



Covid-19: Double Tragedy for Women in High-Density Suburbs of Zimbabwe

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Abstract

The hallmark of this article was to explore the lived experiences of young women during the COVID-19 lockdowns in high-density suburbs in Zimbabwe. Qualitative research design and the hermeneutic phenomenological research approach were utilized. Participants were selected using purposive sampling and a sample of 48 women was used from which 20 telephone interviews and 28 WhatsApp messages were recorded. Thematic data analysis was employed and it was found out that informal sources of income had been halted, gender-based violence increased coupled with psychological challenges. It was concluded that COVID-19 worsened the disadvantaged position of women in high-density suburbs. The researchers recommended that in crises situations, the government and other stakeholders need to adopt a gendered approach in responding to crises, should treat GBV as an emergency and provide necessities to guard against distress and malnutrition.

Keywords: COVID-19; gendered approach; Gender-based violence; Lockdowns; Physical distancing; Women

Introduction

COVID-19, a highly infectious disease first emerged in Wuhan, China in December 2019 and spread like veld fire worldwide. Within five months, it had reached six continents killing approximately 309,047 [1]. The USA topped the charts in terms of the number of deaths. Zimbabwe's first case of this pandemic disease emerged in

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March 2020 leading the government to declare it a national emergency thereby adopting several regulations and strategies aimed at restricting human movement. COVID-19 brought untold sufferings to the general populace in high-density suburbs of Zimbabwe. To women and girls, this virus proved to be a double tragedy to their lives. They faced rampant food shortages, halted livelihood activities, a general rise of gender-based violence as well as high crime rates where they were the immediate victims. Therefore, this article sought to explore the lived experiences of early and middle-aged women during the COVID-19 lockdowns in two of the high-density suburbs in Harare and Bulawayo to inform the nation and relevant stakeholders focusing on women's welfare so that they can come up with evidence-based intervention strategies.

Background

Global evidence shows that millions of COVID-19 positive cases and thousands of deaths have been recorded since the emergence of the disease in Wuhan in December 2019 [2]. This led to human restrictions which negatively affected economic activities. Nearly 60% of women around the globe are within the informal sector economy, with fewer earnings, fewer savings and are faced with a risk of poverty and food insecurity [3]. In this regard, due to markets fall and closure of businesses, millions of women lost their jobs across the globe as a result of COVID-19 lockdowns [4].

Violence against women was highly prevalent during lockdowns with intimate partner violence being the most common form witnessed. Global statistics show that 1 in every 3 women have experienced sexual violence by an intimate partner or physical violence by any perpetrator in their lifetime [5]. Intimate partner violence was topping the list followed by physical violence in various countries. Such violence against women generally increases during any type of emergency or epidemics [6]. Literature and reports from United Kingdom, USA and China depict an increase in cases of domestic violence since the outbreak of COVID-19. According to [7], cases of gender-based violence rose with 30% in France, 25% in Argentina, 30% in Cyprus and 33% in Singapore and there was also a rise in the need of domestic shelters in countries like Canada, Germany, Spain, United Kingdom and United States [7]. In South Africa, over 2 300 complaints were registered and 148 suspects were charged in the early days of the lockdown, in Tunisia violence against women was reported to have had increased by five times and unspecified increases in such cases were also reported in Kenya and Zimbabwe [8].

Physical violence against women in most cases can lead to serious injuries and death as well as grave mental, physical and reproductive health complications [9]. Some resultant problems of intimate partner violence can include but not limited to the transmission of sexual infections like HIV, STIs as well as unplanned pregnancies. [7] also pointed that the weak protection systems that are usually in existence during crises do not only put women and girls at greater risk but may expose them to the danger of other harmful practices like female genital mutilation and forced marriages particularly for girls

in disadvantaged and hard to reach areas. The pandemic did not just cause domestic and gender-based violence but it amplified the peculiar vulnerabilities women and girls are exposed to in times of disasters. This becomes one of the unintended consequences which nations overlook when implementing measures to combat the pandemic.

According to [10], COVID-19 lockdowns gave birth to a lot of challenges to women and girls. In this regard, there was a high possibility of a lot of girls falling pregnant due to limited access to family planning services [10]. Not only that, chances of some teenage girls going back to school after the lockdown became uncertain. This can be evidenced by the case of Sierra Leon's Ebola inflicted school closure which led to general increase in adolescent pregnancies [11]. The fact that Zimbabwe's economy was in shambles and there was a looming drought, meant that the lockdown had the potential to cause high levels of transactional and unwanted sex by women and girls in high-density suburbs.

