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Social Policy and Leadership Effectiveness on Gender and Child Development Issues in Nigeria during COVID-19

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Abstract: The goal of this paper is to assess the vulnerability of women and children during COVID-19 and the need for social policies that would protect these vulnerable categories in Nigeria. This research recounts the documented pre-COVID-19 degraded quality of life of the majority of Nigerian women and children, classified generally as vulnerable. With the lingering COVID-19 pandemic and within the extant poor-performing economy, this research predicts a continued neglect for these vulnerable groups in state policies and practices. Deprivation breeds discontent, a deviant subculture, stress and trauma, and retards development. Managing the pandemic demonstrates leadership quality that manifests in the critical domains of empathy, human values, responsiveness to emergency needs, inclusiveness, responsibility, and accountability to the sovereigns, the electorates. This empirical qualitative research, carried out in a suburban location in Southern Nigeria, evaluates the COVID-19 era quality of leadership in terms of the responsiveness shown at all governmental levels in regards to meeting the life and livelihood needs of Nigerian women and children, perceived as state duties. The results reveal the usual apathy towards Nigerian women and children during the COVID-19 pandemic. Emergency care concerning medical, material, and psycho-social support are largely lacking for these categories. Life and livelihood are secured mainly through self-efforts, perseverance, cost reduction, begging, adaptive ingenuity, and non-state actors' philanthropy. Nigeria needs full activation of extant statutory women and children protection provisions and re-orientation on social values, purposeful people-driven social policies, programs, and practices.

Keywords: equity, social justice, inclusiveness, childhood, Nigerian women.

新冠肺炎期间尼日利亚性别和儿童发展问题的社会政策和领导有效性

摘要：本文的目标是评估新冠肺炎期间妇女和儿童的脆弱性，以及尼日利亚保护这些弱势群体的社会政策的必要性。这项研究回顾了记录在案的新冠肺炎之前大多数尼日利亚妇女和儿童的生活质量下降，这些妇女和儿童通常被归类为弱势群体。随着新冠肺炎大流行的挥之不去，以及目前经济表现不佳，这项研究预测，国家政策和实践将继续忽视这些弱势群体。剥夺会滋生不满、反常的亚文化、压力和创伤，并阻碍发展。管理大流行展示了领导品质，体现在同理心、人类价值观、对紧急需求的响应、包容性、责任感和对主权者、选民的问责制等关键领域。这项在尼日利亚南部郊区进行的实证定性研究根据各级政府在满足尼日利亚妇女和儿童的生活和生计需求方面表现出的响应能力来评估新冠肺炎时代的领导质量。作为国家职责。结果表明，在新冠肺炎大流行期间，人们对尼日利亚妇女和儿童的普遍冷漠态度。这些类别在很大程度上缺乏有关医疗、物质和社会心理支持的紧急护理。生活和生计主要通过自我努力、坚持不懈、降低成本、乞讨

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、适应性机智和非国家行为者的慈善事业来保障。尼日利亚需要充分激活现有的法定妇女和儿童保护条款，并重新定位社会价值观、有目的的以人为本的社会政策、计划和实践。

关键词：公平、社会正义、包容性、童年、尼日利亚妇女。

1. Introduction

The COVID-19 pandemic, which swept the entire world from early 2020, reportedly from China, was a catastrophic novelty in the sense of its scope, rapidity of spread, and fatalism. Therefore, managing it measures human creativeness, resilience, and leadership effectiveness manifested in critical domains of empathy, human values, responsibility, and accountability by the government to the sovereigns, the electorates, in whose charge the leadership was enthroned. In societies, the vulnerable categories are the less empowered in terms of knowledge and skills, the marginalized who have limited or no access to the state resources (employment opportunities, healthcare, etc.) and are generally mired in poverty. Poverty in Nigeria is highly associated with the mass female population. Nigeria's female population is 49.3% [1]. Most of these females are illiterate, poor, and struggle with their children to maintain life and livelihood during the COVID-19 pandemic.

A veritable measure of Nigeria's women in the socio-economic matrix can be deciphered from their poverty situation, a tool which this research explored as a proxy for women, children, and national development, considering their population and impacts on household maintenance and contribution to Nigeria's GDP. Nigerian women are engaged mainly in subsistent farming while some of them practice commerce and operate with very small capital, virtually shut out of the corporate financial system. Households in this category are inexorably poor and are therefore exposed to fatalism and crushing hardships, which can cause various forms of deviant orientation and behaviors, particularly with COVID-19. Oxfam [2] observes that most Nigerian women have faced discrimination due to their traditions. The research body further notes that the life of Nigerian women is affected by a myriad of discriminatory, traditional, and socio-cultural practices. It further states that the majority of women are employed in casual, low-skilled, low-paid informal jobs, and are less likely to own land and that 75.8% of the poorest women have never been to school. It concludes that as a result of these disadvantages, women are more likely to be poor than men.

Nigeria has an estimated population of 210,953,873 as of 1 May 2021. The split between the males and females is even at 1.04 males to 1 female. The median age of Nigeria is 18.4 for both males and females [3]. The deduction here is that women and children constitute the bulk of the vulnerable and hence, the needy due to the COVID-19.

The implications of the above-mentioned concerns are many for women and their children. Stress, and in some extreme cases, trauma and suicidal ideation are usually associated with deprivation. Stretched further, deprived females, especially the youthful ones and also children from poor households could degenerate to social misfits and become subjected to recruitment into crime, human trafficking, conflicts, and agents of social instability. Such occurrences are adversative to gender, childhood, and national development. This is a situation that effective leadership can prevent through equity and social justice [24].

