




# Covid-19, Women's Mental Health, and Religion in Zimbabwe: Insights from Christian Women and Clergymen in Masvingo, Zimbabwe

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## Abstract

The study sought to find out intersections of Covid-19, women's mental health, and religion in Masvingo District, Zimbabwe, during the first 35 days of the lockdown. Data were collected through semi-structured interviews from a purposefully selected sample of 15 Christian women and three clergymen in Masvingo District, Zimbabwe. Participation was voluntary and all participants gave their consent. Confidentiality and anonymity were maintained by not identifying participants by their real names. Data were thematically analysed. Findings show that while Covid-19 negatively affected all people in terms of mental health and psychological well-being, the burden weighed heavily on women on account of their caregiving role in the public and private spheres as well as their domestic responsibilities. The study also revealed that Covid-19 and its management were associated with heightened levels of anxiety and depression. Religion gave women hope. A sense of closeness to God gave the women resilience amidst the pandemic. Religious messages and prayers for the sick and bereaved, though at some point hampered by movement restrictions and digital challenges, were helpful mechanisms of stress reduction. It is recommended that the government and other stakeholders including faith communities adopt a gendered approach to provide psychosocial support and enhance women's coping capacity.

**Keywords:** Covid-19, Masvingo, mental health, religion, women, Zimbabwe.

## Contribution

Covid-19 has had a significant effect on everyone and all aspects of life, hence this study contributes to the body of knowledge on health, religion and gender in the Zimbabwean context, particularly during the Covid-19 pandemic. The study deals with current issues that have a bearing on the United Nations (UN) Sustainable Development Goals. As such, it can assist policy makers in their bid to realise the goals by 2030. Given that not much has been documented on religion, women and mental health based on the views of women and clergymen in Masvingo District, the current study serves as a literature reference for related studies in Masvingo District and beyond.

## Introduction



This article focuses on the intersections of the Covid-19 pandemic, women's mental health, and religion in Masvingo District, Zimbabwe. The Covid-19 period under consideration is that of the 'hard'<sup>1</sup> lockdown, that is the first 21 days beginning 30 March 2020 and the subsequent 14 days, which constituted an extension of the first 21 days of the 'hard' lockdown. In terms of legislation, the period under consideration is articulated in Statutory Instruments 83 and 93 of 2020. The introduction of lockdown measures was disruptive as it meant a reorientation in the ways people used to do things. The 35-day period under consideration was, for many people, characterised by inactivity, which was a frustrating experience. The article is structured as follows: Theoretical framework, methodology, literature review, presentation and discussion of findings from the empirical study; and a conclusion, including recommendations.

## Background

The Covid-19 pandemic, which is believed to have originated in China in December 2019, has had enormous consequences on the lives of people worldwide (Louw, 2020; Nyawo, 2022). It is well-documented that the Covid-19 crisis touched everyone and all aspects of human life (Louw, 2020; Manyonganise, 2022; Nyawo, 2022; Oliver, 2021; van Coller & Akinloye; Verhoef et al., 2020). The World Health Organisation (WHO) declared Covid-19 a pandemic on March 11, 2020 and recommended guidelines for its containment (Wagana, 2022).

In a bid to contain the pandemic and to protect human lives, lockdown measures, following recommendations by the WHO, were instituted in many countries. In Zimbabwe, a lockdown was declared by the President on 27 March 2020 (Humbe, 2022). Lockdown measures included movement restrictions and a temporary ban on social gatherings including religious gatherings, the closure of schools, and suspension of services considered by the government as non-essential. People were encouraged to stay at home. The movement of people within and across countries was restricted. The movement restrictions were also coupled with social distancing policies which required that in every situation, people maintain a distance apart in order to minimise the spread of the pandemic. Notwithstanding their merits, the lockdown measures brought with them some challenges to humanity.

