

DEPRESSION AMONG WORKING MEN IN VICTORIA FALLS: IMPLICATIONS FOR MENTAL HEALTH INTERVENTIONS

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ABSTRACT: This study explored the lived experiences of depression among working men in Victoria Falls, with particular attention to its implications for mental health intervention. The objectives were to examine the psychosocial factors contributing to depression, understand how working men perceive and cope with the condition, and identify culturally relevant strategies for intervention. A qualitative research design was employed, utilizing in-depth interviews and focus group discussions with purposively selected participants across various workplaces. The data were thematically analysed, revealing key issues such as financial stressors, job insecurity, alcohol use as a coping mechanism, stigma surrounding mental health, and limited access to counselling services. Findings highlighted that depression among working men often remains hidden due to cultural expectations of masculinity, leading to delayed help-seeking and worsening psychological distress. The study recommends the integration of workplace-based mental health programs, community awareness campaigns to reduce stigma, and the development of gender-sensitive counselling interventions tailored to men's specific needs. These insights contribute to localized understanding and provide a foundation for more effective mental health interventions in Zimbabwean urban contexts.

Keywords: *Depression, working men, Victoria Falls, qualitative research, stigma, mental health interventions.*

Introduction

Depression has emerged as one of the most pressing global mental health concerns, affecting individuals across different demographic groups, yet its manifestation among working men often remains underexplored. The World Health Organization (WHO, 2023) identifies depression as a leading cause of disability worldwide, with men being particularly vulnerable due to the intersection of occupational stress, cultural expectations, and gendered barriers to seeking help. In sub-Saharan Africa, the challenges are compounded by socioeconomic instability, high unemployment, and inadequate access to mental health services (Patel et al., 2018). Within Zimbabwe, and specifically in Victoria Falls, the situation is aggravated by fluctuating employment patterns in the tourism-driven economy, financial strain, family responsibilities, and limited mental health infrastructure (Chibanda et al., 2020).

Working men in Victoria Falls face unique psychosocial stressors that increase their risk of depression. Many are engaged in precarious forms of labour, such as seasonal tourism jobs, informal trading, and hospitality services, which are highly sensitive to global economic fluctuations and local policy shifts. The economic downturns and disruptions such as those caused by the COVID-19 pandemic have heightened financial insecurity, social dislocation, and feelings of helplessness among men in the region (Nyoni & Siziya, 2021). Furthermore, cultural norms that valorise male resilience and discourage emotional vulnerability contribute to under-reporting and under-diagnosis of depression (Mahalik et al., 2003). As a result, many men suffer in silence, relying on maladaptive coping mechanisms such as alcohol abuse, isolation, or aggression, which in turn exacerbate both personal and family difficulties.

The implications of depression among working men extend beyond individual suffering. Depression impacts workplace productivity, family stability, and community cohesion (WHO, 2022). Men's reluctance to seek help also means that cases often go untreated until they reach critical levels, manifesting in suicidal

ideation or severe dysfunction. Given the limited availability of formal mental health services in Victoria Falls, there is a growing need for context-specific interventions that consider cultural, economic, and gendered realities. Community-based strategies, mental health education, and integration of services into primary health care could play a transformative role in addressing these challenges (Chibanda, 2017).

This article therefore explores the prevalence, causes, and impacts of depression among working men in Victoria Falls, with a particular focus on the implications for mental health interventions. By examining the interplay of socio-economic pressures, gender norms, and health service limitations, the study seeks to highlight pathways for designing responsive and culturally sensitive interventions. In doing so, it contributes to the broader discourse on men's mental health in Africa, a field that remains underrepresented in academic and policy literature.

Background to the Study

Depression is a significant public health concern worldwide, affecting more than 280 million people and contributing substantially to the global burden of disease (World Health Organization [WHO], 2023). It is characterized by persistent sadness, loss of interest, fatigue, and impaired daily functioning, and it is associated with high levels of disability, morbidity, and premature mortality (American Psychiatric Association [APA], 2013). While depression affects both men and women, men's experiences are often under-researched due to cultural perceptions of masculinity, stigma, and lower health-seeking behaviours (Mahalik et al., 2003). Globally, studies indicate that men are less likely to acknowledge or seek treatment for depressive symptoms, which contributes to underdiagnosis and the escalation of untreated mental health conditions (Addis & Mahalik, 2003).

