



FUTURES

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A wide, powerful waterfall cascades over a dark, rocky cliff. The water is white and frothy as it falls, creating a misty spray at the base. The surrounding landscape is lush with green vegetation. The waterfall is the central focus of the bottom half of the cover.

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Telephone: ++263 8 677 006 136 | +263 779 279 912

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DISASTERS, PANDEMICS, VULNERABILITY FACTORS AND THEIR IMPACTS ON WOMEN AND CHILDREN IN AFRICA

TAPIWA MUSASA¹

Abstract

The article argues that African women and children are vulnerable to any type of disaster or pandemic at the micro or macro level, due to their high levels of susceptibility and unequal access to resources as compared to their male counterparts. The study explores the views of stakeholders in disaster management through document reviews, interviews, focus group discussions and observations. Results of the study reveal that women in Zimbabwe, Mozambique, Malawi and South Africa suffered more at the hands of Cyclone Idai in 2019 and the COVID-19 pandemic in 2020, as compared to their male counterparts. Domestic violence cases against women increased, sexual abuse against women and girls in temporary shelters also increased, and privacy and ante-natal services were limited or not available at all in emergency facilities during Cyclone Idai and COVID19. The article recommends that disaster management in communities should take a continuous multi-stakeholder approach where all parties take turns to be at the forefront in terms of basic needs provisions. More resources should be set aside with enough monitoring and evaluation at national and international levels to cater for the vulnerable communities and sectors of the population like women and children during disasters and pandemics.

Keywords: disaster management, heterogeneity, natural disasters, anthropogenic disasters, gender inequality.

INTRODUCTION

According to the World Confederation for Physical Therapy (2016), disaster management is the organisation and management of resources and responsibilities for dealing with all humanitarian aspects of emergencies, in particular, preparedness, response and recovery to lessen the impact of disasters.

¹ Department of Social Sciences and Humanities, Catholic University of Zimbabwe, Harare, Zimbabwe

To safeguard gains made in development, there is need to increase disaster preparedness, planning and management so that lives and infrastructure are safeguarded. Even the United Nations Sustainable Development Goals (SDGs) can hardly be achieved without effective disaster management plans, especially for Sub-Saharan Africa (SSA) and other developing regions. A disaster is a departure from the normal situation, although normality can be subjective (Wiest et al., 2002). In addition, ISDR (2004) defines a disaster as the disruption of the community's functionality resulting in human, economic and environmental losses to an extent that the community cannot cope without external support. Joseph-Brown (2013) views risk as the function of a hazard and vulnerability, that is, $Risk = Hazard \times (Vulnerability - Capacity)$.

This article argues that while disasters vary in intensity and propensity, affecting everyone and everything indiscriminately, women, children and girls bear the brunt in the disaster management cycle (Sorahbizadeh, 2016). This is due to cultural, religious, social, and economic factors that inevitably find women at a disadvantage in Africa. Women seldom have property rights, access to credit, decision-making powers or equal opportunities in employment and education (Hosain et al., 2015), leaving them at the mercy of men in anything that affects their well-being.

This study takes its argument from the fact that disaster frequency and severity are increasing in the 21st century (Coley 2020; Lai and La Greca, 2020), and that disasters do not affect everyone equally, with women and children presented as the worst victims due to their vulnerabilities caused by the poverty trap, particularly in SSA (Anyanwu and Anyanwu, 2017), and lack of decision-making powers (Sohrabizadeh et al., 2016; Dhliwayo, 2019). The occurrence of disasters is inevitable in most cases and they appear to be companions of humankind (Batia et al., 2018). The important aspect of disaster management is to assess the levels of vulnerability of different population sectors and communities in a bid to come up with mitigation measures that will reduce the impacts of the disasters or, at least, enable recovery and resilience.

All sectors of the population, adults, children and women face pre-existing challenges that increase their vulnerability to disaster, depending on their differentiated social and economic orientation, a situation that Turnbull et al. (2013) describe as experiencing the impacts of disasters differently, depending on who you are and what you have in society. According to Khoram-Monash et al. (2017), vulnerable people like children, the elderly and the sick,

are most likely to be forgotten or left out during emergency evacuations, thus specialised arrangements should always be put in place for them in the disaster management process. It is against this background that the study intends to examine how women and children were affected in Southern Africa by Cyclone Idai and COVID-19 since the whole disaster management debate continues to rest on the issue of gender disparities in SSA, in that gender equality and women empowerment are the panaceas.