The prevailing COVID-19 pandemic presents a situation, where effective leaders identify, develop, implement, and monitor social policies, and programmes that target protection for these two vulnerable categories, among others. A major trajectory in this logic is the concern of the quality and quantity of the government's response to the needs of the COVID-19 pandemic. The state is primarily responsible for life and property protection and creating an enabling environment for human development and creation of material wealth which reflects the most rudimentary and common human needs as espoused by Maslow [4] in the form of physiological (food, water, shelter, clothing), security, and safety needs. Society is safe, happy, and developed if it exhibits leadership responsiveness in addressing such basic needs.

COVID-19 pandemic threw up an emergency that depicts human travails and leadership approaches that need ingenuity in proffering appropriate responses. COVID-19 statutory response measures in such an emergency since 2020, in a way, are indicators of the leadership quality since they reflect the perceptions and attitudes of our elected leaders on the deadly pandemic that pillaged life and livelihoods of citizens, leaving trails of death, hardships, and people struggling to survive amid lockdowns and economic paralysis.

The concern here is the quantity and quality of resources in terms of financial and non-financial provisions government and its agencies from the federal down to the local levels delivered to the entire citizens,

including females and children, irrespective of their status and geographical locations during the COVID-19 pandemic. From experience, irrespective of the vulnerability of Nigeria's women and children, Nigeria could predictably continue to advance in its usual teleological drift of women and childhood neglect with COVID-19 also.

Some studies on Nigerians' preparedness for COVID-19 [5, 6] addressed macro urban issues that did not emphasize social policies on women and children and their evaluation of government efforts towards alleviating their COVID-19 needs. Consequently, this research aims at filling this gap by investigating government efforts in mitigating the impacts of the pandemic on women and children in a location outside Nigeria's urban areas (Nigeria's administrative centers - federal and state capitals and local government headquarters) as perceived by respondents. The empirical research applied the interview, FGD, and observation methods which have the advantage of capturing the feelings and nuances of the respondents, aspects that questionnaires will not adequately reveal.

Our major research significance is that it can be extrapolated for understanding the plight of vulnerable Nigerian women and children in other semi-urban and rural communities. It has the potential of identifying the reality of Nigeria's COVID-19 pandemic era life and livelihood in such geographical locations and government attitudes towards mitigating whatever travails that exist in such areas. It will equally reveal the adaptive capacity and strategies of the local individuals for livelihood and life support and possible adaptive future options for individuals, communities, groups, and the corporate world, inclusive of government. The result is a teleological society evolving for overall development rather than growth without freedom and opportunities for all.

2. Literature Review

Nigeria's management of COVID-19 falls under the purview of political leaders under which platforms the coordination of all institutional sectors and agencies responding to the pandemic. Consequently, the political leader's actions, from the federal to local governments, through the states, constitute the focal analytical points in evaluating how Nigeria managed the threats of the COVID-19 pandemic through its social policies to protect women and children. Policy evaluation emphasizes the quality and quantity of welfare provisions (economic, health, and psychosocial needs) and issues of inclusiveness among all the social strata, including sex and age.

Social policy refers to the development of welfare, social administration, and government policies for social protection. Social policy is related to the governmental approach of social services towards the formation of a welfare state. It is a true and acceptable fact that social policy has conventionally been used to denote a set of policies and practices concerned with promoting social welfare and wellbeing.

The common features of the two definitions are welfare provisions for the protection of citizens. Social services are usually targeted at the underprivileged or vulnerable strata of society. Nigerian women and children are poor and subjected to hardships, particularly with COVID-19 effects, including lockdown, scaled-down economic activities, and reduced income. Poverty is the state of one who lacks a usual or socially acceptable amount of money or material possessions. Poverty exists when people lack the means to satisfy their basic needs [7].

This is elucidated below to enable us to envisage the expected government response to their needs. In Nigeria, the scale of economic inequality has reached extreme levels. It is expressed in the daily struggles of the majority of the population in the face of the accumulation of obscene amounts of wealth by a small number of individuals.

As Oxfam [2] noted, while more than 112 million Nigerians lived in poverty in 2010, it would take 42 years for the four richest Nigerian men to spend all of their wealth at $1 million per day. That research agency estimates that the richest Nigerian man's annual earnings are sufficient to lift two million people out of poverty for a year. It would cost about $24 billion to lift the poorest Nigerians above the $1.90 poverty line for one year. Oxfam [2] notes that this $24 billion is very close to the overall wealth owned by the five richest Nigerians in 2016—$29.9 billion. Finally, Oxfam [2] states that Nigeria is one of the few African countries where both the number and the share of people living below the national poverty line increased between 2004 and 2010 from 69 million to 112 million, respectively. This is equivalent to 69% of the population. In the same period, the number of millionaires increased by approximately 44%.

Presently, as the African Development Bank Group [8] has observed, poverty remains widespread. In over half of the country's 36 states, the poverty rate is above the national average of 69%. High poverty rates reflect rising unemployment, estimated at 23% in 2018, up from 14.2% in 2016.

More recently, the unemployment rate in Nigeria rose from 27.1% to 33.3% from December 2020 to March 2021 [9]. The number of unemployed Nigerians rose from 21.7 to 23.19 million in the fourth quarter (Q4) of 2020, reflecting job losses and business failures occasioned by the COVID-19 pandemic [9]. The

National Bureau of Statistics (NBS) observed that this number is 6.5% higher than the previous quarter's 21.7 million unemployed. With Nigerian females comprising a large portion of the unemployed and underemployed populations, this subjects those with children to hardship conditions.

