

PSYCHOSOCIAL IMPACT OF CORONAVIRUS LOCKDOWN ON NIGERIANS

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Abstract

In this study, psychosocial impact of coronavirus lockdown on Nigerians was assessed through a cross-sectional descriptive survey across the 36 States and Federal Capital Territory in Nigeria. The survey comprised a sample of 740 adults (54.32% male and 45.68% female). The 3 psychosocial metrics investigated were depression, stress and anxiety. Data obtained in the survey were analysed using the descriptive (percentages and frequency) and inferential (test for association using chi-square trend test - Cochran-Armitage trend) statistics. Findings showed that coronavirus lockdown had a psychosocial impact on Nigerians, particularly on mental wellbeing as agreed upon by 50% of respondents. While the lockdown was established to have ushered in symptoms of anxiety and depression, educational level and religion were statistically significant in association with depression at $\chi^2 = 11.510$, p-value = 0.0007 and $\chi^2=8.3419$, p-value = 0.0039 respectively. Cases of domestic violence with emphasis on rape increased due to frustration, idleness and inaccessibility to sex commercial workers. Based on these findings, it is concluded that coronavirus lockdown had a psychosocial impact on Nigerians. Therefore, it is recommended that Nigerian governments should put more stringent measures aimed at containing these social vices, by proactively engaging law enforcement agencies to prosecute those that violate curfew hours. Again, the government should devise other measures of involving citizens in proactive activities that could disengage them from inexplicable behavioural patterns; this would enable them develop the right attitude for positive mental wellbeing.

Keywords: Anxiety; COVID-19; Depression; Psychological stress; Social vices; Traumatic disorders. **JEL Classification:** Z13; Z19

1. INTRODUCTION

The coronavirus outbreak that started in December 2019 did hit the global community in 2020 with unprecedented dire consequences affecting behavioural patterns and livelihood among individuals. With its high infectious rate and fatality outcome, the virus has affected different levels and aspects of the global society with plethora of psychosocial disorders such as anxiety, depression, fatigue, loneliness, helplessness, sleep disorders and uneasiness (Banerjee & Rai, 2020; Salari et al, 2000) as individuals and the teaming populations respond to the prevalence of the deadly virus and adjust with the new realities of living with the virus. Olaseni et al, (2020) opined that owing to the global pandemic, numerous forms of psychosocial adjustments could emerge including Post-Traumatic Stress Disorder (PTSD), which is featured with intense fear associated with a feeling of hopelessness, emotional decline, multiple anxiety and uncertainty reactions.

The pandemic has overwhelmingly impaired everyday life of humans distorting normal behavioral patterns, transforming lives from normal to a new normal. This situation has created a high level of imbalance in the social and economic lifestyle of individuals, households and communities at large. In Nigeria for instance, people are accustomed to numerous social activities such as hanging-out, partying and networking; no doubt with the lockdown, wearing of facemask and social distancing amidst the fear and risk of contracting the virus to a large extent, may have negative effects on the behavior and social well-being of the people. This situation has highly changed the lifestyles of people as they are restricted to stay at home, restrictions in travel and reduction in social activities (Van-Bavel; et al, 2020).

Given the widespread of the coronavirus, the focus of the global community has been geared towards testing, preventive and curative measures geared towards curbing the spread and propagation of the virus; yet, several persons are suffering from the myriad of psychological challenges emanating from the new realities brought about by COVID-19. The World Health Organization (2020) report stressed on the need to address the psychosocial disorders and other health related issues like rape, domestic violence, suicide and depression among others caused by COVID-19 pandemic. This is in line the increasing reports of domestic violence, rape and other gender-based violence (Bradbury-Jones & Isham, 2020) attributable to psychosocial effects of lockdown. Perhaps, the increase in domestic violence, rape and other gender-based violence made the Nigerian Legislative arm to passing a law against rape. Nevertheless, the situation seems unabated as new cases were reported every now and then.

