



# The agency of the elderly women in indigenous responses to COVID-19-related mental health challenges among the Ndau of south-eastern Zimbabwe

Macloud Sipeyiye

Academic Associate/Research Fellow: Research  
Institute for Theology and Religion (RITR), College of Human Sciences  
University of South Africa (UNISA) & Senior Lecturer: Midlands State University (MSU)  
Zimbabwe, Zvishavane Campus, Faculty of Arts & Humanities, Department of  
Religious Studies & Ethics  
[macloudsipeyiye5@gmail.com](mailto:macloudsipeyiye5@gmail.com)/[sipeyiyem@staff.msu.ac.zw](mailto:sipeyiyem@staff.msu.ac.zw)  
<https://orcid.org/0000-0002-8748-6570>

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## Abstract

Pandemic-related stressors are many and they are known to cause mental health challenges to people. Research has shown that women are disproportionately affected by the effects of pandemics on mental health than their male counterparts (Manyonganise, 2022). It has also shown that the elderly people are at risk of the pandemic-related mental health challenges because of their advanced age that undermines their resilience. There is not much literature on how the elderly women in some cultural contexts form a formidable resource in mobilizing emotional and practical resilience in times of pandemics. The available literature has not emphasized the fact that every society has its own conceptualization of pandemics and unique strategies of mobilizing resilience. This study, therefore, explores the agency of the elderly women in indigenous response initiatives to COVID-19-related impacts on mental health using the case of the Ndau people of south-eastern Zimbabwe. The study argues that 'elderly people' are not a homogeneous group. They are found in diverse cultural contexts that have a bearing on their response to pandemics. Therefore, there is need for sensitivity to religio-cultural contexts when dealing with the impacts of pandemics on communities' mental health. The conceptualization, and strategies employed to mitigate the effects of pandemics on mental health are context specific. The African ecofeminist theory informs this empirical qualitative phenomenological study that takes an ethnographic research design. In-depth interviews were used to gather data. The Ndau people were chosen on the bases of the researcher's cultural familiarity and, the non-homogenous character of the religio-cultures of African communities. The study makes a unique contribution to scholarship as it seeks to emphasize on the agency of the elderly women in building local communities' resilience to pandemic-related mental health challenges, with less emphasis on the common narrative of their victimhood.

**Keywords:** African ecofeminist theory, African indigenous religio-cultures, Elderly women, Mental Health, Ndau people, Pandemics,

## Introduction

Pandemics are as old as humanity in society world-over. Pandemic-related stressors are many and they are known to cause mild to serious mental health challenges to people. Researchers worldwide have shown that women are disproportionately affected by the effects of pandemics on mental health than their male counterparts (Almeida. et al., 2020).



They have also shown that the elderly people are one of the population groups that are at risk of the pandemic-related mental health challenges because of their advanced age that undermines their resilience (Juscko.et. al., 2022). There is not much literature on how the elderly section of the society, and elderly women in particular, in some cultural contexts, forms a formidable and indispensable resource in mobilizing emotional and practical resilience in times of pandemics. The elderly women as a category, are at worst vulnerable to the disease, and at best, they are the hub of communities' health services (Sipeyiye, 2022). Every society has its own conceptualization of pandemics and unique strategies of mobilizing resilience. The study explores the agency of the elderly women in indigenous response initiatives to COVID-19-related impacts on mental health using the case of the Ndau people of south-eastern Zimbabwe. The study argues that 'elderly people' are not a homogeneous group. They are a category that evinces strong uniqueness that is determined by diverse cultural contexts. These cultural contexts have a bearing on either their resilience or susceptibility to pandemics. The study calls for sensitivity to religio-cultural contexts when dealing with the impacts of pandemics on communities' mental health. This is so because the local communities' conceptualization of, and mitigatory strategies for the containment of pandemic-related threats to mental health are informed by the social and religio-cultural values of the individual societies. The study answers the following questions: [W]hat is the Ndau elderly women's conceptualization of mental health? What are the pre-COVID-19 experiences of elderly women with serious and mild mental health issues in the Ndau life-world? What are the elderly women's initiatives in the efforts to contain mental health risks in the context of the COVID-19 pandemic? What is the meaning created by the Ndau people about the prominence of the female gender in the management of mental health challenges from their lived experiences?