Lockdown measures had a negative impact on the economy, especially the formal and informal economy, leading to mental health problems. Covid-19 and its management measures, directly and indirectly, had a negative impact on people's mental health and psychological well-being (Goodwin & Kraft, 2022; MoHCC, 2022; Muyambo et al., 2022; Qattan, 2022; Cordero, 2021; Chigevenga, 2020; Dein et al., 2020; Semo & Frissa, 2020; Thibaut & van Wijngaarden-Cremers, 2020). According to the Ministry of Health and Child Care (MoHCC, 2022, p. 10), mental health is "a state of cognitive, behavioural, and emotional well-being." Mental health is essential for people to live fulfilling lives and participate effectively in their communities. For example, for one to effectively execute their duty as a teacher, a doctor, a nurse, or a leader, just to mention a few, one must be mentally healthy. Thus, when one has mental health issues, one may not be able to perform well. This underscores the importance of mental health.

Permeating all dimensions of human life, the pandemic has caused "existential angst" (Verhoef et. al., 2020, p.150). This is because it led to fear, despair, confusion, uncertainty, depression and anxiety among people (Pankowski & Pankowska, 2023; Louw, 2022; Cordero, 2021). The Covid-19 period was, as Oliver (2021, p. 1) puts it, "... a time of more questions than answers".

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<sup>1</sup> This was the period that witnessed the most severe form of the lockdown, characterised by strict movement restrictions, a ban on social gatherings and closure of businesses considered as non-essential. It was essentially a stay-at-home period for **most** of the people.



Women were more affected than their male counterparts as Covid-19 heightened preexisting women's vulnerabilities linked to their low social position (Chigevenga, et al., 2020; Dein et al. 2020; Manyonganise, 2022). As Thibaut and van Wijngaarden-Cremers (2020, p. 1) state, "Covid-19 has affected women more profoundly than men in several areas, both at the workplace and at home with an increased workload." Interconnected issues including sharp job losses, gender-based violence, and an increase in unpaid caregiving harmed women more than males. Amidst the pandemic experiences, religion was found to be helpful in dealing with Covid-19 related stressors (Isiko, 2020; Mahiya & Murisi, 2022; Nyawo, 2022). Given that women constitute the majority of worshippers, who are more likely to seek spiritual recourse in the face of uncertainty, it was necessary to consider the role of religion in relation to women's mental health issues during the first phase of the lockdown.

While many studies have been conducted on some of the aspects under consideration in this study, namely, vulnerability of women to Covid -19 stressors, the impact of gender roles on experiences of the pandemic, and the importance of religiosity in times of crises (Pankowski & Pankowska, 2023; Dein et al., 2022; Goodwin & Kraft, 2022; Manyonganise, 2022; Muyambo et al., 2022; Nyawo, 2022; Qattan, 2022; Sipeyiye, 2022; Cordero, 2021; Chigevenga et al., 2020; Isiko, 2020; Louw, 2020; Semo & Frissa, 2020), no study, to the knowledge of the researcher, has focused on the variables in the context of Christian women in urban Masvingo and its surroundings, Zimbabwe, during the first 35 days of the lockdown, which constituted the most stringent measures to manage the pandemic, hence the present study.

### **Theoretical framework**

The study is grounded in African feminism; a theory that originates from, and addresses the African context. Although feminism originated from the West, it has been appropriated to Africa (see Maseno, 2021, p. 2). I am aware of the contestations over the use of the term feminism, with some African women theologians dissociating themselves with feminism on the ground that it has Western overtones that emphasise gender, and downplay other structures of oppression like class and race. Notwithstanding the contestations over the use of the term feminism, in this paper I consider all justice-seeking movements or frameworks that challenge patriarchy as feminist, following Mercy Amba Oduyoye's (1986, p. 121) definition of feminism as "the word of all who seek a community in which all will be enabled to attain the fullness of their being"; a justice-oriented movement that seeks to affirm that women's experience is human experience and that male humanity is a partner with female humanity. Phiri (2004, p. 16) also highlights the existence of African feminism when she writes, "African women's theologies belong to a wider family of feminist theology." Oduyoye places emphasis on a two-winged theology that involves men and women working as allies towards the establishment of just societies. African feminism is, thus, grounded in the struggle, in partnership with men, against injustice and the improvement of women's condition. As Oduyoye (1986, p. 121) asserts, "Feminism has apostles among both men and women." Thus, African feminism calls upon men and women to examine their cultures from a gender perspective, with a view to challenging detrimental cultural beliefs and practices, and supporting those that encourage fullness of life (see Phiri, 2004). Since the study places African women at the centre of analysis in terms of their mental health during the time of Covid-19, African feminism was found to be relevant.

