



Double pandemic for Sub-Saharan African women during COVID-19: A Critical Patriarchal Exposé with Intervention Strategies

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<https://doi.org/10.46222/pharosjot.105.48>

Abstract

The Covid-19 pandemic presented a lot of macro and micro challenges throughout the entire world. While some of these impacts were immediately felt, others have long term consequences. Some of the major impacts were the macroeconomic challenge which left many governments, organisations and individuals in a state of disarray - causing a lot of physical and mental health issues among both men and women. However, research suggests that women were disproportionately affected by mental health issues. This is because women especially in Sub-Saharan Africa are considered to be 'vulnerable' to several of the major challenges facing the continent and the burdens they carry make them susceptible to mental health problems. Against this background, this study explores three key areas: the relationship between patriarchy and gender-based violence during COVID-19 in Africa, how the pandemic exacerbated existing gender inequalities, and the impact of COVID-19 on women's mental health. This study is a literature review that draws on academic journals, books, reports, media sources and electronic databases. The study concludes that the COVID-19 pandemic disproportionately impacted African women, leading to a rise in gender-based violence, a widening of existing gender inequalities, and a negative impact on women's mental health. The study recommends strengthening existing traditional social support structures, such as families and women's groups, to better equip them to assist women during crises.

Keywords: Sub-Saharan Africa women, COVID-19, gender-based violence, patriarchy, women's mental health

Introduction

The global COVID-19 pandemic had negative impacts worldwide. However, its impacts were largely felt by women. Research suggests that the Covid-19 pandemic had devastating impacts on women as they were profoundly affected more than men. Sub-Saharan Africa women in particular bore the brunt as they were faced with economic uncertainty, job losses, increased child-care responsibilities, increased workload due to lockdown and quarantine measures, domestic violence, poverty and patriarchy – which, according to research, took advantage of the pandemic to salvage control. Additionally, the pandemic amplified pre-existing racial, socio-economical and gender inequalities. Not only did this put women under



pressure, it immensely impeded their rights. Consequently, women were hardest hit by the mental health impacts of COVID-19. Yet, there is limited research on the mental health impact of the pandemic and related control measures. This is the gap which this paper seeks to fill. Against this background, this paper explores the link between COVID-19 and patriarchy and its impact on women's mental health. The paper pursues three things. It seeks to explore the link between patriarchy and gender-based violence during the COVID-19 pandemic, investigate how the pandemic increased existing gender inequalities and examine the impact of the COVID-19 pandemic on women's mental health.

Methodology

The paper was a desk research study drawing from existing literature. The researcher accessed academic journals and books, reports, relevant media sources, and electronic databases on the link between COVID-19 and patriarchy and its impact on women's mental health. Several key words linked to COVID-19 impacts on women in Sub-Saharan Africa, COVID-19 and patriarchy in Sub-Saharan Africa and COVID-19 and patriarchy and its impact on African women's mental health were used. The research included trawling through a number of electronic resources for data. Furthermore, Google and Google Scholar search engines were also consulted extensively. Content analysis was used for gleaning insights from various sources and identifying patterns and extracting meaning from the secondary sources used.

The link between patriarchy and gender-based violence during the COVID-19 pandemic in Sub-Saharan Africa

In response to the COVID-19 pandemic, many governments worldwide implemented various strict measures to contain the spread of the disease. While the intention of most governments was to curb the spread of COVID-19 and to protect their citizens, they did not foresee the unintended outcomes of some of the measures put in place, particularly the lockdown measure. This is because this measure exacerbated the situation of women and children already vulnerable to patriarchy and its manifestations.

The research highlights the very intricate link between COVID-19 and patriarchy and its impact on women and children, which Ensler (2021) has termed 'disaster' patriarchy. According to Ensler (2021), the surge of COVID-19 across the world resulted in an explosion of all forms of violence against women and a full-blown attack on women's rights. This is because patriarchy attempted to take absolute advantage of the pandemic to reclaim control through intensifying the danger of women as well as taking the role of supposed controller and protector (Ensler, 2021).

