IMPACT OF CORONAVIRUS DISEASE 2019 (COVID-19) ON THE FEMALE POPULATION; A CASE OF IN KABETE WARD, KIAMBU COUNTY, KENYA

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A RESEARCH PROJECT SUBMITTED TO THE AFRICAN WOMEN'S STUDIES CENTRE IN PARTIAL FULFILLMENT FOR THE REQUIREMENT OF THE AWARD OF MASTER OF ARTS DEGREE IN WOMEN, LEADERSHIP AND GOVERNANCE IN AFRICA OF THE UNIVERSITY OF NAIROBI

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DECLARATION

This research project is my original work and has not been presented in any other University for examination

Signature …… Date……

This research project has been submitted with our approval as the University Supervisors

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DEDICATION

This research proposal is dedicated to my children, Ashley, Andrew, Osteen and Baby Nathan, my husband David, my mum Betty Wambui, my dad, Prof. Franco Kamau, and my siblings Lillian, Kui, Sammy and Antony, who have supported me and encouraged me during my studies.

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ABSTRACT

As the number of people infected with the COVID-19 virus continues to rise in Africa, governments have put in place prevention measures like social distancing and lockdown to contain this pandemic. This measures, although important in minimising infections of the virus, can themselves have significant widespread impacts on the lives of people. Over the past months, research has been done on the medical impacts of COVID-19, however there is limited research on the impact of the COVID-19 prevention measures on women and girls, hence the researcher's interest in this study.

This study sought to establish the impact of Corona Virus Disease (COVID-19) on the female population in Kabete ward, Kiambu County and was guided by the following objectives: - to examine the socio-economic effects of COVID-19 prevention measures on the female population of Kabete ward; to establish the adherence of COVID-19 prevention measures by the female population of Kabete ward and to assess the coping strategies employed by the female population of Kabete ward to deal with the impact of COVID-19 prevention measures.

The researcher used descriptive research design and the methodology comprised of secondary data analysis and primary data collection. Quantitative data was collected using a survey questionnaire administered to 145 individuals while qualitative data was collected through 15 case narratives selective through convenience sampling. African Feminist Theory guided the inquiry. The study findings showed that the female population in Kabete ward were largely aware of COVID-19 pandemic and its prevention measures and that over 50% adhered to the prevention measures; that majority of the population were disproportionately affected by the socio-economic impacts of the pandemic and that the participants employed different coping strategies to cushion themselves against the impact of the COVID-19 prevention measures. The study recommends that policies be gender responsive, especially those that relate to preventive measures, because pandemics affect men and women, girls and boys differently. The study further recommends that women be involved and be part of decision-making on preparedness and response of pandemics.

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ABBREVIATIONS AND ACRONYMS

COVID-19 – Corona Disease 2019

EU – European Union

HIV – Human Immunodeficiency Virus

LGBTQ – Lesbian, Gay, Bisexual Transgender and Queer

NGO – Non Governmental Organisations

SARS – Severe Acute Respiratory Syndrome

SRHS – Sexual Reproductive Health Services

SPSS – Statistical Package for the Social Sciences

UN – United Nations

UNDG – United Nations Development Group

UNICEF – United Nations Children's Fund

UNFPA – United Nations Population Fund

WASH – Water, Sanitation and Hygiene

WHO – World Health Organisation

DEFINITION OF TERMS

Gender	Characteristics of women, men, girls and boys that are socially constructed including norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other.
Gender inequalities	Unequal treatment or perceptions of individuals based on the gender
Lockdown	this is an order for people to stay where they are, preferably at home and is usually due to crisis, health or otherwise, which may pose risks to oneself or others.
Curfew	This is a specific time which is set by the government or law by which one must be at home, for example the dusk to dawn curfew given by the government to contain the pandemic.
Quarantine	this is a strict isolation for people who are unwell and might infect others.
Social Distancing	this is a practise that is out in place to prevent sick people from coming to close contact with healthy people in order to reduce disease transmission
Mitigation	The action of reducing the seriousness or painfulness of something
Pandemic	A disease outbreak that spreads across countries or continents.

CHAPTER ONE

1.1 Background of the Study

A pandemic, according to disease experts, is when a new infection spreads to many countries and continents at the same time affecting many people. According to WHO, before declaring an infectious disease as a pandemic three thing are evaluated: First the geographical spread of the virus is assessed, second the severity of the disease caused by the virus and thirdly the societal impact of the pandemic. The ease of which the disease spreads from one person to another is also assessed. One critical thing in understanding a pandemic is that it's not how severe the pandemic is but how quickly it spreads from one person to another and where it is spreading.

The WHO released a guide to manage flu pandemics at a national and international level. According to WHOs preparedness plan, national governments are required to follow specific protocols if a pandemic is declared. For example authorities at regional and local must fully mobilise health systems, hospitals and health workers also healthcare providers must anticipate and in turn prepare for an increase in patients, they must also offer protective equipment to their workers. Government must also limit social interactions, initiate quarantine measures and enforce isolation procedures. It should also be noted that upgrading a disease to a pandemic also has psychological implications for how people think about a disaster. According WHO using the word pandemic carelessly has no tangible benefit but has significant risk in amplifying unnecessary and unjustified fear and stigma.

Past pandemic outbreaks have typically originated from animal viruses before crossing over to humans, these can spread fast as people do not have the immunity needed to fight the infections. According to (Ferguson et. al., 2020) pandemics are not new since they have occurred at different stages in human history. Although the pandemics have always been there, there have been an increase in the pandemics in the 21st century, (Madhev et al., 2017) apportions this to increased emergence of viral diseases in animals. Given this upward trend in pandemics, many researchers including Keogh-brown et al., (2008), Madhev et al., 2017 and Fan et al., (2018) argue that a large-scale global pandemic that we have experienced was inevitable.

Some of the pandemics that have occurred since the 20th Century include:

The Spanish flu of 1918 which was a flu pandemic that killed around 50 million people, the Asian flu outbreak then followed in 1957 in China and subsequently spread worldwide killing

roughly 1.1 million people around the world, the scientist were however able to develop a vaccine fast, containing its spread, this was followed by the HongKong flu which started to spread from china in 1968. This virus was caused by a compound virus that combined the Asian virus and a form of bird flu, this virus killed around 1 million people, most of them older than 68 years. HIV was identified as the virus behind Aids in 1983 and was considered a pandemic. In the past 40 years, HIV/AIDS has killed over 35 million people worldwide, about half of the people who were infected by the virus. Swine flu was named a pandemic in 2009. It infected nearly 61 million and killed 575,000 people in a single year. COVID-19 or Corona virus was declared a pandemic in March 2020, and it is the 6th pandemic declared in about a century.

The COVID-19 pandemic has had devastating effects globally and nationally and the entire world seems overwhelmed by the speed of the spread and the devastating effects of the COVID-19 disease. This pandemic has changed the lifestyle of people with countries all over imposing preventive measures like social distancing, lockdowns, working from home, to contain and slow down the infection rates among its citizen, it has limited the freedom to move around, trade and associate. The COVID-19 pandemic has not only changed peoples lifestyles but has also caused the deaths of thousands of people, at the time of conducting this study, reports from various continents including Africa, America, Asia and Europe indicated a daily increase in the number of new cases and mortality due to COVID-19. By April 2020, the number of worldwide COVID-19 cases had surpassed one million and more than 220 thousand deaths were recorded.

According to Kaseje, Neema (2020), the number of COVID-19 cases in Africa was relatively low until mid-April. In East Africa, the first case was reported on the 13th of March 2020, in Kenya, and the disease has since continued to spread with new cases reported each day. In accordance to the WHO guidelines, the East African governments instituted various preventive measures to contain the spread of the virus. These measures included: social distancing, lockdowns, border closures, movement restrictions and quarantine. These measures although important also have detrimental economic and social effects on millions of people. Most African countries do not have experience dealing with pandemics so this has become a great challenge to them.

The findings of the academic literature on pandemics are unequivocal, with consistent common themes: women's economic security, employment, political representation, health outcomes, security and educational achievement are negatively affected by economic or health crises. An example of this is the Ebola which resulted in reduced access of women and

girls to healthcare, which included prenatal and childbirth, this in turn led to a 75% increase in maternal mortality in West Africa (Women for Women International, 2020).

Kiambu county recorded its first case of COVID-19 virus six weeks after the first case was recorded in Kenya. Since then, there has been a rise of COVID-19 positive cases with 2,228 cases being recorded in the four weeks of July; the county has also recorded more than 85 deaths from the virus. In addition to the COVID-19 prevention measures adopted by the National government, the Kiambu county government put in place other measures to deal with the virus some of which included; decongesting all public places and closure of 8 markets in the county after two people tested positive for COVID-19.

1.2 Statement of the Problem

Kabete Ward is one of the 60 wards in Kiambu County and most of its inhabitants depend on subsistence farming for their livelihood and also supply their produce to the surrounding markets within the county and also in other counties for their livelihood. Among the markets that were closed to contain the COVID-19 pandemic was Wangige Market which is one of the largest markets in Kenya that deals with vegetables, eggs and fruits. Many of the Market traders are women and therefore lost their livelihoods with closure of the markets. A study conducted by UN Women, on the Ebola crisis showed that preventive measures like quarantine and curfews reduce the economic activity of women in turn increasing the poverty levels. In Liberia where approximately 85% of the market traders are women, Ebola prevention measures severely impacted the women's livelihood and economic security. Whereas for the men, their economic activities returned as they were before the crisis shortly after the preventive measures were relaxed, however the effects on women's economic activity lasted much longer.

1.3 General Objectives

The overall objective of this study was to establish the Impact of Corona Virus Disease (COVID-19) on the female population in Kabete Ward.

1.3.1 Specific Objectives

i. To determine the Socio-economic effects of COVID-19 prevention measures on the female population in Kabete Ward.

ii. To establish the adherence of the COVID-19 prevention measures by the female population in Kabete ward.
iii. To identify the coping strategies employed by the female population in Kabete ward to deal with the COVID-19 prevention measures.

1.4 Research Questions

The research questions in this study included:

i. What are the Socio-Economic effects of COVID-19 prevention measures on the female population in Kabete Ward?
ii. Have the female population of Kabete ward adhered to the COVID-19 prevention measures?
iii. What coping strategies have been employed by female population of Kabete ward to deal with the COVID-19 prevention measures?

1.5 Justification of the Study

Since the onset of the COVID-19 pandemic, a lot of research has been done on the medical impacts of the virus, however there is limited research on the impact of the COVID-19 prevention measures on women in Kenya and more so in Kiambu county. Therefore this study was done to get an understanding of the effects of COVID-19 pandemic in Kiambu County and more specifically Kabete Ward. By documenting the experiences of the female population in Kabete ward, the researcher has added to the body of knowledge on pandemics and their effects, especially the secondary effects that affect the vulnerable groups and provided a point of reference for academic advisors or other researchers who may want to research more on this topic.

The study was also done to give an understanding to the stakeholders about the effects of pandemics or crisis on vulnerable groups that are a result of measures that are adopted to contain or prevent the pandemic. The study can help to direct the on-going policy efforts so that they can include gender sensitive preventive measures to address this issues.

1.6 Scope of the Study

This study was carried out in Kabete ward, Kiambu County and was limited to examining the effects of the COVID-19 Pandemic on the female population. It sought to look at the preventive measures adopted by the national and county governments in containing the

pandemic (in terms of adherence), the effect of those measures on the socio-economic wellbeing of the Kabete ward population and the coping strategies to deal with the impact of the COVID-19 pandemic. The methodology of the study was limited to married, unmarried women in the ward. This created an opportunity to understand the experiences of the women so as to create and opportunity to undertake future studies and compare the findings in relation to the effects of pandemics on women. This study was also limited to the sample size that was under study. The researcher ascertained that the sample size would give a true and clear picture of the sample population by having women of different ages and different characteristics.

1.7 Limitations of the Study

Due to the preventive measures and restrictions, the researcher was not able to reach as many people as anticipated. The researcher was also not able to conduct focus group discussions due to the same reason. The questionnaire that the researcher intended to use was very long because she did not do the pretesting she overcame this by rearranging the questionnaire in order to capture the experiences. The researcher overcame these challenges by using the case narratives to saturation, which also helped in getting the perceptions and experiences of women. For the questionnaire, the researcher was able to use open-ended questions to make sure that she captured unlimited opinions and experiences from the respondents.

CHAPTER TWO: THEORETICAL REVIEW AND LITERATURE REVIEW

2.1 INTRODUCTION

This chapter covers the Theoretical Framework and Literature Review. The theoretical framework will guide the researcher in; providing assumptions that will guide the study, help the researcher to choose appropriate questions for the study, guide the choice of research design and guide the researcher in selecting the appropriate data collections methods. The literature regarding pandemics and their effects on the population will be reviewed. The researcher will make an attempt to review the work of other researchers that borders around; Evolution of COVID-19, gender and pandemics, COVID-19 prevention measures and adherence, socio-economic factors in pandemics and the coping strategies employed to deal with the Covid-19 pandemic.

2.2 Theoretical Framework

A theoretical framework is a structure that holds or supports a theory in a research study; it introduces and describes the theory which helps one to understand why the research problem under study exists. According to Abd-El Khalick & Akerson (2007), basing a research on a theoretical framework is important because research is theory driven. This research study was grounded on the African Feminist Theory.

