

## **Exploring the Gendered Effects of the COVID-19 Pandemic on Academic Staff in Tanzania**

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### **Abstract**

The outbreak of the COVID-19 pandemic in 2020 caused a serious interruption to all sectors and communities. This study Explored the Gendered Effects on the COVID-19 Pandemic on academic staff. Specifically learning about academics' lived experiences methodology during COVID-19 and how care and coping mechanisms impacted research activities and work-life balance. Interview guide was used to collect data from participants and Feminist Relational Theoretical Approach was used to uncover the governing norms and practices that sustain inequalities of various sorts. The result indicated gendered differences, which caused by lockdown and academics moving to a work-from-home model that resulted in both male and female researchers facing competing demands between their professional and personal roles. Lockdown directly increased the need to spend time on parenting, homeschooling, and other caring duties. Yet noted persistent patriarchal structures leading women to provide care in the home and being expected to balance this work with their professional roles. Thus, a narrative swiftly emerged suggesting that female academics were distinctly disadvantaged by COVID-19 lockdowns and closures, as these public health measures pushed the responsibility for caring and education back into the household. Such findings can then be used to develop policy recommendations for further public health measures that can be developed for COVID-19 and other pandemics that might arise in the future that do not negatively affect one gender over another.

**Key Words:** covid-19, academic staff, work-life balance, gendered effect, coping mechanisms

## **Biography**

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### **Background**

The outbreak of the COVID-19 pandemic in 2020 caused a serious interruption to all sectors and communities. The first case of COVID on the African continent was identified in Egypt on February 14 (Ihekweazu and Agogo 2020). It quickly spread to other countries over the following weeks and months; the disease emerged in Tanzania on March 16, 2020 (Masubo 2020). In response to the virus, various African governments took measures to protect their populations by temporarily closing their borders, implementing nationwide lockdowns that closed their public and private industries and services, and establishing systems of isolation and quarantine until the dynamics of the virus were understood and controlled. Educational and research institutions and facilities were also directly affected. To respond to the closures, some universities moved to online teaching and learning, whereas others suspended teaching activities temporarily.

As lockdown measures were introduced, evidence began to emerge about differential gender experiences and effects of the disease and of these public policy responses. Mortality rates seem to be higher among males (World Health Organization [WHO] 2020); yet females, it appeared, were more likely to experience harmful indirect effects of the lockdowns, such as increases in gender-based violence; caring responsibilities, which included home-schooling duties due to the closing of educational facilities; and limitations due to inadequate technological

infrastructure (WHO 2020). In the world of science and research, evidence also began to emerge about the ways in which the gender differential impacts of COVID-19 measures affected research capacities, as research outputs from men increased and women's outputs, in many countries, decreased significantly (Pinho-Gomes et al. 2020; Sills 2020).

These gendered differences could be attributed to lockdown and academics moving to a work-from-home model that resulted in both male and female researchers facing competing demands between their professional and personal roles. Lockdown directly increased the need to spend time on parenting, home schooling, and other caring duties. Yet persistent patriarchal structures in most countries resulted in women typically providing care in the home and being expected to balance this work with their professional roles. Thus, a narrative swiftly emerged suggesting that female academics were distinctly disadvantaged by COVID-19 lockdowns and closures as public health measures pushed the responsibility for caring and education back into the household. The increase in time women spent caring led to a decrease the time they could spend engaging in their research work and other professional duties.

However, as gender and feminist researchers have argued for many decades, broad generalizations about the situationally sensitive and socially constructed nature of gender norms, values, relations, and regimes can mask the distinct experiences of different populations encapsulated within this simple gender binary. As a result, smaller-scale, in-depth analyses of the experiences of communities is required to unpack and explore the specific gendered nature and characterizations of the lived experiences of active academics through this period. To engage in this work, we explored the experiences of male and female academics employed at two universities in Tanzania. We conducted fifteen key-informant interviews with academic staff around two core themes: 1) care and coping mechanisms as they affect research activities, and 2)

work–life balance. The goal of this work was to better understand if and how university closures and the public health measures, in particular in the form of the lockdown between March and June 2020, affected women’s abilities to engage in research. In the following section, we provide insights into the Tanzanian education context and how gender affects women’s participation in this realm. We follow this with a brief discussion of the theoretical framework and methodological approach used in the study, followed by a discussion of the findings, implications, and suggestions for future research.