In the light of the aforementioned, it then becomes pertinent to attempt a robust approach in addressing the psychosocial problems associated with COVID-19 pandemic and policy recommendations for governments of Nigeria, the world over to implement to curb these social vices. Consequently, this research was carried out with the view to examining the psychosocial effects of COVID-19 across six (6) geopolitical zones in Nigeria. The study aimed at ascertaining the psychosocial effects of COVID-19 on Nigeria, with emphasis on the general wellbeing of Nigerians given the lockdown measures taken by the government to curtail and contain the virus. Specifically, the study sought to:

- i. determine if COVID-19 lockdown measures affected the mental wellbeing of Nigerians;
- ii. establish if the lockdown measures of COVID-19 ushered in symptoms suggestive of anxiety and/or depression; and
- iii. document the perception of Nigerians on the general effects of COVID-19 lockdown measures on rape incidence in Nigeria.

2. LITERATURE REVIEW

2.1 COVID-19 Outbreak and the Nigerian Experience

COVID-19 Outbreak and the Nigerian Experience Coronavirus, also called COVID-19, is an infectious virus said to have begun from Wuhan City of China in December 2019. Since then, it has spread round the globe, causing unprecedented health challenges (Yang-Rong, et al (2020)). The novel coronavirus is a new genre of coronaviruses that causes acute respiratory failure, severe cold, septic shock and death (Liu, et al., 2020). The virus can easily be contracted through droplets from the mouth and nose by coughing and sneezing. As a result of the rapid spread and high infectious rate, World Health Organisation declared it a 'public health emergency of international concern' on January 30th, 2020 while on 11th of March, 2020 it was officially classified as a pandemic (Fehintolai & Fehintolai, 2020).

Despite the efforts of the global community in getting a vaccine or possible cure, measures such as restriction of movement, lockdown, social distancing, constant washing of hands with soap as well as the use of alcohol-based sanitizers, avoiding large gatherings and events and use of facemask to control the spread of COVID-19 was initiated and enforced on humans across the world. No doubt, these restrictions induced by the pandemic altered the socio-economic structure globally and this effect is adversely felt in developing nations due to their weak and inadequate testing facilities (Awofeso & Irabor, 2020).

The first recorded case of COVID-19 in Nigeria was in February, 2020 following the arrival of an Italian who tested positive to the virus in Lagos (NCDC, 2020). On the 30th of March, 2020, the government of Nigeria in an effort to overcome the spread of the virus issued a 14 days' total lockdown with restriction of movement in Lagos and FCT Abuja from 11pm. Some Nigerian States also initiated similar measures of combating the spread of the pandemic; while on April 27, 2020 curfew from 8pm to 6am was declared across the entire country as a part of the measures geared towards combating the spread of the virus. Subsequently, the curfew and lockdown were eased with partial commencement of businesses from May 4th 2020 at 9am in Lagos state, FCT and Ogun States (NCDC, 2020).

Despite the precautionary measures taken by the Nigerian government, number of confirmed cases and death continued to increase. This is associated with the conspiracy theory of non-existence of the virus by majority of Nigerians but a means of embezzling money by the government despite the recorded numbers of confirmed cases and death. To further combat the increasing spread of the pandemic, the second phase of the eased lockdown was extended by 4 weeks by the federal government on the 29th of June 2020, with the approval of inter-state movement aside curfew hours effective from July 1, 2020; the curfew was later extended by extra 1week on July 27, 2020.

More recently, the federal government through the presidential task force on covid19 on 6th of August, 2020 announced the extension of the second phase of eased lockdown by another 4 weeks. (NCDC, 2020). COVID-19 spread in Nigeria has continued to record significant increase. As at August 14, 2020, statistics by the NCDC reveals 48,445 confirmed cases of COVID-19, 35,998 discharged cases and 973 recorded deaths in Nigeria; while 344,397 tests so far have been conducted compared with 341,421 tests conducted per day as earlier reported (NCDC, 2020).

The lockdown has seriously affected the interpersonal relationships and freedom of association. In Nigeria for instance, all churches, mosques, schools at all levels, and markets were closed to forestall further spread of the virus. The COVID-19 pandemic effect and precautionary measures in Nigeria no doubt has dire consequences on the socioeconomic livelihood on larger part of its citizens especially those engaged in informal and small scale businesses. Palliatives in monetary forms, food items and other household needs were distributed across the country by the governments, organizations and philanthropists but the impact was not commensurate with the demands and needs of the populace. According to Ibeh et al, (2020), due to social restraints and economic hardship coupled with the fear of

contracting the pandemic, many people are already suffering from anxiety; the truth is that life may not be the same with many people even after the ease of the lockdown. In line with report by Salari et al, many people are already exhibiting all kinds of strange behaviour due possibly to the lockdown effect of the pandemic in the form of anxiety, depression, anger, violent behaviour, and fear of contracting the virus, which is worse than death itself.