Responding effectively to Nigeria's COVID -19 challenges requires effective leadership. Leadership is the art of wanting others to do something the leaders believe should be done [10]. Leadership is the art of mastering change, the ability to mobilize others' efforts in new directions. Political leaders must have the talent to exploit the emotions of the masses. They must act as the citizen's representatives. Political leadership can create a culture comprising a strong vision and having the strength to pursue it, as it unfolds many strategies [11].

Leadership is a set of behavioral traits that influences social interactions for attaining identified goals that must benefit both the leader and the followers. Every social action is purposeful and oriented toward a goal, whether for the personal or common good. Such action is learned and applied as a pathway for success. Effective leaders learn and unlearn the traits of influencing others. Leadership involves personal attributes of the aspiring leaders that imbibe the spirit of perseverance, accepting superior discursive ideas, and the ability to sieve the wheat from the chaff. Knowledge and experience-driven skills contribute directly to the process of leadership, while other attributes such as commitment, human relations, and empathy, among others, give the leader specific characteristics that make him or her unique.

Leadership effectiveness is the successful exercise of personal influence on people to accomplish shared objectives in a personally satisfying way for all those involved [12]. Leadership effectiveness in the context of this research is, therefore, the ability of the governing elite and those positioned to secure citizens' lives and property to practice leadership forms that involve equity, fairness, and inclusiveness in the allocation of state resources.

A few studies on COVID-19 in other countries could guide the practical evaluation of Nigeria's case. During the pandemic, the Families First Coronavirus Response Act (FFCRA) was the first social policy enacted by the US Congress, which emphasized the expansion of emergency family and medical leave and emergency paid sick leave [13]. The FFCRA increased the leave granted under the Family and Medical Leave Act (FMLA) by providing up to 12 weeks of paid leave for employees who could not work due to childcare issues. Further, the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116–136) on March 27, 2020, was a comprehensive response to support the economy, public health, state and local governments, individuals, and businesses. The CARES Act authorized approximately $2 trillion in appropriations in direct response to combat the COVID-19 pandemic. In the US case, the family was aggregated as a unit without emphasis on women and children.

Boasiako et al. [14] evaluated Ghana's COVID-19 preparedness, which focused on three areas: health, economic, and social issues. The authors noted that Ghana made several policy interventions in the three areas. The study highlighted the adoption of the 3T approach in health, CAP-20 in economics, and free water and subsidized electricity for citizens as social interventions. The 3T approach focused on tracing, testing, and treating COVID-19 patients, whereas CAP-20 focused on protecting against job and livelihood losses, supporting small businesses, and ensuring that the program is efficiently and sustainably implemented. The study noted that the measures of the Ghanaian government yielded significant results, and available statistics as of October 25, 2020, on the COVID-19 situation in Ghana further affirmed the gains.

Duffin (2020), cited in Boasiako et al. [14], reported that among the G-20 countries, Japan passed the largest fiscal stimulus package that amounted to approximately 117 trillion yen (about 1.1 trillion USD). In April, the South African government launched an economic and social stimulus package worth over R500 billion (about 26.3 billion USD) [15]. Namibia launched an economic stimulus and relief package worth 8 billion Namibian dollars (about 482 million USD) to mitigate the impact of COVID-19 [16].

In Nigeria, the COVID-19 pandemic occasioned phased lockdowns, starting from Lagos and Ogun and later including the FCT. Features of the governmental response included phased lockdowns with travel and inter-state travel restrictions, curfews, and enforcing handwashing with soap, mask-wearing, and social distancing. Nigerian women were massively engaged in the informal sector. The lockdown measures, in the face of little or no provision of palliatives, brought up debates on favoring the supremacy of livelihood over maintaining life itself.

As expected, most Nigerian women and their children were feared to be more negatively impacted by COVID-19, being generally landless, living on low-paid jobs where available, and depending on daily sales for daily feeding and household maintenance. Being locked out of their farms and village markets meant empty stomachs and the tendency to civil disobedience against COVID-19 rules. Nigeria expectedly adopted a systematic sectorial and localized approach, which mobilized various stakeholders, sectors, and communities toward containing COVID-19 and its impact. With the easing of the federal lockdown, state governments and traditional

rulers became more involved in addressing the resulting challenges.

As the spread of COVID-19 intensified, Nigeria was already dealing with enormous social and economic impacts, exacerbating existing inequalities and creating new inequalities, which affected the most vulnerable people the hardest [17]. In countries with an extensive informal sector, COVID-19 affected livelihood and spending patterns, which had a negative impact on the economy and well-being of the people. As of July 2020, the One UN COVID-19 Response Basket Fund managed by UNDP had mobilized 63.8 million USD, along with 54.6 million USD from the US, among others.

IMF [16] noted that the Nigerian federal government adopted a revised budget for 2020 in response to the COVID-19 shock. The budget included N500 billion (0.3% of the GDP) as a COVID-19 intervention fund. The coverage of the conditional cash transfer program was broadened, and Nigeria's allocation of N150 billion (approximately 360 million USD) to support state and local government spending needs was made. For Nigeria's 36 states, the amount could be considered inadequate to maintain families and livelihoods compared to South Africa's $26.3 billion and Namibia's $482 million.

The CBN introduced a stimulus package to help households and small businesses hardest hit by COVID-19. The $128.4 Targeted Credit Facility was in loans, not grants. Lagos state also announced an economic stimulus package for residents, targeting 200,000 households in the first phase [18]. The National Bureau of Statistics (NBS) reported that the informal sector was responsible for 80% of job creation in 2019 and contributed 58% to the nation's gross domestic product (GDP) [5]. A critical concern here is that Nigeria's poor women in the informal sector could hardly access such loans, considering their powerlessness and the power of cronyism in Nigeria.