In sub-Saharan Africa, depression has been identified as one of the most prevalent mental disorders, yet mental health systems remain underdeveloped and underfunded (Patel et al., 2018). The region faces unique challenges such as poverty, high unemployment, political instability, and health crises like HIV/AIDS and COVID-19, all of which contribute to increased vulnerability to depression (Nyoni & Siziya,

2021). Despite this, limited data exist on men's mental health, particularly among working populations. Research from countries such as South Africa and Nigeria suggests that men often cope with depression through harmful behaviours, including substance misuse, violence, and avoidance of medical care, further perpetuating cycles of distress (Jong et al., 2019).

Zimbabwe reflects many of these regional challenges. The country's economic instability, hyperinflation, and high unemployment rates have heightened mental health risks across all social groups (Chibanda et al., 2020). Access to mental health services is severely constrained, with only a handful of psychiatrists and clinical psychologists available to serve the entire population (Chibanda, 2017). Consequently, community-based approaches such as the "Friendship Bench" have been developed to address the treatment gap by training lay health workers in evidence-based talk therapies (Chibanda, 2017). However, research has shown that men are less likely than women to utilize such services due to stigma and cultural beliefs that equate emotional disclosure with weakness (Chibanda et al., 2020).

The city of Victoria Falls presents a unique context for understanding depression among working men. As a tourism hub, employment is heavily tied to fluctuations in global travel trends and the hospitality industry. Many men in the area engage in seasonal and informal work, making them highly vulnerable to financial instability, especially during downturns caused by events such as the COVID-19 pandemic (Nyoni & Siziya, 2021). This economic precarity, combined with cultural expectations for men to be primary providers, creates immense psychological pressure. Anecdotal evidence suggests that some men resort to alcohol abuse, isolation, or aggression as coping mechanisms, which not only worsens their mental health but also strains family and community relationships.

Against this backdrop, depression among working men in Victoria Falls is both a public health issue and a social concern. It not only compromises individual well-being but also reduces productivity, undermines family stability, and weakens community cohesion. Despite these challenges, the problem has received little academic or policy attention in Zimbabwe. Understanding the lived experiences, risk factors, and coping strategies of working men in Victoria Falls is therefore essential

for developing culturally sensitive and effective mental health interventions that can reduce stigma and improve help-seeking behaviors.

Statement of the Problem

Depression is increasingly recognized as a global public health crisis, yet its prevalence and impact among working men remain underexplored and inadequately addressed, particularly in African contexts. International evidence indicates that men are less likely to seek help for depression due to gender norms, stigma, and dominant constructions of masculinity (Addis & Mahalik, 2003; Mahalik et al., 2007). In sub-Saharan Africa, these challenges are compounded by structural factors such as poverty, unemployment, and weak mental health systems, which heighten men's vulnerability to psychological distress (Patel et al., 2018). In Zimbabwe, mental health services are scarce, underfunded, and highly stigmatised, limiting access to timely and effective care (Chibanda et al., 2020). Cultural expectations that emphasise emotional restraint and resilience further discourage men from disclosing distress or seeking support (Nyoni & Siziya, 2021), a pattern reflected in the low participation of men in interventions such as the Friendship Bench (Chibanda, 2017). In Victoria Falls, reliance on the volatile tourism industry exposes working men to seasonal employment, financial insecurity, and sudden job losses, pressures intensified by expectations to fulfil breadwinner roles. Despite the significant consequences of untreated depression—including reduced productivity, substance abuse, family conflict, and suicide (WHO, 2023)—there remains limited empirical evidence on depression among working men in this context, constraining the development of culturally responsive mental health interventions and policies.

Purpose of the Study

The purpose of this study is to explore the prevalence, causes, and lived experiences of depression among working men in Victoria Falls and to examine its implications for mental health interventions. The study seeks to understand how socio-economic, cultural, and occupational stressors contribute to depressive symptoms in this population. Additionally, it aims to investigate coping strategies employed by working men and the barriers they face in accessing mental health services. By doing

so, the study intends to generate context-specific insights that can inform the development of effective, culturally sensitive, and accessible mental health interventions tailored to the needs of working men in Victoria Falls.

Research Objectives

The overall aim of the study is to examine depression among working men in Victoria Falls and its implications for mental health intervention. Specifically, the study seeks to:

1. Assess the prevalence of depressive symptoms among working men in Victoria Falls.
2. Identify the socio-economic, cultural, and occupational factors contributing to depression in this group.
3. Explore coping mechanisms used by working men to manage depressive symptoms.
4. Examine barriers to help-seeking and utilization of available mental health services.
5. Recommend context-specific interventions to improve mental health outcomes among working men in Victoria Falls.

Research Questions

1. What is the prevalence of depressive symptoms among working men in Victoria Falls?
2. What socio-economic, cultural, and occupational factors contribute to depression among working men in Victoria Falls?
3. How do working men in Victoria Falls cope with depressive symptoms?
4. What barriers hinder working men from seeking and accessing mental health services in Victoria Falls?
5. What interventions can be designed to address depression and promote mental health among working men in Victoria Falls?