Available literature has it that, during emergencies intimate partner violence is inevitable and women become the hardest hit. Forced lockdowns and movement restrictions also mean that women suffering gender-based violence become trapped at home with their abusers at a time when support services are disrupted or inaccessible [10]. The burden of care again in most cases falls on women not only for their children but even the extended family members. Women are the immediate service providers when a family member becomes sick as well as being overburdened by household chores that increased with more family members staying at home as a result of lockdown.

Human rights watch and UN agencies reported that time of crisis more than ever calls for the need to be zero tolerant of domestic violence and exploitation of women and girls in any community [12]. This is so because women are not just victims in the crisis like COVID-19 lockdown, but are also a group that plays a pivotal role in COVID-19 response. Research has it that, apart from domesticated work, 70% of social workers and health workers are women [13].

The majority of women and girls in high-density suburbs are very poor to such an extent that affording three meals a day is unheard of. Informal trading proved to be their way of life and a means to an end [14]. Their life is hinged on selling produce like tomatoes, onions, airtime, firewood, sweets, second-hand clothes etc. COVID-19 lockdown halted this line of business and left dozens of women blindfolded and clueless in terms of their need to provide for the family. Lockdown together with travel restrictions became a double tragedy for women. Some researchers are of the view that hand to mouth is a way of life for many women in poor communities [15]. By having COVID-19 restrictions instituted by the government and the international community, women were inevitably finding it difficult to survive.

According to [6], COVID-19 lockdown poses a serious threat to women and girls across high-density suburbs of the globe [6]. This is so because of the drastic disruption of their livelihood activities together with the capacity to survive in a threatening environment. Some scholars believe that lockdown can cause significant levels of malnutrition for children below the age of five including lactating and pregnant women [16]. Disruption of women's livelihoods is a paradox that led to a major decline of access to basic needs including services thereby causing a lot of family stress, jeopardizing this group of people to violence and conflicts.

During crisis periods like COVID-19, women, girls, and even young people with lower incomes together with some individuals whose jobs or income had been cut as a result of the lockdown or COVID-19 related quarantine were more than any other groups likely to experience a lot of distress. On the other hand, all women are more likely than men to be affected by high degree of distress. Most of them experience anxiety and nervousness due to the thought of COVID-19 and the thought of what the future has in store for them.

Aim

To explore the lived experiences of early and middle-aged women in high-density suburbs in an African context during the COVID-19 lockdowns.

Objectives

To explore challenges faced by women in a crisis.

To assess the well-being of women during COVID-19.

To examine the psychological impact of COVID-19 on women.

To explore the lived experiences of early and middle-aged women during the COVID-19 lockdown.

To establish possible intervention strategies to help women during a crisis.

Methodology

A qualitative research design that proved to be the most appropriate design for the issue under study was utilized. The researchers used the hermeneutic phenomenological approach. Phenomenology is a theoretical point of view that advocates for the study of individual experiences as human behavior is determined by the phenomena of experience instead of objective, physically described reality that is external to the individual. This approach allowed the researchers to 'give voice' to the experiences that early and middle-aged adult women went through during the COVID-19 pandemic. Thus, the methodology was chosen because the aim was to get to the roots of the lived experiences of the targeted group.

Data collection procedure

Permission to get access to the participants was granted by the Ministry of Local Government and Public Works as well as Harare and Bulawayo City Councils. After getting approval from these local authorities, the researchers sought signed consent from participants.

Data collection was conducted within the month of May 2020 in Harare and Bulawayo, the two major cities of Zimbabwe. In collecting data, the researchers utilized telephone interviews and qualitative digital materials in the form of social media texts specifically WhatsApp messages. Unstructured telephone interviews and qualitative digital materials were employed as they helped in providing depth to the phenomenon of interest which was the lived experiences of women during a pandemic and also, they were appropriate in maintaining social distance which was one of the precautionary measures in tackling the COVID-19 pandemic. A total of twenty telephone interviews and twenty-eight WhatsApp conversations were collected. The researchers familiarized themselves with the data by thoroughly transcribing and reading the transcription. The audio-recorded interviews were transcribed verbatim within 48 hours of conduct.