2.2.1 African Feminism

African Feminism was formed by African Women and specifically addresses the needs of the African woman. It acknowledges that there are unusual conditions in Africa that raise distinctive or unique challenges for the female gender. The African female is very different from the Western female given the different socioeconomic, political and cultural structures. According to Aggarwal (1997), Africa Feminism as a movement was initiated by African Women within and outside Africa. She further argued that, African Feminism is a feminist epistemology and a form of rhetoric that has provided arguments, which validate the experience of women of Africa against a mainstream feminist discourse (Western feminist ideas). In line with this Ahikire

(2008) argued that African Feminism is a justice that aims to create a discernible difference between women who were colonised and those who were the colonisers. Tamale (2004), located feminism in Africa in the continent's historical realities of marginalisation, oppression and domination brought about by slavery, colonialism, racism, neo-colonialism and globalisation and according to McFadden (2002), this historical realities have led the African Feminisms to place importance on the way that gender, women's oppression, ethnicity, race, class and poverty interconnect. African Feminism was started by women like Charlotte Maxeke, who founded the Bantu women's' league in South Africa in 1918, Adelaide Casely, from Sierra Leone, who was a women's rights activist also known as the African Victorian Feminist and Huda Sharaawal who established the Egyptian Feminist Union in 1923 (Mama, 1996). These women were of the view that the issues of the African woman could only be the problems of African women can only be solved by someone who really understood the problem of the African Woman. They therefore did this by forming these groups which they tailor designed to solve the problems of African women.

African Feminism has made significant strides in making sure that the rights of the African Women are upheld for example: the African feminists have made an impact on Africa politics and governance where women are now able to participate in politics and hold influential posts, women academics, activists, politicians, grassroots women and women from all walks of life spearheaded the civil movement in Kenya and it resulted in achievements like; one third affirmative action in all senior positions are to be reserved for either gender, bill or rights inclusion in the constitution which was passed in August 2010, the African women in peace building also played a role in the Windhoek conference in 2000 which paved way for the UN Security Council Resolution which encouraged that inclusivity of women in peacekeeping missions and peace negotiations around the world. African Feminist also pushed for the promulgation of labor laws that are pro-women for example Zimbabwe's Labor relations act which provides maternity leave. The have also pushed for the abolishment of practices like female genital mutilation in Malawi, Zambia and Kenya among other issues. However African feminism has also been critized for not agreeing on the solutions to women's problems, some favour womanism, others stiwanism and others nego-feminism.

Evidence from past pandemics have shown that whenever a pandemic strikes, women and girls are negatively affected and COVID-19 is not an exception. Existing norms and practises, both social and cultural, that increase gender discrimination manifest themselves during such times this is because pandemics will often lead to the breakdown of social services and infrastructure which then leads to food, sanitation, health, economic and other government structures becoming dysfunctional which leads to women and girls being exposed to problems like gender based violence, lack of access to basic amenities, lack to access to essential services among others. Therefore there's a need to factor the theories that will support how the governments and communities can move towards adoptive measures or mechanisms that are gender inclusive during pandemics or crisis while also taking into consideration the access to resources, gender roles and responsibilities, and the influence that these have on decision-making during unprecedented times.

This gender-based framework will guide in looking at the points of oppression for African women e.g. patriarchy, capitalisation, and look for how women can be included and also rewarded for what they produce.

2.3 Evolution of COVID-19

Corona Disease 2019 or COVID-19 has been defined as an illness that is caused by novel corona virus called Severe Acute Respiratory Syndrome Corona Virus 2(SARS-CoV-2; formerly called 2019-nCov). COVID-19 was first discovered in China in late December 2019 and spread worldwide and created a global pandemic within 60 days. According to (Zhu et al., 2020), the first case of corona virus was discovered on 8th December 2019 in a wet market in Wuhan. The main symptoms of the COVID-19 virus are fever, dry cough, fatigue, myalgia, shortness of breath and dyspnoea (Riou J, Althaus CL., 2020).

COVID-19 affected over 3 million people and took over 2000 lives by April 2020. Within 40 days of COVID-19 being identified in China, 14 countries around the world had confirmed cases and WHO confirmed human to human transmission of the virus. By the end of February 2020, WHO raised the risk of COVID-19 infections from high to very high and by mid-march the number of cases had already surpassed 100,000 people in 100 countries. At this point Italy and Spain became the epicentre of the pandemic. In March 11th 2020, the World Health Organisation declared COVID-19 as a global pandemic. In April the number of cases surpassed with close to

100,000 deaths worldwide. April 11th saw the United States recording 2,057 deaths, the highest number of deaths since the virus began with New York City being the hardest hit city because of its density, population and number of international travellers. In Africa, the first case of COVID-19 was reported on February 14th in Egypt, with Nigeria also recording its first case in February 27th, 2020. On 13th March 2020, Kenya recording its first case of COVID-19. It took 90 days for Africa to reach 100,000 thousand COVID-19 infections and only 19 to pass the 200,000 mark.

2.4 Gender and Pandemics

Pandemics are not gender neutral but affect men and women, boys and girls differently as a result of factors like biology and physiology, social and economic roles in the different societies which they live. For example, health wise, evidence has shown that there's a high rate of mortality for men in that men have a higher rate of fatalities than Female fatalities, there is on-going discussion on why this is happening whether it's due to physiology, hormonal issues or whether it is due to social issues, for example the fact that men in many countries have higher smoking rates that women. Even though mortality is seen as a male issue, it also has consequences for women in households where men were the earners, that means that a source of income is suddenly gone and needs to be replaced for households to be able to cope with the pandemic and also women caregiving roles will increase as result of that.

Studies have also shown that many women than men around the world are in the frontline of the health care professions, either as nurses, physician assistants, nurse aids, as other frontline workers and in some countries it's as high as 85% - 90%, therefore women are at a greater risk of exposure than men and data shows that in healthcare more women than men have been affected by the pandemic. Studies also show that pandemics and crisis put tremendous pressure on systems which means that services are stretched and capacity may be really thinned yet women ongoing needs like maternal, reproductive healthcare, and those services may be difficult to continue in times of crisis or it may be with lockdown and curfews women may be unable to move around and get to those services.

School closures may lead to boys and girls dropping however studies from previous pandemics like Ebola and SARS, show that boys go back to school a lot faster, while girls don't return, either because they are already in the labour market or because they have care giving responsibilities. According to Bandiera et al. (2018), an impact study of Ebola in Sierra Leone

showed that girls experienced a 16% drop in school enrolment after the crisis. The adoption of online learning by countries to reduce the impact of COVID-19 on learners can also increase gender in education. For instance a study conducted in Sierra Leone about online learning during the Ebola pandemic showed that only 15% of the surveyed girls mentioned participating in home studies compared to 40% of boys (Plan International, 2020). The study showed that one of the reasons was taking up domestic chores in the home and income generating activities to support the family.

Studies show that in Africa, most women work in informal, low-paid jobs found in retail, tourism and domestic services. These jobs lack the legal and social protection that can help women weather the economic effects of pandemics. Therefore many women lose their livelihoods and consequently their ability to support themselves and their families during such times. That means that without their daily earnings they are at risk of falling into poverty. Evidence has also shown that globally women earn 24% less than men and do 76% of unpaid care work globally more than men, they also carry the weight of caring for the sick whenever there's a pandemic. Studies show that the global gender pay gap is stuck at 16% leaving women more vulnerable to economic downturn during pandemics.

Social norms have also been known to contribute to gender inequality especially during pandemics where people revert back to standard established norms. For example according to Minor (2017), who describes one particular district during the Ebola crisis, "leaving the home to go to hospital even for childbirth, was seen as a failure to perform domestic duties since men do not carry out those duties when their wives are absent. Therefore there was pressure for the women to remain at home than go seek medical help".

2.5 COVID-19 Prevention Measures

The COVID-19 pandemic has dominated the world for the last few months with 5,000,000 infections and 328,000 deaths being reported as at May 2020, and although many people have recovered it is still prevalent and no cure has been found yet. The people who have been infected by the virus do not often show any symptoms and the disease progresses swiftly and kills at a higher rate than the flu (Sohrabi C, Alsafi Z, O'Neill N, Khan M, Kerwan A, Al-Jabir A, et al., 2020). There are a few treatment options that are available for a COVID-19 patient for instance a ventilator that assists in breathing.

Because of limited availability of testing and treatment, people must adhere and adopt the preventive measures so that they are not affected by the virus. The World Health Organisation recommended that countries should implement the non-pharmaceutical measures to contain the COVID-19 pandemic since there is no treatment or vaccine for the COVID-19 virus. Some of the preventing measures may involve proper respiratory hygiene which includes frequently washing of the hands with clean water and soap for at least two seconds, not touching the face, nose or mouth with unwashed hands, sneezing or coughing on your elbow. The more drastic efforts include social distancing, which is a measure taken to prevent COVID-19 by keeping physical distance from one person to the next and also reducing the number of times people come into contact with one another, staying at home and also maintaining a safe distance from others. (Q&A on coronaviruses (COVID-19). World Health Organization).

Responses to the pandemic have been different from one country to another, but countries have taken strict measures to make sure that the pandemic is contained. A higher percentage of the countries have imposed the lockdowns, social distancing, quarantine, closure of schools and closing borders. Some countries have even gone ahead to deploy their military and police to enforce the COVID-19 restrictions, however for these measures to work the citizen must be willing to adhere and comply with the regulations. An example is whether a citizen is adhering to wearing masks in public places or if one is willing to adhere to social distancing recommendations and keep a safe distance from others or stay at home. Some variations have been observed in the people's adherence to the preventive measures set by the governments. The fact that people agree that the preventive measures are important yet some of the people may not follow the guidelines set is very controversial (Igielnik R, 2020).

Adhering to the measures and guidelines may however not be necessarily easy for everyone. For example in slums or areas where there's overcrowding it may be difficult for people to adhere to social distancing and there people who also depend on frequent and close interaction with others to make their livelihoods and may not afford to keep social distancing. There are also those who lack access to soap and water and cannot be able to wash their hands frequently. Others may not be aware of the guidelines or may not understand the specific steps that are to be followed, and others are just not convinced of the need to take up these measures.

Many people may also find it difficult to adhere to the preventive measures due to issues like financial security, lack of access to clean water and soap, others are unable to because of their

social status, especially the young people who have had a lifestyle of hanging out with their friends may feel that this measures are limiting them. There are other citizen who are able to physically follow the guidelines but may not get the correct information therefore what information is shared and through whom, may influence adherence.

2.5.1 Information on COVID-19

In addition to the preventive measures that have been adopted by countries to contain the COVID-19 pandemic, WHO advices staying informed in-order to protect oneself from the pandemic. Accurate, reliable and accessible information to public is important in reducing transmission of the COVID-19 virus and in protecting the citizen from misinformation which may be dangerous to them. Such information is important in reducing stigmatization or discrimination of vulnerable groups of people including those who have been infected by the virus.

Information also helps the public to understand and evaluate the responses from the government are appropriate for safeguarding people in vulnerable positions, communities and groups. Access to information is a precaution against the dangers of misinformation whether one has a malicious intention or just ill informed. According to the African Commission of Human Rights and Peoples' rights, *"In times of public health emergencies, members of the public have the right to receive factual, regular, intelligible and science-based information on the threat COVID-19 poses to their health, the role and impact of the measures adopted for preventing and containing the virus, the precautionary measures that members of the public should take, and on the scale of the spread".*

Information is usually impactful when it is specific and actionable, simply telling people to change behaviour does not work. For example advising people to wash their systematically wash their hands after returning from work or to remember to wash their hands after every hour may be more effective than telling people to wash their hands regularly. Therefore the message should be specific. Once the information is specific and actionable who should be the messenger? Evidence shows that using the influence of peer networks such as friends and neighbours can encourage people to adhere to the measures by influencing their behaviour, this is because people trust their peers and community members. For example identifying individuals who are well connected and well known in a community and using them to send the information

can work because the community tends to listen to them. Therefore well connected individuals can be very useful in informing the community about the pandemics. Entertainment platforms can also change the attitudes or behaviours of people, for example studies show that the Nigerian Television Series Mtv Shuga which fused sexual health messaging with engaging story lines and was focused on HIV prevention, improved the knowledge and attitudes and therefore increased HIV testing. Therefore the same can be done for crisis or pandemics probably using animation, or actors filming themselves from home could be used to share specific and actionable messages that could help increase adherence to the preventive measures.

A lot of the things talked about on the information above are useful if people are able to take up the behaviour once they get the information because they have the resources to do so. But for the people without the resources to do so it may be very difficult for them. An example is that for a poor household without running water and soap its expensive being told to wash your hands every two hours, especially if one is on lockdown at home and cannot work so getting this soap is difficult and one may not going to be enough to be able to take up this behaviour, hence unable to adhere to the preventive measures.

African economic activities are mostly informal; therefore people that work in the informal sector and earn a daily wage or people who operate small scale informal businesses incur huge losses that threaten their livelihoods when they are there clients stay at home, therefore in such a case it may be difficult for the traders to adhere to the lockdown measures. In cases where someone works in a market or overcrowded areas to get their livelihood, telling that person to adhere to social distancing may prove to be difficult because the person depends on close contact with their clients' in order to earn a living. People who live in low-income neighbourhoods may also find it hard adhering to social distancing measures due to the space where they live.

