



GENDERISATION IN TREATING COVID-19 PATIENTS IN KANO, NIGERIA: A PLUS OR MINUS FOR WOMEN?

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Abstract

Despite much scholarly works carried out on COVID-19 majorly from scientific point of view, less emphasis is placed on the moral implications of effort puts in place towards the treatment of those affected by the pandemic in Kano Isolation centres, Nigeria. It is in the light of this that this paper discussed the genderisation of the treatment of COVID-19 patients in Kano, Nigeria, with a view to knowing whether or not the act is a plus or minus for women in the ethical context. It leaned on consequential ethical theory while analysing the contents of documents describing the reason for the creation of female isolation centre for COVID-19 patients in Kano, Nigeria. On the long run, it is discovered that the motive for creating the centre mainly for women is an elongation of gender discrimination against women as supported by Islamic traditions; this is considered antithetical to the World Health Organisation's templates for creation of isolation centres for COVID-19 patients. However, on the positive side, the COVID-19 women patients in Kano were able to enjoy some freedom, autonomy, sense of belonging and relative adequate treatment unlike when they were mixed with their male counterparts. It is our belief that an objective application of the ethical guidelines which fall in place with the World Health Organisation's templates would go a long way to remedy some problems associated with the use and allocation of medical facilities at isolation centres and the administration of vaccine for COVID-19, whenever it is globally available.

Introduction

Since the emergence of Coronavirus disease (COVID-19) an infectious disease that originated from Wuhan, China, in December 2019 according to the World Health Organisation, over a million lives have been lost globally (who.int/health-topic). The nature of the disease and its attendant loss of lives has led to various measures being put in place by health sectors across the globe to address this pandemic.

Consequent upon this, the study of the pandemic has attracted the attention of scholars from different fields of studies but predominantly from the fields of medicine and pharmacy with little attention paid to the ethical dimensions especially regarding the various efforts, modules, templates and procedures put in place and best possible ways of arresting the pandemic (Akanti 2020:333-336; Peisheng, Xu, & Xiao 2020; Phogpichit & Phogpichit 2020). This is the gap this study fills as it examines from an ethical perspective, one of the measures of arresting the pandemic, one of which is the establishment of isolation centres for the treatment of the COVID -19 patients.

The need for an ethical perspective comes into play because all the emergency measures put in place are subject to ethical disquisition. This fact is predicated on the premise that Ethics is a discipline, which systematically studies every voluntary human action and intention in order to determine their goodness or badness, rightness or wrongness, correctness and incorrectness in the context of ethical standard. It is in the course of this, that attention is paid to how such course of action and intention being evaluated affect: (i) the person who performed the action or showed an intention; (ii) the person at which it is directed, and (iii) the society or the environment where the action is performed or the intention is mooted (Smith 1991:7). All the activities taking place in isolation centres and all efforts made in respect to dealing with COVID-19 whether at the level of prevention, reduction of the spread, the treatments of the disease and the production of the COVID-19 vaccine (whenever it will be available) and the administration of the vaccine are all actions, which are a subject of ethical disquisitions.

This study is significant as it evaluates methods that could serve the purpose of making the COVID-19 treatment better; more so that there is no known vaccine yet for its prevention. Given this background, this work studies gender sensitivity in the treatment of COVID-19 patients, taking a particular look at women in Kano state as there has been the establishment of exclusively female isolation centres in Kano. Such genderisation of patients especially women produce effects which can be described as a minus to the concerned women judging from the rationale for the establishment of the centre particularly from an Islamic perspective. The outcome of the evaluation led to the suggestion of best possible ways to handle the isolation centres in order to make them better without insulting

the dignity of women more so as the pandemic is still living with Nigerians and the global communities.

