

**COVID- 19 MESSAGING AND GENDER:
INVESTIGATING WOMEN’S RESPONSES
AMIDST COVID-19 PANDEMIC IN OWERRI,
NIGERIA**

By

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Abstract

This paper examines the impact of gender role and gender identity on women’s response to COVID-19 literature. Meaning is context specific. The functionality of linguistic symbols is culturally circumscribed. Thus, interpretation of written/spoken discourse is frost with subjectivity. Drawing insight from Horney theory of personality, this study attempts to decipher if the jingles and other targeted messages disseminated to the people

of Nigeria in the wake of COVID-19 pandemic impacted gender based outcomes. This is aimed at evaluating the success of the media splash undertaken by government and non-governmental agencies towards keeping the citizens of Nigerians safe. It will also provide adequate information to relevant authorities while generating recommendations that will help curtail gendered response in the future.

Introduction

Language is an intrinsic human behavior that is governmental by the values and mores of the collectivity of persons who adopts it for communicative purposes. Language mean; for it is used to create, maintain, and fossilize interpretations derived from everyday experiences. Thus Fowler (1998:32) opines that semantic categories are not properties of any language but are products of the society in which the language is molded. The linguistic choices that culminate in the way and manner language is used and interpreted interface with the social circumstances and psychological attitude of its users (Lakoff 2004: 104). Therefore, its latent signifiers cannot encode only one truth values. Consequently, it is expected that the categories that make up the society will be integral to the way and manner in which they react to the literature produced for consumption in the wake of the COVID-19 pandemic in Nigeria.

COVID-19 pandemic in Nigeria

Corona virus disease is a form of zoonotic viruses whose primary characteristic is its ability to transfer from animals to humans (African CDC; African

Union, www.au.int 2020). It is a form of virus spread through animal droplets occasioned from sneezing and coughing by infected persons. Incidents of covid-19 are believed to have been first noticed in Wuhan China in December of 2019. However, in spite of the globally adopted General Health Society (GHS) index which emphasize six broad categories; prevention, detection and reporting, rapid response, sufficient health system, compliance with international norms and risk environment (WHO.int), COVID-19 pandemic had ravaged all the continents of the world leaving in its wake debilitating sickness, economic downturn occasioned by loss of men hours and death. As at 6th May 2021, the world infection rate is put at 154,815,600 cases and 3,236,104 deaths (WHO Corona virus dashboard, COVID-19.Who.int).

In Nigeria, the first case of Covid-19 was first announced in Lagos on February 27th, 2020 when an Italian citizen tested positive for the virus. Data released put cases in Nigeria at 165,285 and total deaths at 2,065(NCDC COVID-19.page Wikipedia) with Lagos recording the highest with 58,522 confirmed cases and 439 confirmed deaths. WHO declared COVID-19 an international public Health concern (WHO statement on the second meeting of the international health regulators 2020, <http://www.who.int/news.room/detail/30-01-2020>). The surge of Covid-19 informed the establishment of the presidential task force by the then President; Muhammadu Buhari on 9th March 2020, the postponement of the National sports festival billed for Benin City, Edo State on 17th March 2020, the suspension of international flights to 13 countries with high cases of the virus- USA,

United Kingdom, South Korea, Switzerland, Germany, France, Italy, China, Spain, Netherlands, Norway, Japan, and Iran on 18th March 2020. Certain other steps taken by the federal government of Nigeria included the ban on all international flights, the closure of all land borders, public places except food and medicine stores, water, and other essential commodities; stoppage of inter-state flights and movement, ban of all religious gathering of more than 50 people amidst a host of other measures.

The federal government also initiated a massive media campaign to inform and educate the citizens on the dangers inherent in allowing negligent behavioral patterns make COVID-19 have an inroad into Nigeria, the most populous black nation in the world. The social media: WhatsApp, Facebook, Twitter, Instagram, etc complained about the efforts of traditional media outlets. They became popular due mainly to its large following and must issues against government pronouncements.