Most Sub-Saharan African communities are patriarchal and patriarchy is an ideological and social construct that subjugates women and girls at different levels including cultural, religious, economic, political and social levels. In a patriarchal society, men are considered superior to women and any attribute considered feminine is undervalued while any masculine attribute is superior (Rawat, 2014). Nash (2009) defines patriarchy as a system of values, relationships and beliefs embedded in social, economic and political systems which structure gender inequality between women and men. In patriarchal relations, the private and public sphere is structured in a way that emphasizes male dominance and privilege and in these structures of gender inequality, women and girls are disadvantaged in countless ways (Nash, 2020). Moreover, according to Saunders et al. (2023:98) "patriarchy enables violence against women (gender-based violence) to continue unchecked by both governmental and nongovernmental actors who should intervene but often do not." Consequently, in many patriarchal societies, women and girls are of less value, and gender-based violence is normalised and widely accepted (Javed, S., & Chattu, 2020). Against this backdrop, research suggests that it is key to acknowledge the role played by discrimination and patriarchy in how many African women



are treated and viewed. This also includes acknowledging the contribution women make to their households, the economic value of their work and all the stereotypes around their role (Ramparsad, 2021). It is also important to be cognisant of privilege and intersectionality as many women in Africa are exposed to discrimination and gender-based violence in a number of ways (May & Hamdulay, 2019).

In line with this, Javed and Chattu (2020), highlight the link between gender-based violence (GBV) and COVID-19, noting that GBV is associated with power, dominance, abuse of authority or calamities, for example pandemics, disasters or conflicts, which further intensify pre-existing gendered structural inequalities and power hierarchies which are situated in patriarchy. To accentuate this argument, Thibaut and van Wijngaarden-Cremers (2020) maintain that, even though the fatality rate of COVID-19 related complications has been twice higher for men than women, women have been hardest hit by the pandemic's aftermath more than men, resulting in many countries reporting an increase in domestic violence cases. In many countries, the lockdown measure triggered and escalated domestic violence incidents. Instead of being a safe haven for women during the pandemic, homes turned into places of fear and torment for women where they were subjected to what the South African President Cyril Ramaposa termed a 'second pandemic' (Matlala, 2020). Adding to the conversation is Cascais (2020) who reiterated the role played by the COVID-19 pandemic in aggravating many jeopardies and complications to which women were already exposed to before, including domestic violence. According to Cascais (2020) and Mahlangu et al. (2022), lockdown curfews were the greatest risk factor for many Sub-Saharan Africa women as they resulted in many cases of domestic violence. A lot of countries witnessed escalated levels of gender-based violence and women and children were particularly affected. Studies show that the impacts of the pandemic disproportionately affected marginalised girls more than boys. Girls have been exposed to violence, child labour and pregnancies amidst the COVID-19 lockdown (Onyeaka, 2023). Studies have also shown that GBV perpetrators are mostly partners or people close to the victims and survivors, and the lockdown measures exposed many women to GBV as they were in confinement with their perpetrators with very limited chances of moving around or out of the house (Cascais, 2020). Intimate partner terrorism which took place during lockdown turned many homes into battlefields and torture chambers for many women. Women were publicly embarrassed through the sharing of revenge pornography (where men shared intimate videos online as an act of revenge) while others were tortured, beaten and terrorised within the confines of their homes (Javed & Chattu, 2020).

