

## **REPORT ON IMPACT OF COVID-19 ON WOMEN**

### **EXECUTIVE SUMMARY**

This Research was commissioned by CIRDDOC Nigeria in collaboration with CENGOS, with the support of Amplify Change. The purpose of the study was to determine the impacts of COVID-19 on women and girls in Nigeria. The specific objectives were to:

- i) Determine the health impacts of COVID-19 on women and girls;
- ii) Determine the social and economic impacts of COVID-19 on women and girls;
- iii) Determine the effects of the COVID-19 containment policies and protocols on the vulnerable populations especially as it concerns SRHR and GBV;
- iv) Make recommendations from the findings for sustainable programming on addressing SGBV during and after COVID-19 and similar emergencies

The study adopted a survey design, using Open Data Tools to collect data from a sample that was selected through multi-stage sampling. Data was collected via online tools (Kobo collect, Google forms, phone resource – voice, video and WhatsApp). Both quantitative and qualitative data were generated. The key findings were as follows:

1. Majority of respondents were working before the pandemic, which meant that most of them would have been affected by the lockdowns due to loss of jobs, closure of businesses etc;
2. Although most of the research participants showed high knowledge of Corona virus, in terms of nature, mode of spread, protocols and effects on humanity in general, there were still some sceptics among them and others who were superstitious;
3. The major source of information was mass media: radio, TV, Newspaper and internet;
4. NGOs were the least source of information, perhaps due to minimal documentation of the role and impact of NGOs and CSOs in nation building or a diffusion of their efforts as governmental action;
5. Key messages received were mostly preventive, there was little or no information on what to do in the event of infection by the virus;
6. The most difficult protocol to keep was the lockdown because the livelihood of the women and girls revolved around outdoor businesses; providing goods and services;
7. Participants' most traumatic personal experience was closure of schools for children;
8. There was evidence of induced poor mental health among women and girls during the pandemic due to the effects on economic, social and health concerns, including concerns about business, work and social life;
9. Most participants resorted to praying about their worries. The pandemic was indeed a strange phenomenon that needed spiritual intervention; having taken so much from our very human nature that even to touch one's own face was a source of infection;
10. Family members experienced health challenges during the COVID pandemic;
11. There was evidence that most participants resorted to self- medication; including use of herbs;
12. Most of the participants did not receive any form of social support during the pandemic;
13. Participants reported that there was an increase in crime rate during this period;

14. All forms of Sexual and Reproductive Health Rights (SRHR) violations and Sexual and Gender base Violence (SGBV) were reported to have been directly or indirectly experienced with physical violence ranking highest;
15. On SRHRs, participants' responses revealed that on the average, discussions on sexual matters with partners ranked first (probably because of the lockdown and increased demands by male partners for sexual activity).

The following recommendations were made:

### **Government, Private Sector and Policy Makers**

1. There is need for a review of the school curriculum to include for intensive entrepreneurship education at all levels of education with life and vocational skill acquisition, personal self- development, mental development, sexual and reproductive health populating the curriculum. This will prepare women and girls to live fulfilled lives even in the face of adversities such as the COVID – 19 pandemic and its attendant effects.
2. Children who were not reached via online teaching during the lockdown should get an opportunity for catchup/remedial learning. There is need to establish community reading and numeracy hubs/ groups for catchup- learning.
3. Government should make it mandatory for schools to give parents/guardians orientation on how to adhere to COVID-19 protocols as well as provide enabling environment their children's/wards learning at home and in the community.
4. Government should scale up School Feeding Program to cover rural areas to mitigate the hunger being felt by the rural communities due to reduced farming activities induced by the lockdown.
5. From the reported cases of unplanned and early pregnancies resulting from the lockdown, there was a chance of girls dropping out of school. To get these girls back to school, there will be a need to set up some monitoring systems, especially at community levels, to identify such "victims" and to provide financial and in-kind support, such as school feeding, free learning materials or possibly, total free education and work in collaboration with concerned families to reduce the cost of attending schools.
6. Equal representation of males and females in government COVID-19 response teams will go a long way to ensuring that women and girl concerns are taken care of – especially in the face of a second wave of the pandemic.
7. To reduce grave economic impact on women and girls during the pandemic, government should channel palliatives away from politicians who on their own have a responsibility to their constituencies. The government should rather involve NGOs, CBOs and traditional and religious structure who can easily reach the grass roots. Palliatives should not be just food and medical items, but should include work tools such as sewing machines, food

processing machines and soft loans that will enable them to engage in small businesses without necessarily breaking the protocols.

8. The phenomenon of self-medication is a function of a poor health system as much as it is a product of ignorance among the people. Efforts should be made by the government to improve the health system through regulatory frameworks and increasing access. Government can leverage on its commitment to encouraging alternative medicine to support institutions and individuals to find solutions using the abundant herbs in Nigeria.
9. The resilience and resourcefulness demonstrated by women and girls in the face of the pandemic is evidence of leadership qualities which should be tapped by government and the entire society. Here is where the Equal Opportunity Bill becomes a reference point; central to mitigation of crises through equal representation of women and men in decision-making positions.

### **NGOs and CSOs**

10. There is need for NGOs to create a unique and striking identity in their specific roles in the society to increase visibility, especially as guardians of the voiceless masses and the vulnerable populations. This calls for a regulatory framework that will engender a synergy between government and CSOs/NGOs/CBOs to work in mutual understanding of what national development really means.
11. There is need for a closer partnership between government and CSOs/NGOs, INGOs/CBOs in the response to COVID-19 especially in terms of sensitization activities in rural areas, educating the locals and the community leaders, providing validated information about the virus. Being grass root-friendly, if properly funded, NGOs have the capacity to reach out to the remote populations. This would help filter a lot of lame theories and false information on social media.
12. There should be continuous information dissemination; NGOs should engage in community education on the prevention. Sensitization should be carried out in churches, markets and communities to let them know the need to go to hospital for treatment rather than staying at home to do self-medication.
13. There is need to train and retrain law enforcement personnel and those involved in enforcing Covid19 protocols as well as religious leaders, traditional rulers, market leaders and community educators on SRHR and SGBV as they relate to COVID-19 and its protocols. Journalists and other media personnel need to be trained on how to deliver information without causing anxiety.
14. There is need to establish community information centres to provide authentic, and relevant information that can also serve as counseling centres. In addition, online and phone services can be provided for those seeking therapeutic interventions, counseling or any other form of sexual rights and services or general medicare.
15. Women and girls, irrespective of level of education or social status, experience SRHR violations and SGBV, especially in crisis situations, such as the pandemic. NGOs and CSOs should therefore intensify efforts in awareness creation on SRHR and SGBV in the context of the pandemic.

## **The Media**

16. Corona virus pandemic, like Ebola before it received global attention in terms of information sharing because of its elitist entry points. Within the context of the pandemic, reporting on the rising crime rate, SGBV, SRHR violations and the general lack of good governance should not be mellowed down in news reporting so the people can understand the linkages between the pandemic and increasing crime rates. A balanced reporting will ensure this understanding and get people better prepared to mitigate some negative effects of such crisis.

## **1.0 INTRODUCTION**

This section highlights the background to the study, the objectives and justification for the study.

### **1.1. Background**

The Civil Resource Development and Documentation Centre (CIRDDOC) Nigeria is an independent, non-governmental and not-for-profit organisation established in 1996 for the protection and promotion of human rights and women's human rights and the strengthening of civil society. CIRDDOC is also committed to the institutionalization of good governance, gender equality and the rule of law.

With support from AmplifyChange, CIRDDOC is working with partner organization, Coalition of Eastern Non-Governmental Organisations (CENGOS) and relevant stakeholders to end Gender Based Violence (GBV) and increase young people's access to Sexual and Reproductive Health Information and Services.

Humanitarian crises and health emergencies affect men and women differently. As COVID-19 continues to ravage the world, there are concerns over its impact on women and girls, with inequalities and vulnerabilities feared to worsen as the pandemic overwhelms health systems and depletes scarce resources. Women and girls and those living with disabilities may be particularly affected by the impacts of COVID-19 outbreak.

### **1.2 Objectives**

The purpose of the study was to determine the impact of COVI-19 pandemic on women and girls in Nigeria. The specific objectives were to:

- v) Determine the health impacts of COVID-19 on women and girls;
- vi) Determine the social and Economic impacts of COVID-19 on women and girls;
- vii) Determine the effects of the COVID-19 containment policies and protocols on the vulnerable populations especially as it concerns SRHR and GBV;
- viii) make recommendations from the findings for sustainable programming on addressing SGBV during and after COVID-19 and similar emergencies

### 1.3 Justification

Coronavirus disease, named COVID-19 as it was first discovered in 2019 in Wuhan, is an infectious disease caused by a newly discovered coronavirus. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The World Health Organization (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and characterized it as a pandemic on 11 March 2020 (Ajisegiri *et al.* 2020). The disease escalated uncontrollably at the beginning of 2020, mostly due to delayed case reporting and unavailability of testing kits (R. Li *et al.*, 2020). It spread quickly throughout Europe, especially Italy, America and the United Kingdom. In less than three months of its announcement, the pandemic spread through the globe. It is thus considered one of the biggest pandemics to hit the human race as the data on number of cases and mortality rates changed by the minute and day as the pandemic ravages on (Zhu *et al.*, 2020).

The transmission of the virus from one person to another occurs mainly through droplet inhalation or direct contact with the virus. Guan *et al.*, 2020 reported that the novel coronavirus was positively seen in the gastrointestinal tract specimens (stool and rectal swabs) as well as in saliva and urine, and in the respiratory tract wounds and bleeding sites or areas of patients of severe ulcers (Guan *et al.*, 2020). As at the 26<sup>th</sup> of November, 2020, the John Hopkins University Coronavirus Resource Centre confirmed 60,465,801 cases of the novel coronavirus infection worldwide, about 38,758,789 recoveries and 1,422,510 deaths. The same source also stated that over 187 countries and territories have reported at least a case of the novel coronavirus infection. The European continent has the highest number of reported cases while Africa has the least. Africa recorded its first case of infection on the 24<sup>th</sup> of February, 2020, in Egypt, imported from Europe. Afterwards, there has been a steady increase in number of reported cases of infection in Africa due to the business transactions and tourism between Europe and Africa (Nkengasong & Mankoula, 2020). The World Health Organization reported on the 26<sup>th</sup> of November, 2020 at 0700 Hours Nigerian Time, a total of 775,502 cumulative cases in the WHO African Region; however, the same source reports 2,107,172 confirmed cases, 1,784,757 recoveries and about 50,643 deaths in the African Continent (World Health Organization, 2020d).

Despite the data that has been given on the number of cases confirmed, recoveries and deaths, there are other factors, which may pose a challenge in predicting or making conclusions on the true epidemiology of the coronavirus in Africa, such as inadequacy of the testing capacity or weak diagnosis, late arrival of the pandemic, lack of essential medical supplies and a large susceptible population for infection by the novel coronavirus. These make it difficult to ascertain the true number of cases and may change the epidemiology of the novel coronavirus in the African continent and indeed globally (Centers for Disease Control and Prevention, 2020); (The World Economic Forum, 2020) (Africa Center for Strategic Studies, 2020).

The health care system of a country has a vital role to play in the management and control of the novel coronavirus. Many African countries lack adequate and standard medical facilities when compared to developed nations such as USA, the UK and China, that all have advanced health care systems but are still a long way from coping with the current pandemic (Mo Ibrahim Foundation, 2020). Issues such as limited testing capacity, shortage of trained staff required for diagnostics and intensive care units (ICU), inadequate ventilators and ICU facilities (needed in severe cases of the novel coronavirus), lack of personal protective equipment (PPE) for health-care workers and

scarcity of funds for the health sector make the African continent more susceptible to the novel coronavirus pandemic (Mo Ibrahim Foundation, 2020).

After the first case in Egypt, Algeria recorded its own case, before Nigeria reported a novel case on the 27<sup>th</sup> of February, 2020 and since then, the number of cases have been increasing steadily. After the three first records in Africa, the rest of the African continent only started to record cases in March of 2020 (Daniel & Bamidele, 2020).

The novel coronavirus entered Nigeria and Ogun State precisely, through an infected Italian citizen who came in contact with a Nigerian citizen, who was subsequently infected with the virus. It then spread to other citizens in Lagos and to other parts of the country.

As at 26<sup>th</sup> November 2020, Nigeria Centre for Disease Control, which is the Government Agency responsible for COVID-19 preparedness and response activities reported 66,805 confirmed cases of COVID-19 and 1,169 related deaths and 63,493 patients discharged and since then, over 756,237 samples have been tested (Nigeria Center for Disease Control, 2020). Most cases have been registered in Lagos, Federal Capital Territory (FCT), Plateau, Oyo, Kaduna, Rivers and Edo States, while states like Kogi, Cross River and Zamfara have recorded fewer cases. Currently, all the 36 states have reported COVID-19 cases (Nigeria Center for Disease Control, 2020). According the World Health Organization, in the Africa was likely higher than initially reported, due to limited testing and deficiencies in emergency preparedness (World Health Organization, 2020b).

The Nigeria Center for Disease Control (NCDC) reported that individuals of age 31-40 years were more susceptible to the novel coronavirus infection and this population accounted for 24% of the total cases of infection. It however notes that there have been more recorded deaths among people of age 60 and above. Many patients or individuals infected with the novel coronavirus will experience somewhere between mild to moderate respiratory illness and may recover without any special or particular treatment regimen. Infected individuals usually appear with symptoms like fever, dry cough, laboured breathing, and shortness of breath, while other less severe symptoms may appear such as sore throat, body aches and pains, diarrhoea, conjunctivitis, headache, skin rash, loss of taste or smell and discolouration of the toes or fingers etc. (Nas *et al.*, 2020). The virus infects individuals of all ages, but has been observed to be less common and severe in children than in adults.

Factors which may affect the African economy related to the novel coronavirus include: reduction of importation of Chinese goods to the level that it inflates the African markets. (Lone & Ahmad, 2020); decreasing oil consumption due to travel bans, border closures, social distancing and lock downs lowering down the demand for oil; (McKenzie, 2020). This could however have a positive impact on oil-importing countries (African Union, 2020); travel restrictions, shut downs and port closures have resulted in decreasing demand for steel, iron ore, lithium, and cobalt (McKenzie, 2020). Also the mining work environment is more exposed to pandemic and can become a catalyst for spreading the COVID-19 (Mining Review Africa, 2020); reduction of tourism, (McKenzie, 2020, African Union, 2020); withdrawal of foreign investors, (African Union, 2020); the shift of budgets from other sectors to the health sector, (Lone & Ahmad, 2020).

