DEPRESSIVE EFFECT OF COVID-19 LOCKDOWN IN SOUTH-WESTERN NIGERIA

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Abstract
The emergence of COVID-19 in December 2019 has not only affected economic activities but also the psychological and mental makeup of individuals. Hence, this study investigates the depressive effect of COVID-19 lockdown on the people in the South-West of Nigeria. The study employed cross-sectional survey using an online questionnaire to collect data from 900 respondents across the South-West of Nigeria comprising six states (Lagos, Oyo, Ogun, Ekiti, Osun and Ondo) during the COVID-19 lockdown. Purposive sampling technique was used to select the respondents from social media platforms (WhatsApp, Facebook and Telegram). The reliability test of the instruments used yielded (Cronbach α: 0.82). Simple statistics and chi-square were used to analyze the data collected. Findings show that there is no significant relationship between level of knowledge, level of appetite, insomnia, and interest in work. It is therefore concluded that there is no causal relationship between the level of knowledge a person has of COVID-19 and depressive status of people in the South-Western of Nigeria during the lockdown period. However, social workers are exhorted to provide supportive intervention when the needs arise.

Key Words: COVID-19; Depression; Mental Health; Nigeria; South-Western

INTRODUCTION
Coronavirus is a large family of viruses found in animal capable of causing illness in humans, thus affecting many living species. Some corona viruses such as, the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) are known to affect humans (Priyadarshini, 2020). The first recorded case of corona virus was detected on December 30, 2019, when a patient was diagnosed with symptoms of pneumonia in Wuhan, China. The coronavirus disease (COVID-19) is pandemic (World Health Organization WHO, 2020) which has been contracted by more than a million people in 167 countries with mortality of more than 100,000 (Ravelo & Jerving, 2020; WHO, 2020). Globally, the world has confirmed 3.3 million COVID-19 cases and 218,000 deaths (John Hopkins University, 2020). As of April 2020, all the countries in Europe had a confirmed case(s) of COVID-19. In fact, the WHO considers Europe as the active center of COVID-19 pandemic. Consequently, Europe known for its vast richness in sporting activities, tourism and entertainment

was forced into lockdown affecting 250 million people (Ozili & Arun, 2020) to prevent the spread of the disease. No continent is immune to COVID-19 pandemic. In Africa, with more than 37,393 confirmed cases and 1,598 deaths in March 2020, Algeria suffered the most in this region with a death rate of 437 while Lesotho was the only country without a confirmed case of corona virus (Aljazeera, 2020). Further, Aljazeera reported that as at 29th of April 2020, the most populated North African country, Egypt recorded 5,042 cases and 359 deaths and 4,996 cases in South Africa. The case is not so different in Central Africa, although Cameroon has the highest number of cases in this region. Collectively, the nine countries in Central Africa have recorded 2885 cases and 98 deaths (John Hopkins University, 2020).

In addition, John Hopkins University points that in East Africa, countries such as Tanzania, Kenya, Uganda, and Rwanda have also recorded a total of 300 and 212 cases. Astoundingly, both Uganda and Rwanda have not recorded any death due to COVID-19 so far as at 29th of April. In West Africa, the trend of the pandemic is quite similar to East Africa. Ghana has the highest number of COVID-19 confirmed cases in this region (1671 cases) (John Hopkins University, 2020). However, Nigeria's mortality rate due to COVID-19 as at 29th of April was the highest in this region. With over 44 deaths and 1,532 confirmed cases, it has been challenging for Nigeria to provide adequate medical response to the pandemic (Nigerian Centre for Disease Control NCDC, 2020). To curtail the spread of the COVID-19 pandemic, the government of Nigeria enacted several measures including lockdown, quarantine, social distancing, and compulsory wearing of face mask at the public place. However, the lockdown despite some positive outcomes has equally impacted negatively on the people, which according to Ozili (2020), has been more than economy. In this regards, COVID-19 pandemic lockdown has proven to have serious depressive mental health problems on the citizens (Huang & Zhao, 2020). In another study by Gualano, Lo Moro, Voglino, Bert and Siliquini (2020), more than 52% of Italy population was reported to show various symptoms of depression and mental health problems during COVID-19 lockdown. Furthermore, studies have shown that older adults especially in low income regions like Africa are more likely to be affected in all ramifications (Odone et al., 2020; Omorogiuwa, 2020; Webb, 2020).

