Enhancing girls' resilience in the face of Covid-19 pandemic in Marange community, Zimbabwe

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ARTICLE HISTORY

ABSTRACT

The study aimed at enhancing girls' resilience in the face of the Covid-19 pandemic. The descriptive design was used in the study. A purposive sampling technique was used. The sample size of 18 participants was determined by the saturation level which occurred when participants were repeating responses. The study population was drawn from rural girls in the Marange community in Zimbabwe. Semi-structured interviews and focus group discussions were used to collect data in the study. The study found out that girls were vulnerable to psychological distress such as guilt and self-blame, flashbacks, nightmares, insomnia, sexual dysfunction and suicidal ideation among other problems when they drop out of school. It was also found out that some cultural practices such as child marriages and genital mutilation took precedence over the girls' education in the face of the Covid-19 crisis. This has contributed to a significant number of girls dropping out of school. Some contextual cultural awareness campaigns highlighting the plight of girls in the face of COVID-19 pandemic were helpful. Contextually relevant cultural activities such as composing songs and poems were effective vehicles of educating the marginalised and remote community of Marange folk on the importance of supporting and valuing the girls' resilience in the face of the Covid-19 crisis.

KEYWORDS

Covid-19; culture; distress; lockdown; resilience;

1. Introduction

Girls in Africa especially in Zimbabwe's remote rural areas are marginalised and found themselves living under some difficult conditions. Taking into consideration rural poverty in Zimbabwe, the girls have high chances of dropping out of school in the background of local cultural values and norms which do not value their education. The times of Covid-19 pandemic has left many girls out of school (Malala, 2020). The closure of schools has made them more vulnerable to physical, sexual and emotional abuse. The abused girls are sometimes afraid of opening up as they are subjected to daily threats.

The Harvard Medical Report (2020) revealed that 67% of the abuses are perpetrated by immediate family members. The horrific experiences left the defenceless victims traumatised and voiceless. This has contributed to unprecedented psychological trauma and distress. Zimbabwe adopted education for all policy soon after independence in 1980 but in reality, more girls are still marginalised and continuously dropping out of schools especially in times of the Covid-19 crisis. According to Madzirashe (2020), teenage pregnancies and child marriages have been common during the lockdown restrictive measures meant to prevent the spread of the Covid-19 pandemic.

According to a UNESCO (2020) report, boys' schooling is given first preference in times of crisis such as Covid-19. In remote rural areas, most of the girls find themselves dropping out of schools as the limited resources are channelled towards the boys' education (Advocacy Project, 2021). This implies that the future prospects of finding career opportunities become limited for those girls who fail to continue with their education. Mugwara (2021) put across that there was increase of teenage pregnancies in Zimbabwe as Covid-19 pandemic forces school closure. As put across by Mavhinga (2021), the marginalised girls have limited access to reproductive health information and are vulnerable to sexually transmitted infections such as HIV and AIDS. This has caused unprecedented pain, distress and compromised the girls' resilience in the face of the Covid-19 pandemic. Bissoonauth, (2020) posits that most of the household chores were left to the girls and some worked as underpaid farm labourers without even protective clothes.

It is essential to assist the girls to deal with the perceived distress during the times of the Covid-19 pandemic crisis. The addressing of community held

cultural misconceptions which perpetuate the plight of the girls in the face of crisis such as the Covid-19 pandemic can be beneficial. Some contextual resilience enhancing strategies namely building relational structures such as family ties and social cohesion can be helpful. As put across by Claridge (2018), social cohesion helps to strengthen self-confidence and a sense of belonging essential for enhancing resilience among the girls in the face of the Covid-19 pandemic crisis. The exercising of cognitive skills such as being assertive, engaging in recreational activities, creative thinking and optimism can also assist to enhance the resilience of the girls in the face of the Covid-19 pandemic.

