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The Journal of Public Governance and Administration (JPGA) is a peer-reviewed Journal published by the Department of Political Science and Public Administration, University of Uyo, Uyo and produced two times a year. Articles published in the JPGA encompasses a wide spectrum of views and issues relating to Public Governance, Political Science, Public Administration, International Relations and Diplomacy, Development Studies and other related fields.

Editorial Policy

The mission of this publication is the promotion of the study of Public Governance, Political Science and Public Administration in Nigeria and the general international community. Scholarly contributions in the form of original articles, research papers, position papers and book reviews are welcome and will be considered for publication.

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EDITORIAL COMMENTS

This maiden edition of our journal is an anthology of thoroughly researched and well written articles that withstood a very rigorous process of review. The volume has a vast coverage that traverses the various sub-fields within Political Science as well as other related disciplines.

E. S. I. Ejere and C. I. Nwagboso's paper entitled "Unemployment, Poverty and Human Security: A Situational Analysis of Nigeria" explores the mammoth of problems discommoding the Nigerian state. They examined the interface between unemployment, poverty and insecurity and proceeded to link their profoundness to the rising scourge of criminality amongst youths in Nigeria. As a way forward, they recommended that government should adopt people-oriented policies to fast-track employment and wealth creation. D. A. Akpan's work analyses the thorny issue of maritime security in the Gulf of Guinea with 21st century Nigeria as analytical praxis. It revealed that lack of adequate equipment and proper motivation of security personnel has hampered the attainment of security in the Gulf region. It concludes that government needs to properly equip and motivate the Police to enable the Force perform its statutory functions better. In their contribution, A. C. Atairet and J. O. Mark assessed the role of petroleum legal instruments in conflict management in the oil rich Niger Delta of Nigeria. The paper prescribes the earnest enforcement of all laws in the petroleum industry as a strategy for conflict attenuation in the region.

The nexus between Buhari's integrity canon and authentic leadership is interrogated in D. A. Tonwe's article. He decries the paucity of governance integrity in both developed and developing countries and concludes that President Buhari would need to deploy his reputation for integrity through functional policies and strategies, to meet the expectations of Nigerians. U. A. Una and J. A. Udoete's paper addressed sovereign wealth fund and socio-economic development in Nigeria in the face of waning oil revenue and recommended the establishment and maintenance of such a fund to act as a shock absorber during periods of serious economic nosedive.

E. B. Essien and G. E. Esu appraised the role of population growth on economic growth performance in Nigeria. They concluded that population growth has the potential of fostering economic growth in Nigeria and thus advocated skill-enhancing education, good health care amongst others to improve the quality of the population. O. Idahosa and H. C. Ajebon gauged the impact of the rebased GDP on the transformation of Nigeria. The paper surmised that the rebased GDP should dovetail with the provision of the needed infrastructure as well as improvements in the standard of living, for it to be meaningful.

The mantle of NAPEP in the alleviation of poverty in Akwa Ibom state is articulated in P. I. Mkpa and A. N. Udofia's work. They linked NAPEP's failure to axe poverty to corruption, poor targeting and lack of accountability. Accordingly, they proposed the need for the proper monitoring of the agency's activities to arrest the unwholesome trend. E. E. Ibok and S. E. Ibanga evaluated the impact of ICT usage by the Nigeria Immigration Service (NIS). They averred that the introduction of ICT has had a positive impact on the NIS's capacity to process e-passports and fight trans-border crime. They recommended increased enlightenment about NIS website and adequate provision of ICT equipment for NIS staff to enhance their efficiency and effectiveness. The risk posed by climate change on women's health is captured in O. P. Rosemary and O. B. Njoaguani's contribution. They relate women's vulnerability to the insensitive nature of climate change response programmes and urged the creation of knowledge-based jobs for women to enable them cope with the vagaries foisted on them by nature.

R. O. Dode and O. Jacob tackled the electoral process and voter apathy in Nigeria from a Marxian perspective. They hypothesized that the Nigerian state has been captured and privatized by the ruling class. Accordingly, they advocated for mass political participation and better public enlightenment against electoral malfeasances. The causes and consequences of ethnic minorities' agitation in Nigeria's Niger Delta region were examined in O. K Udoh and S. S. Offiong's contribution. They argued that lack of compensations on land acquired for oil production and non-involvement of the indigenes in the oil business birthed the agitations. To solve the problem, they prescribed adequate compensation, empowerment of youths and provision of adequate infrastructure in the Niger Delta.

