



Impact of COVID-19 on mental health: A Case of Indigenous Ndebele women within Gwanda District, Zimbabwe

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Abstract

The worldwide pandemic of coronavirus (COVID-19) that shook the world in disturbing ways has impacted on women more than men in a multifaceted manner. The worst being an increase of mental health cases among women. At the peak of the COVID-19 pandemic, governments across the world had to put their respective countries under lockdown measures. People were urged to stay at home, regularly wash their hands, and maintain social distance when out in public spaces. In Zimbabwe, the COVID-19 pandemic affected everyone, but more disproportionately women. Such women constituted a larger percentage of people who lived with and were affected by mental health challenges and disorders. The COVID-19 pandemic led to mental health problems due to disease experience, physical distancing, stigma, discrimination and job losses. Health care workers, patients suffering from COVID-19 related illnesses and those suffering from other chronic conditions, children, youths and women experienced post-traumatic disorders, anxiety, depression and insomnia. Hence, the main purpose of the study was to explore the impact of COVID-19 pandemic on the mental health of indigenous Ndebele women within the Gwanda district. The study employed a qualitative methodological approach and a descriptive case study design. It used purposive sampling to select fifty participants and in-depth interviews and focus group discussions as the research instruments. The findings revealed that indigenous Ndebele women within Gwanda district were dealing with great mental pressure, which caused an imbalance in their lives. It was also found out that the loss of control over the decisions and actions of women in African indigenous cultures due to patriarchal and cultural systems, impacted on their mental health. The conclusion was that COVID-19 heavily affected Ndebele women's mental health in Gwanda district. Given this scenario, it is necessary that sustainable intervention mechanisms are put in place to deal with mental health cases in general and help women with mental health challenges in particular during and after pandemics. The recommendations were



that various advocacy strategies be used by the government especially local governments, since it is essential to include African indigenous women in recovery initiatives and ensure that critical resources are availed. The article fits into the theme of Women, COVID -19 and Mental Health in Africa: An African Interventionist Perspective. Since the outbreak of the COVID-19 on indigenous Ndebele women in Gwanda district mental health problems intensified. The types of mental health problems and strategies suggested assist various policy makers with ways of overcoming mental health problems.

Keywords: COVID-19, Gwanda District, Ndebele Indigenous culture, mental health.

Introduction

The coronavirus (COVID-19) pandemic, caused by SARS-CoV-2 virus, has had unprecedented impacts on health systems, public health, societies and individuals globally (Bayham & Fenichel, 2020). In response to the outbreak, physical distancing, national lockdowns and travel restrictions were implemented in many countries to control the spread of COVID-19 (Chu, Aki, Dude, Solo, Yaacooub & Schunemann, 2020). The pandemic that shook the world in disturbing ways has impacted on women more than men in a multifaceted manner. In Zimbabwe, the COVID-19 pandemic affected everyone, but more disproportionately women. Such women constituted a larger percentage of people who lived with and were affected by mental health challenges and disorders. The COVID-19 pandemic led to mental health problems due to disease experience, physical distancing, stigma, discrimination and job losses in many of the settings hard hit by the pandemic. Hence, the research was guided by the following research questions: How did the COVID-19 pandemic impact on the indigenous Ndebele women in Gwanda district? What strategies can be used to overcome mental health problems, especially in the era of pandemics such as COVID-19?

Conceptual clarification of mental health, mental illness and pandemics

Plato, in his *Cratylus*, said, "To teach a thing rightly, it is necessary to define its name", (Mgojo, 1977:35). As such we feel obliged to define mental health, mental illness and pandemic. The World Health Organization (WHO) defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (WHO, 2010). It is also an integral and essential part of overall health, which can be defined in at least three ways- as the absence of disease, as the state of an organism which allows the full performance of all its functions or as a state of balance within oneself and between oneself and one's physical and social environment (Sartorius, 2002). In this purview, mental health is a socially constructed and defined concept, implying that different societies, groups, cultures, institutions and professions have diverse ways of conceptualizing its nature and causes, determining what is mentally healthy and unhealthy, and deciding what interventions, if any are appropriate (Amuyunzu-Nyamang, 2013). The state of mental health implies that the individual could form and maintain affectionate relationships with others, to participate in the social roles usually played in their culture and to manage change, recognize, acknowledge and communicate positive actions and thoughts as well as to manage emotions such as sadness (Bhugra, Till & Sartorius, 2013). In fact, mental health gives the feeling of worth, control and understanding of internal and external functioning. Adams (1995) points out that mental health also involves feeling positive about oneself and others, feeling glad and joyful and loving. On the other hand, mental illness refers to all the diagnosable mental disorders, which are characterized by abnormalities in thinking, feelings or behaviours



(MedicineNet, 2011). In this case, mental illness is closely related to vulnerability both in its causes and in effects. It is important to note that mental health, like mental illness is also affected by biological, social, psychological and environmental factors. Hawker (2005) and Crowther (1998) define, “pandemic as a serious infectious disease that spreads rapidly between people and occurs at the same time not only in one country but around the world” (Sulkowski & Ignatowski, 2020:1).

