

DOI:10.36758/ijpamr/v6n1.2021/05

DOI: [URL:https://doi.org/10.36758/ijpamr/v6n1.2021/05](https://doi.org/10.36758/ijpamr/v6n1.2021/05)

Women and Children as Victims of COVID- 19 Pandemic in Nigeria

IJIMAKINWA, S.O.

Doctoral Student, Department of Political Science and Public Administration
Faculty of Social and Management Sciences, Adekunle Ajasin University Akungba-Akoko,
(AAUA), Ondo State, Nigeria.
samuelijimakinwa@yahoo.com

ADESANYA, T.O.

Doctoral Student, Department of Political Science & Public Administration
Faculty of Social & Management Science, Ekiti State University, Ado Ekiti.
taiwo.adesanya@hotmail.com,

OJIKUTU, A.O.

Doctoral Student, Department of Public Administration
Faculty of Management Science, Lagos State University, OJO.
ojikutuoluwadamilola@gmail.com,

&

OLOFINDAYO, G. J

Postgraduate Student, Department of Finance and Administration
Faculty of Social & Management Science, University of Lagos, Akoka.,
gbengaolofindayo@gmail.com

Abstract

The world has experienced Covid 19 Pandemic posing threat to global public health by hampering social economic and political development. Its implications have pushed Nigeria economy into regression due to reduction in the revenue derives at the international market. Efforts by the government to curb the crisis by providing financial and medical assistance for the citizen especially Women and Children that were affected by this pandemic were hampered by inadequate resources and it resulted to increase in domestic and sexual violence, rape cases, crime to mention a few. The paper investigates the implications of Covid 19 pandemic on Women and Children in Nigeria, by examining the direct and indirect consequences of the pandemic on Women and Children. The study adopts qualitative and quantitative approach, where primary and secondary sources were used. Primary sources include in-depth interview and observation method while secondary sources include Published textbooks, Magazines, Newspapers, Journals, Internet and government periodic publications. The study observed that Covid 19 pandemic has leverage suffering to the poor citizens in Nigeria due to bad governance and weak institutions of government that were ineffective in responding to the pandemic and the lack of social welfare programs that would have catered for citizens and vulnerable Women and Children were adversely affected by the pandemic. They had severe consequences including in domestic and sexual violence, hawking, forced prostitution, exploitation, abortion, deliberate neglect of girls molestation, kidnapping, death and rape. The paper concludes that a number of participants blamed the government, parents and community leaders for failing to take responsibility of controlling and guiding their children during the pandemic which resulted into increased in rape cases. However, Nigeria Police Force and parents also worried about

lack of substantive law that paved ways for rapist to go free without sanctioned or severe punishment. The study advocates for aggressive preventive laws for the punishment of rape and domestic violence that will serve as deterrent to the culprits. Also, preventive measures must be strictly put in place by the government, parent and guidance through sensitizations on sex education for men and women.

Keywords; Covid 19 Pandemic, Women and Children, Good Governance, Weak Institution, Leadership Failure

INTRODUCTION

Developed and emerging market economies has affected by the plights of the prevalence pandemic known as coronavirus 2019 pandemic. It started in the Wuhan province of China at the end of 2019, it has continued to spread across the continent (WHO,2020). All the nations have been adversely affected by this pandemic; its implication has deterred the social economic and development of the nations (Chinese Center for Disease Control and Prevention, 2020).

The Coronavirus 2019 popularly known as Covid 19 Pandemic have become more challenging and more complex to manage in developing countries such as Africa (Chenm2020). the virus is one of the deadliest occurrences of an epidemic that has killed more than 11,000 people in Africa countries and over 25,000 worldwide (WHO, 2020).The impact of this virus on Women and Children are multidimensional, this is corroborated by the 2020 International Committee of Red Cross Repot titled “Women and Children Covid 19 pandemic” which was submitted that over 20% of infected Covid 19 cases are Women and Children who never have knowledge and experience of the virus (AbdulAzeez, 2020; NAPTIP, 2020). During the outbreak in Africa, response efforts from the international community, government, healthcare groups, and nongovernmental organizations (NGOs) focused on containing the virus and bringing the number of affected cases to zero. Despite the fact that each country eventually being declared covid 19 pandemic –free, the pandemic severely impacted on security, economic and social activities, previous gains in development, provision of health care and education, and the essential services of government organization intently focused on the virus containment, protocols were never established for women and children during the pandemic(Ayitten el tal, 2020) even though studies have indicated that women and children are more likely to become victims of the pandemic(Gentile & Abenarvoli,2020).

It has been widely acknowledged that during the pandemic, women and children had severe consequences including in sexual violence, hawking, forced prostitution, exploitation, abortion, the deliberate neglect of girls molestation, kidnapping, death and rape (Ayyow, Sen & Suzumura, 2010; Fourie, 2020). The slow response of government and NGOs with other humanitarian programs resulted in negative outcomes and consequences for women’s (Brussow, 2020). Africa had experienced incidence of outbreaks like Ebola, Laza fever, Bed flue among others with unimaginable consequences (Dimmock, Easton & Leppard, 2016). One of the major causes of the prevalent outbreaks in Africa is the inability of government to provide good governance to the citizen in term of effective medical health care system that would curtail the spread of the virus and enhance social and economic condition of the people (Adenir & Sodq, 2018).