Research data were gathered from Nigerian newspaper reports, news from Television stations, educative pamphlets and handbills made by several organisations about COVID-19, messages from social media: WhatsApp, Twitter, Facebook, Instagram and regular information sent daily and reported by the Nigerian Centre for Disease Control (NCDC) on National and Independent Television stations as well as the daily report of Nigerian Presidential Task Force on COVID-19. The data from the newspapers were content analysed while others were descriptively analysed with all of them subjected to ethical analysis, which was in tandem with asking and attending to the following evaluative questions: What is the action in question? Who performed the action? Why was the action performed? When was the action performed? How was the action performed? How did it affect the performer of the action? How did it affect the person(s) at which the action was directed? How did such action affect society where the action took place? Data analysis was discussed in the context of consequential ethical theory, which states that the consequences/aftermath of an action determines its rightness or wrongness.

Isolation centres for COVID-19 patients in Nigeria

Isolation centres can be described as the emergency health centres established for the treatment of those who are suspected or confirmed to have been infected by COVID-19. It presents with some symptoms such as fever, dry cough, tiredness, aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, difficulty breathing or shortness of breath, chest pain, or pressure, loss of speech or movement and a rash on skin, or discoloration of fingers or toes. COVID 19, by virtue of its ravaging nature is described as a pandemic that needs emergency attention. It is on this account that, it is managed by the Nigeria Centre for Disease Control (NCDC), which is the country's national public health institute, with the mandate to lead the preparedness, detection, and response to infectious disease outbreaks and public health emergencies. The centre came to existence via an Act signed into law in November 2018, by President Muhammadu Buhari. For the purpose of emphasis, the core functions of NCDC include: Prevent, detect, and control diseases of public health importance, coordinate surveillance systems to collect, analyse and

interpret data on diseases of public health importance; support the States in responding to small outbreaks, and lead the response to large disease outbreaks; develop and maintain a network of reference and specialized laboratories, conduct, collate, synthesize and disseminate public health research to inform policy; lead Nigeria's engagement with the international community on diseases of public health relevance.

Apart from creating isolation centres in the Federal capital territory, the NCDC allows state branches to establish their own within the context of state quarantine laws which are not at variance with the national quarantine laws. The centres are equipped with beds, ventilators, vaccines and medicines, medical personnel of different categories and cadre. As background information, we need to mention the fact that there are three categories of people admitted in isolation centres. The three are categorised into Level 1, which is for suspected cases not confirmed yet who can be isolated in any building, Level 2 are the category of COVID-19 patients who are stable, but may need medical attention from time to time because it is possible for them to migrate from mild to moderate or severe condition, and Level 3, which is the category of people who are suffering from acute symptom of the diseases and need critical care. As reported in the newspapers, this is the category of people who should be in intensive care units, well equipped with ventilators and monitors. The patients in isolation centres are of different status in terms of age, religion, sex, education, economic, political and social. Each of them is admitted based on the gravity of the level of symptoms presented. Medical personnel have rules and regulations to follow in the treatment of patients within the context of global best practices.

While the NCDC is overseeing what is going on in the isolation centres, it simultaneously engages in awareness creation for the populace as the number of confirmed cases increase every day. One of the ways of doing so is the creation of telephone lines in many states of Nigeria which can be called for rapid response to cases of COVID-19 as illustrated below (for the purpose of documentation to which references could be made to in the future since the pandemic is still ravaging).

Female Isolation centres in Kano, Nigeria

Before we commence discussion on the isolation centre, it is important to shed some light on Kano. Kano, is the capital city of Kano State in the

north-west Nigeria. It is situated in the Sahelian geographical region, south of Sahara. Economically, it is known as the commercial nerve centre of Northern Nigeria. The principal dwellers of the city are the Hausa with an Emir as the ruler of the city. Islam is the major religion of the city. There is also Christianity with several denominations belonging to main-line churches, African independent Churches and Pentecostal churches. Being predominantly Islamic, the city and even the state practice Sharia, which is Islamic law and this deals with issues such as dressing, prayers, fasting, donation to the poor and degrees of permissible level of interactions among Muslims or non-Muslims, particularly people of the opposite sex.

