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Gendered Socio-economic Implications of the COVID-19 Pandemic in Rural Zimbabwe

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Abstract

Zimbabwe is one of the few countries that have, so far, been least affected by the COVID-19 pandemic in terms of recorded cases and fatalities. However, the country has not been exempted from the socio-economic consequences engendered by national lockdowns, and the restrictions on the movements of people and goods across the world. The consequences have been particularly heavy on the rural female (women, adolescents, and girls) who, in addition to their social reproduction and voluntary caregiver roles to children, the elderly, and the sick, are also responsible for a number of responsibilities including ensuring household food security through petty food production, purchase, and meal preparations. Using empirical evidence gathered from social work practitioners directly working with females across rural Zimbabwe and the gender and power theory, the article argues that COVID-19 responses including the national lockdown and social distancing in Zimbabwe have resulted in increased sexual and gender-based violence, sexual exploitation, early/forced marriages and pregnancies, increased sexual reproductive health risks, uneven information accessibility, and poor education outcomes, etc for rural females in Zimbabwe.

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1 Introduction

In late December 2019, the newly discovered infectious disease caused by the Coronavirus (also known as COVID-19) was identified in China. The virus was first detected in the Wuhan City, and within a few months, it had spread across the world exponentially (European Centre for Disease Prevention and Control 2020). On 11 March 2020, the World Health Organisation (WHO) declared the virus a global pandemic. The virus is transmitted through contact with an infected person, infected objects and surfaces. Most people affected by the virus experience mild to moderate respiratory illness (Poudel, Meng, Wu, Mao, Ye, Wang, Sun, Sylvia, Rozelle, Raat, and Zhou 2020). Signs and symptoms of the disease are dry cough, tiredness, fever, sneezing, and difficulties in breathing or shortness of breath, chest pains, and high body temperatures (Elham 2020). The elderly and also people with underlying medical challenges such as cardiovascular disease, diabetes, chronic respiratory disease, HIV, and cancer are more likely to develop serious illness (Ou, Wu, Yang, Tan, Zhang, and Gu 2020). There are yet no therapeutics and vaccines available.

In response to the virus, a number of countries have embarked on a number actions that include preparedness and response mechanisms; awareness programmes, suspension of inbound and outbound flights, suspension of business and tourism travel, set up of border and in-country testing centres; social distancing and cancellation of gatherings; adoption of self-isolation and mandatory quarantines for a minimum of 14 days; and treatment for those that test positive. Countries have lockdown measures that allow only essential services to remain open. Although the virus has been a public health calamity, it has also engendered huge drastic changes to economic, transportation, social, and education systems around the world. Concerns also arise on the virus's concomitant implications on food systems, human welfare, and peace particularly for females particularly in ailing economies such as Zimbabwe.

As of June 22 2020, there are a total of 489-recorded active cases, 6 causalities, and 64 recoveries in Zimbabwe. Within an ailing economy, a shattered health system, and distressed social safety nets, Zimbabwe has become one of the countries were COVID-19 has resulted in the increased number of challenges for the poor and marginalised sections of societies particularly women, adolescents, and girls who lack adequate resources to respond to the disruptions by the pandemic. The burden could also be worse for those located in the countryside, who, in addition to the food production, also remain responsible for the care of children, the sick, and elderly (UNCTAD 2020). The national lockdown as well as the other restrictions imposed by national and local governments have affected females' capacity to make a

living through the sale of various farm produces such as vegetables and fruits to the market (Mhlanga and Ndhlovu 2020).

The current dominant discourse among non-governmental organisations and some policy institutions in Zimbabwe is that the COVID-19 has led to an increase of poverty anxiety, depression, hunger and starvation among rural woman. It is also reported that the virus has also resulted in strained health and sanitation facilities and sexual gender-based violence. This article therefore, seeks to explore the COVID-19-related challenges experienced by females in rural Zimbabwe. The term 'female' is generally used to refer to refer to women, adolescents, and girls across the age continuum. Additionally, the article seeks to evaluate the various interventions measures currently in place in order to lessen the impact of COVID-19 challenges in rural area Zimbabwe. The aim is to make some recommendations on how rural females, who are the most vulnerable of the vulnerable, can be provided with support during the current chaotic times.