Evaluation of Nigeria's leadership effectiveness in the research context reveals only N150 billion of the federal support for states and local governments to cushion the COVID-19 effects. From the cited conditional cash transfer program inherent with procedural deficiencies, it can be concluded that not many palliative measures were delivered to Nigerians, including the vulnerable classes of women, children, and others. It was a case of continued neglect of Nigerian women and children, traditional normalcy. This stems from the culture of getting women and children used to low-status positions, which is social isolation in practice. In the Nigerian leadership, the ruling elite draws tenaciously and is energized by entrenched male supremacy cultural values and practically perpetuates ethos that maintains the status quo and accepts them as normal.

Theory on social exclusion states that the concept focuses on individuals' perceptions regarding what is normal, depending on the social system. Accordingly, social exclusion is a socially constructed concept and depends on what is considered normal. As social exclusion can be structured around hierarchy, the exclusion of people based on their race, caste, or gender may be viewed by the society excluding them as normal, like in many developing countries. Non-provision of enough palliatives and lack of emphasis on poor households, the other face for most women and children, is social exclusion, a normal government practice. Consequently, this research subsequently will establish the real COVID-19 leadership quality in dealing with women and children in a semi-urban area of Nigeria.

3. Methods

3.1. Study Location

The present study was conducted in a semi-urban town about 12 km away from Asaba, the capital of Delta state, a leading petroleum producer in southern Nigeria. Though not the state or local government headquarters, the research location is expected to benefit from these palliative benefits as well as agricultural production, as it is situated in the rain forest geographical zone. It is populated mainly by indigenous people who speak a variant of the Ibo language, as well as by many migrants whose population has been rapidly increasing since the creation of the Delta state in 1991. However, compared to pre-oil era when it was the main economic activity, farming has been losing its prominence both locally and in Nigeria in general. Nonetheless, it constitutes the town's informal sector hub, as women and children actively engage in processing cassava and corn and trading local foods and general household items. The teenagers and youth are mainly engaged in academics, okada business (motorcycle riding) and as artisans of various trades. Many of the formal and informal workers in Asaba do not live in the town due to the high rent.

Geographically, due to increasing urbanization, Asaba and the study location have almost merged, with their common boundary visibly developed, including the Asaba airport. The town links Asaba to the southern part of the state and Edo state, which makes it a busy economic hub. The study location was a teacher training college in the mid-1920s and many Western primary and secondary schools, while a tertiary institution was recently opened.

Most of the residents are Christians and a small minority are Muslims. As the location has no plumbing for centralized water supply, water is provided through boreholes sunk via public-private partnerships. Electricity supply is tenuous and generally erratic when

available. The town also has a general hospital, a police station, two banks and a moderately-sized market that operates in four-day intervals, giving it a rural feel. It is governed by an Emeritus Professor.

However, as patriarchy is firmly established in the town, women's affairs are vested upon the Omu, a title conferred on any woman based on certain conditions anchored in the local cultural norms and values. The town has ten administrative units (henceforth denoted as villages) with a total population of 23,919, as established by 2016 census [19].

3.2. Population, Sample, and Sample Selection Methodology

To ensure that all ten administrative units were represented in the study, participants were recruited from each village, with sample sizes corresponding to their respective populations. As a result, 60 women (six from each of the seven moderately-sized villages, four from each of the two smallest villages, and ten from the largest village) were selected using cluster and simple random sampling techniques. When identifying potential study participants, the following criteria were considered: age, lack of public sector employment, having young children without the means of supporting them financially, and having no job and/or husband. The prospective respondents were identified with the assistance of the village elders who are familiar with the living conditions of all village residents. The sample size was determined by the study aim, which was to capture the perspectives of as many women as possible on the ill-treatment they received from the men both before and during the pandemic [12]. Moreover, as the town has a great educational tradition with many male and female professors who appreciate the value of education and research, it was expected that sufficient number of women would be willing to participate in this study. In addition, as the data for this study was gathered via focus group discussions (FGDs), it was assumed that the women would feel comfortable openly expressing their views. Consequently, seven carefully selected indigenous married and unmarried women of the town from seven of the villages with ages ranging from 54 to 68 were the FGD members. They were sampled based on their long-term residency in the town (43-68 years).

3.3. Data Collection

The data was collected through a predetermined set of interview questions on respondents' pandemic life and livelihood experiences, state and non-state actors' COVID-19 palliative support, particularly in 2020, and their views on the future and government responsibilities. The content validity of the interview guide was peer-reviewed.

The question comprises the respondents' bio-data and their pre-pandemic and present perceptions and expectations based on the research objectives.

The interviews and FGD data collection sessions were fairly smooth because they were conducted in the evenings of the market days, village elders' support, and our understanding of the local dialect. Equally, research ethics of anonymity and confidentiality were promised and adhered to. Nuanced expressions of the respondents were noted and incorporated into the data. The evening interviews were done after the days' major activities to enable the respondents' relaxation to generate ambiance for rich data acquisition. It enabled the researchers to observe angles of life of vulnerable households with the COVID-19 pandemic, interactions among family members with an almost guaranteed full house at that time of the day.

The focus discussions were held twice in the evening, in the residence of the most elderly respondent who was charismatic among the members that fondly called her "honest mother," to which she usually responded: "Honesty is the best policy". Pseudo names were used in the data capturing and analysis to ensure the freedom of expression of respondents. The discussions on the research subject and objectives were generally free. The research data was collected in December 2020 and January 2021, which is usually a combined Christmas and New Year festive period when farm harvest has been completed, giving room for rest from farm work.

3.4. Presentation of Data

The data presented in this section are obtained from interviews, FGD, and researchers' observations. The analyses follow the research objectives and are presented first from interviews and researchers' observations together and finally, the FGD.