2.6 Socio-Economic Impacts of COVID-19

2.6.1 Livelihoods and Food Security

COVID-19 is a crisis like any other and is having catastrophic effects on women's socio-economic wellbeing. According to the UN Policy brief on "Shared Responsibility, Global Solidarity (2020)", markets and supply chains have been disrupted, businesses are expected to scale back or close and millions will lose their livelihoods and jobs. The International Labour

Organisation has assessed that a partial or full lockdown has affected almost 2.5 billion workers which is a representative of 81% of the world's labour force.

Evidence emerging on the effects of COVID-19 suggests that women's economic and production lives will be affected in different proportions to that of men. Women were already at an economic disadvantage prior to COVID-19. In every corner of the world women have been at a disadvantage in terms of education, career options, financial inclusion, wage rates and access to technology. Women have also been on the frontline of fighting COVID-19 from essential workers to domestic care. And now because of the impact on the service and retail industries, women are bearing the brunt of economic cost.

According to the UN Women's study on Women in Informal employment, 74% of women working in non-agricultural sectors work in the informal sector. That means they do not have protection like pensions, insurance or sick leave. Women also make up for a higher percentage in areas like tourism and hospitality industry, this are areas that have low pay and limited or lack of job security. This is compounded by the fact that this are the areas that have been had hit by the pandemic due to issues like closing of borders and travel restrictions, leading to job losses, reduced income and business closures. According to (Wahome, 2020), an assessment of the effects of the COVID-19 pandemic shows that in East Africa, women workers, who are more often the main earners in the household lack job security and legal rights.

Studies done by the UN Women have shown that in Kenya, women account for the 60% of job loss recorded since the pandemic began. (UN Women, 2020). An example of this is in the horticultural sector, which caters for 75% of women, where according to (Wahome, 2020), may women have been laid off due to the pandemic. In Uganda the economic impact of the pandemic has also been felt by the women in Uganda with many women been employed in informal sectors hence losing their earnings. In a study conducted in Nairobi by the Population Council, a high percentage of women have lost their livelihoods in comparison to men. (38% for women and 33% for men). Women entrepreneurs have also been impacted differently from the men. For example a study conducted in Uganda showed that 61% of women cite loss of income as a major concern compared to 22% of men counterparts. 6% of women entrepreneurs are more likely to close their businesses.

Food Security

As the pandemic unfolds, a high number of people are likely to face hunger and malnutrition. Decreased availability of food, closure of markets and price spikes have had serious impact on women and girls who often do not have enough to eat. According to Care 2020, food security is a critical issue for women and girls as they face increased burdens for domestic responsibilities during the pandemic. The COVID-19 pandemic has serious implications for food availability for households. Especially women headed households. People have lost their livelihoods which means that they might not be able to afford healthy food. This will be particularly felt in low income communities, where households can spend up to 80% of their income on food, or where hundreds of millions are affected by the school closures that disrupt vital school feeding programmes, which can be a significant – and sometimes the only – source of nutrition for young children. Data on security of food in regions largely dependent on informal food systems during COVID-19 is emerging. Informal food availability is led by women local traders who produce more than half of the world's food. Under COVID-19 restrictions, women traders are unable to work and this is increasing food insecurity in local communities (Mahuku et al, 2020).

Women are more likely than men to suffer from food insecurity and malnutrition and comprise 70% of the world's hungry (Mahuku et al, 2020). In populations where women and adolescent girls are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse, and entering girls into child marriages (CARE, 2020).

Adolescent girls are more vulnerable and more likely to be impacted by reduced health and nutrition, particularly given the extra domestic work and care responsibilities they assume within the household (CARE, 2020). According to World Vision 2020a, the COVID-19 pandemic is exacerbating numerous vulnerabilities for children and adolescent girls. The United Nations projects an estimated of 42 to 66 million children may fall into extreme poverty and 368 million children are missing out on the school meals they greatly depend on to avoid malnutrition. World vision also states that while children and adolescents do not represent a high risk group for direct COVID19 fatality, experience with previous epidemics has shown that the indirect health and nutrition impacts resulting from overwhelmed health and food systems, can be more devastating for children and adolescent girls than the disease itself.

2.6.2 Gender Roles and Responsibilities

With the COVID-19 pandemic, demands for care work has increased exponentially, this has been occasioned by school closures, increased care needs for the sick and older people in the home and the increase in domestic work. One thing that the COVID-19 pandemic has amplified is that the maintenance of our daily lives majorly depend on the unpaid labor of women and girls. Before COVID-19 was declared a global pandemic, women were doing three times the more of unpaid and domestic work than men. A study shows that 26% of women have reduced their working hours to organise child care in the crisis but only 16% have done so. Unlike many other jobs which are seen as being more valuable, care work has no fixed hours. It involves continuous effort to keep others happy. The burden of unpaid work and family care also contribute to widening gender inequality.

A study conducted by Population Council shows that without jobs and with life under lockdown, women experience high rates of unpaid domestic labour (67% women v. 51% men) (Population Council, 2020a).

2.6.3 Access to health and sexual and reproductive health services

Though limited healthcare access effects the wider population, it can further exacerbated existing health related gender inequalities and lead to severe consequences for women and girls (UNFPA, 2020; UN, 2020a). Women make up for the majority of health professionals and essential workers at the frontline of the COVID-19 response, risking their health and safety, as well as those of families.

As health resources are diverted to address the pandemic, women also face additional challenges in accessing sexual and reproductive health services especially in least developed countries. During pandemics, sexual reproduction healthcare is often neglected. Past studies show that reduced access to SRHC leads to increased rates of unplanned pregnancies, unsafe abortions, maternal and infant mortality. Though limited healthcare access effects the wider population, it can further exacerbated existing health related gender inequalities and lead to severe consequences for women and girls (UNFPA, 2020; UN, 2020a).

Studies have also shown that a lot of attention has been shifted to fighting the COVID-19 pandemic, while family planning seems to be left out. Data collection of the Population Council

in a number of Nairobi's informal settlements found that women were twice as likely as men to miss essential health services including family planning (11% of women verses 5% of men). 9% of the women surveyed reported foregoing health services such as antenatal care, malaria, nutrition services for children and care for acute illnesses (Population Council, 2020a). Lack of access to contraceptives is likely to lead to unplanned and unintended pregnancies during the pandemic. UNFPA states that Women and girls are already experiencing limited access to modern contraceptives as stocks have started to run low, especially in low income countries (UNFPA, 2020).

COVID-19 is also pushing women to have seek illegal abortions as lockdowns limit healthcare. Studies have shown that in Europe, women are being denied abortions due to the pandemic, yet WHO classified abortion as essential healthcare. Abortion is usually time sensitive and should not be postponed. Lack of access to abortion may lead to look for unsafe abortion services, of seek abortion services late into their pregnancy which may cause complications.

2.6.4 Access to Water, Sanitation And Hygiene (WASH)

Women and adolescent girls have certain requirements for water, sanitation and hygiene services and encounter more challenges for hygiene management during pandemics, as do individuals who have disabilities (Meaney-Davis et al, 2020). According to the WHO and UNICEF, action in the WASH sector is critical for preventing the transmission of the COVID-19 virus and lowering its immediate impact (UNICEF and WHO, 2019). Therefore ongoing and continued practice of cleanliness routines by all individuals is critical to reduce further spread of the virus (UNICEF and WHO, 2019).

A study conducted in Nairobi informal settlements during the COVID-19 outbreak indicates that women and men (gender disaggregated data was unavailable) in these settlements experience barriers to regular hand washing, with 25% reporting not having access to water at home and 32% reporting being unable to afford extra soap and water (The Population Council, 2020a). Worldwide, women perform three times more unpaid caregiving work than men do, accounting for 76% of the total hours worked. Caregiving work requires good access to WASH if it is to be conducted safely. Inadequate access to basic WASH services, especially for those living in difficult conditions, intensifies this burden and chores put on adolescent girls and women (CARE, 2020).

Another study in Nairobi found that in the month of May almost half of the women (compared to 36% in April) reported not purchasing sanitary pads (Population Council, 2020a). Access to sanitary towels still remains a critical challenge to many young girls and women in Kenya and especially now because of the COVID-19 pandemic. Research by the Menstrual Hygiene Day, a global advocacy platform for Non-Profit Organisations and government agencies show that 65% of women and girls in Kenya are unable to afford sanitary pads. A study conducted in May 2020 by Plan International, surveying their professionals working in the WASH and Sexual Reproductive Health Rights (SRHR) fields found that 81% were concerned women and girls who menstruate, would not be supported to meet their menstrual hygiene management needs as a result of the outbreak. 75% said COVID-19 may pose increased health risks for women and girls who menstruate, as resources, such as water, are diverted to other needs.

2.6.5 Education

The COVID-19 pandemic led to closure of schools in 191 nations and 1.5 billion pupils are estimated to be out of school, of which 740 million girls (Albrectsen and Giannini, 2020; Plan International, 2020a). The COVID-19 school closures could threaten the achievement of Sustainable Development Goal 4 and the commitment of the African Union's Agenda 2063 to eliminate gender disparities at all levels, including in education. Gender inequity in education is a challenge across Africa. With the COVID-19 pandemic this inequality will be felt especially with the closing of schools whereby distance learning is necessary for children to keep up with schools. For example in some low-income families girls may typically be expected to perform household and family care duties, which may lead to less time to study at home.

School closures may also lead to girls dropping out of school completely. According to a study done by the Malala Fund, about 10 million girls are likely out of school with many of them not returning. A recent study found that adolescent girls out of school in Africa are two times more likely to start childbearing earlier than those who are in school (UN, 2020b). Data suggests that school closure played a key role in the higher rates of teenage pregnancy during the Ebola outbreak, as schools and teachers act as an important source of sexual health education and provide access to contraception (Plan International, 2020a).

2.7 COVID-19 Coping Mechanisms

Emergencies or crisis like COVID-19 require the use of coping strategies for both households and the countries. (Horn, 2009) defines coping strategies as "an attempt to adapt the resources at ones disposal to a particular situation". According to Rashid et. al, 2016, coping strategies are fall back mechanisms when habitual means of meeting needs are disrupted. When situations or crisis occur people tend to use coping strategies such as; migration, use of savings, consumption smoothing or livelihood diversification.

With the outbreak of COVID-19, many countries and households have been forced to implement coping strategies for example some governments instituted the partial or full lockdowns, quarantines, curfews, stay at home orders some of the countries even deployed the military and police to make sure that this measures were enforced. With movements restricted and stay at home orders in place, livelihoods were threatened, jobs were lost, loss of income from informal activities, there was an economic downturn of huge magnitude. This therefore led to the use of different coping strategies in order to stay afloat. The understanding of the coping strategies is important because it helps governments in future formulation of policies, for example if a crisis like COVID-19 occurs how can a government react to make sure that livelihoods are less affected? How can individuals survive in such circumstances? In essence what lessons can be learned from this pandemic for future resilience and livelihood?

2.7.1 Efficiency and Priority Planning

According to (UNCTAD, 2013), priority planning refers to the process of deciding what activities, enforcement actions or advocacy initiatives one might pursue in a given period of time. Therefore priority planning is based on putting a priority on what one has to do urgently. An example of this may be postponing car repairs to buy food, or postponing trips to save in case of an extension in lockdown. By making a plan or budget for household items ahead and deferring some of the expenses may lead to saving on an already constrained budget which is beneficial to the household.

2.7.2 Consumption Smoothing

According to Lekprichakul (2009), consumption smoothing is a strategy in which households try to defend their current consumption levels. An example of this is stretching the available food so

that it can last longer e.g. skipping certain meals, or eating like one meal a day. According to the Population Council, a study was conducted to examine the effects of the measures in Nairobi's largest informal settlements and the study showed that 80% of the population had a decline in their income, and an increase in food prices and expenses therefore as a result 2/3 of the sample had skipped one meal or eaten less. It was also noted that very few of the respondents in the study had received any support from the government (Population Council, 2020).

2.7.3 Food Hand-outs and Stimulus Packages

To cushion their citizens against the economic effects and food insecurity of the pandemic several countries announced various policy guidelines and stimulus packages for example; The U.S. government has been issuing direct payment to most of its citizen of $1,200, this payment are based on the tax returns of 2018, therefore citizen who earn $75,000 or less per year are said to receive $1,200. The ones earing above $75,000 will receive checks that have been reduced by $50 for every additional $100 and above.

The Ugandan government launched a relief effort of US$15 million to feed about 1.4 million poor and started with some residents of Kampala and Wakiso neighbouring districts. Each person was to receive 3kg of beans, 6kgs of posho maize flour and sick people and the nursing mothers were to get two tins of powdered milk and two kilogrammes of sugar. This was to be done by the help of local authorities who would help in identifying those who should receive the relief food.

President Akufo-Addo of Ghana said that the government had embarked on a US$40 million effort to distribute hot meals and dry food packages to over 400,000 poor and vulnerable individuals in areas affected by the lockdown. He added that a further US$40 million had been allocated to the Ghana National Buffer Stock. CO, under the Ministry of Agriculture that buys food and releases into the system when there are price hikes and shortages.

The Rwandan Government was the first African Country to adopt the lockdown to help contain COVID-19, to cushion its citizen against its effects, the Rwandan President, authorised food relief for the citizen who live hand-to-mouth and were not working because of the lockdown. The delivery which was door-to-door targeted 20,000 households. In Nigeria, both financial and food support was provided to the poorest citizen. A conditional cash transfer of two months wages to be paid to the most vulnerable citizens was authorised by the president of Nigeria, he also approved the release of 70,000 tonnes of grains from the National Grain Reserve to be

distributed to Lagos and Ogun states, which were on lockdown and also to those in need in other frontline states across the country. In addition, the president directed that 150 tracks of rice that was seized by the Nigerian Custom Services be distributed to 36 states of the federation. In Lagos State, there was an emergency food response to support the indigenous and other vulnerable groups.