After the current introduction, the article presents the theory of gender and power by Robert Connell, which was used to guide understanding in the study. The article also makes a detailed literature review on COVID-19, its effects, and how Zimbabwe has been faring since the onset of the pandemic. This is followed by a discussion on the research methodology of the article, the results, and finally, the conclusion and recommendations.

2 Theory of Gender and Power

The article makes use of the theory of gender and power, which was developed by Robert Connell (1987) to understand the gendered socio-economic implications of the COVID-19 pandemic in rural Zimbabwe. The theory identifies three major structures, namely; the sexual division of labour, the sexual division of power, and the structure of cathexis that characterise the gendered relationships between men and women. The first two structures had been identified from previous works as two basic structures that partially explain gender relations (Gilman 1971). Connell (1987) added the cathexis structure to address the emotional element of relationships. These three intersecting, but distinctive structures serve to clarify the culturally bound gender roles assumed by males and females. Connell (1987) noted that while the highest level in which these three social structures are entrenched is the societal level, they actually exist at two different levels, namely; the societal and the institutional. They are also rooted in society through various abstract, historical, and socio-political forces that constantly separate power and assign social norms based on gender-determined roles. As society slowly evolves when society undergoes a scourge of pandemics such as COVID-19, these structures remain largely

intact at the societal level thereby rendering the 'weaker' gender more vulnerable.

The three social structures also appear at the institutional level, which includes schools, workplaces, households, religious institutions, and relationships, etc. The three social structures are sustained through social mechanisms such as unequal remuneration for comparable work, discriminatory practices, the imbalance of control within relationships, and stereotyping within institutions. The existence of these and other social mechanisms restrain women's daily lifestyle practices by generating gender-based inequities in women's socio-economic and political potential in society. This makes women more vulnerable than men during times of crises.

3 Literature Review

Although the literature on COVID-19 is only revolving, reviewed discourses on previous viruses such as Ebola, Severe Acute Respiratory Syndrome (SARS), and Middle East Respiratory Syndrome (MERS) have shown that government policies and public health efforts across the world rarely address the gendered implications of disease outbreaks. This could also be likely the case with the COVID-19. There are already a number of studies, both by individuals and by policy institutions focusing on how to minimise the virus' impact on food and health security, manufacturing, trade, foreign direct investment, and economic growth (Beltrami 2020; Brodzicki 2020; The Poultry Site. 2020; UNCTAD 2020). Studies focusing on the gendered implications of the virus remain nascent despite the existence of empirical evidence which demonstrates that women are impacted differently by disease outbreaks when compared to men (Davies and Bennett 2016; Wenham, Smith, and Morgan 2020). It is in this view that scholars such as Harman (2016) and Sochas, Channon, and Nam (2017) push for the importance of understanding the principal and ancillary effects of a health emergency on different individuals and different genders to be able to create effective interventions. This view is supported by Wenham et al (2020) and also by the Novel Coronavirus Pneumonia Emergency Response Epidemiology Team (2020) which posit that even though the current sex-disaggregated data for COVID-19 displays equal numbers of cases genders, there seems, the same patterns does not continue when it gets to mortality and vulnerability outcomes.

A number of scholars posit that the closure of the various institutions of learning including schools, colleges, and universities as part of the efforts to flatten the curve of COVID-19 transmission across the world have had a differential impact on women who provide most of the informal care within families (Mhlanga and Ndhlovu 2020; Raat and Zhou 2020; Smith 2019). For Wenham et al (2020), the various restrictions imposed by countries have

largely limited the work and economic opportunities of women than men. They argue that movement restraints have resulted in livelihood challenges in most parts of Asia. This argument is sustained by Carvalho, Cheung, and Siu (2020) who found that travel restrictions have resulted in financial an job losses for most migrant female domestic workers in Indonesia, Hong Kong, Philippines, and Singapore. In China, Chen (2020) reveals that the COVID-19 has not only affected women, but it has affected the broader economy as production has been affected by a manpower crunch due to sickness, fear, and movements restrictions.