The effect of Covid 19 pandemic in Africa such as Nigeria has triggered governance crisis due to bad leadership and corruption which deterred effective governance (ILO, 2020). The adverse effects of this pandemic on women and children in Africa Nigeria inclusive are usually high among Women (NAPTIP, 2020), Under-aged Children and youths. For instance, in country like Liberia, Mali and

Bokinafaso it was discovered that Boys aged 15 years and above are said to be at the greatest risk of being effected of the virus. Women and Children under 15 years make up 15% and 10% of affected cases of covid 19 pandemic respectively (Olaniyi, 2020). Women and Children in Nigeria for instance were mostly affected by this virus as a result of poor public health institution economic loses and poor standard of living (NCDC, 2020).

There seems to be no biological sex difference regarding vulnerability to the virus, yet many socio cultural and health-care-related factors increase the risks for women and children in Africa. It is estimated that about 1,5 million people in Africa have been affected, Women and Children occupied the highest percentage(WHO,2020), due to inadequate health care facilities that contributed to the spread of this virus. For instance, during the outbreak, all pregnant women need good quality and timely health care, the adverse effect of this might be fatal. Binza (2009) & Shag et al (2020) argued that over 1.5 million pregnancies are estimated to occur annually in Africa countries like Guinea, Sierra Leone, Liberia to mention a few, many of these women could not have access to medical care facility as a results of poor health care system in their country. These challenges have significantly contributed to the rising rate of Covid 19 pandemic in women and children in Africa.

This paper analyses available evidence in relation to the impact of covid 19 pandemic on women's and children in Nigeria, by examining the direct and indirect consequences of the pandemic on Women and Children To contextualize covid 19 pandemic, this paper uses available health and medicine literature, as well as media reports and UN, NGO, vigilante groups and NAPTIP reports, to provide an understanding of the evolution of covid 19 pandemic on women and children. An analysis of the rise in sexual abuse and rape of women and children during the outbreak is an opportunity to review the areas in which government and humanitarian community can improve and apply lesson learned to future epidemic to protect women and children.

The paper adopts qualitative and quantitative approach, where primary and secondary sources were used. Primary source include in-depth interview and observation method while secondary source include Published textbooks, Magazines, Newspapers, Journals, Internet and government periodic publications.

EXPLAINING COVID 19 PANDEMIC

The current pandemic virus toward the end of 2019 mostly closely related to two severe acute respiratory syndrome(SARS)-like CoV sequences that were isolated in bats from 2015 to2017, suggesting that the bats' coronaviruses 2019 share a common ancestor. Therefore, the COVID 2019 pandemic can be considered as a SARS-like virus hence, the name SARS-CoV-2as designated by the Coronavirus Study Group of the International Committee on Taxonomy of Viruses (Olaniyi, 2020). The two bat viruses were collected in Zhoushan, Zhejiang Province, China, from 2015 to2017 (Nwaogwugwu & Evans, 2019) & (Petersonm 2020).

The new coronavirus 2019 (COVID 19) was first isolated from stallholders who worked at the South China Seafood Market in Wuhan. This market also sells wild animals or mammals, which were likely intermediate hosts of COVID 19. It has been speculated that the intermediate hosts (wild mammals) may have been sold to the seafood market in Wuhan (Abdulazeez, 2020). The challenges posed by the coronavirus 2019 pandemic is plunging the entire continents social economic and development (Fauci, Lane & Redfield, 2020), adding to the economic recession facing developing countries especially Africa countries. Beyond its implications on human health (materialized by morbidity and

mortality), COVID-19 is disrupting an interconnected world economy through global value chains, which account for nearly half of global trade, abrupt falls in commodity prices, fiscal revenues, foreign exchange receipts, foreign financial flows, travel restrictions, declining of tourism and hotels, frozen labor market, among others (Getile & Abenavoli, 2020).

The implications of covid 19 pandemic on social economic and development of Africa has notable consequences on the standard of living. Guimbeau et al, (2019) avers that the poor economic status in developing countries like Africa gave rise to the prevalence outbreaks with the effects to, increasing unemployment rate, increase in the incidence of minimum wage freeze, and also led to an increasing number of temporary workers. Consequently, public sector management was overwhelmed due to inadequate financial bail out the deficits in the economy, other consequences include: high mortality rates from homicide, pneumonia, and alcohol dependence during economic crisis by the youths which triggered sexual abuse and rape (Ibramovit, 2001).

Other factors that have fueled the covid 19 pandemic in Africa are multiple and range from socio-cultural to political and economic. These deficits were punctuated by an initially slow and underwhelming international response. The African countries rank among the lowest in the UNDP Human Development Index (UNDP, 2019). Public health infrastructure in Africa countries was performing below expectation before the covid 19 pandemic, the legacy of decades of civil conflict and struggle with poor governance and corruption. Managing a complex health emergency in a context of extreme poverty and overstretched human resources is an extremely difficult task (Fourie, 2020).

The prevalence health and social economic challenges posed by the COVID-19 pandemic in Nigeria is an unprecedented measure which ought to have been taken by the governments at national level to curtail the spread of the pandemic. Based on the measures putting in place such as social distancing, washing hands and wearing of face masks to the restriction of movement of people in and out of the country and border closures, as well as the temporary closure of formal and informal economic activities (Ayitten el ta, 2020), the consequences on daily live of citizens have been dramatically disrupted and marred, as well as social economic and productive fabric that sustains the citizens (Brussow, 2020).

