Gendered and differential effects of the COVID-19 pandemic on paid and unpaid work in Nigeria

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Abstract: The COVID-19 pandemic and subsequent policy responses continue to have widespread social and economic effects across the globe. These effects are not experienced equally. Taking Lagos as a case study, we explored gendered and differential effects of COVID-19 and subsequent policy responses on paid and unpaid work. Using an intersectionality framework and qualitative methodology, we analyze how social divisions interacted, contributing to individual experiences of the pandemic. Drawing on gender-disaggregated interviews with sixty market traders, adolescents, persons with disabilities, and health workers, we bring to the forefront nuanced experiences of marginalization and social inequalities which are often invisible or ignored. We find gender to be a crucial social division in the experience of paid and unpaid work in Nigeria, with other divisions such as occupation, age, ability, class, and parenthood further determining the extent of this experience. Consequently, we offer insights for social and policy actions that can ameliorate identified inequalities. We encourage other researchers to adopt an intersectional approach in research that contributes to building back better in the aftermath of the pandemic.

Subjects: Gender Theory; Social Inequality; Health & Society

Keywords: COVID-19 pandemic; gender; intersectionality; unpaid work; paid work

1. Introduction

When the World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern on the 30 January 2020, countries responded through restrictive public health measures including lockdowns, curfews, school closures, and other measures. Numerous studies have evidenced the gendered and differential secondary effects of the pandemic including lost incomes, increased unpaid care work, domestic violence, and reduced healthcare access (Iwuoha & Aniche, 2021; Lenshie et al., 2021; Lyttelton et al., 2021; Ogando et al., 2021; Petts et al., 2020; Tan et al., 2021, among others). The pandemic highlighted and exacerbated pre-existing inequities, particularly along gender lines. The dual gendered impact on paid and unpaid work has particularly been highlighted by feminist economists (Kabeer et al., 2021; Smith et al., 2021).

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Globally, women perform the majority (76.2%) of unpaid care work spending 3.2 times more time on these daily tasks compared to men. Unpaid work represents, on average, 201 working days for women and 63 working days for men annually (International Labour Organization, 2018b). Due to gendered roles which designate women as primary caregivers and men as primary breadwinners, and structural barriers informed by these social roles and norms, women tend to be employed in low-paying, precarious, and flexible jobs vulnerable to economic downturns (Viswanath & Mullins, 2021). Around the world, women were disproportionately impacted by income losses following the pandemic, with some exiting the labor market because of increased demands for unpaid care work (Cohen & Rodgers, 2021; Kabeer et al., 2021; Lyttelton et al., 2021; Petts et al., 2020; Smith, 2021; Smith et al., 2021).

In Nigeria, these secondary gendered effects of the pandemic were similarly felt. As in other contexts in Sub-Saharan Africa, gender roles are deeply entrenched and sustained by social norms and religion, resulting in women doing virtually all unpaid work in the household, and the participation of women in the paid economy does not result in redistribution of unpaid work (Herrera & Torelli, 2013). Prior to the pandemic, Nigerian women spent 60% more time daily on childcare compared to men (International Labour Organization, 2018b), with school closures and stay-at-home advisories resulting in increased unpaid care work for women (Women Advocates Research and Documentation Center, Women for Women International and Gender Action for Peace and Security, 2021).

When women do engage in paid work, it is often concentrated in the informal sector due to structural barriers to participation in the country's labor market, a sector that was significantly impacted by the pandemic (International Labour Organization, 2018a; Lenshie et al., 2021; Partners West Africa Nigeria, 2020). This resulted in financial impacts disproportionately affecting women, those with lower levels of education and those in poor households, threatening to entrench pre-existing gender inequality in the labor market (NBS, LSMS, & WB, 2020d). Female-headed households, for example, were noted to have a significantly higher prevalence of moderate or severe food insecurity compared to male-headed households (World Bank, 2020).

While these broad trends in differences of experiences during COVID-19 have been identified, there is little research that considers the nuances of differential experiences within social groups, or how intersecting social positions (such as gender, socio-economic status, occupation, and ability) interact. In particular, studies on the impacts of COVID-19 in Sub-Saharan African have focused on the economic crisis of the pandemic, with the effects on unpaid care work analyzed as a separate issue. Ogando et al. (2021) demonstrate how in the global South the pandemic was experienced as a “a multi-dimensional crisis characterized by an interrelated economic, health and care crises” (p. 172). As feminist economists have long pointed out, unpaid care work is essential to social and economic development, as it produces income earners, educators, healthcare workers, voters, and other integral members of society (Zachorowska-Mazurkiewicz, 2016). COVID-19, and related school and service closures, have highlighted the crucial role of unpaid care work—particularly to economic and health systems.

In recognizing the stark gendered effects of unpaid care work during the pandemic as well as the interconnections with paid work, our study highlights the pandemic’s impacts on paid and unpaid work based on differential lived experiences. Our research builds on evidence highlighting the need to integrate gender into pandemic-related policies in low-income contexts. Particularly, it contribute to understanding of the pandemic’s socio-economic effects by applying an intersectionality framework to analyze the differential gendered experiences of adolescents, parents, health care workers, market sellers, informal settlements’ residents, and persons living with disability in Lagos, Nigeria.
2. Study design

2.1. Intersectionality approach

Intersectionality is utilized as an analytical tool in understanding how social divisions or categories (e.g., based on gender, ethnicity, age, ability, class, occupation) contributed to experiences of the COVID-19 pandemic in Lagos, Nigeria.

