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The COVID-19 pandemic, Women and Mental Health in Zimbabwe: A Gender-Based Violence perspective

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Abstract

The Coronavirus (COVID-19) pandemic that engulfed the world from 2019 to date has not only exposed the failure by national governments to decisively deal with the pandemic, it has also posed serious questions about the intersections of COVID-19, women and mental health issues in Africa. It appears as if previous epidemics such as HIV and AIDS and Ebola, just to mention a few, have not fully equipped people on how to deal with emergencies such as the COVID-19 crisis. This article is an attempt to unravel the tumultuous terrain that characterise the impact of COVID-19 on women's mental health in Zimbabwe. It draws from lessons learnt through the COVID-19 experiences across all the sectors of human life. Adopting a narrative methodological approach, the study explored the impact of COVID-19 on people's (particularly women's) mental health. Using the biopsychosocial model of mental health as the prism through which issues at hand are dissected, the article argues that the COVID-19 pandemic is taking advantage of the faulty lines that exist on issues about women, gender and religion to expose women to major mental health challenges. The study also found out that men, too, were victims of GBV as the 'stay-at-home' decree emasculated them of their 'man ego' normally expressed by providing for the family.

Keywords: COVID-19, GBV, gender, mental health, religion, women, Zimbabwe

Introduction and Background

Dlamini (2021) conceptualises Gender-Based Violence (GBV) as violence that is directed against a person on the basis of their sex or gender. It comprises acts that inflict emotional, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty (UN, 1994). The United Nations Committee on the Elimination of Discrimination against Women (1994) goes further and states that GBV is psychological, physical and/or sexual violence perpetuated or condoned within the family, the general community or by the state and its institutions. GBV is endemic in society and has become a global pandemic that affects one in three women in their life pre-COVID-19 (The World Bank, 2019). It is prevalent throughout the life-cycle stages of women-infancy, girlhood, adolescence, adulthood and old age (Dlamini, 2021). It goes beyond the suffering of the survivors and their families, and it is estimated that its cost can go up to 3.7% of some countries' GDP (The World Bank, 2019). GBV affects women and girls' self-esteem and prevents them from realising their full rights as human beings and equal citizens (Dlamini 2021). It is argued that violence against women and girls undermines countries' achievements of the sustainable development goals, formerly known as United Nations Millennium Development Goals (Solotaroff & Pande, 2014). The World Bank (2019) gave the following pre-COVID-19 GBV statistics:

- 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.
- Globally, 7% of women have been sexually assaulted by someone other than a partner.
- Globally, as many as 38% of murders of women are committed by an intimate partner.

In 2017, 87,000 women were intentionally killed. The majority of these killings were committed by an intimate partner or a family member (UN Women, 2020a). It is prudent to acknowledge that men, too, can also be victims of GBV, in some instances. Men shy away from reporting acts of violence upon them by women, resulting in an impression that it is only women who are victims of GBV.

Historically, epidemics and other complex emergencies or crises have had disproportionate impact on women and girls increasing their vulnerability to gender-based violence (Roy et.al., 2022). The COVID-19 pandemic has been no different, with reports of rising cases of GBV emerging worldwide. The COVID-19 pandemic, first detected in Wuhan province of China in December 2019, was declared a global pandemic owing to its rapid spread across the world (Ndlovu et.al., 2022). When the World Health Organization declared COVID-19 a pandemic in March 2020, governments moved to limit the virus's spread by implementing national lockdown measures. These included curfews, public transportation shutdowns, societal lockdowns, flight restrictions, workplace closures, mandatory quarantine (de Lima et al*.,* 2020; Shi et al., 2020; Wang et al., 2021), enforced social distancing (Ka ̈mpfen et al., 2020; Marroquín et al., 2020; Zhao et al., 2020) and stay-at-home orders (Pierce *et al*., 2020a; Turna et al., 2021). While necessary in slowing the spread of the virus, there have been widespread concerns that these COVID-19 containment strategies could exacerbate pre-existing "loneliness epidemic" (Di Gessa & Price, 2021; O'Sullivan et al., 2021), since they are, by design, meant to keep individuals apart from person-to-person interactions and to curtail activities organized in community congregate settings, such as indoor recreational events, gymnastic exercises, and religious/spiritual coping groups (Bao *et al*., 2021), which could result in greater levels of social isolation and difficulties in maintaining social connections. The intensity of the mandates differed from country to country as these were context-dependent. The mandates resulted in the 'Shadow Pandemic' - a surge in GBV worldwide that exposed pre-existing gender inequalities (UN Women, 2021). Already a significant problem in Kenya, Uganda, Nigeria, and South Africa, *Zimbabwe* (addition mine), GBV in these countries has been exacerbated by government restrictions intended to contain the spread of COVID-19 (Roy et.al., 2022). The entanglement of COVID-19, women and mental health calls for a cautious approach in Africa and Zimbabwe in particular.