How the pandemic increased existing gender inequalities

Not only did COVID-19 expose many Sub-Saharan Africa women to GBV, domestic violence in particular, but studies also show that women were overwhelmingly bearing the brunt of the pandemic at home with an increased workload due to lockdown and quarantine measures. Studies indicate that in Sub-Saharan Africa in particular, women were hard hit by the pandemic as the gender inequities followed different paths even though they ended up the same: with women being disproportionately affected by the economic crisis and 'double burdens' (Aoyagi, 2021a; b). In South Africa and many other various African countries, unpaid work doubled during the pandemic, placing an additional burden on many of the continent's women. Poor women were hardest hit (Roncolato & Radchenko, 2016). Women were faced with increased child and elderly care responsibilities. Speaking on the gender inequalities accentuated by the pandemic, Ensler (2020) notes that working from home was very taxing for many women as many lost their personal space while their workload increased to about two to three-fold. To accentuate her point, Ensler (2020: np) emphasises:

I don't think we can overstate the level of exhaustion, anxiety and fear that women are suffering from taking care of families, with no break or time for themselves. It's a subtle form of madness. As women take care of the sick, the needy and the dying, who takes care of them?



Cascais (2020) elaborates on the connection between COVID-19 and gender inequalities by stating that the pandemic has uncovered and deepened gender inequality in many Sub-Saharan Africa countries. Women have always played the role of caregivers, child carers as well as taking care of the home but the pandemic placed an extra burden on Sub-Saharan Africa women as they were burdened with extra chores such as helping their schooling children with homework tasks. Extra house chores in the home increased as the pandemic placed more demands on many African women while threatening to worsen existing efforts to achieve gender equality (Cascais, 2020). Again, the profound impact of COVID-19 on women is highlighted in that many women were affected by the consequent job losses linked to the pandemic. In line with this, the UN Women World Health Organisation (2020) noted that previous experience linked to the Ebola and Zika epidemics shows an increase in existing inequalities, especially those linked to gender and economic status. IOL (2020) reported that evidence suggests that the economic impact of COVID-19 is felt by women more than men, with estimates indicating that women are 1.8 times more susceptible to job losses than men. The report says:

...women's jobs are estimated to be 1.8 times more vulnerable to this crisis than men's and, though women make up 39% of global employment, they account for 54% of overall job losses, mostly made up of the accommodation and food services industries... This economic downturn where job losses are affecting women has been dubbed the 'she-cession' (IOL, 2020: n.p).

Evidence also suggests that the pandemic had a huge impact on women and girl empowerment, women's employment and their health, exacerbating longstanding inequalities and inequities in Sub-Saharan Africa (World Bank, 2022). In explaining the devastating impact of the COVID-19 pandemic, Ensler (2021) asserts that it played a significant role in giving a free reign to the most severe hindrance to women's freedom, a serious outbreak of 'disaster patriarchy'. He says,

In disaster patriarchy, women lose their safety, their economic power, their autonomy, their education, and they are pushed on to the frontlines, unprotected, to be sacrificed (Ensler, 2021:23).

Ensler (2021) further states that the circumstances of lockdown which included economic insecurity, fear of illness, alcohol abuse and confinement were perfect 'storms' for domestic violence. In addition, pre-existing social, racial, economic and gender inequalities have been highlighted, and all of these have long-term consequences than the pandemic itself (Javed and Chattu, 2020).

In addition to the increased workload on the home front, women found themselves on the frontline at the workplace and very vulnerable— women in the social and health sector in particular. According to UN Women (2020), 70 percent of women make up the health workforce who are often frontline health workers. These include midwives, nurses, and community health workers. Likewise, a high percentage of health facility service employees are women – these include caterers, cleaners, laundry staff among others. Tran et al., (2019) reiterate that women hold 78 percent of all hospital jobs, 51 percent of grocery store jobs and 70 percent of pharmacy jobs. As a result, they were more likely to be exposed to the COVID-19 virus.

