

## WOMANHOOD AND PANDEMICS: THE AFRICAN CASE

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### **Abstract**

*Pandemics refer to national or global prevalence of a condition, particularly, a pathological condition with significant societal disruption. Unlike endemic disease which is associated with a given locality or region, for instance malaria in Africa, pandemics are comparatively ephemeral but global in their spread. The condition of being a woman, as a singular way of being human, often determined by socio-cultural and religious considerations, calls for special reflection in an era of pandemics. Research have been carried out on vaccines against the disease, the number of cases, death and health related information such as symptoms, preventions and treatment, but it does not appear, given the available information, that there has been any reflection done on being woman and Pandemics. This chapter explores the nature and condition of womanhood and the existential challenges which are posed by pandemics in Africa. It adopts a phenomenological approach: it describes, analyses and interprets womanhood from the perspective of changing gender-relationship. It avers that investment in resilience and promoting sense of complementarity, much against the traditional gender relation of dependence, should guide policies and interventions for better health outcomes during and in post-pandemic times. The paper is significant for medical practitioners, psychologists and policy makers.*

**Keywords:** Covid-19 pandemic, gender issues, resilience, women's health, empowerment of women.

### **Introduction**

The figure of womanhood is a subject of great interest today. As a socio-cultural concept, the growing change and alteration in African socio-cultural landscape warrants a corresponding change in the understanding of womanhood in Africa. In times of pandemics, the figure of womanhood becomes even challenging. In a world characterized by interconnectivity and instant communication, it is not surprising that socio-cultural patterns that defined womanhood outside Africa do impact on the people of Africa. With new forms of religious belief, change in patterns of socio-economic life, urban migration and education and new systems of value which impact on traditional gender roles, a clear understanding of the actual configuration of womanhood becomes imperative. This is because womanhood as a socio-cultural construct that is tied to gender roles is both temporal and contextual. Ickes, W (1993) reflecting on female-male relationship in marriage argued that there is an inherent paradox in the enactment of traditional gender roles. According to him, while playing traditional gender roles do provide grounds for individuals to feel attracted to the other as a potentially desirable mate, the very roles could undermine the very relationship which it seeks to establish.

Gender roles introduce a miscommunication that leads to unsatisfying relationship. What Ickes observed in the context of family-hood can be extended to traditional gender roles in general and as such significant in reflecting on womanhood.

Studies done in respect of the nature and origin of gender role differences have classified it into evolutionary, cultural determinist and bio-cultural interactionist perspectives (Ickes, W: 1993, 76-79). In the wake of feminism and gender rights, attention has continued to be drawn to the role and dignity of women in the society. There is an increasing number of Women's Forum and organizations: International Women's Forum (IWF), Women's Forum for Economy and Society, United Nations Development Fund for Women (UNIFEM), Global Fund for Women, Organisation for Women in Science for Developing World, (OWSD), Global Fund for Women, etc.

During the COVID-19 Pandemic a lot of studies were done and policy statements made to the effect that women were considered particularly affected and as such should be given special attention. The impact of Covid-19 on women (UN Policy Brief: 2020; IMF/Fiscal Affairs: 2021; Torres, J et al: 2021; WHO Africa:2022; Rivera, C et al:2022; OECD:2020) is seen to have many ramifications despite the fact that in most countries, as diagnosis show, men are 50% -80% most likely to die from the virus than women (Staff, G:2020). Evidence from studies have shown that socio-cultural factors impinge on women's access to health facilities, forms of empowerment and wellbeing (Philips, S: 2005; Azuh, D. E et al: 2014; Alenkhe, A. O & Ibiezugbu, M. I: 2015; Ndisika, M & Gordon, A. E: 2022). The roles and expectations of men and women by the society might change over time, places and life state, even though the mode of being (male or female) remains constant. For this reason, this chapter x-rays the nature and condition of being woman in Africa in pandemic period and that investing in resilience and promoting sense of complementarity, when factored into sustainable gender relations lead to better health outcomes for women, in particular, and societal wellbeing in general.

