

Impact of Covid-19 among Women of Reproductive Age in Nigeria

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Abstract

Background: This paper examined the impact of the covid-19 pandemic among women of reproductive age in Nigeria. Pandemics however, are not new to the human society. Nevertheless, humanitarian crises, including health emergencies like covid-19 affect men and women differently. The pandemic exposed sharp economic and social inequalities and widened the already existing gap with the most vulnerable in society, including unequal impacts affecting women and girls by virtue of their gender. This review provided information on the physical, economic and social impact of covid-19 pandemic among women of reproductive age in Nigeria. **Methods:** Grey literature such as reports and research briefs from WHO, UN, UNICEF, World Bank, Care International, Plan International, Partners West Africa Nigeria and National Demographic Health Survey Nigeria was used for this review. In addition literature searches from peer-reviewed articles published between 2001 to date in databases such as Pubmed and Google Scholar were also used for this review. **Conclusion:** Some of these impacts, as this review has found, include different types of social and economic problems such as loss of jobs, income decline, increased stress, worries, increase in sexual and gender-based violence and concerns that have had significant impact on the mental health and social well-being of women, children, and other vulnerable groups. **Recommendation:** Civil Society Organizations and Development Partners should lead interventions around the many forms of violence that women face across their life cycle and in all contexts of their lives- private, public and technology driven spaces. Furthermore, Government should develop operational plans that will include capacity assessments and risk analyses by the State and Local Government authorities; and extending the reach of public health and socioeconomic interventions by civil society and Non-governmental organization.

Keywords: Covid-19; Women; Mental Health; Sexual & gender-based violence; Nigeria

1. Introduction

The world witnessed the spread of Covid-19 pandemic which was first reported in Wuhan, China in December 2019 (WHO, 2020). Although pandemics are not new to the human society, nevertheless, humanitarian crises, including health emergencies like covid-19 affect men and women differently. Moreover, the World Health Organization raised concern over its impact on women and girls, with vulnerabilities feared to worsen as the pandemic overwhelmed health systems around the globe (WHO, 2020). As a result of these, women of reproductive age were disproportionately affected by the lockdowns which resulted to a disruption in sexual and reproductive health services, lack of availability of healthcare providers who were stretched by the COVID-19 response and water, sanitation and hygiene (WASH) services especially for those living in difficult conditions (CARE, 2020; UNFPA, 2020; Moeti, 2020). According to Plan International, shortages of hygiene products, a sharp rise in prices of pads and tampons and lack of access to basic information and services about menstrual hygiene management, left women struggling to manage their periods during COVID-19 lockdowns (Plan International, 2020). Thus, resulting to neglect and increase in risks to women's health (Ghouaibi, 2021).

Furthermore, Ghouaibi (2021) posit that covid-19 exposed sharp economic and social inequalities and widened the already existing gap with the most vulnerable in society, including unequal impacts affecting women and girls by virtue of their gender. Several evidence from similar crises like the Ebola has shown to exacerbate existing vulnerabilities of girls and women, create new ones and deepen gender and social inequalities (UNFPA, 2020; World Vision, 2020). Women comprise 1.5 billion of the world's low-wage workforce and twice as many of its care givers. Thus, they are the most at risk group most affected by economic and health crises that unfolded in the outbreak of pandemic. (Mezie-okoye, 2020).

Meanwhile, Nigeria is the most populous country in Africa; however, in terms of socio-economic development, Nigeria is lagging behind to a large extent. Thus, the pandemic exposed the significant challenges to access to healthcare in Nigeria (UNFPA, 2020). Moreover, the COVID-19 pandemic disrupted access to critical services and diminished livelihood sources for households (UN, 2020). At the peak of the pandemic outbreak, businesses and organizations were shut down, and residents were instructed to work from home and only come out to purchase essential materials like food and medication at stipulated times. Consequently, many businesses suffered immeasurable losses in different ways since the outbreak of the COVID-19 pandemic. This has led to an increase in remote businesses with changing models and technologies. Even Communication, collaboration, and event interpretation have become very important (Harrinson, 2021).

1.1 Aim of the Review

This review sought to provide information on the physical, economic and social impact of covid-19 pandemic among women of reproductive age in Nigeria.

