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Addressing Gender Disparities: Policy Recommendations for Mitigating the Impact of COVID-19 on Women and Girls in Edo and Delta States, Nigeria

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PROJECT PROFILE

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PREFACE

This Policy Brief is part of the outputs of the on-going research of the Centre for Population and Environmental Development (CPED) on the research project titled “Gender Inequality and Rural Women’s Health in Post-covid-19 Nigeria: Working with Policymakers and actors to promote inclusive and sustainable rural women’s health in Nigeria” funded by the International Development and Research Centre (IDRC) under its Women Rise Initiative Programme.

This Policy Brief is centered on gender disparities amid the COVID-19 pandemic based on the findings of the on-going project on ‘Gender Inequality and Rural Women’s Health in post-Covid-19 Nigeria’.

The project team, CPED and the University of Windsor are particularly grateful to IDRC and its partners for the funding of the Women Rise Initiative Programme to which CPED and the University of Windsor are beneficiaries. This has enabled CPED and the University of Windsor to carry out the study and the publication of this policy brief. We appreciate and acknowledge the contributions of other Team Members to the execution of the project.

Introduction

The COVID-19 pandemic has had severe consequences worldwide, exacerbating pre-existing gender inequalities and disproportionately affecting women and girls (UN Women, 2020). As the pandemic spread in early 2020, countries implemented lockdowns, movement restrictions, and social distancing measures to contain the virus. These interventions disrupted normal life for billions of people globally (Power, 2020).

The aftermath of COVID-19 unveils a shadow pandemic that poses a significant threat to women and girls, jeopardizing the strides made in achieving gender equality. In March 2020, the United Nations Population Fund issued a warning that the pandemic would exacerbate pre-existing gender inequalities, elevating the risks of gender-based violence (GBV) (Iheanacho-Shahid, 2021). Emphasizing the urgency, the call was made to prioritize the well-being of women and girls in response to this escalating challenge.

In Nigeria, a federal lockdown was imposed on 30th March 2020 across Lagos, Ogun State and the Federal Capital Territory for an initial period of 14 days (Shodunke, 2022). This was later extended across various states. Restrictions included closure of international borders, schools, markets, places of worship; limitations on interstate travel, public gatherings, and business operations; overnight curfews; and stay-at-home orders (Eranga, 2020).

These measures significantly impacted education, health, livelihoods and gender equality in Nigeria. School closures affected over 47 million primary and secondary school students nationwide (World Bank, 2020). Healthcare access was constrained as

resources were diverted to respond to COVID-19, routine services were disrupted, and people avoided health facilities due to fear of infection (WHO, 2020). Over 80% of Nigerians lack social protection and depend on informal work to survive, which was hindered under lockdown (Oruonye et al., 2020).

Reports indicate that existing gender gaps was amplified during the pandemic (Yavorsky et al., 2020). Women make up the majority of frontline workers in health and social care, increasing their risk of infection (Wenham et al., 2020). They shoulder greater responsibility for unpaid domestic and care work as children stayed home from school. Confinement heightened tensions within households leading to more violence against women and girls. Access to sexual and reproductive health services has become more difficult due to mobility restrictions, health system disruptions and fear (Riley et al., 2020).

Economic shocks disproportionately affected women, who make up approximately half of Nigeria's labour force. Women are often concentrated in informal employment, rendering them more susceptible to the economic impact of events like the pandemic. The enforcement of lockdown measures resulted in widespread job losses, particularly in the service sector, leading to an increase in poverty rates among female workers (Salisu et al., 2024). Additionally, women in informal and vulnerable sectors, such as petty trading, food vending, and hospitality, were less likely to receive government support compared to their male counterparts.

In Edo state, a strict lockdown was imposed for about three months in 2020. Movements were restricted to essential travel only, schools and markets were closed, large gatherings banned, and overnight curfews enacted (NCDC, 2020). Delta state similarly had stay-at-home orders, contact tracing, school closures and travel limitations in place until May 2020 (Punch Newspapers, 2021).

These measures likely influenced gender equality in varying ways across both states. Understanding localized experiences is vital, as impacts have played out differently for women based on geographic, socioeconomic, cultural and other contextual factors (Russell et al., 2020).

This policy brief, centered on gender disparities amid the COVID-19 pandemic, draws its insights from the ongoing research on “Gender Inequality and Rural Women’s Health in Post-covid-19 Nigeria: Working with Policymakers and actors to promote inclusive and sustainable rural women’s health in Nigeria” funded by the International Development and Research Centre (IDRC) under its Women Rise Initiative Programme. The overall objective of the project is to contribute to Nigeria’s achievement of SDG Goal 5 which is to “Achieve gender equality and empower all women and girls” and also Nigeria’s Gender Policy on “eliminating harmful cultural and religious practices” by generating a body of evidence on scalable and context specific approaches to promote gender equality and improved access to health.

The key informant perspectives gathered in three local governments areas each in Edo state and Delta state in 2023 will be valuable to explain exact effects on women and girls within study communities in Edo and Delta

states, two years after initial COVID-19 lockdowns occurred in Nigeria. The findings can inform policy and programming to address continuing gendered impacts in the aftermath of the pandemic.

Findings

Awareness of COVID-19 Pandemic

Effective awareness of the COVID-19 pandemic is a cornerstone in the collective response to the crisis, fostering responsible behaviour, reducing transmission, and promoting overall community well-being. The key informant interviews indicated that both men and women were equally aware of the COVID-19 pandemic in the study communities. As one respondent in Edo state noted, *“Both men and women were equally informed, they announced it in the community”* (EC3, 2023). A woman from Delta state similarly shared, *“Both were equally informed both men, women and youth.”* (DC6, 2023). The pandemic information reached all genders through official announcements and closures of schools and markets.