WHO (2020c) and CDC (2020) made recommendations for prevention or protection from contracting the virus and preventing its spread as follows:

- Regularly and thorough hand-washing with soap and running water for at least 20 seconds or apply an alcohol-based rub or sanitizer that is composed of at least 60% to totally cover both hands, especially after visiting public places or after sneezing, coughing or blowing one's nose.
- Maintaining social distancing of at least 1 metre or 3 feet between one's self and others and avoid close contact with people who look ill, especially if such a person is coughing or sneezing.
- Avoiding large events, public transportation and mass gatherings, and staying at home if one does not feel well, except one is going to get some medical attention.
- Cough or sneezing into a clean tissue paper or handkerchief, or into a flexed elbow and disposing all used tissue paper properly and washing hands immediately after with antiseptic soap and water.
- Staying isolated as much as possible from family one feels ill and wearing a facemask when around others. Ensure that all care givers attending to wear a facemask.
- Avoid sharing beds, silverware, cutlery or other household items if you feel ill and where possible, use a different bathroom and toilet from the rest of the family.
- Cleaning all dirty surfaces with detergent or antiseptic material and water and applying disinfectant to all frequently used or touched surfaces such as desks, tables, doorknobs, light switches, toilet, etc.

The first case in Nigeria was reported by the Federal Ministry of Health on 27<sup>th</sup> Feb 2020 and by 7 March 2020, as a quick response, the FGN established a Presidential Task Force for control of COVID-19. Information on COVID-19 spread as quickly as the disease on different media: television, radio, social media, rumour and some were conflicting; others utterly confusing.

The COVID-19 pandemic is a hydra-headed monster, globally permeating health, political, economic, social systems. It has taken the world by the storm and has left societies and economies in great distress. Oludayo Abass (2020) reported that although "Nigeria has avoided a public health crisis, on the economic front, the pandemic has disrupted lives and caused economic insecurity and hardship for households, affected business activities, and severely impacted the government's finances". For instance, to restrictions on movement and travel, many of the country's mostly informal 41.5 million Micro Enterprises (96% of all businesses in the country) which account for more than 80% of total employment, had to either close or scale back operations. As in all humanitarian crises, women are at the centre of care and response efforts. They are victims, caregivers; yet increasingly vulnerable; they are at increased risk of infection, loss of livelihood, have less access to sexual and reproductive health due to diversion of routine health services and they face increased risk in domestic violence due to insecurity, and tensions which are worsened by cramped and confined living conditions, especially among displaced persons' camps (UNWOMEN, 2020). People with special needs such as the physically challenged are also doubly vulnerable in the event of crises.

Economic challenges during the COVID-19, as in any other crises, pose a serious threat to women's work and business activity, exposing them to increased risk of exploitation and abuse (UNWOMEN, 2020). These challenges could also increase child marriage and child abuse, resulting to increased risk of teenage pregnancy, with girls out of school and with lower access to health services. This may likely prevent many girls from returning to school (Agene & Onyishi, 2020).

On a flip side, Babatunde (2020) reported how COVID-19 has strengthened the role of women in the Niger Delta region of Nigeria. According to the author, though COVID-19 has a huge backlash on women, in the Niger Delta, women's historical capacity to produce food created new opportunities for their involvement in local governance. Apart from supporting their individual families, women in the region also played a crucial role in providing support to their communities during this period by providing food to the needy. In the same vein, Agene and Onyishi (2020) reported that though some households saw increased tensions between husbands and wives, others showed unexpected positive outcomes such as improvement in spousal relationship; a positive development in the eradication of SGBV and SRHRs violations.

This study therefore will not only add to the developing conversations around the effect of COVID-19 on women and girls in the region, but will also make recommendations for sustainable strategies that will promote gender equity especially in the face of growing incidents of both man-made and natural disasters that increase vulnerability of women and girls and other groups with special needs.

### **3.0 METHODOLOGY**

#### **3.1 Design**

The study was a survey design using questionnaires, Focus Group Discussions (FGD) and Semi Structured Interviews to gather data for the purpose of realizing the research objectives. Two sets of questionnaire were deployed online: the first set were used by field assistants/enumerators on ODT and the second on Google forms that were sent directly to the research participants who filled and submitted. Phone interviews (voice and video calls) were also used to complement the questionnaires. Two FGDs were conducted in each state and one case study was also generated in each state.

#### **3.2 Area**

The scope of the research covered six states in Nigeria: Akwa Ibom, Cross River, Ebonyi, Enugu, Imo and Rivers. In each selected state, one Local Government Area was selected from each of the three senatorial zones. Rural and urban areas were covered in each of the LGAs selected. The specific areas where data was collected for each state is shown on Appendix A.

#### **3.3 Sample and Sampling**

A convenient sample of 6 women in a specified category of women was proposed for each state, totaling 144 women per state. This was done through multi-stage sampling. In each state, a sample was drawn from all three senatorial zones, covering urban and rural locations. The women were categorized according to professions or socio-economic contexts (work, health status, economic context in terms of business, work status, etc). Table 1 shows the achieved sample of 91.8% in the categories sampled in each state:



Table 1 Achieved Sample

<b>Value</b>	<b>AKS</b>	<b>CRS</b>	<b>EBS</b>	<b>ENU</b>	<b>IMO</b>	<b>RIV</b>	<b>FR E</b>	<b>%</b>
Nursing Mothers who delivered during the pandemic	5	7	7	6	5	6	<b>36</b>	<b>100%</b>
Female Health worker	5	6	6	6	7	6	<b>36</b>	<b>100%</b>
Female in-Patient in public hospital	5	5	6	7	6	5	<b>34</b>	<b>94.4%</b>
Self- employed Adolescent Girls	5	6	6	6	5	5	<b>33</b>	<b>91.6%</b>
Female out-Patient in public hospital	6	6	6	6	6	5	<b>35</b>	<b>97.2%</b>
Pregnant women	5	6	6	5	5	5	<b>32</b>	<b>88.8%</b>
Female care giver in public hospital	6	7	5	4	7	6	<b>35</b>	<b>97.2%</b>
Female care-giver in private hospital	5	5	6	8	6	5	<b>35</b>	<b>97.2%</b>
Female community leader	5	6	7	5	6	5	<b>34</b>	<b>94.4%</b>
Married woman with young children and spouse living together	6	7	7	4	6	4	<b>34</b>	<b>94.4%</b>
Market woman(Small scale business)	6	6	6	6	6	6	<b>36</b>	<b>100%</b>
Full time House wife	6	6	6	6	5	5	<b>34</b>	<b>94.4%</b>
Female religious leader	5	6	6	5	5	6	<b>33</b>	<b>91.6%</b>
Single mother with young children	6	6	6	4	5	6	<b>33</b>	<b>91.6%</b>
Female Business Entrepreneur (Large scale business)	6	7	6	4	5	5	<b>33</b>	<b>91.6%</b>
Female Teachers in Private school	5	6	6	5	5	5	<b>32</b>	<b>88.8%</b>
Married woman living with spouse, but grown up children living out	5	6	6	5	5	6	<b>33</b>	<b>91.6%</b>
Female Teachers in Government school	6	6	7	5	4	5	<b>33</b>	<b>91.6%</b>
Female person with special need	4	5	6	5	5	6	<b>31</b>	<b>86.1%</b>
Female Police Officer	6	5	5	6	4	5	<b>31</b>	<b>86.1%</b>
Female civil servant	4	6	5	6	5	4	<b>30</b>	<b>83.3%</b>

Female out-patient in private hospital	4	4	8	3	6	4	31	86.1%
Female youth leader	5	5	5	5	4	4	30	83.3%
Female in--patient in private hospital	5	6	5	5	4	5	30	83.3%
<b>TOTAL</b>	<b>126</b>	<b>141</b>	<b>137</b>	<b>115</b>	<b>127</b>	<b>120</b>	<b>794</b>	<b>91.8%</b>

Source: Field work

In addition to these categories of women, selected participants regarded as stakeholders were interviewed in Cross River, Enugu, Ebonyi, Akwa Ibom and Imo. The following persons were interviewed:

- Head, Policing Outfit or Vigilante
- Head of Female – led NGOs, CBOs
- CENGOS State Coordinator
- Community Leaders
- Chief Medical Director of a private hospital
- Head of Juvenile Women & Children Unit of Nigerian Police Force in the state
- Chief Medical Director of a state owned hospital
- Chief Medical Director of a Federal Medical Centre in the state
- Head or Senior officer at the Human Rights Commission

### 3. 4 Research Instruments

Two sets of questionnaire were deployed using online platform: Section A of the first questionnaire sought biodata of participants; Section B sought participants' Knowledge, Attitude and Practice (KAP) of COVID – 19 and Section C interrogated the effect of COVID 19 on women and girls regarding social, economic and health as well as SRHR and SGBV. This questionnaire was deployed to only women and girls as sampled. It was translated into Igbo and Pidgin English for enumerators' convenience in the event of need arising to use either of the languages. A test run of the instrument was carried out in Makurdi, Benue State to ensure its usability in terms of face and content validity.

The second questionnaire was deployed to stakeholders listed and phone interviews were used to complement the questionnaire. Six FGDs were conducted, one in each state and six case studies were generated; one in each state. (See Appendix B for details)

### 3. 5 Data Collection, Collation and Analysis

The data were collected by field assistants/enumerators who were trained via a webinar on the use of ODT. After the training, one day was set aside for field trials with strict supervision via voice and video calls and WhatsApp chats with the consultant and supervisors. The data was collated using Kobokollect and frequencies and percentages were used to present the data for analysis.

#### 4. 0 PRESENTATION OF DATA

In this section, the data will be presented and analysed in line with the research objectives, beginning with demographic data.

##### 4.1 Demographic Data

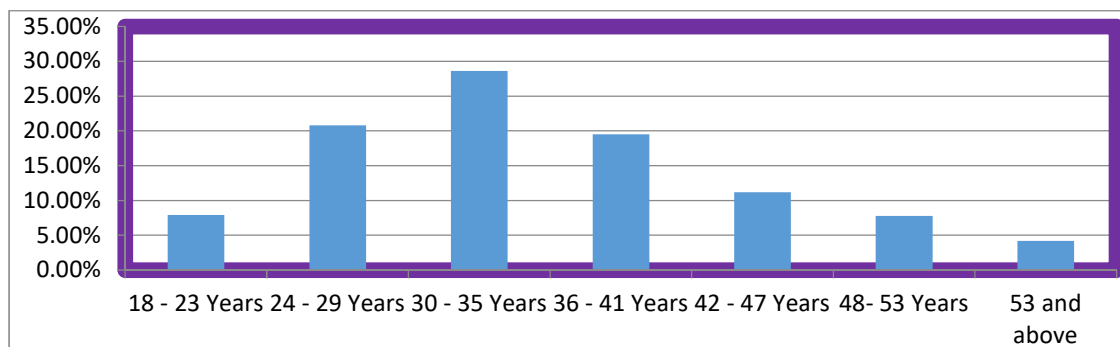
The proposed sample for this study was 864 women and girls and some stakeholders across all six states. Of this number, 794 (91.8%) women and girls was achieved (Table 3); plus 32 stakeholders. Of the women and girls, 431(54.4%) were from rural and 363 (45.8%) from urban. The participants' ages ranged from 18 years to 50 years and above. There were more participants within 29 years to 42 years (Figure 1). This ensured the inclusion of young girls and older women in the study. The data also revealed a larger percentage of women and girls whose highest level of education was tertiary (45.2%); followed by secondary level (43.1%); thus ensuring a large percentage of literate respondents; assumed to be well informed (Table 2). Although more than 50% of the women were married, there were many singles and fewer women in other categories (widowed, co-habiting, married but separated, and divorced). This mix (Figure 1) ensured that all women and girls of different marital status had their input in the research.

Table 2: Proposed and Achieved Sample: State by State

STATE	PROPOSED	ACHIEVED	ACHIEVED %
EBONYI STATE	144	146	101.3%
CROSS RIVER STATE	144	145	100.6%
ENUGU STATE	144	132	91.6%
IMO STATE	144	125	86.8%
AKWA-IBOM STATE	144	124	86.1%
RIVERS STATE	144	122	84.7%
<b>TOTAL</b>	<b>864</b>	<b>794</b>	<b>91.8%</b>

Source:

Figure 1: Participants' Age Range



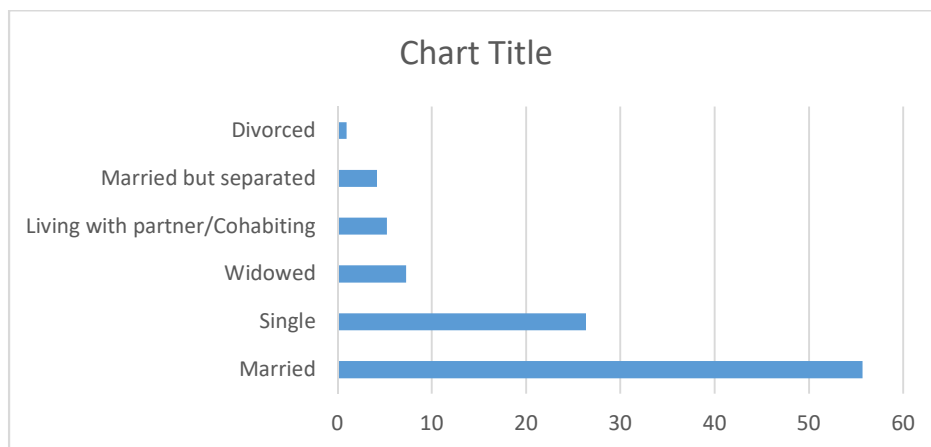
Source: Field work

Table 3: Participants' Level of Education

Value	Frequency	Percentage
Tertiary or higher	359	45.2%
Secondary	343	43.1%
No education	52	6.5%
Others	40	5.2%
<b>TOTAL</b>	<b>794</b>	

Source: Field work

Figure 2: Marital Status of Respondents



Source: Field work

It was also necessary to determine the work status of respondents. They were thus required to describe their employment status and their responses indicated that majority were employed; working for government or private company or household or self-employed as shown on Table 4:

Table 4: Q 5 How would you best describe your employment status during a typical week before the spread of COVID-19?