In Zimbabwe, as in other countries, people were not allowed outdoors for fear of spreading the virus. The 'stay-at- home' orders resulted in what Hlatywayo (2023:1) calls " bruised male ego…" where fathers who used to express their masculinity through providing for the family when they come from work was 'bruised' during the COVID-19 lockdowns. According to Msibi (2013:109) "cultural practices that consider men as sole economic providers for women and children aggravate gender abuse". According to Buqa (2020:5), "Men take pride in working, having money and providing for the family". Fathers were to stay at home and getting out to eke a living was abruptly stopped. This had disastrous effects on men's informal hustling or *kukiya-kiya* (Sibanda & Humbe, 2022) which the youth have code-named *kungwavha-ngwavha* (Sibanda & Humbe, 2022). The COVID-19 pandemic caused a lot of livelihood disruptions and shocks (Muzuva & Hlungwani, 2022) through the promulgated containment measures. Dlamini (2021:3) is instructive by arguing that "… impact of COVID-19 pandemic exacerbated pre-existing toxic social norms and gender inequality". For Cyril Ramaphosa, South Africa president, gender-based violence was a 'second pandemic' (Agenzia, 2020:2), 'a twin pandemic to COVID-19' (Dlamini, 2021:583). It is against this background that this

study assessed the intersections of the COVID-19 pandemic, women, religious beliefs and mental health in Zimbabwe.

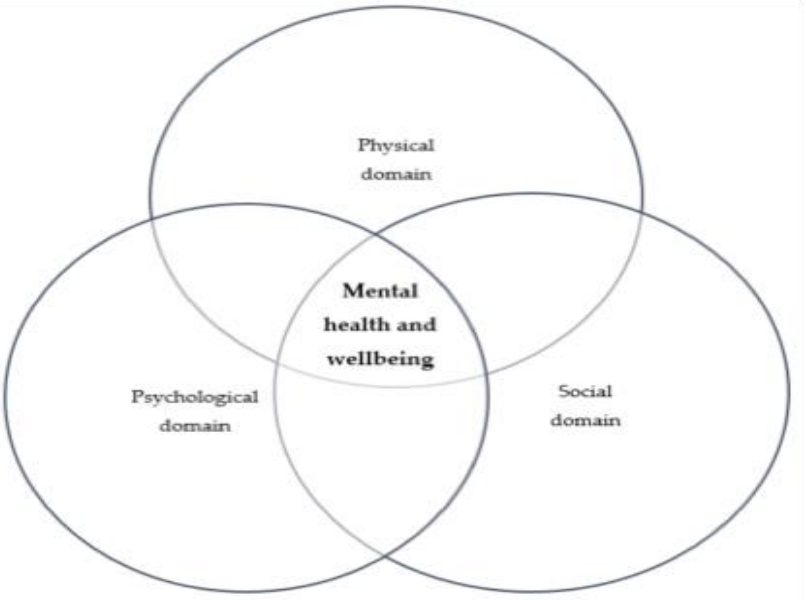
Theoretical framework

Mental health, as the ability to cope with everyday stressors, is shaped to a great extent by social, economic, and physical environments (WHO, 2013). I used the biopsychosocial model of mental health as propounded by Engel (1977, see Rwafa-Ponela, 2022) to understand how COVID-19 restrictions affected people's mental health, especially women who were already burdened by religious stereotyping.The model states that mental health is influenced by the interaction of three main domains: physical, social, and psychological wellbeing (Engel, 1977). This model consists of three domains namely:

(a) Physical: This domain refers to mental health consequences of having contracted the disease such as insomnia, panic attacks, mood changes and discomfort.
(b) Social: This involves social isolation, financial and food insecurity, stigma, inability to access support structures.
(c) The Psychological domain deals with common issues during the pandemic such as emotions, fear, anxiety, depression or post traumatic stress (Holmes *et.al.* 2020). These domains interact, resulting in socio-physical, psychophysical and psychosocial functioning effects, which are important in the causality and mitigation and psychosocial functioning effects of mental health distress during a crisis like COVID-19.