Rooted in Black feminism and Critical Race Theory, intersectionality challenges single-axis frameworks that ignore relationships between social divisions in shaping experiences and social inequalities (Carbado et al., 2013; Collins, 2015). Social divisions are a product of social stratification determining an individual's or a group's location in a society's hierarchical power grid, where some are privileged, and others are marginalized or oppressed (Yuval-Davis, 2015). In most societies, for example, men are privileged over women because of social norms and traditions designating gender roles. Intersectionality cautions against the use of a single-axis analysis such as examining gender with the exclusion of other social divisions such as class and race.

We use a double-axis framework which allows us to interrogate gendered experiences of participants based on at least one other social division. We highlight the experiences of women and men market traders, adolescent girls and boys, women and men who are living with disabilities, women and men health workers, and women living in informal settlements (see Figure 1). This accounts for gender, occupation, age, ability, and class as intersecting social divisions. To contextualize these experiences, we explore how lived experiences are shaped by power structures informed by sexism, ageism, ableism, classism, etc. Our study particularly examines paid and unpaid care work as gendered experiences also shaped by other social divisions. Paid work includes any work with monetary compensation including informal work arrangements. Unpaid care work is conceptualized as the “provision of services for family and community members outside of the market” and includes caring for children, the elderly and the sick, meal preparation, cleaning, fetching firewood and water, doing laundry among others, without monetary compensation (Folbre, 2013, p. i135).

While “analysis must necessarily limit itself to specific structures of power” (Carbado et al., 2013, p. 304), we do not assume all individuals in a particular social division would have the same experiences or perceptions. We acknowledge that other social divisions and factors unexamined in this study contribute to one’s experiences. In examining experiences of women living in informal settlements, for instance, the role of motherhood or marriage in shaping participants’ experiences was not explicitly interrogated during interviews. However, in some instances we gained insights about these intersecting social divisions where participants highlight them as important to specific themes.

In using the intersectionality framework, we bring to the forefront nuanced experiences of marginalization and social inequalities which are often invisible or ignored, with the goal of offering insights for social and policy actions that can ameliorate these inequalities and facilitate inclusion. This qualitative study sets out to answer the question: in what ways were the lived experiences of the COVID-19 pandemic impacts on paid and unpaid care work mediated by gender and other intersecting social locations?

2.2. Methods

Context: Taking Lagos State in Nigeria as a case study, this article draws on evidence from interviews with 60 participants conducted between March and May 2021. Nigeria is the most populous country in Africa with more than half (52%) of the population living in urban settings (Worldometer, undated, a, undated, b). The country records high levels of poverty (about 40% living below national poverty line) and carries a high burden of disease (Akinyemi & Mobolaji, 2022; World Bank, 2022). Lagos State presented a good case study in understanding impacts of the pandemic and subsequent policy responses in this context. It is an urbanized state with the highest population density in Nigeria (National Bureau of Statistics (NBS), 2018). It is an important
economic and financial hub and home to the busiest international airport in the country (Lagos State Government, undated). At the height of the pandemic, Lagos was an “epicentre” of COVID-19 infections in the country (Dan-Nwafor et al., 2020, p. 3). It was among the first states to implement lockdown measures from as early as March 2020, with restrictive measures in place into mid-2021.

Sample: In this qualitative study, we interviewed 60 participants including women living in informal settlements, women and men market traders, adolescent girls and boys, women and men who are living with disabilities, and women and men health workers. We used a mix of sampling methods: purposive, quota, and snowball sampling. Our prior research on the socio-economic effects on the pandemic indicated these demographic groups were likely to be disproportionately affected by COVID-19 and related containment measures (Gender and COVID-19 Project, 2020; Tan et al., 2021). Purposive sampling allowed us to select participants who were representative of affected groups. Quota sampling further enabled us to center the experiences of the most marginalized.

Study participants included 44 women and 16 men (see demographic distribution in Table 1). We prioritized the experiences of women, recognizing women as most likely to be affected by socio-

| Lived experiences interviews                | Women | Men |
|---------------------------------------------|-------|-----|
| Women living in informal settlements        | 12    |     |
| Market traders                              | 8     | 4   |
| Adolescents                                 | 8     | 4   |
| Persons with disabilities                   | 8     | 4   |
| Health workers                              | 8     | 4   |
| **Total**                                   | **44**| **16** |
economic inequities. Men are included in this study recognizing their experiences are also shaped by gender norms, and that they are impacted by other social inequalities based on class, ability, age, among other factors. Including both genders further enabled a more complex understanding of how gender interacts with other intersectional inequities to structure pandemic experiences. Snowball sampling was utilized to efficiently and accurately recruit participants, particularly among hard-to-reach groups such as market traders who had lost employment and were therefore relatively inaccessible.

Due to the sample size and qualitative analysis, participant’s experiences are not meant to be a comparative or representative, but illustrative cases that allow meaningful inquiry (Sallee & Flood, 2012).

Data collection and analysis: Data was collected through semi-structured interviews guided by the themes of the Gender and COVID-19 Matrix (Gender and COVID-19 Project, 2020; Morgan et al., 2022), allowing space for participants to share experiences most meaningful to them. Data was analyzed in two steps. Initial analysis was conducted by two authors who used framework analysis chart data according to the themes of the Gender and COVID-19 Matrix. A third author then coded the chart, identifying themes addressing paid and unpaid work across demographic groups. Analysis was grounded in understandings of social and cultural context as well as the intersectionality framework to identify societal power distribution across groups and individual circumstances.