The worldwide outbreak of the COVID-19 pandemic changed the modus operandi in all sectors of society and while it affected everyone in the world, women were especially affected (Almeida, Shrestha, Stojanac & Miller (2020). The economic conditions of many Sub-Saharan Africa women have been intensified by the pandemic. In Zimbabwe, in particular, the country was already battling numerous significant economic challenges and the pandemic aggravated the economic challenges facing women. Poverty particularly became feminised as thousands of Zimbabwean women were left destitute because of lockdowns. Similarly, many women in



the West African country of Guinea-Bissau, which has been struggling with political and economic crisis for years found themselves trapped by the pandemic. As the major breadwinners with the responsibility of feeding their loved ones, the effects of lockdown left women economically broken down (Cascais, 2020).

The impact of the COVID-19 pandemic on Sub-Saharan African women's mental health

The above research findings suggest that African women were hardest hit by COVID-19 as they were faced with increased childcare responsibilities, job losses, death of loved ones, GBV, and increased workload both at home and at work due to lockdown and quarantine measures, among others. With women faced with so many challenges on many fronts, the risk of anxiety, depression and post-traumatic stress disorder (PTSD) was also much higher in women. A lack of adequate support especially during lockdown had negative consequences on women's mental health (Jalnapurkar, Allen, and Pigott, 2018). However, research suggests that there is limited research on the mental effects of the pandemic and the associated containment measures in Africa. Semo and Frissa (2020) highlight that the Covid-19 pandemic led to many mental health problems due to stigma, GBV, discrimination, job losses, physical distancing and disease experience among others. As a result of the conditions of the pandemic, mental health issues have been reported. Thibaut and van Wijngaarden-Cremers (2020) state that due to the gradual development of a financial catastrophe mental health issues were likely to grow exponentially.

According to the United Nations (2020), African nations, account for 15 of the top 30 states worldwide for suicide per 100 000 people. While there is very little data on how COVID-19 exacerbated mental health conditions in Africa, a study on the impact of COVID-19 in South Africa found that 10-20% of the 220 people surveyed reported strong experiences of fear and anxiety because of the pandemic. Another survey conducted with 12 000 women in low-income communities in Zambia and Uganda reported an increase in persistent stress, anxiety and depression. While not much has been done on the interconnection between the pandemic and women's mental health, researchers note that:

Women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are at especially high risk for developing mental health problems during the pandemic... Similarly, parenting may be substantially more stressful during a pandemic. Gender disparities may be accentuated, particularly for employed women or single parents, as women are disproportionately responsible for the bulk of domestic tasks, including childcare and eldercare (Almeida et al., 2020: 1).

A study conducted by De Man et al. (2022:120) on the link between COVID-19 related stressors and mental health during the hard lockdown in South Africa noted that:

Distress related to containment measures and distress about being infected were significantly associated with more anxiety and depressive symptoms. Having a pre-existing mental health condition was associated with poorer mental health, but being an active health worker was not. Our findings suggest a considerable mental health impact of this pandemic and related containment measures, but low attendance of mental health services.

Loss of income, isolation, a bombardment of information on the risks and threats of the pandemic and loss of loved ones took their toll on many women while stirring up stress levels and triggering mental conditions as well as aggravating existing ones (Casale & Posel, 2021; Kopylova, Greyling & Rossouw, 2024). The pandemic highlighted the importance of mental health – showing that mental health is fundamental to wellbeing and health and should therefore be an important part of health services during emergencies and epidemics (United Nations, 2020). There is increasing evidence that the socio-economic impact of the pandemic is affecting women more than men and as a result, women are more susceptible to mental



health challenges. In light of this, Sediri et al. (2020) add that the pandemic created conditions of general distress. Although the initial responses to the pandemic focused on physical health, mental health concerns linked to the lockdown quickly came to light. Accordingly, in their study on the impact of the COVID-19-related lockdown on Tunisian women's mental health and gender-based violence conducted with Tunisian women, the authors found that women who had a history of mental illness and who were victims of abuse and domestic violence during lockdown showed severe signs of anxiety, stress and depression (Sediri et al., 2020).