Value	Frequency	Percentage
I worked for a person/company/household	280	35.3%
I had my own business	259	32.6%
I did not work, but I am looking for a job	89	11.3%
I helped (without pay) in a family business	54	6.8%
I did not work, as I have a long-term health condition, injury, disability	42	5.3%
I am retired/a pensioners	38	4.7%
I did not work because I am studying fulltime	32	4.0%

<b>TOTAL</b>	<b>794</b>	
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Source: Field work

## 4.2 Participants' Knowledge and Practice of COVID-19 and its Protocols

### 4.2.1 Participants' Definition of COVID-19

Participants across all the six states had something to say about COVID-19, beginning from its history, its basic description as a disease and what organs of the body it affects most, the damage it has caused to every aspect of human life and most importantly was the participants' realisation that the disease was deadly but preventable. Some excerpts from participants' opinion of COVID-19 presented below indicate appreciable levels of knowledge about the disease and its effects, not just on health but on social and economic aspects of human life:

*"Corona Virus disease discovered in 2019, found in china that has killed thousands"*

*"Covid-19 is an airborne disease and can be contacted through close contact with infected person".*

*"A communicable disease that can be transmitted from one person to the other"*

*"Covid-19 is a pandemic that is contacted through either saliva or droplets from one person to another, either sneezing, coughing".*

*"Covid-19 is virus disease that affects human organs and causes disorder"*

*"A dangerous disease that's affecting so many people";*

*"... a virus that spreads all over the world, affected a lot of people affected me personally in my work, I was not paid full salary".*

*"It restricts us from going out and doing other things";*

*"It's a virus that locked the whole world down".*

*"Covid-19 is a global pandemic that has caused the whole world to stand still; it has caused unemployment and poverty "*

*It is a pandemic disease that spread all over the world and it is a deadly disease.*

*"Is a disease that came to kill people and caused hunger and hardship in the land".*

*"Cov19 was bad one, it stopped a lot of activities. Students could not go to school. Hunger everywhere People died out if hunger"*

*"Covid-19 is a destroyer that came to steal and to kill the happiness of the humanity".*

*"Covid-19 is an Enemy to the people's happiness"*

*"Covid-19 is the worst thing that has ever happened to us"*

*"A very deadly disease but preventable".*

In spite of this seeming understanding of what COVID was and the fact that it was contagious through human to human infection, killing people in millions, there were those who still did not believe in its existence, because they had only heard, and not seen victims. It was also reported

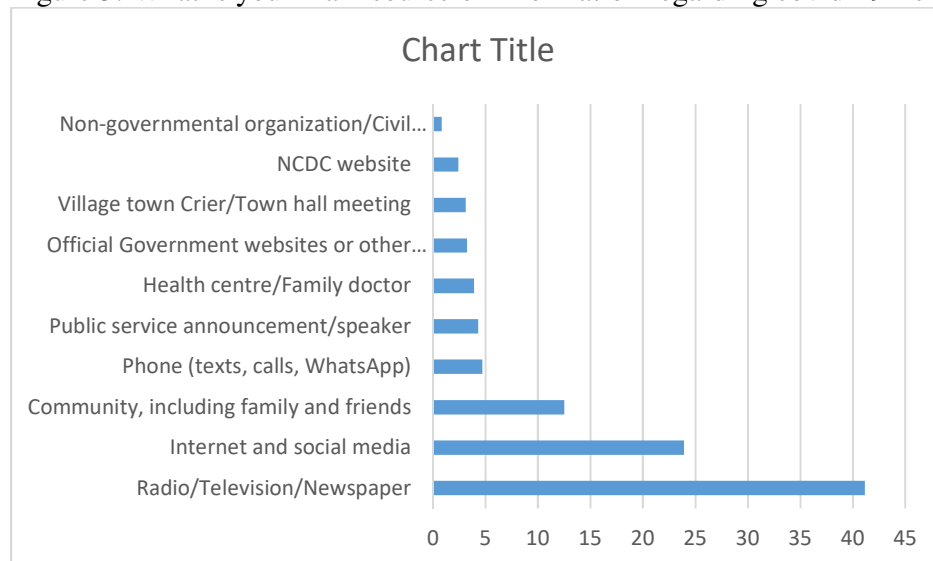
that some communities in Cross River State, the ritual of women dancing naked in the dead of the night to avert evil was performed, and they believed they had chased the virus away

*Some women in the rural area adopted African Traditional Religion approach to deal with the virus; thus they took off their clothes and walked naked at night to arrest the virus. They believe the virus cannot gain access into their community; just as they did to EBOLA and chased it away.*

#### 4.2.1 Participants' Source of Information about COVID -19

Majority of the participants got information on COVID-19 from the mass media followed by the internet/social media and from the community, family and friends. NGOs may appear as the least source from which participants received information; however, it was assumed that NGOs and CSOs would have used various means listed to pass the information. It is also pertinent to note that the lack of visibility of NGOs and CSOs could be linked to government's lack of engagement with them in the response to the pandemic. As non-for profit organisations, they may not have the needed resources to disseminate information on a large scale. Moreover, being mostly donor-driven their response to the pandemic would have had to go through some processes of re-programming and approvals by their donors.

Figure 3: What is your main source of information regarding covid-19 risks and prevention?



Source: Field work

Table 5: Q7. What is your main source of information regarding covid-19 risks and prevention?  
State by State

		AKS	CRS	EBS	ENU	IMO	RIV
<b>What is your main source of information regarding Covid-19 risks and prevention?</b>	Internet & Social Media	14	33	29	34	28	45
	Official government website or other communication platforms	11	2	4	3	3	6
	Radio/Television/Newspaper	46	47	40	62	82	48
	Public service announcement/speaker	12	7	6	8	1	3
	Phone (texts, calls, WhatsApp etc.)	11	14	2	3	4	4
	Community, including family & friends	22	22	32	13	5	9
	Health Centre/family doctor	6	9	14	1	1	1
	Non- Governmental Organisations/Civil Society Organisation	-	2	3	1	-	-

#### Q 8: How would you rate the information you received?

The overall rating by participants across the six target states, of the received information on COVID-19 was 62.9% for being clear and useful in helping them to prepare; for 23.66% of participants, the received information was confusing and contradictory and for the remaining 13.3%, the information was clear, but too late for preparation. Participants described the information they received about COVID-19 as mostly clear, helping them to prepare for the pandemic. In each of the six states, participants rated this information over 60% as clear. For others, it was clear but was not timely. A small percentage in each state found the information contradictory and confusing as shown on Table 6:

Table 6: Q 8. How would you describe the information you received?

	AKS %	CRS %	EBS %	ENU %	IMO %	RIV %
Clear and helped me prepare	66	78	78	82	63	87
Confusing/contradictory	24	10	8	8	12	9
Clear but it came too late for me to prepare	10	12	14	10	15	4

#### Q 9: What was the key message?

To crosscheck the participants' level of understanding with source and content of messages received, they were asked to describe the content of the key messages of the information they received. Their responses can be categorized into four: the nature of the disease and mode of transmission, its prevalence and rate of infection in various locations, prevention strategies, and the lockdown. Some excerpts from participants' responses are shown below:

*Covid-19 is a "viral", "deadly" "infectious disease that kills", "a pandemic", "affects the respiratory organs", "Corona virus is real" "every where"*

*There is a bad disease everywhere*

*COVID 19 is communicable and the preventive measures given to us by WHO must be taken seriously*

*Stay safe*

*Washing hands*

*We should stay indoors and stay safe*

*Use face mask, keep social distance, use hand sanitizer*

*Regular Hand washing and use of face masks are very important for safety against the virus*

*Use face mask Wash hands regularly Stay at home if you don't need to go out*

*Covering your nose and avoid touching people.*

*Hygiene and social distancing will help against getting the disease and the spread*

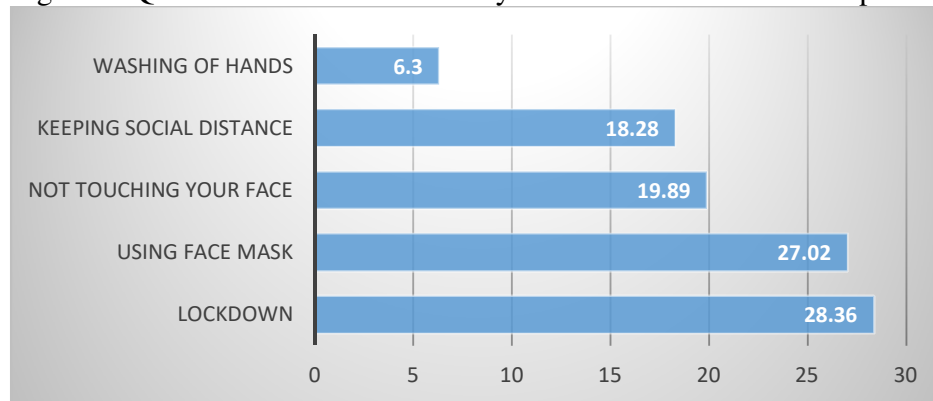
*To be more conscious of my environment and also ensure proper health hygiene*

*“On daily basis, a rundown of the increase rate of the virus was given by COVID 19 committee, the preventive measures and safe procedures were also broadcasted. They laid emphasis on the prevention, wearing of face masks, social distancing, self- isolation, the number of positive carriers, number of deaths and recoveries.” Stakeholder; SSI*

#### **Q 10: Which of the rules did you find most difficult to keep?**

According to the participants, the most frustrating preventive measure was the lockdown, followed by use of facemask, then not touching one's face and keeping social distance. The list difficult was handwashing; as shown in Figure 4.

Figure 4: Q 10. Which of the rules did you find most difficult to keep?



Source: Field work

Table 7: Q 10 Which of the protocols was most difficult to follow? (State by State)

COVID-19 Protocols	AKS	CRS	EBS	ENU	IMO	RIV
Lockdown	37.9	16.66	39.72	31.06	20.49	29.75
Using face mask	24.19	38.66	29.45	19.69	18.03	29.75
Not touching your face	25.8	24.3	15.06	18.18	24.59	20.66
Keeping Social Distance	16.1	15.97	15.06	27.72	24.59	15.7
Washing of hands	3.2	4.16	0.68	8.33	12.29	4.1

Source: Field work



Excerpts from participants' responses at FGD indicated they did not like having to stay indoors, away from friends and family members, from going their school, jobs, doing their businesses and earning a living. There was evidence of mounting frustrations, boredom and even anger; all of which could have easily led to poor mental health. Below are some excerpts from participants' responses:

- *I play a vital role in my community as a women leader. I always sit out with my people to discuss what is affecting the community. But I have to put a stop to it because of d social distancing and lockdown.*
- *I had things doing outside*
- *I can't stay in a particular place for too long*
- *I had to stop schooling and stay at home instead of concentrating on my studies.*
- *As a teacher I'm supposed to be in school teaching my student because staying at home without learning makes them forget whatever they have been taught.*
- *I have to look for food for my children but it has to stop because of restriction of movement*
- *I couldn't feed and pay my house rent.*
- *My husband couldn't go out to look for money for us to feed*
- *I could not go out for my business*
- *It was difficult in my house because my children and my husband are outdoor people. My husband refused to observe the lockdown. When he returns to the house the children will run to him and he will touch them without washing hands or changing his cloths. We quarreled about it several times. Then I started locking the children up in their room whenever he was coming home. It was a terrible time for all of us*
- *I lost my six months old pregnancy during the lockdown. Because of the fear and stress, I developed high blood pressure. I was rushed to a private clinic. It was really bad.*
- *"Socialization has been a part of me and it was quite difficult for me to adjust during the lockdown. Meeting people without the normal exchange of pleasantries by hugging or shaking of hands took me a lot of time to practice." Stakeholder, SSL*

The use of face mask was the second most difficult preventive measure to the participants and the most mentioned reason was discomfort/difficulty in breathing, especially for pregnant women: *"I was pregnant and it made me choke"*; *"I feel like fainting when using face mask"*. From an old woman: *"As an old woman, using facemask made me have difficulty in breathing"*. While most participants complained about the difficulty in breathing, others expressed dislike for the facemask because it was imposed, it was not something they were used to, it distorted their looks, they simply forgot to use it and worse of all, they did not believe in the existence of coronavirus:

- *I don't just like it*
- *Because I don't believe in Corona virus*
- *The face mask does not allow me breath properly but I have to wear because of I want to stay safe*
- *I have not used face mask before so it was hard to get used to it*

- *I find it difficult to breath and **it makes me look ugly***
- *It's not a regular thing so it was hard to adopt*
- *Because most times i forget to carry it along because of the inconvenience.*
- *I don't normally remember it, I usually forgot.*
- *It's something I'm not use to and when it was made compulsory I don't find it funny and easy to adopt.*

Not touching one's face was the third difficult rule to keep for a simple reason that it was almost impossible for one to ignore his/her face. Forgetfulness and reflex action were the two reasons for the difficulty of keeping the rule. This is expressed variously in the participants' words as follows:

- *I am always forgetting*
- *I can't stay a minute without touching my face.*
- *Because it happens with reflex*
- *There is no way I can stay without touching my face.*
- *Touching my face is something I do every time, like in a day, I touch my face more than 20times, so stopping it was not easy at all*
- *Because the face is a central place for human beauty*
- *Because touching my face is an involuntarily action for me.*
- *Because sometimes touching my face seems involuntary and I can't help it most of the time*
- *Because touching of face comes as a reflex action... It is kind of a habit to touch my face*
- *It is almost impossible not touching your face.*

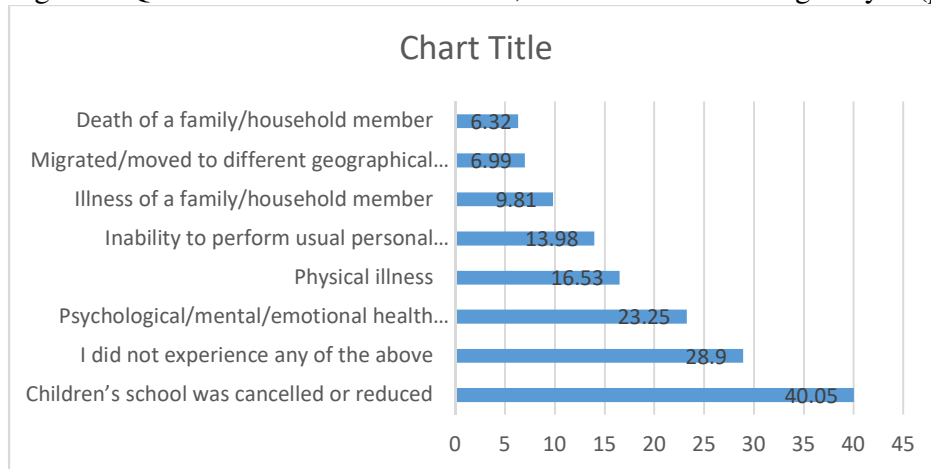
Social distancing ranked 4<sup>th</sup> in difficulty as a rule for the prevention of COVID-19.