2.Methodology

The ecological model put across by Brofenbrenner (1979) served as the theoretical framework for the study. The ecological model views the society as having inter-related levels namely individual, family, neighbourhood and community institutions. Conceptually linked to the ecological model, the girls needed to believe in themselves and have the support from their families and the community at large to build resilience and succeed in the face of the Covid-19 crisis. In contrast, Manda (2009) argues that the interdependence among community members has darkened the spirit of creativity and self-confidence, essential for improving resilience in Africa. It is, however, important to note that, in a socio-centric society found in Africa, interpersonal relationships are highly valued and serve as primary sources of girls' well-being and mental health. The building of the girls' resilience in the face of the Covid-19 pandemic needed a collaborative approach. The different societal levels as put across by Brofenbrenner (1979) play a role in building resilience among the marginalised distressed girls in the face of the Covid-19 pandemic. These societal levels are the microsystem, mesosystem, exosystem and macrosystem. The microsystem is comprised of individuals and immediate family members. The mesosystem consists of the neighbourhood and nearby social institutions such as schools, hospitals, clubs and religious institutions. The exosystem took into consideration the parents' workplace and community services. The macrosystem is comprised of cultural values, customs, shared ideas and norms. These different societal systems and levels integrate to build resilience among the distressed girls in the face of the Covid-19 pandemic.

3. Conceptual Framework

The ecological model put across by Brofenbrenner (1979) served as the theoretical framework for the study. The ecological model views the society as having inter-related levels namely individual, family, neighbourhood and community institutions. Conceptually linked to the ecological model is that the girls needed to believe in themselves and have the support from their families, and the community at large, to build resilience and succeed in the face of the Covid-19 crisis. In contrast, Manda (2009) argues that the interdependence among community members has darkened the spirit of creativity and self-confidence, essential for improving resilience in Africa. It is, however, important to note that, in a socio-centric society found in Africa, interpersonal relationships are highly valued and serve as primary sources of girls' well-being and mental health.

The building of the girls' resilience in the face of the Covid-19 pandemic needed a collaborative approach. The different societal levels as put across by Brofenbrenner (1979) play a role in building resilience among the marginalised distressed girls in the face of the Covid-19 pandemic.

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4. Methodology

The study aims at enhancing girls' resilience in the face of the Covid-19 pandemic. The girls' well-being and mental health contribute significantly to the improvement of girls' resilience. Very limited research in Zimbabwe has been done on girls' resilience in the face of the Covid-19 pandemic crisis (Mavhura, Manyangadze, & Aryal, 2021). The study sought to answer the following questions:

a) *What are the psychological distress experienced by the girls in the face of the Covid-19 pandemic?*
b) *What are the contextual cultural practises which perpetuate the girls' distress in the face of the Covid-19 crisis?*
c) *What are the possible strategies for enhancing girls' resilience in the face of the Covid-19 crisis?*

The research findings serve as an essential baseline for providing contextual resilience enhancing strategies for girls in the face of the Covid-19 crisis. These resilience-building strategies that can improve mental competence in executing assigned tasks. The intervention study findings can help to enhance the academic achievement of the girls and motivate them to work hard in the face of the Covid-19 crisis. The research findings can also help the local community to realise the importance of supporting the girls' resilience enhancement in the face of the Covid-19 crisis.

Research design

The descriptive design was used in the study deemed appropriate because it enabled the researcher to gain insights through discovering meaning, exploring the depth, richness and complexity inherent in the studied phenomenon (Hammersley, 2013; Maxwell, 2013; Punch & Oancea, 2014). The participants' feelings and perceptions which could not be quantified were easily captured, and used in the study (Cameron, 2015). This helped improve the reliability and validity of the study findings.

Target population

The study population was drawn from girls in Marange community who had dropped out of school during lockdown measures meant to prevent the spread of Covid-19 pandemic.

Marange is located approximately 400km south-east of Harare. Purposive sampling was used to select the participants. The sample size of 18 participants was determined by the saturation level which occurred when participants were repeating responses. More participants were recruited so that if some left, the sample would still have enough for analysis and the participants filled in an autobiographical questionnaire. The autobiographical questionnaire helped the researcher gain a comprehensive understanding and characteristics of the participants notably age, school dropout, level of education, address, marital and orphanhood status.

Data collection procedure

According to Duduvskiy (2018), data collection involves gathering information essential to provide answers to the research problem. In this research, data collection tools were informed by the descriptive research design. Semi-structured interviews and focus group discussions were used in the study as

data collection tools. The participants were encouraged to be honest and truthful in all their responses. Permission to audio record participants' responses was sought and given by the participants. Semi-structured interview questions were prone to social desirability bias if great care was not taken. The researcher solved this limitation by consistently reminding the participants of the aim and objectives of the study.

Characteristics of participants

Code numbers 1 to 18 were assigned to respective participants to ensure anonymity and confidentiality.