The emphasis is that there is need for a multi-dimensional approach to understand mental wellness.

Figure 1: Three-dimensional mental wellbeing framework for the COVID-19 Crisis



Source: Rwafa-Ponela (2022). Adapted from Engel (1977)

The constructs were used to organize findings and thematically categorize participants' responses to how the COVID-19 pandemic impacted on women's mental health.

Material and Methods

In the study I used the narrative methodological approach where the most common narratives of how COVID-19 containment measures impacted on people's mental health, particularly women, were collected. Since most of the impactful COVID-19 restrictions-induced gender-

based violence happen in the family, it was prudent to "first listen to the stories of people struggling in real situaitions, not merely to a description of a general context, but to be confronted with a specific and concrete situation" (Muller, 2009:285). The narrative research is being increasingly used in various studies, practices and experiences, mainly because "human beings are storytellers who individually or socially lead storied lives" (Connelly & Clandinin, 1990:7). Narrative research is a study of how "human beings experience the world and narrative researchers collect these stories and write them" (Gudmundsdottir, 2001:56). Human beings have lives that are multistoried and no single story can encapusulate or handle all the contingencies of life (Morgan, 2000). I used qualitative interviewing, which is a way of finding out what others feel and think about their worlds (Rubin & Rubin, 1995). For Schurink (2003) qualitative research is how the social world is interpreted, understood, produced or experienced.

Because of this understanding, I listened to the stories told by people in Ward 7, Masvingo urban as they narrated their experiences relating particularly to women, COVID-19 and mental health. The households were selected on the basis that the members had either lost a close relative, looked after a COVID-19 patient, missed going to their workplaces or venturing out of their homes. The study comprised 15 households in Ward 7, Masvingo urban homes during the level 5 lockdown. In this study, I defined household members as people who were heads of their families and were either formally or informally employed. The interviews were carried out with both male and female members of the households. The interviews lasted between 30-60 minutes. The interviews were recorded verbatim and were later transcribed and translated into English where necessary.

Findings

The qualitative interviews were interpreted using a narrative approach.The participants generally revealed that although medical attention was not sought by most of the households, COVID-19 induced mental health matters were rife in several households due to gender-based violence (GBV). The nexus of COVID-19, women and mental health offers a very intricate discourse whose conversations border on issues to do with gender-based violence, masculinity, femininity and patriarchy, just to mention a few.

United Nations Women (2020a) recorded that before COVID-19, it was estimated that one in three women would experience violence. This is due to several factors that are religio-cultural such as socialisation which "teaches that boys and men are to be leaders, authority figures, independent, strong and aggressive while girls and women are to be followers, obedient and dependent" (Maluleke & Nadar, 2002:14-15). This patriarchy-induced culture of women subjugation is replete in several religions of the world. With COVID-19, cases of gender-based violence shot up by 25% (UN Women, 2020a). Archambeault (2020) cited in Manyonganise (2022:233-4) notes that with the COVID-19 pandemic, gender-based violence was projected to drive 31 million new cases of GBV by the end of 2020. It is recorded that in South Africa, the police received 2,300 complaints of GBV in the first week of March when the first lockdown was introduced (Crux, 2020). Within a week of COVID-19 in Zimbabwe, Musasa Project reported having received 592 calls from women and girls who were experiencing GBV, a sharp increase from 500 calls they used to receive before the pandemic (Manyonganise, 2022, see UNCT, Zimbabwe 2020). As if to confirm this, this study's participants revealed that COVID-19 induced GBV was on the increase and was the major cause of mental health matters that are rife in several households due to several factors. For the participants, COVID-19 induced GBV cases resulted in the physical, social and psychological ramifications on women and mental health. They identified the following as some of the causes and effects of the increased cases of COVID-19 induced GBV, particularly on women.

Loss of employment: Bruised men's egos

For vulnerable households where the only source of income was from the father eking a living either formally or informally, there have been loss of the 'male ego' due to COVID-19. COVID-19 restrictions closed all sectors of the economy save for what was referred to as 'essential services'. This drove most informal economy players (who form the majority in Zimbabwe) out of business. Most fathers lost their employment due to the closure of their companies or retrenchment as business was adversely affected by the pandemic. One of the male interviewee intoned:

> Most men are used to be the breadwinners of their families. They are the source of the financial stamina of the families. Loss of this status due to COVID-19 stripped men of that power. In order to reassert that lost power, most men become violent. This results in GBV in the family. The men vent their anger on their wives and/or children resulting in very stressful circumstances for the wives and/or children and the men too (**M1**).