- *I couldn't distance from my family members or relatives in family gatherings even in market places, it was difficult*
- *I had to be close to friends as we were used to shaking and hugging. Fist bumping was very strange*
- *When you keep distance people will think that you are avoiding them.*

Although handwashing did not appear to have posed any difficulty for the participants, there seemed to be issues around lack of water in Imo State and some superstitions around it in Rivers State as reported below:

*We carried out advocacy and social mobilization in a community /market in Obio / Akpor on the need for continual washing of hands with soap and water, some group of women immediately said that we were agents of darkness as washing of hands at anytime and any place will take away their destinies. "Ndey", meaning destiny carriers, was the word used...*

Figure 5: Q 12. As a result of COVID-19, which of the following did you (personally) experience?



Source: Field work

For forty percent of participants their worst personal experience during the pandemic was the fact that their children could not go to school because of the lockdown. Others (23.25%) had emotional, mental and health challenges and several others suffered various forms of discomfort including the loss of family members. However, they were those who suffered non of the listed challenges (28.9%).

#### 4.3 Participants' Perceptions on Health Impact of COVID-19 on Women and Girls

Participants' responses to questions on the effect of COVID-19 on womens' health were varied. Excerpts from key stakeholders revealed that women and girls were subjected to a lot of stress which might have resulted to poor mental health as well as SRHR violations. On the flip side, the pandemic increased consciousness among women and girls on personal hygiene and health:

*I think it affected everyone generally. However on women, I will say, they experienced difficulty during the lockdown for pregnant and nursing mothers who found it difficult to take their wards to the hospital for fear of the virus."*

*The pandemic caused mental health challenges associated with either social isolation or struggles with personal upkeep (lack of sustained income from family, work or business). The impact of the pandemic in terms of restrictions to free movement, created tense atmospheres in some homes, leading to physical abuse of affected women and girls, hence causing strains on marital and family relationships.*

*Delayed or suspended marriages, and in some cases, unstable or challenged (troubled) courtships.*

*Depression was one of the impact of COVID-19 on women. This is as a result of hunger whereby the children are not able to feed and thereby cry and disturb their parents. The young girls were tempted to go for people who were buoyant and who in turn violated them.*

*Pregnant women and babies under immunization age were not able to access health services  
Created room for greater exploitation*

*Husbands' frustrations were misdirected to the women. They are also weighed down in poverty coursed by COVID –19*

*On the positive side, the pandemic led to promotion of sanitation and hygiene; carefulness, personal hygiene consciousness increased; women, girls and everyone became more conscious of health, hygiene and sanitation*

Questions 13-23 sought participants' perception on the effect of COVID-19 on their mental health. From the data presented on Table 8, a state by state analysis reveals that apart from Imo State where there was a fifty-fifty ratio of participants affected and those not affected, participants in all other states reported high averages indicating that their mental health was gravely affected by the pandemic (Akwa Ibom, 72.6%; Cross River, 73.7%; Ebonyi, 74%; Enugu, 73.1%; Imo, 49.6% and Rivers, 68.1%). A further analysis of the data to rank the issues resulting to poor mental health revealed that concern for health ranked first, worrying about business and sustenance ranked second and worrying about the community ranked third. The fourth, "sleeping too much" signals other options such as loss of interest or pleasure and could have easily led to depression. This is as presented on Table 8:

Table 8: Q 13 - 23 Impact of COVID-19 on women's health state by state

	Statements/ % Responses	AKS %		CRS %		EBS		ENU		IMO		RIV	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Q13	Feel More Nervous, Anxious Or On Edge?	73	27	70	30	72	28	90	10	41	59	69	31
Q14	Worrying about Health and Safety?	72	28	80	20	86	14	89	11	69	31	78	22
Q15	Worrying about family's health and safety?	80	20	92	08	90	10	90	10	69	31	83	17
Q16	Worrying about work and business?	84	16	82	18	88	12	89	11	75	20	80	20
Q17	Worrying about community?	80	20	88	12	86	14	92	08	66	34	83	17
Q18	Getting easily annoyed or irritable?	81	19	57	43	53	47	63	37	41	59	50	50
Q19	Feeling afraid something bad might happen	76	24	76	24	75	25	74	26	52	48	75	25

Q20	Losing Interest or Pleasure In doing things?	66	34	75	25	67	33	48	52	34	66	54	46
Q21	Having Trouble Falling Asleep or Staying Asleep?	39	61	52	48	52	48	37	63	23	77	44	56
Q22	Sleeping Too Much?	88	12	79	21	93	07	83	17	55	45	77	23
Q23	Feeling bad not being able to help yourself, your Family or community?	60	40	60	40	53	47	50	50	21	79	57	43
	<b>State Average</b>	<b>72.6</b>	<b>27.3</b>	<b>73.7</b>	<b>26.2</b>	<b>74</b>	<b>25.9</b>	<b>73.1</b>	<b>26.8</b>	<b>49.6</b>	<b>49.9</b>	<b>68.1</b>	<b>31.8</b>

**Source:**

A further ranking of responses showed that participants worried most about their families' health and safety, then about their livelihoods and about their communities; as shown on TABLE 9:

Table 9: Q 13-23: Ranking of Sources of Poor Mental Health of Participants

	Source of poor mental Health	AKW YES	CRS YES	EBS YES	ENU YES	IMO YES	RIV YES	Ave. % on Item	Rank
13	Feel More Nervous, Anxious Or On Edge?	73	70	72	90	41	69	69.1	7 <sup>th</sup>
14	Worrying about Health and Safety?	72	80	86	89	69	78	79	5 <sup>th</sup>
15	Worrying about family's health and safety?	80	92	90	90	69	83	84	1 <sup>st</sup>
16	Worrying about work and business?	84	82	88	89	75	80	83	2 <sup>nd</sup>
17	Worrying about community?	80	88	86	92	66	83	82.5	3 <sup>rd</sup>
18	Getting easily annoyed or irritable?	81	57	53	63	41	50	57.5	9 <sup>th</sup>
19	Feeling afraid something bad might happen	76	76	75	74	52	75	71.3	6 <sup>th</sup>

20	Losing Interest or Pleasure In doing things?	66	75	67	48	34	54	57.3	8th
21	Having Trouble Falling Asleep or Staying Asleep?	39	52	52	37	23	44	41.1	11th
22	Sleeping Too Much?	88	79	93	83	55	77	79.1	4th
23	Feeling bad not being able to help yourself, your Family or community?	60	60	53	50	21	57	50.1	10th

Source: Field work

How participants handled their worries about COVID-19 was the next question asked and the field data revealed that many participants resorted to spiritual resource: praying. State by state analysis also reflected the same trend in all, except Enugu state where the respondents rather accepted the situation without doing anything.

Table 10: Q 24 How do you handle worries about covid-19? (State by state)

Statement	AKS %	CRS %	EBS %	ENU %	IMO %	RIV %
Praying about it	57	43	89	33.3	79	64.8
Keeping in touch with family and friends	8	19	0	3.7	3.2	12.6
Accepting the situation	12	15	7.1	51.8	11.2	7
Talking about my feelings with family and friends	6	6	1.7	0	0	7
Using social media	7	1.8	0	7.4	0	0
Caring for others	4	3.7	1.7	0	0	2.8
Reading	1	3.7	0	0	3.2	2.8
Watching movies	1	0	0	3.7	1.6	0
Eating well	0	1.8	0	0	1.6	1.4
Doing exercises	2.3	7.4	0	0	0	1.4

Source: Field work

The study also sought to determine responses to the pandemic by some key stakeholders. Most of the responses had to do with enforcing the protocols for workers and clients, distributing PPEs, and creating awareness on staying safe. Some CBOs engaged the services of town criers to disseminate information on COVID-19. This response was also a typical scenario in a formal workplace:

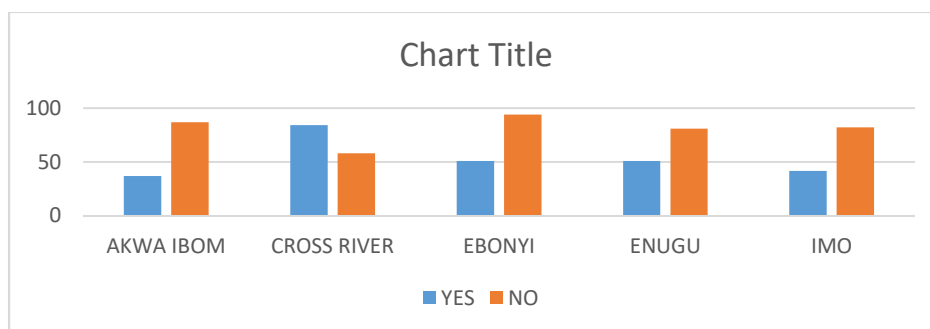
*“Aside encouraging basic compliance with all COVID-19 safety precautions, we tried to create a balance between time spent by our employees at home (majority of who are female) and time spent at the workplace. In place of a total stay-at-home situation, after the mandatory lockdown period, we moved to create a work attendance schedule which made it possible for each employee to be at work 3 times a week and at home the rest of the week. This reduced the potential risks of violence and abuse, which may have arisen from feelings of frustration and domestic disagreements, and*

was an attempt at creating a balance between staying at home and exposure to, and engagement in another environment (the workplace)".

#### Question 25: Did you or any member of your immediate family fall ill during the lockdown?

Across the six target states, there were indications that family members had health challenges during the pandemic. Up to 41.67% of participants consented to having immediate family members fall ill during the pandemic while 57.39 said their family members were healthy. State by state analysis showed that more family members fell ill in Cross River than in any other state. This is shown on Figure 6:

Figure 6: Q25 Did you or any member of your immediate family fall ill during the lockdown?



Source: Field work

#### Question 26: If yes to Q 25, how did you/family handle the situation?

Participants were asked to state what they did when family members fell ill. Their responses across the six state showed that many of them did nothing. While some went sought services from medical facilities including government hospitals, pharmacies others saw doctors or nurses at home or did self- medication. It is possible that “doing nothing” might have involved self-medication as well as praying. Further data on this was drawn from responses from FGD where participants said they were afraid of going to the hospital because of the scare of catching COVID-19 there. The lockdown itself meant that people were supposed to stay indoors.

Some also shared experiences of friends who had complained the health workers were also scared about attending to patients. Another participant said that she heard that “*even if you have malaria, they will say you have corona so that they will chop government money*”.

Table 11: If yes to Q 25, how did you/family handle the situation?(State by state)

	AKS %	CRS %	EBS %	ENU %	IMO %	RIV %	AVE %	RANK
Did nothing	18.4	23.5	41.2	28	33.8	21.4	27.7	1 <sup>st</sup>
Went to a government hospital	10.5	7.8	5	2	10.29	17.1	8.78	5 <sup>th</sup>
Went to a Chemist and pharmacy	21	19.6	14	30	14.7	8.57	17.97	3 <sup>rd</sup>
Self-medication	21	19.6	22.22	14	30.88	15.71	20.56	2 <sup>nd</sup>
Went to a private clinic	16	18	12.6	24	11.76	14.2	16.09	4 <sup>th</sup>

Saw a doctor at home	8	7.8	4.76	2	10.29	17.1	<b>8.32</b>	<b>6<sup>th</sup></b>
Saw a nurse at home	0	2.9	1.58	0	2.94	5.7	<b>2.18</b>	<b>7<sup>th</sup></b>
Went to the church or Pastor	2	0.98	3.1	0	0	0	<b>1.01</b>	<b>9<sup>th</sup></b>
Went to a traditional healer or herbalist	5.2	0	1.58	0	0	0	<b>1.13</b>	<b>8<sup>th</sup></b>

**Question 27 If you went to a hospital, how would you describe the services you received at the hospital? (State by State)**

Question 27 sought to ascertain the quality of health services received by respondents who visited the hospital. A state by state analysis on Table 12 showed that apart from Imo state participants who described the health services as good by 65% all other states were mostly “fair” or “poor”. Ebonyi state had the lowest percentage of participants who described the health services as “good”.

Table 12: Q 27 If you went to a hospital, how would you describe the services you received at the hospital? (State by State)

	<b>AKS</b>	<b>CRS</b>	<b>EBS</b>	<b>ENU</b>	<b>IMO</b>	<b>RIV</b>	<b>AVE %</b>
GOOD	47.5	37.8	14.1	25.45	65	33.89	<b>31.6</b>
FAIR	32.5	31	45.88	49	25	44	<b>37.89</b>
POOR	20	32	40	25.45	10.8	22	<b>35.04</b>

Source: Field work

#### **4.4 PARTICIPANTS’ PERCEPTIONS ON SOCIAL AND ECONOMIC IMPACTS OF COVID 19 ON WOMEN AND GIRLS**

**Q: 28 Have you received any in-kind support from the government – national, state or local since the spread of COVID-19 (food, health supplies, etc.)?**

State by state analysis on palliatives indicated that majority of participants did not receive anything from government agencies in response to the pandemic. The responses revealed that 71.4% in Akwa Ibom, 66.44% in Cross River, 84.1% in Enugu, 75.22% in Imo and 54.73% in Rivers did not receive palliatives. On the average, 72% of the sample across the six states did not get necessary support. There were however some who got food, supplies for prevention, cash and personal hygiene supplies such as pads and baby diapers. The number was quite insignificant, but indicative of community support and NGOs/CSOs response to the pandemic in some cases. There were also those who were unaware of any palliatives.



