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COVID-19, Christian Women and Mental Health: An African Interventionist Response

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Abstract

Mental health is posited as a vital constituent of health and well-being. Good mental health is represented by a balance between the mind, body, spirit and context which should all be in tangent. Globally, it has been noted that mental disorders rank among the top ten leading causes of health encumbrance. This dire situation has been compounded by the novel COVID-19 pandemic outbreak which exacerbated the global number of mental disorders, with women carrying a higher risk due to their role as primary caregivers. Using a phenomenological study and drawing from Christian women in Harare, this study sought to explore the common risk factors that expose women to the possibility of developing mental health disorders. Research findings indicated varied stressors including gender-based roles, intimate partner violence, lower socio-economic status and household financial instability due to the COVID-19 induced economic recession during the COVID-19 lockdown period as triggers of mental health disorders. Religio-cultural factors, stigma and discrimination associated with mental health disorders were equally identified as inhibitors to women's mental healthcare needs. Study participants also cited heightened reverence to God as well as the use of indigenous practices as coping mechanisms. Such a scenario brought to the fore a practice of religious syncretism among the research participants. The study therefore recommends gender-sensitive as well as culturally-sensitive mental health coping mechanisms and practices to mitigate the challenge of mental disorders, especially among women.

Keywords: COVID-19; Christian women; culturally-sensitive; gender-based roles; intimate partner violence; mental health disorders; religious syncretism

Introduction

It is posited that mental disorders characterised by symptoms of depression, anxiety and other nonspecific somatic complaints are more pronounced among women as compared to their male counterparts (Steel et al, 2014). Notably, the research by Steel et al (2014) also indicates that women exhibit an elevated prevalence of mood and anxiety disorders compared to men. Women's elevated rate of mental disorders has been noted to be a result of violence and sexual trauma, financial instability, the burden of care and the responsibility of being mothers, partners and caring for the elderly and disabled relatives, and gender inequalities (Abel & Newbigging, 2018; Greyling & Rossouw, 2024; Thibaut & van Winjngaarden-Cremers, 2020). On the other hand, Western biomedical diagnosis indicate that the vulnerability of mental disorders among women can be a result of variations in their endocrine system and this is associated with the pre-menstrual, postpartum and the menopause periods (Joel et al., 2015). Abel and Newbigging (2018) note that males and females express mental health distress differently and that there is a recognizable connection between mental health susceptibility

and women's real life social experiences. Characteristic of women's lived experiences include the challenge of limited or lack of access to household resources, low income levels, the obligation for childcare and related responsibilities, gender based violence and intimate partner violence (Abel & Newbigging, 2018). Compounding these socio-economic challenges that expose women to the risk of mental health disorders are gender insensitive approaches in relation to mental health service provision which overlook the definite needs of women (Abel & Newbigging, 2018). The World Health Organization (2024) also asserts that women are representative of the population group that is highly predisposed to the damaging effects resulting from a pandemic, most especially in terms of mental health. It is further noted that even before the COVID-19 pandemic, women's susceptibility to mental health disorders was already a matter of concern and was exacerbated by "social isolations and restrictions on daily activities" (Kopylova et al., 2024).

Methodological Issues

The study adopted a phenomenological research design, a qualitative strategy whereby the research identifies the essence of human experiences regarding phenomenon as articulated by the research participants. Phenomenological research seeks to understand phenomena from the perspective of the research participants. It encompasses gathering deep information as well as perception through qualitative methods such as in-depth personal interviews and focus group discussions (FGDs). The research sample comprised of seventeen married Christian women conveniently sampled from Glen View suburb in Harare, Zimbabwe. Convenience sampling allows the researcher to construct a sample based on ease of access (Golzar et al., 2022). Participant ages ranged between twenty-one (21) and seventy-four (74) years. All research participants had some form of literacy, fourteen participants had a minimum of the Ordinary Level Certificate. Thematic analysis was adopted for data analysis. Thematic analysis accords emphasis to what is said as opposed to how it was said.

Ethical Issues

Informed consent was duly sought from all participants who were informed of the main objective of the study. The researcher advised the participants of the voluntary nature of their participation, the confidentiality as well as anonymity of records. Furthermore, participants were made aware that they were free to withdraw from the study at any given point in time. Participants were also advised that they were free to refrain from responding to questions they were not comfortable to answer by using the code 'red flag'.