Other contributions also proved insightful with respect to the areas covered by them. The volume is a product of our on-going efforts to advance research in Public governance, political science, Public Administration and related fields. Given its cosmic outlook, this edition of the journal is surely a precious contribution to extant literature in social sciences and humanities research.

Editorial Board

IMPACT OF GLOBAL CLIMATE CHANGE ON WOMEN'S HEALTH: AN OVERVIEW

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ABSTRACT

Global climate change is a topical issue in multidisciplinary discourse. Specifically, the vulnerabilities and health risk posed by climate change to the health of women have been a major concern. This paper presents a descriptive analysis, utilizing secondary data, to examine the link between climate change and the health of women. The study finds that climate change affects women more than men. More so, vulnerabilities of women to the numerous life-threatening effects of climate change have been exacerbated by the insensitive nature of most climate change response programmes and policies. The study concludes that solving the health implications of climate change on women goes beyond drafting a special protocol or framework protecting women. Rather, there is need for collective effort of all concerned to act responsibly towards the environment. Therefore, the study recommends among others, the need to create knowledge based jobs for women as a way of ameliorating the impact of climate change on the health of women.

Key Words: Climate Change, Health, Gender.

1. INTRODUCTION

The catastrophic events that characterized the last few decades such as hurricanes, the massive pollution of rivers, sea, oceans and so on, whose causes have been linked to effect of global warming have raised global concern. Specifically, the vulnerabilities and health risk posed by climate change on the health of women (such as respiratory and cardiovascular illnesses, social and mental stress, heart attacks, strokes and other cardiovascular disease, cancer resulting in high maternal mortality rate) have received attention on the global scene (Combined report of WHO/UNEP/WMO, 2003).

Climate change continues to be a major source of concern globally. According to the National Oceanic and Atmospheric Administration (NASA), 2015 was globally, the hottest year on record. According to NASA, Ten of 2015's monthly global temperatures either tied or broke existing records; overall, the year proved 0.90°C warmer than the average recorded during the period 1901-2000 (The Economist, 2016). The concern over climate

change has led to several meetings that were aim at curbing the devastating impact of climate change. The recent being the conference of parties (COP 21) that held in Paris in 2015 which aim, among others, to find lasting solution to climate change. Although the meeting has been applauded to be one of the most significant meetings since over two decades of climate talks, the meeting has since raised a number of questions:

Will the principle of differentiation that distinguishes developed countries from developing countries in their responsibility towards reducing emission be applicable in the Paris agreement? To what extent will the agreement be legally binding on all? Will the agreement take into cognizance, in its adaption and mitigation plan, the implication of climate change on women's health?

This study presents a descriptive analysis using secondary data to examine the major causes of climate change, the linkage between maternal health and climate change, the

response to the consequences of climate change on gender and the challenges to alleviating the negative impact of climate change on women.

2. CLIMATE CHANGE AND HEALTH

For decades in climate change research, the three terms- climate change, health and gender have not been linked together (Preet, Nilsson, Schumann and Evenga, 2010). In other words, over the years in climate change research, there has not been attempt to study the implication of climate change on women. This gap in research has led to the absence of gender sensitive response to global climate change. Climate change has been severally defined. However, the most commonly used is the one given by United Nations Framework Convention on Climate Change (UNFCCC), which defines climate change as "a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time" (Intergovernmental Panel on Climate Change, 2001).

Similarly, health has been severally defined. However WHO definition has gained popularity during the past decades (Larson, 1999). World Health Organization defines health as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity (WHO, 1946). Health is the absence of a disease and completeness in physical, mental, and social/emotional wellbeing (Omoruyi and Kunle, 2011). Therefore, Health can be defined as the totality of wellbeing of an individual encompassing social, economic, mental, physical and spiritual. Also, Health relates with the need and right to realize the highest standard of physical and mental health that guarantees fullest involvement of the individual in the life of the society (Eze and Onyekpere, 1998)

Fundamentally, there is a correlation between health and climate change. It has been observed that Climate change endangers health in fundamental ways (WHO, 2008; Fourth Assessment Report of the United Nations Intergovernmental Panel on Climate Change (IPCC) 2007; Climate environment Alliance, 2007). The health implications of climate change are one of the most significant measures of harm associated with Climate Change (Doha

Declaration on Climate, Health and Wellbeing, 2012). Climate change affects changing patterns of disease and morbidity, food, water and sanitation, shelter and human settlements, extreme events, and population and migration (Costello, Abbas, Allen, Ball, Bell, Bellamy & Patterson, 2009).