### **The Tanzanian Educational Context**

Tanzania’s educational context is marked by a distinct gendered imbalance with young girls leaving their studies at higher rates than their male counterparts during secondary school. Their early departure results in only one third of the places at Tanzanian universities being occupied by women (MoEST, 2016; Mwita and Murphy 2017), which in turn results in approximately only 30 percent of academic posts at Tanzanian universities being held by women (World Bank 2020). Research on gender in the African educational system has shown that girls and women’s experiences in Tanzania’s educational sector can be explained by deeply rooted cultural norms and traditions continuing to influence gender inequity and limited female engagement throughout higher education (Mama 2003; Morley 2010). Experiences of sexual harassment and the sexualization of staff and students are common (Morley 2011; Mukama 2020) and norms of patriarchal ideologies often link women to motherhood and care in both domestic and professional spheres. In contrast, these norms often link men to notions of independence, assertiveness, leadership, and dominance, and women and men reproduce these norms through their practices and values, which as a result shape and influence their self-expectations and behavior (Murphy et al. 2019).

These norms then play out in the higher education and research spaces. For example, Massawe and Sife (2020) found that gender gaps can be seen across all academic ranks with more women than men occupying lower academic ranks and being proportionality underrepresented at all other levels of the academy hierarchy. Much work has been done on gender mainstreaming (Morley 2011) and targeted initiatives, such as affirmative action (Lihamba, Mwaipopo, and Shule 2006), to address these inequities. Yet it is uncertain whether such initiatives have had a transformative effect on the structure and dynamics of gender relations and expectations within academic institutions (Darkwa et al. n.d.). However, this context provides a scene against which the effects of a major event such as COVID-19 can be examined. It also provides insight into the situation-sensitive nature of gender norms, values, relations, and expectations within this space. Rich, context-specific research is essential to inform studies seeking to examine the effects of public health measures and a major public health threat on a population and to devise effective public-health policies in the future.

### **A Feminist Relational Framework**

Although focusing on macro-level data and numeric indicators, such as the number of publications and citations, which are extremely important to understanding meta-trends, they do not provide insights into the systems of power and hierarchy, oppression, and domination in which individuals are situated and lives are lived. Thus, we employed a feminist relational theoretical approach to “uncover the governing norms and practices that sustain inequalities of various sorts” (Koggel 2013, 249). A relational approach allows researchers to examine the interactions and interconnections between different spaces and dimensions. It allows for the tracing of the effects (work–life balance; care and social relations) following the introduction of specifiable public health policies on a specific domain of activity (research capacity). This

requires exploring not only the specific intentions of the policy (increase or decrease in transmission rates of the virus) but the unintended effects of the policy as it is refracted through preexisting social structures and systems.

### **Learning about Academics' Lived Experiences during COVID-19: Methodology**

Our study sought to understand the lived experiences of academics in Tanzania during the national lockdown and university closures. We selected a qualitative methodology because such an approach allowed us to engage with participants to learn about their experiences through their own voices. Our study sites were two public universities located in densely populated urban parts of Dar es Salaam, in the commercial heartland and capital city of Tanzania. We employed stratified sampling to select fifteen participants from those willing to participate to ensure that the diversity of institutional profiles would be reflected in the findings, and to ensure that similar numbers of male and female participants, senior and less-senior academics across all faculties were included. Academic staff from different disciplines at different stages of their careers were invited to participate in interviews to gather insights into the gendered experiences and effects of COVID-19 public health measures on their work–life balance, care and coping mechanisms, and research activities.