Table 13:Q 28 Have you received any in-kind support from the government – national, state or local since the spread of COVID -19 (food, health supplies, etc.)? State by state

	<b>AKS</b> %	<b>CRS</b> %	<b>EBS</b> %	<b>ENU</b> %	<b>IMO</b> %	<b>RIV</b> %	<b>AVE</b> %
No, I did not receive anything	71.4	69.44	77.85	84.1	75.22	54.73	<b>72.1</b>
Yes food!	9.5	7.4	9.28	10.8	1.76	25.26	<b>10.6</b>
Yes, supplies for prevention (gloves, masks, sanitizer, etc.)	7.6	12	9.28	2.5	8.84	9.47	<b>8.28</b>
Not aware	8.57	8.33	3.57	1.96	12.38	1.05	<b>5.97</b>
Yes cash!	0.95	2.77	0	0	0.88	8.42	<b>2.17</b>
Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)	1.9	0	0	0.83	0.88	1.05	<b>0.64</b>

**Question 29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

Participants' responses to Q29 which sought to determine the decrease or increase in their economic and domestic activities as well as their resources revealed that most of their economic resources had suffered a decline in quantity and perhaps value due to the pandemic. Few resources remained unchanged. Using 50% as the decision rule, a state by state analysis showed that in all the states, earnings from various sources nosedived while domestic/homecare activities increased, increasing the burden of unpaid labour for women and girls in an already patriarchal environment with stereotypes in gender roles and responsibilities.

However, in Akwa Ibom, income from rental properties, investments or savings increased increase during the period under investigation. This can be explained from relocation of some families from the cities to the rural areas and the increase in new start-up businesses in many locations. Also, during the period, most families did not have to pay children's fees so the money might have been considered as savings. There was also an increase in fuel wood and water collection. Again this can be explained from the lockdown that necessitated long stay at home, and consequently, greater need for cooking and washing.

In all other states, most sources of earnings decreased while others remained unchanged. The only increase was in domestic and homecare activities. Details are presented on **Tables 14 to 19**

Table 14: AKWA IBOM: Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?

SN	RATING	DECREASED %	INCREASED %	UNCHANGED %
1	Income/Earnings from personal farming or fishing	83.3	11.9	4.8

2	Income/Earnings from family business other than farming or Fishing	63.2	36.9	0
3	Income/Earnings from paid jobs	16.3	9.3	74.4
4	Income/Earnings from odd jobs	75	25	0
5	Food for Consumption from Personal Farming/Animal/Fishing	100	0	0
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	77.8	22.2	
7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	0	0	0
8	Income from Rental Properties, Investments or Savings	33.3	66.7	0
9	Pension r Other Social Payments	0	0	0
10	Support from Government	0	0	0
11	Food and meal management and preparation (e.g. Cooking and serving meals)	71	14	15
12	Cleaning (e.g. Clothes, household)	7.3	48.7	44
13	Decoration, repair and household management (e.g. paying bills)	48.6	43.2	8.2
14	Shopping For Own Household/ Family Members	62.5	37.5	0
15	Collecting Water/Firewood/Fuel	10	90	0
16	Minding children while doing other tasks (e.g. paid work)	100	0	0
17	Playing with, talking to and reading to Children	100	0	0
18	Instructing, Teaching, Training Children	0	0	0
19	Caring For Children, Including Feeding, Cleaning, Physical Care	0	0	0
20	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	0	0	0
21	Affection/Emotional Support for Adult Family Members	0	0	0

Source: Field work

**Table 15: CROSS RIVER Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

SN	RATING	DECREASED	INCREASED	UNCHANGED
1	Income/Earnings from personal farming or fishing	26.9	27.7	45.4
2	Income/Earnings from family business other than farming or Fishing	38.9	18.4	42.6
3	Income/Earnings from paid jobs	19.9	12.2	67.9
4	Income/Earnings from odd jobs	30	26.7	43.3

5	Food for Consumption from Personal Farming/Animal/Fishing	27.1	44.4	38.4
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	29.3	31.7	39
7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	32.2	19.5	48.3
8	Income from Rental Properties, Investments or Savings	22	28	50
9	Pension r Other Social Payments	24.4	21.7	53.9
10	Support from Government	30.3	25.4	44.3
11	Food and meal management and preparation (e.g. Cooking and serving meals)	15.5	71.8	12.3
12	Cleaning (e.g. Clothes, household)	7.8	69.7	22.5
13	Decoration, repair and household management (e.g. paying bills)	8.4	45	46.6
14	Shopping For Own Household/ Family Members	18.7	50.3	30.9
15	Collecting Water/Firewood/Fuel	14.8	52.6	32.6
16	Minding children while doing other tasks (e.g. paid work)	9.1	58.3	32.6
17	Playing with, talking to and reading to Children	11.4	58.3	30.3
18	Instructing, Teaching, Training Children	11.6	55.1	33.3
19	Caring For Children, Including Feeding, Cleaning, Physical Care	1.6	66.7	31.8
20	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	16.9	45.4	37.7
21	Affection/Emotional Support for Adult Family Members	8	60.8	31.4

Source: Field work

**Table 16: EBONYI Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

SN	RATING	DECREASED	INCREASED	UNCHANGED
1	Income/Earnings from personal farming or fishing	83.6	0.7	15.7
2	Income/Earnings from family business other than farming or Fishing	80.3	2.11	17.6
3	Income/Earnings from paid jobs	77.6	1.6	20.8
4	Income/Earnings from odd jobs	84.9	2.7	12.4
5	Food for Consumption from Personal Farming/Animal/Fishing	69.8	3.6	26.6
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	81.8	0	18.2

7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	90.1	1.8	8.1
8	Income from Rental Properties, Investments or Savings	79.8	3.1	17.1
9	Pension r Other Social Payments	81.1	1.9	17
10	Support from Government	89	0	11
11	Food and meal management and preparation (e.g. Cooking and serving meals)	21.5	50.7	27.8
12	Cleaning (e.g. Clothes, household)	13.2	68	18.8
13	Decoration, repair and household management (e.g. paying bills)	24.72	44.4	30.9
14	Shopping For Own Household/ Family Members	47.9	33.8	18.3
15	Collecting Water/Firewood/Fuel	15.6	52.5	31.9
16	Minding children while doing other tasks (e.g. paid work)	16.7	63.8	16.6
17	Playing with, talking to and reading to Children	16	67.2	16.8
18	Instructing, Teaching, Training Children	13.8	73.9	12.3
19	Caring For Children, Including Feeding, Cleaning, Physical Care	13.5	74.5	12
22	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	16.4	58.2	25.4
21	Affection/Emotional Support for Adult Family Members	16.8	49.6	33.6

Source: Field work

**Table 17: ENUGU Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

SN	RATING	DECREASED	INCREASED	UNCHANGED
1	Income/Earnings from personal farming or fishing	77.8	6.1	16.1
2	Income/Earnings from family business other than farming or Fishing	82.3	2.7	15
3	Income/Earnings from paid jobs	50.6	6.2	43.2
4	Income/Earnings from odd jobs	64	6.7	29.3
5	Food for Consumption from Personal Farming/Animal/Fishing	36.7	31.7	31.6
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	74.2	3.1	22.7
7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	70.8	6.9	22.2

8	Income from Rental Properties, Investments or Savings	45.5	3.6	50.9
9	Pension r Other Social Payments	43.7	0	56.3
10	Support from Government	32.7	6.1	61.2
11	Food and meal management and preparation (e.g. Cooking and serving meals)	24.6	57.9	17.5
12	Cleaning (e.g. Clothes, household)	17.2	65.6	17.2
13	Decoration, repair and household management (e.g. paying bills)	16.5	44.4	39.1
14	Shopping For Own Household/ Family Members	47.8	36.5	15.7
15	Collecting Water/Firewood/Fuel	8.1	57.6	34.3
16	Minding children while doing other tasks (e.g. paid work)	8.5	53.7	37.8
17	Playing with, talking to and reading to Children	6.6	61.5	31.9
18	Instructing, Teaching, Training Children	3.3	68.5	28.2
19	Caring For Children, Including Feeding, Cleaning, Physical Care	4.4	73.6	22
20	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	11.1	39.5	49.4
21	Affection/Emotional Support for Adult Family Members	6.1	32.8	61.1

Source: Field work

**Table 18: IMO Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

SN	RATING	DECREASED	INCREASED	UNCHANGED
1	Income/Earnings from personal farming or fishing	68.4	5.1	25.5
2	Income/Earnings from family business other than farming or Fishing	71.2	4.2	24.6
3	Income/Earnings from paid jobs	63.9	6.2	30
4	Income/Earnings from odd jobs	71.3	6.9	21.8
5	Food for Consumption from Personal Farming/Animal/Fishing	59.1	12.7	28.2
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	60.9	9.1	30
7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	57	19.6	23.4
8	Income from Rental Properties, Investments or Savings	55.8	6.5	37.7
9	Pension r Other Social Payments	56.9	2.8	40.3
10	Support from Government	53.5	11.3	35.2

11	Food and meal management and preparation (e.g. Cooking and serving meals)	35.8	32.5	31.7
12	Cleaning (e.g. Clothes, household)	30.8	37.5	31.7
13	Decoration, repair and household management (e.g. paying bills)	34.6	29	36.4
14	Shopping For Own Household/ Family Members	50.9	19.1	30
15	Collecting Water/Firewood/Fuel	35.1	14.4	50.5
16	Minding children while doing other tasks (e.g. paid work)	29	38.3	32.7
17	Playing with, talking to and reading to Children	33.3	42.9	23.8
18	Instructing, Teaching, Training Children	28.6	47.6	23.8
19	Caring For Children, Including Feeding, Cleaning, Physical Care	27.6	49.5	22.9
20	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	35.8	25.3	38.9
21	Affection/Emotional Support for Adult Family Members	33.3	22.9	43.8

Source: Field work

**Table 19: RIVERS Q29: As a result of COVID-19, how have the following personal resources/ activities been affected?**

SN	RATING	DECREASED	INCREASED	UNCHANGED
1	Income/Earnings from personal farming or fishing	47.6	25.6	26.8
2	Income/Earnings from family business other than farming or Fishing	41.9	19.8	38.3
3	Income/Earnings from paid jobs	44.6	14.1	41.3
4	Income/Earnings from odd jobs	34.3	9	56.7
5	Food for Consumption from Personal Farming/Animal/Fishing	19.1	35.3	45.6
6	Money or Goods Received From Relatives/Friends Living Elsewhere In the Country	35.1	12.8	52.1
7	Money or Goods Received From Relatives/Friends Living Elsewhere in another Country	32	14.1	53.9
8	Income from Rental Properties, Investments or Savings	22.1	8.6	59.3
9	Pension r Other Social Payments	20.3	9.4	70.3
10	Support from Government	28.9	16.7	54.4
11	Food and meal management and preparation (e.g. Cooking and serving meals)	26	49	25
12	Cleaning (e.g. Clothes, household)	9.7	50.5	39.8
13	Decoration, repair and household management (e.g. paying bills)	20.7	15.2	64.1

14	Shopping For Own Household/ Family Members	45.3	22.1	32.6
15	Collecting Water/Firewood/Fuel	20.7	33.7	45.6
16	Minding children while doing other tasks (e.g. paid work)	8.8	45.6	45.6
17	Playing with, talking to and reading to Children	17.6	40.7	41.7
18	Instructing, Teaching, Training Children	12.6	42.5	44.9
19	Caring For Children, Including Feeding, Cleaning, Physical Care	14.1	44.7	41.2
20	Assisting Elderly/Sick/Disabled Adults with Medical Care, Feeding, Cleaning, Physical Care	20.92	31.9	47.2
21	Affection/Emotional Support for Adult Family Members	12.2	41.1	46.7

Source: Field work

**QUESTION 31: As a result of covid-19, which of the following basic goods and services did you (personally) experience difficulty in accessing? (General)**

Three topmost basic goods and services that were difficult to access during the pandemic were food product supply, public transport and medical supplies including PPEs as shown on Table 20. There was evidence from the data that participants suffered lack from all the listed basic goods and services in varying degrees. A pointer to this is the total lack of preparedness at all levels of governance to stay afloat in times of crises. The data shows food insecurity, weak transportation and medical systems. A participant shared her story of how her son survived:

*During the COVID 19 lockdown, one of my children took ill and I suffered for many days because lockdown to get him to the hospital. I even called the NCDC lines without help until a friend volunteered to take me to UNTH, Ituku Enugu. At first no one attend to us because the hospital staff were overwhelmed with huge number of patients. I thank God my son survived. NCDC is not functional and I didn't receive any support from government.*

Table 20: Q31: As a result of covid-19, which of the following basic goods and services did you (personally) experience difficulty in accessing? (General)

Value	Frequency	Percentage
Food products/supply	569	27.5
Public transport	373	18
Medical supplies/PPEs (e.g., gloves, masks, etc.)	228	11
Social services/assistance for myself and/or family member	182	8.8
Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap)	177	8.5
Water supply	127	6.1
Longer wait times to visit doctors/seek general medical care	119	5.7
Unable to seek general medical care	103	4.9
Reproductive or maternal or child health services	60	2.9



No I did not experience any difficulty accessing any of the above	49	2.4
Family planning commodities (e.g., female or male condoms)	47	2.3
HIV treatment services and commodities	22	1.1
HIV prevention services (e.g., testing and counseling)	16	0.8

Source: Field work

A state by state analysis of data on difficulty getting some goods and services revealed that difficulty in accessing food was more critical in Ebonyi state (85.7%% followed by Akwa Ibom (64%); Imo and Rivers(56.6% and 56% respectively). Enugu recorded 31.6% and Cross River had an insignificant 14.3%. The 47.6% recorded responses to “*I did not experience any of the things.*” responses from Cross River further gives credence to the lack of difficulty in accessing those commodities in Cross River. The difficulty in getting public transport and in medical supplies was insignificant in all except Enugu that recorded 21.1%. Table 21 shows the details. Only Imo recorded 3.8% lack of water in one of the communities. Phone discussions revealed complains on non-availability of portable water in Rivers State.