### **Theoretical Framework**

The study is underpinned by the African ecofeminist theory. The theory is part of the broader ecofeminist view that is concerned with understanding environmental justice. African ecofeminist perspective is grounded on the African context (Chemhuru, 2019). I employed the theory to make meaning of how elderly women's experiences with mental health issues in their space reflects the intersection of the environment, gender and mental health. The theory emphasizes the role of women in environmental protection that has a bearing on the quality of the community's health services. Brizioli (2021) notes that ecofeminism's core aspect is centered on the connection of women and nature through the feminist principle which implies an inner and biological linkage between Mother Earth and women. The main assumptions of ecofeminism are the central role of women as mothers or nurturers of life and their natural vocation to respect, protect and take care of environment without claiming exclusive rights or imposing enclosures so that women do not consider themselves as owners of the earth but they cooperate with biological resources to let grow and make grow. The elderly women are influential religio-cultural and spiritual leaders in most African societies in general and Ndau in particular. Suffice to note that health matters are a religio-cultural and spiritual issue that falls within the domain of the elderly women (Mapuranga, 2010).

In the Western context, the term 'elderly' is ageist. Like racism and sexism, ageism is conceived as prejudicial and, therefore, shapes perceptions that tend to diminish older adults (Avers & Brown, 2011). The United Nations Committee on Economic Social and Cultural Rights of Older Persons (1995) rejected the term 'elderly' in favour of the term 'older adults' that is considered to be respectful. Terms and meanings attached to them differ from one cultural context to another. Among the Ndau, ageing does not carry any negative stereotype.



In fact, it is celebrated as a gift from the ancestors. It is sacred and, therefore, the bearers carry it with pride and dignity (Sithole & Sipeyiye, 2022). The US Medicare Strategy for Quality Assurance volume 1 (1990) defines the elderly as persons aged 65 years and older while the Ministry of Health and Childcare Zimbabwe defines the same as persons who are 60 years and above (MoHCC, 2020). In this article, 'senior women' refers to the 45-64 age group while the 'elderly women' refers to old women who are 65 years and above.

## Methodology

The article is the outcome of a larger research project on the Ndaus' interaction with the novel coronavirus (COVID-19) that I embarked on in 2020 following the emergence of the pandemic. The larger research project aims to explore the impacts of the COVID-19 on the Ndaus' various levels of life and health. This article is the third envisaged publication from this larger project. That being the case, the methodology that the larger project employed is the same across the published and envisaged publications. The study is both a theoretical and an empirical qualitative phenomenological study that takes a theological ethnographic research design. The study settles on this choice of design because it sought to access the meaning that the Ndaus of south-eastern Zimbabwe make about how the elderly women's experiences with pandemic-related mental health issues in their space reflect the intersection of the environment, gender and health.

The study employed face-to-face in-depth interviews with purposively sampled co-researchers. The sample had 15 key interview informants (KIIs) comprising 7 elderly women, 5 senior women and 3 elderly men. The focus of the article is on elderly women, however there was need to get the views of the elderly men and senior women since they had important information about the elderly women's discharge of social services to their community. The sample comprised co-researchers known by virtue of their age, gender and status in the Ndaus society to be involved in specific experiences related to the community's indigenous health delivery system. I purposively sampled the religio-culture of the Ndaus people of south-eastern Zimbabwe for the reason that specificity on context is imperative for African religio-cultures are non-homogenous. Gwenzi Chiefdom was sampled on the basis of the researcher's knowledge of the community that would produce the best information to address the purpose of the research. Data were collected in Ndaus and transcribed to English and analysed through thematic coding. I embraced the reflexive phenomenology of religion to balance between the need to guard against biases (*epoche*) and the commitment to critical empathy given that the believers' conscious view may also be disastrously lost (Taringa, 2013; Sharpe, 1986).