Theoretical Framework

The theoretical framework underpinning this study is the PEN-3 Cultural Model developed by Airhihenbuwa in 1989 in response to the exclusion of culture in understanding health outcomes in the existing health behaviour theories and models (Airhihenbuwa, 1990). This models posits that culture constitutes a pivotal role in the determination of the health of an individual, the family and the community at large (Airhihenbuwa & De Witt Webster, 2004). Accordingly, this understanding is considered "particularly relevant in the context of Africa where the values of the extended family and community significantly influence the behaviour of the individual" (2004:4). In essence, the PEN-3 model is used to centre the aspect of culture when studying health behaviours and to incorporate culturally appropriate strategies for establishing interventions. The model is a culture-centred approach designed for prevention, care and support. It comprises of three interrelated domains which are (i) cultural identity, (ii) relationships and expectations, and (iii) cultural empowerment (Iwelunmor et al., 2014). Each domain of the PEN-3 model is made up of three factors that represent the acronym PEN. The factors for the Cultural Identity domain comprises of Person, Extended Family and Neighbourhood (Airhihenbuwa et al., 2013). The Cultural Identity domain postulates that all health interventions should be viewed beyond the

individual to include the family and neighbourhood as intervention access points (Iwelunmor et al., 2014) since they have a direct bearing of the health seeking behaviour of an individual. The Relationships and Expectations domain comprise of Perceptions, Enablers and Nurtures and is based on the understanding that both the study of health challenges is fashioned from the perceptions, resources, family and culture (Iwelunmor et al., 2014). The Cultural Empowerment domain submits that the above attributes are Positive, Existential and Negative in terms of evaluating health challenges (Airhihenbuwa et al., 2020). The three dimensions of the PEN-3 cultural model are further clarified as follows:

> The three domains of the PEN-3 model incorporate specific constructs: relationships and expectations, cultural empowerment, and cultural identity. The cultural empowerment and relationships and expectations domains are 'assessment/appraisal' domains used for cultural assessment. Community identity is the 'application/transformation' domain that helps the public health practitioner [to] assist the community to identify the point of entry of the intervention (Airhihenbuwa & De Wit Webster., 2004:4).

Research Findings

While there are a number of varied stressors to mental health disorders, particularly among women, this study identified lower economic status and financial instability; the burden of caring for the in-laws and extended family members as triggers of mental health disorders. These identified factors are intricately tied to gender-based and intimate partner violence. Research findings also indicated indigenous perceptions to mental health whereby mental disorders were interpreted as *kutsingwa* (bewitchment)*, munyama* (bad luck) and *mweya wetsvina* (evil spirits)*.*

Women's lower economic status and financial instability

Research participants cited that reliance on husbands for financial support during the COVID-19 lockdown period was one of the triggers of mental breakdown for women. This was explained by one of the research participants (RP07, 37 years, Glen View, 17 May 2023) who pointed out that:

> *Unozeza kukumbira mari for household and personal needs, especially during the lockdown period. Kwandiri zvaindiremera, ndaiswera zuva rese ndichipishana nepfungwa kuti ndomutanga ndichitii when I was fully aware of our financial status – it was just mentally challenging – kushaya mari yako kwakangooma hako*.
>
> You would hesitate to request money for household and personal needs, especially during the lockdown period. For me it was quite a challenge, I would spend the whole day wondering how to approach him when I was fully aware of our financial status – it was just mentally challenging – not having your own money is a challenge on its own.

In concurrence, another research participant (RP06, 27 years, Glen View, 17 May 2023) equally cited that the challenge of financial instability and a lower economic status for women placed a heavy strain on women especially during the COVID-19 lockdown period.

> The issue of financial instability was worrisome and I think it was one of the major causes for mental breakdown especially on the part of women during the COVID period. As the household manager as we are fondly referred to as, you worry as the food starts to diminish. I think stress was more pronounced on women who had to prepare meals on a daily basis and they had to watch the food stocks dwindle yet knowing the tight finances available – savings were exhausted – our side hustles died a natural death during the COVID-19 lockdown – the capital and profits we had saved were used to sustain the household. I was forced to use the savings from my informal business because continually requesting for money to cater for household needs always resulted in nasty arguments which were mentally draining**.**

Research findings further revealed that some women were tasked with managing the household's finances and this placed a huge strain on some of them as they were managing very constricted budgets. This placed mental strain on some women as reported by one of the participants (RP3, 31 years, 17 May 2023):

> The COVID-19 lockdown period was an emotionally challenging period for women who were tasked with handling the household's limited finances. Some of us women were tasked with budgeting the little money available and at the same time ensuring there was enough food to feed the family and to cater for other expenses until the end of the unprecedented lockdown period. In most cases, trying to make this balance gave rise to stress and depression.