Table 21: Q31 As a result of covid-19, which of the following basic goods and services did you (personally) experience difficulty in accessing? (State-by-state)

Value	AKS	CRS	EBS	ENU	IMO	RIV
Food products/supply	64	14.3	85.7	31.6	56.6	56
Public transport	3.4	-	3.6	21.1	5.7	8
Medical supplies/PPEs (e.g., gloves, masks, etc.)	11.2	14.3	-	-	5.7	-
Social services/assistance for myself and/or family member	-	-	-	21.1	-	8
Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap)	5.6	14.3	-	-	-	-
Water supply	-	-	-	-	3.8	-
Longer wait times to visit doctors/seek general medical care	2.2	-	-	-	-	4
Unable to seek general medical care	4.5	4.8	-	-	-	2
Reproductive or maternal or child health services	2.2	-	-	-	-	-
NO I DID NOT EXPERIENCE ANY DIFFICULTY INACCESSING ANY OF THE ABOVE	-	47.6	10.7	26.3	28.3	22
Family planning commodities (e.g., female or male condoms)	1.1	4.8	-	-	-	-
HIV treatment services and commodities	3.4	-	-	-	-	-
HIV prevention services (e.g., testing and counseling)	2.2	-	-	-	-	-

Source: Field work



#### 4.6 PARTICIPANTS' PERCEPTIONS ON IMPACT OF COVID-19 CONTAINMENT POLICIES AND PROTOCOLS ON THE VULNERABLE POPULATION ESPECIALLY WITH REGARDS TO SRHR AND SGBV

There was a general perception among participants in all the six states that there was an increase in crime rate. Sixty one percent of the participants were of the opinion that there was increase in crime rate while 29.8 said it had remained as it was before the pandemic, and 8.6% said there was a decrease. State by analysis revealed that Imo State recorded the highest number of responses on increased crime (75.8%) while Rivers State recorded the least (33.9%)

Table 22: Q32 During the time period of covid-19, do you think crime in your area increased, decreased or remained the same (State by state)

States	Increased	Decreased	Remained the same
AKWA IBOM	63.7	6.5	29.8
CROSS RIVER	64.1	6.2	29.7
EBONYI	71.9	2.7	25.3
ENUGU	61.4	6.1	32.6
IMO	75.8	8.1	16.1
RIVERS	33.9	22.3	43.8

Source: Field work

As a follow-up to participants' perception of crime rate, they were asked how safe or otherwise they felt walking home in the day; at night or just staying home. The data revealed that participants felt safer walking home alone in the day than at night; except for Rivers State that recorded 51.2% safety walking during the night. Also majority of participants felt safe staying at home. (See Table 23):

Table 23: Q 33 - 35 Do you feel safe when walking alone in your community during the day/night/staying at home (state by state)

States	During the day		During the night		Staying at home	
	YES	NO	YES	NO	YES	NO
Akwa Ibom	73.4	26.6	22.6	77.4	89.5	10.5
Cross River	79.3	20.7	37.2	62.8	91	8.96
Ebonyi	66.4	33.4	16.4	83.6	56.2	43.8
Enugu	70.5	29.5	15.9	84.1	90.9	9.1
Imo	71.8	28.2	44.4	55.6	87.1	12.9
Rivers	88.4	11.6	51.2	48.8	76.7	3.3

#### Q 36 Since the COVID-19 pandemic have you or someone you know (female) experienced any of the following for whatever reason?

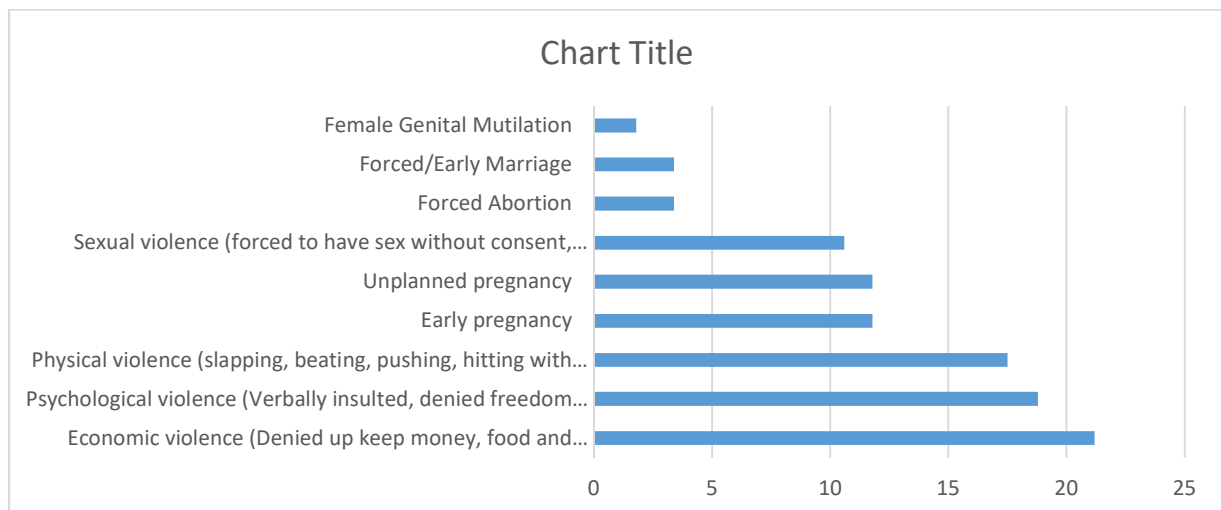
Across all the six target states, participants reported to have experienced directly or indirectly various types of Gender Based Violence (GBV). A stakeholder described the situation as follows:

*During the lockdown, there was an alarming increase in domestic violence and rape particularly on the women and girls. Many men vented their frustration and anger over the*

*state of the nation on their wives, girl-friends and in some cases their female acquaintances resulting to deaths of some women. Unfortunately anger management therapy is alien to our culture, something that needs to be addressed. People should be counseled on how to manage anger. Also due to the vulnerability of the women folk I am tempted to suggest that women should learn basic defence mechanisms to be able to protect themselves when there is need. Many women have been raped or attacked because they couldn't fight off their assailant.*

Economic violence took the lead, followed by psychological violence and physical violence. The Figure below shows various degrees of SGBV experienced by participants in the six states. A state by state analysis of the data shows the same trend with economic violence, denied upkeep monies, food and other necessities taking the lead.

Figure 7: Q 36 Since the COVID-19 pandemic have you or someone you know (female) experienced any of the following for whatever reason?



**Table 24:** Q 36 Since the COVID-19 pandemic have you or someone you know (female) experienced any of the following for whatever reason? **State by state**

Value	AKS	CRS	EBS	ENU	IMO	RIV
Economic violence (Denied up keep money, food and other necessities)	27.2	26.1	30.9	28.3	18.9	20.5
Psychological violence (Verbally insulted, denied freedom of choice/movement/association)	27.2	27	26.9	30.6	19	20.5
Physical violence (slapping, beating, pushing, hitting with an instrument etc)	20.7	16.5	19	3.2	24	23.1
Early pregnancy	6.7	12.5	3	6.1	13.5	10.3
Unplanned pregnancy	5.4	2.4	3.2	28.6	10.8	16.7
Sexual violence (forced to have sex without consent, denied sex etc)	7.6	8.1	17	3.2	5.4	1.3
Forced Abortion	1.1	2.3	0	0	0	3.8

Forced/Early Marriage	2.2	4.1	0	0	5.4	3.8
Female Genital Mutilation	2.0	1	0	0	3	0

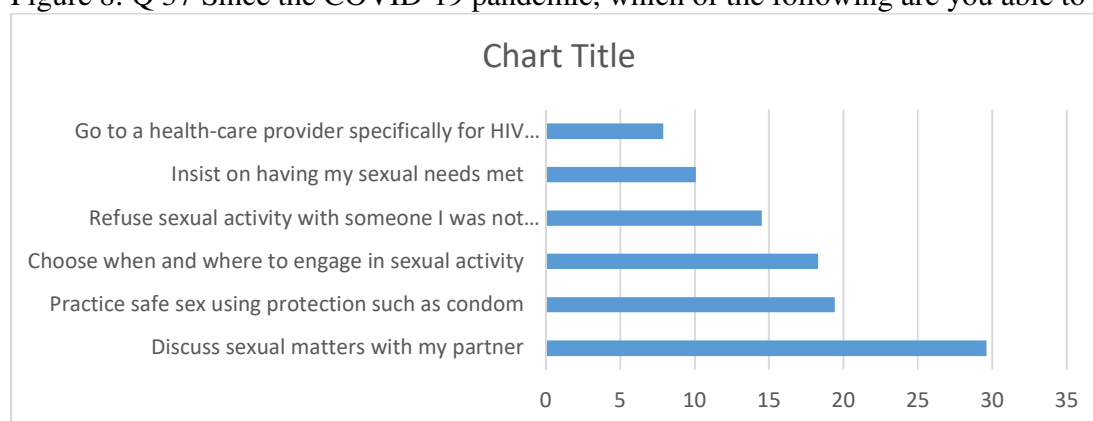
Source: Field work

The increase in SBGV was confirmed by data from stakeholder on reportage of such incidents. 72.22% respondents on the agreed that their organisations received reports of SGBV while the remaining 27.78 did not receive.

### Question 37: Since the COVID-19 pandemic, which of the following are you able to do?

On SRHRs, participants were required to say which action in support of their SRHRs they were able to take during the pandemic. Their responses revealed that on the average, discussions on sexual matters with partners ranked 1<sup>st</sup> (probably because of the lockdown and increased demands by male partners for sexual activity); followed by practice of safe sex in spite of evidence of unplanned pregnancies.

Figure 8: Q 37 Since the COVID-19 pandemic, which of the following are you able to do?



**Table 25:** Q 37 Since the COVID-19 pandemic, which of the following are you able to do?

Value	AKS	CRS	EBS	ENU	IMO	RIV
Discuss sexual matters with my partner	39	36.8	46.8	55.2	32.4	7.8
Practice safe sex using protection such as condom	8.5	18.4	10.4	8.6	13.2	39.1
Choose when and where to engage in sexual activity	12.2	13.2	16.9	10.3	5.9	25
Refuse sexual activity with someone I was not comfortable with	13.4	21.1	15.6	25.9	17.6	9.4

Insist on having my sexual needs met	17.1	5.3	1.3	-	17.6	1.6
Go to a health-care provider specifically for HIV testing	9.8	5.3	9.1	-	3.2	17.2

**Question 38: Is there something good or worthwhile that you have done since the pandemic that has helped you?**

The pandemic changed the world in many ways. Although it brought many painful experiences, it also brought some positive changes. In this research, this change was tagged the “Aha” moment, a turning point of profound learning. Women and girls had good things to say about the lessons that the pandemic taught them.

For majority, it provided opportunity for transformation, a make-over from zero to hero in providing social services, healthcare, homecare, home lessons, agric-related activities and spiritual exercises. Many others transformed from little or no entrepreneurial skills to owning their own businesses and becoming skilled farmers, fashion designers, basket makers and bakers. Perhaps the most important thing to some was the fact that the pandemic provided them the singular opportunity of spending quality time with their families, developing spousal bonds and meeting their sexual and reproductive needs. The following excerpts provide evidence of the positive effects of the pandemic on women and girls:

*I rested very well, unlike when I was always going to work.*

*It gave me the opportunity to look for a new job.*

*My business got better*

*It gave me time to work on my farm.*

*I concentrated more on my job not having to worry too much about my kids and if they're back from school*

*I started a business (shoe making)*

*The lockdown brought my family together, this is something that hasn't happened in eight (8) years, all my children were home.*

*I put to birth, so for me that's enough reason to be happy despite the whole drama and horror of Covid*

*During the lockdown I had a reduced work schedule, hence I took a professional course in Management and gained an online degree in Programs management*

*I took a lot of tutorials on playing instruments*

*I started a soap making business*

*I had extra sources of income working at extra jobs with NGOs*

*I was involved on the disbursement of food supply in my community*

*I bought my own personal machine, since I am a seamstress.*

*I built a house*

*I was able to learn how to bake chi-chin, which I used in helping myself and supporting my business.*

*Increased my personal hygiene and use of face mask*

*I used the period to read through my books*

*I opened my own hair dressing shop.*

*COVID 19 period helped me to increase my religious activities, praying more*

COVID 19 has helped me to minimize my spending, friends and maintain good hygiene system as a health worker working at school of health technology clinic Oji River  
 I engaged the nursery and junior primary school pupils in home teaching and i make small money out of it.  
 I engaged in networking called chymall that helped me to make more money for the family.  
 I do fry groundnut and bring it out for people to come and buy, where i also make gain in a day to assist my husband.  
 I did basket making which i sell it and use it in helping out for feeding the family.  
 I did palm oil business to help my family.  
 Yes i do get cornflake bag, milk, soya beans and coco tea in a bag and be selling it while tie it in a waterproof, it helps me a lot, in getting small money every week.  
 I became pregnant  
 I boiled herbs that I use like green tea  
 I did broom making and basket making all through, and every week i must sale some up to 3k, and assist in the house up keep.  
 I want able to make some money from my business I took to my house to sell because I got a lot of buyers from my neighborhood  
 I was able to lecture my children and my friend's children on how to stay safe and always wear their face mask  
 I was able to go lessons for children that their parents don't do anything for a living  
 I was able to feed the less privilege and d poor as a female community leader  
 I have my family members close to me. Because my partner works in Owerri but he had to come back because of the pandemic  
 I use to make hair, but I was not very good, but because of COVID19 my husband wasn't going to work, I now started making hair, sometimes I used the money from hair making to buy food, now am very very good in hair making.  
 I used my savings to open a business because it was hard. The COVID 19 gave me a brain charge to start a business  
 I have been able to solve some cases that demands taking the accuse into police custody but I had to settle it amicably.  
 I was able to attend to my sick neighbours at home.  
 It strengthened my marriage  
 I was able to save some amount of money and purchased a landed property  
 As the result of the COVID, they locked down market and shops on the road, I have a small shop in front of my door, since no market, people were coming to buy things from me, because my shop is in my house, I made a lot of money  
 During the pandemic, we started daily contributions, people were complaining no money, but I tried as much as possible to keep up with the demands, contributing daily to meet up with the contribution and at the end of it I collected my bag of rice, stock fish, provision, cartons of Indomie etc

## KEY FINDINGS

1. Majority of respondents were in the age bracket of 24-41. Indeed for women and girls, this bracket represents the most active years, therefore it was not surprising to see that in spite of the overall inclusion of all age groups in the survey design, this group was the most easily accessible at the time. For girls younger than 24, reception of strangers especially

during the lockdown may have been seen in many instances as consequential. Many women in Nigeria are basically breadwinners in their families and under such grave economic circumstances resulting from the pandemic, they are also likely to lose their voices and hope. It is also important to note that the initial data on COVID suggested that younger people were less likely to fall ill than older more matured adults. Hence, it is unsurprising that this age bracket is more forthcoming in knowledge and the quest for more.