Population

The study's target population consisted of early and middle adult women aged between 21 and 59 who permanently resided in Hopley, high-density suburbs in Harare and Makokoba, in Bulawayo. This group was selected as it usually constitutes the most active women in economic and reproductive activities. Hence their lived experiences during COVID 19 era became very important as they can help in informing policy and national responses to disasters on women-related issues.

Sampling strategy

A sample of 48 participants was utilized. The participants were selected using purposive sampling in which the elements are selected basing on the researcher's judgment about their level of usefulness and representativeness. Therefore, this strategy was used to select participants who could meaningfully contribute to the exploration of women's experiences during the COVID-19 lockdowns. There were four age groups namely 21-30; 31-40; 41-50 and 51-59 and for each, twelve participants were selected. Out of all the participants 10 were formally employed and 38 were unemployed and mainly survived on informal economic activities like vending.

Results and Discussion of Findings

Thematic data analysis was employed in analyzing the findings. Thematic network analysis explores the perception of an issue or the importance of an idea and aims to unearth the salient themes together with patterns in a specific linguistic domain. One of the advantages of thematic analysis is its theoretical independence that can either be inductive or theory-driven. Despite this flexibility nature of thematic analysis, the researchers followed systematic and rigorous guidelines to gain meaningful and useful results. Four themes emerged from this study and have been expounded in the following sections.

Theme 1: Psychological challenges

The findings reflected that almost all participants were psychologically affected by this crisis in one way or another. Thinking of the disease itself was a mere nightmare for many which led them to experience worry and anxiety. Concerning this, [17] pinpointed that having many people under lockdown worldwide was the biggest psychological experiment which will result in a secondary epidemic of burnouts and stress-related effects in the latter half of 2020. Confinement and restrictions of movements due to the lockdowns or quarantine were regarded by some women as a snatch of their freedom which exposed them to poverty and many forms of violence. Basing on this background, it was noted that COVID-19 disease ushered in several mental health problems among women which included uncertainty of the future, heightened stress and anxiety as well as increased worry and fear of the disease. These findings are in line with [18] who found out that amongst their Chinese participants, women showed significantly higher psychological distress as a result of COVID-19 than their male counterparts. In addition to this, earlier research also indicated that women are much more prone to stress and more likely to experience post-traumatic stress disorder [19].

Heightened depression, stress and anxiety

All the participants pointed out that they were living in dire stress and anxiety which were emanating from various factors. This matches with findings from studies done in China to address the impact of

COVID-19, which suggested that gender was a consistent predictor of psychological outcome where females were reported to be affected by psychological distress and anxiety more than their male counterparts [18,20,21]. In addition to this, a study on the psychological distress among Italian people indicated that female gender was associated with increased anxiety, depression and stress [22]. According to [23], some Zimbabweans were experiencing heightened health anxiety to an extent that they became so much worried about even minor flu-like symptoms. In the current study, the major cause of stress was lack of adequate basic commodities as most of the participants relied on informal economic activities thus lockdown meant no income for them. This means that their sources of livelihoods were negatively affected. To add onto their stress level was the fact that on one hand, they had to adhere to the regulations laid down by the nation in response to the pandemic, like lockdowns and physical distancing, on the other hand, they had to search for necessities to save themselves from dying of hunger which in some cases led them to violate the prescribed regulations. In their search for necessities, they became stressed and anxious because they would go to some areas where physical distancing was not feasible thereby exposing them to risk. Others were stressed because the disease overburdened them since they were the sole providers of basic needs. Some were worried about the future of their children as schools had been closed indefinitely and they did not have resources for home-schooling.

The following statements support these views:

"Thinking of my next meal always cause a lot of anxiety, headaches and at times I become very agitated."

«The thought of my children's education gives me a lot of stress because other schools have got e-learning facilities...»

«The extension of the lockdown increased my stress level»

"Confinement is causing me to think a lot and sometimes it leads to sadness"

Increased worry and fear of the disease

COVID-19 was regarded as a very frightening medical condition by many participants. They noted that issues surrounding the pandemic were unbearable. Most of them emphasized that no matter how they tried to be careful, preventing the disease was not definite. Related to these sentiments is the view that reasons for stress that abound in lockdown include the risk of infection, fear of getting infected or losing significant others as well as the prospect of financial hardships [17]. Some echoed that one may religiously wash hands and wear masks but may find himself or herself in crowded places searching for necessities where it was very difficult to abide by the principle of physical distancing. The major worry was that one could not distinguish the infected from the non-infected to avoid contact.

