



Impact of COVID-19 response on women with disabilities in Lagos State, Nigeria

This brief reports on preliminary findings of the Gender and COVID-19 Research Project in Nigeria. It provides a snapshot of results from qualitative research conducted through in-depth interviews among women with disabilities to understand how they experienced the differential impact of COVID-19. Findings are organized according to thematic areas of the COVID-19 gender matrix, applying an intersectional analysis that considers gender alongside additional equity factors. Findings highlight the need for improved support in the home, access to information, health services, economic empowerment, and protection from sexual and gender-based violence.

Introduction

Before the COVID-19 pandemic, women with disabilities already faced discrimination as women and as persons with a disability. They had poor access to healthcare, including sexual reproductive health, higher risks of sexual and gender-based violence, higher unemployment rates and limited inclusion in leadership and decision-making platforms and opportunities¹. The COVID-19 pandemic further exacerbated these challenges for many women with disabilities resulting in increased burdens around mobility, support, and care.

These data come from qualitative interviews conducted among women with disabilities in Lagos State. A total of eight in-depth interviews were conducted in April 2021. Interviews provide illustrative examples of how the respondents have been affected by the COVID-19 pandemic. Participants were purposefully recruited through organizations for persons with disabilities. Oral and/or written consent was obtained, and interviews were recorded and transcribed for analysis. Thematic analysis was used for the rapid dissemination of results for policymakers.

Household responsibilities during the lockdown

Women with disabilities reported an increase in household responsibilities, mainly because of fear of contracting the virus and the need to keep the house clean enough to mitigate infection. In some cases, depending on the disability women had, they were isolated and fending for themselves during the two month lockdown in Lagos State². For others, coping with the 'new normal' of working from home as a person with a disability and attending to the

needs of other family members was problematic and tiring. Some respondents mentioned having most of the household members in the house during the lockdown facilitated the distribution of some household tasks like sweeping and cleaning open areas within the house.

"I had to be extra neat because of the pandemic. You know, the way you prepare your food and everything. Then the washing of my hand was like ten times compared to when the pandemic had not come."

"I had to move to working from home and to having to balance work from home with home schooling my nine-year-old sister. I had to balance the fact that children eat like 15 more times when they are at home compared to when they go to school, and they call your name two million times when they are at home compared to when they go to school."

Social distancing and use of facemasks

Some preventive measures used by the government and public health organizations to contain the virus and mitigate its spread included enforcement of social distancing protocols and guidelines and the use of facemask. These measures put women with disabilities at a disadvantage as some of them had to depend on people for support in mobility both within the household and public places. For the visually impaired without a carer, the need to maintain social distance and to use a facemask, made it difficult to get support in navigating mobility in an urban city like Lagos where drivers rarely obeyed traffic rules or see the importance of 'zebra crossing signs'. This led to spending more hours commuting from one location to another as they had to wait for long hours for people 'brave enough' to assist them across the road or into a public bus.





***“There was a time I went to Ikorodu, so I wanted to cross and told one woman to please help me cross the road but she said ‘No’. The woman didn’t assist me to cross the road and I understand because everyone is trying to be careful and avoiding physical contact. Then, for us with disabilities, you know we have to feel our environment to familiarize ourselves with it, but COVID-19 affected our mobility.*”**

“Movement was difficult because people too do not want to help at times. They’ll be reluctant. That is why I did not go out for like two months, I stayed at home.”

“Initially, when the COVID started, people who want to help might want to even drag your cloth because they don’t want to touch you and that’s even somebody that wants to help. I almost injured myself at a particular time because somebody didn’t want to touch me and was directing me.”

Access to information on COVID-19

Some participants with hearing impairments had challenges in communication because of their inability to sign and hence depended on lip reading. The implication was spending more time indoors at the expense of their businesses due to the uncertainty of getting support to get around or shop for food items.

Women and men with disabilities reported gaps in accessing information on COVID-19. The main strategy used to disseminate information in Nigeria was through various traditional and non-traditional media platforms. Respondents noted that at the very start of the COVID-19 response, the government failed to take into account the need to provide information using media that are accessible for persons with disabilities. A respondent cited that the first series of information by the National Center for Disease Control (NCDC) was not inclusive enough. As the pandemic progressed sign language was introduced during the Presidential Taskforce briefings, however, not all respondents had televisions or had a hearing disability that required sign language. This meant that people with other forms of disabilities had to rely on information from word of mouth and social media which often presented the pandemic in the worse form possible or denied its existence.



Photo credit: “yellow traffic” by dotun55

Access to healthcare services

All respondents who needed to access healthcare services reported poor accessibility mostly due to the long protocol to be followed for treatment and the fear of being treated as a suspected COVID-19 case. Another reported factor was misinformation about the availability of certain services at some health facilities. Some respondents recollected having to skip their scheduled check-ups until when they were sure of accessing health care services at the hospital.

Some respondents also reported that restrictions in movement led to difficulty in accessing transportation to places like health facilities or markets. Where public transportation was available it was limited and often overpriced. This also worsened the ability to access health services.