The above excerpt clearly indicates that both the GBV perpetrators and survivors were physically, socially and psychologically impacted by COVID-19. Perpetrators (whose male egos were bruised) were stressed up and vent out stress on those near them, the victims who in most of the cases were the vulnerable women and children. This is confirmed by a study by Buqa (2022) which found out that during COVID-19 some men lost their jobs yet they grew up knowing that they had to provide for their families through socialisation and religious teachings. These men started to develop violent behaviour and mental health challenges. They could not withstand the pressure coming from partriarchal practices and beliefs. Traditionally, when men fail to fulfil their masculine role in the family, they feel emasculated. The macho image is destroyed completely. They then turn very abusive to their wives at home who in turn suffer mental health challenges as compensation for the battered male ego. The wounded men's ego, 'bruised male ego' (Hlatywayo, 2023) finds outlets by engaging in GBV.

Similarly, women were indicated as having suffered the most in this regard. Firstly, as victims of the COVID-19 induced GBV, and secondly, as family providers in a constrained economy characterised by high unemployment. Women's self-reliance and survival coping strategies were hard hit by the COVID-19 closures. Their production of wares such as "tinkered pots, buckets, candle stands, ..." (Sibanda & Humbe, 2022:9) was adversely affected by the COVID-19 containment lockdowns. They were no longer able to do business. They were not only socially marooned but economically as well. These were very stressful moments as indicated by one female interviewee who rhetorically submitted:

> Closures of the market stalls due to COVID-19 lockdowns destroyed us financially. What do we do to feed our families? Where do we get school fees from? How do we clothe the families? How do we look after our other dependents in the rural areas? Oooh! God help us!(**F2**).

A series of the above rhetoric questions is indicative of hopelessness, helplessness and a sign of desperation that affected the mental health of the interviewee. The appeal to God (religion) as a coping strategy shows the extent to which COVID-19 has ravaged people's livelihoods and left them in a state of finiteness.

Idleness: The devil's incarnate

The home environment was found to be very stifling for the family that used to meet in the evening, with parents coming from work and children from school. COVID-19 forced workplaces and schools to be closed. Only essential service workers were permitted to go to

work. The rest of the workforce and learners were to stay in-doors. This brought its fair share of challenges that resulted in mental health issues. Participants indicated that apart from having everyone at home at the same time for very long periods, COVID-19 stay-at-home restriction imposed on families very difficult times. The participants talked of unprecedented quarrels over petty issues such as amount of salt and cooking oil used during cooking. Some men even beat their wives for being wasteful on grocery. Every move was under scrutiny because of the prolonged presence in the house. It was also revealed that with beerhalls closed, some houses were turned into illicit beerhalls where men would converge for drinking. Imagine how this 'new normal' would affect the woman of the house, let alone the children. Confined environments and settings triggered violent acts from intimate partners, and increased exploitation and neglet (Malik & Naeem, 2020).

Children were also a menace to parents in the house. Their demands were deemed too heavy to meet. Parents were not used to spend a whole day with children at home. Some interviewees complained that despite the fact that resources in the family dwindled due to loss of meaningful income, children demanded more in terms of food and leisure at home. This strained parents who felt they had an obligation to fulfil. "Our BP levels rose during those days, only that we were not checked," said one parent. With the relaxation of the COVID-19 restrictions but with schools still closed, children were worrisome to parents. Children engaged into delinquencies such as smoking, coming home late, engaging on online platform delinquencies. It became burdensome to supervise and monitor their movements by parents. The old adage: 'An idle mind is the workshop of the devil' characterised the period. In extreme cases, participants revealed instances of teenage pregnancies, a very worrisome vice to parents especially women who normally get the blame when children misbehave. The home was therefore an assortment of all challenges, especially for the mother who had to ensure the home remained habitable despite the challenges. Such a burden on the woman wears her socially, emotionally and psychologically.