The major precautions against COVID-19 spread is social distance and appropriate hygiene behaviours. It is well known that humans are all social animal and live day-to-day in social interactions with others. Among the means humans maintain social interactions include activities in work places, religious gatherings, social gatherings and schools. Human social interactions are known to play fundamental roles in mental health.

2.2 COVID-19 and Mental Wellbeing of Nigerians

The adverse effect of coronavirus pandemic on the mental wellbeing of people has attracted growing concerns from researchers, psychotherapists and non-governmental agencies globally. The initial strict adherence to COVID-19 lockdown guidelines aggravated by social isolation together with social distancing has created fear, unemployment and financial challenges especially amongst low-income earners, personal and small-scale business owners. This has caused significant negative impact on the mental health and wellbeing of people.

The major precautionary measure in combating the spread of the COVID-19 pandemic is social distancing together with appropriate hygiene conduct. Humans being social animals, social interactions play vital role in their day-to-day living expressed through social events and gatherings, religious gatherings, work and business places. In March 18, 2020, a report related to mental health and psychosocial issues was released by the WHO to address instructions and some social considerations during the COVID-19 outbreak. WHO recognises the role of social distancing in people's wellbeing and such measures could make people becomes anxious, angry, agitated, stressed out and withdrawn (WHO, 2020).

Recent studies conducted on the impact of lockdown as a result of the pandemic reveals that social distancing and isolation could lead to higher incidence of anxiety, depression, PTSD, domestic violence, loneliness, frustration, anger, boredom, child abuse as well as tendency to commit suicide (Onochie & Ya Adam, 2020; Madu & Ucheagwu, 2020; Ibeh, et al, 2020; Banerjee, & Rai, 2020). Social interaction therefore is crucial in enhancing mental wellbeing.

A wide range of studies indicates that social distancing and isolation impact significantly on emotional and mental wellbeing. For instance, Smith, et.al (2020) in their study on "cross-sectional associations between physical activity and depressive symptoms, anxiety symptoms, and positive mental well-being in UK on public social distancing due to the COVID-19" revealed that active participation in physical activity during COVID-19 is associated with better mental health condition.

Similarly, Loades et al (2020) carried out an empirical study on "the relationship between loneliness and mental health on children, adolescents and young adults". Their study indicates that loneliness is strongly associated with depression that affects mental health not just in their current health status but can also be related with future health challenges. According to the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support (IASC), "there can be long-term consequences due to the coronavirus pandemic".

In the same vein, Smith and Lim (2020) review on social isolation and loneliness showed that social isolation and loneliness are significant predictors of depression on health during COVID-19 in the population reviewed. The current scale regarding the impact of social distancing and isolation on mental

health is becoming unprecedented and may lead to significant and lasting negative psychological effects. This study therefore, tends to determine the extent to which COVID-19 has affected the wellbeing of Nigerian citizens.

2.3 COVID-19 and Anxiety/ Depression

The coronavirus outbreak undoubtedly has exacerbated fear and anxiety across the globe due to the nature of the disease saddled with its unusual and unprecedented measures of combating spread of the disease. A recent study has shown that people who are kept in isolation and quarantined have the tendency to exhibit high levels of anxiety, anger, confusion, and stress (Salari et al, 2000.). Stress during the pandemic has been observed to be associated with so much worry about the disease, change in sleeping habit, eating pattern, strange behavioural patterns like depression, increased intake of alcohol as well as other related drugs, violence, among others.

With all these, comes stress at different levels, although, people tend to react differently to stressful situations based on their background knowledge and where they reside. Studies have equally shown that most people who exhibit so much fear and anxiety are those constantly exposed to COVID-19 news either fake or genuine. Misinformation about the pandemic in terms of death rate can trigger fear and anxiety in people. Such situation has greater health implications for people with poor health condition and those in developing nations. In Nigeria for instance, despite the ease of lockdown accompanied with partial opening of businesses and social gatherings though with restrictions, the cases of depression and anxiety are still on the increase (Salari et al, 2000). However, the degree of impact varies across sex, age and educational background and financial status as reported by Ibeh et al.