The previous experiences faced during the epidemic outbreaks of Ebola virus and others related outbreaks revealed that the most vulnerable, such as the elderly, people with disabilities, low-income households, households highly exposed to the virus. It is anticipated that the COVID-19 crisis will trigger an economic recession even deeper than the 2008 and 2016 financial crisis (Adeola & Evans, 2018). The global economic decline due to this crisis forecasts an annual GDP growth below 2.5% and an impact on global income of at least 1 trillion US dollars (IMF, 2018). According to ECLAC, in a moderate scenario Latin America and the Caribbean will see negative growth of -1.8% for the year fueled by the decline in economic activity of trade partners, the drop in commodity prices such as oil, the interruption of global supply chains and the intensification of risk aversion and worsening of global financial conditions . The resultant recession will disproportionately impact the income and employment of the most vulnerable, particularly women. Initial estimates forecast an increase of global unemployment between 5.3 and 24.7 million people, situated in 2019 in 188 million people globally (Audayi,Chaves & Widrowson, 2019).

Neither analysis of potential impacts from the pandemic nor the policies required in response to it can be effectively completed without the proper integration of a gender perspective. Quite beyond

the distinct biological responses brought about by the disease (Bernburg, 2016), gender norms and cultural patterns determine the roles women and men play in a society in response to crisis, as well as the differentiated impacts they experience (Aregbeshola, 2016). Conditioning factors associated with the depth of those impacts, are related to violence and insecurity, healthcare responses, access to livelihoods and resources, as well as the social, economic and territorial environment (Hughes, 2003; & Hotez et al., 2009).

Available reports from WHO indicates that women and children are highly vulnerable to the virus due to increase in care burden and the loss of income in informal jobs, also by the material conditions and infrastructure of their households, neighborhoods and communities (WHO, 2020). Women and children living in marginalized urban areas and remote rural areas that feature low access to drinking water and sanitation, dirt floors, overcrowded and unhealthy households and communities, faced difficult challenges in complying with social distancing measures established by governments to curtail the spread of the virus (Ahmed, Alhassan & Aishammari, 2017). Social distancing policies are difficult to apply in contexts where the effectiveness of the measures designed to prevent the spread of the pandemic are associated with class distinctions and privileges, even in some cases increasing the risk of transmission in precarious and marginalized communities and territories (Chen, 2020).

Fatile (2010) & Aregbeshola & Khan (2018 a) opined that, Women and Children are the primary caregivers at home and in general have more domestic chores and care responsibilities relative to men, spending more time in non-remunerated care work. With school closures and rising numbers of infected persons in many countries and the need to care for patients and children at home, the double burden on women will probably increase. The NAPTIP 2020 reports revealed that, Women comprise 70% of the health workforce in both developed and developing countries they are 60% of medical personnel 8 out of 10 of the nursing professionals are women.

The analysis of the reports showed that, women particularly those involved in domestic care face a higher likelihood of exposure to the covid 19 pandemic (NAPTIT, 2020). The Federal Ministry of Women Affairs has recognized that “the basis for the vulnerability of women and Children especially rural and indigenous women to chronic poverty, is found in discriminatory labor markets and the social exclusion of political (FMOWA, 2020). Furthermore, the restriction of movement prevents women from carrying out agricultural and livestock activities and obtaining essential resources for their families (e.g. water, firewood, natural food resources, etc.), putting both their well-being and that of their families at risk (Berned & Bartels, 2014).

In the same vein, the ILO warns that the employment crisis derived from the COVID-19 response could disproportionately affect women and children, because 60% of women in Africa involve in informal job. Among them are those unprotected and poorly paid, in particular youth people, elder workers, women (ILO, 2020). It has been observed that Women comprise 70% of the healthcare workforce worldwide (Schulmen et al., 1999), while in developed countries such as US, Australia, Japan to mention a few 57% of health care workers are women. An overrepresentation of women as frontline staff in the healthcare sector creates a higher exposure to bodily fluids and lab samples from potentially infected patients of the virus (Aderson, 2012). In addition, women are overrepresented in sectors that have been highly affected by the crisis, such as tourism, transport, entertainment, cleaning and remunerated domestic services. In fact, US is the region that generates more female employment in tourism services and there are nearly twice as many business women in tourism than in any other sector (Sanusi, 2010; Aisen & Veiga, 2013).

Theoretical framework

The paper anchored on public health theory which was propounded by Wacker (1998). The theory is of the view to develop an organized, systematic and efficient approach to investigate health behaviors. An inductive approach to defining the problem comprises the informal steps, your own hunch about, the nature of the health behaviour in question and its underlying causes. Relating Public health theory on violence against women and children in Africa, human rights law and theory is then applied to this context in order to provide an assessment of the link between violence against women and children during covid 19 pandemic. “An important aspect of the public health model is primary prevention, which aims to stop or prevent a health-related problem from occurring in the first place, by trying to address the underlying factors or causes of a problem” (NAPTIP, 2020). The public health model considers that there are multiple causes of gender-based violence. Within this, different spheres of social life, from society to the community to family (or relationships) to the individual, intersect to cause violence (Lee & Ki, 2015).

Implementing this public health ecological or socio-ecological framework in order to “to reflect the full complexity of [the] underlying causes” of violence against women and children. The paper ultimately argues that a comprehensive and combined human rights-based and public health approach to women and children is a solution for ensuring women’s equality and health, including freedom from violence such as sexual abuse, hawking, forced prostitution, exploitation, abortion, the deliberate neglect of girls molestation, kidnapping, death and rape (Marin, 2017).