Ideas expressed in this chapter are drawn, to a large extent, from review of published studies in the area of gender health in developed as well as developing worlds. Phenomenological method is used to describe, analyse and interpret the womanhood and pandemics in light of changing gender relations. The chapter is divided into four subheadings and a conclusion: First, Nature and condition of womanhood. Here womanhood is considered as a gender construct that is anchored on asymmetrical relationship of dependence on the male folk. Second, Womanhood and Health Issues – focused attention on the gendered nature of risks, health seeking behaviour and health outcome. Third, Gender Difference in the Experience of Covid-19 Pandemic underscored the disproportionate impact of the pandemic on the income, employment, education opportunities and health of women. Fourth, Womanhood, Resilience and Complementarity for Improved Health Outcomes. This section considered how leveraging on investment on resilience and promoting sense of complementarity as underlying motive of improved gender relations could lead to better health outcomes for women during and in post-pandemic times. The conclusion recapitulated the ideas expressed in the chapter, namely, that womanhood in the context of pandemic is a

complex socio-cultural construct. However, despite the difficulty in transiting from traditional gender relation to the demands of current socio-cultural realities, a sustained and genuine concern for improved individual resilience and complementarity in gender relationship would yield better health outcomes for women and the society.

### **Nature and Condition of Womanhood**

The word “woman” refers to a female human being. The word “woman” is distinct from “sex” which is distinctly a biological term. According to the document of Government of Canada (2012), “sex refers to the biological characterization such as anatomy (body size and shape) and physiology (e.g., hormonal activity or functioning of organs) that distinguish males and females” (2). The word, “woman,” though linked to biology, is a socio-cultural term. Chawla, M & Rout, H. S (2007) asked: In what consists the difference between male and female humans? Does it consist in their reproductive system or hormonal difference, or could it be sought for in their susceptibility or resistance to certain diseases? To these questions they replied that the difference lies in some socio-cultural construct. They explained that this is a gender question and gender is an abstract and relational concept. It refers to the system of relations between male and female. There are certain traits that are traditionally attributed to women, such as that they are more emotional than men; they do less productive work than men; they are better carriers of children (1). It does appear, however, that explaining everything from the socio-cultural point of view might give the impression that their biological makes up contributes nothing, in this context, to their health outcomes. Given that the reproductive organ of women are made to conceive and bear children, would it not be reasonable to say that nature furnished women with a certain disposition for nursing the children they bear? Breast feeding is both a biological activity, but with intricate social dimension since it is a means of bonding between the child and the mother. Therefore, analysing womanhood from purely socio-cultural perspective might not be the whole story. As Chawla, M & Rout, H. S (2007) have explained, with regard to health issues, sex and gender, that is, biological and socio-cultural considerations are major determinants for both men and women. They are related to other variables such as age, race and socio-economic status. They all help to shape biological vulnerability, exposure to health risks and diminishments as well as access to medical care and health services (5-6).

African nations as members of the United Nations uphold the fundamental principles of the UN charter that prioritizes the achievement of international cooperation in the promotion and encouragement of respect for human rights and fundamental freedoms for all irrespective of race, sex, language or religion (Art. 1. Para 3). Human Rights Fact Sheet 23 outlined a number of traditional practices that are harmful to physical and psychological health of women, and as such violate international human rights laws. Some of these practices are seen to have promoted gender inequality at the expense of women. According to African Development Bank document on gender policy, (OESU: 2001) it is observed that, in Africa, culture is used to legitimise difference in gender status, values and roles and to justify inequality in gender relations (14). Womanhood is, thus, anchored on an asymmetrical relationship of dependence on the male folk. In their commitment to the fundamental principles of the UN's charter, African nations, as

signatories to the UN General Assembly landmark Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) which was adopted in 1979, have, despite implementation challenges around CEDAW, pursued a clear gender policy commitment and articulated framework for the institutional implementation of the policy (AU. Gender Policy: 2009). Non-governmental organization, such as, Inter-African Committee (IAC) has been working against harmful traditional practices since 1984 (Ras-Work, B (2006, 7). In Ghana by 2009, the Ministry of Health had already developed “a gender policy to direct its actions on handling gender related health concerns” (National Gender Policy: 2015, 11). Given the importance of education in development, it has been argued that closing the male-female education gap will go a long way to addressing the problem of gender inequality and ensuring equitable access to resources and empowerment of women (Abdullahi, A. A et al:2021; Collins, M:2022, 11).