The important ethical norms in qualitative research that include co-researcher consent, confidentiality, privacy and anonymity were observed (Merriam & Tisdell, 2016). I also explained the reason for the inclusion of the co-researchers in the sample, and emphasized on the voluntary basis of their participation. I used alphanumerical codes instead of the actual names of the co-researchers to maintain their anonymity and confidentiality. For example, the code such as EW3, SW2 and EM1 for elderly woman 3, senior woman 2 and elderly men 1 were used respectively. I also consulted literature on Ndaus indigenous religio-culture and health with a bias on mental health issues.

## Ndaus people

The Ndaus people live in the south-eastern parts of Zimbabwe, specifically Chimanimani and Chipinge districts of Manicaland Province, sprawling into the central and eastern parts of Mozambique. The district of Chimanimani has five chiefdoms namely Chikukwa, Ndima, Mutambara, Muusha, and Ngorima, while Chipinge is home to seven chiefdoms that include



Garahwa, Gwenzi, Mpungu, Mahenye, Mapungwana, Musikavanhu, and Mutema (Sithole, 2018). Most of the Ndaou chiefs' jurisdictions stride the international border with Mozambique, for example, the first five and six Chimanimani and Chipinge chiefs above respectively. Herbst (1989) cited by Konyana (2018) posits that eastern Zimbabwe and south-western Mozambique were part of the precolonial Zimbabwe Plateau that was occupied by the Shona people of diverse ethnic languages including Ndaou prior to the colonial partition of Africa. Beach (1980, p.34) avers that the Ndaou are connected through strong bonds of intermarriages, the distinct Ndaou language and the shared cultural beliefs and practices. They have, for many years, remained undisturbed by the border and have maintained close links and unity in all spheres of social, economic and political lives to give a picture of a single large community that extends from one country to another across the international boundary (Patricio, 2011). The Ndaou from either side of the border criss-cross the border to visit their family, to consult healers and traditional authorities and to take part in ceremonies (Patricio, 2011). The name 'Ndaou' means not just a place, but a sacred geographical territory entwined with the Ndaou people's sacred history. In Ndaou indigenous spirituality, the land symbolises belonging, connectedness and continuity. It offers them an identity a livelihood and it is sacred because it forms a close enduring bond between the living and the dead. The Ndaou believe that they have a sacred duty to protect and work responsibly on the land so as bequeath it to future generations in good shape. The land among the Ndaou is the domain of women where they lead as farmers and caretakers of the natural resources (Sipeyiye & Dube, 2023).

## Findings

### *Conceptualization of mental health*

All the 15 co-researchers interviewed shared their conceptions of mental health within their Ndaou religio-cultural context. In their responses, the 7 elderly women explained challenges that affect mental health that they categorized into three groups which I shall present below. The 5 senior women concurred with the responses of the elderly women, and went on to explain some pertinent issues that might not have been considered as threats to mental health in the life-world of the Ndaou in the yesteryears where the elderly women largely belong. This second group had the same conception of mental health as their definition was the same with that of the elderly women. They identified four categories of challenges that affect mental health. The 3 senior men shared the views almost similar to those of the two women groups, and also brought in interesting insights from the male gender's perspective.

EW1 explained what she understood by mental health. She said that:

The brain/mind is an organ of the body that is responsible for ensuring a stable and coordinated health of a person. If by any chance the brain is disturbed, everything goes bad as they would have plunged into darkness. The person, becomes confused to the extent that the observer may not easily distinguish the actions of the concerned figure from those of a toddler. So, the stability of the brain is what we refer to as having a sober and fulfilling mental health.

What can be deduced from the co-researcher's explanation is that the mental faculties give balance to the whole being. In the absence of healthy brains, the person loses balance and coordination in their body and way of doing things; and confusion reigns supreme.

EW2, in echoing the informant, explained that:



The brain is the sum-total of being human. If anything, untoward happens to it and disturbs it, the resultant actions lack sense. The value of being human vanishes; everything that is culturally sanctioned as bad and senseless becomes possibilities.

The elderly women identified mainly two categories of challenges that affect or are responsible for poor mental health. EW5 had this to say:

Serious mental challenges come in a number of categories. In the olden days, the first category comprises patients who develop a maggot in the forehead. The relatives of the patient would consult the traditional healer for explanation of the cause. The traditional healer would identify and scratch the spot with her sacred object to extract the maggot. The healing ritual was often carried out at the margins of the homestead, preferably in the groves or secluded space in the bush. The second group is that of the avenging spirit-induced mental health challenge. It is either the family of the patient would have murdered or caused the murder of a person, especially through betrayal, for instance in war situation. The spirit is evoked and it manifests and speak out its demands. If the demands are met, the patient regains their senses.

