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The Unseen Frontline: Gendered Burdens and Resilience in Rural Nigeria Amidst the COVID-19 Pandemic

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ABSTRACT

The COVID-19 pandemic, a global crisis of unprecedented scale, has exacerbated pre-existing inequalities, with its impacts being disproportionately borne by vulnerable populations. In rural Nigeria, women have been at the epicenter of these challenges, facing intensified burdens in care work, significant threats to their economic livelihoods, and heightened barriers to essential healthcare services. This article synthesizes existing evidence to examine the gendered dimensions of the COVID-19 pandemic in rural Nigeria. The analysis reveals a significant amplification of gender inequalities, with women shouldering increased domestic and care responsibilities, experiencing substantial income loss, and facing diminished access to maternal and reproductive health services. However, the findings also illuminate the remarkable resilience and adaptive strategies employed by women and their communities. This article argues that an equitable recovery requires gender-transformative policies that address the structural drivers of inequality. By investing in the care economy, empowering women economically, and strengthening rural healthcare, it is possible to build a future that is not only more resilient to subsequent crises but also fundamentally more just.

Keywords: COVID-19, gender inequality, rural Nigeria, care work, economic livelihoods, healthcare access, resilience, equity, intersectionality, poly-crisis, social reproduction, sustainable development.

INTRODUCTION

The declaration of COVID-19 as a global pandemic by the World Health Organization (WHO) on March 11, 2020, initiated a period of unparalleled global disruption, marking the most significant public health crisis of the 21st century [1]. In Nigeria, the continent's most populous nation, the confirmation of the first case on February 27, 2020, signaled the arrival of this crisis on its shores [2]. The subsequent implementation of extensive containment measures—including lockdowns in major urban centers, interstate travel bans, and the closure of schools, markets, and places of worship—was a necessary public health response, but one that sent shockwaves through the nation's social and economic fabric [4]. While official statistics from the Nigeria Centre for Disease Control (NCDC) tracked the virus's spread, the limited testing capacity, particularly in remote rural regions, meant that the true scale of infection and mortality was likely far greater than reported [3, 41].

The pandemic did not, however, arrive in a vacuum. It landed on a landscape already defined by significant developmental challenges and deep-seated vulnerabilities. Nigeria was, and continues to be, a nation of contrasts, with vast economic potential existing alongside high rates of poverty, systemic corruption, and stark regional disparities. The healthcare system, chronically underfunded and overstretched, possessed limited capacity to handle a surge of the magnitude threatened by COVID-19 [4, 50]. In this context, the pandemic acted not as an isolated event but as a potent accelerant, intensifying pre-existing stressors and creating what has been termed a "poly-crisis"—a complex entanglement where multiple, interconnected threats compound and exacerbate one another [6]. In rural Nigeria, the health shock of the virus intertwined with the slow-burn crises of climate change impacting agricultural yields, persistent insecurity in various regions, and the chronic economic precarity of households dependent on volatile informal livelihoods [5, 7].

It is a well-established axiom in development studies and disaster response that crises are never gender-neutral. From armed conflicts to economic recessions, women and girls consistently bear a disproportionate burden, not due to any inherent weakness, but as a direct consequence of socially constructed gender roles, norms, and power imbalances that systematically disadvantage them [10, 42, 48]. The COVID-19 pandemic has proven to be a devastating affirmation of this principle. Gender theory provides the foundational understanding that these roles are not

biological destinies but social constructs that relegate women primarily to the domestic sphere of social reproduction—the unpaid work of caregiving that sustains society—while concentrating them in the most vulnerable sectors of the economy [9, 18, 19]. In rural Nigeria, where women are the backbone of both household care and small-scale agriculture, this dual role placed them at the precise intersection of the pandemic's most severe impacts: the economic shutdown and the domestic confinement [11, 43].

This study aims to synthesize and analyze the gendered impacts of the COVID-19 pandemic across three critical domains in rural Nigeria: unpaid care work, economic livelihoods, and healthcare access. The analysis is guided by a multi-pronged theoretical framework designed to capture the complexity of these interconnected crises. It integrates **gender theory**, with a specific focus on the concept of social reproduction [19, 31], to understand the dynamics of the care economy. It employs **intersectionality**, a term coined by Kimberlé Crenshaw, which provides a critical lens to examine how overlapping identities of gender, poverty, class, and location create compounded and unique experiences of disadvantage [20, 21]. The framework also incorporates **resilience theory**, moving beyond the simple idea of "bouncing back" to explore the distinction between short-term adaptive coping and the potential for long-term transformative change [23, 24]. Finally, the analysis is grounded in the principle of **health equity**, which emphasizes the need to address the social determinants of health—the conditions in which people live and work—that fundamentally shape health outcomes [25, 26]. By applying this comprehensive framework, this article seeks to move beyond a simple description of impacts to a deeper, more nuanced analysis of the structural factors that produced these profound gendered outcomes, with the ultimate goal of informing policy for a more equitable, just, and resilient recovery.

