



# The Psychosocial effects and Support Experienced by Married Women during the COVID-19 Lockdown in Oye Local Government Area of Ekiti State, Nigeria

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## Authors' contributions

*This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.*

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## ABSTRACT

Over the past one year, Nigeria has been hit by Covid-19 which brought about lockdown. Emergency situations such as Covid-19 pandemic have caused evident and significant burden the globe and married women are not left out as they are going through undocumented and numerous psychosocial challenges. This paper examined the psycho-social effects of COVID- 19 lockdown on married women to inform policy for efficient psychosocial interventions. The study was conducted from the 25th of August 2020 to 29th of September 2020. A Google form was created and the link of the survey was circulated online via a WhatsApp group Chat. Data was collected using a questionnaire titled "The Effect of Event and Psycho-Social Support Questionnaire (IEPSQ0" which was adapted from Effect of Event–revised (IES-R) and Perceived Support Scale. The result of the study revealed that over (70%) of married women had significant (mild/moderate/severe) psychosocial effect as a result of Covid-19 lockdown. It was also found that married women did not enjoy psycho-social support during the Covid-19 lockdown. The study concludes that the COVID-19 lockdown had a significant psycho-social effect on married women. Therefore, the study recommends that mental health professionals and counsellors should endeavor to maximize the emerging technologies and social media to cater and accommodate psycho-social needs of married women.

*Keywords: Psychosocial effects; COVID-19; lockdown; psychosocial supports; married-women.*

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## 1. INTRODUCTION

Corona virus is a single stranded RNA virus that belong to the Corona viridae family in the Nidovirales order. In the last lap of 2019, a version called SARS-CoV-2 and abbreviated as COVID-19, appeared in the city of Wuhan, a Chinese seafood market [1]. The outbreak of COVID-19 was succeeded by an increased spread and an evident human to human transmission via respiratory droplets through sneezing or coughing [2]. In addition, the transmission of the virus has generated uncertainty and panic. By June, 2020, Covid-19 has spread to over 213 countries and territories around the world. While there are ongoing attempts to checkmate its spread which is basically transmitted through humans, it has constituted health hazards, economic uncertainties, unexpected closures of economic sources and disruptions with over 19 million confirmed cases and more than 700,000 deaths, while over 12million had recovered as at 8th August, 2020 (worldometers.info).

The Covid-19 pandemic hit Nigeria recently. As of 6th August, 2020, Nigeria had 45244 confirmed cases, 32430 cases have been discharged and 930 deaths have been recorded (Nigeria Centre for Disease Control, NCDC [3]). Its spread necessitated much drastic decisions and choices among different nations in which Nigeria is not an exemption. the early weeks of the emergence of Covid-19 in Nigeria, a range of government sanctioned and structure-shifting risk-control orders such as international airport closures, nationwide closure of all schools, and an initial two-week lockdown of three major states -Lagos, Abuja and Ogun by the government to curtail the spread of the novel coronavirus disease. The lockdown was later renewed every two-weeks, still continues and extended to all states of the federation. This order forced the citizens and mostly women to remain at home with their families.

The effects of Covid-19 have been recorded and reported by different authorities. Studies such as a type from China and Denmark suggested that more than half of the participants were significantly and psychologically affected by COVID-19 pandemic [4]. In the United States nearly half were found to be anxious as per the survey conducted by the American Psychiatric Association [5,6]. Varshney, Parel, Raizada, and Sarin [7] in their study found that

approximately one third of respondents experienced significant psychological effect (IES-R score>24) as a result of Covid-19 and that higher psychological effects was predicted with younger age, feminine gender and comorbid physical illness.

An emergency, such as the COVID-19 pandemic, is an unprecedented experience for everyone. One wonders how much effects it has on women. The stereotyped roles played by women in home are numerous and Covid-19 has further deepened pre-existing inequalities and exposed gaps in our systems and its effects have been exacerbated for women and girls [8]. Because it forced women to stay at home and exposed some to the increased risk of violence and abuse in their homes. Occupying the roles of a mother and a wife seem more demanding for women during the lockdown and their presence and attention are more required more than ever, which are likely to ensue pressure and conflict if not well reconciled. Some of them were left with the only option of moving from one house chores to another and are trapped in an escalating cycle of tension, power and control, therefore are potentially are vulnerable to experiencing varied mental health concerns, including depression, anxiety and trauma [8]. The International Growth Centre, IGC [9] reported that incidences and reports of violence against women within the household have also risen during Covid-19 lockdown. Adepoju [10] reported that Twenty-two year-old Uwaila Vera Omozuwa freshly admitted to University of Benin was raped and killed on May 30, 2020 when she was studying in a church in the City of Benin, Edo State, Nigeria. Azeezat Shomuyiwa, a 29-year-old suffered the same fate just days apart. These and many other undocumented scenarios are generating concerns.