LITERATURE REVIEW

Disaster vulnerability is increasing on a global scale, especially for vulnerable groups like children, women, the elderly, the disabled and the poor. In the opinion of Alfredo (2017), it appears the world is increasingly becoming more unstable and unpredictable as disasters appear to be around the corner from terrorism, war and climate change. Disaster management is, therefore, a critical discipline to manage the impacts of those disasters, to give the people a high level of awareness, sensitisation and preparedness so that the impacts are minimised.

IMPACTS OF DISASTERS AND PANDEMICS ON WOMEN AND CHILDREN GLOBALLY

Women always suffer more during disasters because of their nurturing and caregiving roles, and as producers, providers and consumers of food and other goods and services for their families, communities and themselves (UNDP, 2021). According to Ranji et al. (2021), women across the United States lost or had to quit their jobs because the day-care or school of their children was closed, so they had to leave to take care of the children. This created mental health challenges and stress for the women. The multiple roles played by women mean that they themselves are the last priority and they risk losing their good health or lives as they care for others. This situation is why Ahmad (2018) suggests that there should be shared responsibilities in the day-to-day duties of the family and communities to give each other space for personal health and protection. During both Cyclone Idai and COVID-19, not only were women engaged in providing for the physical needs of the family - food, clothing, shelter, fuel, water and health care - they also did so in difficult conditions and were encumbered by emergency operations such as the construction of make-shift shelters, constructing rafts and scaffolds to keep above water levels, sheltering animals, protecting their children and animals from insects and snakes, taking special care of infants and the aged, particularly when ill. Women coped by invoking assistance from the village elite, borrowing from neighbours, scouring the environment for scraps of food and fuelwood, subsisting on emergency

items stored underground or in the homes of the elite, or going to live with relatives in less affected areas till the worst was over.

In concurrence are Bradshaw and Fordham (2013), who say that women and girls report that violence is likely to increase after a disaster, and trauma and an increase in their workload. Most studies highlight losses men suffer, leaving out losses for women who normally do not have much to their names, except small livestock and cooking utensils. According to Hossain et al. (2015), disasters and pandemics destroy the smooth-running of healthcare systems, increasing the risk of lacking safe water, sanitation and exposure to disease prevalence. Children's rights are greatly violated as they miss school, food and nutrition, hygiene and health in general. Disasters cause psychological suffering in children as they witness parents and other family members die or lose possessions and livelihoods, pushing them into child labour activities (Kousky, 2016).

EXPERIENCES OF WOMEN AND CHILDREN FROM PAST EVENTS IN AFRICA

In African countries, it is the girl child who drops out of school due to droughts or famine, then either get married or take care of the young and the sick by providing labour. It then becomes a vicious cycle of poverty for women and girls (Chichester et al., 2017). Lack of education has negative repercussions later on in life (UNDP Report, 2021). Such repercussions always lead women and girls to turn to employment in the informal sector which was seriously affected the COVID-19 pandemic in most African countries like Zimbabwe, South Africa and Mozambique, to mention a few. This pushed women, girls and children deeper into poverty and increased gender-based violence and malnutrition (Mackenzie, 2020; Nerves, 2020). According to LeMason (2016), gender inequalities often worsen after a disaster, with not just physical violence, but sexual and emotional violence as well, brought to bear on women, girls and children. Trafficking and child marriages also increase due to increased vulnerability and emotional stress on men during disasters. In Uganda, after losing their jobs, men would not go to the fields claiming it was a woman's. In Ethiopia, men divorce their wives due to the loss of cattle herds because of droughts (Chineka, 2016). They do that for their security of person, but in the process, increase their vulnerability to women (Lim et al., 2019).