Significance of the Study

This study is significant at multiple levels that is academic, policy, professional practice, and community. Academically, the study contributes to the growing body of literature on men's mental health, a field that remains underrepresented both globally and within sub-Saharan Africa. While much research has focused on women, adolescents, and other vulnerable groups, the unique experiences of working men have received limited scholarly attention (Addis & Mahalik, 2003; Patel et al., 2018). Secondly, findings from this study will provide policymakers with evidence-based insights into the prevalence, risk factors, and coping mechanisms associated with depression among men. This evidence can inform the design of gender-sensitive policies and programs that reduce stigma, improve service uptake, and integrate men's mental health into broader public health strategies. Thirdly, for mental health practitioners, this study highlights the psychosocial realities that shape men's experiences of depression in Victoria Falls. By identifying barriers to service utilization, the research can guide the development of targeted interventions, such as workplace-based mental health programs, community outreach initiatives, and culturally sensitive therapeutic approaches. Lastly, at community level, the study underscores the broader social consequences of untreated depression, including reduced productivity, strained family relationships, and weakened community cohesion (WHO, 2023). By shedding light on these issues, the research advocates for collective efforts to normalize conversations about men's mental health, reduce stigma, and promote healthy coping strategies.

Finally, the study serves as a springboard for further investigations into men's mental health in Zimbabwe and the wider region. It provides a framework for comparative studies across different contexts and sets the foundation for longitudinal research examining the long-term outcomes of interventions.

Literature Review

Depression is a globally recognized mental health disorder, characterized by persistent sadness, loss of interest, and functional impairments (World Health Organization [WHO], 2021). Among working populations, depression significantly

affects productivity, interpersonal relationships, and overall well-being (Harnois & Gabriel, 2000). Globally, men are less likely than women to seek help for mental health challenges, often due to socio-cultural expectations surrounding masculinity (Mahalik et al., 2007). In Zimbabwe, mental health research is growing but remains limited in scope, particularly regarding working men in urban settings such as Victoria Falls (Chirume & Mandizvidza, 2019). The current literature review adopts a funnel approach, beginning with broad global and regional perspectives on depression, before narrowing down to studies that specifically address working men and their experiences in similar socio-cultural contexts.

The prevalence of depressive symptoms among working men in Victoria Falls

Globally, depression affects more than 280 million people, with working populations showing elevated risk due to occupational stress, work-life imbalance, and economic pressures (WHO, 2021; Vigo et al., 2016). Studies indicate that men are less likely to report depressive symptoms, which can lead to underestimation of prevalence (Addis & Mahalik, 2003). Research in sub-Saharan Africa highlights a rising burden of depressive disorders among working adults, often exacerbated by economic instability and urban stressors (Stein et al., 2008).

In Zimbabwe, national-level data on depression are limited, though urban centres like Harare and Bulawayo report moderate to high prevalence among male workers (Dube et al., 2020). Work by Chirume and Mandizvidza (2019) emphasizes that urban-based men are prone to depressive symptoms due to job insecurity, financial pressures, and social isolation. However, studies focusing specifically on Victoria Falls are scarce, creating a critical gap that the present study seeks to address.

Socio-economic, cultural, and occupational factors contributing to depression

Depression is often influenced by a combination of socio-economic, cultural, and occupational determinants. Globally, low income, unemployment, and precarious working conditions are strongly associated with higher depressive symptomatology (Lund et al., 2010). Workplace stressors including long working hours, job insecurity, and lack of social support exacerbate depression risk among men (Melchior et al., 2007).

Cultural norms also play a role. In many African societies, men are expected to be primary providers and display emotional resilience, which can suppress help-seeking behaviours and heighten vulnerability to depression (Connell & Messerschmidt, 2005; Mahalik et al., 2007). In Zimbabwe, economic instability and high living costs further compound stress, particularly for working men in urban tourist hubs like Victoria Falls, where employment is often tied to the volatile tourism sector (Chirume & Mandizvidza, 2019). These combined socio-cultural and occupational factors create a complex context for depression in working men.

Coping mechanisms used by working men to manage depressive symptoms

Coping strategies for depression vary across populations and are often influenced by cultural norms and individual resources. Globally, men are more likely to use problem-focused coping (e.g., work engagement, physical activity) or avoidance strategies (e.g., substance use) rather than seeking emotional support (Tamres et al., 2002; Addis & Mahalik, 2003). Research indicates that adaptive coping, such as social support and structured routines, can mitigate depressive symptoms, while maladaptive coping increases risk (Folkman & Moskowitz, 2004).