1.2 Objectives of the Review

- Discuss the impact of the pandemic on sexual and gender-based violence among women in Nigeria
- To ascertain the impact of the pandemic on mental health and social well-being of women in Nigeria
- Discuss the socio-economic impact of the pandemic on women of reproductive age in Nigeria

Methods: Grey literature such as reports and research briefs from WHO, UN, UNICEF, World Bank, Care International, Plan International. Partners West Africa Nigeria and National Demographic Health Survey Nigeria was used for this review. In addition literature searches from peer-reviewed articles published between 2001 -2022 in databases such as Pubmed, Medline, Google Scholar, BioMED, were also used for this review.

2. Review of Related Literature

2.1 Impact of Covid-19 Pandemic on Sexual and Gender-based Violence among Women in Nigeria

One of the major consequences of the COVID-19 pandemic is sexual and gender-based violence. The United Nations defined violence against women as “physical, sexual or psychological harm or suffering to women (UN, 2020). According to the World Bank report (2019), previous studies have shown that a pandemic outbreak is one of the primary structural drivers and root causes of gender inequality around the globe; thus leading to an increase in sexual and gender-based violence (SGBV). Available evidence from neighboring Africa countries like Liberia, Guinea and Sierra

Leone during the Ebola crises documented a rise in sexual and gender-based violence among women of reproductive age (Adhiambo, 2020)

Similarly, Nigeria, during the lockdown, experienced increase in sexual and gender-based violence (Partners West Africa Nigeria, 2020). According to crime statistics from the Nigeria Police Force indicated that about 717 rape cases were reported between January and June, 2020. In the same vein, Brazil, among other countries in the world, reported a 40-50% increase due to the restrictions of movement (Awodipe, 2020; Graham- Harrison, 2020). Meanwhile, the World Health Organization Fact sheet showed that SGBV is a global health problem with one in three women of reproductive age experiencing it (Garcia-Moreno et al. 2006; WHO, 2017). Despite the progress made in coping this form of violence, SGBV is still prevalent in many low- and middle-income countries (Sardinha, 2018), including Nigeria, because of traditional norms that support male dominance

In Nigeria, SGBV acts have often manifested as rape, sexual abuse, sexual harassment, sexual enslavement, intimate partner/domestic violence often referred to as battery, forced pregnancy, emotional and psychological violence, and forced/ early childhood marriage (Nigeria Demographic Health Survey 2018). SGBV is also associated with a multitude of poor mental, sexual and reproductive health outcomes (WHO, 2013).

Furthermore, the pandemic affected the well-being of people around the world, including girls vulnerable to child marriage. Moreover, at the onset of COVID-19, the teeming efforts to curb child marriage got jeopardized with harsh economic situations in many households due to the lockdown and the willingness to marry off their girls to reduce this burden. Closure of schools and cases of sexual gender based violence also impacted the prevalence of early marriage during the pandemic in Nigeria (UNICEF, 2021). Thus, COVID-19 has made an already difficult situation for millions of girls even worse. In view of these, UNICEF expresses concern that past efforts by various stakeholders to end child marriage in Nigeria and the rest of the world have been affected by the pandemic. This is because of the major disruptions to the work on ending child marriage as lockdowns and social distancing measures affected programming as 10 million additional girls were at risk of child marriage due to COVID-19 (UNICEF, 2021).

Although, no data exist to know the actual number of girls that were married since the beginning of the crisis, pre-COVID data can be used to predict the impact of the pandemic on child marriage in the near future (UNICEF, 2021). Moreover, the fact that statistics shows increase in rate of unplanned pregnancies during the pandemic period, owing largely to lockdown, a lot of girls may have been greatly affected (Malaria Fund, 2020; UNFPA, 2020; Mezie-Okoye, 2020). The exact impact of the pandemic on child marriage is unclear as data is unavailable to ascertain the exact extent of the impact.

2.2 The Impact of the Pandemic on Mental Health and Social Well-Being of Women in Nigeria

The World Health Organization defined mental health as the level of psychological well-being or an absence of mental illness. It is the state of someone who is "functioning at a satisfactory level of emotional and behavioral adjustment" (WHO, 2001). Similarly, Partners West Africa Nigeria, (2020) asserts that mental health refers to people's emotional, psychological, and social well-being which includes how they think, feel, and act, which has implications for how they handle stress, relate to others, and make choices, especially in crisis. The lockdown which was one of the measures used in curtailing the spread of the covid-19 pandemic restricted movements, shutting down of public and

private offices, state institutions and establishments, closure of schools and restrictions of large gatherings of people including markets and places of worship had implications for social interactions. Thus, decreased informal mechanisms of social support through family and close friends (UN, 2020; WHO, 2020, Roesch, 2020).