Kano, being the state capital houses the Governor whose office is located at the heart of the city. This gives him the opportunity to see what happens in the city particularly the happenings at isolation centres. Kano, has more than four isolated centres with three near completion as at the time of writing this paper (www.vanguardngr.com 27 May 2020). Kano also has a record of 997 confirmed cases of COVID-19, 415 recoveries and 45 deaths as at 7 June 2020. In the light of the religious background of Kano, the Governor of Kano State, Alhaji Abdullahi Umar Ganduje was reported in the Newspaper to have opened an isolation centre for women only. It reads:

Kano has opened a “females only” isolation centre for women suspected for coronavirus, in response to agitations that have emerged in existing centres. Governor Abdullahi Ganduje inspected the Daula Females Isolation Centre, situated in Nasarawa Local Government Area on Thursday, and said everything needed to make the centre work was in place. “We don’t want to hear any complaints from any patient here please. You need to understand the Psychology of your patients, provide them with the necessary items they may need,” said the Governor (newswirengr.com, 14 May 2020).

Looking at the above quotation, we need to take note of three things that might have led to the creation of the female isolated centre distinctive from that of the ones occupied by men. These pertain to complaints about poor facilities at the centres which led to excessive heat, mosquito bites, inadequate medical personnel, shortage of bed space, medicine, gloves, face masks, accommodation, ventilators, laboratories. The insufficient nature of facilities needed at the centres naturally lead to agitation which might be seen as a reaction to unethical practices such as favouritism,

neglect, discrimination against some patients in the process of using the scarce resources to meet the needs of many patients.

The gain in the Kano female isolation centre

We shall find out whether there is a gain for women in their having a special isolation centre within the ambit of the three issues raised by the Governor which perhaps must have spurred him to create the special centre, that is, (1) agitation that has emerged in existing centres (2) lack of understanding of the psychology of COVID-19 patients and (3) provision of and for the needs of COVID-19 patients. We shall treat the second and the third together because they are concomitant. On the first one, we can say women have much to gain. Hypothetically, we are tempted to argue that, in isolated centres, women must have suffered some degree of discrimination in the midst of men patients at the centre based on the Islamic understanding of women as subsidiary to men. For instance, Quran 4: 34 says “Men stand superior to women in that God has preferred some of them over others, and in that they expend their wealth”. Based on the Qur’anic standpoint coupled with experiences, we have seen that women have limited access to education, transportation, and employment, making women reliant on men for what should be their fundamental human rights. From this, we can see that the creation of a special centre for them would help them escape the neglect and discrimination they might have suffered in the process of attending to them and their male counterparts in the same centre with little resources.

On the issue of the psychology of patients, we shall move a little bit forward to understand the psychology of women in Islam, which perhaps the Governor thinks should be factored into the treatment of COVID-19 women patients while in the mixed isolation centres. In the first instance, psychology generally deals with mind-set, make-up, sensibility, consciousness and attitude of an individual about one thing or the other at a given time. Meanwhile, the psychology of women in Islam, according to Joseph Vandello (2016:623-629) revolves around Islamic disposition to women in terms of religiosity, collectivism, tightness, conservatism, gender differentiation and patriarchy, and honour. The summary of all these is that women are considered inferior to men in religious matters, cannot take decisions of their own outside the family ethos. Within the context of Islam, there is gender differentiation which manifest in man’s superiority

over women among other things. If these are considered in the context of women in mixed isolation centres, women are likely at disadvantage when it comes to using the scarce facilities to treat COVID-19 patients. It is likely for them to be treated as second class citizens as prescribed by Islam. Relating this postulated scenario to COVID-19 women patients, we would be thinking about them with mind-set, make-up, sensibility, consciousness and attitude towards the pandemic itself, their quarantine in the isolation centres, their treatment and general demeanours. All these put together are likely to have some implication for their recovery (speedy or slow) or not from the ailment. Perhaps, it is the recognition of this fact that made the Governor create an independent centre for females.