In African contexts, informal coping mechanisms including reliance on family, peers, and spiritual practices play a crucial role (Okello & Ekblad, 2006). In Zimbabwe, studies suggest that working men often rely on alcohol, social networks, or religious involvement to cope with depressive symptoms, though these methods may not adequately address the underlying disorder (Chirume & Mandizvidza, 2019). Understanding these coping mechanisms is vital for designing culturally appropriate interventions.

Barriers to help-seeking and utilization of available mental health services

Globally, men face significant barriers to accessing mental health care, including stigma, lack of awareness, and perceived threats to masculinity (Addis & Mahalik, 2003; Seidler et al., 2016). Structural barriers such as limited availability of services, high costs, and inadequate mental health infrastructure further restrict utilization (WHO, 2021). In Zimbabwe, the mental health system is under-resourced, with few specialized services outside major cities (Chirume & Mandizvidza, 2019; Dube et al.,

2020). Cultural beliefs, including the view of depression as a sign of personal weakness, deter men from seeking professional help (Patel et al., 2007). For working men in Victoria Falls, logistical challenges such as irregular work hours and dependence on the tourism economy further limit access to care.

Context-specific interventions to improve mental health outcomes

Effective interventions for depression must be contextually adapted. Globally, workplace-based mental health programs, psychoeducation, and cognitive-behavioural approaches have shown efficacy in reducing depressive symptoms among working populations (Harnois & Gabriel, 2000; Joyce et al., 2016). In African contexts, community-based interventions that integrate local cultural practices, social support systems, and low-cost psychological interventions are recommended (Lund et al., 2010). In Zimbabwe, task-shifting strategies such as training lay health workers to deliver basic mental health care have demonstrated success in urban and semi-urban settings (Chibanda et al., 2016). For Victoria Falls, interventions should consider the tourism-dependent economy, occupational stressors, and prevailing cultural norms that shape male help-seeking behaviours.

The literature indicates that depression among working men is influenced by a complex interplay of socio-economic, occupational, and cultural factors. Globally, men are less likely to report symptoms and seek help, which is mirrored in Zimbabwean contexts. Coping mechanisms often combine adaptive strategies with culturally sanctioned maladaptive behaviours. Barriers to care remain substantial, highlighting the need for context-specific interventions. This review establishes a strong foundation for examining depression among working men in Victoria Falls and developing targeted mental health strategies.

Theoretical Framework

The theoretical framework provides a lens through which the study understands and interprets depression among working men in Victoria Falls. It links existing theories of mental health, stress, and masculinity to the study's objectives, helping to explain the causes, coping mechanisms, and barriers to intervention. Two complementary

theories guiding this research are Beck's Cognitive Theory of Depression and Connell's Theory of Masculinity.

Beck's Cognitive Theory of Depression (Beck, 1967) posits that depression arises from negative thought patterns and cognitive distortions that influence an individual's perception of self, the world, and the future. According to this theory, individuals with depression tend to interpret experiences pessimistically, overgeneralize negative events, and internalize failure, leading to persistent sadness, low self-esteem, and hopelessness. In the context of working men in Victoria Falls, Beck's theory helps explain how socio-economic stressors, such as unemployment, financial insecurity, and job instability, can trigger negative cognitive patterns.

Beck's theory is particularly relevant because it emphasizes the internal processes that contribute to depression, aligning with the study's aim to explore both the causes and manifestations of depressive symptoms among men. It provides a framework for understanding how cognitive factors interact with external stressors, thereby informing intervention strategies such as cognitive-behavioural approaches (Beck, 1967; Beck et al., 1979).

Connell's Theory of Masculinity (Connell, 1995) posits that societal norms and cultural expectations shape men's behaviours, attitudes, and emotional experiences. The theory identifies "hegemonic masculinity" as a dominant cultural ideal that values strength, self-reliance, and emotional stoicism. Men who internalize these norms often avoid expressing vulnerability or seeking help for mental health issues, fearing stigma or perceived weakness. Connell's theory allows the study to account for the sociocultural and gendered dimensions of depression. It justifies the need for culturally sensitive and gender-responsive interventions that address barriers created by hegemonic masculinity, complementing the cognitive explanations offered by Beck's theory.

In Victoria Falls, cultural expectations for men to be primary providers and protectors can inhibit help-seeking behaviours, even when depressive symptoms are severe. Men cope with distress through maladaptive behaviours such

as alcohol abuse, aggression, or withdrawal, as these are culturally acceptable alternatives to seeking psychological support.