COVID 19 PANDEMIC AND IT’S IMPLICATIONS ON WOMEN AND CHILDREN IN AFRICA

In most countries in Latin America and the Caribbean, current social protection and social security systems do not correspond to the reality of labor markets, or the socioeconomic and demographic transitions of recent decades (Rohr et al, 2019). As such, they are ill prepared to face the shock of measures required to minimize the spread of COVID-19 or mitigate its impacts.

School closures also endanger the accumulation of human capital of boys, girls and adolescents, despite government efforts to implement distance learning methods. Low internet penetration in urban and rural vulnerable households, as well as low digital skills, especially of women, put at risk educational processes of those learning from home (Aregbeshola & Khan, 2018). Likewise, school closures impact the capacity of many girls and boys in positions of vulnerability to receive sufficient nutritional intake, undermining both their health and their long-term human capital (Olivers & Buitrigo, 2020).

The WHO (2020) affirmed that gender-based violence is a “global health problem of epidemic proportions”. Social distancing policies and mandatory quarantines, which are required to curtail the spread of the virus, increase the risk of exposure to intimate partner violence. Research conducted by Andrew (2017), in this field finds four factors that anticipate a rise of sexual abuse and violence against women and children in Africa. (a) The increase in quantity of time shared by perpetrator and victim; (b) the growth of daily conflicts due to family and domestic issues;(c) prolonged violence without interruption by normal daily activities such as shopping, school, family visits, work etc.; and(d) the perceived security and impunity of the perpetrator.

EPIDEMIOLOGY OF COVID-19 PANDEMIC

The Corona virus Pandemic was discovered in December 2019, multiple cases occurring unexplainable pneumonia were successively reported in some hospitals in Wuhan city with a history of exposure to a sizeable Hua'nan seafood market in Wuhan city, Hubei province, China” (Brusson, 2020). “It has been confirmed to be an acute respiratory infection caused by a novel coronavirus. So far, the number of cases without a history of the Hua'nan seafood market exposure is increasing”(ECDPC, 2020;10). Besides, clustered cases and confirmed cases without a history of travel to Wuhan emerged. Also, confirmed cases without precise exposure to the Wuhan seafood market had been found in many foreign countries or regions (UNWTO, 2020 ;21). In April 07, 2020, Cases have been reported by WHO on the following continents (WHO,2020).

Table 1; shows the report cases of Covid 19 Pandemic in Nigeria

Timeline	Confirmed cases	Affected states
17/03/2020	198	All State in Nigeria
21/03/2020	320	All State in Nigeria
2/06/2020	11,302	All State in Nigeria
21/06/2020	19,345	All State in Nigeria
24/06/2020	19, 632	All State in Nigeria
29/06/2020	22,145	All State in Nigeria
30/07/2020	43,110	All State in Nigeria
30/08/2020	49,202	All State in Nigeria
30/09/2020	58, 424	All State in Nigeria

Source: Nigeria Centre for Disease Control (NCDC) on Covid 19 Pandemic September,(2020)

THE CHALLENGES OF MANAGING RAPE AND DOMESTIC VIOLENCE DURING COVID-19 PANDEMIC IN NIGERIA

Managing domestic violence and rape cases during covid 19 pandemic in Nigeria faced major setbacks due to the following reasons:

- i. Poor Knowledge of COVID-19:** The coronavirus has just been discovered with so much knowledge gap. So much research is ongoing to have a deep understanding of the virus and the disease. Capacity building is a must in the area of skill acquisition for effective care (Fourie, 2020:12).
- ii. Lack of Diagnostic Testing Kits:** “These are unavailable locally, expensive and government support seriously required (Peterson, 2020:43).
- iii. Inadequate Preventive Kits:** These are gadgets aimed at protecting or supporting healthcare workers including PPE, Facemasks are out of the reach due to increased forces of demands (Ayitter et al, 2020;22).
- iv. Problems of Isolation Wards:** “Essentially need to be equipped with ventilators and support facilities that are not available locally; subsequently, lack of these facilities impacts significantly on the management of COVID-19 patients in the long run (Ayitter et al, 2020;11).

- v. **Lack of Drugs/ Vaccines:** “The WHO has officially approved no drugs or vaccines for the treatment of the COVID-19 disease. What is therefore available is supportive therapy so far and therefore this remains a significant challenge (Fauci et al, 2020 ;9).
- vi. **Problems of Transmission Method:** “The virus is airborne, and what is known now is that it spreads fast by the direct air contamination and human transmission. This mechanism of spread requires quarantine for the exposed untested persons, isolation for those who tested positive and social distancing, or complete lockdown in the region where the number of new cases is increasing rapidly (Fourie, 2020;11).

HOW THE COVID 19 PANDEMIC CAN BE CONTROLLED

Various scholars and writers have advocated measures to combat the spreads of coronavirus 2019, known as COVID 19 Pandemic. The paper will join the contributors in a strategic manner to proffer solution on how Covid 19 pandemic can be managed. In the first place, advocate for Managerial strategy that enhances proactive Approaches in managing COVID-19 pandemic just like others outbreak such as SARS outbreak in 2003 and the Ebola outbreak in 2014. The Need for early detection followed by coordinated quarantine and improved coordinated international disease surveillance and a shift in both research and pandemic management efforts must be geared towards proactive approaches by the public authority. In due course, medical science needs an enhanced understanding of the origins of pandemic emergence, spillover, and post-spillover evolution so that the virus can be better diagnosed and prevented (Hmitzen, 2019).