Working from home: A workplace away from the workplace

Some organisations closed their premises and asked their staff to work from home. Although the organisations tried to make the home a conducive working place by provision of the requirements such as laptops, WiFi and others, participants indicated that the home remained a working place away from the workplace. The burden this brought to workers was unbearable. For example, female participants indicated that being a woman as a professional, wife, mother, daughter -in- law (for those who stay with in-laws) , a tenant, among others, sapped them. Each of the titles given to the woman above has its own demands. The home saw the woman who had to juggle all the roles at one place. The participants revealed that this kind of an arrangement called for an exceptional woman with a very clear and free mindset. The question is how would the woman worker ensure that she satifies work demands, motherly duties, wifely roles all at the same place and time? It is stressful to balance these in one setting.

Marriage: 'We can't breathe'

The marriage as an institution in Africa is a 'contested terrain' (Muyambo, 2023) due to societal constructs. The stifling atmosphere around the marriage institution was brought to the fore during the COVID-19 lockdowns. Female participants in the study revealed that it was not all roses in the context of the COVID-19 pandemic. Women have societal obligations they need to fulfil in marriage. These obligations can be very disastrous to women but society is blind to this. In the COVID-19 context the picture became even gloomier as one female participant poignantly narrated her ordeal thus:

> I had to cope with the demanding presence of my husband. He is a bus driver and we are used to meet at intervals. With COVID-19 lockdowns he was here and I could not cope with his sexual demands. It was now every

> day and that affected me psychologically. One thinking in my mind was that I should tell him that it was too much, the other was saying culturally it's not proper to deny him his conjugal rights. The fear was how would he take it but at the same time I wasn't enjoying it anymore. I was torn between the two: to either assert my feelings or to suppress them in order to accommodate his (**F5**).

The above submission points to a dilemma that the woman found herself in. She was torn between personal feelings and societal expectations. Marriage obligations tie her and she had to sacrifice her feelings and human rights on the altar of religion, culture and gender. The woman in the above situation could not even voice or walk out of the marriage though it was stifling in the COVID-19 era. Marriage, through religious teaching and socialisation is so important that one has to groan in it. Biri (2022:109) challenges such a mentality where "women are socialised to denigrate themselves and seek marriage as the most important accomplishmnent that gives them value". She goes on to argue that such a scenario would open avenues for violence and abuse since countless women would rather "groan in a loveless, physically and emotionally abusive marriage than risk being counted among those who are not married". For Oduyoye (1995) some women fear to walk out of marriage because they have been socialised to think that there is no dignity outside marriage. They would rather groan in it to save their dignity. Marriage therefore becomes a 'We can't breathe' institution for women, a borrowed terminology from an incident in the United States of America where George Floyd was suffocated to death by a white policeman which has resulted in 'Black Lives Matter' utterances. Although women participants were not open as to whether they also demanded more sexual encounters with their husbands spending more time with them, that possibility could not denied outrightly.

Loneliness: A silent killer during COVID-19

One of the major concerns that participants revealed was that COVID-19 restriction measures brought untold loneliness which had and still has devastating mental health matters. For instance, most female participants indicated that the restrictions resulted in isolation from others. Women interviewed concurred that human beings are social animals who thrive on social networking. Stereotypically, women are associated with gossiping in the streets. They share jokes and other social matters as a way of warding off some of the marital challenges in their families. The would laugh off some of the most pressing issues thereby keeping away from stress. An old adage: A problem shared is a problem solved hold font. Challenges that are succidal are normally shared with friends through gossing and life goes. The artelies for removing stressful feelings were curtailed during the COVID-19 restrictions. Participants stated that they could no longer meet friends, peers, be they at work, church and other social gatherings. Because of this COVID-19 induced isolation, some people could not cope with stressful home environment where GVB cases were rife. In extreme cases, the bottled up emotions resulted in people committing suicide.

Fear and Anxiety: Other recipes for mental health

Other factors mentioned by participants as potential sources of mental health during the COVID-19 pandemic were fear and anxiety. They indicated that having a COVID-19 patient under the same roof with restrictions imposed was quite stressful, especially for women as caregivers. One male interviewee said:

> COVID-19 restrictions worsened matters for women caregivers. Imagine in an urban set-up where space in these rented houses is limited. One is a COVID-19 patient and all the members are not allowed outdoors. Women as caregivers have to take care of the patient. This woman is not only exposed to the same virus, but suffers mentally due to fear and anxiety (**M2**).

The fear of contracting the virus gripped the woman. This unsettled her. She equally became very anxious as to what would happen to the rest of the family in a crammed accommodation. All these burdened her mentally.