Messaging amidst Covid-19 pandemic

Messaging was the focal point at containing the spread of COVID-19 cases in Nigeria due mainly to the nonexistent antiviral drugs that mitigates the dangerous effects on humans (Adhikari *et al* 2020). In Nigeria, the National center for disease control (NCDC) was at the forefront of spreading messages. Citizens were required to amongst other measures avoid crowded areas, physically distance themselves, wear a mask covering the mouth, nose and chin, keep rooms well ventilated, wash their hands for at least 20 seconds and use hand sanitizers, cough into bent elbows of tissue etc. The

social media that permeates all locked doors advocated the new normal protocol. The slogan was centered on avoiding M.E.N; M= mouth, E= Eyes and N= Nose and embracing W.O.M.E.N; W= wash your hands, O= obey social distancing, M= mask up, E= exercise and eat well, N= no unnecessary travel. Unfortunately, the social media became a harbinger of misinformation, unverified information and conspiracy theories ranging from blaming the 5G technology advocating injecting salt, water, and cleaning agents. Some messages accused large conglomerates, especially Bill Gates Foundation of pushing the installation of RFID microchip. Worse misinformation was that blacks were not susceptible to catching Corona virus and such drugs as chloroquine and aspirin were instant cure. In this era of robust internet use and blurred reality, response efforts became negative, with women being the most severely affected group from these targeted distractions.

Gender Roles and meaning Interpretation of Covid-19 Messaging.

Gender bias is at the center of gender relations in Nigeria. It is a key contributor to the inequalities and stereotyping prevalent in patriarchal Nigeria. Put succinctly, how a person perceives oneself and what role they must play are socially circumscribed for such are created and maintained by the social institutions and by significant persons; family, authority figures, media etc. As such, individual actions are socially determined, and any deviation attracts censorship. In patriarchal societies such as Nigeria, females are made to behave and accept that they matter little when compared to the males and

that they are best suitable as nurturers. In the overall scheme of things, the ensuing psychological and emotional complexes accompanying this skewed female upbringing distort their perception of possibilities. Cashman (2012) writes:

A woman's mind is the power source by which she creates her realities... what she thinks in private will surely come to pass and the outer world around her is her mirror reflecting back(i)

The belief expressed in this writing supports the ideas that cultural conditions which enthrone misogyny make females draw a correlation between what they see and think with what they feel. As such, they automatically interpret realities based on ingrained values as expounded by their social order. The belief systems also explain the reasons women superimpose cultural meanings upon an otherwise natural signification.

Purpose of study

This study tends to:

- Investigate how often women adhere to COVID-19 guidelines.
- Determine reasons for noncompliance to Covid-19 guidelines.
- Ascertain if women interpreted COVID-19 messaging based on their cultural and social expectations.
- Proffer strategies needed to reinvigorate women's active adherence to COVID-19 guidelines.

Theoretical framework

This study adopts the Horney theory of human personality propounded by Karen Horney who argues that gender is a factor in determining reality because of the differing experiences presented within the social order (Milefic 2002). Horney posits that what a person becomes is shaped through cultural and social conditions. In the light of this submission, meaning attributed to linguistic expression by individuals is explained in relations to the normative statuses instituted by social practices (Brandon 1994). This theory was adopted because it explains why certain individuals would interpret an otherwise neutral signification based on given conditions within a given society.

Data analysis

The data adopted a fair Linkert scale formal used to calculate the mean.

$\bar{x}(\sum fx)/n$ where:

$\bar{x}$ = mean

Σ = summation sign

f = frequency

x = score

N = total number of responses

Mean score of 2.5 and above is a positive response and it is accepted while a mean score below 2.5 is regarded as a negative response therefore, it is rejected.

Data management

Sample:

The research purposively sampled 150(One hundred and fifty) women in the 25-50 age bracket from three local government areas- Obibiezena (Owerri North); Ugirike (Ikeduru) and Owerri (Owerri Municipal) who held at least a West African School Certificate. This age bracket was chosen because they are still active participants in the family unit and are literate enough to synthesize the content of the NCDC guidelines.

Instrument for data collection

The research used structured questions that were divided into two parts. The first sought information on marital status, family size, and occupation while the second was tailored to elicit information on compliance level to NCDC guidelines and how often their gender role predispose them towards performing actions that undermine the efficacy of the COVID-19 Campaign.

Data presentation, Analysis, and interpretation

Table 1: indicate how often women adhere to COVID-19 guidelines:

Questionnaire items	Q. often	Often	Rarely	No	Total	Mean	Decision
Physical distancing	10 40	47 144	93 186	- -	150 367	2.4	Reject
Wearing mask	15	101	34	-	150	2.9	Accept

	60	303	68	-	431		
Avoiding crowds	17	21	92	20	150	2.2	Reject
	68	63	184	20	335		
Coughing into elbow or tissue	2	9	134	5	150	2.1	Reject
	8	27	268	5	308		
Keeping rooms ventilated	98	44	5	3	150	3.6	Accept
	392	132	10	3	537		
Reporting relations that present symptoms	-	-	147	3	150	2.0	Reject
	-	-	294	3	297		
Isolating persons who present symptoms	6	11	18	115	150	1.4	Reject
	24	33	36	115	208		
Cleaning and disinfecting surfaces	10	22	91	27	150	2.1	Reject
	40	66	182	27	315		

Cumulative mean = X/N

=

$$2.4+2.9+2.2+2.1+3.6+2.0+1.4+2.1/ 8 = 18.7/8 =2.33$$

The total mean score of 2.3 indicates that women do not adhere to Covid-19 guidelines.