Although there is a plethora of research on the physical, social, economic and mental consequence of COVID-19 (Ozili, 2020; Ahmed et al., 2020; Olapegba et al., 2020; Adewole, 2020; Omorogiuwa, 2020). However, it has been observed that research area on mental health effect of COVID-19 has not been greatly explored despite enough evidences on the symptoms of depression, anxiety and stress reported mainly by the health professionals and the elderly (Machado et al., 2020). This may be due to the fact that during pandemics, much attention of the healthcare is focused on the physical health and prevention of transmission of the virus while the mental health of people is neglected (Ornell, Schuch, Sordi & Kessler, 2020; Castro-de-Araujo & Machado, 2020). It is against this backdrop that this study investigates the depressive effect of lockdown among the people in the South-West of Nigeria.

STATEMENT OF THE PROBLEM

The emergence of COVID-19 and the subsequent lockdown imposed by various governments across the world has effects on different aspects of human endeavours. Many countries were forced to lockdown their citizens to reduce and minimize the spread of the pandemic. However, the COVID-19 lockdown itself has been reported to have various effects on people ranging from economy, lifestyle, work, physical and most importantly on mental health (Ornell et al., 2020; Castro-de-Araujo & Machado, 2020; Ozili, 2020; Banks & Xu, 2020; Lippi, Henry, Bovo & Sanchis-Gomar, 2020; Đogaš et al., 2020). For instance, the Banks and Xu (2020) confirm that the mental effect of the lockdown in United Kingdom (UK) was enormous among the citizens. The authors added that many of the UK residents recorded more severe cases of mental illness during lockdown.

Poudel and Subedi (2020) assert that the COVID-19 lockdown does not only affect the physical wellbeing but also the mental wellbeing of most Nepalese. All these are indications of how traumatic the pandemic lockdown could be to many people across the world. It is against this backdrop that this study investigates the depressive effects of COVID-19 lockdown in South-Western Nigeria.

HYPOTHESES

1. There is no significant relationship between levels of knowledge and loss of appetite of people in western region of Nigeria during lockdown?
2. There is no significant relationship between levels of knowledge and insomnia status of people in western region of Nigeria during lockdown?
3. There is no significant relationship between levels of knowledge and depression status of people in western region of Nigeria during lockdown?

METHODOLOGY

The study adopted a cross-sectional survey design using an anonymous online questionnaire to collect data from respondents. The four point Likert-scale questionnaires was adopted and sent via social media (WhatsApp, Facebook and Telegram) to respondents, which were purposively sent the link to participate in the online survey. The content validity was utilized for the research instrument. The validity was done by four experts in Social Work and their corrections were adopted ethically. To determine the reliability of the instrument the internal consistency method was adopted and Cronbach alpha was applied and the test showed Cronbach alpha coefficient of 0.82. A total 50 questionnaires were administered to respondents mainly from Oyo state (one of the states that were used for the study) during the COVID-19 lockdown via WhatsApp to determine the reliability of the instrument and the data gathered were subjected to Cronbach test. Purposive sampling technique was employed to recruit Nigerians living in the six states of the South-Western, Nigeria (Lagos, Oyo, Ogun, Osun, Ondo and Ekiti states) during the COVID-19 pandemic lockdown. The participants were encouraged to fill the questionnaire and also share the link with their contacts. The online survey ran for two weeks from April 6th, 2020

to 18th April 2020 period of lockdown in Nigeria and involved 900 respondents from the six states in the South-Western region of the country.

The participants were encouraged to fill the online link of the survey due to the Nigerian Government social distance rules and lockdown enforcement, which made physical interaction impossible. They completed the questionnaires hosted on Google online survey platform. Participation was completely anonymous and voluntary, and informed consent was obtained from all respondents. The instrument was divided into three sections Section A comprises the Socio-demographic characteristics. The Socio-demographic data were elicited from the respondents on variables such as state of residence, age, sex, level of education, marital status, religion and occupational status while the other two sections elicited information on knowledge of COVID-19 and respondents psychological experience during lockdown. Analysis of data was done using simple percentage to analyze the socio-demographic data of the respondents, and chi-square (inferential statistics) to analyze the hypotheses.

