

Gender Inequality and Rural Women's Health in post-COVID-19 Nigeria: Towards inclusive and sustainable rural women's health in Nigeria

Despite all efforts targeted at creating a gender-balanced society in Nigeria with equal opportunity for all citizens through research, intervention programmes and advocacy, there has been a persistent occurrence of gender discrimination and inequality in access to opportunities in the country (Agbawodikeizu et al., 2022). Nigeria has one of the highest overall gender gaps, with a score of 0.637 in 2023 (World Economic Forum, 2023). The gender gap in Nigeria remains significant, particularly in rural and impoverished communities where inequality is often underreported. In rural Nigeria, women continue to be the primary food producers and caretakers for their families. Recent studies suggest that rural women still spend considerable time on unpaid domestic work, including collecting firewood and water, and preparing food. But since the emergence of Covid-19 pandemic these issues have increased thereby impacting their health and increasing their workload. COVID-19 response and recovery policies must focus on gender-aware programs that challenge gender norms and inequalities which impede rural women and girls' access to essential health services; that promote equitable relationships and decision making; that empower women and girls so that their voices can be heard; that promote sharing of domestic and care work between men and women; and that improve essential health systems. It is of this note that the **Centre for Population and Environmental Development (CPED)**, Benin City, Nigeria, in collaboration with **University of Windsor**, were among the 23 teams globally approved to implement the grant support funded by the **international Development Research Centre**

(**IDRC**), Canada, the **Canadian Institutes of Health Research (CIHR)**, and the **Social Sciences and Humanities Research Council (SSHRC)**.

This action research, focused on Delta and Edo States, Nigeria, explores the intersection of women's paid and unpaid work with their health before, during, and after the COVID-19 pandemic, contributing to the broader goal of inclusive and sustainable rural women's health in Nigeria.

Mobilisation visits to raise the awareness of the stakeholders on the project at the state, local and community levels

Mobilisation visits were carried out to raise the awareness of various stakeholders on the project ensuring their active collaboration and participation considering the security situation in the two target states. After the selection of the six (6) target Local Government Areas (LGAs) in Delta and Edo States, the mobilisation of key stakeholders and beneficiaries followed. Relevant government ministries and agencies including their respective policy and decision makers, local government authorities, community leaders, leaders of women groups in rural communities, youth leaders in rural communities and other social groups in the target LGAs were mobilised for participation.



The mobilisation exercise was quite successful as virtually all the target local government areas and the selected communities within them were enthusiastic about the implementation of the project. To sustain the cooperation of the key stakeholders in the project, particularly those involved in responding to the survey instruments, there were continuing regular visits by project partners, team members and mentees to different parts of the six target LGAs to intimate them on the project. These visits were designed to raise the awareness of the stakeholders on the project to ensure their active collaboration and participation in the data collection and intervention activities.

Key findings from the Research

Negative Impacts of Covid-19 on Women and Girls

The vast proportion of the male and female respondents in Delta and Edo States indicated that they were negatively affected by the Covid-19 pandemic because they could not have access to markets and stores for the purchase of essential household goods during the period. As indicated in Fig. 1, 75.8 percent of the male respondents and 74.6 percent of the female respondents reported that Covid-19 affected their access to markets. In Edo State the proportions are 82.5 percent for males and 73.9 percent for females. Fig. 2 shows that the major reasons by male and female respondents for not being able to access markets during the Covid-19 pandemic period include Markets/store were closed, Movement restrictions such as curfew and concerned about leaving the house due to outbreak.

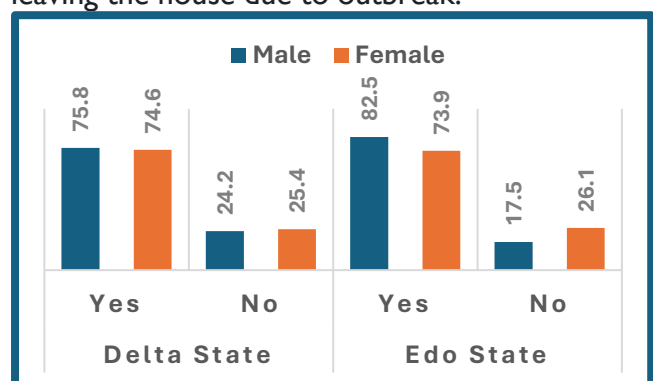


Fig. 1 Percentage distribution of respondents who could not access the markets/stores during COVID-19 period

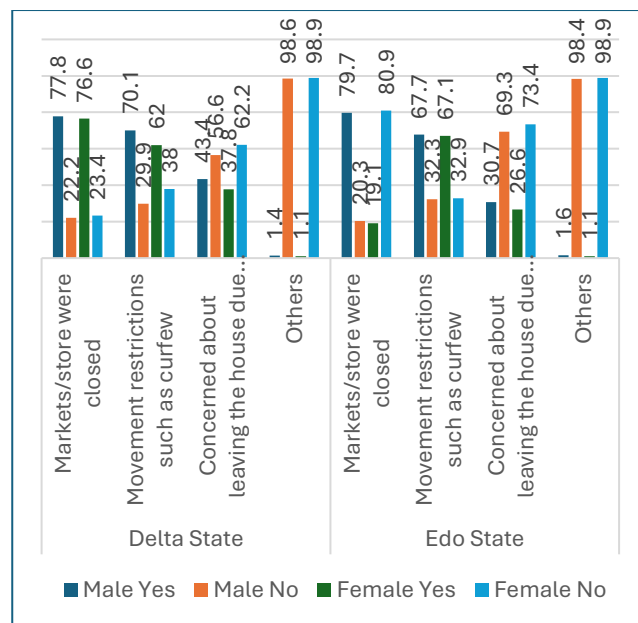


Fig. 2 Percentage distribution of respondent by the main reasons why their household members could not access the markets/stores during COVID-19

The Key informant 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.