Table II: indicates if women were obligated to perform the following functions during the COVID-19 lockdown:

Questionnaire items	Q. often	Often	Rarely	No	Total	Mean	Decision
Visit the market	64	72	11	3	150	3.3	Accept

	256	216	22	3	497		
Took care of sick relatives	129	20	1	-	150	3.8	Accept
	516	60	1	-	577		
Visit relief distribution centers	-	2	27	121	150	1.2	Reject
	-	6	54	121	181		
Attended church services	110	16	4	20	150	3.4	Accept
	440	48	8	20	516		
Insist spouse shower after visit with mates	4	7	115	24	150	1.9	Reject
	16	21	230	24	291		
Take shower after visit to crowded areas	31	76	42	1	150	2.9	Accept
	124	228	84	1	437		

Cumulative mean = X/N

$$= (3.3+3.8+1.2+3.4+1.9+2.9)/6$$

$$= 16.5/6 = 2.8$$

$$X = 2.8.$$

The total mean score of 2.8 indicates that women were obligated to perform gender roles that predispose them to COVID-19.

Interpretation/ Discussion of data

COVID-19 pandemic remains a global health burden. News clips indicates that some parts of the globe are experiencing their third and fourth phases of this pandemic, thus putting severe pressure on the economies of the world and their health systems. Worst hit are the

women who are disproportionately affected by COVID-19 pandemic because they cluster at the bottom of the socioeconomic quarantine. This study set to empirically determine how women had fared in this difficult period and how social gender roles have affected their response to COVID-19 guidelines.

Table 1 indicates that women do ignore most COVID-19 guidelines that were required to stall transmission of the disease. While data figures gathered accept to their wearing of masks, they failed woefully to socially distance themselves, avoid crowded places and report persons with symptoms with them having score of 2.4, 2.2, and 2.0, respectively. These raised significant drawback since women were susceptible to contracting the disease in their role as caregivers.

Table II indicates that the gender roles assigned to women in society predispose them to contracting COVID-19. Women were matched as nurturers, a position that was reinforced, having benefits and reprimands entrenched within the social structure and enforced by patriarchal institutions. As such, even in situations where their lives were exposed to danger, the social roles as caregivers still had a hold on them because of the dictates of society on appropriate behavior. Moreover, in normal day to day living, women belong to the chronic hungry, a situation that was exacerbated by the economic downturn. Even today, women are mostly found in the informal sector and are saddled with unremunerated or poorly remunerated labor. Therefore, women must exert time and energy in filling the gap in the family income made wider by the

prolonged lockdown. Since they were, most usually, underrepresented in decision making cadre, despite forming half the countries' population, their particular needs were heavily discountenanced.

The data collected buttress these assertions with a 3.3 mean score indicating the women were still obligated to visit the over-crowded markets despite the COVID-19 scare. With a 3.8 mean score, the study indicated that women in Owerri were still active in providing care. Most unfortunately, the government did not put adequate measures to cushion the adverse effect of lack of daily income to them. In the absence of adequate provisions, women equate death from COVID -19 to that death from hunger.

The lower mean score of 1.2 for visits to the distribution center is not borne out of need to comply. It is a testimony of how the government had failed in their responsibilities to provide for their teeming population in this time of great starvation.

Summary

The outbreak of COVID-19 pandemic requires citizens especially women in the care sector of the economy to be well informed on the causes and mode of spread of this disease. An assessment of women's response to COVID-19 guidelines indicates that they fail to adhere to NCDC guidelines owing to the need to fulfill their gender roles. It is therefore most imperative that efforts should be channeled towards making life bearable to this most neglected group in society.

Recommendations

This study, therefore, recommends the following:

1. In the event of any pandemic women should be treated as essential staff. They should be provided with personal protective equipment (P.P.E) and must be exempt from lockdown restrictions.
2. The government should bridge the gender gap in employment such that more women are gainfully employed and are placed in secure positions.
3. Home care could be quantified in monetary values and resources earmarked in the budget for income makers.
4. Government should adopt informal information dissemination channel e.g., Visit to markets and churches.
5. Above all, the girl child should be educated such that she places a value not just on the life of others but also on her own life. Today's girl child is tomorrow's mother.

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