3. Results

3.1. Shocks in the paid economy: economic impacts and coping mechanisms

The impact of the COVID-19 pandemic and subsequent public health policies on paid work was highlighted by participants as significant not only in its effect on their ability to access necessities but also on the ripple effects to other aspects of their lives. All participants, a majority of whom were women, noted the financial impacts of the pandemic emanating from lost or reduced incomes and/or increased cost of living. However, there were notable differences in how these impacts manifested and their ramification on the lives of the participants. The findings below are illustrated through participants’ quotes in Table 2.

Gender, occupation, age, and ability stood out as important factors in how the economic impact was experienced and its consequences. Those operating private businesses such as market stalls and shops and those in the informal sector were particularly impacted by the increased cost of supplies and the reduced purchasing power of customers. Market traders and women living in informal settlements who worked as shapkeepers narrated how they lost their shops due to their inability to pay rent, how they lost income due to produce going bad, and how they experienced slow returns on their investment because products took a longer time to sell.

Interviewees’ ability to earn a wage depended on their ability to leave their homes. The lock-downs in Lagos meant that they were unable to secure an income. The lockdown strategy included a stay-at-home advisory, a curfew, and a ban on inter-state travel (Dan-Nwafor et al., 2020). Leaving one’s place of residence was restricted to essential activities such as obtaining an essential goods or services, performing an essential service, or seeking medical care. The permits were largely restricted to health workers, limiting access to paid work for many.

A majority of the women we interviewed worked in the informal sector as shopkeepers, petty traders, and domestic workers; occupations that were affected not only by limited access to markets but also by their client’s fear of COVID-19 infection. Market traders required access to markets to sell their products but closures, limited market schedules and curfews, and enforced operating permits during the pandemic made it challenging to do so.

Due to financial hardships resulting from lost incomes and limited government assistance, some people disregarded lockdown policies to engage in paid work. A female market trader narrated
### Table 2. Illustrative quotes showcasing shocks in the paid economy and its impact

| Economic impacts | Illustrative quotes [participants] |
|------------------|------------------------------------|
| Informal sector workers disproportionately impacted by reduced purchasing power due to income loss and inflation | “Before I used to sell ten cartons in a day. I’m very glad with it. But period the COVID, is hardly, I use to sell two cartons. Upon that two cartons, it will spoil, everything will spoil” Woman, market trader “I sell foodstuff. It (the pandemic) really affected it because now there are somethings so expensive that even when you buy them to sell it is so difficult because everybody is telling you, it is expensive, I cannot afford it. You just end up getting the money tied and it is not as quick as selling and reselling and getting your profit immediately. So sometimes it takes a long time to get it sold.” Woman, resident in an informal settlement |
| Formal sector workers shielded by more stable income, but inflation still impacted purchasing power. | “It was never easy to get the market cos crossing that police check point and all that it was not an easy thing. Once you don’t have that clearance it wasn’t an easy stuff because I remembered I was arrested like three times without clearance. … His [participant’s husband] business area is on the island, so getting there is always difficult because of police barriers and all that and of course you need to show clearance and when you don’t have clearance, they will not let you pass so he decides to stay at home.” Woman, market trader |
| Public health measures increased barriers for persons with disability, limiting access to the labour market and basic needs | “Sometimes I have sleepless nights considering the fact that, prices went rapidly high during this period. … Cos [because] when you get to the market and you want to buy some stuffs. In Yoruba they will tell you that ‘o ti won a, kilode o … oh they e ma pe covid wa ni ta’ [things are expensive, don’t you know there is COVID-19 in town] and currently, this pandemic took up everything up and it was hard. It was hard. But thank God that we were still able to survive.” Man, health worker |
| Food insecurity was a commonly reported impact, with disproportional impact on women within households | “The social distancing, you know, as a person living with disability, you’ll need help, you cannot maintain social distance. It [COVID-19] has really affected us. It was difficult because people too do not want to help at times. They’ll be reluctant … During that time the markets did not open, so I had to send someone to buy foodstuff at exorbitant prices. Because I cannot go to the market myself, so I will have to send someone” Woman, persons living with disability |
| Adolescents’ education was negatively impacted | “Sometimes when I go to the market, I want to buy somethings, some markets they will not sell … they will have sell it finish, if I reach some market and I see they too cost. And the money that I carried to market, I don’t plan myself I don’t arrange everything. I cannot buy, I just buy small things and go back to my house. I never eat, my children never beliefful [feed well], my husband never eat beliefful [feed well]” Woman, resident in an informal settlement “I couldn’t read during the COVID-19 time because all my mind was money, money, money, trying to find money to assist the family. … I just got admission, but I couldn’t go because of money issue.” Adolescent boy |
how the requirement of operating permits threatened her family income. Her husband, a market trader as well, was unable to continue with his trade because of police barriers. The participant recalled being arrested by police on several occasions when taking the risk of going to the market.

Even as all participants lamented their struggles in accessing necessities, not all experienced a significant impact on their incomes. A retired woman living in an informal settlement, for instance, was receiving regular pension payments even before the pandemic. Although she ran a small business to supplement her pension, reduced sales did not significantly affect her income. Having previously been employed formally, this participant was privileged over her peers who relied on the informal sector for income and hence were likely unable to secure a pension.

Healthcare workers were also privileged by their income stability. Being in the frontline of the pandemic, their services were essential and hence their employment secured. However, health care workers in Lagos faced delays in payment of salaries and pandemic hazard allowance (Eboh, 2021; Okediran et al., 2020). It is notable that during the lockdown, some employees in other industries in the formal sector also experienced delays in receiving salaries and/or pay cuts. One participant shared how his mother received only 50% of her salary during the lockdown.