In Southern Africa where 70 per cent of the food is directly produced by women as men continue to focus on the production of cash crops (UNCTAD 2020), travel restrictions have undermine the efforts of women to ensure household food security (Mhlanga and Ndhlovu 2020). The loss of purchasing power because of the disease has also altered household eating patterns, leading to a poorer nutrition, thereby affecting women's efforts towards household food security (Chen 2020). It was found that during the 2014–16 Ebola outbreak in West Africa, gendered customs meant that females were more vulnerable to infection given their major roles as caregivers within households and as front-line health-care workers (Davies and Bennett 2016). Harman (2016) also found that during the outbreak, women were less likely than their male counterparts to have decision-making power around the outbreak, and their needs were largely compromised. It is also reported that during this pandemic, reproductive and sexual health resources in West African countries were channelled towards emergency response. This resulted in a sharp rise in maternal mortality in a region (Sochas et al. 2017). This argument is also shared by Wenham, Arevalo, and Coast (2019) who reveal that during the Zika virus outbreak, power differences between men and women meant that women were devoid of autonomy over their sexual and reproductive lives. Wenham, Correa, de Oliveira, Aparecida, and Pimenta (2020) posit that this challenge was being exacerbated by women's inadequate access to healthcare and financial resources, which affected their chances of travelling to health facilities in many countries.

Brainard, Hooper, Pond, Edmunds, and Hunter (2016) posit that diseases such as the Ebola or Marburg virus were to a significant extent transmitted differently to men and women. Females are for the most part responsible for the care of children, the sick and elderly. This exposed them more to the virus more than males. In this view, Wenham et al (2020) suggests the need to understand the gendered consequences of COVID-19 quarantines, including whether men and women's dissimilar physical, security, and sanitary needs are produce different effects. Early empirical investigations indicate that COVID-19 has contributed to a sharp increase in reported accounts of

intimate partner violence (UNICEF 2020; UN Women 2020). Adolescent girls were particularly found to be very vulnerable. It therefore argued that without targeted intervention, COVID-19 has the potential to worsen pre-existing risks of gender-based violence against women and girls (Towo 2020; Zhang 2020). This will further negative impact their socio-economic growth and even threaten their sexual reproductive health (UNICEF 2020). Davies and Bennett (2016) also argue that the incorporation of a gender analysis into the implications of disease outbreaks such as Ebola could improve the value of health responses and promote gender health equity goals. Carvalho et al (2020) argue that considering women's front-line interface with households and communities, it is concerning that the extent to which women themselves are affected remains understudied. Worse so, women remain not been fully integrated into global health security scrutiny, detection, and prevention mechanisms (Davies and Bennett 2016). This further exacerbates their vulnerability to the negative implications of pandemics.

Wenham et al (2020) posit that women's socially-prescribed care roles characteristically places them in a principal position to detect patterns at the local level that might signal the start of an disease outbreak, and thus, enable governments to improve health security. Although women are already under burden through their pivotal role as unpaid or underpaid food producers, and care giving, etc., it remains critical to further burden them to add their voices and knowledge as part of the collective and continued effort to reduce the challenges brought about by pandemics on women and to improve outbreak preparedness and response. The WHO Executive Board succinctly recognises the importance of women's inclusion in the decision-making for outbreak preparedness and response (WHO 2020), and yet women still remain underrepresented in national and global COVID-19 policy structures including in the White House Coronavirus Task Force (The Economic Times, 03/03/2020). In view of this situation, reviewed literature posits that if the response to the COVID-19 is to be effective and not further complicate the socio-economic realities of women, it is essential that gender roles, norms, and relations that influence men and women's differential exposure to the challenges brought about by the pandemic as well as how these may vary among diverse categories of men and women are deliberated and addressed (Carvalho et al 2020; Wenham et al 2020; WHO 2020).

The literature poignantly posits that disasters such as COVID-19 do not cause gender-based violence per se, but that the disarray and uncertainty leave women and girls more vulnerable (Carvalho et al 2020; Wenham et al. 2020; Zhang 2020). In other countries, statistics on gender-based violence is already trickling in. In Kenya, it is reported that sexual, gender-based and domestic violence have already increased significantly since the country introduced mechanisms to battle the virus (Mutavati, Zaman, and Olajide

2020). In China where the virus started, it is reported that domestic violence has nearly doubled under lockdown, with 90 percent of the incidences directly related to the virus (Zhang 2020). The WHO reports that by the year 2017, about 35 percent of women worldwide had already gone through some form of sexual and gender-based violence in their lifetime. This article thus, highlights the sexual and gender socio-economic implications of the COVID-19 pandemic in the context of rural Zimbabwe and suggests intervention strategies on how to provide women, adolescents, and girls with targeted support during this COVID-19 pandemic. Consequently, the article also pushes forward the need to incorporate females' voices in the response to the virus within preparedness and response policies or practices.