2. Majority have tertiary and secondary education. This can be seen in both positive and negative ways. Positive in the sense that it is heart-warming and cheering data on the educational status of women and girls, a sharp contrast to the dark years of societal neglect of the girl-child; indeed most communities have opened up to the realisation of girl-child education. On the flip-side is that the education they have received may not have prepared them for the pandemic in terms of life and vocational skills.
3. All categories of marital statuses were covered by respondents. The target audience was generally varied in composition and comprehensive in nature, to the cachet of the overall scorecard of the research.
4. Majority of respondents were working before the pandemic. Most of the participants were employed or engaged on some form of work. It is pretty difficult to find women outside these categories, except of course for young girls in the sample who were unemployed because they were in school. This data speaks volumes for women who in the face of high unemployment, have resorted to enterprise to create self-employment. A lot of women had personal businesses and going concerns, petty trading, even beside their white collar jobs, most of which were shut down during the pandemic.
5. The research participants showed high knowledge of Corona virus, in terms of nature, mode of spread, protocols and effects on humanity in general. The elitist/western entry point of the virus enabled an intense and worldwide campaign that educated people in all the nooks and crannies of the globe. This is true, considering the fact that in Africa and most of the third world, HIV, Malaria, still rank highly amongst killer diseases. Pertinently, the narratives as well as conspiracy theories around the origins and intent of the virus (COVID) made for a mouth watery discussion and comprehension among women. It was as novel as it was dangerous and its devastating global effect resulting in the lockdowns was enough to give it global attention. The plethora of information available on the mass media and internet as well as oral narratives from family and friends was also a source of anxiety which led to poor mental health among women and girls.
6. The major source of information was mass media: radio, TV, Newspaper, Then Internet. This is a recognition of the impact of Radio and TV on especially rural dwellers in Nigeria. While this may also be explained along the lines of costs, knowing that the cost for internet subscription is rising daily in Nigeria, it is also factual that most women still prefer to listen (hear) their news/information.
7. NGOs were the least source of information why? The impact of NGOs has been minimally recorded as a result of some correlated factors. To start with, most NGOs are terrestrial in nature, meaning that they rely mostly on movement which was restricted by the lockdowns and the inability of government to properly recognise the work that they do as “*essential service*” and thus grant same ease of access during this period. Secondly, NGOs usually

ignore the element of *Communication and Visibility* in terms of their identity and the work that they do. It is therefore not surprising that the efforts and work of NGOs was mostly diffused, mellowed or sometimes completely dissipated as Governmental action. Moreover, the lack of visibility of NGOs and CSOs could be linked to government's lack of engagement with them in the response to the pandemic. As non-for profit organisations, they may not have the needed resources to disseminate information on a large scale; and being mostly donor-driven, their response to the pandemic would have had to go through some processes of re-programming and approvals by their donors.

8. Key messages received were mostly preventive. No information on the event of someone falling ill and basic first aid and where to go. The inferno of Corona overtook the world like a raging fire, with little or no knowledge/research on specific modalities for handling and treatment. This vacuum accounted for the original design and logic of the messages that were crafted for mass media. This also resulted in some conflicting and confusing messages that participants might have received.
9. The most difficult rule to keep was the lockdown. While the lockdown was useful against the spread of the virus, the fact that people were not prepared for it made it difficult for them. For women and girls whose means of livelihood revolved around outdoor businesses, it was suicidal to lockdown their business spaces. This was what happened in most cases. The result of this lockdown could be seen in the lack of food experienced in most homes. The popularity of food vendors and road-side restaurants, popularly called "mama put" also meant that most people relied on them for their daily meals and may not have kitchens in their homes, especially in high density areas.
10. Participants' personal experience (most prevalent) was closure of schools for children. For a number of reasons, schools serve a multilateral partnership with parenthood (motherhood). Aside from tutelage and pedagogy, the school time gives mothers just about enough time to cleanup, wash tidy up, school, work, do business etc. The closure of Schools for children was therefore disturbing especially from the angle of economic burden. Many schools resorted to online teaching and learning, and many mothers had to struggle to keep up the pace, adding this to their household work. In the rural areas, life seemed to have gone on as before the pandemic in terms of farm-work.
11. There was evidence of induced poor mental health during the pandemic due to the effects on economic, social and health concerns including concerns about business, work and social life. The lockdown, loss of jobs, crowded homes (with all children and relatives locked in) created an environment for conflict among family members.
12. Most participants resorted to praying about their worries. The pandemic was indeed a strange phenomenon that need spiritual intervention having taken so much from our very human nature that even to touch one's own face was a source of infection.
13. Family members experienced health challenges during the COVID pandemic. Although this was a normal thing to happen, it was particularly distressing to have a family member fall ill during the lock down; in the face of all the challenges, including reduced access to medical services. Most participants reported that they could not do anything about the situation: possible (fear/phobia of hospitals), victimization as COVID related cases, lack of funds.

14. There was evidence that most participants resorted to self-medication; including herbs  
The fear of COVID in the sense that it symbolised a pathway to death, coupled with the idea of quarantine associated with being infected which in truth in most African countries, meant complete abandonment, created a scenario of mass self-help strategies of self-medication including the use of herbs and mixtures. The notoriety of a homegrown herbal mixture by Madagascar also fueled this approach. Given the economic chagrin at the time, it was also not surprising that participants preferred to manage their health problems by themselves, perhaps on account of ease and cost-effectiveness.
15. Most of the participants did not receive any form of social support during the pandemic  
It is still unclear the level of preparedness of the country for such a momentous event, yet what was clear from the data is that most women and girls did not receive any palliatives from the government, except for some locations where NGOs and philanthropists filled the void.
16. Participants reported that there was an increase in crime rate during this period. The economic and social consequences of the pandemic created an environment conducive for the flourishing of criminal acts and behaviours. In spite of the increased crime rate, participants felt safe walking in the communities during the day, possibly in response to the dislike to the lockdowns as perceived bondage. Typically, many crimes and criminal activities are active during the cover of darkness so on the average, participants did not feel safe walking alone in the communities at night. Safety at home was generally accepted as okay.
17. All forms of Sexual and Reproductive Health Rights (SRHR) violations and Sexual and Gender base Violence (SGBV) were reported to have been directly or indirectly experienced. Physical violence ranked 1<sup>st</sup> followed by early pregnancies probably due to coercion or rape. 3<sup>rd</sup> ranking was unplanned pregnancies and sexual violence ranked 4<sup>th</sup>.
18. On SRHRs, participants responses revealed that on the average, discussions on sexual matters with partners ranked 1<sup>st</sup> (probably because of the lockdown and increased demands by male partners for sexual activity) The practice of safe sex ranked second in spite of evidence of unplanned pregnancies.

## **5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Summary**

This Research was commissioned by CIRDDOC Nigeria in collaboration with CENGOS, with the support of Amplify Change. The purpose of the study was to determine the impacts of COVID-19 on women and girls in six states: Akwa Ibom, Cross River, Ebonyi, Enugu, Imo and Rivers. The study adopted a survey design, using ODT tools to collect data from a sample that was selected through multi-stage sampling. Data was collected via online tools (Kobo collect, Google forms, phone resource – voice, video and WhatsApp). Both quantitative and qualitative data were generated. Data collected revealed that participants had high knowledge of Corona virus – its origin from China, modes of infection and preventive measures. Of the many protocols, the research participants disliked the lockdown the most and found it most difficult to keep.

There was evidence of health impacts, especially mental health as the pandemic caused great anxiety in addition to deprivation of goods and services and restriction of movements. The



pandemic also caused negative economic impacts as many women lost their jobs and had their earnings from paid jobs reduced. There was also evidence of food shortages experienced in all except Cross River State. Women and girls experienced direct and indirect incidents of SGBV and SRHR violations.

In spite of all the negative impacts of the pandemic, most research participants showed resilience and creativity in the various mitigation strategies they applied. For majority the pandemic was their epiphany, their time of make-over that demonstrated the resourcefulness of Nigerian women and girls; demonstrating their creative and leadership abilities.

## **5.2 Conclusion**

There is no doubt that COVID-19 has had grave negative impact on women and girls in the world, Africa, Nigeria and in the target states as evidenced by the data. What is critical to note is that unlike Ebola, Corona virus is presenting many fronts that dim hopes for an end to its spread and intensity. It therefore means that humanity is going to share its space with the virus for a long time until it is completely eradicated. Indeed by the end of 2020, a new variant of the virus was announced and declared deadlier than its forerunner. January 2021 saw a second wave championed by this new variant and causing renewed lockdowns in Europe. Africa watches – almost helplessly. Nigeria is yet to catch her breath from the first lock down and grabbing at the same time with renewed violence, abductions, killings in many parts of the country, amongst other issues. In this crisis-ridden environment, women and girls carry the greater burden of care and most often become “the spoils of war”. What are their chances of survival? There was good news from the research. The AHA moments recorded the resilience of women and girls in the six target states. They did not give up. Many acquired new skills, opened up their own businesses, acquired property and generally developed a spirit of facing danger with courage. This resilience must be backed up by proactive actions by government, communities, private sector and Civil Society Organisations to galvanize resources and empower women and girls through policy directions, training, and kitting to make them battle-ready to face a future that will guarantee their human rights.

## **5.3 Recommendations**

The following recommendations are made:

### **Government, Private Sector and Policy Makers**

1. There is need for a review of the school curriculum to include intensive entrepreneurship education at all levels of education with life and vocational skill acquisition, personal self-development, mental development, sexual and reproductive health populating the curriculum. This will prepare women and girls to live fulfilled lives even in the face of adversities such as the COVID – 19 pandemic and its attendant effects.
2. Children who were not reached via online teaching during the lockdown should get an opportunity for catchup/remedial learning. It should be made mandatory for schools to give

parents/guardians orientation on how to adhere to COVID-19 protocols as well as provide enabling environment their children's/wards learning at home and in the community.

3. There is need to establish community reading and numeracy hubs/ groups for catchup-learning. Most learners in the rural communities did not benefit from radio, TV, online teaching and learning programmes.”
4. Government should scale up School Feeding Program to cover rural areas to mitigate the hunger being felt by the rural communities due to reduced farming activities induced by the lockdown.
5. From the reported cases of unplanned and early pregnancies resulting from the lockdown, there was a chance of girls dropping out of school. To get these girls back to school, there will be a need to set up some monitoring systems, especially at community levels, to identify such “victims” and to provide financial and in-kind support, such as school feeding, free learning materials or possibly, total free education and work in collaboration with concerned families to reduce the cost of attending schools.
6. Equal representation of males and females in government COVID-19 response teams will go a long way to ensuring that women and girl concerns are taken care of – especially in the face of a second wave of the pandemic.
7. To reduce grave economic impact on women and girls during the pandemic, government should:
  - a. Involve NGOs and traditional and religious institutions in the distribution of palliatives;
  - b. Stop the politicization of palliatives;
  - c. Ensure that palliatives are not just food and medical items, but should include work tools such as sewing machines, food processing machines and soft loans that will enable them to engage in small businesses without necessarily breaking the protocols.
8. The phenomenon of self-medication is a function of a poor health system as much as it is a product of ignorance among the people. For most research participants, self-medication was not just a function of the lockdown and diversion of attention from all other medical concerns to corona virus, but a normal way of attending to their health problems. Efforts should be made by the government to improve the health system through regulatory frameworks and increasing access.
9. Government should support the evolution of a sustainable alternative medicine development in Nigeria. This will help standardize the mirage of herbal medicines by which many Nigerians indulge in self-medication.

10. The resilience and resourcefulness demonstrated by women and girls in the face of the pandemic is evidence of leadership qualities which should be tapped by government and the entire society. Here is where the Equal Opportunity Bill becomes a reference point; central to mitigation of crises through equal representation of women and men in decision-making positions. More women should therefore;
11. Government should support youth friendly centre e.g the “Heart to Heart” in hospitals, providing consumables needed at the unit, making it accessible to community members, especially women and girls who need counseling. It is important to strengthen the helpline services which victims of gender violence can utilize without alerting their offenders

### **NGOs and CSOs**

12. There is need for NGOs to create a unique and striking identity in their specific roles in the society to increase visibility, especially as guardians of the voiceless masses and the vulnerable populations. This calls for a regulatory framework that will engender a synergy between government and CSOs/NGOs/CBOs to work in mutual understanding of what national development really means.
13. There is need for a closer partnership between government and CSOs/NGOs, INGOs/CBOs in the response to COVID-19 especially in terms of sensitization activities in rural areas, educating the locals and the community leaders, providing validated information about the virus. Being grass root-friendly, if properly funded, NGOs have the capacity to reach out to the remote populations. This would have helped filter a lot of lame theories and false information on social media.
14. While it is cheery news that majority of the women and girls in this research happened to have tertiary and secondary education, the effects of COVID-19 on the entire sample was not selective of educational qualification. This is to say that women and girls, irrespective of level of education or social status, experience SRHR violations and SGBV, especially in crisis situations, such as the pandemic – which does not affect a selected population. NGOs and CSOs should therefore intensify efforts in awareness creation on SRHR and SGBV in the context of the pandemic.
15. There should be continuous information dissemination; NGOs should engage in community education on the prevention. Sensitization should be carried out in churches, markets and communities to let them know the need to go to hospital for treatment rather than staying at home to do self-medication.
16. There is need to train and retrain law enforcement personnel and those involved in enforcing Covid19 protocols as well as religious leaders, traditional rulers, market leaders and community educators on SRHR and SGBV as they relate to COVID-19 and its protocols.
17. There is need to establish community information centres to provide authentic, and relevant information that can also serve as counseling centres. In addition, online and phone services can be provided for those seeking therapeutic interventions, counseling or any other form of sexual rights and services or general medicare during the lockdown.

18. Set up clusters in public places in the community markets, churches, etc to enable victims of gender and family violence to alert the authorities/care givers. They may also alert the friends and family about the required help by using code words or signals that have been introduced and taught to women and children. This will help family and friends to support those in family violence situations.

### **The Media**

19. Corona virus pandemic, like Ebola before it received global attention in terms of information sharing because of its elitist entry points. The first victims in Nigeria were the cream de la cream of the society who were in the news headlines so much so that the disease was describe by some people as a disease of rich people. This is more than one can say if other anomalies that assail Nigeria. Even within the context of the pandemic, reporting on the rising crime rate, SGBV, SRHR violations and the general lack of good governance are mellowed down in news reporting. The result is that people do not get to see the linkages between the pandemic and increasing crime rates. A balanced reporting will ensure this understanding and get people better prepared to mitigate some negative effects of such crisis. For instance, if women and girls are knowledgeable about how the pandemic might reduce access to SRHR commodities, they will be better to avoid unplanned pregnancies and avoid SGBV. The media should therefore be more analytic in reportage to ensure a proper understanding of issues by people.