EW 4 singled out another category of mental health challenge. She said:

Chronic illnesses could also disturb the mental faculties to the extent that the patient often makes unfiltered, and sometimes uncoordinated utterances. The same applies to the disease of the current times (*a euphemism for HIV and AIDS*). Some who have lived with it with the assistance of some medication, can also use unfiltered utterances with reckless abandon.

SW 1 concurred with the views of the elderly women. She shared the following insights:

Mental health illness comes in a number of categories that include the category of people who can stress over their incapacity to fend for their families because of poverty. This is the reason why some people would take their own lives if they fail to find counselling services and material goods. Some, especially women, would experience a double tragedy of hunger and starvation compounded by intimate partner violence perpetrated by their husbands.

SM2 reported that:

The stability and calmness of the mind ensures some order and authentic organized life. There are cases of people who get mentally disturbed because of venturing into horrendous fortune-enhancing rituals. This is found among both men and women. The challenge can also be caused by severe food shortage in the household where the father and mother become hopeless and stressed. This would lead to cases of the fathers who dissent their families. A number of such cases came to know Johannesburg this way. Worse, some would never come back causing more stress for mothers back home who have to fend for the families on their own. Yet others would become hopeless to the extent of taking their own lives.

### ***Pre-COVID-19 experiences of elderly women with mental health issues***

The three groups of the co-researchers concurred that mental health issues are not a new phenomenon though they also agreed that in their cultural context, it was the severe mental





illness that was a cause for concern. They also raised the idea that the less severe forms of mental health challenges might not have been directly addressed, but the Ndau's cultural resources had ways and strategies that took care of them in their everyday social and religio-cultural experiences. At any rate, the co-researchers shared that the elderly women have been more prominent in handling mental health issues than their male counterparts. Thus, EW7 explained that:

The elderly women with the assistance of senior women have been the hub for handling mental health issues including severely psychotic cases. The marine spirit that ordinarily possesses female hosts is responsible for healing mental health cases. There are very few men that are into that service. The indigenous medical paraphernalia that are involved are associated with women spaces.

SW2 added that:

The elderly women are very helpful in a number of things including issues that might make the victim very much disturbed mentally, for instance, worries of primagrivida, women with pressures associated with intimate partner violence, women with households prone to hunger and starvation, and women with confidence-draining ailments that are not easily accepted. The elderly women would approach all these different pressure-laden scenarios with an inspiring composure to the extent that one would see their problem as either easy to overcome or to live with. All this is owed to their vast experience gathered over time in their life that will make them to be fountains of unailing ideas.

These views showed the prominence of elderly women in handling mental health issues.

### ***Elderly women and mental health in the context of COVID-19***

The senior women and men co-researchers said that at first the news about the novel COVID-19 pandemic triggered fear and heightened anxiety among many communities across all ages. However, they explained that official refined details about the disease gave them some hope and relief as their lifestyles had always been compatible with the health practices that were in sync with the containment strategies recommended by public health experts. The elderly women on the other hand, feigned surprise at the thought of the possibility of COVID-19 causing some mental health challenges.

SW3 said that:

When the news about COVID-19 first reached us, it triggered fear and anxiety because the pandemic was said to be poised to destroy all life in every unlucky victim community. We were told that in the country where it originated, people could not find space to move because of the dead bodies strewn all over. That presentation alone disturbs the mind because people became desperate for containment strategies in the event that it comes their way. We continued to place hope in our fountains of knowledge; the elderly women that they could never be found wanting. At the same time, we feared for them as they were in the category of the population said to be at higher risk because of their advanced age.

SW4 also shared the same sentiments when she said that:



When the disease was reported to have been detected and the country subsequently put under lockdown, thereby curtailing social interactions, we would hear such experiences with urban populations. In our communities, we would meet on our way to our fields and other everyday chores like doing laundry in the river, fetching firewood and water. Who would raise an issue with you when you are in your field or in the bush gathering firewood? Making oneself busy with work and being out in the fields gives peace of mind and refreshing moments. The wisdom and counsel from our elderly women in the community gave us hope and confidence to soldier on.