Philosophical Framework

This study is guided by Critical Theory, a paradigm that emphasizes uncovering and challenging the social, cultural, and structural forces that shape human experiences. Critical theory views reality as influenced by power relations, social inequalities, and systemic structures that often marginalize certain groups (Horkheimer, 1982). In the context of mental health, it seeks to not only understand lived experiences but also to expose how societal conditions contribute to psychological distress and to advocate for social transformation.

Applying critical theory to the study of depression among working men in Victoria Falls allows for an exploration of how socio-economic hardships, cultural expectations of masculinity, and workplace demands contribute to men's mental health challenges. It also provides a framework for examining how stigma, lack of resources, and limited access to mental health services reinforce vulnerability to depression. Rather than merely documenting experiences, critical inquiry questions why such conditions persist and *how* interventions can challenge structural barriers.

The adoption of critical theory is justified for this study because it highlights how systemic issues such as economic instability, job insecurity, and cultural gender norms reinforce men's risk of depression (Kincheloe & McLaren, 2011). Beyond understanding, it seeks to promote social change by informing policies and interventions that dismantle stigma and improve access to mental health. Critical theory acknowledges that men's reluctance to seek help is shaped by cultural constructions of masculinity, thus allowing for more nuanced interventions. The approach positions the researcher not as a passive observer but as an advocate for improved mental health practices and systemic reforms.

Research Design

This study adopts an interpretivist qualitative design with an interpretive phenomenological orientation to elicit rich, contextualized accounts of how working

men in Victoria Falls experience, make sense of, and respond to depression in everyday life and at work. An interpretivist lens prioritizes participants' meanings and the socio-cultural contexts that shape them (Creswell & Poth, 2018; Denzin & Lincoln, 2018). Phenomenological inquiry particularly interpretative phenomenological analysis was suitable to explore lived experience and meaning-making in depth (Smith, Flowers, & Larkin, 2009). This orientation is directly relevant to informing locally grounded mental health interventions, because it surfaces emic perspectives, language, barriers, and facilitators that quantitative prevalence studies may miss (Patton, 2015).

Population

The population for this study comprises adult men (18 years and above) employed in formal and informal sectors in Victoria Falls, Zimbabwe. This includes men working in tourism-related industries (e.g., hotels, tour companies, security services), transport, small-scale businesses, and casual labour. The population was selected because men in these employment contexts are exposed to unique occupational stressors, financial instability, and social pressures that may increase susceptibility to depression (Courtenay, 2000; Patel et al., 2018).

Sample

A total of 20 participants were recruited for the study. Participants were selected to ensure diversity across. the age groups are mixed whilst employment is both formal and informal whilst their experiences are varied. This variation allowed the study to capture a range of lived experiences, enhancing the richness and depth of qualitative data. The sample size aligns with qualitative research principles, prioritizing information richness and depth over statistical generalizability as alluded to by Malterud, Siersma, & Guassora (2016).

The study employed a combination of purposive and snowball sampling techniques. The sampling techniques allowed for targeted insights cultural and contextual sensitivity access and trust and data richness. as only those affected were considered.

Data Collection

The data was collected through interviews than focus groups due to stigma and privacy needs around depression (Creswell & Poth). An interview guide was used as a data collection instrument in the study. The interpretative phenomenological analysis was as to analyse the data that was collected. Trustworthiness of the data collected was maintained through following Lincoln and Guba's (1985) criteria of Credibility, Dependability, Confirmability and Transferability:

Ethical Considerations

The following ethical guidelines were taken into account during the research. participants preferred verbal consent than written consent. Confidentiality of participants and their utterances was strictly observed. To minimise harm, the participants were allowed to withdraw at any time during the study. To reduce stigma and discrimination, interview were carried out in neutral venues rather than work places.

Findings

The study explored depression among working men in Victoria Falls, examining the prevalence of depressive symptoms, socio-economic, cultural, and occupational contributors, and coping mechanisms used. Participants' narratives provide in-depth insight into the lived experiences of depression in this population.

Prevalence of Depressive Symptoms

Participants reported experiencing a range of emotional, cognitive, and physical manifestations of depression, including persistent sadness, hopelessness, fatigue, and loss of interest in daily activities.

Participant 1 (34 years) says.

I feel exhausted every morning before even starting work. It's like life has no meaning. Every morning it feels heavy, and I drag myself through the day, wondering why I even bother sometimes.

Participant 5 (40 years) pointed out that

Sometimes I can't sleep and my mind keeps racing...I feel trapped in my thoughts. I lie awake thinking about everything I haven't done and everything that might go wrong tomorrow. It's exhausting.