### **FOR PARENTS AND CARE GIVERS**

20. Parents and guardians should take responsibility for providing safe personal protective equipment to their children, teach them how to use them and how to follow all the COVID-19 protocols. What children learn in schools should complement what they learn at home.
21. Parents especially those in the rural area should be advised to keep their sick children at home or take them to the hospital. Parent should be given information on where to take their kids to when they show signs of any illness. Also, the use of "infrared thermometers" should be used in schools on arrival of children, that is, they should be checked with the equipment when they get to school.
22. Parents and teachers should also teach their children social distancing even in school, they should encourage their wards to speak up when they feel endangered (begin to suspect someone) in their environment;

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## APPENDICES

### Appendix A: Mapping of Research Area

CROSS RIVER			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
25	CROSS RIVER NORTH	SD/025/CR	BEKWARRA, , OBUDU, OGOJA, OBANLIKU YALA,
26	CROSS RIVER CENTRAL	SD/026/CR	ABI, BOKI, ETUNG, IKOM, OBUBRA, YAKURR
27	CROSS RIVER SOUTH	SD/027/CR	CALABAR MUNICIPAL, CALABAR SOUTH, AKAMKPA, AKPABUYO, BAKASSI, ODUKPANI
AKWA IBOM			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
7	AKWA IBOM NORTH EAST	SD/007/AK	ETINAN, IBESIKPO ASUTAN, IBIONO IBOM, ITU, NSIT ATAI, NSIT IBOM, NSIT UBIUM, URUAN, UYO
8	AKWA IBOM NORTH WEST	SD/008/AK	ABAK, ESSIEN UDIM, ETIM EKPO, IKA, IKONO, IKOT EKPENE, INI, OBOT AKARA, ORUK ANAM, UKANAFUN
9	AKWA IBOM SOUTH	SD/009/AK	EASTERN OBOLO, EKET, ESIT EKET, IBENO, IKOT ABASI, MBO, MKPAT ENIN, OKOBO, ONNA, ORON, UDUNG UKO, URUE OFFONG/ORUKO
RIVERS			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
94	RIVERS EAST	SD/094/RV	ETCHE, OMUMA, IKWERRE, OBIO AKPOR, PORT HARCOURT, OKIRIKA, OGU BOLO, EMOHUA
95	RIVERS SOUTH EAST	SD/095/RV	OPOBO/NKORO, ANDONI, OYIGBO, TAI, ELEME, GOKANA, KHANA
96	RIVERS WEST	SD/096/RV	ASARI-TORU, AKUKU-TORU, DEGEMA, OGBA/EGBEMA/NDONI, ABUA-ODUAL, AHOADA EAST, AHOADA WEST, BONNY
IMO			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
46	IMO EAST	SD/046/IM	ABOH MBAISE, AHIAZU MBAISE, EZINIHITE, IKEDURU, MBAITOLI, NGOR OKPALA, OWERRI MUNICIPAL, OWERRI NORTH, OWERRI WEST



47	IMO WEST	SD/047/IM	IDEATO NORTH, IDEATO SOUTH, ISU, NJABA, NKWERE, NWANGELE, OGUTA, OHAJI/EGBEMA, ORLU, ORSU, ORU WEST, ORU EAST
48	IMO NORTH	SD/048/IM	EHIME MBANO, IHITE/UBOMA, ISIALA MBANO, OBOWO, OKIGWE, ONUIMO
ENUGU			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
40	ENUGU EAST	SD/040/EN	ENUGU EAST, ENUGU NORTH, ENUGU SOUTH, ISI-UZO, NKANU EAST, NKANU WEST
41	ENUGU WEST	SD/041/EN	ANINIRI, AWGU, EZEAGU, OJI RIVER, UDI
42	ENUGU NORTH	SD/042/EN	IGBO-ETITI, IGBO-EZE NORTH, IGO-EZE SOUTH, UZO UWANI, UDENU, NSUKKA
EBONYI			
S/N	NAME OF SENATORIAL DISTRICT	CODE	COMPOSITION
31	EBONYI NORTH	SD/031/EB	ABAKALIKI, EBONYI, IZZI, OHAUKWU
32	EBONYI CENTRAL	SD/032/EB	EZZA NORTH, EZZA SOUTH, IKWO, ISHIELU
33	EBONYI SOUTH	SD/033/EB	AFIKPO NORTH, AFIKPO SOUTH, IVO, OHAOZARA, ONICHA

## Appendix B: Research Instruments

### B.1

#### Preliminary Information

##### Introduction:

*My name is ..... (Name of Interviewer). You are being invited to take part in a research study called EFFECT OF COVID 19 ON WOMEN IN NIGERIA. The purpose of this interview/survey is to get a deeper understanding of the experiences of women of this community with regards to COVID 19. This study is being conducted by CIRDDOC, Nigeria, an NGO based in Enugu.*

**Location; State....., LGA....., GIS,**

**Community..... (RURAL)**

**Town..... (URBAN)**

**Name of Enumerator.....**

**Phone Number**.....

**A: BIO DATA OF RESPONDENTS:**

**Question 1. Which of these best describes your present situation? [Select one]**

1. Female Police Officer [ ☐ ]
2. Market woman(Small scale business) [ ☐ ]
3. Self- employed Adolescent Girls [ ☐ ]
4. Female Teachers in private schools [ ☐ ]
5. Female Teachers in govt. schools [ ☐ ]
6. Nursing Mothers who delivered during the pandemic [ ☐ ]
7. Female Health workers [ ☐ ]
8. Female in-Patient in public hospital [ ☐ ]
9. Female out-Patient in public hospital [ ☐ ]
10. Female in--patient in private hospital [ ☐ ]
11. Female out-patient in private hospital [ ☐ ]
12. Female care giver in public hospital [ ☐ ]
13. Female care-giver in private hospital [ ☐ ]
14. Female person with special need [ ☐ ]
15. Female civil servant [ ☐ ]
16. Full time House wife [ ☐ ]
17. Female youth leader [ ☐ ]
18. Female community leader [ ☐ ]
19. Female Business Entrepreneur (Large scale business) [ ☐ ]
20. Female religious leader [ ☐ ]
21. Pregnant women [ ☐ ]
22. Married woman with young children and spouse living together [ ☐ ]
23. Married woman living with spouse, but grown up children living out [ ☐ ]
24. Single mother with young children [ ☐ ]

**Question 2: What is your age, in years?**

18 – 23 years [ ☐ ] 24 – 29 years, [ ☐ ] 30 – 35years [ ☐ ] 36 – 41years, [ ☐ ], 42 – 47 years [ ☐ ] 48-53 years [ ☐ ] 58 and above [ ☐ ]

**Question 3. What is your marital status? [Please select one]**

1. Single [ ☐ ]
2. Married [ ☐ ]
3. Living with partner/Cohabiting [ ☐ ]
4. Married but separated [ ☐ ]
5. Widowed [ ☐ ]
6. Divorced [ ☐ ]

**Question 4: What is the highest level of education you attended? [Please select one]**

1. No education [ ]
2. Primary [ ]
3. Secondary [ ]
4. Tertiary or higher [ ]
5. Other [ ] Specify .....

**Question 5: How would you best describe your employment status during a typical week before the spread of COVID-19?**

1. I worked for a person/company/household [ ]
2. I had my own business [ ]
3. I helped (without pay) in a family business [ ]
4. I am retired/a pensioner [ ]
5. I did not work because I am studying fulltime [ ]
6. I did not work, as I have a long-term health condition, injury, disability [ ]
7. I did not work, but I am looking for a job [ ]

## **B. KNOWLEDGE ATTITUDE & PRACTICE OF COVID 19**

**Question 6: In your opinion, what is COVID 19? [Write answer]**

.....  
 .....

**Question 7: What is your MAIN source of information regarding COVID-19 risks and prevention? [Select one]**

1. Internet and social media [ ]
2. Official Government websites or other communication platforms [ ]
3. Radio/Television/Newspaper [ ]
4. Public service announcement/speaker [ ]
5. Phone (texts, calls, WhatsApp) [ ]
6. Community, including family and friends [ ]
7. Health centre/Family doctor [ ]
8. Non-governmental organization/Civil society organization [ ]
9. Other ... specify.....

**Question 8: How would you rate the information you received? [Please select one]**

1. Clear and helped me prepare [ ]
2. Clear but it came too late for me to prepare [ ]
3. Confusing/contradictory [ ]

**Question 9: What was the key message of the information you received? [write the answer]**

**Question 10: Which of the rules did you find most difficult to keep? [Select one]**

1. Washing of hands [ ]
2. Using face mask [ ]

3. Not touching your face [ ]
4. Keeping Social Distance [ ]
5. Lockdown [ ]

**Question Xa: Why was it difficult to keep the rule? [write the answer]**

**Question As a result of COVID-19, did you (personally) experience any of the following?  
[Multiple answers]**

- YES
  - NO
  - Not applicable
- 
- Physical illness
  - Illness of a family/household member
  - Death of a family/household member
  - Children's school was cancelled or reduced
  - Migrated/moved to different geographical area within the same country
  - Psychological/mental/emotional health was affected (e.g. stress, anxiety, depression)
  - Inability to perform usual personal care/health routines

## **C: IMPACT OF COVID 19 ON WOMEN'S HEALTH**

### **Mental health**

1. Does Covid-19 makes you feel more nervous, anxious or on edge?  
Yes  
No
2. Are you worrying too much about the effect of Covid-19 on your health and safety?  
Yes  
No
3. Are you worrying too much about the effect of Covid-19 on your family's health and safety?  
Yes  
No
4. Are you worrying too much about the effect of Covid-19 on your work and business?  
Yes  
No
5. Are you worrying too much about the effect of covid-19 on your community?  
Yes  
No
6. Are you getting easily annoyed or irritable because of Covid-19?  
Yes  
No
7. Are you feeling afraid as if something bad might happen because of Covid-19?

Yes  
No

8. Are you losing interest or pleasure in doing things because of Covid-19?

Yes  
No

9. Are you facing trouble falling asleep or staying asleep, or sleeping too much because of Covid-19?

Yes  
No

10. Are you feeling bad that because of Covid-19 you are not being able to help yourself, your family or the community in this difficult time?

Yes  
No

11. Are you feeling down, depressed, or hopeless because of Covid-19?

Yes  
No

12. How do you handle worries about Covid-19

Praying about it  
Watching movies  
Eating well  
Caring for others  
Doing exercises  
Reading  
Keeping in touch with family and friends  
Using social media  
Talking about my feelings with family and friends  
Accepting the situation

**Physical Health**

Did you or any member of your immediate family fall ill during the lockdown? YES/NO

How did you handle the situation?

Self-medication  
Went to a Chemist/pharmacy  
Saw a doctor at home  
Saw a nurse at home  
Went to a private clinic  
Went to a government hospital  
Went to a traditional healer  
Went to the church  
Did nothing

**Question: If you went to a hospital, how would you describe the services you received at the hospital?**

Good Poor

## **D: SOCIAL AND ECONOMIC EFFECT OF COVID 19 ON WOMEN**

**Have you received any in-kind support from the Government – national and local since the spread of COVID-19 (food, health supplies, etc.)? [Multiple response]**

- Yes, food
- Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
- Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
- NO, I did not receive anything
- I don't know

**As a result of COVID, how have the following personal resources been affected?[Select one]**

- Increased
- Unchanged
- Decreased
- Not a source of income/ support

Income/earnings from own farming or fishing

Income/earnings from family business (other than farming or fishing)

Income/earnings from a paid job

Income from odd jobs

Food for consumption from own farming/animals/fishing

Money or goods received from relatives/friends living elsewhere in the country

Money or goods received from relatives/friends living in another country

Income from rental properties, investments or savings

Pensions or other social payments

Support from Government

**As a result of COVID-19, how has the time you devoted to the following activities changed? [Multiple answers]**

- I do not usually do it
- Increased
- Unchanged
- Decreased
  
- ✓ Food and meal management and preparation (e.g. cooking and serving meals)
- ✓ Cleaning (e.g. clothes, household)
- ✓ Decoration, repair and household management (e.g. paying bills)
- ✓ Shopping for own household/ family members
- ✓ Collecting water/firewood/fuel
- ✓ Minding children while doing other tasks (e.g. paid work)
- ✓ Playing with, talking to and reading to children

- ✓ Instructing, teaching, training children
- ✓ Caring for children, including feeding, cleaning, physical care
- ✓ Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care
- ✓ Affective/emotional support for adult family members

**As a result of COVID-19, did you (personally) experience difficulties in accessing any of the following basic goods and services? [Multiple answers]**

YES

NO

Not applicable

Food products/supply

Medical supplies/PPEs (e.g., gloves, masks, etc.)

Hygiene and sanitary products (e.g., menstrual products, baby diapers, soap)

Family planning commodities (e.g., female or male condoms)

Reproductive or maternal or child health services

HIV treatment services and commodities

HIV prevention services (e.g., testing and counseling)

Longer wait times to visit doctors/seek general medical care

Unable to seek general medical care

Water supply

Public transport

Social services/assistance for myself and/or family member

## **E. EFFECTS OF COVID 19 ON SGBV & SRHR OF WOMEN**

**Question 31: During the time period of COVID-19, do you think crime in your area has..**  
[Please select one] Decreased/Remained the same /Increased

**Question 32: Do you feel safe when walking alone in your community during the day?**  
[Yes/No]

**Question 33: Do you feel safe when walking alone in your community at night? [Yes/No]**

**Question 34: Question: Do you feel safe in your home? [Yes/No]**

**Question 35: Since the COVID 19 pandemic have you or someone you know experienced any of the following for whatever reason? [multiple answers]**

1. Physical violence (slapping, beating, pushing, hitting with an instrument etc.)

2. Sexual violence (forced to have sex without consent, denied sex etc.)
3. Psychological violence (Verbally insulted, denied freedom of choice/movement/association)
4. Economic violence (Denied up keep money, food and other necessities)
5. Forced/Early Marriage
6. Female Genital Mutilation
7. Early pregnancy
8. Unplanned pregnancy
9. Forced Abortion

**Question 36: Since the COVID 19 pandemic...are you able to do the following: [Tick as applicable]**

YES/NO

1. Practice safe sex using protection such as condom
2. Go to a health-care provider specifically for HIV testing
3. Discuss sexual matters with my partner
4. Choose when and where to engage in sexual activity
5. Refuse sexual activity with someone I was not comfortable with
6. Insist on having my sexual needs met

**Question 37: Is there something good or worthwhile that you have done since the pandemic that has helped you?**