### **Methodology**

This is a qualitative study which draws insights from literature review as well as primary data collected from a purposefully selected sample of 15 Christian women (married and single), 32 to 59 years old, having at least one child, and resident in either Masvingo urban or its



surroundings. Three clergymen were selected based on their availability at the time of the study. The three clergymen were included to gain more insights since they typically serve as a source of psychosocial support for congregants in distress. Participation was voluntary. The participants gave their consent after receiving all necessary information pertaining to the study. To ensure anonymity, participants were coded P1 to P15 for women and C1 to C3 for clergymen. Data were collected by means of semi-structured interviews, using either English or Shona, depending on the choice of each participant. Participants were asked about women's Covid-19 experience in relation to mental health and the role of religion in their lives during the pandemic. Questions were asked in the third person format to make participants as free as possible to volunteer information, particularly that which is sensitive. Interviews were audio-recorded with the consent of participants. Data were presented in English, analysed thematically and interpreted in the light of relevant literature.

## **Literature Review**

### ***Covid-19 and mental health***

As already highlighted, good mental health is essential in achieving individual, communal, national and global goals. An individual who is in a sound state of mental health is likely to contribute effectively to wellbeing at both the individual and communal levels. Mental health conditions are determined by a complex set of interlocking factors such as poverty, economic conditions, and natural disasters, among others (MoHCC 2022, p. 12). Natural disasters such as pandemics enhance people's vulnerability to mental health issues.

The Covid-19 pandemic has worsened mental health issues globally. Directly and indirectly, Covid-19 had psychological and social impacts on people throughout the world (Pankowski & Pankowska, 2023; Goodwin & Kraft, 2022; Cordero, 2021; Louw, 2020). According to Semo and Frissa (2020), there are three Covid-19-related factors that contribute to mental health problems, namely the impact of disease including isolation from loved ones and loss of loved ones; limited access to social support services, and loss of jobs and livelihoods. The present study sought to find out whether the factors identified related to women's mental health during the Covid-19 period.

The impact of Covid-19 was differential depending on age group, gender, socio-economic status and geographic location (Muyambo et al. 2022). Mental health issues include psychological distress, an emotion that can potentially cause a person to develop negative feelings about things and self (Qattan 2022). Qattan (2022) states that in addition to economic difficulties, the pandemic has had a detrimental effect on the psychological and mental health of millions of individuals around the world. While both men and women were affected, women were more disproportionately affected because of pre-existing gender inequalities (Manyonganise, 2022; MoHCC 2022). Covid-19 is associated with mental health issues such as anxiety, depression, and post-traumatic stress disorder. Covid-19 and its management, particularly movement restrictions, coupled with the temporary ban on social gatherings, and closure of so-called non-essential services including informal trade, have been associated with heightened levels of anxiety and depression. These psychological issues were in turn related to experiences of illness and bereavement, fear of contracting and dying from the pandemic, a sense of insecurity and uncertainty, loss of livelihood and the attendant lack of basic necessities, the pressure of working from home, home-based gender-based violence, and inaccessibility or disruption of social support services, especially from faith communities (Semo & Frissa, 2020). Psychological distress also resulted from families' incapacity to care for sick relatives and from members'



inability to conduct conventional and religious funeral rites for their loved ones (Semo & Frissa, 2020).

In Zimbabwe, the Covid-19 pandemic impacted the socioeconomic livelihoods and wellbeing of a large section of the population, particularly those who depended on the informal sector (Manyonganise, 2022; Muyambo et al., 2022). It can be noted that the impact of Covid-19 was multidimensional, with mental health issues emerging as the resultant effect.

### ***Religion, Covid-19 and women's mental health***

A close relationship between religion and pandemics has existed for a long time (Isiko, 2020). Religion provides a sense of meaning and hence people tend to interpret their experiences, and make decisions about health matters, in light of their religious beliefs (Mahiya & Muri, 2022; Nyawo, 2022; Isiko, 2020). As a key institution in the provision of social support, religion has been found to be a useful resource during times of uncertainty and trouble (Pankowski & Pankowska, 2023; Chukwuma, 2022; Nyawo, 2022; Wagana, 2022). Communities in crises often express a deep need for spiritual support activities such as faith-based counseling, prayer, spiritual guidance, and participating in religious practices (Goodwin & Kraft, 2022). Throughout history, faith leaders and religious communities have cared for people with mental health issues and mental illness (Goodwin & Kraft, 2022). As such, they are well-placed to provide psychosocial support to fellow members (Wagana, 2022). Faith-based beliefs and practices such as prayer, fasting and sharing religious messages can help people to manage stressful situations. As such, religion can contribute to sound mental health.