The lockdown order in Nigeria which started lightly as a restriction of movement in Mid-February 2020 through early August, 2020 was a good step in the right direction. However, some unintended negative experiences are not deniable. Now, as the world is trying to combat Covid-19, the psychosocial resilience of women is being tested more than ever, because carrying out duties and responsibilities at home overstrains them, and may lead to various psycho-social constraints like depression, mental fatigue, social isolation, stress, anxiety, frustration, anger, and phobias, among others. Therefore, there is need to support and

strengthen the psychosocial resilience of married women.

United Nations Fund for Population Activities, UNFPA [11] identified psychosocial support as one of the strategies and interventions necessary to meet the fundamental needs of women. The term “psychosocial” refers to the dynamic relationship between psychological aspects of our experience (that is, our thoughts, emotions, and behaviours) and our wider social experience (that is, our relationships, family and community networks, social values, and cultural practices), where one influences the other (IFRC Reference Centre for Psychosocial Support [12]). Psychosocial support is a scale of care and support offered by family members, friends, health workers, neighbours and community members. It involves the ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance [13]. It can be described as a process of facilitating resilience among individuals, families and communities. It is a continuum of care and support which influences both the individual and the social environment in which people live and promote the restoration of personal-social cohesion of the individual. Psychosocial support captures the actions or inactions that target both the social and psychological needs of an individual. It enhances individual's ability to adjust and adapt with adverse events.

The outbreak of Covid-19 pandemic is a prime concern in Nigeria and its associated uncertainties are increasingly testing the psychosocial resilience of the general public especially women. The lockdown order is one of the measures taken by Governments to reduce and manage the spread of the virus, which has obviously fostered tension, pressures and strains among households which further engenders health, security and economic worries. In most homes, women are shouldering much of the burden, hence they are likely to face high risks of violence, exploitation, abuse or harassment during the lockdown [14]. As the stay-at-home/lockdown orders lingered, women with violent partners may find themselves isolated or separated from the people and resources that can help and support them. There has been general focus on testing, finding a cure and preventing transmission of Covid-19. This is not out of place though. However, married women are perceived to be going through a myriad of

psychosocial challenges which must have been exacerbated by Covid-19 lockdown, and could be tampering with their ability to adjust to their usual lifestyles.

Not much study has been conducted on psychosocial effect of Covid-19 lockdown on women in Nigeria especially married individuals. However, few studies reported the effect of Covid-19 on psychological disposition of women (Varshney, Parel, Raizada, & Sarin [7]; Wang et al [5]; and effect of pandemic on the psychosocial functioning of peripartum women (Kumara, Ranjan, Sharma, Sahu, Bharti, Zangmo & Bhatla [15]); pandemic affected the psychosocial aspects of women (Dubey, Biswas, Ghosh, Chatterjee, Dubey, Chatterjee, Lahiri & Lavie [16]). Studies also reported various challenges acting on the psychosocial wellbeing of women such as Fawole, Okedare and Reed [17] reported that several women reported threats of being thrown out of their homes, which threatens women's ability to protect themselves from exposure to COVID-19, but could also leave women stranded with no access to social services or other resources during the lockdown. Their reports also highlighted how the lockdown disrupted women's social support and hindered accessibility to formal and informal sources of help. In addition, an indicator of the possible absence of psychsocial support during the lockdown is the increased violence against women recorded within the same period (Roesch, Amin, Gupta & García-moreno, 2020). The research gap left to be filled by this study is the relative absence of empirical research on psychosocial effects and supports experienced by married women in Nigeria. Therefore, this paper examines the psychosocial effects and supports experienced by married women during covid-19 lockdown.

### 1.1 Research Questions

1. Are married women associated with psycho-social effect of Covid-19 lockdown?
2. Are married women associated with psychosocial support during the Covid-19 lockdown?
3. What are the most prevalent sources of psycho-social support available to married women during the Covid-19 lockdown?

## 1.2 Hypotheses

The following hypotheses were raised to guide the study:

1. Married women are not significantly associated with psychosocial effect of Covid-19 lockdown.
2. Married women are not significantly associated with psychosocial support during the lockdown.