“The fact remains that disability is not a one cap fits all. We have peculiarities with our disabilities and if information about COVID-19 is not shared in the format that everyone is carried along, then we would have a problem.”

“I have a friend that is HIV positive at a particular time the COVID-19 was happening, she was just asking me if I know the way to get a bus or a car to take her to the hospital. She is visually impaired, so getting a car to take her to the healthcare to get her drugs was another issue. That again got her really agitated at some point.”

One of the lessons learnt from the pandemic and lockdown is the emphasis on the need to make access to health care services more inclusive in terms of physical structure, affordability and ensuring health professionals have up-to-date knowledge on disability inclusion. This requires understanding the needs and providing adequate services for persons with disabilities. For instance, new learning from the



COVID-19 pandemic for some people with disabilities was how to leverage telehealth to access healthcare remotely. Such services are very dependent on a level of educational status or ability to navigate and use online applications, which combined with the low socio-economic status of women respondents made it out of reach for many.

Risk of Sexual and Gender-Based Violence (SGBV)

No respondents reported any sexual and gender-based violence incidence during and post-lockdown. However, respondents felt women with disabilities were most at risk and encountered different forms of abuse and violence even before the pandemic. Some shared anecdotes of other women with disabilities that experienced abuse during the lockdown.

“There was a reported case of a deaf woman that her husband is also deaf and was really beating her in the house. The woman had to pack out of the house, people had to raise money for her and all of that.

Imagine somebody who is deaf or blind or on the wheelchair and you remove their walking aid just to disempower them from leaving that spot you are beating them. That is what we see.”

For women with disabilities, it is also more difficult to seek help due to prevailing social norms of spouses as ‘helpers’ that relieves the family of the burden of caring for a person with a disability. A woman with a disability that reports a case of violence is seen as ‘ungrateful’ and is likely not to be supported by family if she was to leave her spouse or partner. Consequently, many women with disabilities remain with abusive partners.

A lot of times, women with disabilities have to depend on other people for survival, for help. If you now decide that this person who has been helping you, you want to go and report the person, even the society will say that you are a very wicked person, who wants to malign somebody that has been helping you or sometimes they even believe you don’t even have sexual feelings.

Only a few shelters for survivors of domestic abuse and sexual violence have adequate structures to cater to persons with disabilities. Although Lagos State recorded a spike in cases of SGBV during the lockdown, the data does not provide specific information on the number of persons with disabilities.

Access to economic stimulus/palliatives

Women reported receiving palliatives in the form of household food items and for some, cash from the government through their disability group. The majority of respondents also mentioned receiving support from churches, charities and non-governmental organizations. One of the respondents who is an executive of a disability group added that while the government provided support through the group, this support could only cover about five per cent of persons with disabilities in the entire state.

“You cannot mask everything under male and female, we need the disaggregated data and most time even prior to the pandemic they treat disability issues as charity. For women to come out and say this is happening I expect that they take it with all sense of seriousness not given response like “you people should go and settle this yourselves”

Another respondent noted that many women with disabilities were unable to access palliatives through the groups as they were not registered members because they could not afford the membership fees and dues for the group. Annual registration and dues start at 4,500 Nigerian Naira (\$10.96) and for some women with disabilities this was a significant sum they just could not afford to pay.

“I think for me generally the charity model of disability should be thrown into the trash can. Disability rights are human rights if we have this approach disability rights as human rights it will do us a lot of good. It will make interventions for everyone especially women and girls with disabilities to be right-based taking cognizance of our peculiarities.”



All respondents who own a business shared that they didn't get any financial support in form of a stipend or soft loan from the government or any other organizations and have continued to strive through the pandemic to keep their business afloat.

“I had a shop before, but now, I am baking from home. No shop again. You know, during the lockdown, the rent was due and I couldn't pay. All the money I was using for the business, we spent it. So, I am just picking up.”

Voice

Half of the respondents believed that women with disabilities need to have been consulted and included in the pandemic response. Most believed the government's policies and pandemic response were unfavourable to people with disabilities in general, with a particular emphasis on women. A common agreement, however, is the uncertainty on how their voices, opinion, or views would be considered in the development of best practices around mitigating the impact of the pandemic on women with disabilities.



Photo credit: "IMG_0747" by satanoid

“I think we need to do more on our platforms, we are doing stuffs but we also need to do much more because it's not enough to give palliatives. It's not enough to speak about it, we want to see results. If its empowerment or what have you that will aid women with disability to live dignified lives and also help to reduce their poverty level.”

References

¹ “UN 2020: Policy Brief: A Disability-Inclusive Response to COVID-19”

² The lockdown began March 30th, 2020, and lasted till May 2020 in Lagos, Ogun and the Federal Capital Territory.

ACKNOWLEDGEMENTS

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This project forms part of a wider comparative study of the gendered impact of COVID-19 in Bangladesh, Canada, Kenya, Nigeria, Canada, and UK. This work was supported by the Bill and Melinda Gates Foundation.

Suggested citation: Oyekunle A, Ralph-Opara U, Agada P and Hawkins K (2021) Impact of COVID-19 response on women with disabilities in Lagos State, Nigeria. Evidence Download, Gender and COVID-19 Project.