Based on the explanation above and analysis of the rationale for creating the female's isolation centre, it is our objective judgement that women have made some gains because at their separate centre, all issues of inferiority, and undue discrimination will fissile out. They could by so doing have sense of worth, self-esteem and self-confidence all of which could be therapeutic in the context of their experience and on the account that a few cases of death were also recorded. This in a way would satisfy the concerns of the Governor who warns rhetorically that he does not want any complaint again, as all the needs of the women would be met. For instance, he says "... everything needed to make the centre work was in place... We don't want to hear any complaints from any patient here please. You need to understand the Psychology of your patients, provide them with the necessary items they may need."

Using COVID-19 to discriminate against Women

Using ethical lenses to once again and critically look at the motive behind the creation of Kano female's isolation centres, we identify some ethical issues which cumulate to what we call minus for women. Ethical lenses presuppose assessing the motives (both silent and loud) with attention paid to its rightness or wrongness, correctness or incorrectness and, goodness or badness. This goes with answering questions such as: What, who, where and how the action was performed? Who performed the action? Why was the action performed? When was the action performed? How was the action performed? How did it affect the performer of the action? And how did it affect the person(s) and the society at large to which the

action was directed? How did such action affect society where the action took place?

Relating the above questions to the Governor particularly on his antecedent and disposition to women, being as a champion of application of Sharia law, we have some observations to make which have implications for the moral rightness or wrongness of the creation of the isolation centre. It will be recalled that on 27th December 2019, the Metro newspaper reported that the Governor of Kano State, Alhaji Ganduje banned the opposite genders from entering the same tricycle in the state from January 2020 and that from January 1, 2020, opposite sexes riding on the same tricycle, without a proven relationship would be arrested. This policy was made in the context of Sharia law. It was reported by the newspaper as:

We should understand that Kano is a Sharia state since the administration of Mallam Ibrahim Shekarau and as we speak, the law still stands. And when you talk of Sharia, the practice of mix up of opposite sex in public transport is not allowed because of the consequence.

If we take a cue from the above quotation, it is arguable that the motive for the creation of a special centre for their female COVID-19 patients goes beyond meeting their psychological needs but a subtle way of applying the Sharia law which makes women subsidiary to men.

Coming back to the main issue in our discussion, we can see that the creation of the special isolation centre for women is a minus to the actualisation of rights of women in Nigerian society. The motive behind the creation of the centre is a motive to make women function as a subsidiary to men. Fanning the ember of religious law while dealing with the pandemic does not only violate the rights of women but also medical ethics relating to treatment of COVID-19 patients. In the first instance, COVID-19 is not a respecter of gender, religion, ethnic and political groups. Therefore, gendering the treatment of the patients runs afoul of medical ethics which believe every soul is important and each has equal weight including a foetus. Besides, creating a special centre for women raises the question of suspicion on the part of the government. Judging from the mind-set that man is superior to woman, there is the tendency that the male isolated centre may receive more attention than that of the women. Though there is no room for comparative analysis of the operations of the male and female centres, there is the tendency to argue that the agitation and the complaints about marginalisation were realised during his visit to the cen-

tre. For the purpose of emphasis, the Governor said rhetorically: “in response to agitations that have emerged in existing centres” and, “We don’t want to hear any complaints from any patient here please.’

Finally, the creation of female centres for COVID-19 patients in the name of actualising the letter of Sharia tends to violate the rights of non-Muslim COVID-19 patients. It will be recalled as mentioned earlier that we have both Christians, Muslims and perhaps people of other faiths in Kano. Therefore, creating a centre in the guise of Islamic religious law which also affects non-Muslims leaves much to be desired. In my opinion, there is a need for women to be vigilant so that the females in the centre would not suffer. There is a need to mount pressure on the Governor to desist from making any law that differentiates men from women in the 21st century when women and men are bound to do many things in common.

Do we need female isolation centres in the context of COVID-19 Ethics?