## 2. METHODOLOGY

The population of the study comprised married women from different walks of life. The sample of the study comprised of sixty-seven women. A snowballing sampling technique was used in this study. This is because it was conducted during a nationwide lockdown in adherence to Covid-19 protocols which made it difficult to reach the respondents physically for data collection. The response from people was quite low despite the fact that it was an online exercise. This accounts for the small sample size. This survey took place during to the last phase of the lockdown in Nigeria and may have accounted for the low response. People are more or less relaxing. The study was conducted from the 25th of August 2020 to 29th of September 2020. Data was collected using The Effect of Event and Psycho-Social Support Questionnaire (IEPSQ) which was adapted from Effect of Event– revised (IES-R) scale by Weiss [18] and Perceived Support Scale by Krause & Markides [19]. The effect of event and psycho-social support questionnaire (IEPSQ) is of two sessions. Section A has two items capturing personal data. Section B has 22 items on the psycho-social effect of COVID-19 lockdown. The items will be responded and scored thus Not at all= 0, A little bit=1, moderately= 2, Quite a bit= 3, extremely=4. Mild psycho-social effect (IES-R score of 24–32) and Moderate psycho-social effect (IES-R score of 33–36) while Severe psycho-social effect (IES-R score of >36). Section C measured psychosocial supports. It is made up of 8 items adapted from Perceived Support Scale. A Google form was created. The link of the questionnaire was first circulated on online via a WhatsApp group Chat made up of only women and members of the group were encouraged to share it among their personal contacts. The collected data were analysed using frequency count, ranking, percentage and Chi Square.

## 3. PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

The data were analysed using descriptive and inferential measures as follows:

In Table 1, the percentage of those within the age of 25-34years is 23.9%, while those within the age of 35-44years is 29.9%, and those within the age of 45-54years is 17.9%. The table further showed that the percentage of those within the ages of 55-64years is 16.4% and those within 65 years and above is 11.9%. The percentage of respondents in the range of 35-44years is the highest, followed by those in the age between 25-34years, followed by those within 45-54years, and those with 55-64years and finally those of 60 and above which is the lowest. In addition, the result in the tables reveals high percentage of Teachers (22.1%) in comparison to (19.1%) of entrepreneurs, 17.6% of medical practitioners, 11.4.7% of bankers and administrative Officers and 10.3% of house wives.

**Hypothesis One:** Married women are not significantly associated with psychosocial effects of Covid-19 lockdown.

Table 5 shows that the p-value of 0 is less than the alpha level of .05 ( $p < .05$ ), hence the null hypothesis "Married women are not significantly associated with psychosocial effect of Covid-19 lockdown" is rejected. This indicates that psychosocial effect of Covid-19 lockdown on women was significant. The extent of the effect is explained in Table 3.

In Table 1, most of the respondents 18 (26.9%) had minimal psychosocial effect of COVID-19 lockdown (IES-R score of 0–23). 19 (28.4%) had mild psychosocial effect of the lockdown (IES-R score of 24–32) and 6 (8.9%) had moderate psychosocial effect (IES-R score of 33–36). The table also shows that number of the respondents 24 (35.8%) had severe psychosocial effects (IES-R score of >36). Approximately over (70%) of the married women had significant (mild/moderate/severe) psychosocial effect of Covid-19 lockdown. This may be explained by the depression, anxiety and stress which were typical of the Covid-19 lockdown as substantiated by Rehman, Shahnowaz, Khan, Kharshiing, Khursheed, Gupta, Kashyap & Uniyal [20]. This finding is supported by the findings of Varshney, Parel, Raizada, & Sarin [7] which

revealed that higher psychological effect of Covid-19 was recorded among female and that of Kumara, Ranjan, Sharma, Sahu, Bharti, Zangmo and Bhatla [15] who found that the pandemic has indeed affected the psychosocial functioning of peripartum women. This finding was different from the study conducted in China by Wang et al. [5] which reported 53.8% of respondents suffered a psychological effect from the Covid-19 outbreak, ranging from moderate to severe, although the effect on women was not

indicated. The outcome is further supported by the finding of Dubey et al. [16] which stated that the psychosocial aspects of older people, their caregivers (mostly women), and marginalized communities are affected by this pandemic in different ways.