Second, The Covid 19 pandemic imposes a substantial burden for the patient and the society in terms of direct and indirect costs related to medical care, disability, early mortality, and negative employment consequences, such as loss of productivity due to presenteeism and absenteeism (Deug,2020). Economic cost of illness-related productivity losses can be significant. These costs can create barriers in access to services, affect health outcomes and contribute to the financial burden of households. On the other hand, direct non-medical costs, such as food, accommodation and travel costs incurred when searching for and accessing health care services, may also be significant. Studies such as Olivera & Buitrago (2020) have suggested that a health policy framework addressing as many of the social determinants of health as possible may be crucial in containing such social costs. Therefore, reducing this burden is a key responsibility of the health system.

Third, education and health literacy: education is well-documented as a major contributing factor to reducing infectious diseases. Therefore, enhancing education and health literacy can have reinforcing positive effects on the ability of humans to fight more deadly diseases, such as coronavirus. Reducing COVID-19 would also have knock-on effects for education and health literacy because increasing cases of the virus would impede cognition, learning and school attendance (Shag et al, 2020).

Fourth, paradigm shifts in investments across border would contribute a large dividend for COVID-19 control. Scholars such as Conteh, Engels & Molyneux,(2010) has noted that, There is considerable evidence that the Africa world will struggle to feed its growing populations due to the poverty trap of infectious disease. However, Ngonghala et al, (2017) evidenced also suggests that this trap could be broken via investments in health infrastructure and preventive chemotherapy. Curing COVID-19 has the added benefit of potentially reducing the nutritional needs of cured individuals by stopping the feeding of their parasites.

Finally, Stakeholders participation on COVID-19 will strengthen research, advocacy, and the global control effort at local, national and international levels which will enhances collaborate more systematically to ensure informed systems, and encourage cost-sharing strategies for disease prevention and preparedness where possible and provide optimal intervention strategies where necessary.

Research methodology

This study was conducted in Lagos South West, Nigeria. The following area was selected due to residential geographical Population of the three major ethnicities in Nigeria, Yoruba, Hausa and Igbo (Mushin, Idi- Araba and Ojo- Alaba respectively). The rationale behind this is that, this area was regarded as one of the sexual crime and rape ‘hotspot’ area during the covid 19 pandemic (the Punch Newspaper, 2020). The study involved 45 Women participants of different roles and responsibilities in the community. The participants include ordinary citizens, community Women leaders (Civil Society Organisation CSO and Gender Based Violence GBV) and representatives of anti-crime organizations (NPF) in the selected Area.

A Purposive sampling technique was employed in this study because it is assumed that individuals chosen for the study would be those who will provide most valuable information (Osakede & Ijimakinwa, 2019). This sampling method gave the researchers the flexibility and opportunity to select participants based on their experienced and quality of information they possessed about the subject under investigation.

Data of the study was collected in September 2020 using in-depth face-to-face interviews to allow the researchers to probe and deeply understand the extent to which the respondents of the selected area steam and prevent sexual abuse, rape, crime and domestic violence on Women and Children in their Area. Explanation regarding the objectives and purposes of the study was given to all participants before interviews taking place and participants were informed that they could withdraw from the interviews at any stage. Furthermore, the assurance of confidentiality and anonymity was given to the participants. All interviews were recorded, and then transcribed into word-for-word transcripts which were printed out to allow the researchers to read them and easily understand and identify impressive points in the texts.

To ensure reliability and trustworthiness of the results, the researchers reviewed the research questions which were to be answered in the data analysis. Then each question was linked to every individual’s response in order to identify consistencies and differences. After bringing all the data of each question together, the researchers identified categories and themes and labelled them. Finally, patterns and connections within and between categories were identified because such connections were important in understanding and explaining effects and the relationship within and between themes. The researchers interpreted data to provide meanings which may be understood by readers.

Discussion of findings

1.1 Individualism: a root cause of rape and domestic violence during Covid 19 Pandemic

The contribution of the participants (ordinary citizens, community Women leaders (Civil Society Organisation CSO and Gender Based Violence GBV) and representatives of anti-crime organizations (NPF) in the selected Area) in fighting crime, rape and domestic violence during Covid 19 pandemic was not encouraging. The participants reasons was based on the community people who are reluctant to report the cases of sexual abuse, rape and domestic violence to the law enforcement agencies due

to society stigmatization, lack of trust between the security agencies especially Nigeria Police Force NPF. According to the in-depth interview with the respondent, in many cases of reports to the Nigeria Police Force where the accused persons will be walking freely without punishment some will come back threaten the life of the victims. In some cases the complainant may also be arrested for false allegation especially if such person have no top connection or not rich. In the interviews, all participants including the police officers blamed parents for not being responsible in terms of controlling and guiding their children. One participant argued that parents and other community members are no longer controlling children or other offenders as it used to be in the early 1980 where there was an informal sanctioning offender in every community (Kjaer, 2011).

In addition, a united community keeps rape, crime and domestic violence rates low if its members share common values and are willing to work on behalf of others (Lawarson & Evans, 2019). In the same vein, one prominent participant acknowledged that globalization has diminished value and moral system in our society. He noted that, cases of father raped daughter as a result of nude, body exposed dressing and watching of holography films has attributed to increase of rape during the Pandemic.