4 Research Methodology

The article was based on empirical investigation with a total of 12 social workers who directly work with women in different organisations, both public and non-governmental which are located in different areas in rural Zimbabwe. The size of the sample was considered adequate as posited by fieldwork experts such as De Vos, Strydom, Fouche, and Delport (2011) that saturation can be reached with at least 12 participants in a qualitative investigation. Participants were located in different parts of the country and worked in different projects and for different organisations. It was the researchers' belief that interviewing the people who are directly involved with rural females (women, adolescents, and girls) could provide an in-depth understanding of the various COVID-19 challenges which they faced during the COVID-19 chaotic times. COVID-19 safety protocols in terms of social distancing and mask wearing were observed during the interviews. Thematic data analysis – a process whereby patterns or themes were established from qualitative data – was used. All participants were interviewed with their consent.

5 Study Findings and Discussion

The results of the study revealed that COVID-19 and its related responses by the state in Zimbabwe have resulted in increased challenges including sexual and gender-based violence, sexual exploitation, early/forced marriages and pregnancies, sexual reproductive health risks, and unequal access to information, to name only a few. These issues are discussed in detail in the following sub-sections.

5.1 Gender-based violence and abuse

Participants reported there have been increased incidences of violence against females by men, particularly by their husbands, male partners, guardians, and neighbours. The national lockdown which commenced on 30 March 2020 created an occasion whereby families spend more time together (Interview 2). In an informal sector-based economy like Zimbabwe where

about 70 percent of households survive on petty commodity production, hawking, cross border trading, and black market foreign exchange (Mhlanga and Ndhlovu 2020), the stress of being confined into homes without being able to forge means of survival in the context of a collapsing economy created a conducive environment for vicious cycles of violence mostly cascading from the male partner to the woman, and consequently to the children (Interview 1). This comes down to the issue of inequality of power in Connell's theory. The national lockdown increased the number and quantities of meals as well as energy resources such as electricity and paraffin, and fuel wood used within households (Interview 12). This constrained the budgets of many households, thereby leading to stress, particularly for fathers (traditional providers) who consequently blamed women and children for wastage (Interview 3). One participant reported that:

> *The violence against women reported across the country has taken both physical and verbal forms. And because of the patriarchal dynamics of the society, these issues are rarely brought to courts of laws, but are rather settled within household structures. However, as social work practitioners, we have come across these issues particularly this period*… (Interview 9).

Another participant also reported that as women experienced increased stress of having to manage home; work; children; emotions; and budgets, etc. during the lockdown; and that many homes had become "ticking time bombs for both our male and females with women coming out as the victims of abuse in most instances" (Interview 4).

What remains poignant, however, is that while the national lockdown and social distancing required people to stay in homes for safety, it was not taken into account that not all homes were safe. Participants revealed that for many females to whom society has assigned secondary roles (Connell, 1987), the home emerged as place of violence during the lockdown (Interview 7) and increased intra-family tensions (Interview 9). The confinement to homes increased tensions that created conducive environments for the breakdown of already fragile households systems, thereby increasing incidences of verbal and physical violence. Increased exposure of women and girls to abusers at home due to the lockdown rendered them powerless.

With intense movement restriction coupled with the presence of the police and army patrolling the streets and highways, gender-based violence flourished as victims could not seek for help (Interview 9). This view is supported by Towo (2020) who posits that to make matters worse, there was no information given regarding the reporting mechanisms and support services for the victims of gender-based violence during the lockdown period which has, since then, extended indefinitely. This was stressed by

participants who also indicated that the government did not put in place a substantive gender-based violence strategy during the lockdown. This emerged as a huge gap in that given the number of issues that were being reported, the response mechanism could have been hampered by the lack of clearly laid out strategies to address the challenge (Interview 7). This has further complicated the situation of female victims (Interview 4). This negligence exposes the government's insincerity to safeguarding the lives of the people of Zimbabwe particularly females. Participants revealed that where the state claimed to be protecting people from the COVID-19, the state itself could actually be viewed as guilty of killing its own people through exposure to second category impacts (Interview 12). One participant reported that due to the government's secretive tendency, is difficult to know the exact figures of victims of gender-based violence as a result of its COVID-19 response (Interview 1). The government made a huge assumption that homes would be a safe place for people during the lockdown. However, for females, evidence shows that homes have not been safe at all.