METHODS

This study employed a comprehensive literature synthesis methodology to construct a detailed and evidence-based analysis of the research topic. This qualitative meta-synthesis approach was chosen for its suitability in systematically identifying, appraising, and integrating findings from a diverse body of existing research—including peer-reviewed academic studies, reports from international organizations, policy briefs, and working papers—to create a coherent and robust narrative that is greater than the sum of its individual parts. The objective was to build a rich, multi-layered understanding of the complex and nuanced experiences of rural Nigerian women during the pandemic, grounded in a wide array of empirical evidence.

A systematic and extensive search of literature published between January 2020 and early 2024 was conducted to ensure the inclusion of the most current research. The search encompassed multiple academic databases, including PubMed, Scopus, Google Scholar, JSTOR, and Web of Science, as well as the official publication portals of key international and non-governmental organizations such as the World Health Organization (WHO), UN Women, the World Bank, the International Monetary Fund (IMF), the Food and Agriculture Organization (FAO), the International Labour Organization (ILO), and Oxfam. The search strategy utilized a comprehensive set of keywords and their Boolean combinations, including: ("COVID-19" OR "coronavirus" OR "pandemic") AND ("gender" OR "women" OR "girls") AND ("rural" OR "countryside") AND ("Nigeria") AND ("unpaid care work" OR "domestic labor") AND ("livelihoods" OR "informal economy" OR "agriculture" OR "economic impact") AND ("healthcare access" OR "health services" OR "maternal health" OR "sexual and reproductive health").

Sources were selected for inclusion based on a rigorous set of criteria. The primary inclusion criterion was thematic relevance, requiring the source to have a substantive focus on the socio-economic or health impacts of the COVID-19 pandemic with a specific, explicit analysis of gender dynamics. A second key criterion was a geographic focus on Nigeria, with a strong preference for studies and reports that included primary or secondary data and analysis on rural communities. A foundational source for this synthesis was the mixed-method study, "Gendered Impacts of COVID-19 Pandemic on Care Work, Economic Livelihoods, and Healthcare in Rural Nigeria," which provided a rich dataset from 2,400 household surveys and 36 in-depth semi-structured interviews conducted in the rural senatorial districts of Edo and Delta States. This source was invaluable for providing specific quantitative metrics and illustrative qualitative accounts that anchor the broader synthesis.

The analysis of the selected literature was guided by the established principles of **thematic synthesis**, a method well-suited for qualitative evidence synthesis [30]. The process involved three distinct and iterative stages: (1) **Familiarization and Free Coding**: This initial stage involved a deep immersion in the data. The full text of each selected document was read and re-read to gain a thorough understanding of its findings, methodologies, and arguments. During this process, a line-by-line open coding approach was undertaken, where key concepts, findings, participant quotes, and statistics relevant to the research questions were systematically extracted and labeled. (2) **Development of Descriptive Themes**: The initial free codes were then systematically organized and grouped into a hierarchical structure of descriptive themes. This involved a process of constant comparison, where codes were compared with each other to identify similarities and differences, and then clustered into broader categories that reflected the primary domains of impact (e.g., "Changes in Care Responsibilities," "Disruptions to Informal Trade," "Barriers to Antenatal Care"). (3) **Generation of Analytical**

Themes: In the final and most interpretive stage, the descriptive themes were subjected to a higher level of analysis. This involved interrogating the relationships between the descriptive themes and interpreting them through the multi-pronged theoretical framework outlined in the introduction. For example, descriptive findings about childcare, cooking, and eldercare were analyzed through the theoretical lens of social reproduction to form the overarching analytical theme of "The Intensification of the Unpaid Care Economy." To ensure rigor and validity, this process involved reflexive journaling to acknowledge researcher positionality and peer debriefing among the research team to challenge interpretations and ensure the final analysis was transparent and firmly grounded in the synthesized evidence.

