



THE IMPACT OF COVID-19 ON WOMEN IN BAMENDA, CAMEROON

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Introduction

COVID-19 otherwise known as Coronavirus for over three months now has made news all over the world. Radio, television, and social media have reported on deaths, illness and restrictions as a result of COVID-19. Cameroon is one of the African countries which has been affected. As of 7 May 2020, the Ministry of Public Health in Cameroon COVID-19 Update stood at 2,265 confirmed cases and 86 deaths. These deaths occurred because one of the key measures put in place by the World Health Organization (WHO) to fight COVID-19 has not been respected in Cameroon: social distancing. Social distancing has not been respected with regard to transport of goods, as well as of people, including beyond national borders. Also, markets have not been locked down, nor have off-licenses and on-licenses. Such negligence has led to the easy transmission of the virus. In this paper, my focus will be on Bamenda, the capital city of the North West Region of Cameroon.

The Case count in Bamenda

Bamenda is the capital city of Cameroon's North West Region. The population of this town stands at 533,000 inhabitants, with an increase of 3.7% in 2019 (from 514,000). Bamenda has a tropical savannah climate, bordering on a tropical monsoon climate. It has a long wet summer season and considerably less rainfall during winter. According to WHO, Bamenda is the most polluted city in Africa in terms of its PM at 2.5 (particulate matter). Economic activities in Bamenda city are dominated by small and medium-sized enterprises and by agricultural production from neighbouring regions. There are a variety of banks and micro-finance institutions. One major product of the region is coffee. Agriculture within the city boundaries is also common, as the majority of the population is involved in urban agriculture (crop or livestock), irrespective of their class.

Bamenda is one of the towns in the North West Region of Cameroon suffering from an ongoing political crisis between the Ambazonian Separatists and the Cameroonian Military. This crisis which started in 2016 and escalated in 2017, has affected the activities of the people such that the economy is running down the drain as the days go by. Characterized by shut down of schools, gunshots and a series of ghost towns, hardship and poverty keep knocking at peoples' doors. This has led to kidnappings for ransom. This high rate of insecurity has caused many to abandon their settlements and move out of the region and settle in towns such as Yaounde, Douala, or Bafoussam.

As of 19 May, 2020, a press release from the Regional Delegation of the North West Region revealed that 44 persons have tested positive for the coronavirus. Among these were 26 active cases, 9 recoveries, and 9 recorded deaths. The Divisions affected include Momo (5 cases) and Mezam (39 cases).

Is COVID-19 real?

This is the million-dollar question which many people in Bamenda asked when news about COVID-19 first went viral on social media with images of infected persons and reports of numerous deaths. From the very beginning when the virus had not yet reached the North West Region, many people found it difficult to accept without proof that the virus is real. One could hear questions such as:

“What kind of virus carries the name COVID-19? Is it man-made? Does it originate from an animal? What kind of virus is this, stopping people from greeting each other by a handshake or embrace? What kind of virus is this, preventing people from sitting close to each other?” I cannot even count the number of persons who doubted. Some people were of the view that COVID-19 in Cameroon is a new-found trick by the government to deceive the International Community in order to receive money from the International Monetary Fund (IMF). Those who have lost family members to the virus as declared by the hospital have now come to terms with the fact that COVID-19 is real and are spreading the news. This is evident as many parents who had relocated their children and other family members to other towns for security reasons as well as schooling as a result of the political crises, rushed and brought them back.

Fear of COVID-19 or Military?

One of the effects of the ongoing war in the North West and South West Region of Cameroon is that civilians dread the military from past experiences as recounted by families and individuals as well as the television. It had been established on many occasions that the Cameroon Military had broken into people's houses and killed unarmed civilians as well as being guilty of arson. Bearing in mind the notion that the Cameroon military in the two crisis regions does shoot indiscriminately to kill, people are afraid of them more than COVID-19. From the beginning of COVID-19 more than half of the population in the city of Bamenda did not take it seriously to wear a face mask. When the Administration of Mezam Division discovered that the number of cases was rising, the military was enjoined to enforce the wearing of a face mask. Defaulters do pay to the military an instant 6000 FRS CFA whether caught trekking, in a cab, or on a motorcycle. If it were only for the sake of the fine, many would prefer to pay. But for the fear of being taken to the barracks for torture or something worse people do now move about with their masks. Out of 100 people who carry their face masks around, 99 either cover only their chins or put it in their pockets or bags until they arrive at a checkpoint where the police are. Otherwise, they don't wear them.

One of the measures to fight coronavirus is by wearing a face mask. Experts have demonstrated that the right way to wear a mask is to cover the nose, mouth, and chin. In the capital city of Bamenda, wearing a face mask to many is optional. Some feel uncomfortable wearing it for it generates heat especially with people who do wear medical prescription glasses. Others say they feel as though they can suffocate under the face mask. The fact that people have now seen the reality of the pandemic, many individuals especially women sewing and selling locally made face masks for sale.