Water scarcity in the Sahel region forces women and girls to travel long distances to look for water, thus exposing them to danger. In a bid to avoid long

queues, girls opt to fetch water at night, even risking snake, hyena, or even sexual attacks (WHO, 2013). Similarly, children suffer during disasters, especially when they are not included in disaster management policies and their voices are never heard (Peek et al., 2017). Institutions that deal with children should advocate for the children through local policy formulation, awareness campaigns, education and training. Studies done by Goodman et al. (2016) indicate that the health of women is affected mostly during disasters because of their low status in the community. Pregnant women, for example, suffer due to their location, crowded cities, limited natural resources, inequality, disruption of electricity, telephone services and running water. All these are critical in emergencies for delivering women because this leads to treatment in the open, lack of communication, referrals and difficulties for doctors to operate on patients who need such services. Maternal mortalities, therefore, increase during disasters.

Chineka (2019) indicates that some organisations have realised that women suffer more during and after disasters, leading to the introduction of programmes to increase community resilience through women empowerment. The chosen districts in the study are Mumbwa District in Zambia and Chivi District in Zimbabwe, all indicating that some interventions to empower women will help reduce their vulnerability in disasters. In Mumbwa, Heifer International donated heifers in a programme code-named ‘Pass the Gift’, in that a beneficiary will pass on a calf to a comember in the programme since cattle are understood as an essential resource in drought-stricken areas. Although gender inequality is still very high in Africa, some countries have made significant strides in reducing the gender gap, for example, Rwanda and Namibia with a Gender Parity Index (GPI) of 80,5% and 80.9%, respectively (Chepkemoi, 2018; Andrus, 2021; Gender Gap Report, 2021; World Economic Forum, 2021). Other African states can, therefore, learn from their counterparts on how best to improve gender equality, which can significantly assist in reducing women’s and children’s vulnerabilities in times of disasters.

METHODOLOGY

The study employed primary qualitative data collection methods and desktop research to gather data on the impacts of disasters in Zimbabwe, Mozambique and Malawi. Interviews, focus group discussions and observations were used to gather data during the period of Cyclone Idai in 2019 and the COVID-19 pandemic from 2020 -2021. The results were analysed using thematic analysis.

FINDINGS

Cyclone Idai affected women more than men in Zimbabwe, Malawi and Mozambique because of vulnerability and inequality. In these countries, an estimated 53% of the 750 000 people affected by Cyclone Idai were women against 47% for men (Save the Children, 2019; UNDP, 2019; UNICEF, 2019), an indication that women are amongst the most vulnerable people in any natural or anthropogenic disaster. During Cyclone Idai, 45 000 births were expected, and 70 000 births were at risk of life-threatening complications due to the disruption of communication and transport channels (Reliefweb, 2019; ZimFact, 2019; Save the Children, 2019). This is an indication that any disaster affects people according to their resilience and resistance to such shocks, thus women are amongst the most vulnerable unless efforts are made to effectively reduce gender inequality in African societies.

For Zimbabwe, in particular, the situation during Cyclone Idai was worsened by the fact that inequalities already existed in terms of employment, access to finances and other critical basic rights, thus lack of shelter, emergency facilities, medication and accessibility to medical centres made the situation even more unbearable for women and children (ZimFact, 2019). These challenges were in addition to already existing sexual violence, lack of privacy and lack of sanitary ware for women and girls. Those who could afford, easily got access to food through online shopping, or asked for home deliveries (participatory observation), while the poor people could not afford such luxuries. Maids and gardeners were laid off their jobs without pay, leading to food shortages for children and other vulnerable members of their families (ibid.). In Chimanimani and Chipinge, Zimbabwe, a total of 250 000 people was affected by Cyclone Idai and 130 000 of those were women. It was reported that 5 200 women were at risk of sexual violence. Lack of privacy and safe spaces at emergency shelters exposed women to sexual abuse. Many Cyclone Idai victims were sheltered in schools, churches and public buildings, exposing women to sexual attacks. Some of the women expressed feeling insecure at the shelters and exhibited fear of pervasive violence post-Cyclone Idai (Dhliwayo, 2019).

Nearly 75 000 pregnant women were caught up in the Cyclone Idai trail of destruction and 1 in 10 women (10%) were at risk of serious complications that required special delivery care. The reported disruption of water and sanitation facilities by Cyclone Idai exposed pregnant women to opportunistic infections and outbreaks at established health and referral health centres (ibid.).