COVID-19, Women and Mental Health: Critical Reflections

Based on the findings of the present study, there are few reflections that come to the fore. Firstly, the imposition of COVID-19 restrictions, though helpful, was done without due diligence. Given that GBV has been endemic before COVID-19, the stay-at-home restriction unbelievably increased COVID-19 cases in homes, resulting in women being hardest hit. Apart from marooning GBV survivors, with no access to help from agents such as the Musasa Project and others, the restriction was a heavy load on women's social, physical and psychological domains. In this case the state should have mobilised enough resources to ensure that services for GBV survivors in the home remained available and accessible. Mechanisms should have been put in place to ensure that homes were safe havens from the COVID-19 menace. African governments, in particular need to have put in place "contigent mitigating mechanism to protect the marginalized women and girls against a co-existing pandemic" (Dlamini, 2021:583). Local, small and manageable groups made up of trained personnel and with requisite protective equipment could have been formed to move around homes. These would not only identify challenges people were facing, but would provide physical, social and psychological safety nets for the GBV survivors. The government enforced the stay-at-home restriction without looking at what was its impact on women's mental health matters. Admittedly, the restriction was an *ad hoc* but its side effects were never considered, if considered then nothing was done to deal with the cumulative effects of the restriction.

Secondly, the stay-at-home restriction has serious implications for Sustainable Development Goals (SDGs), 3, 5 and 10. Countries, Zimbabwe included, have made commendable strides towards SDG3: *Good health and well-being*, SDG 5: *Gender equality* and SDG 10: *Reducing inequalities.* The COVID-19 pandemic, particularly its stay-at-home restriction, has/is reversing the gains. Women were disproportionately disadvantaged by the restriction. It was revealed that women were at the receiving end of the GBV cases in families. As survivors, women's mental health was adversely affected. The stress that results from the fear, anxiety, physical and emotional abuse leave most women's good health and well-being greatly compromised. In some cases women's human rights in the home were never recognised. Some men resorted to stereotyping women simply as beneficiaries of their benevolence as the family providers. This poses serious issues on gender equality as one of the pillars of the SDGs. The battered image of men due to loss of gainful employment has increased the inequalities in homes. The woman continues to denegerate into a second class citizen whose lifeline is the man. With all her *kungwavha ngwavha* (informal hustling) avenues closed, the woman had to look up to the man for family provisions. Dlamini (2021) concedes that the COVID-19 pandemic exposed and exacerbated inequalities within countries and across geographies. It comes a case of two steps forward and four steps backwards in terms of SDGs, 3,5 and 10. Admittedly, it was not all men who abused their wives, there were some who were very supportive as indicated by the participants. The men would help with some domestic chores up to a point of cooking for the family while their wives were by their side helping in the cooking.

Thirdly, it must be admitted that it was not a totally gloomy picture, though. With the stay-at-home restriction, there were positives that families leveraged on. Because families were closed to the outside world, people were supposed to come up with innovative ways of being at home but still being in touch with the world. The use of online platforms such as WhatsApp, Twitter, Instagram and many others were on the increase. Children who were ICT savvy had to 'teach' their mothers and fathers how to navigate these gadgets in order to remain visible

in an otherwise closed world. This did not only upskill parents but solidified the social fabric between children and parents as more time was spent together unlike it was in the absence of the COVID-19 restrictions. To keep minds away from the stressful circumstances of the pandemic, there were these coping strategies: business online, increased sharpening of ICT use, social WhatsApp groups to cope with stress- jokes, funny postings, puzzles to keep the minds busy, among others.

Conclusion

The article shows that the COVID-19 pandemic, particularly its stay-at-home restriction impacted women's mental health. It has shown how women were hardest hit by the stay-at-home restriction. Although men's behaviour, as GBV perpetrators, was equally a mental health issue resulting from their loss of the macho image, women proportionally had more challenges they had to grapple with. GBV has been shown as an expression of gender inequality and toxic masculinity. Through its stay-at-home restriction COVID-19 has reversed the gains that have been recorded in terms of good health and well-being, gender equality and reducing inequalities as pillars of SDGs. In a study by Gordon et al. (2022) on governemnts responses to GBV during the COVID-19 pandemic, it came out clearly that while some governments played the balancing act between GBV and COVID-19, others found it difficult to pay sufficient attention to GBV as they concentrated on fighting the elephant in the house, putting women's mental health at risk. Measures that ensured flattening the curve and at the same time safeguarding women from GBV environments were supposed to be instituted simultaneously.

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