The research findings reflected that the task of taking charge of household finances during the COVID-19 lockdown period caused mental distress for most of the women who had to appropriately manage a constricted budget. The research participants cited how their low financial stability exerted much pressure on them since they had to prove they were capable of managing the household finances. One of the research participants (RP10, 31 years, 21 June 2023) indicated she was once scolded for poor financial management. She had this to say:

> *Ndakashaudhwa weduwee, kungoudza munhu kuti mari yawakandipa yapera, ndakaudzwa uri dofo and hauzive kurwadza kwemari because hausiriwe uri kuishanda saka haugoni budget zvachose*.
>
> I was scolded, I told him that the money he gave me for household supplies was finished, I was told I am dumb and I do not understand the pain of having to work for money because I wasn't the one going to work so I was very bad at budgeting.

According to the study participants, women's lower economic status and financial instability gave rise to intimate-partner violence manifested through quarrelling, husbands withholding money for household supplies, and in extreme cases, physical violence. This in turn triggered mental disorders manifested through depression and mood swings.

The Burden of Caring for the In-laws and Extended Family Members

In most African indigenous cultures, the burden of care is disproportionately the domain of women. It is the responsibility of women to care for their husbands, children and extended family members, especially from the husband's clan. Socio-cultural norms position the husband as the breadwinner and the wife as the primary care giver and also responsible for household chores. The COVID-19 pandemic is believed to have worsened the already heavy burden of domestic and unpaid work for women. The burden of care and the lack of household and emotional support triggered mental health disorders among women. One of the research participants (RP9, 33 years, 13 June 2023) shared that:

> My husband is the eldest in his family and is financially stable. Our home is always the first port of call for relatives facing mostly financial challenges. This became worse during the lockdown period as I found myself caring for a whole clan, some of the relatives came to the city to seek treatment and as a family we were exposed to the COVID-19 infection. Sadly, I got infected and it was only then that my husband had to dismiss some of the relatives. As soon as I recovered, 3 family members were infected and despite being frail from the COVID attack, I had to attend to them as well as ensuring the whole family did not become infected. I was emotionally and physically drained, I remember my youngest son asking why I had developed a habit of talking to myself. I know I was suffering from depression but I had to continue pretending to be the perfect *makoti* (daughter-in-law) whilst inward, I was hurting and in turmoil.

Similarly, another research participant (RP2, 36 years, 17 May 2023) expressed that:

> During the lockdown period, sometimes a relative could visit displaying symptoms of COVID-19 infection, you could not chase them away. The burden of taking care of them while ensuring that

> your other family members do not get infected was stressful. As women, we were just overwhelmingly exposed to infection. It is just by the grace of God that we lived to share our otherwise stressful COVID-19 experiences.

Whilst the research findings indicated that the burden of care and providence rested on women most especially during the lockdown period, it was evidenced that no-one bothered about their wellbeing and this gave rise to mental health disorders. The research participants cited that the pressure to remain strong at times became overbearing for them and as a result, this triggered mental strain on the women. The research findings also indicated the burden of caring for the in-laws and extended family members was particularly more stressful for the younger women below thirty (30) years. The older research participants (forty-five years and above) attributed this to the degeneration of indigenous cultural values. These older women argued that the younger generation has assimilated modern lifestyles which promote individualism and also favours the nucleus family. Hence, when that adopted setup changes due to unprecedented circumstances like the COVID-19 pandemic and the consequent containment measures, young wives find themselves having to care for extended families and this became a stressor for mental health disorders. The young women, in addition to being confined to the house, had to contend with the unfamiliar role of being a *makoti* (daughter-in-law) to their husband's extended kinfolk. This daunting situation was shared by RP8 (24 years, 13 June 2023):

> Being confined to the house full of people reliant on you was super challenging. You had the pressure to perform and position yourself as the perfect wife, mother and daughter-in-law. This period seemed like a test for women. It needed one to have a source of strength, and as a Christian woman, drawing from the many different biblical women gave me the courage to persevere. One day l would fantasize myself as the Deborah woman from the Bible, the next day as the Proverbs 31 woman. Despite drawing from my Christian faith as a coping mechanism, l was under immense mental strain mostly because my efforts, despite my young age and having to care for people way older than myself were never appreciated or acknowledged. It was distressing and it left me wounded!