Background of COVID-19 pandemic

This segment explores the background of the (COVID- 19) in the world in general as well as Zimbabwe in particular. Manungo and Rukuni (2021) posit that the period between February and November 2020 witnessed several confirmed COVID-19 cases as well as the death toll that spiked and spiraled out of control, especially in Europe and North America, whilst South Africa had the highest toll of confirmed cases in Africa. The world is continuously threatened with the pandemic which has affected about 205 million people with 4, 34 million deaths globally according to the 12 August 2021 WHO statistics. Manungo and Rukuni (2021) are of the opinion that the physical impact of the pandemic ran parallel to the fear and panic experienced across the globe, and this stirred unforgettable experiences. Gostin (2020) postulates that the spread of infectious diseases knows no boundaries and has been part of globalization for a while, cutting across borders, regions, and continents.

The first case in Africa was confirmed in Egypt on 14 February 2020. A senior African correspondent, Anne (October 2020), and John Wilkins University say COVID-19 fatality figures in Africa have been less than elsewhere. The pandemic has disrupted life with a huge impact on the economic and educational areas particularly in African rural areas. This has compromised the SDGs particularly goal number 3 to do with issues of good health and human well-being in Africa, which goes hand in glove with goal number 1 on eradicating poverty and SDG 4 which focuses on quality education. The vision of Agenda 2030 has been compromised, and the mutation of COVID-19 has worsened the situation. Vaccines have been rolled out to curb the pandemic. However, there are conspiracy theories concerning them resulting in hesitancy among many Africans. With a specific focus on Zimbabwe, Dzinamarira, Mukwenha, Eightessadi, Cuadros, Mhlanga and Masuka (2020) postulate that there has been an uneven spread of the virus in Zimbabwe and Harare, Bulawayo, and Matabeleland South provinces were at one time the COVID-19 pandemic hotspots in the country.

Women and mental health.

The World Health Organization (2015) recorded that 350 million people suffer from depression across the globe. Yet, the rates of depression across the African continent stood higher than those found in other parts of the world. The situation has worsened with the advent of the COVID-19 pandemic. According to the National Institute of Health (2022), data suggest that people are more likely to develop mental illnesses or disorders in the months following infection, including symptoms of post-traumatic stress disorder (PTSD). The high levels of psychological disorders in women can be attributed to the fact that women are more vulnerable to the effects of traumatic events as well as from stress from multiple roles they hold domestically and professionally. Many people with the long COVID-19 strain experience symptoms related to brain function and mental health. As noted by Ferrari, Charleson; Norman, Patten, Freedman, Murray, Vos, Whiteford, Harris, et al (2010) depression in Africa afflicts women at twice the rate of men and is the number one cause of disability for African women of reproductive age. Unfortunately for women affected with mental health, mental health support is unaffordable and out of reach (Torre, 2022). Hence,



it is a great challenge to prevent mental illnesses or disorders. The necessity to improve mental health care for those in need is drastically high without much resolve (Cassatta, 2021).

The COVID-19 pandemic has significantly affected the mental health of women in Zimbabwe. Dependence on drugs, alcohol and prescription medicine has been witnessed on some women since the dawn of the COVID-19 pandemic. Anxiety, depression, and withdrawal syndromes have also become the order of the day among women. Unfortunately, with all these impacts that COVID-19 has had on women, not many studies, researches and strategies to understand mental health issues have been conducted in Zimbabwe. Let alone many women do not have access to mental health institutions for either diagnoses or treatments. Torre (2022) posits that in Zimbabwe, just three public hospitals have the infrastructure for mental health support, serving a population of nearly 15 million, while it is typical for counselling sessions to cost around \$60. In addition to this, Kidia, Machando, Mangezi, Hendler, Crooks, Abas, Chibanda, Thornicroft, Semurau and Jack (2017) point out that there are only two psychiatric hospitals, two psychiatric inpatient units, and seven outpatient mental health facilities functioning in all of Zimbabwe. Most are in the public sector. Some facilities have been closed or are low-functioning due to inadequate resources for maintenance and repair. This poses a huge challenge for women needing mental health care in Zimbabwe.