Table 1 Respondents' demographics: age, religion, marital status, and number of children

Age (years)	F	%	Religion	F	%	Marital Status	F	%	No of children	F	%
< 30 yrs	2	3.3	Christianity	58	96.7	Married	51	85.0	None	2	3.3
30-40 yrs	34	56.7	Islam	2	3.3	Single	6	10.0	1-3	30	50.0
45 and above	24	40	ATR/others	0	0	Divorce/separated	3	5.0	4 and above	28	46.7
Total	60	100		60	100	Total	60	100		60	100

From Table 1, the modal age of the respondents is 30-40 (57%), followed by 40% of those aged 45 and above. 97% are Christians, only 3.3% are Muslims. Further, 85% of the respondents are married, while only 10% are single. Among the respondents, 50% of those aged 30-40 have 1-3 children, while 47% of those aged above 40 have four and more children. In effect, 97% of the respondents have, at least, one child, almost half of the total have four and more children.

Table 2 Education, occupation, and income

Education	F	%	Occupation	F	%	Pre-COVIDIncome (N,000) pa	F	%	Post-Covid income (N,000) pa	F	%
None	5	8.3	Worker	4	6.6	<100	15	25	<100	47	78.4
Pry	32	53.3	Farmer/trader	52	86.7	100-199	24	40	100-199	8	13.3
Sec.	13	21.7	Food vendor	2	3.3	200- 299	21	35.0	200-299	5	8.3
OND/NCE	10	16.7	Services/salon	1	1.7	300-399	0.0	0.0	300-399	0	0.0
Tertiary	0.0	0.0	Others	1	1.7	400+	0.0	0.0	400+	0	0.0
Total		100	Total	60	100	Total	60	100	60	60	100

From Table 2, more than half the respondents (53%) have primary education while 22% have secondary education, 17%, almost a quarter of them, have the OND/NCE qualification. Almost all the respondents (87%) are farmers, while only 7% are workers in the informal sector.

In comparison, before COVID-19, only 25% of the respondents received an income of less than N100,000 annually, but with the pandemic, 75% of them received that amount annually. Before COVID-19, 35% of the respondents received N200,000-N299,000 annually, but only 8% received that amount with the pandemic. The situation where no respondent receives up to N300,000 ($729) annually is of interest.

Table 3 Farming and trading business before and during COVID-19

Farming before COVID	F	%	Farming during COVID	F	%	Trading before COVID	F	%	Trading during COVID	F	%
Regular	57	95	Regular	50	83.3	Regular	60	100	Regular	10	16.7
Average	3.0	5.0	Average	3	5.0	Average	0.0	0.0	Average	2	3.3
Irregular	0.0	0.0	Irregular	7	11.7	Irregular	0.0	0.0	Irregular	48	80.0
Total	60	100	Total	60	100	Total	60	100	Total	60	100

Table 3 compares farming and trading businesses before and during the pandemic. The data reveal that farming was regularly practiced by 95% before the pandemic, while it dropped to 83% with the disease. The respondents stated that they engaged in farming to feed their families and because the farms are located in the forests where they would not be arrested by government officials enforcing the prescribed COVID-19 protocols.

The researchers visited three farms in the company of three respondents and observed that they are clustered with common boundaries and were averagely about one kilometer from the villages. Further, the farms are accessed only through winding bush paths by foot, bicycles, and motorcycles. In all the farms, women and young girls outnumbered the men and boys who engaged more in construction and soft jobs like commercial motorcycle transportation than farming. In effect, the women's life is synonymous with the "household and farm life cycle".

Pointing at one of the farmhouses, one very literate respondent stated:

We, our children, and husbands sleep here sometimes during heavy farm work periods of planting and weeding. We wake in the morning refreshed and work seriously before noon when the weather is usually hot, and we cannot work much. We fetch water from this nearby stream, and our husbands catch fish and crabs from it. That provides us with protein.

On the other hand, trading, which was regular at 100% before COVID, was regular only at 17% and irregular at 80% with the pandemic. The reason for the high irregularity in trading was that pandemic law enforcement officials strictly watched the markets. However, covert trading occurs in neighborhoods, even with the prying watch of state law enforcement officials. This was done mainly by young girls who always outsmart law enforcement officials with speedy escape along with their wares, mainly cassava products and yam tubers.

Table 4 Pre-COVID-19 food availability and daily feeding pattern

Food type	F	%	Daily Feeding	F	%
Mainly Carbohydrate	47	78.3	Thrice	51	85.00
Mainly protein	0	0.0	Twice	7	11.7
Carbohydrate/protein	13	21.7	Once	2	3.3
Total	60	100	Total	60	100.0

Table 4 reveals that the dominant food type before the pandemic was carbohydrates (78%), with carbohydrates and protein at 22%. Again, before the pandemic, daily feeding habit was three times at 85%, with 12% feeding only twice.

Table 5 COVID-19 era food availability and daily feeding pattern

Food type	Frequency	%	Daily feeding	F	%
Mainly carbohydrate	57	95	Thrice	40	66.7
Mainly protein	1	1.7	Twice	5	8.3

Continuation of Table 5					
Carbohydrate/protein	2	3.3	Once	15	25.0
Total	60	100		60	100

Table 5 reveals that with the pandemic, carbohydrates formed 95% of the daily feeding. Again, daily feeding thrice fell to 67% from 85% before the COVID period. Further, feeding once daily fell from 3% pre-pandemic to 25% during the pandemic. Only 18% of children aged 6-23 months are fed the minimum acceptable diet. More than half of the under-five deaths (64%) result from malaria, pneumonia, and diarrhea [20]. This conforms to our findings.