### **Womanhood and Health Issues**

Matud, M. P (2017) rightly remarked that the difference in health of women and men is a complex issue. It is contrary to intuition to observe that despite the fact that it is believed that women have poorer health, higher morbidity and incapacity rates than men, and have used health services much less often than men, women have higher life expectancy. Research conducted in different countries have, to a large extent, questioned these assumptions. There is a high intra-group variability coupled with a significant and complex interactions between the genders and other variables. The dominant perspectives in research on the differences in sex health are (a) the empirical study of trends and explanations of sex differences in mortality and morbidity and (b) the specific patterns of disease for each sex, which have frequently corresponded to differential politics and research on 'women's health' and 'men's health' (57-58). The research approaches have succeeded in reinforcing the binary model which underlie the construction of sex and gender as well as the consideration of sex and gender as separable. It has come to be recognised that women are different in terms of sex and in their roles and responsibilities in the society. Little wonder they face different health risks because of their biological and social differences. It is significant to note that these differences affect responses of the health systems, their health seeking behaviours as well as their health outcomes. Matud, M, P (2017) observes that there are factors that explains gender differences in health, such as, biological, social, psychological, structural factor (67-69). Gender inequality is telling on the health of men and women since it affects their health outcome, health status as well as access to preventive and curative services. As it were, health need is a constant in human life and as such accompanies the individual throughout the various stages of life. It needs to be remarked that health needs are differentiated according to gender. This is why it is important that policy makers take into cognisance the differential effects of gender roles and norms in order to rectify the existing inequality between men and women and ensure a sustainable health agenda for all. Alvarez-Dardot, C and Vives-Cases, G (2012), writing for the European Union, have identified three main waves that are responsible for linking gender and health since gender studies came to be linked to health sciences. They have categorized the three waves into, first, the phase of visibility and legitimatisation; second, the phase of involved acceptance of gender as a genuine health determinant; and third, the phase of development of gender policies that

followed on the heels of the Beijing Conference held in 1995 and the work done by an entity of World Health Organization, the Commission on Social Determinants of Health (4-6). What is not evident is whether or not Africa has really experienced these waves of gender consciousness with regard to issues of health. In the domain of development, Africa is lagging behind such that with respect to industrialization, when the developed nations are talking of post-industrial age that is opening up to the fourth industrial revolution (4IR) Africa has yet not been really identified with industrialization. Perhaps it is not important, in this chapter, labouring to determine which wave of gender consciousness African is in with regard to health. It suffices that Africa comes to a greater consciousness of the social determinants of health and tailor her policies to improve health and gender indicators in her health systems in order to ensure equity and inclusion in framing her public policies to bring about real change in the health of women and men of the continent.

In a study done by WHO Regional Office for Africa (2012) it was noted that in Africa maternal health is in a dismal state. Women are known to bear unacceptably huge burden of disease and death. Little is done to improve the healthcare of women and this calls for a multi-sectoral approach if women's health is to be improved on. It was observed that improvement in health outcomes for women will be difficult if their socioeconomic empowerment is neglected. The deplorable phenomenon of violence against women was decried as violation of the rights of women. The report perceived a lot of socioeconomic benefits that would accrue to the society if women's health improves. The report recommended better data gathering to help in monitoring progress made in achieving the targets set for better health outcomes for women and girls.

### **Gender Differences in the Experience of Covid-19 Pandemic**

The African society is fast changing. The traditional patriarchal system that attributed to men the role of providers is becoming obsolete as women, daily, in their numbers leave the house alongside their partners to work and provide for the family. It means that rather than dependence which characterized spousal relationship in the past, it is complementarity that is the case today. The result is that the traditional gender roles are becoming less optimal to the successful functioning of male-female relationship in today's culture and society. The male dominance which was accepted in the past as a biological given has come to be interpreted as political oppression. Nevertheless, it could be said that African gender relationship is caught in a paradox: What their genes and past culture dispose them to do is in opposition with what their present culture now prescribes. This could lead to what Ickes, W (1993) terms "miscommunication" when in male-female interaction they respond from "a fixed" perspective rather than, ideals. When a situation as this is aggravated by disruptions and uncertainties that go with pandemics, the traditional gender roles are revealed to be unhealthiest to and well-being of the womenfolk.