The World Health Organization further noted that legislation concerning women's health has not also helped women. The WHO (2020) states that legislation that supports mental health needs revising, as it has not been revised since 1999. There is a shortage of human resources for mental health in Zimbabwe. This is as a result, in part, of the brain drain of locally trained professionals due to economic instability. This was further exacerbated by the COVID-19 pandemic. Hence, the main purpose of the study was to explore the impact of the COVID-19 pandemic on the mental health of indigenous Ndebele women within the Gwanda district and come up with strategies to overcome the mental health problems in the era of COVID-19 pandemic.

Research Methodology

A qualitative research approach was adopted to explore the impact of the COVID-19 pandemic on the mental health of Ndebele indigenous women within the Gwanda district. Kumar (2011) cited by Mwita (2022) notes that qualitative research aims at understanding, explaining, exploring, discovering and clarifying situations, feelings, perception, attitudes, values, beliefs and experiences of a particular group of people. Therefore, the qualitative research approach provides abundant data about real life people and situations (De Vaus, 2014; Leedy & Omrod, 2014).

Secondly, in this research approach, theory emerges from data. Different authors use different words or phrases such as investigate, do it-yourself and bottom up to explain the originality and independent nature of the qualitative research approach (Maxwell, 2013; Shank & Brown 2007; Johnson & Christensen, 2012). The emergence of theory from data always allows the researcher to construct and reconstruct theories where necessary based on the data he or she generates, instead of testing data generated elsewhere by other researchers (Daniel, 2016).

Purposive sampling was used to select fifty participants. Purposive sampling refers to a group of non-probability sampling techniques in which units are elected because they have characteristics that the researcher needs in his/her sample (Nikolopoulou, 2022; Crossman, 2020). Although it is not possible to make statistical inferences from the sample to the population, the purposive sampling techniques can provide researchers with data to make other types of generalizations from the sample being studied. However, as with other non-probability sampling techniques purposive sampling was prone to research bias.



The research used qualitative data collection instruments namely, five in-depth interviews and nine focus group discussions. These tools gave full description of the research with respect to the participants involved (Daniel, 2016). Boyce & Neale (2006) note that in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation. In this case, in-depth interviews were used to collect data from five participants because they provided much more detailed information than what is available through other data collection methods such as surveys (Boyce & Neale, 2006). They also provided a more relaxed atmosphere in which to collect information from the Ndebele indigenous women. However, the in-depth interviews have some limitations, for example, they are prone to bias, can be time-intensive, not generalizable and the interviewer must be appropriately trained in interviewing techniques (Boyce & Neale, 2006; Rutzynska-Jamroz, 2022; Joseph, 2017).

As mentioned in the foregoing paragraph, nine focus group discussions were used to collect data from forty-five participants of the indigenous Ndebele women. These focus group discussions were composed of working women and those not working based at home. Those women were aged eighteen years and above. They were chosen because they constituted a larger percentage of people who lived with and were affected by mental health challenges and disorders caused by the COVID-19 pandemic. Focus groups provided a qualitative method of data collection (Miller, 2020). They also provided a diverse set of responses based on interviewee profiles and it was a cost-effective way of getting information (Miller, 2020; Writing, 2019). They even provided time saving opportunities, provided anonymity for many participants' information as well as yielding a richer amount of data (Miller, 2020).

Above all, the results obtained from the focus group application were particularly effective in supplying information about how people think, feel or act regarding the topic researched on (Freitas, Oliveira, Jenkins & Popjoy 1998). Although they had advantages as indicated above, they had some limitations. One of the disadvantages was that some members in the focus group discussion could not express their honest and personal opinions about the topic at hand (Writing, 2019). Some individuals in focus group discussions had less speaking time than in interviews and it was challenging to prevent bias from the moderator (Miller, 2020).

Ethical considerations

Several ethical considerations were considered when conducting the research on the impact of COVID-19 on the mental health of indigenous Ndebele women in Gwanda district. Ethical considerations are a set of principles that guide one's research design and practices (Bhandari, 2021). First, informed consent was considered in this research study. According to Nnebue (2010), informed consent refers to a situation in which all potential participants receive and understand all the information they need to decide whether they want to participate. The researchers provided the participants with the consent forms and explained the main components of the research on the impact of the COVID-19 pandemic on the mental health of indigenous Ndebele women in Gwanda district. The researchers also explained to the participants that their participation was voluntary and that the participants were free to withdraw when they wanted to, and their decision was respected. Those who agreed were requested to sign the consent form.