Since religion holds a significant place in the lives of people in any society, it "cannot be ignored in the Covid-19 discourse" (Wagana, 2022, p. 119). The Covid-19 pandemic encouraged religious coping. The power of spirituality in the face of Covid-19 is attested in the literature (for example, Graeme, 2022; Goodwin & Kraft, 2022; Humbe, 2022; Mahiya & Muri, 2022; Wagana, 2022; Verhoef et al., 2020). People prayed or explained the pandemic with reference to God (Isiko, 2020). Acknowledging the power of prayer in the control of Covid-19, some governments in Africa declared national days of prayer. In Zimbabwe, the President declared 15 June 2020 as a National Day of Prayer and Fasting (Humbe, 2022). This shows that the Government of Zimbabwe adopted the biomedical approach alongside the spiritual in addressing the Covid-19 pandemic.

Many communities of faith have responded to Covid-19 and other initiatives to promote people's mental health and psychological wellbeing, by relying heavily on spiritual assistance (Goodwin & Kraft, 2022). As they fought to manage themselves spiritually, psychologically, emotionally, and physically, many people sought spiritual interventions (Verhoef et al., 2020). The significance of religion in the response to Covid-19 was reiterated by the UN Secretary-General, Antonio Guterres in April 2020 when he appealed to religious leaders of all faiths to put their effort together in the fight against Covid-19 (Nyawo, 2022). However, it should be borne in mind that religion can be ambivalent when it comes to Covid-19. It can be used positively as when it encourages members to follow Covid-19 health protocols and when it provides psychosocial support thereby promoting sound mental health or it can be used negatively when it promotes laxity in the observance of containment guidelines (Graeme, 2022; Humbe, 2022; Mwale & Chita 2022; Nyawo, 2022; Wagana, 2022; Dein et al., 2020).

Religion was particularly useful for women as they bore the brunt of Covid-19 stressors due to preexisting gender inequalities in the division of labour within the household (Qattan, 2022). Culturally assigned gender roles meant that during the pandemic women had an increased



workload which meant that the pandemic worsened their predicament, hence stressing them more. The need for psychosocial and spiritual counselling became more pronounced for women (Kowalczyk, et al., 2020). In most religious groupings, women form the majority of worshippers and this explains their greater appeal to religion in the face of adversity. In the Zimbabwean context, the closure of churches affected women most, as the majority of church members (Kowalczyk, et al., 2020; Manyonganise, 2022). Thus, in the face of the pandemic, women suffered more and tended to be more at risk of mental health issues. As such, they tended to appeal more to prayer and, in so doing, taking religion as a source of hope and strength.

The findings of the present study were discussed in the light of the preceding literature. The succeeding section presents and discusses findings from the empirical study.

## **Results and discussion**

### ***Women as more vulnerable to Covid-19 stressors***

Results from the study for the most part confirm what is documented in the literature. They show that compared to men, women were more vulnerable to mental health and psychological issues associated with the Covid-19 pandemic. A number of explanations as to why this is so were provided by participants. Most of these had to do with culturally defined gender roles.

#### *Nurturing role and fear of the pandemic*

Women were depicted as more socially suitable for the caregiving role compared to their male counterparts. This caregiving role, coupled with empathy for the sick and bereaved, and fear of the pandemic was a cause of distress and anxiety among women. They were distressed because of the sickness of loved ones, and devastated by the death of loved ones, worried about what will happen next, to them and their loved ones. Results show that women were the main burden bearers during the peak of the Covid-19 lockdown (30 March 2020 to 3 May 2020) and this stressed them. In connection with this P7 said:

Women are naturally nurturers. They have a caregiving role. In the case of a family member falling sick due to Covid-19, it was a woman who saw to it that the sick person is bathed, fed, and has taken medication. When it comes to steaming (*kufukira*), it is a woman in the house who provided the water for steaming. As such, a woman was more exposed to Covid-19 than her male counterpart. This vulnerability and fear of contracting the coronavirus was a source of stress.