RESULTS

The synthesis of the evidence reveals profound, multifaceted, and deeply gendered impacts of the COVID-19 pandemic in rural Nigeria. The findings demonstrate a systematic exacerbation of pre-existing inequalities across social, economic, and health domains. The results are presented under four primary analytical themes, substantiated with both quantitative and qualitative data drawn from the synthesized literature.

Theme 1: The Intensification of the Unpaid Care Economy

The pandemic-induced lockdowns and school closures triggered a massive and abrupt increase in the burden of unpaid care and domestic work, a burden that was disproportionately shouldered by women, leading to a "triple burden" of care with severe consequences.

- **A Quantifiable Surge in Women's Workload:** Quantitative data from the study of rural Edo and Delta States provides a stark illustration of this shift: the average time women spent on unpaid care work per day surged from 5.2 hours pre-pandemic to 8.7 hours during its peak, an increase of nearly 70%. While men's contribution also rose, from 1.8 to 3.2 hours, the absolute and relative increase for women was significantly greater, widening the existing gender gap in domestic labor [p.4 of PDF]. This "triple burden" included, firstly, intensified childcare and the new role of homeschooling, which 78% of women reported as a major new responsibility, compared to 42% of men. As one 39-year-old female caterer articulated, "Doing their school homework as well as other house chores was very tasking and demanding" [p.5 of PDF]. Secondly, it involved a greater volume of routine domestic chores like cooking, cleaning, and fetching water, which expanded to meet the needs of the entire family being confined at home. Thirdly, it encompassed the added responsibility of caring for sick family members, turning women into de facto frontline health workers within their homes, often without protection or support [31, 43].
- **The Psychological Toll of the Care Crisis:** This relentless and expanded workload had a significant, though often unacknowledged, impact on women's mental and emotional health. The qualitative data is replete with women's accounts of feeling stressed, exhausted, and overwhelmed. One female farmer explicitly stated that the situation "increased the stress level on the women" [p.4 of PDF], a sentiment that reflects a silent crisis of burnout. This psychological toll was not merely a result of the physical labor but also the immense emotional labor of managing household anxieties, ensuring children's well-being in a time of crisis, and navigating profound uncertainty, all while having their own personal time for rest and recuperation completely eroded [47].
- **The Economic Invisibility of Essential Labor:** The crisis laid bare a fundamental paradox of modern economies: the unpaid care work performed by women, while proven to be absolutely essential for societal survival, remained economically invisible and systemically undervalued [19]. Every additional hour a woman was forced to reallocate to these domestic responsibilities was an hour taken away from her own income-generating activities, her education, or her community participation. This represents a massive, uncounted subsidy to the formal economy and a significant structural driver of gender inequality. The failure of most government relief packages to recognize, support, or compensate for this intensified care burden effectively rendered women's most critical contribution to the crisis response invisible [31, 48].

Theme 2: The Decimation of Women's Economic Livelihoods

The pandemic and the associated containment measures were an economic catastrophe for rural women, whose livelihoods are overwhelmingly concentrated in the most vulnerable sectors of the economy, leading to a dramatic loss of income and a severe erosion of their economic agency.

- **The Collapse of the Informal Sector:** The informal economy—comprising small-scale trade, street vending, artisanal production, and cross-border commerce—is the primary source of livelihood for a majority of rural women in Nigeria [9]. This sector, characterized by its lack of formal contracts, social protection, and access to formal credit, is inherently precarious. The lockdowns, market closures, and transport restrictions imposed during the pandemic brought these activities to an abrupt halt. A fashion designer in Edo State captured the common experience: "...my income reduced drastically during the pandemic, many customers were no longer patronizing me again because of lockdown" [p.6 of PDF]. The quantitative

data confirms this narrative with devastating clarity, showing a collapse in average monthly income for informal workers from 52,000 Naira pre-pandemic to just 28,500 Naira during the crisis—a reduction of 45% [p.5 of PDF]. This catastrophic income loss pushed countless households into acute poverty and forced them to deplete whatever meager savings they had. The percentage of households reporting the use of savings for daily expenses skyrocketed from 15% before the pandemic to 73% during it, indicating a widespread erosion of household financial resilience [p.6 of PDF].