Table 6 Pre-COVID healthcare: hospitals, doctors/nurses, drugs, and doctors

Hospitals/PHCs availability	**F**	**%**	**Doctors/Nurses**	**F**	**%**	**Drugs**	**F**	**%**	**Counseling**	**F**	**%**
AA	40	66.7	AA	15	25.00	AA	20	33.3	AA	5	8.3
SA	13	21.7	SA	35	58.3	SA	15	25	SA	7	11.7
AU	7	11.6	AU	10	16.7	AU	25	41.7	AU	48	80.0
Total	60	100	Total	60	100	Total	60	100	Total	60	100

Notes: AA - always available; SA - sometimes available; AU - always unavailable

From Table 6, pre-pandemic data reveal that 67% of hospitals/PHCs, 25% of doctors and nurses, 33% of drugs, and only 8% of counseling are evaluated as always available. Also, 12% of hospitals/PHCs, 17% of doctors and nurses, 42% of drugs, and 80% of counseling are evaluated as always unavailable. Except for the physical structures (67%), all other health care performance indicators are negative. At best, doctors and nurses are 58% sometimes available. Nigeria's 40 million women of childbearing age (between 15 and 49 years of age) suffer a disproportionately high level of health issues surrounding birth. While the country represents 2.4% of the world's population, it currently represents 10% of pregnant mothers' deaths worldwide. The latest figures show a maternal mortality rate of 576 per 100000 live births, the 4th highest on earth [20].

Table 7 COVID-19 healthcare: hospitals, doctors/nurses, drugs, and doctors

Hospitals/PHCs availability	**F**	**%**	**Doctors/nurses**	**F**	**%**	**Drugs**	**F**	**%**	**Counseling**	**F**	**%**
AA	10	16.7	AA	8.0	13.3	AA	3.0	5.00	AA	3	5.0
SA	4	6.7	SA	7.0	11.7	SA	1.0	1.7	SA	5	8.3
AU	46	76.6	AU	45.0	75.0	AU	56	93.3	AU	52	86.7
Total	60	100	Total	60	100	Total	60	100	Total	60	100

Notes: AA - always available; SA - sometimes available; AU - always unavailable

From Table 7, with COVID-19, healthcare facilities show negative indicators: 77% of hospitals/PHCs, 75% of doctors and nurses, 93% of drugs, and 87% of counseling are reported as always unavailable. 'Honest mother' dug up some pediatric drugs, mainly for malaria and cough, donated by a prominent Lagos-based philanthropist from the town. Some of the women's items she displayed included blood boosting and pain-killing tablets. These drugs help us a lot, she said.

Table 8 Pre-COVID and COVID era electricity and water availability

Electricity before COVID	**F**	**%**	**Electricity during COVID**	**F**	**%**	**Water before COVID**	**F**	**%**	**Water during COVID**	**F**	**%**
AA	12	20	AA	7	11.7	AA	21	35	AA	22	36.7
SA	5	8.3	SA	1	1.6	SA	4	6.7	SA	2	3.3
AU	43	71.7	AU	52	86.67	AU	35	58.3	AU	36	60
Total	60	100	Total	60	100	60	60	100	Total	60	100

Notes: AA - always available; SA - sometimes available; AU - always unavailable

Table 8 reveals that 72% of electricity was always unavailable before COVID-19, and 87% of electricity was always unavailable during the pandemic. Before the pandemic, water was always unavailable at 58% through public/private partnership arrangements that provide borehole products but became more unavailable at 60% (a slight variance).

Table 9 Donors efforts: government, philanthropists/corporate bodies, faith groups, and family

Govt	**F**	**%**	**Phil/corp bodies**	**F**	**%**	**Faith groups**	**F**	**%**	**Family**	**F**	**%**
AH	7	11.7	AH	32	53.3	AH	43	71.7	AH	49	81.7

Continuation of Table 9											
SH	13	21.6	SH	20	33.3	SH	17	28.3	SH	10	16.7
AU	40	66.7	AU	8	13.4	AU	0	0	SU	1	1.6
Total	60	100	Total	60	100	Total	60	100	Total	60	100

Notes: AH - always helpful; SH - somehow helpful; AU - always unhelpful

Table 9 reveals that among the four broad categories of the respondents' benefactors, material and financial assistance levels are as follows: family - 82%, faith-based groups - 72%, philanthropists/corporate bodies - 53%, and government - 12%. On inquiry from three village heads, it was reported that the government made food donations once during the pandemic. There were no specific provisions targeted at women and children like baby formulations, dresses, treated nets, drugs, sanitary items, money for widows, among others. We were informed that many town residents of different social classes, including politicians, and corporate organizations with churches leading the way, donated relief materials several times, some on a monthly basis.

Table 10 Survival strategy, needs, and the government responsibilities

COVID-19 survival strategies	F	%	Present needs	F	%	Govt responsibilities	F	%
Family help	24	40.00	Electricity	16	26.7	Electricity	20	33.3
Donation	16	26.6	Job	14	23.3	Micro-credit	17	28.4
Saving costs	10	16.6	Micro-credit	13	21.7	Create jobs	13	21.7
Food rationing	4	6.6	Skill training	10	16.6	Tackle insecurity	5	8.3
Improvise	4	6.6	Business start-up	5	8.3	Skill training	2	3.3
Begging	1	1.6	Adult education	1	1.6	Business start-up	2	3.3
Others	1	1.6	Others	1	1.6	Adult education	1	1.7
Total	60	100	Total	60	100	Total	60	100

In addition to the sources of welfare received during the pandemic, we interviewed respondents about how they coped and survived, their current needs, and what they expected the government to do to improve their lives. Table 10 reveals their order of priority. Survival strategies included: family help (40%), donations (27%), cost saving (limiting spending by scale of preference) (17%), food rationing (7%), improvising (7%), and begging (2%). Their needs included: electricity (27%), jobs (23%), microcredit (22%), skill acquisition training (17%), business start-up (8%), and adult education (2%). Expectations of state and federal government responsibilities included: provision of electricity (33%), microcredit (28%), job creation (22%), tackling insecurity (8%), and skill training and business start-up (3%).