When asked about the strategies that elderly women came up with in dealing with COVID-19-related mental health challenges, EW3 retorted:

Do you mean that a person can lose their senses because of a cough? Since when have a cough started making people lose their mental faculties? Since time immemorial, several types of coughs have always been there. Our elders would prepare preventive and curative concoctions to manage the outbreak of cough bugs. This is not new that people may lose their senses about it. It is just a burg that will pass. Being mentally disturbed may not be attributed to a mere cough, unless if there is something behind it.

### ***Female gender and the management of mental health challenges***

The female gender is prominent in the indigenous religio-cultural management of mental health issues among the Ndau. EW1 said that:

The elderly women and senior women are responsible for preparing, administering and managing religio-cultural herbal therapies. Even if the healing alien spirit has a male host, the man shows the wife the herbal shrub species which she would fetch and prepare herbal concoctions because men do not have the required skill and expertise; it is a preserve of women. Fetching still waters from tree caveats, still river spaces; even the required skill for extracting the herbs is the feminine space. Can men be able to sieve the herbs? Can men be able to winnow, and to prepare porridge to the required viscosity?

SW3 echoed the same sentiments and emphasized that:

The mind, especially for young women, can be seriously stressed when the person is going through difficult times that include challenges that might throw them off balance, for instance, fear of a disease outbreak in the times of their pregnancy. The experienced elderly women have the duty to provide counseling services that have a relaxing and rebooting effect. In other cases, the elderly woman would take such distressed women on a recovery plan as she gets them involved alongside her in light of every day chores be it on the fields, in the gardens or by the riverside extracting dough amid some pep talks.

The SM3 avers that:

Elderly women and senior women have depth of knowledge with regard to mental health issues. They are more equipped in this area than their male counterparts as they gathered this knowledge through experiences in their life journey that include menstrual cycles, conception, pregnancy,



childbirth and lactation. Some cases of mental challenges go with seasons. This is why sometimes you hear some people's comments that one is not in the best of their mental faculties these days because the moon is still thin. So, women have a strong connection with their natural environment which acquaints them with a mastery of indigenous herbal therapies.

## **Discussion**

There are three major themes that emerged from the data with regards to the agency of elderly women in the indigenous responses to COVID-19-related mental health challenges among the Ndau. These are: the concept of mental health and typologies of mental health conditions that are context specific, women as prominent practitioners in mental health issues and resistance through refusal to confer unique identity on COVID-19.

### **The concept of mental health and typologies of mental health conditions**

The co-researchers defined the brain as an organ responsible for ensuring a stable and coordinated health of a person. They stressed that if the brain is disturbed, everything goes bad. The person may exhibit some confused behaviour traits that affect their optimum function and contribution to the community. The stability of the brain is what constitutes a sober and fulfilling mental health resulting in a rewarding health in general. Their understanding of mental health resonates with the World Health organization's (WHO) definition. WHO defines mental health as, "state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community" (WHO, 2022). Public health experts note that there are various typologies of mental health conditions which are generally evolving and usually context specific (Semo & Frissa, 2020). This means that what may be regarded as a mental health case in one culture may not be taken as such in another.

Generally, mental health conditions include psychological distress, anxiety disorders, post-traumatic stress disorders (PTSD), depression (WHO, 2022) and psychosis; a much more severe form. It is imperative to understand the various types of mental health cases in order to guide informed interventionist strategies. The co-researchers categorized the mental health conditions, on the basis of their lived experiences, with psychiatric condition being the most common form raised by the elderly woman participants. The other less severe forms were considered by the elderly as normal part of everyday experiences which should not be a cause for concern.

Even though other forms of mental health challenges might not have been directly addressed, the Ndau's cultural resources had ways and strategies that take care of them in their lived realities. This is why the experts of mental health aver that the prevalence and severity of mental health cases are determined by the obtaining characteristics of a community or population (Semo & Frissa, 2020). The implication here is that efforts and energies to mobilize interventionist strategies need to pay particular attention to geographical and cultural contexts in order to tap from their novel ideas of managing mental health. Thus, some pertinent issues that might not have been considered as threats to mental health in the life-world of the Ndau in the yesteryears are crucial today in the changing Ndau society.