Although health workers were largely unaffected by income loss, they were financially impacted by the pandemic due to increased cost of living. Participants revealed the significant financial stress that health workers faced. In addition, health workers faced increased workload, reduced time with family, and mental health impact due to burnout and loss of patients.

The mobility of persons with disability was further impacted by social distancing and other measures. Participants narrated how the pandemic made them more dependent on others at a time when people were reluctant to assist them, especially in scenarios which required physical contact. A blind woman noted how the mandated use of masks was equivalent to covering her eyes because of the importance of her sense of smell in recognizing the environment around her as she travelled. These pandemic response measures created additional barriers to accessing places of work and consequently participation in the labour market. Lost incomes, in addition to reduced mobility, had greater ramifications for access to basic necessities for those with disability. In navigating the pandemic, participants shared having to make difficult choices that involve increasing their risk of COVID-19 infection to seek assistance from strangers.

Interruptions to paid work and income impacted food security and access to necessities. Participants primarily coped by reducing the amount of food they consumed or the frequency of food consumption. This coping strategy was observed across all groups apart from health workers, with some sharing a formula that allowed them to eat one or two times a day. One woman described how she and her family never ate to their fill due to the financial pressure, with hierarchy in access to food among her family limiting her food intake. For those who experienced less impact on their paid work and consequently moderate impact on their ability to access necessities, eating less expensive, lower quality meals was a notable coping strategy. Participants also negotiated their household expenditure priorities with other household expenditure needs (such as clothing) becoming secondary to food.

Participants highlighted that government support was inaccessible or inadequate; they had to find ways to cope on their own. Those who had a support structure within their family were shielded from the adverse effects of lost or reduced incomes. Some participants with older children noted receiving financial support from their children. A participant living in an informal settlement with younger children coped by asking her mother to take care of her children where “they could be able to feed” as she explored ways of earning a living.

Diversification of sources of income was also adopted as a coping strategy to lost or reduced incomes. A woman living in an informal settlement went from being a business owner operating a shop to working as a domestic worker in people’s homes. While her income still depended on
people’s ability to afford her services and, additionally, on tolerance to COVID-related risk of having someone else in their homes, this venture was free of the operational costs she could not afford to sustain as a business owner. Such shifts in income seeking are likely to have long-lasting effects as people negotiate sustainable economic recovery strategies. A market trader shared how the economic impacts of the pandemic made him reconsider his family dependence on one trade, noting potential crises in the future.

Another market trader coped by forging a symbiotic relationship with customers who were formally employed. She would let them purchase items on credit which they would in turn pay off once they received income. In that way, she retained her customers and source of income while ensuring they had access to necessities. This coping mechanism demonstrates an interdependence between the formal and informal sectors in the paid economy at a time when those employed received salaries irregularly.

In some households, adolescents who had previously not been working took on paid work to contribute to their family income. This coping strategy, however, had an opportunity cost. Prioritization of income came hand in hand with deprioritization of education. See Table 3 evidencing coping strategies with illustrative quotes from participants.

3.2. Shocks in the unpaid care economy and household impacts
The pandemic impacted the distribution of unpaid work within participants’ households. Most women noted an increase in the time they spent on unpaid care work (domestic work and childcare) while only two of the male participants articulated an increase in unpaid work. These experiences are evidenced below and summarized in Table 4 with illustrative quotes from participants.

Women and girls noted that time spent on cooking increased as everyone was at home, leading to the need to prepare multiple meals throughout the day. Pre-lockdown, household members, including school-going children, would eat lunch and snacks outside the home. According to a woman living in an informal settlement, laundry also increased as household members wore “more clothes than before” as opposed to school-going children wearing designated uniforms. Access to resources shielded some women from the impact of increased unpaid care work. One woman who owns a washing machine and employs other people to do domestic and childcare work, for instance, reported no change in time spent on unpaid work at home.

Cleaning responsibilities increased not only because of having more people at home but also as a response to the COVID-19 recommendation around disinfecting surfaces. The latter was particularly important to women living with disability because they felt vulnerable to COVID-19. Homeschooling added another layer to care work; where some classes moved online, parents were expected to facilitate learning. Some women highlighted this work as taking up much for their time while none of the men did. For one woman who was able to work from home, the additional unpaid work at home meant juggling both responsibilities in the same space at the same time.

Time spent on unpaid care work also increased by virtue of participants being unable to pursue paid work and spending more of their time at home. They suddenly found themselves with extra time to do domestic work they previously deprioritized in pursuit of paid work including cleaning more thoroughly and frequently. As one woman living in an informal settlement put it: “[the domestic work] we do not have time to do when we are going to work, we had time to do it when there is COVID”.