Table 11 The government performance rating

Leadership effectiveness	F	%
VVE	1	1.7
VE	5	8.3
E	2	3.3
VI	28	46.7
VVI	24	40
Total	60	100

Notes: VVE - very very effective; VE - very effective; E - effective; VI - very ineffective; VVI - very very ineffective

Table 11 shows how respondents rated all levels of government in terms of leadership effectiveness in meeting the welfare needs of citizens during the pandemic on a five-point scale. Only 13.3% thought the Nigerian government's leadership in handling citizens' welfare needs was effective, while 87% thought it was ineffective.

The seven FGD members actively discussed the plight of the women from the town and, to a lesser extent, their children before focusing on their pandemic experiences. Their stories were free of inhibitions and filled with emotion, with some of them offering the narrator details of how they had been neglected. The thematic focus of their discussions was exclusion from land ownership, decision-making, issues of searching for water, energy sources, children's schooling, and household expenditure. The tense narrative of these women represents localized, unexpressed feminism.

Led by "honest mother," the group in verbal approval urged her on, several nodding their heads and reminding her of some salient points as she spoke:

Before the pandemic and now, we women lack economic power, face cultural handicaps, and are excluded from making decisions on many issues. We do not have the power to decide issues concerning us. Men hold their meetings without women in attendance and discuss everything including our affairs. We do not own land and property. We suffer all sorts of disgrace especially when any of our husbands depart. It happened during this pandemic whereas we did not cause their departure. Inheritance is on the side of males. We don't inherit houses, but only the dresses and household items of late females like our mothers and aunties. We and our children were not given special preference when the government brought food items once, but the church and some other philanthropists especially gave women and children money, medicines, and food.

Ruth, an agile, articulate member stated:

Women cultivate only cassava and vegetables in sections of the farm their husbands and male family members allocate to them. These items do not fetch much money unlike the yams, palm fruits, plantains, and bananas which our husbands make money from.

With this pandemic, things are tough, and it is hard to manage the home.

Anna observes:

We take care of the children's daily needs, buy books and uniforms and sometimes pay school fees and levies. We manage to feed the family even though we receive a small amount from our husbands. Many of them are farmers and skilled craftsmen. They will tell that they have no jobs around and do not have much for feeding. In many instances, they say: "You are a woman; feed your children, as other women do".

The members listed their household assignments as follows: trek to the farm to weed, harvest crops, process cassava for sales and home feeding, fetch firewood from the farm and water from the stream as sometimes the boreholes are not functional. Talking to many more women and hearing from them somehow justifies the authors' large sample, earlier stated.

There was a consensus that women and children utilize the orthodox healthcare system and the traditional method. They prefer the former, but sometimes, lack of hospital facilities and cost of medical tests and drugs force them to seek alternative traditional healthcare services, including those of the traditional birth attendants, despite the high risks involved.

On their pandemic experiences, "honest mother" yielded the opportunity to Caro, the most educated among them, to make pronouncements. Caro summarized:

All the above statements are correct, but we can add more. Please help us to tell the government to make laws that will save the women and our children from the cultural practices that curtail our potentials. With this pandemic, there are no special welfare provisions for women and children. Childbearing and raising children are difficult. They affect our health and finances. With the pandemic, the government should have made provisions for drugs, women and children's needs since they are not as strong physically and emotionally as men. Government is insincere, but when it advises about special treatment for women and children, the men do not listen but rather adhere to the culture of their ancestors, women's subordination to men. This applies to sharing the few food items government provided. Is that good, she queries. However, churches and philanthropists severally made special provisions for infants, children, and women. Government should always remember that women are home builders and spend more money maintaining the home than our husbands. Women should be given the same job, financial help, and skill training opportunities as men. All adult males should remember that they were once children and were born by women.

4. Discussion, Recommendations, and Conclusion

This research concerns anchors on neglect and poverty of unprotected Nigerian women and their children, particularly in rural areas. Nigeria has not implemented pronounced inclusive and pragmatic social policies targeting the protection of women and children, even in emergency situations such as the COVID-19 pandemic. Using an empirical approach, observations, and FGD methods in a semi-urban location in Delta State, Nigeria, we evaluated these decades-long issues, focusing on leadership effectiveness in addressing them in the pandemic period. We aimed at identifying the real situations of women and children, the government's attitude toward their needs, and, in general, how to drive the empowerment and development of women through policy recommendations.

The 60 female respondents were fairly literate, mainly Christians, married, and farmer/traders (87%), with only 7% of them holding jobs in the informal sectors. Due to their low-grade occupations and overt discrimination regarding socio-economic opportunities, they were generally poor. No respondent received an annual income of more than N300,000 ($729) and 25% received less than N100,000 pre-pandemic. With the pandemic and lockdown protocols, 78% received less than N100,000 annually.

Farming and trading before and during the COVID-19 pandemic were different: 95% of farming was regular before the pandemic and 85% irregular during the pandemic; 100% of trading was regular before the pandemic and 80% irregular during the pandemic. All health care indicators before and during the COVID-19 pandemic were negative, with good health care always unavailable and becoming worse during the COVID-19 pandemic, with counseling 80% of the time always unavailable. Food was equally problematic for the respondents before and during the pandemic, with food intake consisting of 78% and 95% carbohydrates, respectively. Regarding welfare, the respondents received for 88% financial and non-financial assistance from philanthropists, families, and faith-based groups, with government help accounting for only 12%. The respondents survived mainly thanks to family assistance, donations, scaling preferences, food rationing, and begging, among others. With dire poverty, respondents consequently prioritized their needs as follows: electricity, jobs, microcredits, and skills training at 27%,

23%, 22%, and 16%, respectively, to enable them to survive and take care of their children.