### **Elderly women as prominent practitioners in mental health issues**

#### ***Elderly women as experts of herbal and talk-therapies***





The elderly women have been more prominent in handling mental health conditions than their male counterparts. Besides preparing, administering and managing the indigenous religio-cultural herbal therapies for psychosis, the elderly women provide talk-therapy as an indigenous psychological intervention for the non-psychotic mental illness that include depression and heightened anxiety. Elderly women have patience to listen to the narratives of the people going through experiences that trigger poor mental health. They have the wisdom that they utilise through conducting informal solution-oriented discussions and guidelines in friendly spaces of the natural environment.

### ***Women as closer to nature than men***

From an African ecofeminist perspective, women are closer to nature than men because of their role of giving birth. They gather this knowledge through experiences that include menstrual cycles, conception, pregnancy, childbirth and lactation. Through their link with Mother Nature, they are acquainted with a mastery of indigenous therapies. The men would cast an awkward figure in the spaces that have often been associated with elderly women sacred practitioners, for instance, the water bodies and fetching herbs in the groves. Besides, the conception of immortality in African worldview puts the statuses of motherhood, of creation and nurturing of life at the centre and affording recess into the understanding of humans' relationship with ancestral spirits and the Supreme deity. The Supreme deity bestows a divine duty on the women to nourish, protect and guide life into the future (Hebblethwaite, 1984 cited by Hansson, 1996).

The natural spaces that are spots where serious mental health conditions are handled that include the groves and secluded spaces in the bush away from the home are places associated with women. The most prominent alien spirit that confers expertise on their host to handle psychotic mental illness is a *mphongo* (marine spirit). There are very few men that play host to a marine spirit, and conversely being involved in the service of dealing with psychotic patients. The indigenous paraphernalia that are employed in administering therapy are associated with women spaces. Even the ordinary everyday chores in the natural environment that give a relaxing atmosphere such as working on the fields, fetching firewood in the bush, doing laundry in the rivers have a rejuvenating and rebooting effect on health. These chores are invariably accompanied by traditional songs that reach to the inner recesses of the person effecting a relaxing feeling to the mind.

The co-researchers reiterated that making oneself busy with working and being out in the fields gives peace of mind and refreshing moments. Field harvests boost household food resources thereby alleviating food shortage; one of the major areas of stress for women. The elderly women used their wisdom and counsel in guiding young women in the community to give them hope and confidence to soldier on in the times of COVID-19-related stressors. In these friendly spaces, young women seek assistance without fear of stigma and discrimination that often go with the use of medical terminologies for mental health disorders in conventional therapy.

Research findings in other cultural contexts showed that environmental connection promoted better mental health and well-being for elderly women during COVID-19 (Juscko et. al., 2022). Thus, having one's own garden or having frequent use of green areas protected against development of depression during the COVID-19 pandemic. This is similar to the findings by Nishigaki et. al. (2020) that there is a correlation between areas with more trees and a lower likelihood of depression in urban environments. It is not a coincidence that SDG number 15 emphasises the sustainable use of life on the land that includes forests, to maintain healthy terrestrial ecosystems (UN, 2015). The elderly women deal with pandemic-



related mental health issues in their space in a manner that reflects the intersection of the environment, gender and health. Therefore, working on the fields and other natural spaces is an adaptive strategy of women to gain stability and emotional rejuvenation as they are safe spaces that offer an outlet for the pressures, fears and anxiety associated with pandemics. As Daneel (1993, p.3) observes, “[T]he holistic approach to health involves the maintenance of a viable equilibrium between human beings and their environment.”