The South African Government announced a US$67 million stimulus package to small scale farmers who were growing fruits, vegetables, and rearing poultry and gave the priority to women and persons living with disability. In addition the government sent up end to end value chain trackers so as to monitor the availability of food in the country so that places with extreme food security cases could be assisted. In Kenya, the government accounted a tax relief of 100% for the citizen earning a monthly gross income of less than Kshs. 24,000, a reduction of the Pay As You Earn (P.A.Y.E) to 25% from 30%, there was also a reduction of Corporation tax to 25% and a reduction of turnover tax rate to 1% from 3% SMEs (Small and Medium enterprises, there was also a temporary suspension of CRB listing of loan defaulters, the government additionally ordered a reduction of VAT to 14% from 16% and an appropriation of 10B Kenyan Shillings to all the orphans, elderly and vulnerable groups. In May, the government announced a post-COVID-19 stimulus of Kshs. 53.7 billion to support the businesses that had been hit by the COVID-19 pandemic, this package was set up to provide loans and credit guarantees to small business and also to assist in propping up tourism.

2.7.4 Informal Markets

According to (Adam, 2008) and (Justino, 2012), informal market activities are a common coping strategy during crisis. Many people lost their jobs with the COVID-19 outbreak, therefore informal market activities developed. An example in Kenya, people with cars used them to sell food at the side of the roads, others developed their own food stalls after the markets were shut down. Some of the vendors even ended up selling face masks in the streets. While this is an economic coping strategy, informal markets can also facilitate transmission of the virus since the buyer and seller may have contracted the virus.

Other people have also taken up other jobs to sustain themselves for example baking from home and selling cakes to the neighbour or shops around their areas. Others resulted to farming or

moving their families to rural areas and moved to smaller houses to ease the burden of paying rent on bigger houses.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter addressed the methods and approaches that were used while conducting the research. The research site, design, study population, sample and sampling procedures, data collection methods, data processing, analysis and presentation. The chapter then concluded with a discussion on ethical concerns that were observed in the course of the study.

3.2 Research Site

Kabete Ward is one of the 60 wards in Kabete constituency and neighbours Westlands Constituency in Nairobi County. Kabete ward is divided into two sub-locations; Lower Kabete and Kibichiku. Kabete Ward has a population of 30,987 (10,752 men and 20235 women) and occupies an approximate area of 10.10Km^2. The population of this ward depend on subsistence farming, zero grazing, dairy cattle, horticulture farming, chicken farming, both layers and broilers, residential houses have also started coming up in the area. Kabete ward hosts a big market called Wangige Market, which has over 1000 traders who sell all types of fresh produce ranging from vegetables to fruits; wangige egg market is also the biggest egg market in Kiambu. Kabete ward supplies Nairobi County with vegetables, eggs, milk and chicken.
Kabete ward has over 20 primary schools and 7 high schools and has over 10 churches in the ward. It also hosts Wangige Level Four hospital and 4 health centres. There are also 5 private hospitals. Majority of the homes in Kabete ward have electricity and water.

3.3 Research Design

The study adopted a descriptive survey study design, in which according to (Orodho, 2003), information is collected by interviewing or administering a questionnaire to a sample of individuals. The ultimate goal of this type of survey is to learn about a large population by studying a sample of that population. The study combined a mixed-method approach combining both quantitative and qualitative techniques. Quantitative data were collected using a survey questionnaire administered over a period of two weeks. Qualitative data was collected using case narratives with women who voluntarily talked about their experiences during the COVID-19 pandemic.

The qualitative data were recorded, transcribed and checked for clarity and completeness. Verbatim quotes have been used alongside presentation of the findings to project the voices of the respondents. Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS Version 20). The computed data were analysed using descriptive statistics including frequencies and percentages and presented in form of tables and charts. Data were analysed thematically in line with the study objectives.

3.4 Study Population

According to (Barnejee et. al, 2010) a study population refers to the inferences made from a defined population from which the sample has been selected. This study population for this study was women between the ages of 15 - 60 in Kabete Ward because these are the ages of the school going respondents and also of women likely to be found in the markets and business places. The choice of married and unmarried women was made because the researcher wanted to get views from both on how their households are run, for example, decision making and income.
(Korb, 2012) describes the unit of analysis as the entity under study who is being analysed or described. In this case the unit of analysis was the individual woman. The fact that that the researcher is from that county and ward, and was also able to talk to the respondents in their dialect therefore gave her an advantage since the respondents were able to interact freely with her.

3.5 Sample Size and Sampling Technique

Bhattacherjee (2012) defines sampling as the statistical process of selecting a subset (sample) of the population of interest in a study for the purpose of drawing statistical inference about that population. This study sought data on the effects of COVID-19 on the female population in Kabete Ward. The researcher used convenient sampling for the questionnaire since she targeted respondents that were conveniently present in their homes, markets and business areas.

The formula that was used to determine the sample size was Yamane's Formula
$n = N / \{1 + N (e2)\}$

Where n = Sample size

N = Population Size

e = the desired level of precision

= 30987/{1+30987(0.08)2}

= 220

3.6 Data Collection Instruments

3.6.1 Questionnaire

The questionnaire had both close ended questions and open ended questions which were designed to address the objectives of the study. The open ended questions allowed the respondent to answer freely without necessarily limiting them or influencing them with predefined answers. The questionnaire contained four parts; Part A addressed the demographic characteristics of the respondents, Part B, C and D captured the questions related to the study objectives; Adherence to the COVID-19 prevention measures, socio-economic effects of COVID-19 prevention measures, and coping strategies used by the female population of Kabete ward.

3.6.2 Case Narratives

The case narratives interview was conducted with a total of 15 respondents to find out their views on the effects of COVID-19 on women. The researcher used the case narratives because she wanted to capture the attitudes, views and perceptions of the respondents that would otherwise not be captured in a questionnaire.

3.6.3. Secondary Sources

Secondary data analysis was done through a desk review of research and reports around gender equality in Kenya and Kabete ward before the coronavirus pandemic, gender and other public health emergencies (such as Ebola), the impact of COVID-19 globally and regionally, and Kenya/Kiambu's response to the coronavirus. The data was collected from journals, the University of Nairobi Libraries, (Non-Governmental Organizations) NGO reports, newspaper articles and online sources.

3.7 Data Processing and Analysis

Data was collected using questionnaires and case narratives and was presented as below: 220 questionnaires were administered and only 145 were returned, therefore 72.5% of the questionnaires were returned. The respondents were women between the ages of 15 - 60. The researcher also conducted 15 case narrative interviews from married, single, widows, elderly and young people living in Kabete ward, whereby they volunteered information on their personal experiences with COVID-19.

The table 1 below shows the summary of the data collection methods

Table 1: Summary of Data Collection Methods

Collection Method	Planned	Actual
Questionnaire	220	145
Case Narratives	30	15

The researcher used frequency tabulation to analyse the data and establish the characteristics of the respondents. The data collected from the case narratives were translated and transcribed verbatim in addition the researcher checked the transcripts for clarity and completeness. The data was then sorted into themes, and thematic analysis done where emerging themes in the data were analysed on the following thematic areas; Adherence to COVID-19 preventive measures and socio-economic effects of the COVID-19 preventive measures. Verbatim quotes by the participants and how the experiences of COVID-19 preventive measures are brought out by the quotations have been used in the presentation of study findings in order to project the voices of the participants.

3.8 Ethical Consideration

According to (Resnik, 2011) ethical considerations are actions that are taken or principles observed to ensure that the safety and rights of the respondents are respected throughout the entire process of the study. These standards include voluntary participation, informed consent,

confidentiality of information, anonymity of the respondents or research participants and approval from relevant authorities to undertake research (Shamo and Resnik, 2009). A detailed description of the main study objectives was provided, and informed consent was sought from all respondents involved in the collection of primary data. Respondents were informed that they were entitled to stop responding or participating in the study at any time they wished. The researcher also explained verbally to the respondents about confidentiality of the information and that the information was mainly being used to academic purposes.

Additional consent was sought from the parents and guardians of the respondents who were under 18 years old. Confidentiality was observed by using pseudo names for the case narratives. The primary data collected was stored securely.

CHAPTER FOUR: WOMEN'S EXPERIENCES OF COVID-19

4.1 Introduction

This chapter presents the research findings on the effects of COVID-19 on the female population in Kabete ward. The chapter is divided into two parts. The first part is a presentation of the respondents' demographic characteristics while part two is a presentation of the study findings based on the research objectives.

4.2 Demographic Characteristics of the Respondents

4.2.1 Age of the respondents

It was established from the research findings that 46% of the respondents were aged between 25 and 40 years, 31% were aged between 41 and 60 and 23% were between the ages of 15 and 24. The age variable was important to the researcher as it helped in capturing the diversified experiences of the respondents.

Table 2 Age of the respondents

Age	Total Number	Percentage
15 – 24	33	23
25 – 40	67	46
41 - 60	45	31
	145	100

4.2.2 Marital Status

Table 3 below show the distribution of the respondents by their marital status. It can be inferred from the table that 41% of the respondents were married, 42% were not married, 9% were widows and 8% were divorced.

Table 3: Marital Status of the respondents

Status	Total Number	Percentage
Married	59	41
Not Married	61	42
Widowed	13	9
Divorced	12	8
	145	100

4.2.3 Educational Attainment

Table 4 below shows the distribution of the respondents by their educational attainment. The research showed that majority of the respondents (40%) in Kabete ward had at least secondary school education. 34% of the respondents were students in higher learning and secondary school.

Table 4: Educational Attainment of the respondents

Education Level	Total Number	Percentage
No education	14	10
Primary Level	23	16
Secondary Level	27	19
Higher Level	30	21
Currently in school, secondary and higher learning	51	34
	145	100

This results that 34% of the respondents have had their education disrupted due to the school closure directive. The

4.2.4 Employment Status

The study results showed that 24% of the respondents had formal employment, 43.4% had informal employment, 15% were home-based while 17% were students. It is therefore clear from the study that majority of the respondents were in informal employment while the least were home-based. These results are shown in table 5 below.

Table 5: Employment status of the respondents

Employment	**Total Number**	**Percentage**
Formal	35	24
Informal	63	43
Home-based	22	15
Students	25	17
	145	100

4.2.5 Source of Income

The study looked into the source of livelihood for the women. 41% of the women depended on their wages as a source of livelihood. 26% of women depended on their husband's wages and 33% of the women depended on help from their friends and families. This means that majority of the respondents were the breadwinners in their homes, and it was most likely that most of them had been economically impacted by the pandemic.

Table 6: Main source of income for the respondents

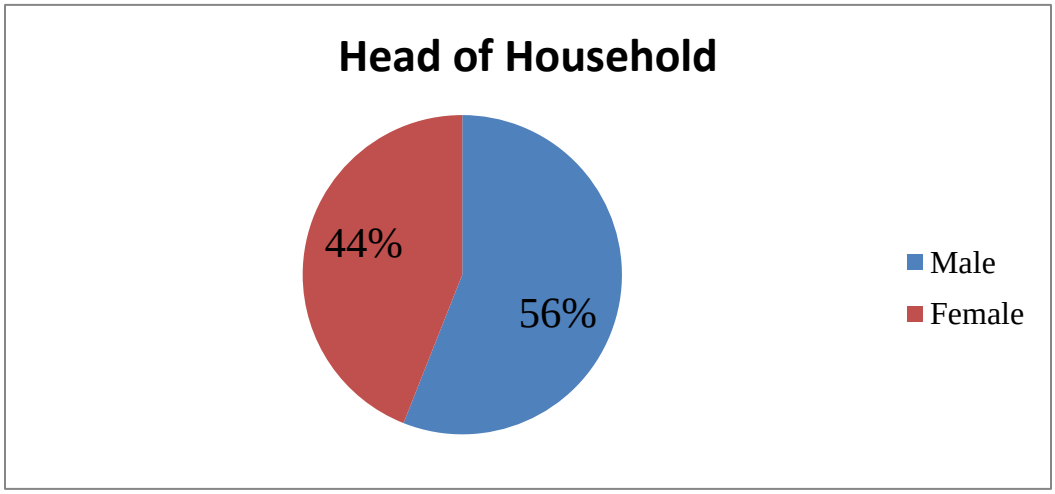
Source of Livelihood	**Total Number**	**Percentage**
Husbands wages	38	26
My wages	60	41
Children's wages	0	0
Assistance from friends and family	47	33

	145	100

4.2.6 Head of the Household

The study results show that 56% of the respondents lived in male-headed households while 44% accounted for the female-headed households.