The preceding findings confirm what is already documented on women's caregiving role and mental health issues, that is, women shouldered a greater work and emotional load than men (Manyonganise, 2022; Muyambo et al., 2022; Thibaut & van Wijngaarden-Cremers, 2020); were more vulnerable to contracting the coronavirus as caregivers who could not exercise social distancing from the sick they nursed, resulting in fear of falling ill (Manyonganise, 2022; Thibaut & van Wijngaarden-Cremers, 2020); and anxiety due to death and dying were realities among women during the pandemic (Louw, 2020).

### ***Job losses and attendant lack of basic necessities***

The Covid-19 lockdown regulations had a bearing on the procurement of food and ultimately women's capacity to serve food on the table. The Covid-19 regulations restricted people's



movement, especially during the first 35 days of the lockdown when strict measures were put in place to contain the spread of the pandemic. Many people, especially those in the informal sector, lost their jobs. For such people, food was difficult to secure because of the loss of income exacerbated by job losses. Participants indicated that the loss of income and the attendant lack of capacity to buy food affected women more than men because they are the ones who prepare food and serve it. Seeing that children did not have food was stressful for women. In some cases, the husband added the stress burden on the already stressed wife by demanding nice food when such food was not available. One participant (P4) said, "There was an occasion when a woman cooked dried vegetables (*mufushwa*) and served her husband who hit her with the plate of *sadza* (staple food in Zimbabwe) and the vegetables saying that the father of the house cannot feed on dried vegetables. This was a cause of psychological distress for the wife. Truly, Covid-19 was a stress-inducer for many women." It also emerged that in some cases, the stress reportedly resulted in psychological states such as irritability and being moody.

The following quotation, from a clergyman, C1, supports the preceding findings:

Women suffered more economic distress than men during Covid-19 induced lockdown because they generally take the burden of household budgets and child care. The Zimbabwean economy is mainly the informal sector and women are the main partakers. The lockdown meant a disrupted source of income and a cause of stress among women who are culturally supposed to prepare food and serve it. The distress women suffered was exacerbated by domestic abuse perpetrated mostly by their husbands who were full-timers at home.

One participant (P3) reported that there was a time when food handouts from the government were distributed to people. Most of the people who queued for the handouts were women who had to make sure that their families had food. Some of the men who were responsible for the food distribution took the opportunity to demand sexual favours from some women in exchange for the food handouts. According to the participant, this caused stress on the part of the women upon whom such demands were made. It can be noted that the women concerned were in a double bind: To choose between an immoral act (providing sexual services for food handouts), thereby acting against their conscience, or letting their children die of hunger. This was stressful.

The findings on the link between Covid-19 management measures and women's mental health issues confirm what is in the literature. It is well documented (for example, Manyonganise, 2022; Muyambo, et al., 2022; Qattan 2022; Dein et al 2020) that the strict lockdowns and social distancing had the effect of reducing business and employment opportunities which impacted negatively on mental health and psychological well-being, particularly for women who are culturally assigned the role of 'kitchen managers', responsible for food preparation and serving, as well as management of other domestic consumables. Findings also confirm the link between domestic violence and Covid-19 induced economic difficulties, as articulated by, for example Manyonganise (2022), the MoHCC (2022), Muyambo et al. (2022), and Thibaut and van Wijngaarden-Cremers (2020).

*Restricted access to family planning services*



Participants indicated that movement restrictions especially during the days of 'hard lockdown' made it difficult for some women to access family planning services. Some ran out of family planning pills. They were stressed by the fear of unplanned pregnancy. Some got pregnant and this was a cause for stress and depression since the pregnancy was unplanned. The limited access to basic services because of the Covid-19 lockdown, also came from previous studies, for example, in Zimbabwe (Manyonganise, 2022; Chigevenga, et al., 2020) and in Saudi Arabia (Qattan, 2022).