Once participants were selected, in-person, semi-structured interviews were conducted with each individual, with each lasting for approximately one hour. Our study had ethics approval from both universities, and we engaged in a thorough informed consent process with each participant prior to conducting each interview. This process was particularly important because the study invited individuals to reflect on how the country's COVID-19 public health measures affected their personal well-being, work–life balance, and professional capacities—issues that could be highly personal and sensitive. Thus, it was imperative that all efforts be

made to avoid being overly intrusive, raising sensitive matters, or underestimating the effects of reliving this experience. Many participants noted that they had loved ones affected by the virus. Thus, all efforts were taken by the researchers to ensure that participants were supported through the process and harm was avoided as they relived this time. After interviews were conducted, the audio-recordings were transcribed verbatim, anonymized, coded, and then analyzed independently by two members of the research team. The researchers then jointly undertook a thematic review of the data and selected key themes for deeper analysis.

### **Care and Coping Mechanisms Affected Research Activities and Work–Life Balance**

From listening to the participants' stories, it became evident that regardless of gender there were some similarities among the participants in terms of how the public health measures improved their work–life balance, because all participants reported having suitable spaces in their homes to engage in their work, and, due to the suspension of undergraduate teaching, which eliminated their daily commute, extra time during the day. All the participants also identified three similar challenges engaging in their research work regardless of their gender: 1) an inability to collect data during this period due to the pandemic; 2) a lack of access to reliable home internet, which made it difficult to access research articles; and 3) a lack of interaction with colleagues to share ideas and collaborate, which is an important part of the research process. However, consistent with previous findings, it became evident that female and male academics had different experiences with regard to how they used their newfound time, because male academics described being able to either sustain or increase their research activities during this time, whereas the majority of female participants noted a decrease in outputs during this period.

As one male participant explained, COVID-19 presented an opportunity to break with normal pattern and delve into his research activities. "I wrote publishable papers, I wrote at least



two research proposals in collaboration with other people, but also, I had some papers which were still under review process, so I had to do corrections as well, I also did . . . I did other activities as well for example, I went to interview children” (M.PART.5:16). Although he shared his home with an active family, the participant noted that he could pivot their work and attention to his new circumstances and continue with his research work, which allowed his research outputs to increase during this period because he no longer had the distractions of the office or the commute. He noted: “I saved time from travelling from home to the office, when I am at the office, I get busy with many things such as teaching, preparing lesson notes, and administrative work. Focusing on research was easy for me to utilize effectively my time I was forced to assign myself activities to do so as to keep myself busy, and this helped me very well” (M.PART.5:17). For another male academic, the experience was more mixed, with him being able to continue with some aspects of his research work but his progress was slower in other areas. “During the pandemic I wrote a project proposal and I concentrated much on writing one project. We won the project. [However] I had written two publishable papers and I wanted to go and collect data, but I was stuck because I wanted my papers to be field-based” (M.PART.7:17). So, although this participant described experiencing challenges engaging in their research work to the level that he wished, his progress was stymied because of how the lockdown measures affected his research, not because of competing responsibilities. Their experience of challenge is quite different compared to a female academic, who describes having more diverse reasons for putting their research work on hold: “I don’t know how to put it but of course it [their research output] may have increased because I got enough time for searching literature although it affected me because I did not perform to the extent that I had expected but by being at home, not coming to work and not having teaching activities, it may have increased but to a smaller extent” (F.PART.6:18).

From these stories, it becomes apparent that male participants were more capable of moving their research work forward during the lockdown in Tanzania than their female counterparts. By listening to their stories, this difference could be attributed to the different ways in which the two different groups engaged in their care work and coped with the pandemic, resulting in different time–space changes to their work–life circumstances. These differences will be discussed below.