For health workers, however, time was a limited resource as their paid work in the frontline of the pandemic had increased, diminishing their time at home. Some woman healthcare workers noted that their role at home was reduced to giving instructions to other household members on what needed to be done. Those who did not have household members to take on the additional unpaid work tried to find ways to cater to increased demands on their time at home and at work.
Table 3. Illustrative quotes showcasing coping with economic impacts

| Coping strategies                                                                 | Illustrative quotes [participants]                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Government economic assistance did little to moderate economic impact             | “What most people got during the lockdown could barely sustain a family of about four people for two weeks, I doubt if it could even sustain them for one week.”  
Man, persons living with disability  
“They (the government) are bringing rice like 3 dericas [tins] or 4, how many are we in the family, how are we supposed to cope with that?”  
Adolescent girl                                                                 |
| Support structure within the family moderated economic impact                    | “Even at times during that time I thank God. I used to call my children to find us something [support], and then anything [money] they have they send it to us”  
Man, market trader  
“I had to just take my kids to my mum’s place so at least they could be able to feed and I can just try to get things done on my own.”  
Woman, resident in an informal settlement                                           |
| Coping with food insecurity entailed reducing quality and quantity of food, as well as frequency of food consumption | “If I’m eating like three times a day, it may be two now. I can do it 1-0-1, or 0-1-1, because of the expenses”  
Man, market trader  
“How much is a bag of rice now in the market? N30,000. How much is fish? How much is yam? … things are expensive. I remember then early last year; I use to prepare fried egg with bread and tea every morning. But now, I have to remain yam in the night [eat left over dinner] to use and go to work in the morning.”  
Woman, health worker                                                                 |
| Diversification of sources of income was used to cope with short-term impacts as well as longer-term economic insecurities | “During the COVID-19 lockdown I was telling my wife that that is how someone can react on business because we are planning to open another branch before, and so she resigned from her work. But during the COVID-19, everything changed. I just had a different perspective about the whole thing, is not right for both of us to remain in the fashion business because anything can happen and business is off, it [sales] was affected.”  
Man, market trader                                                                 |
| Informal sector workers developed a symbiotic relationship with workers in the formal sector | “I have some customers that I sustain you know especially the salary earners, I sustain them throughout the COVID-19 and immediately after the COVID-19 that they got their salary they paid back so my aim was just to make sure I stock my shop.”  
Woman, market trader                                                                 |
| Adolescent entered the labour market to supplement family income deprioritized their education | “Who will feed us? nobody will feed us. So, if I do not work, if I do not go to the market, money will not come from anywhere and I need to work to get money.”  
Adolescent girl                                                                 |

One worker, for example, noted how she had to cook dishes for the different meals of the day for her daughter before going into work.

Women who had older children noted that the time they spend on unpaid work reduced during the pandemic. Ordinarily, their children would spend most of their time in school, socializing with friends, studying at home, or working. With stay-at-home advisories and the closure of schools, their children were at home and available to assist with the increased unpaid care work. Conversely, adolescent girls highlighted increased demands for their unpaid labor at home. This created tension at home as household members socially negotiated the division of labor. This act
of negotiation was notably gendered, primarily between mothers and daughters. None of the adolescent boys interviewed spoke of any change in the work they did at home. It was unclear whether they made any contribution to this work. One adolescent boy shared how he had nothing to do during the lockdown: “When I get up from bed [there is] nothing to do. So, I watch films all days, sleep. Just nothing to do”. This gendered division of labor was exemplified by two adolescent siblings, where the girl did all the domestic work without help from her brother. Due to additional work at home, women and girls noted that their time for leisure and relaxation reduced.

While female participants were particularly vocal in answering the question around domestic and care work, male participants were mostly silent. Only three of the 16 male participants gave thought to this question. A market seller noted, for example, that “I have junior ones [children who do the house chores]”. The other two men participants spoke of increased domestic work in relation to themselves and not entire households, and only in the context of having more time at home to dedicate to this work. To these participants, this unpaid work was a personal responsibility done mostly out of convenience.

4. Discussion
COVID-19 has had, and continues to have, widespread social and economic effects in Nigeria and around the world. These effects are not experienced equally. While previous research has documented how specific genders and ages experienced these effects (Ekoh et al., 2020; Tan et al., 2021), we have applied an intersectional lens to illuminate nuances within and across groupings related to effects on the formal income earning and unpaid care economy. Gender stood out as an overarching factor in shaping pandemic experiences of those we interviewed. Intersecting factors such as occupation, ability, age, and parenthood interacted with gender resulting in nuanced experiences.

In Nigeria, participant experiences reflected how COVID-19 interacted with gendered economic structures, as well as other intersecting inequities. Men are mostly employed in the formal sector while a majority of women work in the informal sector due to systemic marginalization and gendered norms, such as the need for flexible work due to unpaid care responsibilities (International Labour Organization, 2018a). Previous research has found women’s participation in the paid economy’s informal sector is often relied upon to supplement their husband’s formal sector income where payment might be irregular (Lenshie et al., 2021, p. 763). However, the experiences of women described here indicate that the unique secondary economic effects of the COVID response made women’s informal employment particularly vulnerable. When informal markets and other businesses were forced to close, women—who make up most workers in the sector’s front-facing occupation such as market traders, hairdressers, and domestic workers—experienced significant financial loss (Lenshie et al., 2021; Partners West Africa Nigeria, 2020). Furthermore, few women participants had a financial safety net in the face of these losses; a couple were able to work from home, one was receiving pension, and some received financial assistance from their families. This economic vulnerability is concerning as women in Nigeria have less financial resilience against contingencies because of lower levels of savings which are associated with not having access to bank accounts (Akeju, 2022).