Table 1: *Biographical description of participants*
N=18

Participants	Age	Sex	Orphanhood/Non orphanhood	Level of Education
1	11	Female	Orphan	Grade 6
2	17	Female	Not orphan	Form 2
3	19	Female	Orphan	Form 4
4	16	Female	Not orphan	Grade 7
5	18	Female	Orphan	Form 4
6	10	Female	Not orphan	Grade 4
7	19	Female	Not orphan	Form 3
8	15	Female	Orphan	Grade 7
9	18	Female	Not orphan	Form 2
10	17	Female	Not orphan	Form 3
11	19	Female	Orphan	Form 4
12	13	Female	Not orphan	Grade 6
13	15	Female	Orphan	Grade 7
14	17	Female	Not orphan	Form 3
15	12	Female	Orphan	Grade 5
16	16	Female	Not orphan	Form 2
17	19	Female	Not orphan	Form 3
18	14	Female	Not orphan	Grade 6

Ethical considerations

Permission to conduct the study was sought from the Manicaland State University of Applied Sciences' Ethics Committee. Permission to carry out the study was also sought from Marange local community leaders. Taking into consideration that some of the participants were still minors below the age of 18, informed consent was sought from either their parents or guardians.

Permission from parents and assent from young girls was sought by the researcher. The researcher clearly explained all the information concerning the purpose, objectives, benefits and any unforeseeable risks of the study. The explanation was done in mother language which all the participants could easily understand. Participation in the study was purely voluntary and the participants had the autonomy to withdraw from the study at any time and point. The participants were protected from any form of harm. Covid-19 safety guidelines were strictly adhered to during the study.

5. Data analysis procedure

The following qualitative data analysis procedure was used:

- Audio data was transcribed after intense listening of the obtained data from semi-structured interviews and focus group discussions.
- Themes from the responses were identified.
- The data was recorded into categories and subcategories.
- The final stage was translating identified data categories into a comprehensive normative account

There were three main themes namely psychological distress, cultural practices and intervention strategies which were derived from the collected data. The themes were divided into sub-themes as shown in fig 1 below
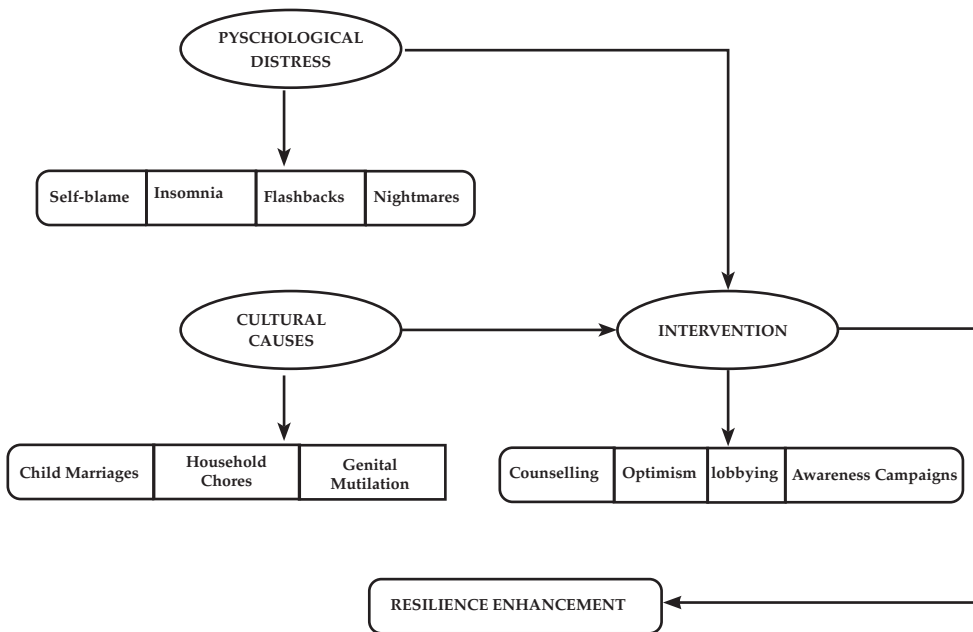

Figure 1: Themes and sub-themes

6. Psychological distress experienced by the girls in the face of the Covid-19 pandemic.

The obtained data revealed that the participants were going through some psychological distress. There is prevalent of child labour especially in marginalised rural communities such as Marange (Muyengwa, 2020). Instead of going to school, the participants were assigned some household tasks such as fetching firewood and water. At times participants were temporarily withdrawn from school and asked to do domestic work. Some were overwhelmed by the household domestic tasks and had no time for relaxation. Participants' sentiments revealed the painful feelings which they were going through. For example, Participant 7, aged 19, had said:

> I am unable to think properly…my mind is disturbed, confused and overwhelmed. Lockdown restrictive measures because of the Covid-19 pandemic have left us confined at home doing nothing…I am depressed…nothing is in stock for me.