According to WHO Press briefing on the occasion of 2008 World Health Day, annually about 800 000 people die from causes related to urban air pollution, 1.8 million from diarrhea mainly ensuing from lack of access to clean water supply and sanitation, and from poor hygiene, 3.5 million from malnutrition and approximately 60000 in natural disasters (WHO, 2008). Climate change threatens the health of global community and since health is wealth, global climate change threatens global economy. Put differently, Climate change may ruin human progress in economics and politics as the health of the global workforce continues to deteriorate due to health hazards posed by climate change.

3. HEALTH IMPLICATIONS OF GLOBAL CLIMATE CHANGE ON WOMEN

WHO 2005 reports that IPCC acknowledges that natural disasters impact negatively on men and women differently both economically, socially, psychologically and in terms of exposure to risk and risk perception (WHO, 2005). Simply stated, the debilitating impact of climate change is more severe on women than on men. According to the Royal College of Obstetricians and Gynecologists in its statement of support for The United Nations Population Fund (UNFPA) 2009 State of the World Population report, entitled, "Facing a changing world: women, population and climate" report that poor women in poor countries are vulnerable to the effects of climate change. Climate Change affects women differently than men. In some cases more women are affected than men, in some other cases women are more severely affected (Women's Environment and Development Organization, 2007).

Fundamentally, women are generally more negatively impacted by climate change, because they constitute the majority of the world's poor and because they are reliant on natural resources that make them more vulnerable (Women's Environment and Development Organization, 2007). Research

reveals that climate change impact negatively on women's daily activities and makes them to spend more time collecting water, food, or firewood (Preet *et. al*, 2010). More so, women's mortality related to heat waves is higher than the mortality of men (Rohr, 2004).

Also, it is pertinent to note that for all causes of Global climate change women bear the largest proportion of consequences. For example, population control rests on the assumption that rapid population growth is a primary cause of poverty, ill health, environmental degradation and political instability and that reducing women's fertility is key to solving these serious social problems (Hartmann, 1995). The attempt to control women fertility is impacting negatively on the sexual and reproductive health and rights of women; this is because birth control pills are known to have negative side effects on women. Moreover, it denied women's rights over their body. Also, the attempt to control the pressure that increasing population poses to the environment which require introduction of birth control mechanism jeopardizes women's reproductive health.

Reproductive Health refers to all facets of well-being linked to the reproductive system and processes within a life span. It incorporates fertility, infertility and the enjoyment of good sexual health without fear of disease or unwanted pregnancy (WOMEN AID, 2013).

Similarly, mechanism such as birth control violates the right of women to bodily integrity especially in countries where birth control policies have become legalized. For instance, women have been pressured to use birth control method such as injectable and implanted long-term contraceptive products with known side effects. An example of this is the immunological contraceptives, which introduce bacterial or viral carriers that link into hormones such that the immune system mistakes natural pregnancy hormones and reacts against them (GREENLEFT, 1994).

Likewise, the unsafe family planning and birth control methods have led to complications and sometimes death. In the same vein, legalization of abortion violates the international law as regards the right to life. The rights to eliminate the foetus lead to the right to kill which violates international law on the right to life (Uduigwomen, 2003). Simply stated, population control erodes reproductive

rights, victimizes the displaced, restricts reproductive choices and deepens poverty and inequality. As Kristenten, (1997) noted, the timing of the outset of labour for pregnant women may also be affected by climate change. Warmer humid weather increases exposure to mycortex which induces outset of labour at an earlier stage in pregnancy (Omigbodun and Omigbodun, 2008). Similarly, the increasing release of carbon into the atmosphere has led to the need to curtail deforestation. It is pertinent to note that cutting down trees constitute sources of income for most women in developing countries who need to gather wood to sell and also cook for their families; and curtailing deforestation means that women's major source of livelihood is negatively impacted.

Furthermore, curtailing deforestation without providing an alternative source that is accessible, affordable and available put women in a situation that could be emotionally and socio-economically debilitating. For instance, without wood to cook many households will have to stay without food. According to Omigbodun and Omigbodun (2008), climate change affects birth weight of babies. In a research carried out in the Middle East, babies born in summer were heavier than those born in winter. Also newer studies including those on African descent show variation in birth weight of those children born indoor compared with outdoor temperature (Omigbodun and Omigbodun, 2008:36).