The following are some of the statements received from the participants:

"Fear of contracting the virus as I execute my day to day activities troubles me day and night"

"It's unpredictable when it will end and it affects a lot of people hence we are always scared of our lives."

Theme 2: Economic challenges

Loss of income: Most participants belonged to the informal sector therefore they reiterated that the outbreak of COVID-19 robbed them

of their sources of income. They pointed out that their sources of livelihood required them to move around as informal traders in search of money yet COVID-19 restricted human movements. The majority of them engaged in public vending which was regarded as one of the high-risk businesses in the face of COVID-19, hence they were banned from that practice till the disease was under control. To them, loss of income meant inadequate food for the family as some survived on a daily income. Shortage of money to buy basic commodities affected children's health because some families relied on one meal per day making malnutrition an inevitable aspect to many children. Related to this, [24] reiterated that COVID-19 has managed to intensify the inequalities experienced in Zimbabwe as the have-nots continued to suffer while the haves were benefitting. Another scholar pointed out that Zimbabwe is characterized by an informal economy and most livelihoods were distorted by the lockdown [25]. The UN Policy Brief, [10], also indicated that 70 % of women in developing economies fall in the informal sector with limited access to social protection and they rely on public space and social interactions to earn a living which has been disrupted by lockdowns, quarantine and physical distancing.

To substantiate this, the following statements were recorded:

"... There is no room for my usual vending business and it means not enough food for my children..."

"I am facing an acute financial crisis to make ends meet as a result of the lockdown...."

Shuttered Community Income Generating Programmes:

COVID-19 lockdowns instigated physical distancing and restricted human movements and gatherings. This negatively impacted on women's community income-generating projects as they could not gather as clubs to share business ideas or to engage in income-generating activities. Akin to this, the UN Policy Brief [10], states that women and girls experience compounded economic impacts as they generally earn less, save less and hold insecure jobs or living close to poverty. For instance, under normal circumstances, some would do their vending and engage in small scale micro-financing at the end of the day but the pandemic shuttered all of it.

The following quote helps in supporting this point:

"...our community income-generating clubs as women have since been stopped so we cannot share business ideas or generate money..."

Shortage of Basic Commodities: The majority of the participants alluded to the view that COVID-19 lockdowns affected production of basic commodities which created a scarcity in the market. Where commodities are scarce, merchandisers tend to inflate prices. Thus, these women noted that in trying to fend for the families, sometimes they would not get the commodities like sugar, cooking oil and mealie-meal or when they get them, they would be overpriced beyond their means. In support of this, [26], stated that there was partisan distribution of food aid and other social safety nets by Government during the lockdowns which mainly disadvantaged women who happen to occupy a bigger proportion of the informal sector in Zimbabwe. It was also noted that Zimbabwean people were facing food shortages and this could be seen when they would scramble for limited commodities like mealie-meal and cooking oil violating the principle of physical distancing [27].

The following statements were recorded.

"...informal traders hiked their prices because the basics are in short supply..."

"I couldn't go back to work and hence I don't get anything and it affects me and my family's well-being"

Theme 3: Social challenges

COVID-19 also caused social strain on people. This is related to the view that during crises like wars, natural disasters and epidemics the vulnerabilities of women are amplified as a result of social inequalities [7]. It disturbed the social functioning of many societies especially with its emphasis on physical distancing. Physical distancing disturbed a number of the social norms governing people's day-to-day living.

Abandonment or neglect of women by their partners or husbands:

Some of the participants pointed out that the lockdowns saw some men abandoning their families or neglecting them, putting a very heavy burden on women. It was noted that most men who left their families were running away from the responsibility of providing food for the family as their sources of income had dilapidated. In some cases, men were reported to be there but without taking any action to fend for the family. This fueled marital problems and, in some cases, led to divorce during the lockdowns. This problem can be related to the point in the UN Policy Brief [10], which states that the impacts of COVID-19 are exacerbated for women and girls simply by their gender. The following sentiments were shared by participants:

"Some men are running away from taking responsibilities leaving everything to the women..."

"My husband doesn't do anything to provide for the family... I am the wife and a breadwinner through vending."