The impact of COVID-19 on the socio-economic life was unprecedented. World economy, industries and firms have been variously affected. Aoyagi, C (2021) in a study done on Nigeria and Ethiopia reports that there was wide spread income reduction due to

the high share of women in the informal employment. Another study done by Torres, J et al (2021) for the World Bank Group reveal that women-led businesses in the hospitality industry, micro-businesses and other women-led businesses in countries severely affected by the pandemic was disproportionately hit compared with men-led businesses. Despite lack of public support these businesses had more likelihood of increasing the use of digital platform in micro-firms, yet there was less likelihood of investing in software equipment or digital solutions. The socio-economic and health implication of the pandemic on women was serious. With women making up to 70% of the healthcare workforce, it became obvious that they were more exposed to the risk of contracting the virus. At home, women shoulder much of the burdens, and with the closure of schools and childcare facility and the overall gender inequality in unpaid work, Covid-19 pandemic constituted a crushing burden on the shoulders of women. Besides the high risk of job loss, with its attendant income loss, the women were exposed to violence and exploitation, abuse and harassment without possible recourse to social support systems due to the lockdown.

Several reports (OCED 2020; PWAN: 2020; WHO Africa: 2020; Tang, V et al: 2021; PAHO/WHO, 2022) on the condition of women during the pandemic alluded to gender-based violence suffered by women during the lockdown with increased pressure of unpaid care and drastic shortage in their earnings. The death rate occasioned by the pandemic in Africa is said to have tripled in a week in some African countries. In South Africa, according to PATH (2021, 4) report, community health workers were said to have engaged in door-to-door screening for Covid-19. It was observed that Africa which make up 17.7 percent of the world's population only received 1 percent of the world's Covid-19 vaccine supply. This inequality scaled up death rate at a continental rate. Assessment of the impact of the pandemic showed it as a great threat to decades of progress for women and girls. It had disproportionate impact on women's income, employment, and education opportunities.

With regard to maternal healthcare, it has been shown (Ameyaw, E. K, et al:2021) that in Africa, Covid-19 was source of great disruption as expectant mothers turned away from antenatal, pregnancy care and skilled birth, immunisation and nutritional supplementation on account of fear arising from misconceptions relating to the pandemic.

### **Womanhood, Resilience and Complementarity for Improved Health Outcomes**

Makama, G. A (2013) in a critique of patriarchy and gender inequality noted that the structure of social relation which adversely affect woman have some conceptual and material base which makes it possible for men to dominate and oppress women. The domination and exploitation of women have been explained from different perspectives, namely, the materialist perspective, the radical feminist account and the postmodern approach. However, it is not enough to explain the root of women's subordination in terms of relations of production (materialist), or specific relation of production and sexuality (pure feminist) or sociocultural construction (postmodernist). The ultimate explanation of the subordination of women will have to include the social context of

power relations. It is, therefore, important to underscore sustainable gender relation that would enhance the wellbeing of women. Such gender relationship is presented here under the rubrics of resilience and complementarity.

Resilience is about capacity and as such belongs to “the faculties in virtue of which we can be said to be liable to the emotion, for example, capable of feeling anger or pain or pity” Aristotle, Nich Ethics 1105b-25f). To have a capacity is one thing, and the manner of deploying it might be a different matter. It is here that cultivating a certain habit by which one is well disposed in respect of the emotions becomes important. Being resilient is not just pure capacity, it is capacity meeting disposition. Resilience is capacity to be well disposed to live. It is not virtue in the moral sense. It is a form of excellence by which one can adjust appropriately for one's well-being. As a form of change or adaptation, it could be said to belong to motion as primary determination of living organism. It is principle of self-preservation in practice. Resilience is generally described as the ability to cope under pressure. It is about learning to adjust and adapt with time to life-changing situations. It is therefore not a once for all act. It is a process that involves time, effort and commitment to a number of steps. The brochure of American Psychological Association (APA) defines it in these words:

*Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back from difficult experiences.*