Also, Climate change impacts negatively on farming activities, which are often undertaken by women especially those in developing countries of Africa and Asia; where farming activities such as paddy cultivation and farming cash crops such as cotton and tea constitute women's job. Similarly, fishing is another source of income in which women are often involved. Climate change affects fishing as sea levels rise and intrusion of saline water into freshwater systems takes place, making fishing difficult. It is significant to note that the effects of climate change on fishing activities will impact on the nutritional content of household meal leading to nutritional deficiency. And nutritional deficiency of protein from fish may make women susceptible to ailment.

Furthermore, Climate change has increased the prevalence of vector-borne

diseases such as malaria, and the people most vulnerable are women. According to a study which compared the relative vulnerability of pregnant and non-pregnant women to mosquitoes in rural Gambia, the study finds that pregnant women are particularly vulnerable to malaria. The reason, among others, is variance between the temperature level of the abdomen of pregnant women and non-pregnant women. For instance, it was observed that the temperature level of pregnant women is on average, 0.7°C hotter than that of non-pregnant women which makes them to be easily detected by mosquito (WHO, 2005).

Aside its negative effect on pregnant women, malaria increases the risk of spontaneous abortion, premature delivery, stillbirth and low birth weight (WHO, 2003). It is pertinent to note, that the health implications of global climate change on pregnant women also have effects on the health of the unborn child and it may lead to pregnancy complications. Some studies by Crowther (1985); Faye et al. (1991); Bergstroem et al.(1992); Neela & Raman (2007) cited in WHO, (2005) have examined the relationship between climate condition and the prevalence of eclampsia in pregnancy. The study reveals that there is more increased incidence of eclampsia during climatic conditions characterized by low temperature, high humidity or high precipitation, with an increased incidence especially during the first few months of the rainy season (WHO, 2005).

Climate change has led to numerous natural disasters. United Nations Aid Chief, John Muir noted that there have been more natural disasters in recent past than at any other time in history. Specifically, natural disasters have tripled since the 1960s. According to the UN Aid Chief, 14 out of 15 "flash appeals" in 2007 for emergency humanitarian assistance were for floods, droughts and storms (WHO, 2008). Although women and men suffer different negative health consequences following extreme events like floods, drought and heat waves, natural disasters on average kill more women than men. Studies on the health effects of flooding in England found that women are often more endangered than men at the worst time of flooding (Tunstall, Tapsell, Green, Floyd and George, 2006). Also more women than men died

during the 2003 European heat wave. A study reveals that women are more at risk, in both relative and absolute terms, of dying in a heat wave (Kovats and Hajat, 2008). Research further suggests that women suffer more during natural disaster because they carry the burden for their family and probably a greater emotional investment in the home (Tapsell, Tunstall, &Wilson, 2003).

Similarly, in a study of 141 countries for the period of 1981-2002 by Neumayer & Plumper 2007, the study examined among others the impact of disaster on the socioeconomic status of women. The study reveals that natural disaster reduces the life expectancy of women compared to men (Quinne, 2009). Additionally, during Hurricane Katrina in the United States in 2005, African-American women were affected more than their male counterpart and these were particularly women with low socioeconomic status; and women were comparatively at high risk of anxiety-mood disorders after disasters. Fundamentally, one study reveals that anxiety-mood disorder (DSM-IV) after Hurricane Katrina was prevalent among women; specifically, among women with education of less than college graduation; low family income (WHO, 2005).

Significantly, energy poverty increases women's workload since they are responsible for energy demand of their home. An estimated 2.4 billion people currently rely on biomass fuels for cooking and heating, which impact negatively on their health by increasing women's vulnerability to respiratory symptoms, chronic obstructive pulmonary disease (COPD),and worsening lung function while simultaneously exacerbating global warming(Liu, Zhou, Wang, Wang, Lu, Zheng, Zhong and Ran, 2007; Costello et al., 2009). Also, around half the global population most of whom are women, cook daily with traditional biomass fuels (e.g. dung, crop residues, wood and charcoal), resulting in exposure to very high concentrations of indoor air pollutants (Haines, Kovats, Campbell-Lendrum, & Corvalán, 2006).

Also, the search for portable water for the family make women spend increasing time on long journeys collecting water, carrying heavy pots of water and carrying heavy loads over long periods of time causing cumulative damage to the spine, the neck muscles and the

lower back, thus leading to the ageing of the vertebral column; exhaustion and damage to bones (WHO, 2005). The amount of increased time spent collecting water poses a number of challenges to women empowerment. First, women are susceptible to violence when travelling long distances to collect water and fuel. Second, it decreases available time for education for young girls. The implications of less time for learning means higher level of illiteracy and lower education status. According to WHO (2005), a lower education status implies more constraints for women to access health information or early warning systems as they are developed. This also means the girls and women will have decreased access and opportunities in the labour market, increased health risks associated with pregnancy and childbirth and less control over their personal lives (WHO, 2011).