In Malawi, 468 650 people were affected by the same cyclone, 117 160 being women of child-bearing age and 23 432 of them were pregnant at the time (Relief Web, 2019). More than half a million women and girls were desperately in need of sexual and reproductive health services.

Women and children were the worst affected by COVID-19 in South Africa, Mozambique and Zimbabwe. Mozambique reported a rise in gender-based violence during COVID-19 due to confinement and tensions in the home. Most of the victims were women. About 1.3 million children lost their parents, education, shelter, clothing and needed humanitarian assistance in Mozambique during Cyclones Idai and Kenneth (Save the Children, 2019; UNICEF, 2019). Pijoo (2019) reports that in Mozambique, powerful political party leaders forced women into sex for food during Cyclone Idai food handouts because they did not have the money demanded by the food distributors.

Reports by UNICEF (2019) show that South African women suffered more in the workplace as they could not work from home because most of them work in the food industry (restaurants, hotels, tourism and hospitality, etc.) and street vending, which require them to be at the work, leading to loss of income for their families. Most of these industries were closed during the COVID-19 pandemic (Ranji et al., 2019). Where they were open, women were at the forefront, placing them directly in risky areas where they could easily contact the zoonotic disease. In Zimbabwe, the informal sector operated mostly by women has become the backbone of the economy, but it was closed also due to COVID-19, hence they women could not feed their families (observation and focus group discussions). More than 90% of women in rural areas are affected by drought and poverty, so are unable to feed their children (Walsh, 2016). School closures affected their feeding schemes, thus pushing some children into hunger, starvation and malnutrition.

Old people's homes and childcare centres are concepts that are still developing on the African continent. This means that most of the invalids are still being taken care of in the home. This caring and nurturing role is the domain of women; thus, a woman will not desert her family or community during disasters. It is also the mother's role to take care of children and most mothers will find it difficult to swim to safety with a child on her back or to abandon a sick child, an elderly member of the family, or a disabled person irrespective of age. Women are most likely to die trying to source help for the affected in developing countries, unlike in developed nations where the nurturing

responsibilities have significantly been transferred to social workers in homes. One participant in the study, a 59-year-old woman had this to say:

Many women who had sick people in their homes died while they waited for help. For example, a friend of mine died during Cyclone Idai. She sent all her teenage children to run and look for help while she took care of her elderly mother-in-law. The children survived. The husband survived because he had to run after the children. It is so painful.

Women experienced increased domestic violence during COVID-19, lack of antenatal services during Cyclone Idai among other effects, while children’s rights to food, shelter and education were violated. Table 1 summarises the reports from focus group discussions conducted by the study.

Table 1: Effects of Disasters on Women and Children, Contributing Factors (Author, 2021)

Pandemic/Disaster	Effects of Women	Effects on Children
Cyclone Idai -2019	<ul style="list-style-type: none"> -Sexual violence -Lack of antenatal services -More deaths -Food, water and sanitation shortages -Post-disaster traumas -Loss of livelihoods 	<ul style="list-style-type: none"> -Psychological trauma -insecurity and deaths of parents -Loss of education time -Deaths -Health issues -Trafficking -Orphanhood - Sexually abused in food relief queues.
COVID-19-2020/2021	<ul style="list-style-type: none"> -Inability to feed families -Spousal separation - Increase in domestic violence -Over-burden of carework 	<ul style="list-style-type: none"> -Loss of school time -Malnutrition -Psychological damage -Witnessing domestic violence -Child labour
Contributing Vulnerability Factors	<ul style="list-style-type: none"> -Unemployment -Lack of education -Lack of properties - Exclusion from knowledge due to norms and traditions -No decision-making rights 	<ul style="list-style-type: none"> -Lower physiological development -Lower intellectual capacity -Dependant nature

Table 1 shows the effects of Cyclone Idai, a climate-induced disaster and the COVID-19 pandemic, a biological zoonotic pandemic on women and children. The contributing factors to vulnerabilities are also shown. Participants in focus group discussions indicated that women and children are the worst affected because they are rarely separated and they had this to say:

Due to the caregiving role of women, the children are always with them and whatever dangers affect the mother also affect the children. During Cyclone Idai, for example, in Chimanimani, some mothers were home when the disaster struck and there was no way they could leave their children alone. It was traumatic to witness one or all of your children die before you because you could not carry all of them to safety. However, some men survived because they were not home or they were alone, which means they could easily run to safety.