Second, confidentiality and privacy were also considered (Bos, 2020; Bhandari, 2021). The researchers ensured that the information supplied by the participants was kept private to protect them from any harm. The researchers used pseudonyms in place of the participants' real names to protect their privacy. They also stored all signed consent forms in a locked drawer.



Third, freedom from harm was another ethical consideration considered. Berbe, (2004) asserts that, the concept of risk includes discomfort, burden or inconvenience a subject may experience because of research procedure. The researchers informed the participants about the research's sensitive nature and reassured them that their replies will be kept private because some of these questions could evoke unpleasant feelings.

Theoretical Framework

This research study on the impact of the COVID-19 pandemic on the mental health of indigenous Ndebele women in Gwanda district was guided by the Transition Theory. According to the Transition Theory, a transition is an event or a series of events that causes fundamental changes in the "fabric of daily life", that is what people do, where they do it and with whom (Heanoy, Uzer & Brown, 2022). The theory notes that during the regular periods when life is relatively stable, people spend most of their time engaging in mundane activities like commuting and socializing. During a transition, this stability is interrupted. As a result, the family elements like people, location, and objects of people's lives are removed, partially or fully. At the same time, people are introduced to a new set of life elements, marking the beginning of a new period in their lives and the end of the old one. Over time and with repeated exposure, some of these new elements might become familiar and eventually come to represent life, hence defining the post –transitional period.

The COVID-19 pandemic as an event of transition

Taking the Transitional theory into consideration, the researchers noted that the COVID-19 pandemic caused a substantial change on the indigenous Ndebele women's personal, social and economic life as they have been facing isolation, concern about being infected, life activities and work-related disruption. More so, some of the changes during the early days of the pandemic entailed the move of learning and office work online, cancellation of recreational activities and social gatherings and people were made to stay indoors. All this negatively impacted on the mental health of the indigenous Ndebele women in Gwanda District.

Discussion of findings

The COVID-19 pandemic led to mental health problems among the indigenous Ndebele women due to disease experience, physical distancing, stigma, discrimination and job losses in many of the settings hard hit by the pandemic. Furthermore, the disproportionately mental health problems would affect women who had direct interactions with those affected and infected with COVID-19. The stress of taking care of the affected was more overwhelming for women than their male counterparts in Gwanda district.

Spike in mental health cases

First, the in-depth and focus group discussion responses on the impact of the COVID-19 pandemic on the mental health of the indigenous Ndebele women showed that the COVID -19 pandemic caused a spike in mental health cases among the indigenous Ndebele women than men in Gwanda district. This was caused by the patriarchal nature of the indigenous Ndebele people which expects indigenous African women to take care of their husbands if they are sick, whilst men are expected to marry another wife if the woman develops a mental health condition. This is the idea which was posited by Interviewee A, (Interviewed 1 February 2023).



Women undergoing more anxiety and depression than men

In addition to that, the responses revealed that the COVID-19 pandemic resulted in some indigenous Ndebele women experiencing more symptoms of anxiety and depression compared to men. Why? This was caused by the fact that due to the COVID-19 pandemic; most school aged children and teens were at home attending school online or being instructed by mothers, hence the need for childcare during the pandemic had increased on indigenous Ndebele women. To make matters worse, some of the learners who were attending online lessons had Continuous Assessment Learning Activities (CALAs) to be done at home. Some of these learning activities were well above the cognitive development of the learners as propounded by psychologists like Jean Piaget. As such, the indigenous Ndebele women's mental health was greatly affected as they were trying their best to help their children at home, yet they did not have the necessary learning and teaching competencies and methodologies. Compounded with the above, the closure of schools during the peak of the COVID-19 pandemic caused stress among the indigenous Ndebele women since some of their children became rowdy and uncontrollable. The mothers were even blamed for their children's bad behavior. All this exacerbated the mental health of Ndebele indigenous women. Such ideas were echoed by Interviewee B, (Interviewed 3 February 2023).

Stressed men becoming a source of stress for indigenous women.