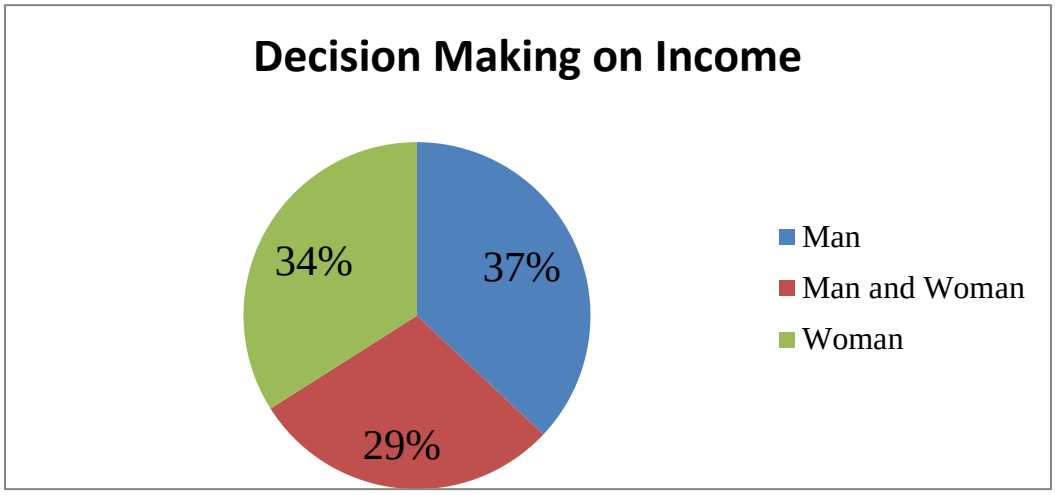
Figure 1: Head of Household



4.2.7 Decision Making House-hold on Incomes

The study results showed that in 37% of households, wives and husbands decide together how money is spent, and in 29% of households the husband decides alone. It is worth noting that in the 34% of cases where the woman decides, 87% of these are female-headed households.

Figure 2: Decision Making on House-hold Income



A study done by OXFAM showed that According to Oxfam's earlier research, financial decisions are generally made jointly between women and men, especially decisions relating to spending on housekeeping, given women's experience in home economics. A woman's opinion is seen as more valuable, however, when she is able to secure an income.

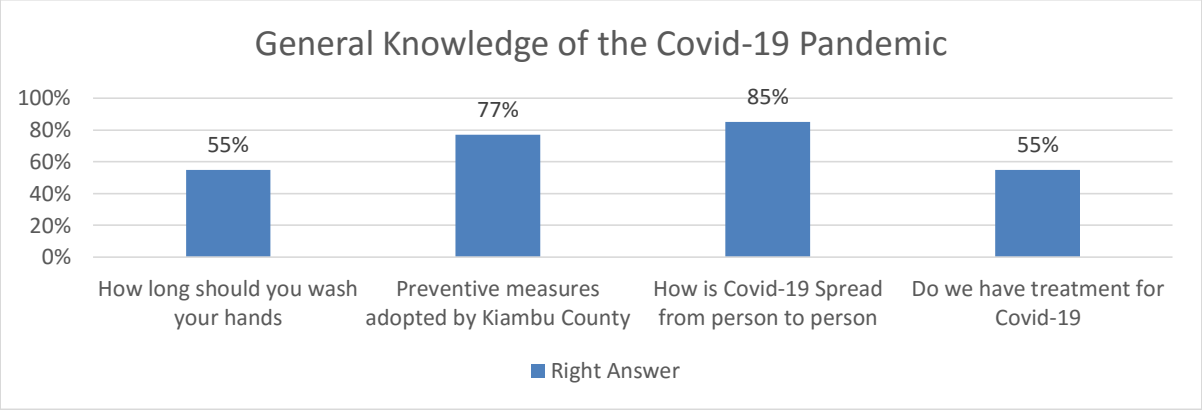
4.3 Covid-19 Knowledge and Adherence

The researcher sought to find out how knowledgeable the respondents were about COVID-19, whether they were adhering to the prevention measures and whether they were satisfied with the prevention measures put in place.

4.3.1 General Knowledge of COVID-19

The questions below were asked to ascertain the respondents' general knowledge on the Pandemic

Figure 3: General knowledge of the COVID-19 pandemic

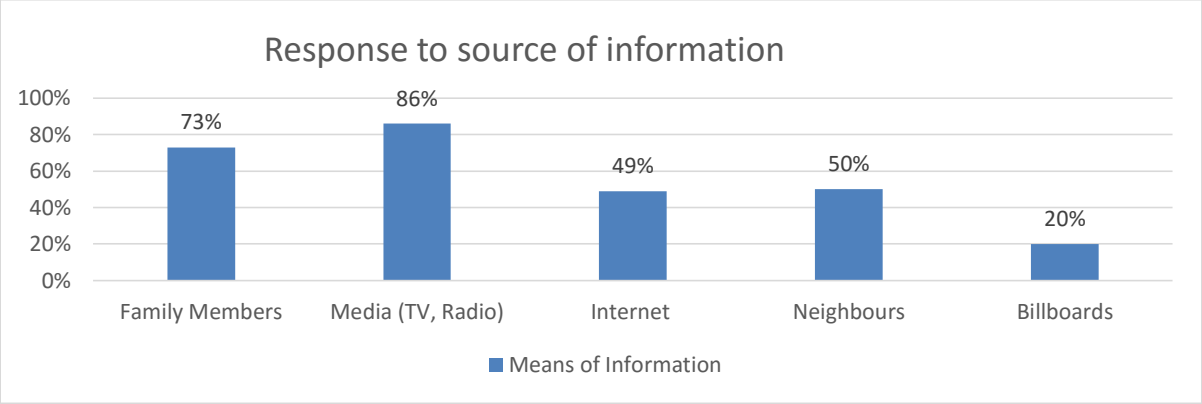


From the findings 55% of the respondents responded that the hands should be washed for 20 seconds which is the recommended time to make sure the hands are clean. 77% of the respondents were familiar with all the COVID-19 preventive measures adopted by Kiambu County, 85% knew how COVID-19 is spread. The findings show that majority of the respondents are familiar with COVID-19 and the preventive measures.

4.3.2 Source of information on COVID-19

The findings showed that majority of the respondents (86%) got their information from the Media (TV, Radio), many of them stated they got the information from the radio as they listened to radio on their mobile phones. Followed by 73% who said they got information from their family members who kept updating them on the issues as they unfolded. 49% of the respondents got their information from the internet while 50% got information from their neighbour only 20% of the respondents had seen the bill boards containing the COVID-19 information.

Figure 4: Response on the source of information



4.3.3 Responses on adherence of the measures

The research findings showed that majority of the respondents were adhering to the COVID-19 prevention measures which go to show that the respondents are very cautious. 74% of the respondents practised social distancing, 60% were able to wash their hands as recommended, 81% were able to afford masks and 66% adhered to the curfew and lockdown measures.

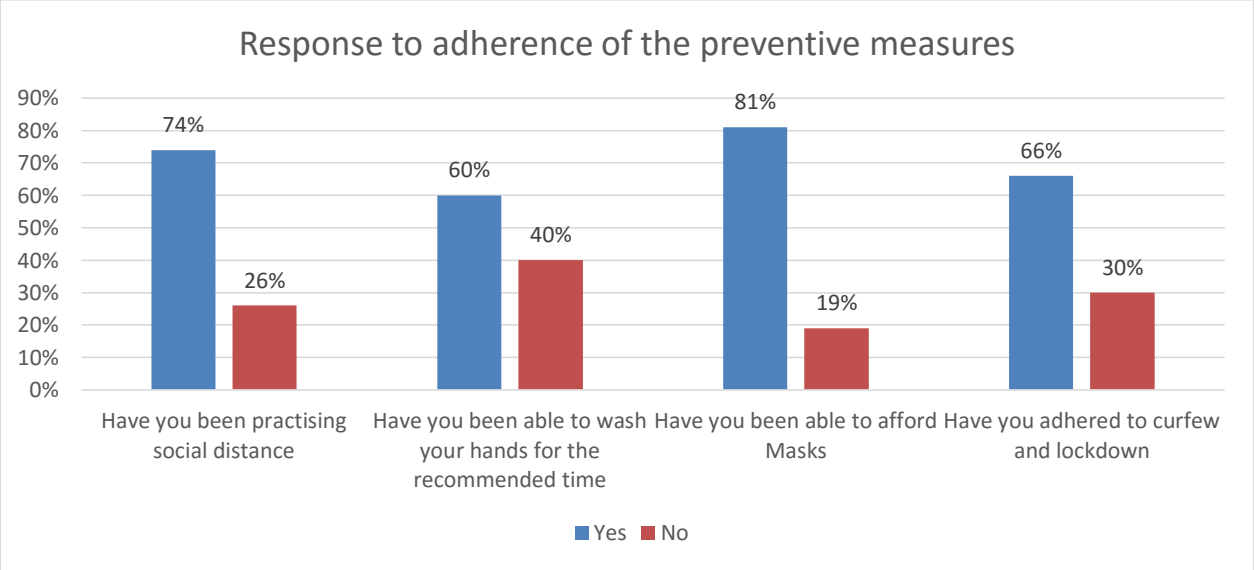
The ones who did not adhere to the preventing measures said that they could not make ends meet and feed their families whey they are at home. one of the respondents said that "*I feel like these measures have not put the low-income earners into consideration, the country has put in place measures that other countries are taking yet those countries have the capacity to take care of their citizen, unlike Kenya where we are all on our own".*

One of the other respondents said that she depended on close interaction with her clients' in order to earn her living, therefore she could not afford to keep physical distance.

"I live in a single room with my four children. My eldest is 18 years while the youngest is two and a half years. I would like to live in a house that allows adherence to physical distancing but my salary won't let me", Ruth, a mother of 4

The figure below shows the results.

Figure 5: Adherence to the preventive measures



4.3.4 Satisfaction with the COVID-19 Prevention Measures

The research findings indicate that 57% of the respondents were satisfied with the COVID-19 Prevention Measures that were adopted by the Kiambu County. However 43% were not satisfied with the measures.

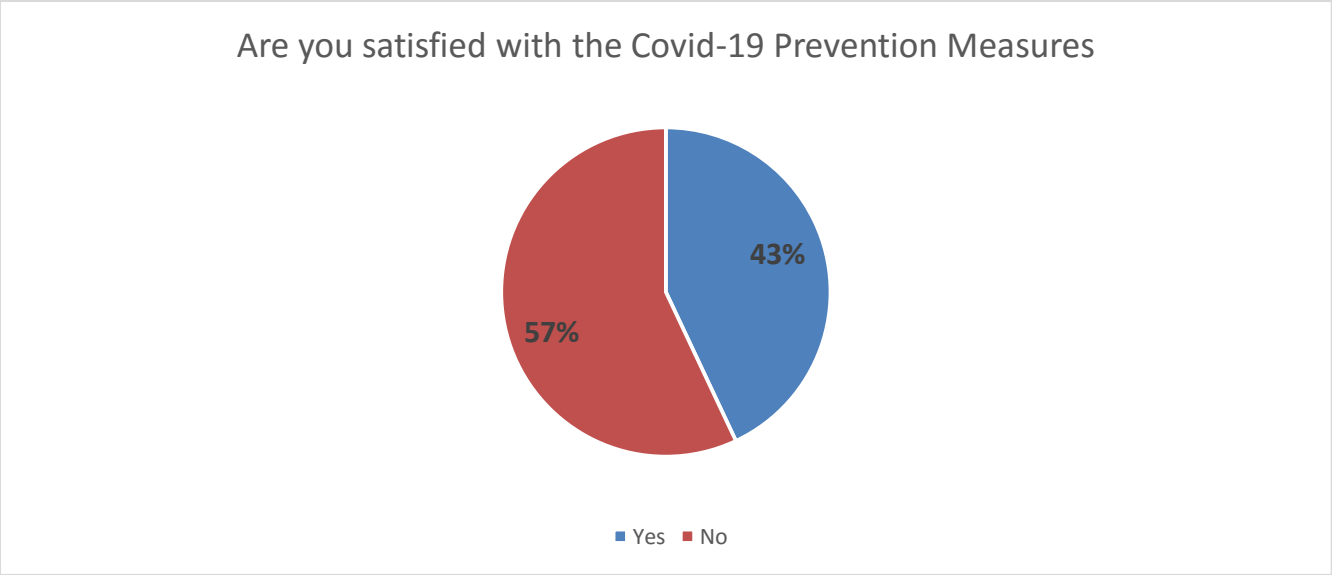
One respondent pointed out that *"I wish the Governor would have consulted with us before closing the markets. We had already organised ourselves as the market sellers on availability of water and soap, we also make sure that no one got into the market without the masks. Now I have to go home for more than one month, how will I feed my children, they depend on me, yet the government isn't giving us any money or any help with food or essentials".*

Another respondent noted that most of her customers were those who working, and students from the University of Nairobi, Lower Kabete campus. And now with school closed and the curfew in place, her income has drastically reduced.

Jane who owned a salon had to close down "*since the COVID-19 pandemic, most of my customers are either working from home or have lost their jobs, I had to close down my shop. I know do house calls and they are not many. I hope this pandemic will end, it is like a curse".*

One of the respondents who was satisfied with the measures said "*the government must take action upon the people that do not adhere to the preventive measures because, I am a shopkeeper and I respect the standards that have been set, I clean and sanitise the shop before opening, I do not go to big markets or wholesale places as much, sometimes I have trouble getting my resources but I don't mind because I am trying to keep safe and adhere to the regulations.*

Figure 6: Satisfaction with the COVID-19 Prevention Measures



4.4 Socio-Economic impact of COVID-19 Prevention Measures

The researcher sought to find out the socio-economic effects on the COVID-19 Preventive Measures on the female population in Kabete Ward.

4.4.1 Economic Impacts

The study showed that most affected were people whose incomes were reduced at 23%, while job losses and business closure were at 21% each. Some of the respondents were also not able to pay rent and loans at 19% while the respondents who were not affected were at 16%.