One quick question that an inquisitive person may ask having watered down the essence of the Kano females isolated centres is, what is the right way to deal with COVID-19 patients in Kano. The answer to this question is not farfetched at all. It will be answered in the context of Medical ethics generally and perhaps COVID-19 ethics. It is so because COVID-19 as a pandemic is a health cum medical issue that is a subject of ethical disquisition. In order to answer this question satisfactorily, we need to reiterate that before the creation of the special centre for the women, there were inadequate medical manpower and medical facilities to take care of the COVID-19 patients at the centres. Creating a special centre for women is not an absolute solution to the problem because as the number of COVID-19 cases increases even among women, the problem of insufficiency is still there. The scarcity of needed resources in the centres would lead medical personnel to take some actions and decisions. The actions or decisions have ethical implications because every action performed voluntarily has many ethical implications. This is because ethics studies every human action and passes it to be right or wrong within the ambit of the ethical standards associated with it. For instance, medical personnel at the centres have to decide who among the patients gets treatment first and who gets last, and which of the patient that falls in which level of the ailment, that is level 1-3 gets what out of a few numbers of the medical facilities

available at the moment or at a given time. The same ethical issues will also arise whenever the vaccine for COVID-19 is available.

For our concern, there is a need to address the problem of inadequate facilities at the isolation centres and the decision that would be taken by relevant stakeholders in sharing or using meagre resources for the needs of COVID-19 patients. Thus, as earlier stated, the problem of dealing with meagre resources would become worse as the number of confirmed COVID-19 cases are increasing daily as reported by the NCDC and the Nigerian Presidential Task Force for the management of COVID-19. It is for this reason that we can say that the creation of Kano isolation centres for women as a way to stem the tide of problems of scarce resources in Kano isolation centre is not necessary. What is necessary, rather, is a good understanding of the ethical undercurrent in dealing with allocation or management of scarce resources. This becomes imperative because the case at hand deals with life on the one hand and acting in conformity with medical ethics which are predicated on the principle of beneficence as against maleficence on the other hand.

Best way to manage COVID-19 Isolation Centres

Looking at the gains and losses of the females at Kano isolation centres as an example and by extension other COVID-19 Isolation Centres in Nigeria, we are of the opinion that resorting to ethical cum medical guidelines is the best way to manage the centres, particularly with attendant cases of insufficient medical and man-power resources inherent in them. This suggestion, if well-received, would fall in place with the position of the World Health Organisation (WHO) in an online publication which among other things specifies that:

When resources are scarce, though – when there is an insufficient supply to meet everyone's needs – resource allocation should be guided by well established, broadly applicable ethical principles, unless there are characteristics of the outbreak that justify different courses of action.

Noting the importance of the ethical guidelines in taking decisions particularly regarding treatment of COVID-19 patients, we make a recourse to the WHO policy brief as an alternative to Kano genderisation of isolation centres. These are summarised below:

Application of principle of Equity

In a general sense, equity means, even-handedness, fairness, impartiality, justness and parity. The implications of this are that the COVID-19 patients in isolation centres should be dealt with fairly in an atmosphere devoid of injustice and partiality. Relating this to the case of women, the principle suggests that gender differentiation should not be a parameter for attending to the patients but a sense of justice and fairness. This presupposes justice but, we need to expand this a little bit because the principle of equality can be misunderstood or misinterpreted because it has two main aspects. The first is distributive justice which is exhibited in the act of "distributing" certain matters between two or more persons, or "adjusting" these matters to their proper ratios. The second is commutative justice, which factors the differences in rank and worthiness of the persons involved to determine the sharing of available resources.