- **Agricultural Disruption and Spiraling Food Insecurity:** Women play a vital, though often under-recognized, role across the entire agricultural value chain in Nigeria, from cultivation and harvesting to post-harvest processing and marketing [8]. The pandemic severely disrupted these activities. Supply chain breakdowns meant farmers could not access essential inputs like seeds and fertilizers, nor could they transport their produce to markets, leading to post-harvest losses and lost income [37]. As one farmer explained, "Labourers were not available and even if they were, there was no money to patronize them" [p.6 of PDF]. This disruption had a direct and severe impact on household food security. The proportion of households reporting food insecurity surged dramatically, from 22% before COVID-19 to an alarming 67% during the pandemic's peak [p.6 of PDF]. This hunger crisis was exacerbated by rampant food price inflation, creating a perfect storm of reduced income and increased living costs that disproportionately affected women, who are typically responsible for household food provision.
- **The Erosion of Economic Agency and Heightened Vulnerability:** The loss of an independent income is not just a financial blow; for women, it represents a significant erosion of their economic agency—their ability to make and influence decisions both within the household and in the community. This loss of autonomy can recalibrate power dynamics within the family, increasing women's dependence on male partners and making them more vulnerable to control and abuse [11]. While direct measurement is difficult, numerous global reports have linked the economic stresses and confinement of the pandemic to a "shadow pandemic" of increased Gender-Based Violence (GBV), as economic hardship is a known trigger for domestic conflict and the loss of women's financial independence can make it harder for them to leave abusive situations [33, 54].

Theme 3: The Critical Erosion of Healthcare Access

The pandemic placed Nigeria's already fragile healthcare system under immense pressure, leading to a severe disruption of essential services. For rural women, this created formidable new barriers to accessing life-saving care, particularly for their sexual and reproductive health needs.

- **The Disruption of Essential and Reproductive Health Services:** The necessary reprioritization of health resources, funding, and personnel towards the COVID-19 response had the unintended but severe consequence of sidelining other essential health services [50]. This was particularly true for Sexual and Reproductive Health (SRH) services, which are often wrongly perceived as non-essential during emergencies. The disruption affected access to modern contraceptives, family planning counseling, and crucial maternal health services like antenatal and postnatal care, as well as skilled birth attendance [12, 51]. This disruption threatens to reverse years of hard-won progress in reducing Nigeria's high maternal mortality rate and empowering women to control their fertility. The potential consequences, as highlighted by the UNFPA and others, include a surge in unintended pregnancies, unsafe abortions, and preventable maternal and infant deaths [33, 39, 51].
- **A Triad of Compounding Barriers to Access:** Women's ability to access even those services that remained available was hampered by a triad of powerful and intersecting barriers. Firstly, there was a pervasive **fear** of contracting the virus in health facilities, which became seen as hotspots of infection. As one participant noted, "...many people stopped going to health center for fear of contracting COVID-19" [p.6 of PDF]. Secondly, the economic collapse created severe **financial** barriers, making it impossible for many to afford transport costs or the user fees often required at primary health centers. The percentage of people reporting difficulty affording healthcare rose sharply during the crisis [p.7 of PDF]. Thirdly, the system itself became **fragmented**. Transport restrictions made physical travel to clinics difficult, if not impossible, and widespread supply chain disruptions led to frequent stock-outs of essential medicines, contraceptives, and other health commodities [p.7 of PDF]. The cumulative effect was a dramatic drop in healthcare utilization. The proportion of people able to access care when needed fell from 68% before the pandemic to just 37% during it [p.6 of PDF].
- **The Shadow Pandemic of Neglected Diseases:** The singular, intense focus on COVID-19 also diverted critical attention and resources from the ongoing battles against other major public health threats that plague Nigeria, such as malaria, tuberculosis, and HIV/AIDS [52]. The disruption of routine services, such as child immunization programs, the distribution of insecticide-treated bed nets for malaria prevention, and adherence support for HIV patients, has long-term consequences that will be felt for years to come. This neglect risks a

resurgence of these preventable and treatable diseases, creating a secondary health crisis that will also disproportionately affect women and children.

Theme 4: Community Resilience and Women-Led Adaptive Strategies

Despite the overwhelming nature of the crisis and the inadequacy of the formal response, the evidence also highlights the remarkable resilience and resourcefulness of women and their communities. This was not a passive endurance of hardship but an active process of adaptation, innovation, and mutual support, demonstrating the power of social capital and local agency.