RESULTS

Table 1: Respondents' socio-demographic characteristics

Demographic Characteristics		Frequency (%)	Mode
State	Lagos	306(34.0)	Lagos
	Ogun	174(19.3)	
	Oyo	210(23.3)	
	Osun	123(13.7)	
	Ondo	27(3.0)	
	Ekiti	60(6.7)	
Age	20-29	579(64.3)	20-29
	30-39	207(23.0)	
	40-49	72(8.0)	
	50 and above	42(4.7)	
Sex	Male	444(49.3)	Female
	Female	456(50.7)	
Level of Education	Primary Education	18(2.0)	Tertiary
	Secondary Education	12(1.3)	
	Tertiary Education	870(96.7)	
Marital Status	Single	630(70.0)	Single
	Married	243(27.0)	
	Separated	15(1.7)	
	Divorced	9(1.0)	
	Widowed	3(.3)	
Religion	Christianity	693(77.0)	Christianity
	Islam	183(20.3)	
	Traditional	6(.7)	
	Free Thinker	18(2.0)	
Occupational Status	Self Employed	192(21.3)	Student
	Civil Servant	186(20.7)	
	Farming	12(1.3)	
	Student	240(26.7)	
	Unemployed	102(11.3)	
	Private Sector	168(18.7)	

From table 1 above, it is evident that Lagos (34.0%) is the most represented state, followed by Oyo State (23.3%) and Ogun state (19.3%) while Ondo (3%) is the least represented state. Also, the population was dominated by young people (64.3%) within the ages of 20-29 with both sexes almost equally represented; male (49.3%) and female (50.7%). Furthermore, Majority of the respondents (96.7%) attained the tertiary level of education, while most (70%) were also single; Christianity (77%) was the dominant religion. Majority of the respondents (26.7%) were students, followed by self-employed and civil servants with 21.3% and 20.7% respectively, while farming (1.3%) was the least occupational status represented.

HYPOTHESIS ONE: There is no significant relationship between levels of knowledge and loss appetite status

Table 2: Chi-square summary showing the relationship knowledge and loss Appetite

			Loss of Appetite			
			Absent	Mild	Severe	Total
Knowledge	High	Count	324	66	114	504
		Expected Count	322.6	63.8	117.6	504.0
	Low	Count	252	48	96	396
		Expected Count	253.4	50.2	92.4	396.0

Pearson Chi-Square = .431, df=2, Asymptotic Significance (2-sided) =.806

Table 3 shows that there is no significant relationship between levels of knowledge and levels of appetite; $\chi^2(2) = 0.431$, p = .806. Therefore, the null hypothesis was not rejected. This implies that level of knowledge is not related to respondents' loss of appetite during the COVID-19 outbreak.

HYPOTHESIS TWO: There is no significant relationship between levels of knowledge and insomnia status

Table 3: Chi-square summary showing the relationship knowledge and insomnia

			Insomnia		
			Absent	Present	
Knowledge	High	Count	261	243	504
		Expected Count	250.3	253.7	504.0
		% of Total	29.0%	27.0%	56.0%
	Low	Count	186	210	396
		Expected Count	196.7	199.3	396.0

Pearson Chi-Square = 2.057, df=1, Asymptotic Significance (2-sided) =.151

Table 4 shows that there is no significant relationship between levels of knowledge and the presence of insomnia; χ^2 (1) = 2.057, p = .151 Therefore, the null hypothesis was accepted. This means that level of knowledge is not related to the status of insomnia during the COVID-19 outbreak.

HYPOTHESIS THREE: There is no significant relationship between levels of knowledge and depression status**.**

Table 4: Chi-square summary showing the relationship knowledge and work and interest

			Work and Interest		
			No Difficulty	Difficulty	Total
Knowledge	High	Count	255	249	504
		Expected Count	250.3	253.7	504.0
		% of Total	28.3%	27.7%	56.0%
	Low	Count	192	204	396
		Expected Count	196.7	199.3	396.0

Table 5 shows that there is no significant relationship between levels of knowledge and work and interest $\chi^2(1)$ =0.395, p = .530. Therefore, the null hypothesis was accepted. This implies that level of knowledge cannot determine whether people have difficulty in their work and interest or not during the COVID-19 outbreak.

DISCUSSION OF FINDINGS

Since the COVID-19 pandemic emerged in Wuhan, China late 2019, many people have become aware of the deadly disease that has claimed almost a million lives with more than 32 million people infected globally. Currently, the knowledge and awareness of COVID-19 pandemic among Nigerian is very high with 99% of the respondents more conscious of this dreaded disease. In addition to this, many of the respondents are not only aware of the emergence of this plaque but also cognizant of the associated symptoms, causes and other things associated with the diseases. This result is in line with previous findings (Olapegba et al., 2020; Reuben, Danladi, Saleh & Ejembi, 2020). The high number of knowledge and awareness of COVID-19 among the study participants in the study areas could be attributed to the fact that majority (96.7%) of the respondents have higher degrees which contributed to their knowledge of the virus. More so, the overwhelming campaign by government, WHO, international agencies, civil organisations and NGOs against the virus could be a contributory factor to the high level of awareness among Nigerians.