While in our study participants in the informal sector and those who operated small businesses unanimously highlighted the negative economic impact of the pandemic, another study in Nigeria demonstrated that not all small businesses were affected negatively. Fashion and event businesses, for instance, were noted to be negatively impacted, while general merchandise businesses maintained their sales, and food and drug businesses recorded improved sales: This outcome was associated with gaps in the government response and barriers in accessing support programs by those in the informal sector (Iwuoha & Aniche, 2021).
Table 4. Illustrative quotes showcasing shocks to unpaid care economy and household impacts

| Unpaid care work and household impacts | Illustrative quotes [participants] |
|----------------------------------------|-----------------------------------|
| Unpaid care demands increased (cooking, laundry, cleaning, childcare, home schooling), disproportionately impacting women with younger children | “During the lockdown nobody was going to school, they were only doing online classes and you know online classes can never be like the real class. If you don’t sit down to monitor them, they might even be using your phone, your phone that you give them to do online class and be playing game.” Woman, resident in an informal settlement  
“I have some little kids, my junior sister’s children. They were here [during the lockdown]. You know before it was me and the old woman [participant’s mother] alone. So, now that the children are here you can sweep this sitting room for close to six- or seven-times a day, you sweep and mop, you sweep and mop, they’ll pour water, they’ll pour food, it was hectic. Unlike before the COVID-19 that they’ll go to school and before they come back, they’ll be tired.” Woman, resident in an informal settlement |
| Unpaid care work was less or reduced among women with older children; the children were available at home to assist | “Before COVID-19, I was into most of the chores, the children come home with their assignments, projects, school projects, homework, so I allow them, I give them that time to do it but during COVID-19 everybody was at home, nothing was happening so the duties were shared so everybody had to do, you had to do this, you do this chore, I do this, you know it just kind of change and the work load was a bit lifted off me so, it was shared between the whole family members.” Woman, resident in an informal settlement  
“I had more people to do the household chores; there were younger ones to do more of those things; I was doing while they were in school.” Woman, persons living with disability |
| Increased unpaid care work among adolescents disproportionately impacted adolescent girls | “My brother doesn’t help me because he will be like he is a guy and he cannot be helping me and be doing my house chores, so I do my normal routine and I do everything by myself.” Adolescent girl  
“Before COVID-19, I only fetched water in the morning because I wasn’t always around, but when COVID-19 started, I was always at home, so in the afternoon I also wash the plates and then fetch water and do some little things.” Adolescent girl |
| Social negotiation on division of labour informed distribution of unpaid care work, primarily between mothers and adolescent girls | “Although my children were around, sometimes I will wash, sometimes I will cook for them. They will even tell that I am the mother of the house, that I should do the cooking so that they can learn [do schoolwork].” Woman, market trader  
“They [participant’s parents] put pressure on me in terms of cooking because now when everybody is at home we have to be cooking every time.” Adolescent girl |
| Only two male participants noted increased unpaid care work; this was articulated as a responsibility of convenience and a personal responsibility (vis-à-vis household responsibility) | “I had to do more because I was basically staying at home all through. I had to clean up more, wash dishes, because of course we eat more, and all that. Everything was just more.” Man, healthcare worker  
“I think it changed because I now take time to do those things I do only on weekend. I clean my house every day, every morning, I mop the house I mop the corridor, I wash my plate and kitchen stuff. I do some things I neglect doing during the working hours.” Man, healthcare worker |

(Continued)
Table 4. (Continued)

| Unpaid care work and household impacts | Illustrative quotes [participants] |
|---------------------------------------|-----------------------------------|
| Juggling between unpaid care work and paid work was a challenge for some women e.g., healthcare workers and those who could work from home | “During the lockdown my shifts in the hospital changed. We run [three] shifts but during that lockdown it was changed to two shifts. So, normally I go to work, if it’s morning shift i.e., 8–2; 2–8pm that’s afternoon shift, then 8 till the next day. But during the lockdown, it was changed to 8–5pm, so then I had to cook more because if I was on morning duty, I had to stay till 5, so I had to make more of different foods … so she [interviewee’s daughter] will have varieties of things to munch on when I’m not around.” Woman, healthcare worker |
| Persons living with disability articulated increased cleaning demands to reduce risk of COVID-19 infection | “Since the pandemic I just have to make sure that everywhere is properly clean, most especially after receiving a guest into the house, once they leave. To make sure that the house is also clean.” Woman, persons living with disability |
| Access to resources (e.g., washing machine, domestic help) shielded some women from the impact on increased unpaid care work | “We still do the normal routine. We wash even if—at least I have helps and I have a washing machine. I’ll still tell them what to do and all that, they help out. I only do most cooking and they do other chores and all that, it’s still the same thing.” Woman, market trader |
| Women healthcare workers who could delegate unpaid care work at home did so because of increased paid work in the frontlines of the pandemic | “I didn’t have that time [for household work]. … Considering the fact that I am the only one that leaves the house because I am a front-line health worker. I leave the house–I can leave the house by eight o’clock. I can wake up by seven, get myself prepared. Give them directions on what to do at home. And off I go.” Woman, healthcare worker |
| Women and adolescent girls experienced reduced time for leisure and self-care due to increased unpaid care work | “A lot changed. Because during the lockdown we were at home twenty-four-seven, and I do more chores. Before I will do a little, I will do my own stuffs [like bead making] but now I do like everything [domestic work].” Adolescent girl |
|  | “You don’t really have time for yourself, during that COVID-19 I don’t usually have time for myself, it was just house chores and home responsibilities.” Woman, persons living with disability |
The economic effects of the pandemic further impacted food security among study participants. In Nigeria, only 12% of households were food secure following the initial lockdowns in 2020, and almost 60% of households experienced severe food insecurity (Ibukun & Adebayo, 2021). Female-headed households in Nigeria were more food insecure compared to male-headed households; an outcome associated with structural inequalities and gender roles limiting women’s economic opportunities (Nnoji et al., 2021; World Bank, 2020). Our study further indicated that even within households, women were disproportionately impacted by food insecurity as food consumption of men and children was prioritized. This finding supports prior research highlighting that coping mechanisms in the face of food insecurity in times of crisis, such as reduced frequency, quantity, and quality of food, is gendered (Institute of Development Studies, 2001). Further illustrating this, a study in the North East Region of Nigeria found that men and children were considered “higher household priorities for food intake” during the pandemic with women and the elderly being of lowest priority (UN Women, 2020, p. 16).