During one of the focus group discussions, a young woman (RP6, 21years, 13 June 2023) expressed that:

> *Haa, dai kusiri kuti tinonamata* and we found comfort in our faith in God*, vazhinji vedu taidai takapenga munguva ye*COVID*, kuroorwa hakusi nyore zvachose – kuda kuti uudze vabereki vako kuti haa zvandiremera unoudzwa kuti ndiyo imba yacho, wotongoshinga…haa ini ndakapotsa ndamhanya bani chokwadi, ndaitozozvinyaradza nekuswera ndakaisa maearphone ndichinzwa gospel music, apa unoswera wakamira*.
>
> Had it not been that we are Christians and that we found comfort in our faith in God, most of us would have gone mad during the COVID period, being married is not easy at all – you try to find solace by sharing with your own parents that it is tough for you, they tell you that is what marriage is, you need to persevere. l almost got mad for real, l would console myself by listening to gospel music through my earphones….and moreover, you spend the whole day on your feet.

Indigenous perceptions of mental health disorders

Whilst factors inclusive of gender-based violence GBV), intimate partner violence (IPV), the burden of care are cited as triggers of mental health disorders for women, due to religio-cultural expectations of women as the anchor of the family, mental disorders were interpreted from the perspective of *kutsingwa* (bewitchment)*, munyama* (bad luck) and *mweya yetsvina* (evil spirits). In the Shona culture, the woman is believed to be the anchor that holds the family together. This is attested to by the common adage *musha mukadzi* (it is the woman who holds the family/household together). Because of the socio-cultural expectations that regard the woman as the anchor that holds the family together, the stress triggered by such is often overlooked. For a woman to admit that she is overwhelmed by the burden of care and

household chores is regarded as a sign of failure to be the anchor of the family. As such, women tend to mask the pressures and psychological stress they suffer for the sake of holding the family together. However, the masked strain often leads to mental health disorders. Some of the research participants indicated that when an African woman suffers a mental breakdown, most often, it is believed to be the result of *kutsingwa, munyama* or *mweya wetsvina*. One of the elderly participants (RP11, 66 years, 21 May 2023) had this to say:

> *Muchivanhu chedu, zvinotowanikwa stereki kuti mukadzi akaroorwa abatwe nemweya yetsvina. Kazhinji zvinokonzerwa nehama kana shamwari dzinochiva kana kurwadziwa nemarriage yake saka vanomusaidzira mweya wetsvina iye iota kunge asina kunyatsokwana. Vakadzi vagara vanotodzidziswa kuti ndivo vanomisa musha saka hapana zvingavatadzise kuzviita. Saka munhukadzi akaita senge pane zviri kumunetsa zvichibva kupfungwa dzisina kugadzikana, tinobva taziva kuti marriage yake yaatakwa. Kana achinamata anenge otoda deliverance yakasimba, kana asinganamati, anenge otoda kubatsirwa nevanohaka mweya yetsvina kuti ibve.*
>
> In our culture, it is common for a married woman to be attacked by evil spirits. There might be jealous relatives or friends envious of her stable marriage who then cast a spell so she appears as if she is mentally unstable. Women are taught to be the anchors of the home and they do not succumb to any pressures. Therefore, if a woman suffers from a mental breakdown, we know that her marriage is under attack from the evil one. If she is a Christian, she would need strong deliverance, if not, she has to seek exorcism from a traditional healer to rid of the evil spirits.

It was also the belief of some participants that evil persons took advantage of the COVID-19 pandemic to cast evil spells. One of the participants (RP03, 49 years, 13 April 2023) had this to say:

> *Nguva ye*COVID-19 *iyoyi yaitoda kunamata zvakasimba zvese nekutoshandisa mishonga inodzinga mweya yetsvina because varoyi ndipo pavaiwana mukana zvonzi munhu abatwa ne*COVID-19 yet *watokandirwa mamhepo.*
>
> The COVID-19 period was a time for heightened prayers as well as using indigenous herbs for casting away evil spirits because those who practice witchcraft found avenues and the interpretation would be that one has been infected with COVID-19 yet *mamhepo*/a spell has been cast.