2.4 COVID-19 Lockdown Measures and Incidence of Rape in Nigeria

According to the European Institute of Gender Equality, both men and women are susceptible to gender-based violence, although, girls and women are more susceptible (Premium Times. 2020). Recently, the United Nations raised alarm on the increasing rate of reported cases of domestic and gender-based violence directly related to the lockdown measures (United Nations, 2020). Before the outbreak of the novel coronavirus, domestic and gender-based violence have been in existence across the world, however, the introduction of the lockdown measures recorded an alarming increase of domestic and gender-based violence especially cases of sexual abuse not on adults but also children.

Globally, precautionary measures are put in place to curtail the spread of the virus which includes observing proper health hygiene and social distancing such as constant washing of hands, wearing of face masks and restrictions on large number gatherings and events and social gatherings like bars, clubs and parties, travel ban respectively. These measures were unpredicted and unusual to the existing status quo of social interactions and relationships that have been in existence in different countries globally.

Initial studies conducted across the globe on the increasing rate on violent and non-violent crimes is associated with closures of bar and nightclubs. For example, in Latin America with the closure of bars and night clubs' incidences of crime such as robbery and assault were heightened. Whereas, in the United States of America, the cases of robbery and assault dropped by 50%. Similarly, such situation occurred in South Africa, where the rate of rape declined by 85% in the first few weeks of closure of bars and night clubs (Eisner & Nivette, 2020).

The lockdown measures in response to combating the spread of the virus has significantly affected variety of causal mechanisms that are crucial to the day-to-day activities patterns which existed among people in society. Because of the lockdown measures, unwanted changes automatically have occurred in the socioeconomic and livelihood of people associated with unemployment, hardship and hunger. Based on this, the tendency to exhibit fear of not just contacting the virus but of the unknown, anxiety, anger,

frustration is heightened. In Nigeria for instance, where the familiar daily routine of interactions and communication is inherent and used as a means to express and share issues of concern; most of these activities are usually done in open or closed places like drinking bars, clubs and other social gatherings as the case may be.

In Nigeria, in an attempt to contain the spread of COVID-19 through the lockdown has led to a spike in the upsurge of reported cases of sexual abuse. For instance, between January and May, 2020, 717 cases of abuse were reported which majority are girls and women. The alarming increase attributed to the lockdown attracted the attention of the Nigerian government, civil society and non-governmental organisation. This situation led to protest by women who marched in major cities protesting for a stop to rape and advocating for justice for the rape victims (NCDC, 2020). This decline and increase in crime rate during the pandemic lockdown therefore, has not been universal but varies from one society to another. In the light of the foregoing, this paper investigated the psychosocial impact of coronavirus lockdown on Nigerians.

3. MATERIALS AND METHODS

This paper assessed the psychosocial impacts of COVID-19 lockdown on Nigerians by means of cross-sectional descriptive survey. The survey comprised of seven-hundred and seventy (740) adults in thirty-six (36) states and the Federal Capital Territory, Abuja. A self-administered questionnaire was distributed to respondents based on their geopolitical zones while FCT, Abuja was grouped under North central zone. The questionnaire was divided into three (3) sections - section A (information on respondents' bio-data); section B (respondents' views on impact of COVID-19 lockdown on psychosocial wellbeing); Section C (respondents' perception on impacts of lockdown on rape incidence).

Precisely, psychosocial metrics of the study include suggestive features of psychological stress, depression and anxiety; these metrics were assessed using 5-point Likert scale of agree (A), strongly agree (SA), undecided (UD), disagree (D) and strongly disagree (SD). The completely filled questionnaire were retrieved and entered into Microsoft (MS) Excel Spreadsheet. Inputted responses in 5-point Likert scale were transformed to dichotomous responses ('Strongly Agree' & 'Agree' transformed to 'Yes' response and 'Strongly Disagree' & 'Disagree' transformed to 'No' response) in order to assess the association between the suggestive features of psychological depreciation and coronavirus lockdown. More importantly, lacking energy, drive and experiencing more periods of sadness were taken as key suggestive features of 'depression'.

