiritual and medical resources.

3. Create Support Groups Based in the Community

Establishing community-based support groups that integrate mental health and religion



resources can offer pregnant women a comfortable and encouraging setting. These organizations may hold regular gatherings where members may talk about their experiences, get support emotionally, and partake in religious activities like scripture reading and prayer. These sessions can be facilitated by qualified individuals, such as medical experts or religious authorities, to guarantee that spiritual and psychological requirements are met.

4. Include Theological Coping Strategies in Programmes for Mental Health

Theological coping strategies that are consistent with the values and customs of the community should be incorporated into mental health interventions in rural African settings. This integration might involve combining religious rituals, scripture reading, and prayer with mental health treatments. Programmes should be created with consideration for the integration of non-Christian beliefs with Christian practices, offering a comprehensive and culturally appropriate method of mental health assistance.

5. Make Virtual Worship and Counselling Services More Accessible

Expanding the availability of online worship and counselling services is essential, especially in light of the pandemic's prohibitions on in-person meetings. To support online services, churches and other religious institutions should invest in digital infrastructure and training. This will make it possible for expectant mothers and other community members to continue taking part in joint worship and pastoral counselling even in situations when face-to-face gatherings are not feasible. It's also critical to guarantee that people have access to the devices they need, including internet connectivity and cell phones.

6. Promote Mental Health Awareness Campaigns

Raising awareness about mental health issues and the importance of seeking help is essential to reduce stigma and encourage individuals to utilize available resources. Community-wide mental health awareness campaigns can be conducted through churches, local radio stations, and community meetings. In essence, the main assumption is that **churches, radio stations, and community meetings have the influence, reach, and engagement necessary to successfully carry out mental health awareness campaigns.** These campaigns should emphasize the compatibility of seeking professional mental health support with maintaining religious and traditional practices

7. Provide mental health training to assist traditional birth attendants

In rural places, traditional birth attendants (TBAs) are frequently the first people pregnant women come into contact with. Giving TBAs a foundational education in mental health can improve their capacity to assist expectant mothers. Recognizing the warning indications of mental distress, offering first aid, and, if required, directing women to the right medical facilities or pastoral counselling should all be covered in training.

8. Conduct Further Research

More study is required to determine the best ways to include religious coping strategies into more comprehensive mental health frameworks and investigate the long-term effects of these mechanisms on mental health outcomes. Studies must explore the experiences of diverse rural environments and other marginalized groups to guarantee that treatments are inclusive and flexible. These suggestions might greatly improve the mental health support provided to expectant mothers in Mwenezi District and comparable environments, guaranteeing an all-encompassing, culturally aware, and efficient method of mental health



treatment. The suggestion to conduct further research on integrating religious coping strategies into comprehensive mental health frameworks, particularly in marginalized or rural environments like Mwenezi District, is an important and timely call for advancing culturally sensitive mental health interventions.

Expanding on this, we can break down the research agenda into several key areas that would provide deeper insights into how religious coping can be integrated into holistic mental health frameworks, the specific challenges faced by rural and marginalized communities, and the long-term impact of these approaches on mental health outcomes, especially for vulnerable groups like expectant mothers.

Conclusion

In particular, among vulnerable groups like pregnant women, the COVID-19 epidemic has shown how vital it is to treat mental health issues. In Mwenezi District, Masvingo Province, Zimbabwe, pregnant women used religious coping strategies to get through this unusual catastrophe. This study investigated these coping mechanisms. The results showed that the key components of stress reduction and emotional and psychological support were prayer, scripture reading, group worship, pastoral counselling, and the blending of traditional beliefs with Christian practices. The study brought to light the significant influence of religious and theological practices on pregnant women's resilience and well-being. It emphasized how important it is to provide culturally competent mental health treatments that include these coping strategies. In rural Africa, where religion is strongly ingrained in daily life, the relevance and efficacy of mental health support systems can be increased by the incorporation of faith-based practices.

Several recommendations were made to expand on these findings, such as creating community-based support groups, encouraging collaboration between religious leaders and healthcare practitioners, improving pastoral training on mental health concerns, and supporting mental health awareness campaigns. By putting these suggestions into practice, it will be possible to establish a complete support network that makes use of both professional and spiritual resources, providing pregnant women and other vulnerable groups with all-encompassing care. By conducting research in these areas, we can build a stronger, more culturally sensitive mental health framework that recognizes and integrates the value of **religious coping** while addressing the **mental health needs of expectant mothers in Mwenezi District** and similar environments. This approach would not only increase the accessibility of mental health care in rural and marginalized communities but also ensure that these services are relevant, acceptable, and effective, ultimately contributing to better mental health outcomes for vulnerable populations.

To sum up, this research adds to the growing body of knowledge about the relationship between faith and mental health. It demands a paradigm change in mental health services that acknowledges and incorporates the distinct coping strategies derived from religious and cultural traditions. By doing this, we can create more adaptable and efficient methods to assist mental health both before and after crises, fostering resilience and overall well-being in a variety of populations.



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List of Participants with Ages

1. Participant 1 (Age 24)
2. Participant 2 (Age 30)
3. Participant 3 (Age 28)
4. Participant 4 (Age 32)
5. Participant 5 (Age 26)
6. Participant 6 (Age 29)
7. Participant 8 (Age 33)
8. Participant 10 (Age 31)
9. Participant 15 (Age 29)
- 10.

Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*



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