Participant 7 (29 years) weighed in when he said

I no longer enjoy hanging out with friends...even hobbies feel pointless. I used to love playing football and going to the cinema, but now it all feels meaningless. Even joking with colleagues doesn't make me feel better."

Participant 12 (37 years) pointed out that

There are days I just lie in bed staring at the ceiling...can't even motivate myself to eat properly. Sometimes I skip meals and barely speak to anyone. It's like I'm frozen in time.

Participant 16 (42 years) said

"I constantly feel anxious and hopeless...even small issues at work overwhelm me. Simple tasks feel like mountains. I worry about everything—money, family, work—nonstop."

From the above utterances it is quite evident that all the participants are experiencing a lot of depression and this is affecting their day to day lives even at their work places. This is an indication that most workers in Victoria Falls town are experiencing a lot of depression

Socio-Economic, Cultural, and Occupational Factors Contributing to Depression

Participants identified multiple stressors that contributed to their depressive experiences, including financial strain, work pressures, and cultural expectations regarding masculinity.

Participant 3 (32 years):

I have so many responsibilities at home...sometimes I feel I will never make ends meet. Every month it's the same struggle—paying bills, rent, school fees for my children, and helping my parents. I wake up thinking about what I haven't done yet, and by the evening I feel like I've accomplished nothing. It's exhausting."

Participant 8 (41 years):

Work is very demanding...deadlines are tight and there's no support from management. I stay late almost every day, trying to catch up. Even when I ask for help, I get ignored or told to figure it out myself. Some days I feel like I'm just running in circles, and no matter what I do, it's never enough.

Participant 11 (36 years):

People expect men to be strong and never show weakness...so I keep everything inside. I can't tell anyone how stressed I am because they will think I'm weak. Sometimes I just sit alone after work, thinking about all the things I can't talk about. It's like a weight I carry alone, and it's heavy every single day.

Participant 14 (39 years):

I feel pressure to provide for my family while dealing with job insecurity...it's very stressful. Some months I don't know if I'll even have work, yet my family depends on me. I lie awake at night thinking about what will happen if I fail them. I want to support them, but sometimes it feels impossible."

Participant 20 (44 years):

Sometimes I feel society judges me if I ask for help...men are supposed to handle everything alone. Even when I'm struggling, I pretend everything is fine. People expect me to solve problems, not talk about feelings. If I cry or admit I'm overwhelmed, they'll laugh or say I'm not a real man. So, I keep it all inside.

Coping Mechanisms Used by Working Men

Participants described a variety of strategies to manage depressive symptoms, ranging from adaptive practices to potentially harmful coping behaviours. The participants had this to say

Participant 2 (35 years):

When I feel overwhelmed, I usually go for a long walk alone...just to clear my mind. Sometimes I listen to music loudly in my room and just let myself drift away. I don't

talk to anyone about it because I feel they won't understand. It's my way of surviving each day without breaking down.

Participant 6 (28 years):

I sometimes drink alcohol to forget about my problems, especially after a stressful day at work. I know it's not healthy, but it helps me sleep and feel a little lighter. At times, I play football with friends just to forget everything for a while. These activities give me a temporary escape from the stress.

Participant 9 (40 years):

I pray and go to church whenever I feel depressed. Talking to God makes me feel a bit calmer, like I'm not carrying all these burdens alone. Sometimes I read the Bible or listen to sermons, and it gives me hope that things will get better. I also talk to my pastor occasionally, though I don't tell him everything.

Participant 13 (33 years):

I try to keep myself busy with work or small side projects at home. If I'm idle, my mind keeps thinking about all my problems, so I do chores, fix things, or help neighbours. It helps me feel productive and distracts me from feeling low, even if just for a few hours.

Participant 17 (45 years):

Sometimes I just sit quietly and write down everything I feel...my thoughts, my worries, even my anger. I don't show anyone; it's just for me. Writing helps me organize my mind and release some of the tension. Other times, I talk to my brother or a close friend, but only if I trust them completely.

Participant 19 (38 years):

I find that exercising in the mornings helps me cope. I go jogging or do push-ups before work. It gives me energy and makes me feel like I have some control over my life. When I don't exercise, I notice that my mood drops and small problems feel bigger than they really are.

Barriers to Help-Seeking and Utilization of Mental Health Services

Participants expressed several barriers preventing them from seeking professional help, including stigma, lack of awareness, cost, and limited availability of services. These are the sentiments voiced out by the participants

Participant 1 (34 years)

If people find out I am seeing a counsellor, they will think I am not a real man. They will laugh at me and say I am weak. Even my friends would never understand why I need help. Around here, men are supposed to be strong and solve their own problems, not go to talk about feelings. So I just keep it to myself.