Issues of child labour abuse particularly girls to whom cultural and patriarchal practices assign water, firewood fetching, and cooking roles also emerged. Fear of police brutality resulted in households relying on children for water and collection of firewood, and other services as it was believed children were less likely to be harassed by the country's much dreaded security forces. Zimbabwe presides over a collapsing electrical power system with loading shedding sometimes lasting for up to 24 hours per day (Nyathi 2019), and the use of firewood has become a norm both for rural and urban dwellers. This has become an extra burden for females who have been socialised to perform these roles.

The stress of constrained livelihoods opportunities within households soon spilled into the streets. Some protests led by women quickly emerged as a form of registering frustration and also for drawing government attention to the plight of the vulnerable particularly women 90 percent of whom survived through informal activities (Gukurume and Oosterom 2020). However, violence also emerged from state structures against women. The highest level of women insecurity during this period was demonstrated by the callous persecution, abduction, torture, and sexual harassment of women leaders and opposition activists Joana Mamombwe, Netsai Marova, and Cecilia Chimbiri whose protest against poverty, the collapsing economy, and the lack of relief during the lockdown was misconstrued as anti-government.

The participant practitioners reported that COVID-19 had put to test the country's policies against implementation. While the Constitution guarantees the right to social protection, health and food, these were not fully provided during lockdown period (Interview 5). As a result, scrambles for

mealie-meal have been noted across the country with a total disregard of social distancing protocols by the vulnerable groups of society. In these scrambles, it has been mostly females who compromised their own health and well-being to ensure that their families got food since the promised social protection measures of food and other necessities were yet to reach all the women who had been rendered vulnerable by the lockdown (Interview 11).

5.2 Sexual exploitation and abuse

Empirical evidence shows that incidences of sexual exploitation and abuse generally increase in times of pandemics and other crises (Mamombwe et al. 2016; Smith 2019). Pandemics often create a conducive environment for benefaction and predation by offenders who will target the weak and vulnerable for sexual favours. Participants in this study reported that the COVID-19 and the response strategies of the government resulted in the sharp rise in intimate partner violence and the exposure of young women and girl children to sexual manipulation, harassment, and other types of gender-based violence (Interview 6). Neighbours and relatives were reported to be the major perpetrators (Interview 4). It was revealed that:

> *There has been increased talks about prostitution which is said to have increased since the lockdown. Both married and unmarried women, and particularly very young girls are said to have been take up. This comes as families struggle to put food on the table. The wives of public servants including the police and educators particularly those located in rural areas where mining and gold panning activities are rife are said to be engaging in prostitution* (Interview 4).

The engagement of married women into prostitution to get extra cash to sustain households further exposes these women to violence by their husbands and intimate partners. This further complicates their safety. In some cases, this has led to divorces as reported by one participant (Interview 7). Where this obtains, both the vulnerable women and their children are further pushed into serious conditions where they are to be further sexually exploited by perpetrators in order to make a leaving. Thus, while the government's response in terms of the lockdown and the restriction of movements might have succeeded in flattening the curve of the spread of the virus, a hidden pandemic in terms of sexually transmitted diseases including HIV is looming. This will require even more attention as soon as the COVID-19 is conquered.

What makes most women in rural areas more vulnerable is that while many of them rely on agricultural and other land-related activities for livelihoods development, many of them either do not own the land they use or do not have secure land rights (Mazwi, Tekwa, Chambati, and Mudimu 2018). This

is despite that about 70 percent of the food produced in Africa, including Zimbabwe, is directly produced by women (UNCTAD 2020). In Zimbabwe, rural women are the primary food crop producers as men focus on animal husbandry or other off-farm employment opportunities (Mhlanga and Ndhlovu 2020). As Connell (1987) noted, the structure of cathexis that characterise the gendered relationships between men and women in form of inadequate land access, ownership, and utilisation by women therefore, worsens the consequences of pandemics such as the COVID-19. Lack of productive assets such as land due to societal gender discrimination exposes many women to sexual exploitation in times of pandemics as they bear the burden of providing for the children and the elderly. If these women could contract the virus or any other sexually transmitted diseases, this will further affect the production of food thereby further exposing their young girls to sexual abuse as they try to survive (Interview 4).