Negative Impacts on Women and Girls

The interviews overwhelmingly demonstrated that women and girls experienced more severe negative impacts compared to men and boys during the pandemic. As a man in Edo state commented,

“Yes, it affected women more than men” (ES3, 2023).

Reasons cited for the disproportionate effects on women included increased unpaid care work, economic hardships, and risk of gender-based violence.

Regarding unpaid care burdens, a man in Edo described it thus:

"the men are lazy, it is the women that do the house chores and many of the unpaid activities which tend to increase the burdens on women and girls" (EC5, 2023).

A woman in Delta explained how school closures increased demands on women:

"Children did not go to school, so women and girls were cooking more and washing more clothes" (DN6, 2023).

In terms of economic impacts, a woman from Delta Central noted that

"there was no market during that period and schools were closed, everyone including workers were at home...hunger was too much to bear..." (DC6, 2023).

Market closures severely impacted women's trading activities.

Prolonged time confined in homes was seen to increase gender-based violence risks for women. A woman in Edo attributed this to increased quarreling:

"During COVID-19 the men were no longer interested in the women, because they were both at home. Again, no time for women to go out so there were increase domestic abuse over food and other things" (EC6, 2023).

Decreased Access to Reproductive Health Services

The interviews demonstrated consensus that women's access to sexual and reproductive health services decreased during the pandemic due to lockdown restrictions. A female key informant from Edo central shared that

"during that time, everyone was afraid to go out in order not to catch the disease" (EC2, F, 2023).

Another female key informant opined that *"COVID-19 decreased women access to essential sexual and reproductive health services because some of the women who were to go to the health centre for immunization were scared to visit the centre because they had the notion that they were going to be given COVID-19 vaccine... (EN2, F, 2023).*

A Delta respondent cited: *"Our drug suppliers also could not bring drugs from the manufacturer as a result of the lockdown and government restriction" (DN3, F, 2023).*

Limited mobility and supply chain disruptions reduced availability of contraceptives and other essential reproductive health commodities.

Fear of visiting health facilities and getting infected with COVID-19 also impacted access. A Delta woman explained:

"From the point of view that due to restrictions and the closure of schools, our women were faced with more domestic workloads that overburdened them" (DC2, F, 2023).

Women avoided antenatal clinics to prevent potential virus exposure.

contributes to broader community development.

Policy Recommendations

1. Support Mechanisms for Unpaid Care Work: Implement programs that encompass childcare services and economic empowerment initiatives to alleviate the heightened burden of unpaid care work, particularly affecting women and girls. The disproportionate increase in unpaid care responsibilities during the pandemic has placed a substantial load on women. The implementation of support mechanisms recognizes and actively addresses this challenge, contributing significantly to the overall well-being and economic empowerment of women and girls.

To realize the above recommendation, it is imperative for the government to collaborate closely with local non-governmental organizations (NGOs) and community-based organizations (CBOs) to establish community-based childcare centers. These centers serve as a practical solution to alleviate the responsibilities placed on women caring for children, creating a supportive environment within the community. Additionally, in the realm of economic empowerment, a strategic focus on skills training and income-generating activities for women becomes crucial. This approach aims to provide long-term financial autonomy, thereby reducing economic vulnerabilities faced by women. Encouraging such initiatives fosters not only individual economic resilience but also

2. Strengthening Prevention and Response to Gender-Based Violence (GBV): Enhance mechanisms for preventing and responding to GBV, which includes the establishment of helplines, counseling services, and awareness campaigns, with a particular emphasis on addressing economic stressors and tensions. The increased vulnerability to gender-based violence during the pandemic underscores the need for proactive measures to safeguard the well-being of women and girls.

To operationalize this recommendation, collaboration among the government, non-governmental organizations (NGOs), and community-based organizations (CBOs) is crucial. They should establish and publicize helplines dedicated to providing immediate assistance, ensuring both confidentiality and accessibility. Additionally, organizing community-level awareness campaigns on gender-based violence becomes imperative. These campaigns aim to challenge harmful social norms and cultivate a culture of respect within the community. Furthermore, it is essential to conduct training programs for relevant stakeholders, including healthcare providers, law enforcement personnel, and community leaders. This training equips them with the knowledge and skills necessary to identify and respond effectively to signs of gender-based violence, fostering a safer and more supportive environment for individuals affected by such incidents.

3. *Ensuring Uninterrupted Access to Sexual and Reproductive Health Services*: Improve telehealth services and community-based initiatives to guarantee ongoing access to sexual and reproductive health services during crises, effectively addressing supply chain disruptions and allaying fears related to healthcare-seeking behavior. Recognizing the substantial risks to women's well-being posed by disruptions to reproductive health services, fortifying access to these services becomes paramount to meeting essential healthcare needs, even in challenging circumstances.

Conclusion

The COVID-19 pandemic exposed and amplified existing gender inequalities in Nigeria. Women and girls experienced disproportionate socioeconomic burdens and health access constraints due to entrenched gender norms and systemic disadvantages. Policy responses to mitigate the impacts of the pandemic and drive an equitable recovery must specifically target women's needs. Key priorities include improving social safety nets, sustaining access to reproductive healthcare, easing unpaid care burdens, addressing gender-based violence, and empowering women economically. The perspectives of women and men at the community level provided vital insights to guide policy formulation and programming. A gender-sensitive approach is imperative for building resilience and safeguarding women's rights in the face of future crises.

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