A number of participants stated that people tend to care for only their close family members, relatives and friends. They mentioned that if a person has no close relatives or friends in Lagos no one cares for him/her. They further exemplified that if a Woman is beaten and battered by the husband ; people pass or stand aside and watch the incident rather than assisting the victim or report to the law enforcement. This individualism is an indication that the community experiences low quality of social capital which inculcates unconditional care for everyone.

1.2 The Nigeria Police Force

Data of this study shows that informal social controls conflict with formal sanctions rather than supporting and supplementing each other. It was stated that laws in Nigeria are used as a pretext why informal social sanctions are not exercised as deterrent tools. Two NPF participants claimed that there is no substantive laws in place to persecute an accused, however NPF have to prevent some citizen by strongly condemn the use of informal social sanctions such as corporal punishment and jungle justice as it is regarded as taking laws in their own hands, by discouraging citizens who advocates for sanctioning rapist and other offenders of domestic violence informally.

1.3. The NGOs

Studies revealed that formal sanctions deterred criminal behaviour such as rape, domestic violence and crimes due to weak institutions of government in enactment of laws(NAPTIT, 2020). The NGOs participants raised concern that the laws put in place are too flexible and protect criminals instead of punishing them. This makes some affected person feel that their justices are undermined. One participant expressed his disappointment saying that accused person are no longer sanctioning for their evil did because they may be accused for libeling especially poor people. A police officer insisted that allowing and encouraging people to exercise informal sanctions would endanger individuals' fundamental human rights as community people are likely to take law into their own hands by requiting crime with crime.

The police added that most sanctions offered by community people are corporal punishments and exceed the crime allegedly committed. Criminal suspects are sometimes killed if police do not intervene. The judges of these courts are normally community elders with little knowledge about

laws and the legal system. Their judgment therefore, might be based on their personal feelings and views rather than law.

From NGOs perspective, some participants affirmed that there are incidents where residents have to punish the rape suspects before the police arrive otherwise the police would protect the suspects. In fact, the participants blamed police and the Nigeria laws for protecting and favouring criminals instead of punishing them. One of the NGO participant described Nigeria law for rape and domestic violence as an opportunity for the police to make money because the accused believe it will set free as long there is powerful connection.

1.4. The Vigilantes Group. Besides the law courts, the OPC member who maintain law and protect the community are also accused of taking law in their own hands by the Nigeria Police Force. Vigilantes are groups of few community members who are self-appointed to protect their areas against criminal activities including rape and violence. This vigilantism approach, also known as 'street justice', metes out ruthless punishments. Killing criminal suspects using the 'necklace' (a burning tire around the crime suspect's neck) is the most popular punishment used in vigilantism as echoed by a number of participants.

One participant emphasized that burning criminal suspects alive or killing them using other methods is the ultimate way of fighting crime and litigating the prevalence of rape in the community since the criminal justice system failed to do their work. Community members hold a belief that vigilantism would reduce criminal activities such as rape and domestic violence but vigilantism increases crime rates as it pays crime with crime, and it violates human rights and undermines the rule of law (Smith et al, 2019).

1.5. The NAPTIP Findings from The Nation Agency for the Prohibit Trafficking in person (NAPTIP) reveals that, violence against Children where six out of every ten children in Nigeria have suffered one or more form of physical, sexual or emotional violence before they reached 18 years of age. In case of girls, one in ten boys have experience sexual violence. This violence often occurs in a place where the child is considered safe, such as their homes and schools. It also revealed that five percent of children who are victims of violence during covid 19 pandemic are now assisted by the commission (NAPTIP, 2020).

Cases; thirteen years old Rose was sexually abused by her father during covid 19 pandemic. Her mother has separated from the father when Rose was three years old, the implication of total lockdown and school closure resulted into many sexual abuses. As a result of stifled cries of Rose in the mid night, neighbor caught the attention of the land lord in which the matter was reported to securities operatives. As a result of the medical investigation carried out Rose is pregnant and is currently receive attention from the Lagos state government. The lockdown led to over 50% increase in the number of rape, domestic violence and sexual abuse (NAPTIP, 2020)

CONCLUDING REMARKS

Developing countries, including Africa have adopted various measures in litigating the persistence of Domestic violence and rape. However, the increasing rate of rape during the pandemic is worrisome in Nigeria, especially Lagos. Unfortunately, the political will to invest in security and public health infrastructure is lacking. Also, the system is characterized by human resources shortage and diverted resources, which significantly affect the provision for emerging COVID-19 pandemic

care. Optimized supportive care such as palliative measures in term of foods and economic resources for the affected patients have not been put in place due to corruption and resources diversion which triggered crime, rape, violence among others (Chavis & Ganesh, 2020).

In fact, a number of participants blamed the government, parents and community association for failing to take responsibility of controlling and guiding their children during the pandemic which resulted into increased in rape cases. However, parents also blame the Nigeria laws for not allowing rape accused to be sanctioned severely due to lacuna in the laws guiding rape and violence cases. Therefore, the paper suggests the need for aggressive preventive laws for the punishment of rape and domestic violence that will serves as deterrent to the culprits. Also, preventive measures must be strictly put in place by the government, parent and guidance through sensitizations on sex education for men and women. Finally, the need for proactive management strategies addressing the social determinants of health, education, economy among others and the establishment of the World Technical Council on Covid 19 pandemic, through effective implementation of these strategies that will require the collaboration by government and the citizen.