The COVID-19 has thus, created huge socio-economic hardships for vulnerable household institutions, and particularly rural women whose livelihoods and especially land rights were already highly insecure (Mazwi et al. 2018). Constrained livelihoods opportunities for women due to imbalances in gender and power relations (Connell 1987), coupled with lockdown restrictions, and an ailing economy, provided generous opportunities for culprits to sexually exploit young women and girls' need to access basic necessities such as food, and sanitary items, etc to survive (Interview 11). These tendencies are not new during pandemics and other crises. Incidences of young girls being sexually abused by extended familial or community network systems were also reported in West Africa during the Ebola outbreak where girls were encouraged into commercial sexual activities by relatives and guardians to raise extra cash (Republic of Sierra Leone 2014). In rural Zimbabwe, due to COVID-19, participants reported that a significant number of adolescents eloped to boyfriends while some young girls were being given away in early marriages as households struggled to reduce the numbers of people to feed as discussed next.

5.3 Early/forced marriages and pregnancies

Vulnerable communities and households have a tendency of engaging in illegal and discriminatory strategies when responding to the challenges presented by crises. In most of these responses, women and girls are mostly sacrificed as a household coping strategy due to power imbalances. During the Ebola outbreak in West and Central Africa in recent years, it is reported that girls in particular were forced by guardians to engage in sexual activities, which would bring in money (UNDP Regional Bureau for Africa 2014). The same was reported by participants especially in areas where artisanal gold mining is taking place in Zimbabwe (Interview 7). The participants were concerned that COVID-19 risked not only reversing the

progress that had been made in terms of increasing education access in the country, but also increased occasions of pregnancies and early/forced marriages especially in rural areas where faith-based institutions such as the apostolic sects flourish (Interview 10). One participant reported that:

> *Zimbabwe is one of those countries where a significant proportion of girls and adolescents continue to attend school. There are also a number of organisations across the country which support girl education. However, the challenge has always remained with some faith-based organisations were girls are quickly disposed in marriage. With the lockdown, it is not surprising that only a few girls from these organisations will make it back to school* (Interview 8).

Another participant mentioned that the closure of schools for a long period have left children idle since most parents do not have the capacity to teach their own children. This has given children more time to engage in mischievous acts including sex activities and drugs (Interview 4). The concerns raised by participants are consistent with reviewed discourses, which indicate that during the Ebola outbreak in West Africa, school closures played a key factor in the sharp increase of adolescent pregnancies - with Sierra Leone reporting a 65 percent increase (Mphatswe, Maise, and Sebitloane 2016). Participants reported that it was worrying because the tendency in Zimbabwe was that once girls are pregnant they rarely go back to school due to childcare, economic concerns, and stigma that frustrate their access to education (Interview 6). The lockdown is said to have worsened economic strain to already vulnerable households resulting in early or forced marriage as a coping mechanism (Interview 9).

5.4 Increased sexual reproductive health risks

Evidence from past epidemics such as Ebola, the Severe Acute Respiratory Syndrome (SARS), and the Middle East Respiratory Syndrome (MERS) shows that healthcare resources, which should normally be directed at females, are usually at risk of being diverted towards addressing pandemics. Where this obtains, females become the mostly vulnerable as the steadiness of their care is severely compromised, potentially increasing ill health, mortality, and transmission of other forms of sicknesses (Davies and Bennett 2016; Harman 2016; Republic of Sierra Leone 2014). This could be the case in Zimbabwe where, during the lockdown, some hospitals and clinics were reluctant to receive and attend to patients, but only focused only critical cases due to the fear of erroneously taking in COVID-19 patients who were supposed to go only designated facilities (Interview 11). This emerged as a serious challenge to females who needed to access menstrual hygiene products and sexual and reproductive health services. This situation is thought to have resulted in increased reproductive health risks such as unplanned pregnancies and childbirth complications, which were reported

during the lockdown in rural areas (Interview 9). One participant mentioned that:

> *Due to the unfriendly implementation of the lockdown which was overseen by the police and the army, it was impossible to people to go even to a local clinic to get contraceptives. Where one could sneak and get to the facility, officials did not accept them and only focused on critical cases. The fear of the virus was in the air… It was all over the place. This disadvantaged women, particularly young girls who needed assistance and support the most* (Interview 2).