Restoration of marriage bonds

A typical African woman has the perception that the husband has the responsibility of fending for his family while as a wife, she has the responsibility of staying at home and taking care of the children as well as the home. Many women love to have their husbands stay with them at home or spend quality time with them. It is not the custom here in our local

setting for a woman to express to her husband how she feels emotionally, yet she needs him around as well as the children who also need their father. In Cameroon, to a woman from the North West culture, it is a sign of respect to stay quiet without expressing emotional needs to her husband. This has successfully sent a wrong signal to the men. It has become a norm that women do not ask for sex from their husbands, else the men would judge them as “prostitutes”. For this reason, some women only wait until that time when their men feel like having them, only then can they satisfy their sexual needs. Usually, the man leaves his home in the morning and comes back in the evening, tired. On such days he doesn't have time for his wife and children. Family ties suffer from this routine. COVID-19 has brought a smile to the faces of married women. I found myself in the middle of some mothers in Bamenda, North West Region, Cameroon who were sharing their experiences on their relationship with their husbands during this period of Coronavirus.

Out of 36 women present, 29 in the course of sharing their experiences made mention that “something de spoil fix someone”. It is a local idiom that means the occurrence of one bad situation is a stepping stone for the restoration of a missing treasure.

Each time such an idiom was mentioned, “ar swear oh” confirmation chorus would follow suit. They were of the view that in the past their husbands never stayed at home with them. Rather they were always out there in beer parlours, sharing drinks with their peers and running after “little” girls. But with the outbreak of COVID-19, their husbands now stay at home and the family bond is growing stronger and stronger.

These women again stated that they never enjoyed their marriage as they do now. Some explained that at first, it was difficult for their husbands to touch them at night after hustling and bustling the whole day, because of tiredness. As a result of the COVID-19 pandemic with its restrictions on movement, the men express their desire for romance more often than before. This lockdown period has also allowed husbands and wives to dialogue and solve many previously unresolved marital issues.

Response to new-found sanitation

I grew up in my North West community and heard a common idiom in our local parlance that “black man no de die derty”, meaning that “a black man can eat with dirty hands and will not contract any disease”. As black

Africans, both parents and children generally have always known that we wash our hands only when we want to eat cooked food that warrants the usage of bare hands. As for the washing of hands after using the toilet, some people have often considered it optional.

When the World Health Organization came up with measures to prevent the virus, washing hands with clean running water and soap as well as the usage of sanitizers were made compulsory. It was the talk of the town for weeks in Bamenda. Many took it for fun, as they could not imagine themselves washing their hands more often, not for the sake of food, rather just for hygiene/cleanliness. One could hear “I want to sensitize my hand. I need to sterilize my mouth. Give me hand sensitizer.”

For some people to see a bucket of water, soap, and sanitizer at any entrance was considered as drama. With a lot of awareness created via television, radio, and social media platforms, many have learned how to wash their hands and understood why soap must be used with running water. Before COVID-19, many had never given importance to the kind of water used in washing their hands. Importance had never been placed on whether the water is running or not. COVID-19 has opened the eyes of many in Bamenda to know that effective washing of hands is done using clean running water and soap. Besides that, every home now owns a hand sanitizer. Nobody minds sanitizing their hands as many times as possible because it is now clear and evident that COVID-19 can be transmitted through contaminated hands. The consciousness of COVID-19 has caused people to shift from the paradigm of “only hospitals use sanitizers” to “everyone must use sanitizers”. On the streets, hawkers use hand sanitizers as well as ‘buyam sellams’ (meaning ‘buy it and sell it’ products) in the market.

Phobia for Hospital in Recent Times

It is the wish of every patient to have the opportunity to seek wellness from the hospital. But today in my community in Cameroon, some families who have been victims of COVID-19 have shared terrible experiences concerning the kind of treatment received from medics when they tested positive for the virus. Firstly, the quarters for quarantine were never suitable, according to reports from those afflicted. Some complained about an unvaried diet of bread and sardines for their food, which of course has driven some to clandestinely leave their area of quarantine. On television, people

have watched family members of alleged COVID-19 patients who were declared positive with the virus without having run a test, asking for justice for their relatives. Others were declared positive with the virus before running another test finding them negative. And because of negligence for fear of being infected, such patients were abandoned to die. Such errors have promoted stigmatization and rejection of patients, even close family relations. Cameroonians have the impression that if they present themselves at any hospital with a high temperature, they would not only be declared COVID-19 positive and quarantined but would be allowed to die without any test and treatment. Therefore, many prefer to hide their illness, and treat themselves locally, rather than to go to a hospital. They prefer self-medication, knowing that their survival is 50/50 as opposed to an untimely death at the hospital.

Conclusion

This paper started with an introduction to the general state of COVID-19 in Cameroon. It narrowed down to Bamenda as a case study where it discussed the reality of the virus and how the news of it was first received. The paper showed the effects of the socio-political crisis on the people of Bamenda. Adding to these effects are also the realities of COVID-19. Some of the outcomes as a result of the measures put in place by the World Health Organization have led to the restoration of marriage bonds and improvement of general sanitation. The paper ends with an exposition of how some people view health facilities in relation to stigmatization and COVID-19. With these findings, we therefore recommend that no one should condemn another for their health situation, rather we should let love lead. Inasmuch as we have to fight COVID-19 as governments or states, we recommend that people should take care of themselves because COVID-19 is real.