The diagnosis of the first case of COVID-19 in December 2019 in China led to galvanised global action which culminated in measures that included the wearing of face masks, social distancing, curfews, washing of hands using detergents, hand sanitisation and lockdowns among others. Research suggests that while these measures played an important role in mitigating the spread of the virus, they undoubtedly had negative consequences for wellbeing and mental health in both the short and long term. While there is little research on the link between the pandemic and mental health Galea, Merchant and Lurie (2020: 817) share that:

The sparse literature on the mental health consequences of epidemics relates more to the sequelae of the disease itself (e.g., mothers of children with congenital Zika syndrome) than to social distancing. However, large-scale disasters, whether traumatic (e.g., the World Trade Center attacks or mass shootings), natural (e.g., hurricanes), or environmental (e.g., Deepwater Horizon oil spill), are almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse. For example, 5% of the population affected by Hurricane Ike in 2008 met the criteria for major depressive disorder in the month after the hurricane; 1 out of 10 adults in New York City showed signs of the disorder in the month following the 9/11 attacks. And almost 25% of New Yorkers reported increased alcohol use after the attacks. Communities affected by the Deepwater Horizon oil spill showed signs of clinically significant depression and anxiety. The SARS epidemic was also associated with increases in PTSD, stress, and psychological distress in patients and clinicians. For such events, the impact on mental health can occur in the immediate aftermath and then persist over long time periods.

Galea, Merchant and Lurie (2020) further note that in the context of the pandemic, research suggested that there will be extensive increases in cases of substance abuse, domestic violence, loneliness, depression and anxiety and the closure of schools could also contribute to an epidemic of child abuse. Orkin et al. (2020) noted the mounting concerns linked to mental health consequences of long-term hard lockdown which was described as “the largest psychological experiment in the world”. Their study on the mental health effects of the COVID-19 lockdown in South Africa noted that in South Africa which is one of the most unequal countries in the world –the lockdown experiences of different groups varied dramatically vacillating from a minority of wealthy families/individuals living in apartments, clusters or suburban houses to mainly less well-off families, some living below the poverty line found in townships, informal settlements and rural areas. For many of these families depending on child support grants, grandparents’ old age pensions, casual or informal sector employment, the socio-economic impact of lockdown was distressing. However, there is scant research on how these factors impact people’s mental health. Accordingly, the authors focused on several variables linked to mental health carried out in an online survey – inviting respondents to share in their own words ‘the worst thing’ about lockdown. Some of the words included ‘scared, stressed, depressed, sad, irritable, angry, bored and lonely.’ The authors further state that there are pertinent nuances underpinning the national pattern of negative emotional experiences. Women and men were psychologically affected differently by the pandemic and according to the study, they were found to be more depressed than men (36 vs 31%) and more apprehensive (50 vs 42%). This could be because they bore the brunt of the extra childcare and chores. This is a very important point, especially in many patriarchal homes



were men refuse to help with house chores, child or elderly care, meaning that women are left to bear the brunt alone.

The pandemic immensely contributed to mental health problems owing to women's socio-economic conditions, domestic violence as well as the measures put in place to combat the virus. Accordingly, research suggests that health care workers who are mostly women, children, women, and the elderly were reported to experience anxiety, depression, insomnia and post-traumatic stress disorders (Yu, 2018). Poverty, a key driver of poor mental health, was also largely felt by women in Africa. Due to their insecure income, job losses among others, women were particularly vulnerable and the pandemic added to the stresses of the most vulnerable women.