Another participant also added that:

> *We are also concerned about the limited movement for the general public. As an organisation that works with young women, we have had reports from them of failing to access public transport to visit their health centres for contraceptives and HIV medication. The absence of a clearly laid out plans for such situations will compromise the general wellbeing of the adolescent girls and young women* (Interview 4).

This evidence implies that females would be exposed to unwanted pregnancies. Unwanted pregnancies further complicates the lives of girls in particular. In a patriarchal society like Zimbabwe, pregnancy is only acceptable in marriage. Out-of-marriage pregnancy could cause a female to be labelled as loose and a prostitute. These stereotypes further complicates the life of females and also negatively impacts on their future chances for a respectable and recognisable marriage. Where this obtains, the impacts of the COVID-19 and its concomitant lockdown and movement restrictions become permanent (Interview 8).

Restrictions on movements also further complicated the situation of survivors of sexual violence who could also not access clinical services especially after rape incidences. Even where such services were still operational, fear of COVID-19 infection found caregivers hesitant to allow victims to access facilities and services (Interview 7). This was exacerbated by the fact that there were no adequate testing kits across the country. The acquisition of health and other reproductive resources was subordinated to the acquisition of COVID-19 testing kits as the government struggled to respond to the pandemic, thereby making the repercussions of the pandemic worse on females across the country (Interview 4). Participants also reported that the absence of infrastructure that is gender-sensitive and that could be used to respond to female needs was another matter of concern. They recommended that in the context of COVID-19, once decentralisation was operational, there would be the need for the deployment of health personnel to different areas particularly in the countryside (Interview 6).

5.5 Uneven information accessibility

With the tight restrictions on movement and assembly of people, participants reported that support services and important information on the pandemic were being delivered through remote/phone (Interview 1) and virtual modalities (Interview 5). While Cell phone ownership and access has increased worldwide (UNHR 2020), this may not be the same in Zimbabwe where the collapse of the economy shows up in both local and international ratings. The World Bank's Doing Business 2018 index ranked the country 159 out of 190; The Fraser and Cato Institutes' Economic Freedom of the World listing for 2017 indicated that out of 159 Zimbabwe was 144. The country also ranked 124 out of 137 in the World Economic Forum's Global Competitiveness Index for 2017-2018 (New York Times, 04/12/2017). Poverty levels have also been increasing in recent years. When analysed from the International Poverty Line of US$1.90 PPP, by 2011, about 72.3 percent of the total population was classified as poor (IOL News 26/09/2016). This number soared to 74 percent in 2018 (World Bank 2019) and approached 84 percent at the end of 2019 (Quinn 2019).

In view of the above, most of the people in the country, and particularly females are still less likely than men to own a Cell phone (Interview 12); and it is estimated that half of the people in rural areas are without the device (Interview 6). Participants indicated that there was even an insignificant size of girls with Cell phones in rural areas and that those who owned phones had no airtime and data to acquire internet services most of the time (Interview 1). This in consistent with the UNICEF (2020) which posits that the figure of Cellphone non-ownership for adolescent girls in developing countries is not high enough. In addition, participants revealed that even where sexual and gender-based violence victims owned Cell phones, close monitoring by abusers under lockdown conditions could have made it difficult for victims to use a phone or the internet to communicate their situations (Interview 11). It is thus, imperative that services which are meant to target females and protect them from sexual and gender-based violence do not rely on high technology solutions alone, but rather through easily accessible channels. It was reported that tailoring community engagement interventions for gender, language, and local culture improves communities' uptake of interventions.

Participants also advised that communication with females be not a top down approach, but rather be respectful and take cognisance of their knowledge and expertise (Interview 9). It is therefore, crucial for the government of Zimbabwe to improve information accessibility and also empower victims of gender-related challenges about available services. The government can also learn from other countries such as China where non-profit organisations have been empowered and funded to publish

guidebooks on how victims of lockdown responses and particularly females can seek help (Zhang 2020). In Costa Rica, the Ministry on the Status of Women launched an information crusade on care and protection services (UNHR 2020). In Morocco, public and private organisations encouraged women to call '8350', or to communicate through the "we are all with you" platform, to report any form of violence (UNHR 2020).