References

- Abramovitz, M. (2001). Everyone is still on welfare: *The role of redistribution in social policy. Social Work, 46(4): 297-308.*
- AbdulAzeez, A.A.(2019). The Corronavrius Disease 2019 (C0vid 19) Pandemic: A review and an update on causes in Africa. *Asian Pacific Journal of Tropical Medicire 1(1):1-18*
- Adeniran, A. O., & Sidiq, B. O. (2018). Economic recession and the way-out: nigeria as case study. *Global Journal of Human Social Science, 18(1), 181-192.*
- Adeola, O., & Evans, O. (2018). Digital health: ICT and health in Africa. *Actual Problems of Economics, 8(2);12-23.*
- Ahmed, H. G., Alhassan, S. M., & Alshammari, F. D. (2017). Social welfare scheme; a neglected component of public health care services in Nigeria. *MOJ Public Health, 5(3), 101-104.*
- Aisen, A., & Veiga, F. J. (2013). How does political instability affect economic growth? *European Journal of Political Economy, 29, 151-167.*
- Andayi, F., Chaves, S. S., & Widdowson, M. A. (2019). Impact of the 1918 influenza pandemic in coastal Kenya. *Tropical medicine and infectious disease, 4(2), 91.*
- Andersen, J. G. (2012). Welfare states and welfare state theory. Center for Comparative Welfare Studies, Working Paper.
- Aregbeshola, B. S. (2016). Out-of-pocket payments in Nigeria. *The Lancet, 387(10037), 2506.*
- Aregbeshola, B. S., & Khan, S. M. (2018a). Out-of-pocket payments, catastrophic health expenditure and poverty among households in Nigeria 2010. *International journal of health policy and management, 7(9);721- 798.*
- Aregbeshola, B. S., & Khan, S. M. (2018b). Determinants of catastrophic health expenditure in Nigeria. *The European Journal of Health Economics, 19(4); 521-532.*
- Arrow, K. J., Sen, A., & Suzumura, K. (Eds.). (2010). *Handbook of social choice and welfare (Vol. 2). Elsevier.*
- Ayittey, F. K., Ayittey, M. K., Chiwero, N. B., Kamasah, J. S., & Dzuvor, C. (2020). Economic impacts of Wuhan 2019-nCoV on China and the world. *Journal of Medical Virology.*
- Bermeo, N., & Bartels, L. (Eds.). (2014). Mass politics in tough times: opinions, votes and protest in the Great Recession. Oxford University Press.
- Bernburg, J. G. (2016). Economic crisis and mass protest: The pots and pans revolution in Iceland. Routledge.

- Binza, M. S. (2009). A public private partnership model for the improvement of local economic development in South African Metropolitan government. (PhD Thesis), Nelson Mandela Metropolitan University (NMMU), South Africa.
- Brüssow, H. (2020). The Novel Coronavirus—A Snapshot of Current Knowledge. *Microbial Biotechnology*. <https://doi.org/10.1111/1751-7915.13557>
- China Centre for Disease Control and Prevention [CCDCP] (2020). WHO Statement Regarding Cluster of Pneumonia Cases in Wuhan, China. [ONLINE] Available at: <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>. [Accessed 07 March 2020].
- Chavis, S., & Ganesh, N. (2020). Respiratory Hygiene and Cough Etiquette. In *Infection Control in the Dental Office* (pp. 91-103). Springer, Cham.
- Chen, Z. M., Fu, J. F., Shu, Q., Chen, Y. H., Hua, C. Z., Li, F. B., ... & Wang, Y. S. (2020). Diagnosis and treatment recommendations for pediatric respiratory infection caused by the 2019 novel coronavirus. *World Journal of Pediatrics*,1(2); 1-7.
- Conteh, L., Engels, T., & Molyneux, D. H. (2010). Socioeconomic aspects of neglected tropical diseases. *The Lancet*, 375(9710), 239-247.
- Davids, I., Theron, F. and Maphunye, J. (2005) *Participatory Development in South Africa: a Development Management Perspective*. Pretoria: Van Schaik.
- Deng, S. Q., & Peng, H. J. (2020). Characteristics of and Public Health Responses to the Coronavirus Disease 2019 Outbreak in China. *Journal of Clinical Medicine*, 9(2), 575.
- Dimmock, N. J., Easton, A. J., & Leppard, K. N. (2016). *Introduction to modern virology*. John Wiley & Sons.
- European Centre for Disease Prevention and Control [ECDCPC] (2020) Situation update worldwide, as of 6 March 2020 08:00. [ONLINE] Available at: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>. [Accessed 07 March 2020]. Socio-economic impacts of novel coronavirus: The policy solutions
- Fatile, J. O. (2010). Corruption and the Challenges of Good Governance in Nigeria Public Sector, *Journal of Africa's Public Service Delivery and Performance Review* 1 (2) 25-47
- Fauci, A. S., Lane, H. C., & Redfield, R. R. (2020). Covid-19—Navigating the Uncharted. *The New England Journal of Medicine*. 10.1056/NEJMe2002387
- Fourie, J. (2020). Beyond 2020: a vision of a prosperous South Africa-economy: opinion. *finweek*, 2020(16 January), 4-4.
- FMONA. (2020). A tool for expressing Validation techniques or methods
- Gentile, I., & Abenavoli, L. (2020). COVID-19: Perspectives on the Potential Novel Global Threat. *Reviews on Recent Clinical Trials*, 15(2); 1-10.
- Guimbeau, A., Menon, N., & Musacchio, A. (2019). The Brazilian Bombshell? The Long-Term Impact of the 1918 Influenza Pandemic the South American Way. *The Long-Term Impact of the 1918 Influenza Pandemic the South American Way* (May 1, 2019).
- Hintzen, P. C. (2019). Precarity and the HIV/AIDS pandemic in the Caribbean: Structural stigma, constitutionality, legality in development practice. *Global public health*, 14(11), 1624-1638.
- Hughes, E.O. (2003). *Public Management and Administration: An Introduction*. Basingstoke: Macmillan.
- Hotez, P. J., Fenwick, A., Savioli, L., & Molyneux, D. H. (2009). Rescuing the bottom billion through control of neglected tropical diseases. *The Lancet*, 373(9674), 1570-1575
- ILO (2020). International Labour Organisation, 2020