In addition, respondents who strongly agree or agree to experience both symptoms were grouped as having positive symptoms of 'depression' while those who strongly disagree or disagree were cogitated not having symptoms of 'depression'. The analyses entailed both Descriptive (Simple Percentages and Frequency Counts) and Inferential (Test for Association using Chi-Square Trend Test - Cochran-Armitage Trend Test) statistics and the test was based on 0.05% level of significance. The analysis was done by means of EpiInfo 7.2.2.16 statistical software.

4. RESULTS

The results were presented in order of precedence, *first*, characteristics of respondents; *second*, thematic issues relating to impact of coronavirus lockdown on psychological state of respondents; *third*, perception of respondents on impact of coronavirus lockdown on incidence of domestic violence and rape; and *lastly*, Chi-Square trend test.

Presented in Table 1 of supplementary materials are the socio-demographic characteristics of 740 respondents who completely filled the questionnaire. Results showed a slight majority of male respondents (54.32%) compared with female respondents (45.68%). In addition, more than half of the respondents representing 53.78% were in the age brackets 21-40 years.

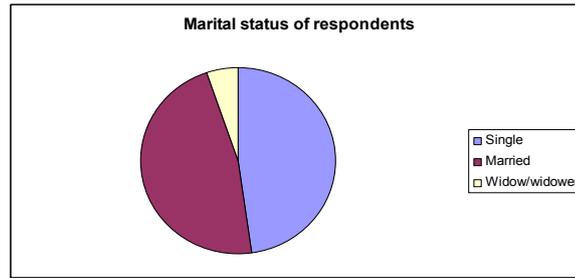


Fig. 1: Marital Status of Respondents

The highest proportion (47.70%) of the respondents was made up of single while 5.41% were widows/widowers as represented in fig. 1. However, out of the two major religious groups in Nigeria (Christianity and Islam), 62.97% of the respondents were Christians while only 0.14% worship other religions outside Christianity and Islam (see fig 2).

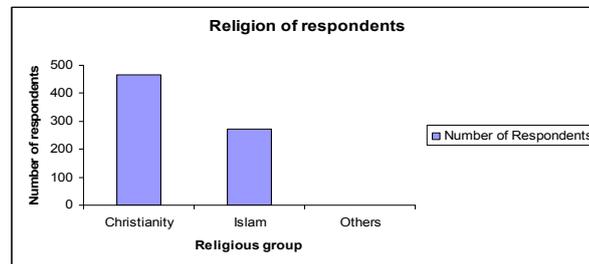


Fig. 2: Religion of Respondents

Moreover, while two-third of the respondents (67.57%) had tertiary education (fig. 3), a little over 25% of all respondents earned ₦20,000 or less per month (fig. 4); a clear picture of respondents who may experience suggestive features of psychological stress, depression and anxiety as well as incidence of violence and rape.