Research shows that the impact of COVID -19 was felt globally and likely resulted in short term and long-term mental health problems among those with no previous mental illness. It also intensified the pre-existing mental health disorders. "Mental health problems are likely to begin early and continue after the pandemic is over. Experience of the disease, breakdown of social support and stigma are possible causes of short-term mental health problems while factors such as economic losses can potentially cause long-term mental health issues" (Semo and Frissa, 2020: 714). At the onset of the pandemic, evidence suggested that the continent of Africa could see as many as 44 million people infected with COVID-19 and estimated up to 190 000 deaths among Africans from COVID-19 depending on the intervention measures taken to stop the spread (World Health Organisation, 2020). Given these estimates, there were predictions that the impact on mental health would be vast because of the weak systems in the continent (Shultz et al., 2016). Semo and Frissa (2020: 716) argue that:

Efforts to contain the spread of COVID-19 through restricting and limiting physical interactions may lead to limited access to social support structures, inadequate supply of food and medication, limited access to treatment for those with existing mental health problems as well as other chronic conditions, restricted access to faith-based institutions and leaders due to the ban on social gatherings, lack of access and support for those suffering from intimate partner violence or other forms of abuse.

Semo and Frissa (2020) further state that many communities in Sub-Saharan Africa are traditionally structured with a strong neighbourhood and community focus – and family is the core support and care system for the elderly. Thus, many of the elderly were protected from the misfortunes seen in care homes in many high-income countries. Nevertheless, the physical distancing orders might have led to loneliness in some contexts which could have contributed to mental illness. Even though the burden of mental illness is very high in Africa, access to mental health care is very limited (The Conversation, 2020). Most Sub-Saharan African communities are traditionally structured with a strong focus on family and community – family and communities play a big role in providing solace, care and support during hard times. Hence, lockdown and physical distancing resulted in a lot of distress and loneliness for women in particular (Semo & Frissa, 2020).

Conclusion and recommendations

This paper explored the link between COVID-19 and patriarchy and its impact on women's mental health. The objectives were to explore the link between patriarchy and gender based violence during the COVID-19 pandemic, to examine the impact of the COVID-19 pandemic on women's mental health and to investigate how the pandemic increased existing gender inequalities. It was found that the Covid-19 pandemic affected women more intensely than men in numerous areas, both at work and at home and this had negative effects on their mental health. The paper provides some recommendations on what could be done.



To leverage the power of community, traditional and religious support systems within communities and families can be relied upon to provide mental health support through various safe means.

Promote traditional and religious coping mechanisms like story-telling, communal prayers or religious/ cultural gatherings that support and promote mental well-being. This could be either virtually or socially distanced.

Strengthen the existing traditional social structures like families and women's groups so they can provide support during difficult times. This can be done virtually or through safe socially distanced meetings.

Sustainable Development Goal 3 puts emphasis on ensuring healthy lives and promoting wellbeing for all. However, in many African countries women either do not have access to mental health services and the ones with access, cannot afford to pay for the services. And this has an impact on the attainment of Sustainable Development Goal 3 that promotes good health and wellbeing. It is therefore imperative that governments and role players prioritise investing in mental health care. In future, to ensure prevention, early detection, and prompt treatment, community workers can be quickly trained to provide psychosocial screening and support, counselling and mental health education among others. Many African countries depend on community health workers for community service delivery and this group of people can be relied on for promoting mental wellbeing.

Research has proved that women's load doubled or tripled during the pandemic. The role of being both caregiver and teacher was highlighted as one of the major things that put a massive strain on women during the pandemic which played a negative role on their mental health. But in light of the circumstances, women lacked adequate domestic and emotional support which consequently exacerbated an already dire situation. As earlier mentioned, in many African families and communities play an important role in providing social support. Against this background, relevant stakeholders working with affected women can be proactive about targeting and reaching out to women to enhance social support with the aim of supporting women during pandemics.

COVID-19 deepened the pre-existing gender inequality in many African communities. Many African women are known for working hard while earning less, but the pandemic placed an extra burden on many of them as they had to work harder than before. It is therefore recommended that government together with its partners and other relevant stakeholders pay attention to the gender-based differences that are most likely to be overlooked during disasters or emergencies – this includes putting in place measures and resources to respond to gender-based differences that will not reverse the progress attained in women's liberation.

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Conflict of Interest Statement: *The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.*



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