This means women are easily affected by disasters and pandemics because of the caregiving role in the family. This validated the responses obtained from focus group discussions, thus confirming the results. Asked to comment on how children in the district suffered due to COVID-19, one respondent from the discussants summarised it as:

Our children suffered due to shortage of food. Most parents lost their jobs and they could not adequately provide for their children, violating the rights of the children in terms of basic needs provision. In terms of education, all schools were closed and everyone was at home. In rural areas, for example, some parents could not afford the smart gadgets needed to join online lessons, thus there was differential access to education. Some parents were fighting and the children were also affected as they witnessed such violence that is not good for the child.

These responses show that women and children in South Africa, Zimbabwe, Mozambique and Malawi were affected negatively by COVID-19 and Cyclone Idai.

DISCUSSION

Women and children are the major victims of natural and anthropogenic disasters compared to their male counterparts. The reviewed literature indicates that the subordinate position of women in society disadvantages since they cannot make quick decisions due to a lack of resources (Anyanwu and Anyanwu, 2017; Hosain et al., 2015). This pathetic situation must be appreciated by society because it is and has been unfair to women since time immemorial. From a rights-based approach, every person deserves to be treated with dignity and respect. Men and women have been created equally as free and independent beings, but socialisation has changed women to be tools and weaker subordinate members of society. Results indicate that women were home most of the times when disasters struck. Some of them could not run away as fast as they needed to do, because they had children on their backs or had elderly sick people to take care of.

The results also indicate that factors contributing to the vulnerability of women include lack of education and overburdening due to care work at home, among others. This means that women and girls do not have time to do other things to

develop themselves in academically, economically, socially, or politically and, therefore, remain underprivileged. This view was also aired by Le Mason (2016), who comments that the responsibility of day-to-day survival activities like laundry, food and water lies too much on women. Everybody should do their part so that the impact of disasters, during and after, is equally felt by everyone, not just the female members of the family. If care work and household chores are shared, women will not be that much vulnerable to disasters. The results from the focus group discussions indicate that women suffered more domestic violence as compared to men during COVID-19, a situation that could have been avoided with improved equality and women empowerment in homes and societies.

The challenges women and children face during disasters and pandemics have underlying causes that can be changed through socialisation and educating men to live with empowered women.

The impacts of COVID-19 have been felt by women more than men because women are expected to cook and put something on the table. This has put pressure on the women who may find it difficult to source food during a drought, a cyclone, an earthquake, or a pandemic like COVID-19. When everybody else was at home during lockdowns, some women were forced to use whatever means, even immoral ones, to source the food. For example, during Cyclone Idai food relief programmes, it was alleged that some married women and girls engaged in sexual relationships with officers distributing the food so as to jump the queues and/or get extra packs of mealie meal, cooking oil, sugar and so on.

The same was reported in Chimanimani Zimbabwe during Cyclone Idai. Elderly women who could not source extra food, pushed their young daughters into such illicit affairs for the sake of food, a situation that most respondents confirmed. Such scenarios need to be investigated by the authorities and deterrents put in place so that young girls and women do not continue to be taken advantage of by such officials during disasters and pandemics for the sake of basic needs that should be given freely by the government. Proper monitoring and evaluation are needed during food distribution programmes. Only those men and lucky women with enough savings were able to sustain good living conditions and provide decent meals to their families during the COVID-19 pandemic. This is a pathetic situation that can be avoided with proper monitoring and evaluation of food distribution programmes.

Feminisation of poverty remains very high in Africa because of the geographical location of women who live mainly in rural agricultural areas. The areas are underdeveloped and lack infrastructure for any modern development initiatives, a colonial relic that could have been corrected since independence. These are the areas where more than 70% of the population live in absolute poverty, hunger and starvation, worsened by the effect of El Nino-induced droughts and climate change. In Zimbabwe, for example, 67% of the population in rural areas (Zimbabwe Statistical Office, 2012), is without enough food due to droughts and women and children constitute more 60% of this population (Walsh, 2016). Such disasters continue to affect women emotionally and socially since they are expected to do a lot for the family due to socialisation structures. When faced with a challenge, people tend to use resources at their disposal to get out of the situation. However, women are not self-sufficient, rendering them vulnerable and exposed to the effects and shocks of disasters, more than their male counterparts.