Their listed government's responsibilities are electricity at 33%, microcredits at 28%, and jobs at 22%, forming the main needs on the 7-point scale. Overall, government leadership was evaluated at 87% ineffective and 13% effective in addressing social policies and practices that affected the women and their children in a pandemic emergency.

It is noteworthy that the FGD members equally rated the government's efforts as very ineffective, whereby they unequivocally solicited inclusiveness in cooperate governance and at the traditional government levels in dealing with feminine challenges with the overall aim of driving equity and justice as elements for growth and development. Without equivocation, they berated the government's deceit, not just neglect, stating that the government deliberately enacts laws for women and children protection they never intend to uphold.

As stated earlier, Nigerian governments have always neglected the challenges confronting women and children even with its various archived domesticated international protocols that would have lifted these vulnerable categories and driven growth and development. The situation of these vulnerable ones becomes deplorable considering the cited N150 billion ($360 million) federal government allocation to support the state and local governments' expenses on the struggle against the pandemic. Delta State benefits hugely from the exclusive statutory 13% federal allocation of Nigeria's oil revenue that would ordinarily spur welfarism and more pandemic spending.

As recommendations deriving from our findings, governments at all levels need to practice egalitarianism with the commonwealth for everyone. The basis for the distribution of state resources needs to be on merit system of knowledge, experiences, equality of all people before the law, and the rule of law. Nigeria should activate its statutes on women and children's rights, gender and child's rights as enshrined in the relevant sections of the UN SDGs 2030 [21] and African Union protocols. Cultural practices that inhibit women and child empowerment and development should be degraded in our various cultures. Nigeria's female talents, practically half of the population, are wasted because of food insecurity, spiraling poverty, and globally high-rate crimes like banditry, human trafficking, and many others.

The conclusion is that Nigeria's serial leadership failure is a cloak that destroys its development potentials hidden in the unveiled Okonjo Iwealas, Director-General of the World Trade Organization, Amina Mohammed, UN Under-Secretary-General, literally giants Chimamanda Adiches, Zulu Sofolas, and a myriad of others tucked away in rural precincts of the country and exposed to early death due to their externally imposed low life chances.

Nigeria, the federating states, and most developing countries' leadership aberration, with the generally common trait of exclusiveness and cronyism, often with women and children as main victims, have done more harm than good for the mass population. The systems collectively promote social injustice and economic growth without development. Only 18% of children aged 6-23 months are fed the minimum acceptable diet. More than half of Nigeria's under-five deaths (64%) result from malaria, pneumonia, and diarrhea [20]. These diseases are preventable. Nigeria is just a piece of the misinformed self-serving elite that ignores and suppresses the women folk from this research. A global research partnership led by the Global Health H50/50 project in London reported that women and girls in low-income countries had borne the brunt of the COVID-19 crisis. The report urged governments to consider sex or gender in their COVID-19 policies due to its disproportionate impact on women [22]. Nigeria, Africa's largest oil producer, did not consider it necessary to offer social amenities subsidies or free water and electricity to the citizens during the pandemic, especially to the poor, when Ghana offered more than three months of free water and electricity to all citizens [14].

Nigeria's 20th century belonged to men, but the dynamics of modern development imperative is positioning women as a force in the development in the 21st century. Women's emancipation and gender parity dynamics have emerged and are accelerating with unquenchable fervor. Ignoring this fact is planning to fail, a circuitous journey, a motion without movement, policies without ethics, festering vested elitist interests, and cronyism that deepen poverty, unemployment, stress, traumas, human trafficking and the like, tension and conflicts that may destroy the powerful and powerless. Nigeria's extant regime of banditry has roots mainly in abject neglect of the young, vulnerable, poor, homeless, parental poverty, particularly women whose love for their children is endearing. However, they generally cannot salvage childhood due to the life adversities that confront them.

This report could be extrapolated for Nigeria. The Editorial Board of the newspaper "The Guardian" [23] aptly states that Nigeria suffers from prolonged leadership failure from a combination of elite rapacity and unenlightened self-interest and people nonplussed by the mental and behavioral illogicality of persons in authority. The ominous message is that Nigeria's elite lives for and nurtures itself and the calibrated circles of sycophancy that surround, sustain, and regenerate it.

Nigeria can reverse its dwindling developmental challenges when it rises above the illogicality of prioritizing core patriarchal ethos and exclusive leadership and embraces egalitarianism for all its citizens, including the female population of all classes, ethnicity, and faith.

4.1. Scientific Innovation

Having seen the vulnerability of women and children during the COVID-19 pandemic and the inability of the Nigerian government to come up with a social policy that would alleviate the suffering of these vulnerable categories, this study then advocates that affluent Nigerians and big-time politicians should bring their resources to alleviate the sufferings of the vulnerable in our country, especially women, children and the elderly, who were worst affected during the ravaging coronavirus. The fight against COVID-19 requires effective leadership through pro-active social policy that would target vulnerable members of society. The poverty alleviation program in Nigeria should be functional and effective at meeting the needs of the downtrodden in society. COVID-19 coping strategies should be given to the vulnerable members of society, reducing the pandemic effect on the people.

4.2. Limitations of This Study

The limitation of this study was the inability of the authors to cover more communities in other states of Nigeria due to financial constraints and insecurity in most parts of the country.

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