Most of the research participants indicated the intensified practice of religious syncretism during the COVID-19 pandemic. The term syncretism is borrowed from the Greek word sykretismos which means to combine (Ogbonna & Agaba, 2021). Therefore, "religious syncretism is the blending of two or more religious thoughts or belief systems into a new system" (Ogbonna & Agaba, 2021: 86). In the context of this study, religious syncretism was evidenced through the blending of Christian and African indigenous beliefs and practices. It was reported that even ministers of religion promoted using both indigenous herbs, anointing oil, and wrist bands given at church to ward off evil spirits that were known to mask themselves and attack as COVID-19 infection. One of the research participants (RP2, 33 years, 14 April 2024) thus shared:

> *Mfundisi wedu akatotiudza kuti zvinowanikwa kuti vanhu vagare vane kukahadzika nguva iyoyo ye*COVID *saka vaitoti kuti pfungwa dziterame vanhu ngavaite zvinovararamisa zvakafanana ekufukira zumbani pamwe nekunwa tea yacho. Vaingokurudzira kuti tisaende kun'anga asi tinogona kushandisa mishonga yechibhoyi nekuti yakasikwa naMwari kuti tiishandise.* COVID *yakachinja zvinhu, kudhara taingonzi* anointing oil, wrist and *nekunamatirwa chete.*
>
> Our religious minister told us that it is common for people to develop anxiety during the COVID period so he advised us that in order to have peace of mind, people should adopt whatever ways that preserve life, for example, steaming with *zumbani* as well as having *zumbani* tea. He only admonished us from engaging the services of witchdoctors but instead, he encouraged us to use indigenous herbs which he said were created by God for use by humanity. The COVID-19 pandemic changed the

> Christian narrative whereby we were previously encouraged to make use of anointing oil, wrist bands and prayers only.

Christian responses to COVID-19 Induced Mental Disorders

The COVID-19 pandemic presented a dilemma for many Christians as they failed to interpret its significance to the Christian faith. In some circles, the pandemic was interpreted as a sign of the times, a signal for end times, and God's punishment for an immoral world. Such interpretations, according to research participants, gave rise to a number of mental disorders as Christian adherents were pressurised into 'making things right with God' otherwise they were going to succumb to the pandemic. In this regard, the participants indicated that during such trying times, the Bible became a much needed spiritual resource for uplifting their weary souls.

One of the research participants (RP14, 42 years, 13 June 2023) shared that:

> The severity of the pandemic was interpreted as a sign of the times. Rarely had a pandemic been experienced across the world with such devastating effects. Most sermons during the peak of the pandemic centred on God's restorative justice to a fallen world. The emphasis to overcome was repentance and prayer, these were more pronounced compared to accessing medical care to combat the pandemic.

Study participants further indicated that from a Christian perspective, there was a widespread belief in deliverance or exorcism and the use of religious artefacts for those infected with COVID-19. This emanated from the interpretations assigned to the pandemic which was perceived as no ordinary calamity. The period of the COVID-19 pandemic witnessed a sharp upsurge in the use of holy water, anointing oil, wrist bands and exorcism from evil spirits. This was complemented by meditation, prayer and fasting, listening to sermons particularly on deliverance. Study participants also indicated that they were encouraged to listen to gospel music, online sermons particularly on healing and deliverance as well as establishing prayer partnerships. This was believed to continuously invoke the presence of the Holy Spirit as well as keeping one mentally connected to God. One of the participants (RP 12, 29 years, 12 June 2023) shared that being connected to God gave her strength to overcome the fear of COVID-19 infection. She expressed that:

> Our church minister advised that during severe calamity, one had to continually stay connected to God. Therefore, during the peak of the pandemic and during the lockdown period, we were encouraged to listen to gospel music, read the Bible, listen to online sermons even during household chores – this was a strategy to keep the mind busy and programmed and connected to the Ultimate, a higher power. This became a very effective coping mechanism for most Christian women who were exposed to COVID-19 through their various roles at home.

It was therefore the contention of the research participants that the will to live in the event of infection was a psychosomatic battle. In this regard, one had to be mentally strong so as to fight the infection. Religious piety therefore became a safety net that kept igniting strength, hope and resilience to persevere during the period of the COVID-19 pandemic.