Many of the male academics participating in this study described being able to compartmentalize and abstract themselves from the day-to-day circumstances during the lockdown in order to focus on academic research and writing. “My working routine was disrupted in terms of institutional activities, but I think this was a better time for me to do my person work unlike if I would have come to work every day maybe going to classroom lectures. . . . For me it was a kind of blessing” (M.PART.5:1). He explained that once he had settled into this routine, he compartmentalized his time and was able to progress with his research: “When I am doing my work, I have given them the directives that when I am working, everyone knows that I am working so I don’t get any disruptions. . . . I have already put myself away from children’s disruptions” (M.PART.5:5). Another male participant, due to his age and health profile, described being concerned about his health and wanting to remain in lockdown to protect himself from the virus. However, when in lockdown, he was able to abstract themselves from his fear, stress, and concerns for his own well-being or matters related to the virus and focus on his research activities. When asked what additional activities he undertook during this period at home, he responded “writing my articles in collaboration with my coworker . . . that was the only thing I could do” (M.PART.3:6).

In contrast, although many female participants reported not experiencing a massive change in household activities and duties during lockdown because their domestic helpers tended to remain in situ during this period and could continue to look after most of the domestic labor, they reported being much less likely to compartmentalize their time–space in the same ways as their male counterparts. Instead, they reported investing this newfound time in activities related to caring for their children and supporting their husbands. In a sense, as the female academic below describes, they tended to absorb the stress of others, demonstrating tendencies to be other-regarding rather than using the additional time to advance their research, and thus their own careers. “After seeing that the pandemic had widely spread. . . . A big problem arose after having heard of people dying . . . so, it was like, let us say, the stress level increased . . . it really affected me for sure because I had work to do, and every time with that stress it was impossible to work because, sometimes I could get a hold of my laptop to at least write something. But, a few minutes after, I could hear some news, a message pops up and there is something else, so to a great extent it was stress that hindered my working routine” (F.PART.6:1). Another participant noted how her own well-being was directly affected as she described their “fear” of the virus: “I wasn’t going to work, and I wasn’t able to write due to being psychologically affected. There was fear of what is going on. And in domestic activities things were different because it wasn’t the same anymore because most of the time I was at home. There was less movement due to fear of the disease and how it spread, also the news heard about the disease and its effects. The major issue was fear the disease that made the daily work routine to be destructed” (F.PART.4:1).

The female participants also discussed the different ways in which they absorbed the stress, fear, and concern of others affected by the virus. “I was unable to work due fear and the weight of house duties. I was unable to travel to do this and that, to do the activities I used to.

But also my mother was sick . . . she was infected by the disease so, that condition put me in tension” (F.PART.4:8). Thus, although (as noted by one participant), anyone, regardless of gender, could become infected with COVID-19, our findings indicated that the experiences of this shared disruption to work–life balance was different for male and female participants. The personal well-being of female participants was directly affected by their other-regarding tendencies, their absorption of the stress of others and the circumstances, and their dissatisfaction with their ability to compartmentalize matters and focus on their research work.

All participants with families and children noted changes to their homes due to the children making demands for Internet access, additional noise and life in the household space, and having more opportunity to spend additional time together with families and friends. However, the roles performed by males and females, and the gendered expectations that influenced who would provide what kinds of care, were deeply rooted in preexisting gender norms and regimes. For instance, most female participants reported being expected to and accepting the responsibility of ensuring their children and other members of their household members were adequately cared for during this time. The majority of male participants noted that they had defined activities that their household expected them to be responsible, but these were not as extensive as the caring work that the women were expected to do. For example, as one male participant noted, “we have a caregiver at home but also my wife was at home, so she looked after them [the children] . . . and when I get time, during my rest time, I play with them for some minutes, ten to twenty, then I proceed with my work” (M.PART.5:3).

However, there was also evidence that some of the male participants actively engaged in protective and instructive roles within the family and wider social networks. As one participant noted, “you know in Africa we have extended families . . . so I had to take care of them, giving

them some instructions how to make sure they avoid this pandemic” (M.PART.1:3). Likewise, another male participant reported that he had to make provisions for his family, in this case his mother and father, “I had to take care of them though they were not here. They were back home” (M.PART. 3:4). These instances all indicate that some of the male participants did take on a “leadership” role of sorts within the organization of care, yet they did not seem to engage in the actual activities of giving care. Instead, this activity seemed to rest firmly with the women, based on the preexisting gendered division of household labor. For example, as one male participant noted, “it is not someone outside our family who cared for us in terms of food and whatever, but actually ourselves in our home with my wife serving us” (M.PART.3:5).