Furthermore, stressed men in Gwanda district became a source of stress for indigenous Ndebele women. These men had become stressed due to COVID-19 lockdowns which restricted them to their homes. When some of these men defied COVID-19 pandemic regulations by going out of the homes, some indigenous Ndebele women became greatly stressed and depressed since they thought that those men were now bringing the COVID-19 virus in the homes. For instance, Interviewee B, (interviewed 3 February 2023) pointed out that numerous indigenous Ndebele women were stressed by their husbands who were now restricted to their homes due to COVID-19 lockdowns.

Job losses and decreased income.

Along with that, the responses also showed that due to the COVID-19 pandemic, several workers which included some of the Ndebele women experienced job losses and decreased income, putting many of them at risk of poverty. Some of the indigenous Ndebele women considered leaving their jobs or reducing their working hours because of childcare and an increase in household responsibilities. This is in line with what was noted by Cassata (2021) who said that according to the US Bureau of Labor statistics, 2.5 million women left the job market since the commencement of the pandemic compared to 1.8 million men as they were taking more responsibilities of home schooling and everyday parenting. What even worsened the situation in Gwanda district was that there were some unscrupulous men who were responsible for distributing food aid, who would seek sexual favors from women, in exchange of the much-needed food aid. This has led to burnout, stress and anxiety among many women leading to depression. For instance, Interviewee F (Interviewed 7 March 2023) posited,

Ukukhathazeka okukhulu kwabanye abesifazana kwelamaNdebele esiqintini seGwanda kwabangelwa yikhulahlekelwa kwemisebenzi laphe ababehatshwe khona. Ngalesosizatho kwabangela ukuba leholo lingasatholakali emakhaya. Kwasokusenza ukudla, izembatho lezinye zingasatholakali.



In this case Interviewee F meant to say,

Enormous stress on some indigenous Ndebele women in Gwanda district was brought on by the loss of jobs, and consequently income, resulting in the inability to provide food, clothes and utilities.

Skyrocketing of domestic violence.

Together with that, the responses showed that the lockdown associated with the COVID-19 pandemic prompted individuals to stay indoors more often. As a result of that, domestic violence skyrocketed in Gwanda district among the indigenous Ndebele women. The European Institute for Gender Equality (2021) posits that domestic violence known as domestic abuse is any act of physical, sexual, psychological or economic violence that happens within the family or domestic unit, irrespective of biological or legal family ties, or between former or current spouses or partners, whether the perpetrator shares or has shared the same residence as the victim (Council of Europe, 2011; Zamba, Mousolidou & Christodoulou, 2023). In this case the domestic violence on indigenous Ndebele women was perpetrated by husbands who were now full timers at home. This was even exacerbated by the patriarchal and cultural systems found within the indigenous Ndebele women society which emphasize that women should be submissive to their husbands. For instance, according to Interviewee A, (Interviewed 1 February 2023):

The COVID-19 pandemic has greatly affected the indigenous Ndebele women's mental health a lot especially in line with the patriarchal system entrenched in African indigenous cultures. Many of the indigenous Ndebele women have stress, fatigue, anxiety and depression since they have been forced to stay at home. Due to quarantine, they no longer interact with each other.

Further deterioration of pre-existing mental health condition.

More so, the responses also showed that the limited social life and isolation resulted in further deterioration of pre-existing mental health condition of the indigenous Ndebele women. For instance, Interviewee B, (interviewed 3 February 2023) said,

The COVID -19 has greatly affected me. I am getting depressed daily, and I know these are symptoms of depression. Due to that, I go to the gym room more and more because my anxiety and depression is continuously worsening.

Furthermore, the researchers noted that the COVID-19 pandemic increased the indigenous Ndebele women's stress levels both directly and indirectly. Some of these women were frontline workers in dealing with the sick as they were the primary care givers. For instance, Interviewee E (Interviewed on 5 March 2023) stated,

Abemuli yami abanengi babe lezifo zempilakhahle ezifihlakeliyo emizimbeni yavo. Kwakuyingozi kimi ukuba ngibe seduze kwabo. Ngalokho, ngakhetha ukuba ngibe ngedwa ukuze ngingahlanganyeli labo. Lesi kwakuyisimo esingalungelanga impilakahle yengqondo yami.



In this case Interviewee E meant to say,

Most of my family members had underlying health conditions. It was dangerous for me to be around them. As such, I had to isolate myself from them, which was not really the best for my mental health.

Thus, stress levels of some of the indigenous Ndebele women who were frontline workers increased drastically since they always feared contracting the coronavirus disease.