In the first hypothesis, we cross tabulate loss of appetite with level of knowledge to determine if there is relationship between level of knowledge of COVID-19 and depression among participants. The result indicates that that level of knowledge is not related to respondents' loss of appetite during the COVID-19 outbreak. This result is in line with the findings of Wang et al. (2020), which reported

that depression and anxiety is lower among people who are educated and knowledgeable about the pandemic. In essence, knowing the existence of the pandemic cannot lead to loss of appetite. Aside from the fact that many of the participants are educated, adequate information about the pandemic can help people cope and prevent oneself from the virus which may in the long run lessen the tension that may prevent people from eating. We also look at the level of knowledge of the participants of COVID-19 and insomnia. Hence, variables on level of knowledge with difficulty falling asleep were cross tabulated to determine whether the participants have insomnia which is one of the symptoms of depression. The result therefore indicates that level of knowledge is not associated with the status of insomnia during the COVID-19 outbreak. The result is in contrast with the findings of Huang and Zhao (2020), which indicates that the disease is likely to affect the sleep pattern of healthcare workers who are also more knowledgeable about the plaque thereby causing depression. In addition, the findings of Wang et al (2020) indicates that COVID-19 related factors often lead to anxiety and depression especially when people have relatives who have contracted the diseases. This according to the Wang et al could cause depression. One possible reason why many of the participants do not have this symptom of depression could be attributed to the fact that none of them have any family members or loved one who has contracted the disease.

The last result indicates that level of knowledge cannot determine whether people have difficulty in their work and interest during the covid-19 outbreak. This finding is in contrast with the work of (Kassie et al., 2020; Zhang, 2020), which indicate the awareness of the virus is associated with anxiety and depression among people in their various places of work. For instance, Kessie et al. (2020) found out that 66% of health workers in Ethiopia are susceptible to psychological problems. This according to Kessie et al (2020) is attributed to the anxiety of getting infected at their workplace. However, the plausible reason for the result obtained in this study setting could be because many of the study participants may not be exposed to the disease in their various places of work unlike healthcare workers who care for the patients of COVID-19.

CONCLUSION

This study has revealed that the COVID-19 pandemic is a highly contagious disease with serious psychosocial implications. Despite several measures put in place by government of Nigeria, the disease has not abated in its spread and infection. Based on the responses elicited from the participants of the study, the submission of the findings of the investigation conducted are that the people residing in the South-West of Nigeria have adequate knowledge of COVID-19 pandemic and its associated factors influencing its etiology. Furthermore, in contrast to existing studies, there is no causal relationship between the level of awareness of the COVID-19 and the variables of appetite, insomnia, and depression among the residents in this region. As it is envisaged that the impact of the pandemic on the mental health of the people will persist post COVID-19, social workers need to provide adequate supportive

intervention to mitigate the debilitating effect of the disease. They also need to teach people on building resilience during pandemic.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social workers have a huge role to play during this pandemic period. The measures taken by governments across the globe including quarantine, social distancing, wearing of face mask and lockdown are intended for positive outcomes. However, there are unintended consequences which have impacted negatively on the wellbeing of the people. There are problems of depression and anxiety experienced by older people because of isolation in residential care; the aggravation of anxiety and paranoia for people with long-term mental health problems; the imposition of social distancing in prisons; survival and how to isolate for homeless people and so on. The above enumerated problems are indeed daunting. Nevertheless, social workers must be resourceful in advocating for the most marginalized and vulnerable in the society during and post COVID-19 pandemic. Urgently, social workers should lead in building coalitions that will share and adapt existing expertise to address issues of well-being and survival for those who do not have the resources to do this for themselves.

Therefore, it is imperative that social workers conduct longitudinal study on the short and long-term effects of COVID-19 on the people with a view of proffering psychosocial solution within the framework of social work. Early detection of psychosocial distress and other stress symptoms during lock down and quarantine is essential. Thus, attention should be given to construction and administration of online questionnaires to help in this regard. If necessary, extra ad hoc supportive interventions should also be provided.

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