"Most of the women around here depend on informal employment and home-based employment, most of us lost our jobs and businesses and yet our families depend on us, we might be forced to

start selling our household stuff to survive this pandemic", these were the words of Jane who is one of the respondents depicting her economic vulnerabilities. This observation was consistent with the data collected for the study.

Rhoda, who is a woman aged 40 years and sells food to building sites said that her life has dramatically changed for the worse. These are her words

"*Life has changed since the corona virus pandemic, for instance when I started delivering food to this site in 2018, the customers were many and continued increasing, but nowadays I come and get 2 or 3 customers to buy my food, yet this is what I depend on for my daily earnings. Life has become hard because I have children and they need to eat, to dress a roof over their heads. I am unable to provide for their basic needs. Some of my older kids who were working also lost their jobs and came back to me. So they are now looking up on me to provide. I would have also stayed in the house because of fear of the virus but what do I do? I have to go out and look for clients.*

One of the respondents who is a "mama mboga" said her income had reduced drastically because she depended on selling vegetables in the evening, yet since the curfew was imposed she has lost a lot of business.

"I have been totally affected by these measures because I was closing my business at 9.00pm, therefore I have lost all the clients that I was serving. That is a huge blow to my business".

One of the respondents said that *"I lost my job, I am unable to pay my rent and my landlord has even started complaining because I have not paid rent for 3 months. I was thinking of going back to the village but I can't because of the cessation of movement from one county to another."*

"I am at home with no job. First I was sent on compulsory leave and when I resumed I was asked to fill in for unpaid leave. Three days later I was summoned to hand over and resign," said Lillian, a mother of three.

The table 7 below shows the economic impact of the COVID-19 mitigation measures on the respondents.

Table 7 : Economic Impact of COVID-19 mitigation measures on women and girls

Impact	Total Number	Percentage
None	23	16
Job Loss	30	21
Unable to pay rent and loans	28	19
Business Closure	30	21
Reduced Income	34	23
	145	**100**

When asked which measures had a huge impact in their livelihoods, most respondents stated that the lockdown and stay at home measures, as some have to go out for daily work which was now not available since most people were now working from home. One of the respondents said she worked as a "mama fua" and some of her clients were either rendered jobless or worked from home so they did not require her services. One of the respondents who lost their job said that she had to let go of her house help, and had to take up the domestic work in the house.

Actually a study conducted by UN women shows that women in Kenya account for 60% of job loss recorded since the beginning of the COVID-19 crisis (UN Women, 2020).

One of the respondents whose job had not been affected by the measures said that she had to support two of her siblings who had lost their jobs and livelihood, therefore her expenses had increased and was not able to save as she used to. Another of the respondent who is a student also noted that due to the measures and reduced income in their family, the parents were not able to afford 3 meals a day as they had before. And they also had to do away with meat, fruits and other quality foods that they enjoyed before the pandemic.

Therefore from this study we can infer that the measures negatively economically affected the women in one way or another.

4.4.2 Healthcare Impacts

Access to Non-COVID-19 Health Services

Respondents were asked questions on whether they were able to access the health services that they used to before the pandemic. 45% the respondents stated that they were able to access the services, while 55% were not able to access the non-COVID-19 related health services. A higher percentage of this women said they were afraid to access the services because of fear of contracting COVID-19, some were not allowed to attend any services because the husbands feared they might contract the virus and spread to other members. Others were not able to access because of the curfew and lockdown.

According to one of the respondents, one of her neighbours gave birth at home *"I had to help my neighbour give birth because her labour pains started around 10pm and the curfew time had already reached. The husband came to my house to get me so that I could help, I was afraid since I had never done this before, but thank God I was able to help her, and she gave birth to a baby boy, we had to wait till morning to be able to access the hospital. No one shut an eyelid since we were scared of any complications that may have arisen because of home birth".*

Table 9 below illustrates these results.

Table 8: Ability to access Non- COVID-19 related health services

Impact	**Total Number**	**Percentage**
Able to access non-covid related health related services	65	45
Not able to access health related services	80	55
	145	100

Access to Sexual Reproductive Health Services

The study findings show that 41% of the respondents were not able to access sexual and reproductive health services. 26% said that they were not interested in sexual and reproductive health.

Table 9: Access to Sexual Reproductive Health

Impact	**Total Number**	**Percentage**
Able to access Sexual Reproductive Health Services	47	33
Unable to access Sexual Reproductive Health Services.	60	41
Not Interested	38	26
	145	100

Lydia, one of the respondents said that she had gone to several hospitals to look for post natal services to no avail. *"I was supposed to take my son for his 9 months measles injection but the services were unavailable in several private clinics and the Wangige government clinic. I was informed that there was a shortage of the drug. I called after two weeks but the drug was not available still. So I waited for a month in order for my son to be injected".*

One of the respondent said that she was unable to go for her pre-natal clinic because her husband was afraid that she would contract COVID-19. Another also said that she did not attend her postnatal clinic out of her own will since she had similar fears.

Access to Family Planning Services

The study revealed that 46% of the respondents were unable to access family planning services. Majority said that due to fear of contracting the virus avoided going for their family planning services which put them at risk of getting unwanted pregnancies.

Table 10: Access to Family Planning Services

Impact	Total Number	Percentage
Able to access family planning services	53	37
Unable to access family planning services	67	46
Didn't need family planning	25	17
	145	100

According to a study conducted by Population Council 2020b, in Nairobi's informal slums women were more likely to miss essential health services including family planning, antenatal, malaria and nutrition services for children.

4.4.3 Food Security

Questions were asked on the respondent's ability to access Nutritious food and the capacity to afford quality and quantity food. 14.5 of the respondents reported that they were able to access nutritious food while 16.5 respondents stated that they were unable to access nutritious food. 47% of the respondents also reported that their access to nutritious food had decreased since the pandemic. 22% did not have the capacity to buy quality and quantity food, either due to the fear of accessing markets or reduced income. The table below shows these results.

Table 11: Food Security

Impact	Total Number	Percentage
Able to access Nutritious Food	21	14.5
Not able to access Nutritious food	24	16.5
Decrease in access to nutritious food since COVID-19	68	47
No Capacity to buy quality	32	22

and quantity food		
	145	100

Curfews prevent people from working, reducing household income and thus people's capacity to buy food, and they also prevent them from going out to markets to buy food. In addition, what food is available in the markets is being sold at higher prices, and healthy food is not always available.

One of the questions that the researcher asked the respondents was “if there was less food in the house who would eat less?” 68% of the respondents stated that women would eat less food, while 32% stated that everyone would eat less.

According to (Care 2020), in populations where women and adolescent girls are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse, and entering girls into child.

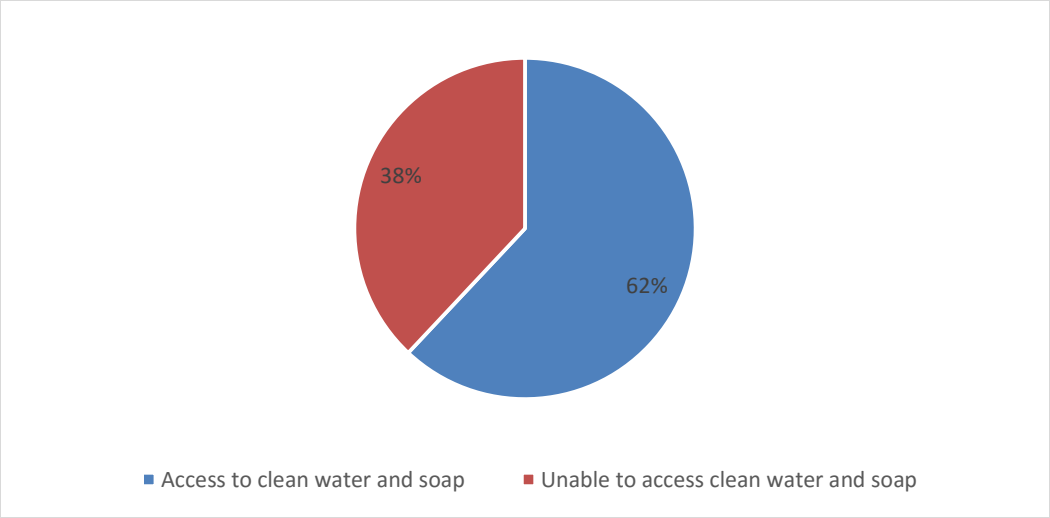
One of the respondents said, *“Life has become very hard for me. Sometimes we sit and blankly stare at each other [with the children] because we do not know where the next meal will come from. I can no longer afford to buy meat or to cook chapati for my children. We now feed on ugali and cabbage or kales every day”.*

4.4.4 Water, Sanitation and Hygiene

Access to Clean water and soap

Questions were asked regarding the respondents ability to access clean water and soap. Majority (62%) of the respondents were able to access clean water and soap since they lived in compounds where there was borehole water. Figure 1 below shows the study results

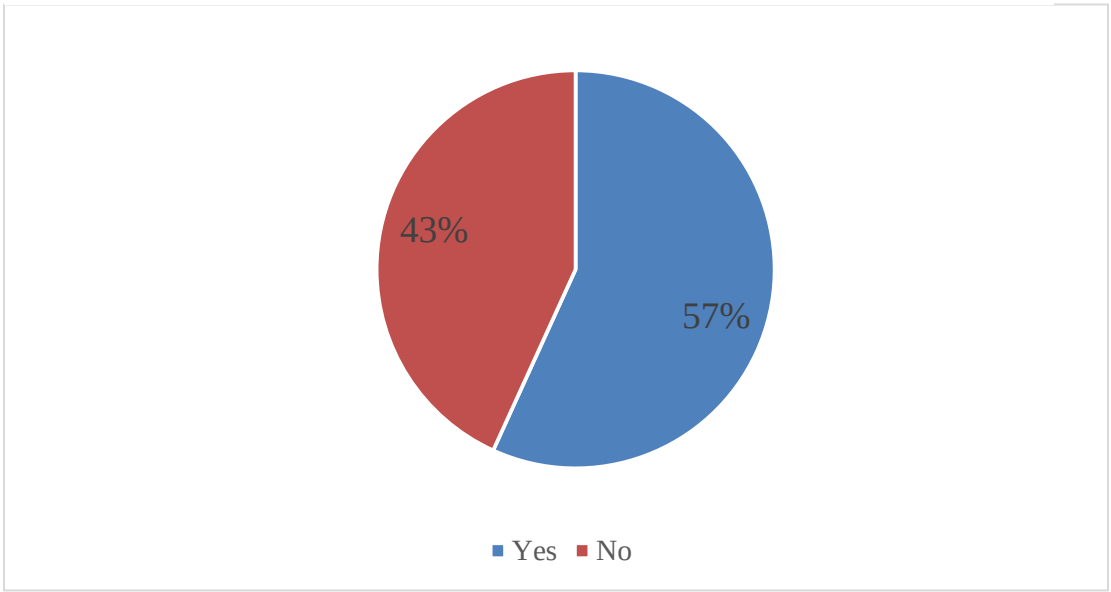
Figure 7: Access to Clean Water and Soap



Hand washing behaviour prior to COVID-19

As shown in the figure below, 43.2% of respondents reported that they did not practise regular hand washing prior to the COVID-19 outbreak. The study noted that the level of education was directly proportional to the regularity of hand washing. However, since the COVID-19 outbreak, the proportion of respondents who said they did not regularly wash their hands had fallen to 12.5%. The majority of respondents (87.4%) who reported regular hand washing post-Covid said that they were doing so because they were afraid of the disease (77.4%).

Figure 8: Pre-Covid-19 Hand washing Behaviour

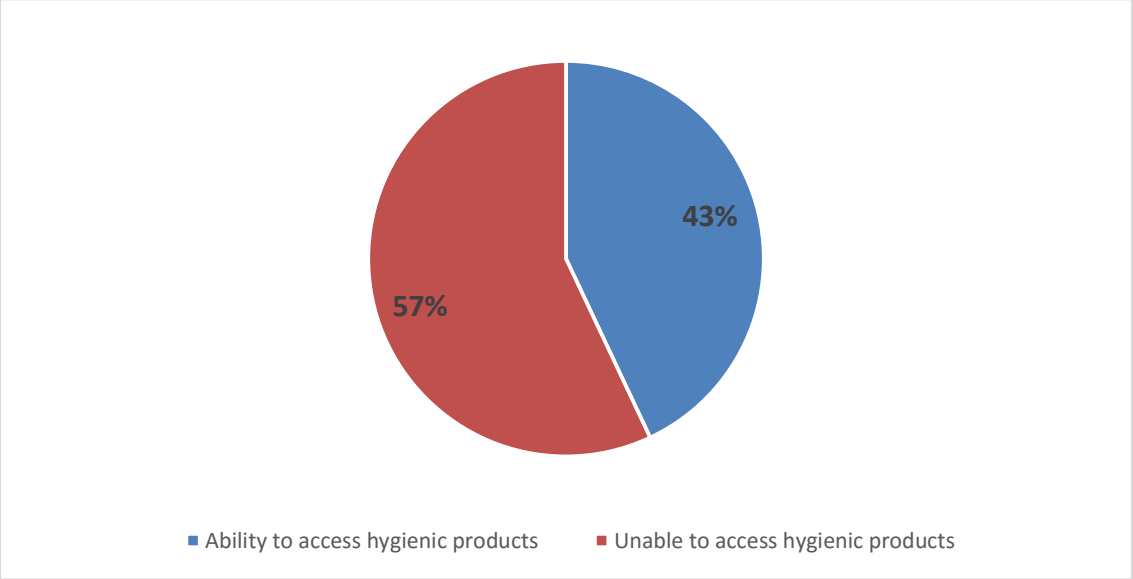


Hand washing continues to be promoted due to its enormous public health benefits – not only for Covid-19– but equal attention must be given to other Covid-19 prevention measures.
This includes in particular intensifying public education and social mobilization for the timely identification of people suffering from Covid-19 and isolation and contact tracing.