5.6 Poor education outcomes

Evidence from previous pandemics such as Ebola and Zika show that the efforts by governments to contain pandemics often interrupt and disrupt education services. The UNESCO estimates that about 1.54 billion children and youths are out of school worldwide due to COVID-19 and school closure. This number also includes about 111 million girls who live in developing countries (Plan International 2020). In Zimbabwe, participants were concerned that the closure of schools due to the pandemic could result in many girls, in particular dropping out, when schools reopen especially those living in poverty (Interview 4), with disabilities (Interview 6), and in rural areas (Interview 7). It is reported that rural girls have already limited access to education due to poverty and thus, the virus and the closure of schools could only worsen the situation. It was also revealed that rural schools in Zimbabwe are known for poor quality education due to the lack of resources in the context of a crumpling economy, and the closure of schools has robbed the children of the little resources they had. One participant mentioned that:

> *Rural schools cannot be compared to urban schools. While the challenge is countrywide, rural school face acute resource shortages. Children share textbooks and other extremely important resources. The school keeps all textbooks, for instance. The closure of schools therefore, means children cannot access the textbooks. They cannot rely on any social networks either due to movement restrictions. For the girl child, the challenge is much worse* (Interview 6).

This therefore, means that most children and particularly girls in these rural schools have been robbed a future by the virus and the associated government responses. They have been robbed of the knowledge skills, and opportunities they needed for a productive and fulfilling future life.

In view of the above discussion, it is important to note that whatever intervention mechanism is adopted to assist females in overcoming the challenges posed by the virus, such a mechanism needs to take into account their access and safety. Where possible, it is crucial to consult them so as to understand how best they can be assisted. For this reason, context-specific and focused interventions are needed as detailed next.

6 Conclusions and Recommendations

The results of the study reveal that Connell's theory of gender and power clearly displays how the COVID-19 and the various responses adopted by the government have produced gendered socio-economic implications particularly in rural settings. While the government response was unavoidable in the context of restricting contagion, women have however suffered most due gender and power imbalances inherent in institutions. Although men have also been affected, females have had their lives actually disrupted by the implemented lockdown and movement restrictions. Some of the socio-economic challenges which have emerged as a result of this include gender-based violence and abuse, sexual exploitation, early/forced marriages and pregnancies, increased sexual reproductive health risks, uneven information accessibility, and poor education outcomes, etc.

In view of these challenges, as recommendations, we call upon the department of health in Zimbabwe to consider the sex and gender socio-economic implications of the COVID-19 pandemic, both direct and indirect, and undertake an inquiry of its gendered effects integrating the voices of females particularly those located in rural areas who happen to be the most vulnerable. Females should not be viewed merely as recipients of assistance, but rather the various actors offering assistance should tap into the wealth of the expertise of females themselves within the communities. Their practical needs should be addressed. Structured assistance in the form of social protection that covers food, health, water, and shelter, etc, is key for effective assistance to women and girls. The voices of women, adolescents, and girls are important in enhancing a strong understanding of the impact of COVID-19 and meeting the needs of affected people effectively. With the support of non-profit institutions and other actors, it is important for the government to identify current females' networks and rights clusters to reinforce the leadership and meaningful membership of these females in all decision-making practices in addressing the COVID-19 outbreak. This view is supported by the UNICEF (2020) which posits that females play a crucial role as channels of information in their communities. Participants in the study also considered this strategy to be crucial since females are already participating in different capacities within communities.

The government may also needs to redirect its budget allocation to prioritise COVID-19 and the various challenges it has brought about particularly focusing on females. A number of non-profit organisations have already adjusted or even completely changed their programmes to respond to the situation and prioritise COVID-19. Zimbabwe can also do the same. It is also crucial the that state ensures the continuity of core and quality health services, education, food supplies - including alternative delivery mechanisms - while also maintaining the long-term support for robust

education and health systems to meet the holistic needs of females who are the most vulnerable. As the only networks that females used to rely on are closed due restrictions, the key social support structures - peers and mentors - for girls and adolescent girls should be sustained. With most face-to-face interactions having been constrained through the lockdown as well as social distancing protocols, where possible, digital platforms should be strengthened.

Lastly, the government should make efforts to collect COVID-19 related data, which is based on multiple variables including sex, race and age, etc as to be able to track population categories that are being impacted on most. Evidence-based gender analyses on gender-specific human rights impacts of the pandemic and the procedures adopted in response should be given greater emphasis (Smith and Morgan 2020). Such data is basic in increasing the efficacy of responses to the virus and inform preparedness and response plans in other contexts and future health pandemics.

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