Participant 4 (36 years)

I don't know where to go for help...mental health services are not well advertised. I only hear about clinics for general sickness, never for depression or stress. If there are places, no one talks about them. Sometimes I wonder if we even have such services here in Victoria Falls, because I've never seen any posters or announcements.

Participant 7 (39 years)

Even if I wanted to see a psychologist, it's too expensive...and taking time off work is hard. I live from paycheck to paycheck, so paying consultation fees is impossible. If I miss a day of work, I lose money, and my family suffers. So even if I think I need help, I convince myself I can't afford it, and I just push through.

Participant 10 (32 years)

I feel ashamed to speak about my feelings...it's not something men do openly here. If I say I'm struggling, people will think I'm weak or crazy. I've been taught since childhood that men should keep their problems inside. Sometimes I even feel embarrassed admitting it to myself, let alone to another person.

Participant 15 (41 years)

Mental health is not taken seriously in my workplace...there's no support system. If I say I'm stressed, they will just tell me to work harder or stop complaining. We don't

have counsellors, no wellness programs, nothing. It's like mental health doesn't exist for them—only deadlines and results. So most of us just keep quiet and suffer silently.

Summary of Findings

The narratives reveal that depression is prevalent among working men in Victoria Falls and is influenced by socio-economic pressures, occupational stress, and cultural norms. Men adopt a mix of adaptive and maladaptive coping mechanisms, while multiple barriers—especially stigma and lack of awareness—limit access to mental health services. These findings highlight the need for targeted, culturally sensitive mental health interventions tailored to working men in this context.

Discussion of Findings

This study explored depression among working men in Victoria Falls, focusing on prevalence, contributing factors, coping strategies, and barriers to mental health services. The findings are discussed in relation to the literature reviewed.

Prevalence of Depressive Symptoms

The study revealed that depressive symptoms were prevalent among working men, with participants reporting persistent sadness, fatigue, loss of interest, and cognitive impairments such as difficulty concentrating. These findings align with previous studies, which suggest that working men are vulnerable to depression due to the dual pressures of work and family responsibilities (Kessler et al., 2003; Thoits, 2010). For example, Thoits (2010) notes that men often underreport emotional distress, which exacerbates the prevalence of undiagnosed depression.

However, a contrast emerges in the intensity and manifestation of symptoms. While much of the literature focuses on clinical diagnostic criteria, participants in this study emphasized everyday functional impairments such as decreased work performance and social withdrawal which suggests that depressive symptoms may be underrecognized in routine mental health screening in similar contexts (Oliffe et al., 2016).

Socio-Economic, Cultural, and Occupational Factors

Participants cited financial strain, high job demands, and societal expectations of masculinity as contributors to depression. These findings resonate with the work of

Blanchflower and Oswald (2008), who reported that economic stress is a significant predictor of depressive symptoms among working men. Similarly, cultural expectations of stoicism and emotional suppression among men have been identified as risk factors for depression (Mahalik et al., 2003). Interestingly, while prior studies in high-income countries emphasize occupational stress and work-life balance, this study highlights a compounded effect of socio-economic deprivation and cultural norms unique to Zimbabwe's context. The participants' narratives suggest that economic instability magnifies the psychological burden, a factor less emphasized in Western literature (Patel et al., 2007).

Coping Mechanisms

The study found a mixture of adaptive and maladaptive coping strategies. Participants used social support, physical exercise, and religious activities as positive coping mechanisms, whereas alcohol use and emotional suppression were common maladaptive strategies. This is consistent with findings by Oliffe et al. (2016), who observed that men often rely on externalized coping strategies like substance use rather than emotional disclosure.

In contrast, while the literature highlights that men in Western contexts increasingly engage in counselling and mental health interventions, participants in Victoria Falls relied predominantly on informal or culturally sanctioned strategies, such as religious practices and peer support. This difference underscores the need for culturally tailored interventions rather than assuming that strategies effective elsewhere will be equally effective locally.

Barriers to Help-Seeking and Utilization of Mental Health Services

Participants identified stigma, lack of awareness, cost, and limited availability of services as major barriers. These findings corroborate existing literature emphasizing stigma as a critical obstacle in men's mental health help-seeking (Galdas et al., 2005; Seidler et al., 2016). The fear of being perceived as weak, especially in cultures where masculinity norms are strict, inhibits men from accessing care.

However, compared to studies in countries with well-established mental health systems, participants in Victoria Falls faced unique structural barriers, such as low

service availability and affordability challenges (Patel et al., 2007). This suggests that interventions must not only address stigma but also improve accessibility and affordability of mental health services.