Our research looks beyond gendered experiences of participants to consider other social divisions or categories, most notably occupation (associated with class), age, and ability. Adolescents took on paid work to support their families, deprioritizing their education. Persons living with disability faced greater challenges seeking paid work because of unequal impact on their mobility. In Nigeria, people living with disability are already marginalized in the labor market, with many engaged in paid work that does not afford them social insurance even as they face additional expenses associated with their disability (Samaila et al., 2020); this demographic was further marginalized during COVID-19. Regardless of gender, participants who were formally employed, and particularly those whose work was designated as essential during the pandemic, e.g., healthcare workers, were not impacted to the same degree as workers in the informal sector by shocks in the paid economy.

We have included unpaid care in our analysis, recognizing it as underpinning social and economic development (Zachorowska-Mazurkiewicz, 2016). Here, the effects are distinctly gendered with both women and adolescent girls taking on greater unpaid care responsibilities regardless of their participation in the paid economy. This supports prior research highlighting that women’s participation in the paid economy does not translate in redistribution of unpaid work (pre-pandemic and during the pandemic; Herrera & Torelli, 2013; Powell, 2020).

Participants shared what types of unpaid care work increased including responsibilities related to cooking for families now confined to the home, cleaning to prevent infection, and home schooling of children. Women and adolescent girls highlighted the time poverty that resulted from taking on this additional care burden with limited time for themselves and self-care at the height of the pandemic. Men participants were mostly silent on the theme of unpaid care work; a silence that suggested that they were not impacted by increased unpaid work at the household level. They were exempt from such responsibilities by social norm which designated domestic and care work as women’s work. This gendered outcome of the pandemic exemplified a conclusion of prior research in Nigeria: “intra-household negotiations over labor and time use are not just about maximizing efficiency or productivity, but also about maintaining social hierarchies, roles, and responsibilities” (Pierotti et al., 2022, p. 10).

Our study further adds nuance to such findings regarding which women are most affected—notably those with young children and of lower socio-economic status (class). One woman highlighted how having resources to employ domestic workers or time-saving technology such as a washing machine shielded some women from increased unpaid care work during the pandemic. Women with older children, and particularly female children, noted reduced unpaid care work as their children were home from school or work and hence available to take on more of this care work. This finding mirrors prior research highlighting that time spent on unpaid care work changes for women in Sub-Saharan Africa based on their age because of the ages of their children. Time spent on unpaid work peaks for women in the 26–35 age bracket, at a time when they typically
have small children, and then gradually reduces as children grow older. By age 10, children start contributing to unpaid work at home, with girls spending twice as much time on domestic activities as boys (Herrera & Torelli, 2013).

Social divisions associated with participants, and how they intersect, hence contributed to how they experienced shocks in the paid and unpaid economies during the pandemic. In applying the intersectional approach to our findings and building on prior contextual research, we illustrated

| Occupation                          | Paid work                                                                 | Unpaid care work                                                                 |
|------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                                    | Overrepresentation in the informal sector, a sector significantly affected by lost incomes, inflation, & barriers to government support | Overrepresentation in the formal sector offered some protection from lost incomes; however, some experienced reduced incomes |
|                                    | Healthcare workers are formal workers and were considered essential during the pandemic; hence had a stable income but still faced financial constraints due to inflation | Those in the informal sector were significantly affected by lost incomes, inflation, & barriers to government support            |
|                                    |                                         | Most women experienced an increase in unpaid care work; motherhood, age of children, and class emerged as mediating social divisions. |
|                                    |                                         | Working at home presented challenges in balancing paid and unpaid care work. Healthcare workers experienced increased demands on both paid work and unpaid care work. |
| Age                                | Some adolescent girls were forced to enter into the labor market, with implication on their education | Increased unpaid care work was notable due to availability at home during lockdown; this reduced time for leisure and self-care |
| Ability                            | Additional barriers to mobility due to public health measures further limited access to the labor market | Increased unpaid care work was particularly noted on cleaning of surfaces due to concerns about risk of infection |
|                                    |                                         | Unpaid care work did not mark the experience of men regardless of ability |
|                                    |                                         | Unpaid care work did not mark the experience of adolescent boys |

| Table 5. Intersectional analysis on differential impacts |
|---------------------------------------------------------|
| **Occupation**                                         | **Paid work**                                                                 | **Unpaid care work**                                                                 |
|                                                        | Women | Men                                                                 | Women | Men                                                                 |
| Overrepresentation in the informal sector, a sector significantly affected by lost incomes, inflation, & barriers to government support |       |                                                                       Most women experienced an increase in unpaid care work; motherhood, age of children, and class emerged as mediating social divisions. |
| Healthcare workers are formal workers and were considered essential during the pandemic; hence had a stable income but still faced financial constraints due to inflation |       |                                                                       Working at home presented challenges in balancing paid and unpaid care work. Healthcare workers experienced increased demands on both paid work and unpaid care work. |
| Age                                                    | Some adolescent girls were forced to enter into the labor market, with implication on their education | Increased unpaid care work was notable due to availability at home during lockdown; this reduced time for leisure and self-care |
| Ability                                                | Additional barriers to mobility due to public health measures further limited access to the labor market | Increased unpaid care work was particularly noted on cleaning of surfaces due to concerns about risk of infection |
|                                                        |       | Unpaid care work did not mark the experience of men regardless of ability |
|                                                        |       | Unpaid care work did not mark the experience of adolescent boys |
how key intersecting social locations translated in the lived experiences of our study participants in Table 5.