Participant 10, aged 17, concurred by noting that:

> I don't have a voice as a girl child…all I do is to listen, obey and take orders from the elderly members of the family. There is no way I cannot comply; I am still a child and being cared for by my parents.

Similar sentiments came from a 19-year-old Participant 3 who said:

> I don't know what my future holds for me…what you can do without education…where I can get a job without any course. My sister who is 15 was told to go and look for employment as a way of supplementing the family's little income.

Participant 16, aged 16, concurred by indicating that:

> I can see darkness ahead of me…my life is ruined, there is no hope at all…I can hardly sleep and life has lost its value. My parents are dead and I am the oldest child…I am right now not going to school because of Covid-19.

Contextual cultural causes of distress

Some of the cultural practices demanded a high degree of conformity, especially by young girls. The elderly members of the community were the custodians of the cultural practices such as genital mutilations. The decisions were made by the elderly on behalf of the young girls. They could hardly make any decision of their own which affected their life especially in the face of the Covid-19 crisis. Some of the young girls found themselves in arranged early marriages and also as domestic workers. Various sentiments came from the participants. For example, Participant 5, aged 18, said:

> During lockdown measures meant to prevent the spread of Covid-19, I attended the initiation cultural ceremony. The elderly women performed cultural genital mutilation and taught us some household responsibilities.

Participant 18, aged 14, expressed the following sentiments:

> I run away from home after my parents wanted to force me into marriage with an old man… everything was arranged outside my knowledge.

Related sentiments came from a 15-year-old Participant 13 who says:

> As a girl child, I must follow and listen to my parents…it's our culture…I have to conform. We are supposed to honour our parents as written in the Bible.

Participant 5 reiterates:

> The closure of schools due to COVID-19 has made life difficult for us…I was told to look for employment as a domestic worker…that's how I dropped out of school.

Participant 11 aged 19 reveals:

> I don't have any voice at all…no freedom to choose but I am a slave of our culture…I am not enjoying life; it is out of my hands.

Participant 13 concurs:

> The advent of Covid-19 has restricted us at home doing all the household responsibilities. I got up early in the morning having a list of tasks such as fetching water, firewood, sweeping the yard, cleaning plates and preparing food for the family…there is no resting time.

Intervention strategies

As put across by Mehra, Sarkar, Sreenath, Behera and Mehra (2018), the participants needed different intervention strategies such as mental health promotion programmes targeting the schoolgirls; awareness campaigns highlighting the psychological distress faced by the girls in the face of the Covid-19 pandemic; advocacy and lobbying among the other strategies. The intervention strategies needed to be aligned to the cultural settings of the participants. Culturally aligned intervention strategies were viewed as more relevant, meaningful and likely to yield positive results. Different sentiments came from the participants. For example, Participant 14, aged 17, said:

> We seek help from our church leaders…we are guided, they can guide us and give us direction and peace of mind during these trying times of Covid-19 pandemic.

Participant 15 whose age was 12-years echoed by saying:

> I agree with her, we need also to benefit from online counselling programmes…this should not be only for the elite urban community. I need help to function well in my mind, I am easily running out of memory nowadays since the closure of schools due to Covid-19.

Participant 17, aged 19, however differed and opined that:

> We don't have internet facilities here in Marange for online counselling programmes...so how can this be possible? Most of us do not afford to buy internet data, our parents are poor, they can't afford it.

Participant 9, aged 18, said:

> Let's do awareness campaigns…let's involve our traditional leaders, local celebrities and other influential members of the community. We can have our voice heard by our elders; we need protection during these trying times of Covid-19 pandemic.''

Related sentiments came from Participant 1, aged 11, who said:

> We can come out with some posters, billboards and organise roadshows highlighting the problems faced by the girls in the face of Covid-19 crisis. We have to involve our local leaders because no one can listen to us alone.