- International Monetary Fund (2018). Determinants of public private partnerships in infrastructure, IMF Working Paper [Online]. Available at: <http://www.imf.org/external/pubs/ft/wp/2007/wp0699.pdf> (Accessed: 20 February 2020).
- Kjaer, A. M. (2011). *Governance*. Cambridge: Polity Press..
- Lawanson, O. & Evans, O. (2019). Human Capital, Structural Change and Economic Growth in Developing Countries: The Case of Nigeria. *Economics of Human Resource: Issues, Challenges & Opportunities*, A Festschrift in Honour of Professor Folayan Ojo, Lawanson O. I & Nwakeze N. M (Eds.), University of Lagos Press, 89-103.
- Lee, C., & Ki, M. (2015). Strengthening epidemiologic investigation of infectious diseases in Korea: lessons from the Middle East Respiratory Syndrome outbreak. *Epidemiology and health*, 37.
- Lloyd-Smith, J. O., George, D., Pepin, K. M., Pitzer, V. E., Pulliam, J. R., Dobson, A. P., ... & Grenfell, B. T. (2009). Epidemic dynamics at the human-animal interface. *science*, 326(5958); 1362-1367.
- Marin, B. (2017). *Welfare in an Idle Society?: Reinventing Retirement, Work, Wealth, Health and Welfare*. Routledge.
- Molyneux, D. H., Hotez, P. J., & Fenwick, A. (2005). "Rapid-impact interventions": how a policy of integrated control for Africa's neglected tropical diseases could benefit the poor. *PLoS medicine*, 2(11).; 21-45
- NAPTIP. (2020). National Agencies for the Prohibits Trafficking Person
- NCDC. (2020). Nigeria Centre for Disease Control
- Ngonghala, C. N., De Leo, G. A., Pascual, M. M., Keenan, D. C., Dobson, A. P., & Bonds, M. H. (2017). General ecological models for human subsistence, health and poverty. *Nature ecology & evolution*, 1(8), 1153-1159. *Evans B I Z E C O N S Q U A R T E R L Y*
- Nwaogwugwu, C. I. & Evans, O. (2019). What are the Short-run and Long-run Drivers of Human Capital Development in Nigeria? *Economics of Human Resource: Issues, Challenges & Opportunities*, A Festschrift in Honour of Professor Folayan Ojo, Lawanson O. I & Nwakeze N. M (Eds.), University of Lagos Press, 263-284.
- Olaniyi, E. (2020). Socio- Economic Impacts of Novel Corronavirus; The Policy Solution. Pan Atlantic University, S4 Publication.
- Olivera, M. J., & Buitrago, G. (2020). Economic costs of Chagas disease in Colombia in 2017: a social perspective. *International Journal of Infectious Diseases*, 9(1); 196-201.
- Osakede, K. O. & Ijimakinaw S.O.(2019). Privatization and Public Service Delivery in Nigeria. *Gombe Journal Of Administration and Management* 2(2);240-255
- Perterson , O. (2020). Covid 19 Pandemic and Economic Crisis: The Nigerian Experience and structural Causes. *Article on 8SRN Electronic Journal* 1(1): 1-12
- Rohr, J. R., Barrett, C. B., Civitello, D. J., Craft, M. E., Delius, B., DeLeo, G. A., ... & Remais, J. V. (2019). Emerging human infectious diseases and the links to global food production. *Nature Sustainability*, 2(6): 445-456.
- Sanusi, A.B.(2010). The Causes of Disease in the World. *African journal of hospitality* 3(1): 12-20
- Schulman, D. S., Harmer, M. J., Dunleavy, J. R. & Lusk, J. S. (1999). *Shared Services: Adding Value to Business Units*. New York: John Wiley and Sons, Inc.
- Shang, W., Yang, Y., Rao, Y., & Rao, X. (2020). The outbreak of SARS-CoV-2 pneumonia calls for viral vaccines. *npj Vaccines*, 5(1): 1-3.
- Smith, K. M., Machalaba, C. C., Seifman, R., Feferholtz, Y., & Karesh, W. B. (2019). Infectious disease and economics: The case for considering multi-sectoral impacts. *One Health*, 7, 100080.

The United Nations World Tourism Organization [UNWTO] 2020. COVID-19: UNWTO Calls on Tourism to be Part of Recovery Plans. [ONLINE] Available at: <https://www.unwto.org/news/covid-19-unwto-calls-on-tourism-to-be-part-of-recovery-plans>. [Accessed 07 March 2020].

UNDP. (2019). United National Development Programmes

Wacker, J.W. (1998). The Social Economic crisis and Governance: The pros and cons revolution in Iceland. Routledge.

World Health Organization [WHO] (2020). Coronavirus disease 2019 (COVID-19) Situation Report – 46. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2