Women face the biggest brunt of challenges affecting their nations because they are the majority in the population and carry the heavy burden of childcare and other nurturing roles like caring for the elderly and the sick. While it is difficult for a pregnant woman or a nursing mother to run to safety during a disaster, it is even worse when a woman faces the dilemma of escaping, leaving behind the sick and the elderly but, most importantly, their young children who cannot cope with the speed and resistance to diseases required during evacuations. Some women choose to die with their children rather than desert them, hence the high statistics of female victims in disasters. Women in urban areas still face the same challenges because they still depend on men for survival, increasing the risks of contracting sexually transmitted diseases for single mothers and widows who must rely on casual sex to secure food for their children and families. Even child protection laws like the Maintenance Act are still difficult to uphold, and men can still play hide and seek with the women denying the responsibility to provide for their children, thus leaving no option for the uneducated, unemployed poor women but to use any means available to take care of their children and, in most cases, have resorted to prostitution as a way out of starvation.

Gender equality and women empowerment are important tools that can be used by nations to reduce the impacts of pandemics and disasters on women and children. Although many nations are making efforts to put legislation in place for women's empowerment, the pieces of legislation are not effective. It is

pathetic to note that some national constitutions state that women should have equal political representation and in parliaments, but male leaders are still holding the highest positions, giving a chance to only a few women who are not even equipped educationally to make effective contributions to economic and political decisions in parliament. However, African countries like Rwanda and Namibia have made very significant strides toward gender parity as alluded to by Andrus (2021) and Chepkemoi (2021). This is an indication that gender equality is possible if legislation is effectively implemented.

CONCLUSIONS AND RECOMMENDATIONS

Cyclone Idai, Cyclone Kenneth, COVID-19 and other disasters and pandemics in the 21st century have negatively impacted women and children more than adult men because of the nature of work women are expected to do by society. Some Disaster Risk Reduction (DRR) policies and plans do not include women and children as active participants. The challenges faced by different countries are similar, particularly for women both in urban and rural communities. Women need to be empowered by their governments, but most importantly, the women themselves must have the internal will to take the initiative to claim their equal share in education, employment and political status. Their empowerment will give their children a better chance to access all development opportunities and be better placed to fight against disasters. Governments must create enabling environments for gender equality so that no sector of the population is at a disadvantaged in terms of resilience to disasters. Socialisation processes must start accepting and appreciating the benefits of globalisation, modernisation and urbanisation and remove the chains women have in the home as this will also free them from being the worst victims of disasters. Africa still has a long way to go in terms of gender equality, women empowerment and reducing the number of women and children dying and suffering from the effects of natural and anthropological disasters. However, Rwanda and Namibia have made significant strides in terms of gender parity. Other African countries can learn from them to fully equip women to offer resistance and resilience during disasters and pandemics like Cyclone Idai and COVID-19, respectively.

- The Government, through responsible ministries, should integrate childcentred and women-centred policies into Disaster Risk Reduction Plans.
- The Government and the private sector should unite in promoting sustainable women empowerment programmes through incentives that can be accessed only when one is in school. This will keep girls in school as

long as possible as a long-term strategy to equip women and girls first against disasters and pandemics.

- Food packages must be distributed to cushion families in food provision for their families so that women do not face the burden of basic needs provision alone. Close monitoring for objectivity and transparency will reduce women and girls' sexual abuse by unprofessional officials.
- To cater for victims of domestic violence, online counselling services must be provided and intensified during disasters and pandemics.
- Women must be included in the whole Disaster Management Cycle from planning to monitoring and evaluation of DRR plans.
- Gender Equality and Social Inclusion (GESI) must be prioritised for sustainable development programmes so that no one depends on another for protection and survival. Meaningful empowerment programmes will eliminate exclusion and protect women and girls from being taken advantage of during political campaigns.
- More awareness campaigns are needed for Disaster Risk Reduction so that men, women and children, including the disabled, are less vulnerable, with the capacity to reduce the impacts of pandemics and disasters on everyone.

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