We are advocating for the first type as a norm in isolation centres that the equal should be treated equally, and unequal unequally as Aristotle said in one of his writings (see Anton-Hermann 1942:120-128). In other words, equity requires that like cases be treated alike. This line of thought would have a place in the WHO's Ethics and COVID-19 resource allocation and priority-setting, which among other things specifies the following:

a) Appropriating individual interest

This implies that each COVID-19 patient's interest should count equally unless there are good reasons that justify the differential prioritization of resources which may include irrelevant characteristics of individuals, such as race, ethnicity, creed, ability or gender, should not serve arbitrarily as the basis for the differential allocation of resources. This principle can be used to justify the allocation of resources by a lottery – that is, randomly by chance – or by a system of first come, first served.

b) Application of triage guidelines

This is the process of determining the priority of patients' treatments by the severity of their condition or likelihood of recovery with and without treatment. In medical practice, this principle rations patient treatment efficiently when resources are insufficient for all to be treated immediately (Iserson 2007:275-281). If this makes sense, it would involve dealing with

COVID-19 patients based on the age factor. It was said that patients between age 1-15 and 65 and above feel the ailment than those outside the age bracket and that they have little chance of recovery. Based on this, resources should be spent on them in that order of priority.

The importance of this principle in our judgement is that the process of attaining a principle of distributive justice among the COVID-19 patients is not easy to come by because someone could ask: “When is discrimination between people just and when is it unjust?” “How do we determine error-free processes, which are required to ensure that justice is done and seen to be done”? For these reasons, we recommend the application of triage guidelines.

c) Strive towards best outcomes (utility)

This principle is striving towards justifying the allocation of resources according to their capacity to do the best or minimize the most harm. That is, using available resources to save the most vulnerable lives of COVID-19 patients as much as possible. This principle has the capacity to guide the allocation of scarce resources that confer substantially different benefits to different categories of COVID-19 patients with reference to the level they belong. For instance, ventilators should be used for those expected to derive the most benefit.

d) Prioritizing the worst-off

By ‘the worst off’, we create a working term which means those in greatest medical need or those most at risk. This principle implies the allocation of resources to those in greatest medical need or those most at risk. It is justified because of the fact that this category of patients is at risk, for example, those of the age of 65 and above.

e) Prioritize those tasked with helping others

This principle can be used to justify the allocation of resources to those who have certain skills or talents like medical personnel especially those who got infected while treating COVID-19 patients. By virtue of their skill, treating them first or giving them a priority will save their lives and would also allow them to save lives of other COVID-19 patients.

f) Transparency

This calls for being open regarding the decisions and justifications about how resources are distributed. If need be, this should be made public to avoid suspicion and mutual suspicion.

g) Accountability

Those making decisions about allocation must be accountable for those decisions – that is, they should justify their decisions and be held responsible for them. In most cases, accountability goes hand-in-hand with answerability, culpability and liability, as the need arises.

h) Consistency

It also demands that decisions and justifications about how resources are distributed should be consistent so that patients in the same categories, not minding their gender are treated in the same way. This will prevent undue corruption and favouritism towards one's religious or political compatriots.

Concluding Remarks

From the foregoing, it is evident that the creation of special isolation centres for COVID-19 women patients in Kano, raises ethical issues which are both positive and negative. On the positive side, the COVID-19 women patients in Kano were able to enjoy some freedom, autonomy, a sense of belonging and relative adequate treatment unlike when they were mixed with their male counterparts. However, the motive for the creation of a special centre for them is motivated by the desire of the Governor to actualise the disparity between men and women. That is, a situation that is characterised by women placed as subsidiary to men as instituted in the Islamic Sharia law. This development makes up a minus for women because the action is tantamount to assault against the rights of women in the centre. It also violates the rights of non-Muslim COVID-19 women patients. This judgement notwithstanding, the question of the best way to allocate meagre resources among COVID-19 patients generally in Nigeria and Kano's COVID-19 women patients specifically remains an ethical puzzle. It is on this note that we suggested the application of ethical guidelines to unravel it. It is our belief that an objective application of the ethical guidelines which fall in place with the WHO's templates would go a long way to remedy some problems associated with the use and allocation of medical facilities at isolation centres and the administration of vaccine for COVID-19, whenever it is available globally.

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