While we have separated the paid and unpaid care economy shocks for analysis’ sake, the two are inherently related. Women experienced disproportionate increases in unpaid care work as they disproportionately lost paid work. This dual gendered impact of the pandemic is not unique to Nigeria, but it a global phenomenon (Smith et al., 2021). Gendered norms in unpaid care work have implications for women’s participation in the labor market given the limited nature of time as a resource in production and reproduction. Quantitative research on impact of the pandemic on informal workers across 10 countries found that women who experienced increased care responsibilities earned only 20% of their pre-COVID income compared to 35% for those who did not report increased care responsibilities (Ogando et al., 2021, p. 185). The pandemic therefore affirmed and reinforced gendered distribution of labor.

5. Conclusion
In using an intersectional framework to understand the differential impacts of the pandemic, this article brings to the forefront nuanced experiences of marginalization and social inequalities which are often invisible or ignored. Social divisions, such as gender, age, ability, class, occupation, motherhood, ethnicity, are a product of social stratification in a society’s hierarchical power grid which privileges some while marginalizing others. Since an individual necessarily occupies more than one of these social divisions, an understanding of how social divisions intersect to influence and reproduce an individual’s experience has the potential of offering insight for more targeted and effective social and policy action that ameliorate inequalities and facilitate inclusion.

Our study offers an opportunity to learn how better to support those who were most impacted by the COVID-19 pandemic in Lagos, Nigeria. At the center of the unequal gendered impacts of paid and unpaid work is gendered division of labor informed by social norms. We recommend:

- A national campaign to drive social and policy change contributing to a more equal distribution of unpaid care work at the household level between women and men, and girls and boys
- Educational programs in schools encouraging boys to take on unpaid care work at home; this would reduce time poverty experienced by adolescent girls hence increasing the time spent on personal and academic development
- Improved childcare options, including through publicly funded childcare centers to reduce unpaid care work for women while increasing their ability to enter into the formal sector employment
- Flexible workplace policies to reduce the barriers women face in entering formal sector employment
- Government support programs in times of economic crisis that target those most impacted, e.g., informal sector workers and persons with disabilities; these programs should have low or no barriers in consideration of differential literacy levels and socio-economic capital

Reducing the gender effect on both paid and unpaid care economies would have a ripple effect of mitigating social inequities while potentially improving the country’s economy as more women participate more fully in the labor market. Educational outcomes of adolescent boys and girls would improve because of reduced pressure to contribute to their families’ incomes. Additionally, economic and care support should be provided to people living with disability whose mobility can be greatly impacted by public health advisories that limit their access to care. This has ramifications not only for equitable recovery during the current pandemic but also preparedness for future pandemics. Public health responses to future waves of the current pandemic or future pandemics also need to consider evidence which indicate that longer periods of lockdown are not associated with statistically significant reductions in infection cases and fatality rates but are associated with significant negative impact on economic systems (Coccia, 2021).

Our study contributes to research on gendered impacts of the COVID-19 pandemic, particularly those focused on paid work and/or unpaid work. On the global stage, feminist economists and
public health researchers are calling for a gender-sensitive approach to pandemic preparedness, response, and recovery (Rosser et al., 2021; Smith et al., 2021). We build on evidence highlighting the need to integrate gender into pandemic-related policies in low-income contexts. While similar trends on the negative impacts on paid and unpaid care work for women have been reported globally, Nigeria offers a unique study where contextual factors, including a combination of limited economic opportunities and heightened financial constraints, affects implication of gender roles and negotiation of these roles.

We offer insight into the usefulness of using an intersectionality framework examining various social divisions and how they intersect. This approach allows for an examination of nuanced gendered experiences. We encourage more researchers to adopt this approach in their work. More specifically, intersectional research on the effects of the pandemic on paid and unpaid work, and how the two interact, would be an important addition to the body of knowledge gathered globally and contribute to an envisioning to build back better.

Within the intersectional analysis, however, we do not analyze every intersection, instead beginning with the groupings of those most likely to be affected and by gender. This no doubt obscures many inequities. Elsewhere, for example, ethnic identity was noted as an important determinant of the impact of the pandemic. A study with a sample of 868 participants, found that traders who identified as Yoruba were less likely to report economic effects of the pandemic and more likely to access state government benefits. This was attributed to dominance of Yoruba people in state and local politics and “clientelist networks” linked to their political influence as the biggest ethnic group in Lagos (Mosbacher Institute, 2020, p. 2). Such research suggests the need for further and more in-depth intersectional analysis of the effects of COVID-19 in Nigeria and elsewhere.

This qualitative study is limited in geography and sample. We have analyzed the specific experiences of groups of people living in Lagos. These lived experiences can help to understand the results of large quantitative studies, as well as the nuances of experiences within general categories such as women or adolescents. Still, findings are not meant to be generalizable, and we therefore recognize the need for further intersectional, quantitative research on the effects of the COVID-19 response on paid and unpaid work, as well as innovative mixed methods research.

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