7. Discussion

The community needs to have a better understanding of cultural practices which deprived the girls of excelling in the face of the Covid-19 crisis. Some cultural practices, such as genital mutilation, further exposed the marginalised girls to the pandemic as Covid-19 safety guidelines were not considered. Religious doctrines and teachings had a strong influence on the health-seeking behaviour of its followers. The strictly enforced moral codes and doctrines were supposed to be compulsorily observed in addition to Covid-19 preventive measures.

It is, however, essential to realise that the girls especially in the Marange community are not allowed to openly object arranged marriages (Gregson, 1999). Child marriages were on the rise in the area as most of the girls were no longer going to school. These marriages were typically arranged and forced into early marriages by their elderly; most of the young girls were married off as they were incapable of giving valid consent to enter into marriages.

The closure of schools in a bid to prevent the spread of Covid-19 contributed to a spike in teenage pregnancies. Nyagumbo (2021) revealed that teenage pregnancies rose during the lockdown measures meant to prevent the spread of the Covid-19 pandemic. The girls were vulnerable to psychological distress such as guilt and self-blame, flashbacks, nightmares, insomnia and suicidal ideation among other problems.

The mental health promotion programmes such as counselling targeting the young girls helped to improve the resilience of the girls in the face of the Covid-19 pandemic (McGowan, 2021). This implies that counselling facilitated positive thinking and behaviour patterns among the girls. The distressed girls were able to have a positive view of themselves, others and the world view. The sense of self-confidence and self-esteem were initiated and established.

It is, however, important to realise that network facilities are limited in marginalised communities such as Marange. The limited facilities made it difficult to effectively roll out online counselling programmes. The girls had no facilities such as electronic gadgets which they could have used for educational online programmes. They had also limited competence to successfully manoeuvre and benefit from online counselling programmes. Positive behaviour and thinking patterns were enhanced among the girls as they participated in counselling programmes. Those who benefited were able to cascade the gained

knowledge and skills to their respective colleagues who were struggling to deal with distress.

Advocacy and lobbying methods were used as ways of engagement whilst working with interested stakeholders such as non-profit making organisations to influence changes in laws and policies. Related findings were made by Ribeiro (2020) that educational laws protecting the girls' education in the face of crisis such as Covid-19 provided a psychological sense of safety. This helped to boost resilience among the young girls in the Marange community.

The existing structures such as the junior parliament platform served as an ideal platform to lobby for girls' resilience enhancement programmes in the face of the Covid-19 crisis. Some child labour practices which mostly exploited the marginalised girls could be discouraged and condemned. The school-going girls irrespective of their age and educational levels did not have autonomy in decision making. This left the girls with limited freedom but to comply with the given commands by the elderly members of the community.

The provision of physiological needs such as food, clothing, shelter and clean water can help to reduce the plight of the marginalised girls in the Marange community. The rolling out of, for example, financial assistance to cater for the marginalised girls in remote rural communities can boost the morale of the beneficiaries. The limited financial resources, nevertheless, experienced in developing countries such as Zimbabwe cannot cater for all the girls' needs. The lockdown restrictive measures meant to prevent the spread of the Covid-19 pandemic led to mobility restrictions, and confinement of girls, at their respective places of residence. This worsened the distress as they found themselves facing a multiplicity of adverse living conditions such as poverty. These girls were not equipped with competent skills to fend for themselves. They ended up engaging in some health risk behaviours due to limited survival skills. The provision of basic needs served as a mitigatory measure to caution the vulnerable girls against harsh living conditions attributed to Covid-19 lockdown restrictive measures.

The participants were able to challenge and dispute the held beliefs and misconceptions related to the Covid-19 pandemic. They were mentally empowered in decision making in the face of the Covid-19 crisis.

Related findings were made by Bissoonauth (2020) that marginalised girls are unable to understand themselves better and be in an informed position to come out with an action plan of improving resilience in the face of the Covid-19 crisis.

Knowing contextual, cultural practises and beliefs that acted as barriers to girls' resilience, the participants were in an informed position to challenge the system. The community girls alone could not successfully challenge and address the cultural misconceptions related to Covid-19. They needed the support of their elderly members of the society believed to be the cultural custodians.