### ***Closure of schools and consequences on children***

The closure of schools and the attendant challenge of maintaining discipline of children was a problem that mostly affected women as people who are culturally vested with the responsibility to inculcate discipline in children. This was a stressor as explained by P1 who had this to say,

Idleness on the part of children, especially adolescent boys and girls, led some of them to commit some deviant acts such as taking drugs and engaging in sexual intercourse. The children were also exposed to the risk of abuse in the absence of parents who would have gone out to render services regarded as 'essential'. The fear for children's well-being was a cause of stress and anxiety for parents, especially mothers.

### ***Stressed men as a source of stress for women***

While focus was on women's mental health, an unsuspected finding came up. Some participants, both male and female, revealed that some of the stress women suffered emanated from their stressed husbands. Covid-19 also stressed men, but for reasons different from those of women. The following quote from C2 illustrates this:

Most men enjoy life outside the home.... Covid-19 brought serious psychological stress to men who could no longer enjoy outdoor activities and were compelled to stay at home with their families, something they were not used to. They felt like prisoners, hence they were stressed. As a result, they vented their stress on family members, particularly their wives, through acts of violence, mainly physical and emotional or psychological.

Failure to fulfil the breadwinning role also emerged as one of the stressors for men, which subsequently led them to perpetrate violence against their wives. One of the women participants, P5, explained thus:

In terms of traditional gender roles, the male is perceived as a potential breadwinner. The moment he fails to do so he becomes frustrated and irritable. He then vents his anger through violence against mostly his wife. This was a mental health problem among men that found expression in violence against women, resulting in psychological distress among women who found themselves locked up with their abusers because the movement of people was restricted.





From the preceding findings, it can be noted that both men and women were stressed by Covid-19 and its effects, but women were disproportionately affected. Stressed men were prone to committing gender-based violence against their wives. The violence, coupled with the social distancing policy, made it difficult for women to physically reach out to social support networks and this was a cause of distress. As Participant 10 said, “Domestic violence was rife during the height of the Covid-19 pandemic. Wives were beaten by their husbands, but they could not go to report to authorities because the government had decreed that people should stay at home.”

### ***Stress-induced violence perpetrated by women***

The study also revealed that some women committed acts of violence because of Covid-19 related psychological distress. It was reported, by two participants, C2 and P8 that some women could not contain the stress they experienced by venting the stress through violence against their husbands perceived as sources of the stress. C2 said, “Some women, although few, who experienced domestic abuse perpetrated by their husbands, retaliated with violence, by for example, pouring hot water or cooking oil over their husbands. So, some women committed crimes as a result of distress induced by their husbands.”

As can be noted from the findings, the Covid-19 period, particularly the first 35 days of the ‘hard’ lockdown, was characterised by high levels of gender-based violence. The findings lend support to existing literature which indicates that the number of cases of gender-based violence increased during the Covid-19 pandemic era and that intimate partner violence was the most common form of domestic violence (Manyonganise, 2022; MoHCC 2022; Muyambo, et al. 2022). Related to this is the MoHCC (2022) report that NGOs in Zimbabwe reported a 44% rise in physical violence and an 80% rise in emotional violence during the Covid-19 pandemic.

From the findings, it can be noted that Covid-19 put women in a state of more vulnerability to mental health issues compared to their male counterparts. Owing to their culturally assigned roles, women shouldered a greater economic and emotional load and were more at risk of gender-based violence. This contributed significantly to psychological distress, mental depression and anxiety. Results concur with findings from previous studies (for example, Chigevenga, et al., 2022; Manyonganise, 2022; Muyambo, 2022; Qattan 2022) which indicate that women are more likely than men to be affected mentally and psychologically by Covid-19 stressors.

### ***Religion as a source of comfort and psychological well-being during the pandemic***

Participants pointed out that a relationship with God and fellow believers went a long way in providing some relief to those stressed by Covid-19 and its consequences, including sickness, death, and loss of employment. Thus, spirituality was a source of hope. This is despite the fact that access to faith-based institutions, groups and leaders was restricted due to travel restrictions. In this connection, P14 said:

Covid-19 affected us, women, more than men because of our caregiving and domestic roles, particularly preparing food and sharing it when it was scarce due to the loss of income that was brought about by the closure of informal markets and businesses. In the face of such difficulties, God was our source of hope. We prayed to God to pull us through. This Covid-19 pandemic increased the faith of many women. With the restrictions on movement and ban on gatherings, many WhatsApp prayer groups



were formed for the purpose of praying together and giving one another hope based on the belief that God was in control. This gave us the determination to soldier on in the face of the negative consequences of the pandemic.