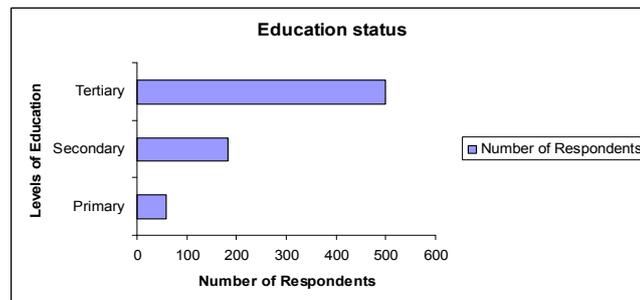


Fig. 3: Educational Status of Respondents

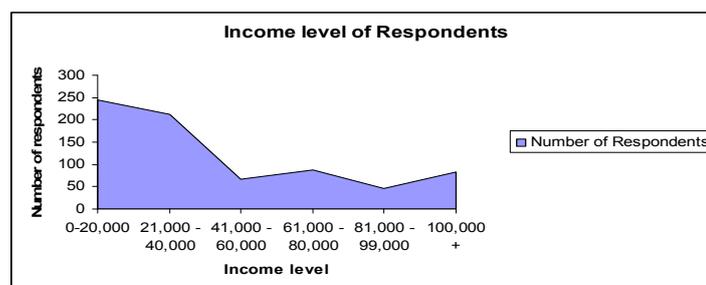


Fig. 4: Income Level of Respondents

Table 1: Descriptive Results of Coronavirus Lockdown and Psychological State

Items	Strongly Agr	Agree	Undecided	Disagree	Strongly Disagree
	n (%)	n (%)	n (%)	n (%)	n (%)
Lockdown for covid19 exposed you to different hobbies	61 (35.46)	83 (38.45)	12 (2.99)	31 (17.80)	9 (5.30)
Lockdown period made you get closer to my family	21 (43.61)	22 (43.75)	6 (2.17)	3 (7.07)	5 (3.40)
Lockdown deprived you of some of your social activities	27 (44.37)	87 (39.94)	8 (2.44)	3 (11.26)	2 (2.99)
You had a change in appetite during the lockdown period	93 (26.22)	90 (39.40)	6 (3.53)	70 (23.10)	7 (7.7)
You slept more during the period	63 (35.78)	95 (40.14)	8 (2.45)	28 (17.41)	1 (4.22)
You were more irritable during the period	79 (24.32)	70 (36.68)	6 (6.25)	83 (24.86)	8 (7.88)
You lacked energy/drive during the period	39 (18.86)	82 (38.26)	0 (4.07)	20 (29.85)	6 (8.96)
Your ability to concentrate reduced	58 (21.41)	65 (35.91)	9 (3.93)	17 (29.40)	9 (9.35)
You have been generally calm	79 (24.29)	28 (44.50)	7 (5.02)	44 (19.54)	9 (6.65)
You experienced more periods of sadness	70 (23.04)	35 (31.84)	2 (4.34)	29 (31.03)	2 (9.76)
You have been very anxious about getting covid19	76 (24.25)	57 (34.82)	3 (3.12)	67 (22.6)	12 (15.18)
You have been very anxious about feeding during the COVID	33 (31.53)	73 (36.94)	4 (4.60)	39 (18.81)	0 (8.12)

Source: Field Survey, 2020

Presented in Table 1 is the descriptive result of coronavirus lockdown and psychological state. The result showed that majority of the respondents (80.59%) strongly agreed or agreed to the statement that the coronavirus lockdown exposed them to different hobbies. Similarly, 89.31% of the respondents strongly agreed or agreed to the statement that the lockdown period brought them closer to their family. On the other hand, it appears that these opportunities that lockdown offered was at the expense of other social activities that brought pleasure to the respondents. Majority (85.40%) of the respondents strongly agreed or agreed that the lockdown period deprived them of social activities that brought pleasure to them.

Furthermore, 50% of the respondents admitted having suggestive features of a negative psychosocial adjustment to lockdown period. For instance, 65.07% of the respondents strongly agreed or agreed that they were more irritable during this period and 59.55% of the respondents strongly agreed or agreed that they lacked energy and drive during this period. Besides, 57.33% strongly agreed or agreed that they experienced more periods of sadness during the lockdown period.

Table 2: Descriptive Results of Coronavirus Lockdown and Domestic Violence/Rape

Items	Strongly Agree	Agree	Indecided	Disagree	Strongly Disagree
	n (%)	n (%)	n (%)	n (%)	n (%)
The COVID 19 lockdown ushered in more domestic violence, child abuse and other crime	62 (49.12)	39 (32.43)	6 (3.53)	7 (10.45)	3 (4.48)
Rape cases have increased during the COVID pandemic lockdown	40 (41.06)	88 (39.02)	4 (3.25)	15 (12.80)	8 (3.79)
Lockdown frustration predisposes men to commit rape	11 (28.71)	61 (40.95)	4 (3.27)	58 (21.50)	1 (5.58)
Inaccessibility of commercial sex workers cause increase in rape cases during the COVID 19 pandemic	21 (29.95)	84 (38.48)	6 (4.88)	47 (19.92)	0 (6.78)
Loneliness caused by lockdown led to the increase in rape cases	34 (31.71)	88 (39.02)	9 (5.28)	33 (18.02)	4 (5.96)
Unmarried men are more likely to commit rape more than married men due to COVID-19 pandemic lockdown.	91 (25.92)	55 (34.60)	0 (5.43)	77 (24.02)	4 (10.04)
Lockdown leads to low access to law enforcement agencies leading to increase in rape	72 (23.47)	93 (39.97)	4 (7.37)	66 (22.65)	8 (6.55)
Do you know of any rape case that occurred in your locality during the lockdown period?	Yes - 417 (56.35%)			No - 323 (43.65%)	