Influential community members such as traditional and religious leaders were engaged as crucial partners in disseminating information. Engagement of community celebrities in awareness campaigns on, for example, the educational rights of the girls was viewed as effective in highlighting the educational plight of the girls and possible remedies. United Nations Office for the Commissioner for Human Rights (UNOCHR) (2020) reported that the use of celebrities as role models encouraged the girls to remain resilient in the face of challenges caused by the Covid-19 pandemic. The girls were encouraged to keep on working hard in an endeavour to attain academic excellence. They were remained to be self-driven to work hard irrespective of the faced Covid-19 pandemic crisis.

Some awareness campaigns highlighting the educational crisis faced by the girls were helpful. Contextually relevant cultural activities such as composing songs and poems were effective vehicles of educating the marginalised community of Marange folk on the importance of supporting and valuing the girls' education in the face of the Covid-19 crisis. Some cultural practices such as child marriage, genital mutilation adversely affected the dignity and the progress of the girls' education were ameliorated.

Sunguro (2020) found out that culturally aligned drama, role play and festivals were used to disseminate information to community members. The community members were able to realise the resilience needs of the girls in the face of the Covid-19 crisis. Self-confidence and self-esteem were improved by giving the marginalised girls some leadership roles both at school and home. At school, for example, the girls assumed leadership roles as prefects, team captains, class monitors and pioneering in the formation of girls' protection clubs in schools. This inculcated a sense of belonging, self-belief and self-esteem which ultimately improved resilience in the face of the Covid-19 crisis.

The cultural festivals addressing the cultural misconceptions related to Covid-19 was viewed as ideal by the participants. As this has been noted earlier that limited electronic and internet facilities in marginalised communities such as Marange would pose a challenge for all the participants to prepare and access the virtual cultural festivals. Some cultural festivals, nevertheless, would act as

super-spreaders of the Covid-19 pandemic if proper planning is not done. The Covid-19 pandemic safety guidelines such as wearing of face masks, keeping a social distance of at least 2 metres apart and sanitising hands needed to be strictly observed.

Print and electronic media was cited as a medium of disseminating information highlighting the plight of girls in the face of the Covid-19 crisis. This served as a reminder to the community members to protect and support the girls' resilience in the face of the Covid-19 crisis. Related findings were made by Madzirashe (2020) that brightly coloured posters written in the local mother language were more appealing, effective and capture the attention of the community members. It is, however, important to realise that not all members were literate enough to read and comprehend displayed messages on posters and billboards. The billboard's message was also likely to be interpreted differently by the different members of the community. The billboards were also vulnerable to vandalism by some members of the community who did not place any value on the messages. These limitations were resolved by actively involving the community members in the planning and execution of the programmes. They were likely to have a psychological sense of ownership of the programmes.

Some local institutions such as schools were encouraged to form clubs centred on the promotion of girls' resilience in the face of Covid-19. Some suggestion boxes were installed in public places and schools for depositing information which can be used to improve the resilience and wellbeing of the girls. Mavhura, Manyangadze and Aryal (2021) found out that workshops and roadshows served as information dissemination platforms to promote the girls' resilience in the face of the Covid-19 pandemic. During information dissemination, care was taken in the use of words that do not emotionally harm and undermine the girls' integrity and dignity.

The girls took a leading role in the dissemination and distribution of the information during workshops and roadshows. This helped to build a sense of self-confidence, self-esteem, belonging and identity among the marginalised girls. The use of local language which all the participants would understand was viewed as essential. Aslam, Shahzad, Syed and Ramish (2013) and Ferris (2012) had similar findings that local language plays a pivotal role in sharing experiences, knowledge and promoting understanding among the community members. The participants were able to express themselves fluently in a language understood by all the members. Facts on girls' resilience in the face of Covid-19 were clarified and a common understanding was made possible.

Religion and spirituality beliefs played a crucial role in shaping resilient thinking among the girls in the face of the Covid-19 pandemic. According to Jakovljevic (2017) and Young (2018), religion and spirituality, inculcated a sense of courage and hope. The participants were encouraged not to give up irrespective of the lost hope.

The religious leaders inspired the congregants to remain resolute and resilient in the face of the Covid-19 pandemic. Care was, however, taken to accommodate different views from participants of different religious affiliations. As put across by Southwick, Litz, Charney and Friedman (2016) that community members initially seek advice and guidance from religious clerics before visiting professional mental health practitioners. Engaging influential religious leaders to facilitate resilience enhancing promotion programmes among the girls in the Marange community in the face of Covid-19 was beneficial. Ungar (2013), found, and argued, that other participants not affiliated to religious groupings can also improve as well.