Considered as an ability to cope well under pressure, resilience has been identified as a pattern of behaviour, manner of thinking and acting that could be developed by anyone. APA affirms that resilience is not a trait. Keith, Ladd & Macomber, John (2018, 10-11) reflecting on resilience as a fundamental characteristic of vibrant and thriving communities mentioned ten principles by which communities could be helped to recover from extreme events, bounce forward and thrive. This quality of being is known to be higher in women than men and this might account for their advantage over men in terms of longevity. In respect of Covid-19 pandemic, it was observed that, perhaps due to immunological sex differences or behavioural reasons woman are more likely to survive the virus. It is therefore important to leverage on certain factors in resilience to build more resilient women for better health outcome and wellbeing that outlive pandemic times. Some of these factors include (a) Having healthy and supportive relationships; (b) Having a certain flexibility in designing plans and be able to take steps to carry them out; (c) Having good self-esteem and trust in one's strength and abilities; (d) Openness to others and readiness to face challenges as they present themselves; and (f) Self-control or discipline of emotions. While each woman is required to take into consideration these factors in developing personal resilience, a number of factors touching on gender-role have to be given proper attention.

With very limited social protection measures in Africa, Covid-19 manifested itself in gendered ways both in respect of the impact of the pandemic as well as the response to it. In a situation as this, a gender-approach is required to deal with the pandemic in order to develop effective and equitable policies and interventions. African Union, under the UN

Human Rights, has outlined seven possible action to safeguard women's rights in respect of Covid-19. The possible actions include: (a) economic measures; (b) Access to good health; (c) Improved mechanisms for availing victims of gender-based violence the opportunity for speedy and appropriate assistance and redress; (d) Access to food, water and sanitation; (e) Greater participation of women in the decision-making process; (f) Humanitarian aids to the vulnerable, especially the internally displaced persons, and (g) Data collection and information on the concerns of women and he actual responses to them. The bottom line is working for gender equity, economic empowerment of women, inclusivity that enhances the agency of women, accountability and political engagement. As Aoyagi, Chie (2021) rightly pointed out, gender-sensitive policies are needed to narrow the gap between men and women during and post pandemic. If resilience is to be built for the future, it is important to recover from the present one. According to UN Women Headquarters, it is estimated that Covid-19 will push 47 million additional women and girls into extreme poverty. With disproportionate job losses and increased gender based violence, the socio-economic and health implications for women calls for policy interventions. It is important to focus squarely on gender specific issues and challenges. This would require, in the words of WHO Regional Office for Africa (2012) a multi-sectional approach that will bring about improved health for women.

Besides building on the characteristic resilience of women by leveraging on factors that make for personal and collective improved health and wellbeing, recognition of gender roles as expression of complementarity will go a long way to disabusing one's mind of exaggerated negative perception of gender that are psychologically unhealthy for the female folk. The different roles which women and men have evolved across the centuries are dependent on their values, norms, customs and laws. These roles include different labour responsibilities, decision-making process and knowledge. Even in their needs, observed CBD, (2022), the use and management of resources are gendered in different ways. This is even more obvious in the area of health need, more so in period of pandemic. Aggressive enlightenment should, therefore, be undertaken to bring the male folk to understand the importance of respecting the rights of women to paid work, inviolability of their dignity as persons, and the immense socio-economic benefits from improving women's health. In light of WHO gender policy, Human Rights Conventions and Health Rights Accords, promotion of gender equality in health status and health development is fundamental to the survival of African women in the event of a pandemic. PAHO (2005, 11-18) mapped out some tools for integrating gender with a clear list of components of gender inclusive health program. This concern for recognition of the gendered nature of women's health is an affirmation of the dignity of difference and complementarity rather than gender disparity. For as Francesca Vilianni (2011) put it, gender inequality can be measure by health indicators.