Source: Field Survey, 2020

Presented in Table 2 is the descriptive result of coronavirus lockdown and domestic violence and rape. The result showed that majority of the respondents (84.53%) either strongly agreed or agreed that the coronavirus lockdown period experienced more cases of various forms of domestic violence. In particular, 82.77% of the respondents agreed that incidence of rape had increased during the lockdown period

Furthermore, 56.35% of respondents admitted knowing of a rape case in their locality. Many of the respondents agreed with the statement that frustration and idleness during the lock down period were causes of the increase in rape cases. Also, about 72% of the respondents agreed that inaccessibility to commercial sex workers is a contributory factor to the increased cases of rape during the lockdown period.

Table 3: Results of Chi-Square Trend Test for Comparison of Characteristics of Respondents who showed Suggestive Features of Psychological Stress/Depression with those who do not

Characteristics	Symptoms of psychological stress/depression		Test of statistical significance	Remark	
	YES	NO			
Sex	Male	159	91	$\chi^2=0.0373$; p value= 0.8469	Not Significant
	Female	117	71		
Age	1-20	51	22	$\chi^2 = 0.0021$; p value = 0.9631	Not Significant
	21-40	138	92		
	41-60	65	38		
	61 & above	25	11		
Marital status	Single	135	81	$\chi^2 = 0.3678$; p value = 0.5442	Not Significant
	Married	127	76		
	Widow/Widower	17	6		
Religion	Christianity	155	114	$\chi^2 = 8.3419$; p value = 0.0039	Significant
	Islam	124	49		
Education	Primary	33	11	$\chi^2 = 11.510$; p value = 0.0007	Significant
	Secondary	82	28		
	Tertiary	164	124		
Monthly income	1 - 20,000	110	57	$\chi^2 = 0.0373$; p value = 0.8469	Not Significant
	21,000 - 40,000	76	39		
	41,000 - 60,000	25	18		
	61,000 - 80,000	33	19		
	81,000 - 99,000	14	11		
	100,000 & above	21	19		

Source: Field Survey, 2020

Presented in Table 3 is the result of chi-square trend test for comparison of characteristics of respondents who showed suggestive features of psychological stress and depression with those who do not. Using the symptoms of ‘not having energy or drive’ and ‘having more periods of sadness’ as suggestive features of depression, a statistically significant association between educational level and depression was found ($\chi^2 = 11.510$; p-value = 0.0007). Similarly, a statistically significant association was established between religion and depression ($\chi^2 = 8.3419$; p-value = 0.0039).

These results suggest that educational level and religion are dynamics that caused depression during the period of COVID-19 lockdown. Interestingly, those who had tertiary education 0.4 times less likely to have symptoms of depression compared to respondents who had primary education; and respondent who

practised Islamic faith were 0.5 times less likely to have symptoms of depression compared with respondents who practised Christian faith.

Contrarily, a statistically insignificant association was found between sex ($\chi^2=0.0373$; p-value= 0.8469), age ($\chi^2 = 0.0021$; p-value = 0.9631), marital status ($\chi^2 = 0.3678$; p-value = 0.5442), monthly incomes ($\chi^2 = 0.0373$; p-value = 0.8469) and depression; an indication that these dynamics did not contribute significantly to the causes of depression during period of COVID-19 lockdown.

5. DISCUSSIONS

The first case of coronavirus infection in Nigeria was recorded on the 27th of February 2020 and within the first 30 days; the number had risen to 81 located in 10 states of the federation. This necessitated the implementation of several measures including a ban on interstate travel and lockdown measures in most of the states. These measures coupled with the fear of the coronavirus infection was a sudden and stressful event that had the potential to affect the mental well being of the citizens and precipitate some psychosocial problems. Thus, this study was carried out with the view to evaluating the psychosocial impact of the coronavirus pandemic and the subsequent lockdown measure on Nigerians.

Our study population was taken from all states of the country giving it a national spread; however majority (67%) of the respondents had tertiary education and about 40% of the respondents earn above 40,000 naira per month. Our sample population seems slightly skewed towards the educated and the average earner and this is probably due to the convenience sampling technique adopted for the survey.