The implications of all these effects of climate change on health implies that preparations for, and responses to climate change need to be sensitive to gender dimensions of health-care (WHO, 2005).

4. RESPONSES TO CLIMATE CHANGE

To solve the challenges posed by climate change, several local, regional and international conferences have been held culminating in several protocols, international legal framework such as Rio Framework Convention, Kyoto Protocol, Copenhagen Conference, and Durban Conference. Nationally, several countries have promulgated laws and decrees to ensure environmental safety. Similarly, several nations have established special agencies to look into the environmental issues and radical environmental reforms have taken place, which have also extended to awareness and campaign at local level. More so, there has been establishment of green clubs in secondary and primary schools as well as higher institutions of learning. In urban and suburban area, civil based organizations and even individuals have made green a major issue while companies have similarly made 'greening' a major pillar of their corporate policy, to the extent that even magazines have published green edition of their magazine.

Additionally, in the last two decades several institutional efforts and conferences have culminated in the drafting of documents integrating gender perspective into policy and

other climate related documents (Preet et al, 2010). United Nations Conferences like the Beijing Declaration and Platform for Action, 1995 and the World Summit on Sustainable Development, 2002 in acknowledgement of the role of women in sustainable development; advocate the need for gender sensitive response to climate change (UNWOMEN, 2009). Also, in July 2, 2010, a new entity called 'UN Women' was created after merging four UN organizations working on women and gender issues, in order to ensure efficiency and proficiency in meeting women issues (UN WOMEN, 2010). In 2007, the Member States of the World Health Organization adopted a resolution WHA 60.25 on the integration of gender analysis and action into the work of WHO at all levels (WHO, 2009). However, the devastating impact of Climate change remains.

5. CHALLENGES TO ALLEVIATING HEALTH IMPLICATIONS OF GLOBAL CLIMATE CHANGE ON WOMEN

In spite of the numerous attempts at curbing the negative impact of climate on the health of women, significant challenges still exist. First and foremost is the lack of gender sensitiveness in most World Health Organization documents, addressing the health implication of climate on gender and women in specific. In a research by Preet, et al. (2010), which reviews some selected policy documents especially those of World Health Organization and selected United Nations Documents in a bid to examine the extent to which gender perspective has been integrated into policy documents and also the number of publications where gender has been in focus. The study finds gender to be underrepresented and non-existing variable in research and studied policy documents in the field of climate change (Preet et al, 2010).

Another albatross to solving the risk posed to women through climate change is the distorted understanding of green movement. The green movement has been totally misunderstood, misused and abused. Green has become the license to feel good without doing well, to raise awareness without actually changing behaviour (Friedman, 2008). Also, the high level of illiteracy around the globe is inhibiting women's capacity to make informed decision. According to CIA World Fact report, over two-thirds of the world's 793 million

illiterate adults are found in only eight countries (Bangladesh, China, Egypt, Ethiopia, India, Indonesia, Nigeria, and Pakistan); of all the illiterate adults in the world, two-thirds are women (Central Intelligence Agency, 2012).

Finally, a major debacle to stopping the negative impact of climate change on the health of women is poverty. The increasing effect of poverty among women specifically in developing country can never be over-emphasized. Majority of women in Global south depend on economic activity that exposes them to debilitating impact of global warming. Other challenges include excessive dependency on oil, greed and lack of awareness.

6. CONCLUSION

Having examined the implications of Climate change on the health of women, it is significant to note that, to solve health implication of climate change on women is beyond drafting a special protocol or framework protecting women or drawing new programmes for men. Rather there is the need for collective efforts of all to act responsively to improve the environment. Beside collective effort, there is also need for individual responsibility toward the environment.

It is significant to note that, the call for more individual action is not to neglect the role of groups, communities, and legal framework. Rather, it is a call to awaken man's sense of duty to his environment. Also, it is not meant to undermine the significance of international legal framework and collective response but rather an attempt to ensure that individual responsibility is not a substitute for group responsibility but rather they contribute significantly in mitigating the health implications of climate change not only on women but on everyone. Also there is a need for public private partnership in investing in women literacy beyond basic education to tertiary education. Additionally, there is need to invest in professional training of women in skill and craft that establish them in definite career that expose them to less environmental hazards.

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