During the lockdown of restrictive measures to prevent the spread of the Covid-19 pandemic, social gatherings including religious groupings were prohibited. Irrespective of the given limitations, religious groupings provided a sense of identity among the marginalised girls essential for resilience enhancement in the face of the Covid-19 pandemic.

The introduction of recreational activities was highly valued by the participants. The lockdown restrictive measures meant to prevent the spread of the Covid-19 pandemic confined the participants at home. They had no access to recreational activities. Shean (2015) and Munyukwi (2017) had similar findings showing that recreational activities promote autonomy and confidence among the marginalised girls. The culturally aligned recreational activities were more meaningful, and instilled a sense of self-belief and self-control. The use of cultural songs, dances, poems and indoor games was effective and relevant to the participants. The recreational activities rejuvenated positive thinking patterns among the marginalised distressed girls. They had moments of relaxation as they embarked on recreational activities. The participants were also able to appreciate the beauty of their culture as a repertoire of resilience-building activities.

However, some of the traditional cultural recreational activities were no longer had the same value as before, and meaning, among some of the participants as culture is ever-changing. The fusion of ancient, and modern cultural creational

activities, helped enhance effectiveness of the activities. For example, modern and traditional music instruments can be integrated to give a fused sound.

A sense of optimism was associated with positive thinking and behaviour patterns. This was crucial for enhancing resilience among the girls as they had a positive view of the future irrespective of the faced Covid-19 pandemic crisis. Related findings were made by Hopper (2017) that optimism inculcates a sense of hope and psychological well-being. Irrespective of the faced pandemic crisis, a sense of optimism served as an inherent source of self-determination and courage to thrive under some difficult conditions. The girls were not in a position to give in to some self-defeating and negative thoughts. Brown (2008) and Green (2016), however, viewed a sense of optimism as a blind faith that distorts reality by only looking at the bright side of an event. Irrespective of the cited limitation, a sense of optimism serves as an important source of self-motivation and positive thinking among the marginalised girls in the Marange community who have lost hope for a bright future in the face of the Covid-19 crisis.

8. Conclusion

From the given discussion, several conclusions were made related to the objectives of the study. One of the objectives of this study was based on identifying the psychological distress experienced by the girls in the face of the Covid-19 pandemic. The girls had lost hope for a bright future and had a negative view of the self and environment. This concurred with the findings made by Nyagumbo (2021) that lockdown restrictive measures meant to prevent the spread of the COVID-19 pandemic made the girls vulnerable to distress. The second objective was based on finding out the contextual cultural practises which perpetuate the plight of girls' distress in the face of the Covid-19 crisis.

It was noted that some cultural practices such as child marriages took precedence over the girls' education in the face of the Covid-19 crisis. This has contributed to a significant number of girls dropping out of school. Related findings were made by Mawere and Mawere (2010), that betrothals are often arranged by the elderly without the consent of the young girls. These girls feel neglected and become vulnerable to stress and depression.

The third objective was based on identifying the possible strategies for enhancing girls' resilience in the face of the Covid-19 crisis. Some contextual

cultural awareness campaigns highlighting the crisis faced by the girls were found to be helpful. This concurred with the findings made by McGowan (2021) that contextually relevant cultural activities such as composing songs and poems were effective vehicles of educating the community members on the importance of supporting and valuing the girls' resilience in the face of the Covid-19 crisis.

9. Recommendations

Culturally aligned counselling programmes are essential for resilience enhancement among the marginalised girls in the face of the Covid-19 pandemic. The use of indigenous language during counselling programmes improves effectiveness. The participants can understand, participate and follow the counselling sessions. There is a need, however, for community counsellors to have basic counselling skills to avoid harm to the distressed girls.

The participants need to be shown warmth, care, respect and empathy but not be overprotected for them to develop a sense of self-confidence and resilience. Carrying out awareness campaigns highlighting the girls' plight in the face of Covid-19 is important. Various platforms such as roadshows, workshops, electronic and printed media can be used as vehicles for conveying the messages. The young girls need to be at the forefront during the awareness campaigns. They are assumed to have a better understanding of the experienced distress and are in a position to clearly articulate the message competently.

In consideration of the foregoing conclusions, future studies may focus on Covid-19 vaccination compliance among the Apostolic religious sect members on the background of their religious teachings and doctrines. The studies may aim to establish whether the taking of vaccination may not be against their teachings which prohibit followers to take or use any medical drugs.

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