Discussion of Findings

In tandem with the research findings is the observation by Kopylova et al. (2024) that an increased number of people in a household meant limited personal space and increased social interactions which often leads to conflicts and disagreements. Furthermore, bigger households also meant increased domestic chores which resultantly trigger high levels of exhaustion for women (Humphreys et al., 2020). As has been alluded to by the Women's Mental Health Alliance (2020), this study also found out that the increased mental health disorders during

the COVID-19 pandemic for women were a result of pre-existing gendered social and economic inequalities. These gendered inequalities caused emotional, social and financial stress as well as anxiety in women thereby instigating new or recurring mental disorders (Chung, 2020). Research findings indicated that most frequently, due to socio-cultural expectations, African women often prioritise the needs of the family at the expense of their own health and wellbeing and this results in physical and mental fatigue, leading to depression and other related mental health disorders.

Shoko (2023) posits that people's perceptions of the COVID-19 pandemic were constructed through their religio-cultural belief systems. For the Christian believers, every calamity is predestined. Prayer was regarded as the panacea for protecting oneself from contracting the deadly coronavirus (Shoko, 2023). In this regard, prayer was adopted as a coping mechanism for calamities such as the COVID-19 pandemic. Similarly, a study by Tolmie & Venter (2021) posited that people tend to find solace in religion during times of a pandemic. Religion offers guidance and spiritual comfort thus enabling a conducive environment for coping with calamity (Tolmie & Venter, 2021). So many interpretations were assigned the COVID-19 pandemic and some churches openly spoke against vaccination which was believed to consequently give rise to deformity, infertility and an antidote for early and untimely death. On the other hand, the government made it mandatory, especially for all civil servants and frontline workers to get vaccinated. Making a decision then to get vaccinated was mentally challenging as a number of citizens were confounded with having to make a decision whether to get vaccinated or not.

Mental disorders during the COVID-19 pandemic were further compounded by widespread misleading theological discernments concerning the pandemic. Mwaniki (2020) identified three such misleading interpretations as firstly, the apocalyptic interpretations whereby it was believed that the COVID-19 pandemic signified the end of the world and the return of Jesus Christ. Secondly, the construction of a disingenuous eschatology that wrought fear especially pertaining to COVID-19 vaccinations. The COVID-19 vaccines were interpreted as the mark of the beast – 666 as mentioned in Revelation 13:18. In this regard, people became hesitant towards vaccination. Thirdly, the construction of a disingenuous theology that invoked the doctrine of retribution. COVID-19 was interpreted as instituted by God as divine punishment for humanity's sinful nature, hence the absence of a cure. Humanity was therefore expected to repent and pray for their salvation. Relatedly, Mwaniki's (2020) observations were similarly expressed by the research participants for this study. As a result, these misleading theological interpretations constructed from the COVID-19 pandemic caused a lot of fear which resulted in mental stress among women who were more susceptible to COVID-19 infection due to their gendered roles of care.

African Interventionist Approaches to Managing COVID-19 Induced Mental Disorders

For a larger number of Christian women across Africa, faith commands a central role in their lives and it serves as a source of comfort, strength, and guidance during trying times. However, the stigma attached to mental health disorders in some religious communities can hinder women from seeking help and support when most needed. It is therefore very crucial to recognise the unique experiences and challenges faced by Christian women in addressing mental health concerns as well as to provide them with culturally appropriate and faith-based intervention coping mechanisms. Drawing from the research findings, it was noted that prayer, supplication and indigenous herbal remedies were simultaneously used to address mental disorders. It was the conviction of the research participants that God works in mysterious ways, as such both western and indigenous health practitioners represented God's avenues of healing. COVID-19 usurped the rigid Christian belief system. Religious syncretism became overt. Both western biomedical and indigenous biomedical interventions were simultaneously used to manage COVID-19 induced mental disorders. The COVID-19 pandemic redefined the Christian narrative for responding to ill-health. The new narrative centred on the promotion of culturally sensitive healthcare systems whereby the use of indigenous herbal remedies was

openly encouraged even within the church setting. Christianity had been known to be rigid in terms of its doctrinal edicts. The use of indigenous sacraments was openly vilified as heathen, it was considered taboo for a born-again Christian, who revoked indigenous ways of life in favour of western Christianity, to use indigenous herbal medicines. However, due to the complexity and lack of a known cure for the menacing coronavirus, the use of indigenous herbal remedies was amenably encouraged.