The lockdown period offered many of the respondents' opportunities to spend time with the family and get closer to them. It also offered them the opportunity to be exposed to different hobbies. Having more time to spend with one's family in a lockdown situation could have varying psychological or mental outcome depending on the pre-existing relationship in the family. While on the one hand it offers opportunity for bonding, love and togetherness, on the other hand it creates opportunity for tension, conflict and domestic violence at home. It is pertinent to note that about 85% of the respondents either agree or strongly agree that the lockdown deprived them of some of social activities that give them pleasure. This tends to suggest that they would ordinarily rather be engaging in such social activities than being at home with their family. Such feeling and mindset would obviously have negative impact on their mental health.

Findings from this study indicated that coronavirus lockdown had a psychosocial impact on Nigerians, particularly on mental well-being. Quite a number of studies have shown that coronavirus lockdown negatively affects mental wellbeing of people; and our result seems not to deviate from extant literature. The results of the study indicated that about 55% of the respondents strongly agree or agree to have more periods of sadness during the lockdown, thus objectifies this negative impact of coronavirus lockdown. Also about 60% admitted to having low energy or drive during same period. Our results corroborate with findings in prior studies conducted by Onochie and Ya Adam (2020); Madu and Ucheagwu (2020); Ibeh, *et al*, (2020); Banerjee and Rai (2020); and Loades *et al* (2020).

6. CONCLUSION AND RECOMMENDATIONS

In Nigeria, scales of effects of social distancing and isolation due to COVID-19 pandemic on mental health is becoming extraordinary and no doubt have resulted in undesirable psychological effect on wellbeing of the people. Observably, this has resulted in a change in sleeping, eating patterns, coupled with inexplicable behavioural patterns such as depression, violence, as well as excessive alcohol intake and drug abuse. These observed behavioural patterns due to COVID-19 have inflicted a strain on the mental health of the people.

While the lockdown was established to have ushered in symptoms of anxiety and depression, educational level and religion were statistically significant in association with depression.

Findings also revealed that the lockdown period experienced more cases of various forms of domestic violence with emphasis on increased rape cases reportedly caused by frustration, idleness, and inaccessibility to commercial sex workers.

This paper concludes that coronavirus lockdown had a psychosocial impact on Nigerians, particularly on mental wellbeing. In view of the findings of the study, it is recommended that the Nigerian government should put more stringent measures aimed at containing these social vices; this can be achieved by proactively engaging law enforcement agencies to prosecute those that violate curfew hours.

The purpose of which is to keep a close watch of excessive alcohol intake, drug abuse and violence in order to reduce the negative mental effects on citizens. Again, the government should devise other measures of engaging citizens in proactive activities that could disengage them from inexplicable behavioural patterns as observed in this study; this will enable them develop the right attitudes for their mental wellbeing.

7. ETHICAL APPROVAL

Ethical review and approval was not obtained for the study due to prevailing COVID-19 pandemic lockdown in Nigeria. However, written informed consent to participate in the study was provided by participants via completion of the questionnaire/survey. Please find the attached informed consent documentation form used in the study.

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Supplementary Materials:

Table 1: Socio-Demographic Characteristics of Respondents

	Characteristics	Number	Percentage
Sex	Male	402	54.32
	Female	338	45.68
	Total	740	100%

Age group	0 – 20	118	15.95
	21 – 40	398	53.78
	41 – 60	164	22.16
	60 and above	60	8.11
	Total	740	100%
Marital status	Single	353	47.70
	Married	347	46.89
	Widow/Widower	40	5.41
	Total	740	100%
Religion	Christianity	466	62.97
	Islam	273	36.89
	Others	1	0.14
	Total	740	100%
Education	Primary	58	7.84
	Secondary	182	24.59
	Tertiary	500	67.57
	Total	740	100%
Income level	0-20,000	244	32.97
	21,000 - 40,000	212	28.65
	41,000 - 60,000	67	9.05
	61,000 - 80,000	87	11.76
	81,000 - 99,000	47	6.35
	100,000 & above	83	11.22
	Total	740	100%
Geopolitical Regions	South-South	120	16.22
	South East	100	13.50
	South West	120	16.22
	North Central	140	18.92
	North East	120	16.22
	North West	140	18.92
	Total	740	100%

Source: Field Survey, 2020