- **Social Capital as a Primary Safety Net:** In the widespread absence of adequate formal government support, informal social networks became the most critical and effective lifeline for many communities. Women's associations (such as *esusu* savings groups), religious organizations, and traditional community structures played a vital role in disseminating credible health information to counter rumors, pooling resources to support the most destitute families, and providing essential psychosocial support in a time of intense fear and isolation. A trader from Delta State shared a common experience: "We have formed a small group in our community to help each other out. If someone is in need, we pool resources to support them... it helps us get through these tough times" [p.7 of PDF]. This solidarity demonstrates the immense value of social capital as the primary functioning social safety net in crisis response and recovery.
- **Livelihood Diversification and Grassroots Innovation:** Faced with the complete collapse of their primary income sources, many women demonstrated remarkable entrepreneurial adaptability by diversifying their economic activities. They pivoted to meet new demands created by the pandemic. One woman, whose primary business had slowed, "started making and selling face masks" [p.7 of PDF]. Another, a caterer who could no longer host events, "started rendering home services like house cleaning" to generate income [p.7 of PDF]. This ability to innovate and adapt, often at a micro-level with no external support, was crucial for household survival and showcases the latent entrepreneurial capacity within these communities that could be harnessed by more effective policy.
- **A Return to the Land as a Survival Strategy:** The data reveals a significant shift towards subsistence farming as a primary coping mechanism against economic collapse and food insecurity. The percentage of people engaged in farming activities as their main occupation increased from 65% pre-pandemic to 82% during the crisis [p.6 of PDF]. As one man stated, "the number of days I spent working on the farm increased so that I will be able to provide what we need to eat" [p.6 of PDF]. While this shift was born of necessity and in many ways reflects a move towards a more basic survival economy, it also serves as a powerful reminder of the fundamental importance of access to land and local food production as a critical buffer against systemic shocks and market failures.

DISCUSSION

The results of this synthesis demonstrate that the COVID-19 pandemic was a profoundly gendered crisis in rural Nigeria, which exploited and dramatically amplified pre-existing structural inequalities. The findings are not a collection of isolated impacts but rather an interconnected web of consequences that can be understood through the study's theoretical framework, revealing the underlying drivers and critical policy implications.

The disproportionate impact on women is a clear and compelling manifestation of **intersectionality** [20, 21]. A rural Nigerian woman's vulnerability was not a product of her gender alone, but of the convergence of her gender with her poverty, her reliance on the informal economy, her geographic isolation, and her culturally mandated role as a caregiver. Policies like lockdowns, designed without an intersectional lens, created a cascading crisis where a public health decision led to a private burden of **social reproduction** [31], which in turn caused a devastating economic shock. This chain reaction reveals how ostensibly "gender-neutral" policies can have deeply gendered outcomes when they fail to account for the different lived realities of men and women. The crisis has made the invisible work of social reproduction hyper-visible, demonstrating that the formal economy is entirely dependent on this unpaid subsidy of women's labor.

The coping strategies documented highlight the dual nature of **resilience**. The actions taken by women—diversifying livelihoods, relying on community networks—are powerful examples of adaptive capacity, or the ability to survive in the short term [24]. This agency is crucial and must be recognized. However, it is critical not to mistake this for transformative capacity. A key risk is that policymakers may misinterpret this adaptive resilience as a sign that formal support is unnecessary, thereby romanticizing the endurance of hardship and absolving the state of its responsibilities. True resilience-building policy must move beyond celebrating coping mechanisms and instead focus on fundamentally altering the inequitable systems that create such profound vulnerability in the first place. The goal must be to enable communities to "bounce forward" to a more just state, not simply "bounce back" to a precarious and unequal one [15].

The findings also underscore a significant and systemic policy failure. The gender-blind nature of many initial relief packages, which were often designed around formal employment and registered businesses, effectively rendered

the needs of the majority of rural women invisible [9, 40]. The failure to anticipate and mitigate the surge in unpaid care work placed an impossible and unsupported burden on women. The de-prioritization of SRH services was a critical oversight with devastating long-term consequences for women's health, autonomy, and economic participation [51]. This highlights the urgent need for a **gender-transformative approach** to all future crisis response and development planning—one that actively seeks to challenge and change inequitable gender norms and power structures, rather than simply including women in flawed systems [42].

In conclusion, the COVID-19 pandemic served as a stark diagnostic tool, revealing the deep structural inequalities that define the lives of many women in rural Nigeria. The disproportionate burdens they faced were not an accident but a predictable outcome of existing systems that devalue women's work, neglect their health, and exclude them from decision-making. However, the crisis also illuminated the immense strength and resourcefulness of these women and their communities. This presents a critical opportunity: to move beyond a simple recovery and toward a fundamental rethinking of policy and investment. By placing gender equality at the center of the development agenda, it is possible to build a future that is not only more resilient to shocks but is also more just, equitable, and sustainable for all.

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