## **Resistance and resilience in the context of COVID-19**

### ***Resistance through refusal to confer unique identity on COVID-19***

The elderly women’s conscious decision to choose common terminologies of familiar communicable diseases for COVID-19 is a deliberate initiative underpinned by the philosophy of refusing to name a life-diminishing force. Naming confers identity and recognition of something. As Magaisa (2019) notes, “we can choose, very deliberately to not give a name to something because we disapprove of it or its conduct.” From a public health perspective, this is counterproductive as the tendency has a propensity of worsening the situation. However, it makes meaning from the co-researchers’ lived experiences with diseases. So, employing familiar terminologies to conceptualize COVID-19 desensitizes the heightened anxiety that often accompanies diseases that are described as ‘pandemics’. Pandemics are traumatizing as they have a “paralysing rather than an energizing effect on the people” (Humbe, 2022. p.75). The elderly women’s resolve to conflate COVID-19 together with the already existing diseases such as cough bugs, boosts confidence as it challenges the narrative of the disease as incurable. The resistance is a statement that the disease is curable and eases the panic that often goes with the thought of the absence of a cure in cases of pandemics (Sipeyiye, 2022).

### ***Cultural practices as a source of resilience and endurance in times of COVID-19***

Scholars have observed pronounced gender differentiated COVID-19 impacts on mental health in African communities (Semo & Frissa, 2020). Firstly, this is owed to the fact that women are more involved in the management of household resources and food availability. As a result, food scarcity is likely to have a more serious impact on their mental health than men (Almeida et. al., 2020). Secondly, parenting is more stressful for women during a pandemic as they are disproportionately responsible for domestic tasks including child and elder care (Almeida et. al., 2020). However, data from the field show that it was the women in the urban setting who relied on informal businesses who were concerned about the threats of COVID-19 pandemic to household resilience. If anything, with guidance from the elderly women, women in the communal areas had their usual undisturbed access to their gardens in the wetlands and fields. They had more time than before to work on the fields because of some limits on other social gatherings. The experiences had vast health benefits as they afforded them ample time to interact with the natural environment.

Child (and elder) care has always been a culturally assigned task for women among the Ndau. Admittedly, this is an accentuated gender disparity that has a potential to expose women to increased mental health distress in other geographical and cultural contexts. However, research findings from Zambia have also shown that women exposed to other adversity prior to COVID-19 may have increased resilience and endurance when facing acute stressors (Falgus-Bague et. al., 2023). For example, they found that women living in more challenging environments that include polygamous marriages, long droughts or who were in the care of more children appeared to be better prepared to cope with new



harsh realities of COVID-19 related stressors. Among the Ndau, the elderly women, continued to be the vanguard of health, including mental health and counselling services in spite of their vulnerability in the shadow of COVID-19.

Pregnancy can increase the burden of mental health stresses in times of pandemics. The risk is higher with primagrivida pregnancies. The senior and elderly women are responsible for nurturing pregnancy alongside the services offered by the prenatal clinics. Rituals either for protection, purification or as a rite of passage are, therefore prescribed to ensure that this journey is smooth for both the mother and the baby. Suspense and anxiety are feelings often invoked by fear of the possibility of complications associated with primagrivida deliveries and peripartum complications. As observed by Koc et. al. (2020), fear of childbirth is prevalent in some parts of the world. Cleansing and purification rituals are therefore conducted to cast spells of witches and other anti-life forces, including diseases that are driven by jealousy. The rituals and counselling services offered by the experienced elderly women have a relaxing and rebooting effect that gives confidence to the expecting other.

## Conclusion

The article has shown that the impacts of COVID-19 on mental health are not homogenous across cultures. Instead, the exposure, risk and prevalence of COVID-19 related mental health is determined by the characteristics of a given population. The Ndau's indigenous religio-cultural approach to health in general and mental health in particular is the domain of the elderly women who have garnered experience over the years through their exposure, on the one hand, to challenging environments that include gender-differentiated roles, and, on the other hand, their closeness to nature. Thus, their experience with numerous adversities builds a strong resilience and endurance in the face of mild and acute mental health stressors. The elderly women are, therefore, not a homogenous group across cultures. Among the Ndau, they constitute a formidable and indispensable resource in mobilizing emotional and practical resilience in times of pandemics. There is need, therefore, for sensitivity to religio-cultural contexts when dealing with the impacts of pandemics on communities' mental health. The agency of the elderly women is an alternative sustainable grassroots intervention that can augment limited clinical services for mental health care in Zimbabwe.

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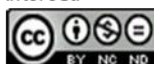
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