Access to hygienic products

57% of the women stated that they were unable to access the hygienic products like disinfectants or sanitizers. Majority of them cited financial constraints as the reason they were unable to afford the products.
"I am a single mother of three and my family survives on the casual jobs that I get, the money is not enough for me to buy good food leave alone buying a sanitizer", this were words from Lucy who is one of the respondents.

Figure 9: Access to Hygienic Products



Access to Menstrual Hygienic Products

Of the 145 respondents 54% were not able to access menstrual hygiene products.

One of the respondents who is a student stated that *"I used to get sanitary pads from a school program that gives us free sanitary pads, but since school closed it has been hard for me to access the pads, my parents work as farm hands and therefore cannot afford to buy some for me. I have opted to use old clothes when that time of the month comes, I really wish I was in school at least its better".*

Wangui, other respondents states that "*During menstruation I feel moodless, I feel like I just want to be alone, especially now that I don't have pads. Sometimes I use tissue because I cannot afford pads. Tissues we have for 15 shillings I can use it for three days. It's so uncomfortable because I keep checking to find out whether I have messed myself".*

Periods have not stopped just because there is a pandemic, it's a concern because the sanitary pads are essential items, Kiambu county government should also prioritize access to sanitary pads during pandemic.

(Plan International, 2020c), states that for women and adolescent girls, shortages of products, a sharp rise in prices of pads and tampons, and lack of access to basic information and services about menstrual hygiene management, is leaving girls and women worldwide struggling to manage their periods during COVID-19 lockdowns.

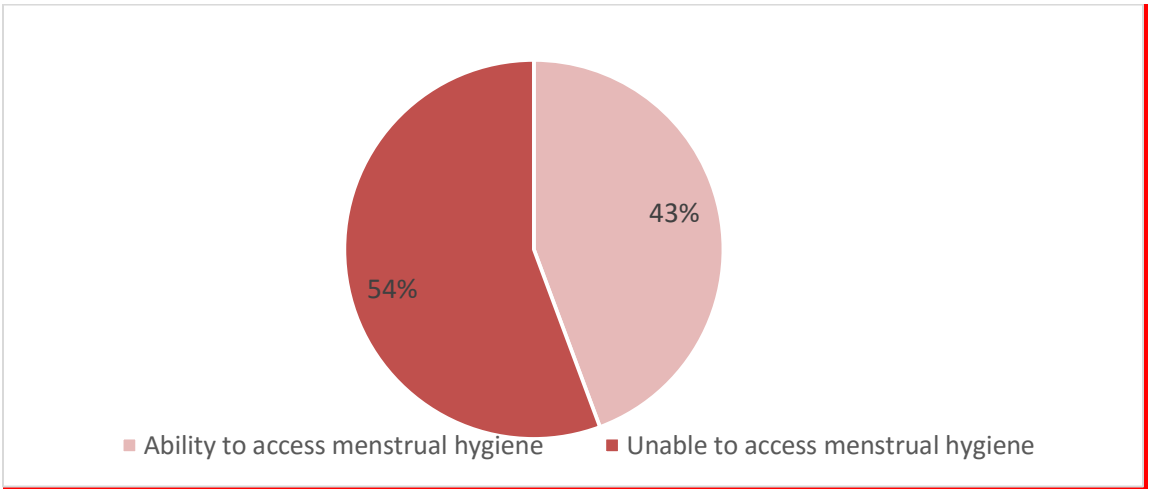
One of the questions asked to the adolescent girls is whether they were comfortable talking with their parents about menstruation. These are some of the answers

"No way, I can't tell my mum, she is never interested in what goes on with me, I don't blame her because she's under too much stress after losing her job. The only person I talk to about menstruation is my best friend".

"My mum is the one who buys my pads so yes, I am comfortable talking to her about it".

The figure below shows the results of the study.

Figure 10: Access to Menstrual Hygienic Products



4.4.5 Education

This research question sought to find out the effects of COVID-19 mitigation measures on women's education in Kabete ward. Respondents were asked questions on their ability to access home learning facilities and what their fears were concerning their education during this pandemic.

Ability to access home learning instruments

64% of the respondents stated that they were unable to access home learning instruments like mobile phones, laptops, computers and internet.

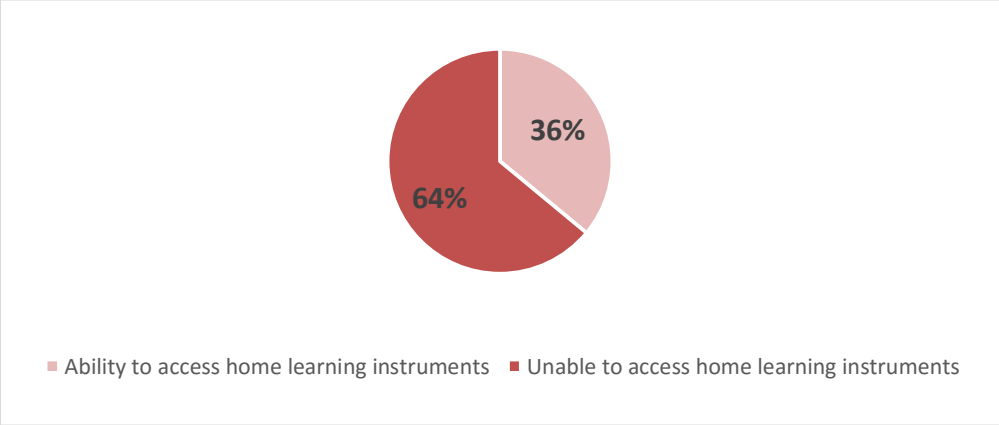
Vivian one of the respondents says "*The government is saying that we should use the TV to learn, we don't have a T.V. My mum's phone is a small one called kabambe how I will use it. So I just ignore learning and opt to help my mum in the house."*

One respondent who is a mother says that "I can't get money for bundles every time, I need to buy food so we have to wait for schools to open."

Caroline who is in her final year of high school says "I am unable to access bundles to join the zoom classes that my colleagues are having. The good thing is that we have a small TV that is airing some educational programs".

The figure below shows the results of the study.

Figure 11: Access to home learning methods



4.4.5.1 Fears Relayed by the respondents

The researcher asked the respondents general questions of what fears they had about their studies because of being out of school. Below are some of the answers:

Ruth, a university student said *"I wonder why no one really has a plan on education during pandemics, it's so frustrating being at home knowing that I will not able to finish my degree at the timeline I had set."*

Njeri, a 16 year old girl wasn't sure that she would afford to go back to school, *"My parents have not had money, they lost both their jobs so they've going out to seek for work while I look after my brothers and sisters, I am really afraid that my parents may not be able to pay my fees and may opt to pay for my siblings"*

Two of the respondents who are high school students in form 3 had gotten pregnant and were afraid of what that meant for their education. One of the respondent also voiced her fears saying *"I am praying to God that I will be able to go back to school, my mom is a single mother and has not been able to get work as she used to, right now her main aim is to look for day to day food, where will my school fees come from".*

The researcher asked one of the pregnant girls about the story behind the pregnancy *"I met my boyfriend in December, he is from around here and is 20 years old, he doesn't go to school. I started having sex with him in, the first two times we used protections (condoms), then we*

stopped using protection, because he said he would know how to protect me from pregnancy. Then in June I noticed that I didn't get my periods, I was so scared, two weeks after I confirmed that I was pregnant, I told my boyfriend, he first pretended that he was ok with it, then he stopped talking to me and ignored my completely. I wanted to have an abortion but I was so scared of dying because of the stories of death while having the abortion. My mum noticed I was pregnant and asked my about it, she was so angry and so was my dad, he actually blamed my mum for the pregnancy saying that she didn't take care of me well. I hope I can go back to school however I am afraid that my fellow students will laugh at me."

"The main change has been my classes which were suspended so we have to study at home. We don't have online classes, the teachers just send us schoolwork, but I have a lot of difficulty in some subjects and can't keep up." Grace 15 years

Leah, 19 said *"My dreams haven't changed. What has changed is the time I have to achieve them. Because of COVID-19 I had to stop going to classes, and as it was my first year of university, I really had many things I wanted to do such as learning French and accounting, they are the things I'm going to have to delay. But I always have in mind that I'm going to do them."*

4.4.6 Social impacts of Covid-19

The study results showed that while lockdown and social-distancing were a major strategy to fight Covid-19, they were also a major cause of loneliness for some of the respondents in Kabete ward.

One of the respondents, shosho wa Njoro said that "*Since this pandemic hit I have not been able to see my children and grandchildren, they always visit me during the holidays and now because of the lockdown they were unable to come. Now I am at home with no one to keep me company, I feel so lonely. One of my sons works in Nakuru and the other one in Kakamega, they tell me they can't come until the situation improves".*

These sentiments were echoed by another respondent who said that she depended on her son to take her to hospital at Kijabe for her monthly clinics. Her son comes once a month from Nyahururu to take her to hospital and he has not been able to do so for the last two months.

"I feel so scared and worried about the situation. My worry is how to prevent the coronavirus from affecting myself and my family. Also, because of this virus, I am in the house all day. I don't like being here because I am the only one doing all the housework from morning to evening."
Muthoni, 16 years

4.5 Coping Strategies of COVID-19

The researcher sought to find out the coping strategies that the respondents were using to cushion them against the effects of COVID-19 in Kabete ward.
The study results showed that the respondents had adopted different coping strategies to enable them deal with the effects of COVID-19. The table below shows that informal markets (baking from home, setting up mobile selling spots), use of savings, sending household members to live elsewhere, moving to smaller houses, involuntary change of diet, sale of durable household items and help from relatives and friends were some of the coping strategies employed.

Table 12: Forms of coping strategies

Form of coping strategy	**Frequency (Multiple Responses)**	**Percentage**
Informal Markets	27	15
Use of Savings	28	16
Migrating household members to live elsewhere	18	10.2
Moving to smaller house	21	10
Involuntary change of diet	38	24
Sale of durable household items	23	11.4
Help by relatives and friends	25	14.6

The results showed that a huge number of respondents resulted to changing of diets and use of savings as coping strategies at 24% and 16% respectively. The change in diets that they stated involved skipping meals, reducing the portions of meals and removing things like meat and milk from their diets. This shows the negative effects of the COVID-19 measures on nutrition and food security.

This also shows that the respondents used their savings to smooth their consumption. Using their savings as a coping strategy may decrease the respondent's savings driving them into poverty. The other coping mechanisms include informal markets where the respondents ventured to things like baking from home and selling to neighbours, building structures by the roadside because of closed markets, selling from the boots of their cars, sending household members to live elsewhere and moving to smaller house, was also a coping strategy as was the sale of durable household items, this was especially done to pay loans and rent that had accumulated due to loss of jobs. Some of the respondents also relied on relatives and friends for help in order to cope with the effects. They stated some things like relatives sending food from upcountry, and friends coming together to buy food for their vulnerable friends.

The researcher also sought to find out whether any of the respondents had received any assistance from the government to which they respondent that they had not received any assistant. The study therefore showed that the stimulus package that the government of Kenya had authorised had not reached most of the intended recipients.

Wanjiku, one of the respondents also noted that *"we are not taking any meat now, I cannot afford it. I was working at the market but since it was closed I have lost my customers, look at where am selling from, I now depend on this people who live around here and they are not as many as I used to serve in the market. So we are now having more of vegetables like sukuma and manage, spinach, sometimes omena. I don't want to deny my kids meat but I need to use the money for another bill also I believe that the change in diet will have some health benefits".*

June, a form two student stated that *"we used to afford three meals a day before COVID-19 came, now we only eat one meal, if we are lucky we will also take breakfast but not always. Also in my brothers school there was a programme where they were given Uji and lunch but with schools closing he has to do with whatever is being provided by my parents which is not much. I just pray that COVID-19 ends otherwise I don't know what will happen".*

June sentiments were also echoed by another narrator who said that *"I used to only provide supper for the my kids because they have a program in school that provides them with food, now since schools closed I have to at least make sure I give them breakfast most of the time Ugali and black tea, which is the only thing I can afford at the moment. I really feel bad for my children, I pray the situation will change soon".*

Caroline, a single mother of two said that she decided to use the savings she had accumulated to purchase a piece of land, to buy food and pay her rent because she lost her job and had not found an alternative source of income yet. She also noted that she prioritised to pay rent above all other bills because she feared being evicted.

Njeri, a mother of three says her husband's business closed down, they were now depending on her "vibarua" survive, once in a while her mother in Nyandarua was sending her some food from her shamba, so at least the money she earned was able to pay for electricity and water.

One of the respondents resorted to sending her two children to live with her mother upcountry and she moved to a smaller house. She said *"I feel bad that I had to send my children to live with my mum but what do I do? I am barely surviving, I work at Shirikisho bar and since the closure of bars was directed I haven't been working. I am now surviving on washing people's clothes or farming for people, which is not a lot because most of the people are at home and are doing those sought of jobs for themselves. So you see I cannot afford to be with my children here".*

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

The objective of the study was to establish the Impact of Corona Virus Disease (Covid-19) on the female population of Kabete ward. This chapter summarises the study findings in line with the research specific objectives. The chapter presents the findings and the conclusion drawn from the study findings. It also presents the recommendations that the study makes out of the findings. The final section of this chapter is a suggestion of future areas of research to add in the body of knowledge.