Consequently, depression and anxiety increased triggered by increased responsibilities of women at home due to school and work closure, domestic stress, fear of uncertainties about the future, income decline due to job and business losses, loneliness (Partners West Africa Nigeria, 2020). This increased burden on women led to some kind of domestic burn-out which impacted on the motivation to either take the needed medications which in most cases were not readily available. Also women had less physical exercise and unhealthy eating habit increased (Achenbach, 2020). Furthermore, lifestyle changes, social isolation and loneliness during the pandemic had implications for the mental health and social well-being of women and other vulnerable groups in society as the new reality of working from home, temporary unemployment, caring for the elderly and ill family members as well as home-schooling of children, and lack of physical contact with other family members, friends and colleagues impacted negatively on this population (WHO, 2020; Population Council, 2020).

2.3 The Socio-economic Impact of the Pandemic on Women of Reproductive Age in Nigeria

Globally, and in Nigeria, women were the worst hit by the pandemic because more women are in the informal sector business with lower-paid jobs which were more prone to disruption during public health emergencies and lack legal and social protections (CARE, 2020; World Bank, 2020). The World Bank reports that women accounts for more than 90% of the labor force in sub-Saharan Africa. There are evidence to show that financial and economic impacts of any public health crises are gendered, with women and girls suffering disproportionately (CARE, 2020; World Bank, 2020). Furthermore, the impact of the pandemic was particularly felt on lower-middle-income and upper- middle-income countries with disruptions to markets and supply chains, with businesses closing or scaling back on all operations other than those classed as essential services. Thus, Women's marginalization and isolation were intensified with loss of income and employment alongside a decrease in their economic empowerment (CARE, 2020).

In addition, report from the United Nations indicate that women globally make up 70% of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers (UN, 2020). Meanwhile, most of this workforce were not consulted in the process of national decision-making on the response to COVID-19 despite the concentrated numbers of women in the health workforce, this act alone increased the rate of women marginalization (Premium Times, September 21, 2020).

According to the World Bank, the collapse in economic activity led to a loss of about 255 million full time jobs, most of these jobs were handled by women worldwide, and thus, the negative economic impact due to the pandemic was also greater for women (World Bank, 2020). High inflation of goods and services led to a recession. It also caused a steep decline in oil prices and more economic hardship. The pandemic not only exposed weaknesses in the Nigerian health sector but also in the broader social support infrastructure (PWAN, 2020). Despite the limited data, there are emerging evidence and lessons from past health crises, that suggest that women and girls in Nigeria suffered from extreme and multifaceted negative impact as a result of the Pandemic. Some of which include: higher poverty rates (Laouan, 2020; Mahler et al, 2020; Plan International, 2020), loss of income and reduced financial empowerment

(Grown & Sanchez-Paramo, 2020; UN Women, 2020), greater food insecurity and malnutrition (CARE, 2020; Population Council, 2020).

Conclusion

The pandemic-induced poverty surge widened the gender poverty gap – meaning, more women were pushed into extreme poverty than men. The impact has been in terms of increased level of mortality and morbidity, as well as in terms of different types of social and economic problems. Some of these impacts, as this review has shown, include different types of social and economic problems such as loss of jobs, income decline, increased stress, worries, increase in sexual and gender-based violence and concerns that have had significant impact on the mental health and social well-being of women, children, and other vulnerable groups. Thus, the consequences of these impacts will be wide scale, longstanding, and likely generational. Therefore, response, recovery planning, and programming must ensure that those most impacted by the pandemic are not forgotten.

Recommendation

Sequel to the above, Civil Society Organizations and Development Partners should lead interventions around the many forms of violence that women face across their life cycle and in all contexts of their lives- private, public and technology driven spaces. Furthermore, Government should develop operational plans that will include capacity assessments and risk analyses by the State and Local Government authorities; and extending the reach of public health and socioeconomic interventions by civil society and NGOs. In addition, Government should introduce economic support packages, including expanded unemployment benefits, tax breaks, and expanded family and child benefits for vulnerable women and their families. Businesses owned and led by women should receive specific grants and stimulus funding, as well as subsidized and state-backed loans. Tax burdens should be eased and where possible, governments should source food, personal protection equipment, and other essential supplies from women-led businesses.

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