In order to address the mental health needs of Christian women, particularly in Africa during the times of severe crises or pandemics, it is crucial to develop interventionist responses that are culturally sensitive, inclusive, and empowering. Cultural centrality to the health seeking behaviour of indigenous African people cannot be overemphasised. African interventionist approaches to health and wellbeing ought to centralise culture when seeking to understand health challenges and the consequent search for appropriate interventions (Airhihenbuwa, 2007). This understanding is accentuated by the PEN-3 cultural model which has been adopted as this study's theoretical framework. However, it is equally important to take cognisance of the ambivalent role of culture in terms of good health and wellbeing. Drawing from the PEN-3 cultural model, its protagonist, Airhihenbuwa (1999) posits that:

> The goal of cultural empowerment is to ensure that an intervention is developed with the idea of not only the bad in mind, but to also promote the good and recognise the unique or indifferent aspects of culture. As a result, this model insists that regardless of the point of intervention entry, the positive aspects of behaviour and culture must be identified as the first priority, otherwise the interventionist could become part of the problem.

As such, an African interventionist approach to managing mental disorders induced by severe calamities like the COVID-19 pandemic is the recognition of the unique cultural and social contexts that shape mental health experiences in Africa. African societies are often marked by strong communal ties and collectivist values, which can influence how mental health issues are understood and addressed. For example, stigma surrounding mental illness is still prevalent in many African communities, making it difficult for individuals to seek help and support for their mental health concerns (Pheko et al., 2013; Sartorius, 2007). Therefore, an interventionist approach must take into account, cultural factors and work to address them in order to effectively support individuals experiencing mental disorders. Hlatywayo (2023:5) argues that "religious leaders, by virtue of their social standing within local communities, yield authority and trust, hence positioning and enabling them to respond even to the spill-over effects induced by the COVID-19 pandemic". As such, religious leaders are encouraged to support Christian women suffering from mental disorders through promoting religio-cultural sensitive healing mechanisms and coping strategies.

Another African interventionist approach to managing COVID-19 induced mental disorders is the utilization of traditional healing practices and indigenous knowledge systems (Kajawu et al., 2019; Yeh et al., 2004). In many African societies, traditional healers play a crucial role in providing mental health support and treatment. African Traditional Healers (ATH) have a deep understanding of the cultural and spiritual dimensions of mental health and can offer holistic approaches to addressing mental health concerns (Kajawu et al., 2019). Therefore, through the incorporation of indigenous healing practices into mental health interventions, African communities can offer more culturally relevant and accessible support to individuals struggling with COVID-19 induced mental disorders.

In concurrence with Abel and Newbigging (2018), there is need for tailor-made and specific health and social care that takes into cognisance, the social realities of women's lives so as to properly address the gendered variances in mental health. This entails establishing mental health coping mechanisms that take into account women's lived experiences through according priority to mental distress associated with their lived realities (Abel & Newbigging,

2018). An African interventionist approach should also address the challenge of gender-based and intimate partner violence that is often masked under the guise of culture. It should also pay attention to the sensitivity of the diverse nature of women's needs and experiences as well as creating safe spaces specifically tailored for addressing the mental health challenges of women (Barnes et al., 2002).

Conclusion

The COVID-19 pandemic and its concomitant lockdown containment measures triggered mental health disorders in women. This study explored the common risk factors that exposed women to the susceptibility of mental disorders. A number of stressors including women's lower economic and financial instability as well as the gendered burden of care were identified as triggers. On the other hand, in African indigenous religion, mental health disorders were interpreted as *kutsingwa, munyama and mweya yetsvina*. Because the challenge of the COVID-19 induced mental health disorder were interpreted from a religio-cultural perspective, an African interventionist response is therefore pertinent. In this regard, An African interventionist response seeks to support and uplift Christian women in their mental health journey, fostering a sense of hope, healing, and resilience in the face of the aftermath of the COVID-19 pandemic. Through the lens of the PEN-3 cultural model, the study posits that a holistic African interventionist approach, that is culturally sensitive, should be adopted for managing COVID-19 induced mental health disorders among women. Such an intervention incorporates both Christian and indigenous approaches to addressing the challenge of mental disorders among women.

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