5.2 Summary of Findings

The objective of the study was to explore the effects of the COVID-19 pandemic on the female population in Kabete ward. The study established that all the women in Kabete ward were well informed about the COVID-19 pandemic and majority of them knew the preventive measures that had been adopted by the national government and county government. Majority of the women were able to afford the protective masks, the study however showed that level of adherence to measures like social distancing, curfew and lockdown was not satisfactory. The respondents said they were not able to fully adhere for financial reasons, curfews and lockdowns threatened their livelihoods, one of the respondents actually said she would rather die of COVID-19 other than hunger. The study also showed that 43% of the respondents were not satisfied with the preventive measures and said the Governor should have considered them before closing down the markets. Some felt that the government had not considered the low-income citizen while implementing the measures.

The study established that women in Kabete were hard hit by the pandemic economically with more than 60% of the respondents having reduced income, loss of jobs and businesses and unable to pay their rent and loans. The study noted that a higher percentage of women were in informal employment, these jobs don't come with fringe benefits like social protection like health insurance, unemployment compensation and other benefits found in formal employment. For example the domestic workers, or mama fua, open air sellers, the women who work in this areas have been had hit especially with the lockdown and curfews, without compensation.

Further analysis noted that majority of the women are traders in Wangige market which is the largest market in Kiambu and was one of the markets that were closed down for two months hence threatening their economic wellbeing. According to the study, women who had taken loans either from micro-finances or chamas were unable to pay the loans because of the loss of their livelihoods and decreased earnings due to the mitigation measures.

This findings tally with those of UN Development Group (UNDG) Western and Central Africa, "Socio-Economic Impact of Ebola Virus Disease in West African Countries," UNDG, February 2015, which showed that during the Ebola Crisis, restrictions of movements of goods and people hampered the women's trading activities leaving them unable to pay back loans and affecting their long-term economic prospects.

In regards to healthcare, the results revealed that more than half of the women were not able to access sexual reproductive health services and family planning services due to issues like fear of contracting the virus in hospitals. These findings were in line with (Laouan, 2020) Rapid Gender Analysis - COVID-19 West. Care, who states that in rural areas, where there has been evidence to suggest that some men refuse to allow their wives to access healthcare due to mistrust of health workers and fear of their wives contracting COVID-19. He also states that there have also been reports of women refraining from accessing healthcare of their own volition due to similar fears (Laouan, 2020). The study also found that essential drugs and vaccinations were not available in hospitals and clinic which is dangerous for the women and their children.

The study findings showed that only 14.5% of the respondents were able to access nutritious food, whereby 47% of the respondents said that there was a decrease in their access of nutritious food since the pandemic. 16.5% of the respondents were not able to access nutritious food and had to eat what was available. 22% of the stated that they did not have the capacity to buy quality and quantity food due to issues like loss of livelihood, and the shooting cost of food due to the pandemic. This study shows that the pandemic had a very detrimental effect on food security for women and girls which is in line with a study done by World Food Programme and Care International that states that the COVID-19 pandemic has serious implications for food availability for households. Whilst COVID-19 impacts continue and household savings dwindle, there is increased likelihood of wider food insecurity as available income is diverted to basic hygiene needs (World Food Programme, 2020). With markets closing and incomes shrinking, women are having to choose between buying food for their families and getting the soap they

need to wash their hands more often (CARE, 2020).

The study also showed that a higher percentage of women were able to access water and soap since most of them lived in areas where there were boreholes. However 34% of the respondents were not able to access hygienic products like sanitizers or disinfectants and 21% were not able to access sanitary pads. The study showed that young girls lacked the sanitary pads which should be declared as essential services. These girls were accessing the pads in their schools so now with the school closure, one of the girls said she was using tissue which is not safe for her.

Further analysis showed that closure of schools led to hundreds of girls staying at home. Only 18% of the respondents had access to home-learning instruments. The ones who didn't have access to the home-learning instruments said they could not afford laptops and mobile phones and also internet. A large percentage of the respondents feared the outcomes of the pandemic on education such as delayed milestones in their learning, change of the academic calendar, and fear of losing interest and dropping out of school. The study also noted that there was a rise in teenage pregnancies and it was an issue of concern in Kabete ward. Therefore this means that these girls may not be able to go back to school because of this.

The study findings also showed that the respondents had taken up different coping strategies to cope with the effects of the pandemic. Informal markets, use of savings, sending household members to live elsewhere, moving to smaller houses, involuntary change of diet, sale of durable household items and help from relatives and friends were some of the coping strategies that the respondents used to lessen the effects of the pandemic, the study further shows that use of savings, change of diet and informal markets were the most used coping strategies.

5.3 Conclusion

Women are not a homogeneous group, and they face multiple forms of discrimination. While everybody is vulnerable to COVID-19, people are far from equally affected by pandemic responses. There are stark gendered disparities, and the most marginalized people are the hardest hit. Women are at heightened risk, inadequate access of essential health care (both before and during the pandemic), food, water, sanitation and hygiene, economic insecurity, and education.

This study establishes that Kabete ward, is no exception, the COVID-19 mitigation measures have had adverse economic, health, education and WASH effects on women in Kabete ward,

Kiambu county. The outbreak will also burden women by adding to their existing gendered household and community roles.

While trying to contain the COVID-19 pandemic the government adopted measures like lockdown, social distancing curfews, there was also the issue of seeking permission from the relevant authorities to travel. The government did not take into account the vulnerabilities to equality when formulating the policies, regulations and standard operating procedures, which gravely affected women and girls sexual and reproductive health rights. Women need to be able to access safe effective and affordable and acceptable contraception methods. The non-prioritization of women's sexual reproductive rights and lack of sufficient safeguards to protect this rights during the pandemic means that women and girls are prone to unintended pregnancies which may expose them to unsafe abortions and also expose them to other sexually transmitted diseases. The female population in Kabete ward who experience income loss or decrease in income have had to use their savings, sell their household items, or skip some bills, cut on household spending to survive.

The findings of this study are not only important in helping to fill the existing gender gaps during pandemics but they can also be useful in policy formulation and effective programme design for shaping Kabete ward post-Covid 19 recovery agenda.

5.4 Recommendations

From the analysis, findings and discussions of this study it was found that COVID-19 has had a devastating effect on the life of the majority of the women in their economic security, health, food, sanitation and hygiene and education. The researcher had the following recommendations:

- The Kabete ward stakeholders should be able to involve the vulnerable groups in decision making forums where they listen to their opinion before implementing any measures that may have long term effects to the women.
- Although all the women interviewed confirmed they had adequate information on Covid-19, its spread and the attendant preventative measures, they noted there was a huge information deficit in the communities where they live. Most people living in the villages in Kabete ward consider the disease an urban virus which does not threaten their way of life. Many still go about their business in crowded places without wearing protective

gear. Kabete ward representatives should develop information, education and communication (IEC) materials in local languages and distribute them strategically.

- The Kabete ward representatives need to ensure that women can access health services even in crisis. Funding should not be diverted from maternal, reproductive and childcare to other areas.
- As demonstrated in this study, many women workers have lost their jobs, suffered salary cuts or are on unpaid leave. It is therefore important for the Kabete ward representatives to innovate programmes that will support the development of economic livelihoods as well as start-ups. Similarly, focus should be directed to women and youth delving into income generating activities and support them with a seed fund. These can be done through women organisations or community based organisations. For example a women's organisation or community based organisation can mobilize at the community level to do things like provision of food for the most vulnerable in the community.
- The ministry of education should make sure that there is learning continuity in education in such pandemics like COVID-19. As shown in the study, majority of the respondents were not able to access home learning methods because they could not afford laptops or internet, they suggested that the government should ensure that low-tech, affordable and gender-responsive distance education methods are accessible to every student. For example the Kabete ward stakeholders can make arrangements with safaricom or fiber to offer internet and subsidized costs.
- Measures should be put in place to cushion the women and girls from the lack of sanitary pads and menstrual hygiene. For instance, programmes that teach women how to make re-usable sanitary pads that are essential for women.
- The Government should enable and fund a safe return to school for all students. Several of the respondents in Kabete are at risk of dropping out of school permanently due to teenage pregnancies and lack of school fees. It is imperative that back to school planning addresses the particular situation of girls and young women in a way that is inclusive and gender-responsive, involving families and communities and individual monitoring of vulnerable adolescent girls.

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APPENDICES

APPENDIX 1

SURVEY QUESTIONNAIRE

Dear respondent,

My name is Zipporah Kamau from University of Nairobi. I am interested in finding out how the COVID-19 pandemic has affected your lives. Please assist by giving correct and full information as asked in this questionnaire. The information you give will be treated confidentially.

Thank you.

Zipporah Kamau

SECTION A

PERSONAL INFORMATION/DEMOGRAPHIC DATA

INSTRUCTIONS: Tick (√) the most appropriate answer

1. **Age**

   15 - 24

   25 - 40

   41 - 60

2. **What is your marital status?**

   a) Married

   b) Not married

   c) Widow

   d) Divorced

3. **What is your highest educational level?**

   a) No formal schooling

   b) Primary

   c) Secondary

   d) Higher Level

4. Type of Employment

a) Formal

b) Informal

c) Home-based

d) Student

Where do you reside/live: _____

5. Who is the household head in your family?

a) Male

b) Female

6. Who makes the decisions in your family?

a) Man

b) Man and Woman

c) Woman

SECTION B

COVID-19 PREVENTIVE MEASURES AND ADHERENCE

1) Have you heard of Corona Virus

Yes No

2) What is your source of information about COVID-19

a) My family
b) The neighbours or friends
c) TV or Radio
d) Internet
e) Bill Boards
f) Others, Kindly Specify _____

3) Do you know the prevention measures against COVID-19?

Yes No

If yes please name the ones you know_____

_____

_____

4) Are you able to adhere to the COVID-19 prevention measures

Yes No

If not, why_____

_____

_____

SECTION C

SOCIO-ECONOMIC IMPACT

A. Economic Impact

1. What is your families' main source of income

a. Government wages

b. Husband's wages

c. My wages

e. Children's wages

f. Assistance from relatives and friends

g. Debt

h. Other sources, please specify _____

2. How has COVID-19 preventive measures (Social distancing, Lockdown, Quarantine, Curfew) affected your source of livelihood, business, employment

a) No Change

b) Job Loss

c) Decrease in Income

d) Business Closure

e) Inability to pay rent and loans

3. of the measures listed above, what measures have really affected you and why

_____

_____

_____

B. Health Care impact

1. Before the coronavirus outbreak, did you use to go to the health facility for:

   a. Ante-natal control

   b. Post-natal control

   c. Contraceptive supplies

   d. Other gynecological issues

   e. None of the above

   f. O t h e r , p l e a s e s p e c i f y

   _____

2. Since the coronavirus outbreak, have you been to the health facility for:

   a. Ante-natal control

   b. Post-natal control

   c. Contraceptive supplies

   d. Other gynecological issues

   e. None of the above

   f. O t h e r , p l e a s e s p e c i f y

   If you have not been to the health facility, kindly give a reason why_____

   _____

   _____

3. AS A RESULT OF COVID-19, have you (personally) experience difficulties in accessing Contraceptives and Sanitary pads.

Yes No

If yes kindly give a reason why

_____

C. Food Security

1. Do you have access to nutritious food?

   Yes No

2. Has your access to nutritious food changed since the coronavirus outbreak began?

   a. Yes If Yes, How?

   _____

   b. No

3. If nutritious food is lacking in the household, who gets to eat less?

   a. Husband

   b. Boys

   c. Wife

   d. Girls

   e. All family members

   f. O t h e r s , p l e a s e s p e c i f y

   _____

4. Do you have the capacity to buy quality or quantity food for your household

   Yes No

   If no, kindly give a reason

   _____

D) Water, Sanitation and Hygiene

1. Do you have access to clean water?

   a. Yes

   b. No

2. Were you washing your hands as often before the Covid-19 pandemic as you are now?

   a. Yes

   b. No

3. Do you have access to menstrual hygiene products?

a. Yes

b. No

If no, kindly give a reason

_____

4. Do you have access to other hygiene products (Sanitizers, other disinfectants)?

a. Yes

b. No

If no, why don't you have access to these products?

a. Not enough financial resources

b. Products are not available in my area

c. I don't think they are important products

d. I can't go out to purchase the products

e. Other, please specify

_____

D. Education

1. How has COVID-19 affected your life since the directive to close school was given?

_____

_____

2. Have you been able to access the home-learning instruments (internet, phone, computer, laptop)

Yes No

If no, kindly give a reason_____

_____

3. What fears do you have in regards to your education that have been brought by COVID-19

_____

D) COPING STRATEGIES

What coping strategies have you used to cope with the impact of COVID-19 Pandemic?

_____

_____

_____

Have you received any assistance from the government or the county?_____

_____

Any other thoughts or comments you may have.

Appendix 2

CASE NARRATIVE INTERVIEW GUIDE

Location:

Age:

1. I would like you to tell me your experience during this pandemic. You can start from anywhere. Maybe you can start from telling me what you know about COVID-19, the measures to prevent it, whether you've been following the said measures, whether you've been affected by the pandemic and how.

   Remember you are not being limited in terms of how you answer.