As the study shows, belief in God was a source of strength as it gave women the confidence to live positively in the face of the pandemic. It made them to overcome the spirit of fear. Since in-person social gatherings were suspended, online religious support groups, especially WhatsApp, provided psychosocial support in the form of counselling and social support. This resonates with Nyawo's (2022) assertion that religious perspectives and reactions to Covid-19 have the power to unite people in a constructive way to deal with the pandemic. The importance of religiosity and spiritual support in the face of life-threatening situations, including pandemics and epidemics, is highlighted in the literature (for example, Goodwin & Kraft, 2022; Muyambo et al., 2022; Mwale & Chita, 2022; Verhoef et al., 2020).

WhatsApp platforms were particularly helpful although access for some was limited because of a lack of gadgets, data or Wi-Fi costs, and connectivity challenges. In some cases, text messages and phone calls were used by religious communities as channels of support, comfort and encouragement for those in distress. Prayer was found to be a useful resource that provided some relief and hope in the face of uncertainty. It is well documented that prayer is a stress reducer when people are faced with distressful situations (Pankowski & Pankowska, 2023; Chukwuma, 2021; Dein, et al., 2020). Prayer has a "...stabilising and motivational impact on people's attitude towards painful events in life" (Louw, 2020, p. 128). As Mwale and Chita (2022, p. 169) state, "Religion could be mobilized as a tool to navigate through a pandemic." It can also be noted that notwithstanding a cocktail of challenges associated with the Covid-19 related lockdown in Zimbabwe, the church remained relevant, albeit in a different way.

Apart from offering psychosocial support, religious organisations also provided material support in the form of food and personal protective items such as sanitisers and face masks. These include women's fellowship groups that mobilised resources and distributed them to less fortunate members of the society. However, this proved not sufficient considering the protracted nature of the lockdown.

Religion gave women hope. A sense of closeness to God gave women resilience amidst the pandemic. Religious messages and prayers for the sick and bereaved, though at some point hampered by movement restrictions and digital challenges, were helpful mechanisms of stress reduction. Prayer was a strategy of dealing with adversity, a finding that concurs with what is already documented (for example, Koenig, 2020; Kowalczyk, et al., 2020; Louw, 2020). Thus, according to the findings of the current study, religiosity, including prayer and trust in God, was found to have positive mental health outcomes for women. This contradicts some findings from previous studies (for example, Dein, et al., 2020) which indicate that religion indirectly exacerbated mental health problems by promoting the spread of Covid-19 through defiance of health protocols.

## **Conclusions and Recommendations**

The study findings indicate that Covid-19 has had a feminine face as its negative effects were disproportionately felt by women compared to their male counterparts. Sickness, death, movement restrictions, and domestic responsibilities weighed more on women because of sociocultural factors. While limited access to health care services, social support networks and limited food supplies affected all, women were more affected, and hence more vulnerable to



mental health issues. Religion emerged as an important coping mechanism that gave women affected by the pandemic the strength to soldier on in the face of Covid-19. However, social distancing was a stumbling block to in-person psychosocial support from religious communities. While digital, non-contact, means of communication were employed, their effectiveness was hampered by the cost of phone calls, data and even network.

Based on findings and conclusions, the following recommendations are made:

Given that women are more vulnerable during times of disaster, in this case Covid-19, it is recommended that the government and other stakeholders including faith communities adopt a gendered approach, and tap cultural attributes and resources when responding to crises, to provide psychosocial and material support and enhance women's coping capacity. Since shortage of basic necessities was one of the stressors women encountered, provision of these would go a long way in easing the risk of stress. When face-to-face meetings were not possible because of lockdown regulations, people resorted to digital communication and social media platforms, especially the use of WhatsApp, to keep in touch and to support one another during the pandemic. Given that some had no access to the digital technology, it is necessary in future, to ensure that this is accessible to many so that no one is left behind. The provision of mobile healthcare services to make the services accessible is recommended for the future, if another pandemic or epidemic breaks out. The skewedness of mental health problems towards women calls for a rethinking of traditional gender roles so that when pandemics and other disasters strike, men and women partner in caregiving.

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