Overall, the findings align with global literature regarding the vulnerability of men to depression, the influence of masculinity norms, and reliance on maladaptive coping strategies. Yet, the study highlights context-specific nuances, such as compounded socio-economic stress and reliance on informal coping mechanisms, which are underrepresented in the literature. These insights underscore the importance of culturally and contextually sensitive mental health interventions targeting working men in low-resource settings like Victoria Falls.

Recommendations

Based on the findings of this study, several recommendations are proposed to address depression among working men in Victoria Falls and to enhance the effectiveness of mental health interventions in this context.

Firstly, there is a need for awareness campaigns and mental health education targeted specifically at working men. Participants highlighted limited knowledge of mental health services and a lack of understanding about depressive symptoms, which contributed to delayed help-seeking. Community-based programs, workplace seminars, and local media campaigns could help normalize conversations around men's mental health and provide information on where to seek support. Such interventions should also focus on reducing stigma, emphasizing that seeking help is a sign of strength rather than weakness, given that cultural expectations of masculinity were identified as a significant barrier.

Secondly, mental health services should be made more accessible and affordable. Participants reported financial constraints and limited availability of counselling or psychological services as barriers. Policymakers and employers should consider implementing low-cost counselling services, employee assistance programs, and flexible appointment schedules that accommodate working men. Mobile mental health clinics or tele-counselling services could also be explored to reach men in low-resource or hard-to-access areas of Victoria Falls.

Thirdly, workplace interventions are essential. Given the link between occupational stress and depressive symptoms, employers should adopt mental health-friendly policies, such as reasonable workload distribution, mental health days, and stress management workshops. Establishing confidential counselling services within workplaces could encourage early intervention and reduce the negative impact of depression on productivity.

Fourthly, promoting adaptive coping strategies among men is recommended. The study revealed that while some participants used exercise, social support, and religious activities positively, others relied on maladaptive behaviours like alcohol use and emotional suppression. Mental health programs should incorporate practical skills for stress management, emotional regulation, and healthy lifestyle practices, encouraging men to adopt positive coping mechanisms that are culturally acceptable and contextually relevant.

Finally, it is recommended that community and religious leaders be engaged in mental health initiatives. Many participants relied on faith-based support, suggesting that religious institutions could serve as key partners in identifying men at risk, providing psychoeducation, and referring them to professional services. Collaborative efforts between healthcare providers and community institutions can help integrate mental health support into familiar and trusted social networks.

In summary, interventions to address depression among working men in Victoria Falls must be multi-faceted, addressing stigma, awareness, accessibility, workplace stress, and coping strategies, while leveraging existing community and cultural structures. By taking a contextually informed and culturally sensitive approach, mental health outcomes for working men can be significantly improved, reducing the personal, social, and occupational consequences of untreated depression.

Conclusion

This study examined depression among working men in Victoria Falls, with a focus on prevalence, contributing factors, coping mechanisms, and barriers to accessing mental health services. The findings indicate that depression is a significant concern among this population, manifesting through emotional, cognitive, and physical symptoms that impact both personal and occupational functioning. Socio-economic

pressures, occupational stress, and cultural expectations of masculinity emerged as key factors contributing to depressive experiences, highlighting the complex interplay between individual, societal, and structural influences.

The study also revealed that men employ a range of coping strategies, both adaptive and maladaptive. While social support, religious engagement, and physical activity were helpful for some, others relied on harmful behaviours, such as alcohol use or emotional suppression, underscoring the need for targeted guidance on healthy coping mechanisms. Moreover, pervasive stigma, limited awareness of mental health resources, and challenges related to accessibility and affordability were identified as major barriers to help-seeking, preventing many men from receiving the support they need.

In light of these findings, it is evident that addressing depression among working men requires culturally sensitive, context-specific interventions that reduce stigma, improve access to affordable mental health services, and promote positive coping strategies. Engaging workplaces, communities, and faith-based institutions in mental health initiatives can enhance support networks and encourage early intervention.

Overall, this study contributes to a deeper understanding of men's experiences of depression in a low-resource urban setting, emphasizing the importance of tailored mental health strategies that respond to both cultural and socio-economic realities. By implementing such interventions, the mental well-being of working men in Victoria Falls can be improved, with benefits extending to families, workplaces, and the broader community.

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Ethics Statement

This study was conducted in accordance with established ethical standards for social science research. Ethical approval was obtained from the relevant institutional ethics review committee prior to data collection. Informed consent was secured from all participants, who were fully informed of the purpose of the study, their right to withdraw at any stage, and the measures taken to ensure confidentiality and anonymity. All data were handled securely and used solely for academic purposes.

Conflict of Interest Statement

The author declares no conflict of interest with respect to the research, authorship, and publication of this article.

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