Parents as an "impediment" to children's happiness:

Findings also reveal that COVID-19 lockdown strained parent-child relationships. The lockdowns resulted in closure of schools meaning that parents and children would now spend most of their time confined to their areas of residence. The closure of schools meant increased unpaid care work for women who have the burden of taking care of children and other family members [10]. The natural sense of responsibility would lead parents to monitor their children's movements as a way of protecting them from the disease. This is an evolutionary role that has been propounded under Darwinism. However, in some instances, children took it to be a violation of their right to movement thereby causing conflicts between them and adult caregivers. Some children also could not understand the economic strain posed by the pandemic so they would demand a lot from their parents or caregivers without understanding the abnormality of the situation they were living in. This also caused strain on the adults and conflict between them and their children. In cases where parents are quarantined with children, the former became vulnerable to trauma-related mental health disorders [17].

The following views were shared:

"...it's not easy to restrain a child from not playing outside and they tend to perceive you as if you are punishing them for nothing"

".. my children are always giving me a lot of pressure as a mother when they need to eat and to have all their needs met yet there is not enough for me to offer."

Intensified Gender-Based Violence (GBV)

The majority of the participants alluded to the view that gender-based violence cases escalated during the COVID-19 lockdowns. It was noted that many women were exposed to various forms of violence. The main reasons attached to such events were financial constraints, idleness and spending long periods together. This concurs with a report which indicated that cases of gender-based violence increased during the pandemic era with nearly 1000 cases reported in Zimbabwe nationwide by April 2020 [26]. Musasa Project, a prominent organisation that offers shelter and counselling services to battered women in Zimbabwe, indicated that it had recorded 764 cases of GBV between the start of the lockdown on March 30, 2020 and April 9, 2020 [28]. In South Africa, President Cyril Ramaphosa in his national address on 13 May 2020, noted that there were disturbing reports of increased levels of GBV since the start of the lockdown as men were declaring war on women. Increases in GBV cases were also reported globally [7]. Some women were said not to be able to report such cases due to lack of social security services during the lockdowns and also because of movement restrictions. This is in line with the view that places of shelter and protection were inaccessible because they were fully capacitated, lacked funds or had been repurposed thereby limiting options for women and children [14].

Some participants even pinpointed that they would be violated at home but feared to be brutalised by security officers for loitering without reason yet they would be trying to access protection services. Not only were these women violated at home but even when trying to access necessities like water at communal boreholes. Similar sentiments were noted by literature which stated that women as the majority of primary caregivers, were sometimes harassed by security officers when found in public places searching for water and necessities [24]. The following statements were recorded:

“...women are being beaten by their husbands and there is nowhere you can go to report...”

“To be honest there is a general increase in family breakdown as a result of GBV.”

Compromised social life: The majority of the participants pinpointed that their lives became compromised due to the COVID-19 lockdowns. Their faith was compromised as church gatherings were banned so they could not meet and worship with others physically, sharing problems and supporting each other spiritually. They could not meet with friends and relatives to share joys and sorrows thus affecting the basic need for belongingness. Other researchers also confirmed that physical distancing created inevitable loneliness in people as normal structures like churches, gyms where people used to congregate were closed [29].

“Our social lives were disturbed, we can't go to church, we can't visit our friends and relatives”

Difficulty to access essential services: Results also revealed that several women struggled to access some essentials needs for survival due to movement restrictions. These needs included medication for those women with chronic illnesses, social protection services in cases of gender-based violence and sexual reproductive health services like family planning services. Accessing these services was reported to be a hassle as people were restricted to move around thus in most cases the security officers would demand a lot of pre-requisites

for one to be allowed to go to access points. Similar sentiments were shared by [7], who reiterated that the situation of women and girls was compounded by the inaccessibility of frontline responders and facilities that could provide care and support to the effects of GBV on their health including sexual reproductive health. The same author also noted that most facilities would be closed during lockdowns, others would be overwhelmed beyond their capacities and others would have been re-purposed to support COVID-19 to the neglect of domestic and GBV cases. Such a scenario does not only put women and girls at greater risk but also exposes them to other harmful practices like female genital mutilation and forced marriages to girls especially in remote and hard to reach areas [9,30].

The following statements were echoed by some:

“...Acute transport challenges.... due to travel restrictions, it becomes difficult if not impossible to access my medication especially me and those who are on ART... the same applies to those women in need of family planning services.”