To make matters worse, most indigenous Ndebele women's mental health was affected since they could not access medical treatment like family planning tablets and Anti-Retroviral (ARVs) tablets easily. That resulted in some women having unwanted pregnancies whilst others ended up defaulting from taking ARVs tablets. Therefore, limited social life and isolation resulted in further deterioration of pre-existing mental health condition of the indigenous Ndebele women

An opportunity to spend more time with family members.

Above all, on a positive note, due to COVID -19, some indigenous Ndebele women saw it as an opportunity to spend more time with family members and it also provided more free time to engage in things outside that they would not have done otherwise. For instance, Interviewee D (Interviewed 7 March 2023) said:

Due to COVID-19 which restricted all people to stay indoors, I have been able to be with my husband, children, friends and relatives since we were not allowed to loiter around except when looking for essential services.

The above response concurs with what was noted by Mahlangu, Gibbs, Shai, Machisa, Nunze and Sikweyiya (2022) who pointed out that spending time at home during the COVID-19 pandemic lockdown strengthened bonds between parents and children and between spouses in the early days of the lockdown, particularly in families where spouses usually spent most of their time at work. Hence, COVID-19 pandemic created an opportunity for indigenous Ndebele women to spend more time with family members.

Strategies for mitigating the impact of the COVID- 19 pandemic on indigenous women's mental health.

Almeida, Shrestha, Stojanac and Miller (2020) posit that the worldwide outbreak of COVID-19 has changed the *modus operandi* of all segments of society. This is on the backdrop that women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are at high risk for developing mental health problems during the pandemic. Thus, there is a need to come up with strategies to mitigate the impact of the COVID- 19 pandemic on indigenous women's mental health as highlighted in the second research question.

First, a deliberate and action-based outreach for girls and women must be rolled out targeting the needy and the challenged. More so, there must be an enhancement of social support that could lead to prevention, early detection, and prompt treatment of both COVID-19 related diseases and



any forms of mental health illnesses. When social support is properly executed, it leads to a successful mitigation of mental health challenges among indigenous Ndebele women.

One other strategy which can be employed to alleviate the impact of the COVID-19 pandemic on the mental health of indigenous Ndebele women is the application of responsible governance and indigenous community knowledge. For instance, ritual celebrations. According to IIWF (2020), various people have celebrated healing rituals and practices led by indigenous women and some women stated that they have been combating the pandemic-related stressors through prayers, cultural beliefs and fellowship time in the community. In the same vein, IIWF (2020) further stated that some women revealed that spiritual counselling has also allowed them to express their problems, restore their physical-mental balance and deal with impacts resulting from the crisis brought about by the COVID-19 pandemic.

There is a need to re-educate society on gender roles and a rethinking of traditional gender roles. Although it may be difficult for die hard men, at the end of the day there will be some improvement on gender inequalities. In this case, there should be a sharing of domestic responsibilities like child caring. In fact, the number one enemy in the preservation of mental health is patriarchy. The indigenous African society is very patriarchal. Hence, there is need for engendering transformative masculinities. The government and other organizations could also use a gendered approach and tap cultural attributes and resources when responding to crisis.

Above all, various advocacy strategies should be used by the government, especially local governments, since it is essential to include women in recovery initiatives and ensure that critical resources are availed. Moreover, social media can also be used positively to provide psychosocial support. It is necessary that sustainable intervention mechanisms are then put in place to deal with mental health cases in general and to help women with mental health challenges in particular during and after pandemics.

Conclusion

The worldwide pandemic of COVID-19 that shook the world in disturbing ways has impacted on women in indigenous Ndebele communities more than men in a multifaceted manner. This article has explored the impact of the COVID-19 pandemic on the mental health of indigenous Ndebele women within the Gwanda district and offered strategies to manage the mental health issues. The COVID-19 pandemic led to mental health problems due to disease experience, physical distancing, stigma, discrimination and job losses in many of the settings hard hit by the pandemic. More so, some indigenous Ndebele women saw it as an opportunity to spend more time with their spouses and members of the family. It was recommended that the application of responsible governance can be made use of. A deliberate and action-based outreach for girls and women must be rolled out targeting the needy and the challenged. In line with the Transition theory, the impact of the COVID-19 pandemic among the indigenous Ndebele women's mental health can be regarded as an event of transition.

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Interviewee A, Interviewed 1 February 2023

Interviewee B, interviewed 3 February 2023

Interviewee D Interviewed 7 March 2023

Interviewee E interviewed 5 March 2023

Interviewee F interviewed 7 March 2023

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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