Given that different factors explain health outcomes of women and men, the assignment of roles which is based on sex and societal values and believes about gender is assumed to be informed by sense of complementarity. Although it is explained that biology is determined by social and environmental factors, the fact is that there is some admissible constant about biology. It does not appear that if the traditional roles assigned to men

were reversed so that men take up those roles assigned to women, women will be like men in all things. There might be some sense in the biological explanation that a certain affinity exists between sexuality and certain gender roles. It needs to be added, however, that affinity of roles only makes sense in specifically biological domain such as childbearing. While it belongs biologically to a woman to conceive and give birth to a child, complementarity obliges the involvement of man in the nursing of the child for proper upbringing. Parental leave which was traditionally assigned to women could now be extended to men on the understanding that there needs to be a certain level of bonding between the child and both parents. In this way, gender stereotypes could give way to realistic appreciation of difference and complementarity.

Experience show that value based discrimination is gradually giving way to better understanding of gender roles. With shift in traditional socialisation process and gender roles (Ras-Work, B:2006; Vlassof, C:2007; Neculaesei, A-N:2015) due to the introduction of formal education and greater consciousness of human rights, women participation in the economy, politics and overall economic growth, the idea of complementarity would come to replace dependence. That is why, in Nigeria as elsewhere in Africa, steps have been taken to empower women through a number of programmes (Abdullahi, A. A et al: 2011). It is in light of complementarity and greater resilience for better health outcomes and wellbeing that the following are recommended as sustainable gender-responsive measures that outlive pandemics:

**i. Challenging and Eliminating Unhealthy Traditional Practices**

In some African countries, there are traditional practices that militate against the dignity, health and wellbeing of women such as early and forced marriages, abduction and kidnapping of a girl to rape her and thus force her into marriage, cultic slavery where a girl is given to a deity as redemption price for an undisclosed crime committed before she was born, female genital mutilation (FGM), and similar obnoxious practices (Ras-Work, B:2006, 2-4). Some of these practices make women vulnerable to poverty and diseases, thereby militating against their wellbeing and better health outcomes. Working to eliminate them should be the concern of all.

**ii. Putting in Place Gender Transformative Programme**

It is important to make promotion of gender equity an important area of attention with mechanisms that will help to achieve positive development outcome. This will include changing unequal gender relationship through inclusivity in matters relating to decision-making, control of resources, access to employment, as well as women's rights to own and inherit lands.

**iii. Establishing Frameworks for Addressing Gender Issues**

Gender violence, rape and other abuses that have psychosocial impact on their victims are detrimental to the health of women. In other to protect victims from indignity and stigmatization, it behoves on public authorities to establish centres where victims could easily, at no cost, find support and assistance.

**iv. Early Induction of Males into Hospitality Services and House Keeping**

In the spirit of complementarity, it is important to begin early enough to train the male folk to give care to the sick and the vulnerable. Men have to learn to offer spousal assistance to their wives as much, or even better than their wives do to them in their time of ailment, but

this will happen only if they are brought up to appreciate their gender roles in complementary terms.

**v. Building Social Networks for Communication and Information Dissemination**

One of the negative impact of Covid-19 pandemic was due to the misconceptions relating to it. Fear of Covid-19 generated a lot of distrust in the safety of health care system that many people, particularly women, who would have needed health care services preferred turning away from public health institutions. Concern for improved resilience would require that sustainable communication system be put in place to ensure that women get the right information, to which they are entitled, at the proper time. This could help them work out alternative means of gaining access to uninterrupted health services for better health outcomes

**vi. Good Governance and Policy Framework for Promoting Women's Health**

Good governance and right policy framework make for responsiveness of healthcare systems to address the health needs of women. Underinvestment in women's health care and poor monitoring of progress made towards achieving targets for women's health undermine meaningful attempts at promoting the course of women's health.

**Conclusion**

In the foregoing discussion, the chapter drew attention to the traditional understanding of womanhood and the problems which are associated with it. Given that biological and gender differences account for differences in the health outcomes of women and men, the reflection carried out in this chapter expatiated on the correlation of gender differences with the health outcomes for women. Cognisant of the gradual transformation of the understanding of womanhood based on research and studies in gender related matters, the fundamental principles of the UN charter on human rights, the landmark Convention for the Elimination of all forms of Discrimination Against Women (CEDAN), and gender policies, the chapter, having x-rayed the impact of Covid-19 on women, avers that rethinking womanhood in light of genuine concern for building resilience and promoting sense of complementarity would lead to a better health outcomes for women and overall wellbeing of the society.

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