“The police demand proof of residence for us to go and access our medication but some of us are just tenants we do not get water bills, they go to the landlord.”

Theme 4: Suggested Crisis Intervention Strategies

Free Food AID: Participants reiterated that the government, the international community and any other stakeholders must take it as their responsibility to provide food for people during crises to lessen the burden on women. Lack of food had been highlighted as a major contributor to stress and conflicts among couples and within families during crises and the burden weighs heavily on women.

“...Women should be given basic commodities, foodstuff, soap, sanitary wear and family planning services”

Provision of Mobile Social Support Services: Some participants suggested that health care and other social support services must be brought to people during crises. This would lessen the burden of accessing such services for women and their families. The participants noted that the use of mobile clinics and other social support services like victim-friendly offices are very vital in emergencies for example during lockdowns where movements are restricted. These suggestions match the developments outlined by the South African President in his national address of 13 May 2020, where he said they had developed emergency pathways for survivors of GBV which included ensuring that women could leave their residence to report abuse without fear of a fine, intimidation or further violence [31].

The following statements were raised concerning that:

“...government must provide door to door health services...”

“Social security services like victim-friendly offices must also become mobile and have toll free numbers for easy reporting of cases of GBV during crisis conditions.»

Free Sanitary Wear for Women: Sanitary wear was very difficult for women to access during the lockdowns. Participants then proposed that the government and any other well-wishers must provide sanitary wear in their local areas of residence. Such an initiative has the potential to help reduce movements and also promote women's sexual reproductive health. They can also lead to healthy communities and a reduction in diseases related to poor sexual reproductive health.

The following suggestions were recorded:

“There is nowhere to buy sanitary pads and I don't have money so I am using rags...the government must give us free sanitary wear in times like these”

“Menstrual hygiene is a big problem I am now living in the past where I am using rags/pieces of clothes during my time”

Offering stress management strategies via social media: Participants from this study proposed that there be provision of mental health services like stress management strategies through social media. This would help to replace the traditional support systems which could not be accessed for psychosocial support because of movement restrictions. Such services also are vital as they can help in offering people valuable information on how to manage stress in disastrous situations.

“...there is great need for educating and raising awareness on importance of stress management during a crisis.”

“There is a need for training lay counsellors to provide individual counselling in times of crisis like COVID-19”

Conclusion

COVID-19 affected all people however the burden weighed heavily on women. Women's vulnerabilities which are brought about by their biological makeup and their low position in society exacerbated the problems they experienced during the COVID-19 era.

Women occupy the greatest portion of the informal economy in many developing countries like Zimbabwe hence lockdown as a way of preventing the spread of the disease meant that sources of livelihoods for many women were destroyed. This further exposes them to heightened stress as they had to come up with alternative ways of taking care of the families. The situation was worsened by closure of schools which means that those same women's unpaid care work became more than before the lockdowns as they had to take care of the children for longer periods.

COVID-19 lockdowns led to an increase in GBV cases which affected women more than men. This increase came as a result of financial constraints caused by the lockdown which worsened the poverty experienced by many people in low socio-economic areas. GBV cases also escalated because of movement restrictions that were imposed on people which in some cases meant that women had to spend longer periods of the day locked down with perpetrators. The situation was worsened by the fact that frontline responders to SGBV were either closed down, overwhelmed or re-purposed to address COVID-19 pandemic at the expense of SGBV [32].

The pandemic disturbed women's access to vital necessities like sexual reproductive health services and medication for chronic illness or their children. Accessing these services became very difficult due to movement restrictions yet such services are basic in life. The pandemic also ushered in a lot of invisible strain on many women which manifested as serious psychological problems or which had the potential to manifest in their future lives. Lastly, in trying to address the concerns of women during crises there is need to adopt a gendered approach by all stakeholders concerned.

Recommendations

The government needs to adopt a gendered approach in addressing

women's issues during crises. They also need to take into cognisance that gender-based violence and mental health issues are health emergencies that should receive the same priority as any other primary health issues.

Health providers to be always aware and sensitive to lockdown health risks as a result of heightened incidences of GBV cases against women and girls.

Community members need to be sensitized and educated to be whistle-blowers to raise timeous alarm for those women in dire need of help, be it health-related, food-related or psychosocial support to make a community a better place of its people during a pandemic. Thus, safe spaces have to be established in every community.

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