Implementation of Intervention activities

Capacity strengthening of community groups on gender equality in target pilot communities

An important component of the action research project was the implementation of interventions in the various target communities. The team, as part of its mission and corporate objectives, trained community members who are domiciled in their respective communities on the concept

of gender inequality and equity. This training was focused on strengthening the capacity of the Community-based groups known as *Community Project Implementation Committee (CPIC)* that were established in the selected pilot communities across the project LGAs of Delta and Edo states. These community advocates have key roles to play in addressing the interconnected gender issues such as cultural practices that often restrict women's decision-making power, limit their educational and economic opportunities, and constrain their access to quality healthcare. By raising awareness, challenging harmful norms, and promoting gender-equitable practices, community advocates and social influencers (Social Influencers are sub-committees created from the CPIC in the various target communities to respond to different gendered issues affecting women and girls in their respective communities) have the power to drive positive change and improve the health and well-being of women and girls in their communities. They were trained and empowered to use "native advertising", to disseminate positive messages that are addressing issues such as the importance of promoting gender equity, inclusion, and essential women's health care in their communities and strategies to engage women and girls on these issues.



Participant doing some exercises during training of CPIC at Usugbenu Community, Esan Central LGA

Support for Provision of Pipe-Borne Water to Project Communities

Access to clean water is a fundamental human need and a critical element of public health. However, in many rural communities across Nigeria especially the project communities, the

lack of safe and clean water has remained an overwhelming challenge for decades. This issue has disproportionately affected women, who are the primary caregivers and are responsible for providing water for their families. The burden of walking miles to neighbouring communities to fetch water for domestic use has severely impacted their health, well-being, and productivity. In addition to the physical burden, the use of unsafe water from open wells has exposed women and children to waterborne diseases such as typhoid, diarrhoea, and cholera. Contaminated water sources (e.g. open well, water borrow pit, etc.) often shared with animals or exposed to pollutants, contribute to the spread of these diseases, leading to preventable illness and death. In light of these challenges, the project team, in collaboration with the Community Project Implementation Committees (CPICs) established, recognized the urgent need for the identification of borehole installation as the most viable solution to provide clean and reliable water sources to the communities. The impact of these boreholes on the communities has been immediate and profound.



Joyful moment as local women gather to use their newly commissioned borehole in Akpata community Ethiopie East



CPIC members overseeing the activity of the borehole driller in Akpata community Ethiopie East

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About CPED

The Centre for Population and Environmental Development (CPED) is an independent, non-partisan, non-profit and non-governmental research and development organisation based in Benin City, Nigeria. CPED is committed to promoting sustainable development, reducing poverty and inequality, and strengthening evidence-based decision-making through policy-oriented research, advocacy, capacity building, stakeholder engagement and community-level intervention programmes.

Vision

The vision of Centre for Population and Environmental Development (CPED) is to be a key non-state actor in the promotion of grassroots development among the inhabitants of various communities in Nigeria.

Mission

The overall mission of Centre for Population and Environmental Development (CPED) is to promote action-based research programmes and undertake intervention programmes on sustainable population and environmental issues in Nigeria in general and the Niger Delta in particular.

Core Values

In order to achieve the vision and mission, CPED staff will be guided by a set of core values designed to motivate staff towards professional excellence, intellectual competitiveness, innovation and productivity. The core values include the following:

- **Intellectual Freedom:** The universal ideals of intellectual and academic freedom are promoted and respected by CPED. In this respect CPED will remain an independent, professional and non-membership organization.
- **Non-partisanship:** CPED is a non-partisan organization which is not associated with any political party or organization. However, when the need arises, CPED in its research, advocacy and outreach activities will address key political issues that have considerable impact on development, especially at the local level.
- **Quality of service delivery:** CPED is committed to excellence in research, advocacy and outreach programmes. This is essential to put CPED on the highest pedestal of policy research think tank in Nigeria. Consequently, quality service delivery is a non-negotiable feature of all the key organs and units of CPED.
- **Integrity:** CPED staff are committed to the highest ethical standards in all official obligations and personal responsibilities to society and the organization. Integrity shall be manifested through honesty, trustworthiness, honouring commitments and taking full responsibility for our actions, both success and failures.
- **Teamwork:** CPED emphasizes teamwork, networking and partnership without frontiers. It defeats any tendency towards hero-worshipping, pigeon-holing and stonewalling which make development a mirage.
- **Participatory decision-making:** This bottom-up and horizontal approach to development planning makes feasible the collective ownership of programmes and all the processes of governance. It makes CPED, policy makers and beneficiaries of development to share a common vision of the public good work mutually for its realization.
- **Non-discrimination:** CPED is committed to a policy of non-discrimination and equal opportunity for all persons regardless of race, colour, religion, creed, gender identity or disability. CPED respects all applicable laws regarding non-discrimination.