On the other hand, female participants noted that they were heavily involved in facilitating others in the household to achieve their objectives. One participant noted how she prioritized her children’s needs to access their educational endeavors over her own professional activities, “I provide them [my children] with the internet because they were still proceeding with classes through Zoom. So, I had to make sure I provided them with internet, and mostly they used my phone, so this affected me” (F.PART.6:4). This participant further noted that additional help or any change in relations with her husband was not discernible during this period. She explained that “he was there, he’d go to work on/off, sometimes he went and sometimes he didn’t. But life was normal as any other days” (F.PART.6:4).

Several female participants noted how they invested their time in relationships and children, with one respondent noting that she experienced “poor time management and lack of discipline” (F.PART.2:3). Yet these things were overlooked because she invested heavily in nurturing her relationship with her child. “We cooked a lot. We learned a lot of recipes. We learned to cook so we were just cooking and baking, learning to bake cakes and whatever, doing

things that we wished to do but we had no time so this time we had time” (F.PART.2:5). All female participants who had children noted that they moved back towards the more traditional caring roles, ensuring their families’ needs were met first and given priority over their professional activities. “First and foremost, it was the virus itself that erupted with numerous factors. It forced me to stay at home, unable to work, because of taking care of my children. Making sure they eat well, stay at home and ensuring their safety. . . . With all these activities that consumed my time I was unable to do anything” (F.PART.4:18).

These excerpts from the participants’ stories illustrate that both male and female academics had access to suitable working spaces; yet all of them experienced challenges with technology and internet reliability. In addition, both genders reported that in most cases experiencing the process of returning family members or children to their homes, as well as having additional time available to them. However, male and female academics used this space and time in very different ways. Preexisting gender regimes seemed to sharpen and be accentuated during this time, with male participants more able and willing to claim their space and time for their research and work; female participants were less so as they turned their time and attention to care and coping, both of themselves and assisting others to do this work.

### **Conclusion**

This article discussed finding from a study that explored if and how the public health measures enacted in Tanzania between March and June 2020 due to COVID-19 had gendered effects on the experiences of academic staff at two of the country’s higher education institutions. Listening to the academics’ stories provided insights into the differential gender effects of the crisis on male and female academics, and illustrated specific characteristics of the situated Tanzanian experience, based on the structure of gender regimes and the gendered division of

labor that exists in this context. Although every person is equally exposed to becoming infected by the virus, and the public health measures implemented were gender blind, the study's findings illustrated that these measures negatively affected female academics' ability to engage in their research work compared to their male counterparts.

Moreover, many of the male participants described having a greater capacity to compartmentalize their personal experiences and concerns for the unfolding public health crisis, which, in general, enabled them to move forward with their research during the lockdown. In contrast, the female participants described having high levels of stress, fear, and concern for their families and community, feelings that often prevented them from engaging in their research. It is important to note though that the participants' experiences were not uniform: each participant described experiencing different challenges that prevented them from maintaining their work-life balance; yet the preexisting gendered division of labor and hierarchical structures within households emerged strongly through the discourse and voice of participants to explain how roles were divided, and why female academics were less likely to be able to avail themselves of the opportunities of additional time to focus on their research provided by the closure of the universities and work-from-home orders.

Going forward, it will be important for similar studies to be conducted at all universities in Tanzania, other African countries, and globally to understand the diversity of effects of this problem. Such findings could be used to develop policy recommendations for further public health measures that can be developed for COVID-19 (and other pandemics that might arise in the future) that do not negatively affect one gender.

## Acknowledgements

The authors acknowledge the generous funding and supports provided for this study from the Department of Foreign Affairs and Trade, Embassy of Ireland to Tanzania, Development Cooperation Unit.

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