**Hypothesis Two:** Married women are not significantly associated with psychosocial support during the lockdown.

**Table 1. The frequency table showing the demographics of the respondents (n=67)**

Variable	Frequency	Percentage (%)
<b>Age</b>		
25-34	16	23.9
35-44	20	29.9
45-54	12	17.9
55-64	11	16.4
65&ABO	8	11.9
<b>Total</b>	<b>67</b>	<b>100</b>
<b>Work Type</b>		
House Wives	7	10.3
Teacher	15	22.1
Admin officer	10	14.7
Medical practitioner	12	17.6
Entrepreneur	13	19.1
Banker	10	14.7
<b>Total</b>	<b>67</b>	<b>100</b>

**Table 2. Chi-Square Tests showing Married Women association with psychosocial effect of Covid-19 lockdown**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.298 <sup>a</sup>	84	0
Likelihood Ratio	232.664	84	0
Linear-by-Linear Association	0.115	1	0.735

**Table 3. Distribution of Psychosocial effect of COVID-19 lockdown on Married Women**

	Categories	Frequency	Percentage (%)
Effect of event scale	Minimal (0–23)	18	26.9
	Mild psychosocial effect (IES-R score of 24–32)	19	28.4
	Moderate psychosocial effect (IES-R score of 33–36)	06	8.9
	Severe psychosocial effect (IES-R score of >36)	24	35.8
		<b>N=67</b>	<b>100</b>

**Table 4. Chi-square tests of psychosocial support received by women during lockdown**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.948 <sup>a</sup>	21	0.208
Likelihood Ratio	25.867	21	0.212
Linear-by-Linear Association	5.12	1	0.024

**Table 5. Descriptive of ranking order of respondents' sources of psycho-social support**

Sources	N	Percent	Ranking
Children	18	26.9	2 <sup>nd</sup>
Colleagues	8	11.9	5 <sup>th</sup>
Friends	9	13.4	3 <sup>rd</sup>
Church Members	2	3	6 <sup>th</sup>
Husband	30	44.8	1 <sup>st</sup>

Table 4 shows that p-value of 0.212 is greater than the significance level of ( $\alpha=0.05$ ) ( $p>.05$ ), hence, the null hypothesis which states that "Married women are not significantly associated with psychsocial support during the Covid-19 lockdown" is retained. This indicates that the psychsocial support received by women during the lockdown is not significant. In other words, married women did not enjoy psycho-social support during the Covid-19 lockdown despite spending the time with their family and friends. Although, there are dearth of exact studies on psycho-social supports experienced by women during the Covid-19 lockdown in Nigeria. Positions which are not empirical but are similar will be adopted in discussing this finding. This finding may be attributed to the fact that COVID-19 lockdown may have reduced the possibilities for married women to access informal mechanisms of social support through family and close friends. The outcome of this study possibly be explained through the opinion of Peterman et al, (2020) which indicated that Covid-19 lockdown had a way of limiting the options for women to seek immediate assistance or help given to women as well as the limited health and social service infrastructure. In addition, an indicator of the possible absence of psych-social support during the lockdown is the increased violence against women recorded within the same period (Roesch, Amin, Gupta & García-moreno, 2020). Fawole, Okedare and Reed [17] also reported that several women reported threats of being thrown out of their homes, which threatens women's ability to protect themselves from exposure to COVID-19, but could also leave women stranded with no access to social services or other resources during the lockdown. Their reports also highlighted how the lockdown

disrupted women's social support, hindered accessibility to formal and informal sources of help. The finding of this study is not supported by that of Lawal [14] whose study which revealed that married people adjusted well; they were less worried and had more positive views of themselves than the unmarried. The married women coped better (although sources of support/coping was not indicated) than married men during the lockdown.

**Research Question:** Which source of psychosocial support was/were most available or reliable during the Covid-19 lockdown?

In Table 5, the sources of psychosocial support were ranked in the order of availability to married women in Nigeria. Husbands are ranked first (44.8%), followed by children (26.9), friends (13.4%), colleagues (11.9%) while Church members are the least source of psychosocial support (3%). Contrary to the result revealed in Table 4 which indicated that the psychsocial support received by women during the lockdown is not significant, most married women received psychosocial support from their husbands and followed by their children.

#### 4. CONCLUSION

COVID-19 pandemic compelled married women in Nigeria to stay indoors which led to their being faced with the demands of keeping the home. Regardless of the evident limitations such as small sample size, this study established there are Covid-19 related psychosocial effects among married women. It also established that a large proportion of them were mildly, moderately and severely affected during the Covid-19 lockdown.

This could probably be explained by the varying demands on their time and attention by their immediate and extended families. In addition, women did not receive adequate psycho-social support during Covid-19 lockdown. Therefore, mental health professionals and counsellors should endeavor to maximize the emerging technologies and social media to cater and accommodate the psychosocial needs of married women. It is recommended that there is need for psychosocial preparedness through the setting up of programmes and advocacies for future pandemics and emergencies. In addition, this study was carried out on a very small scale, therefore, a larger descriptive study is suggested so as to inform policy for handling and understanding the psychosocial issues of married women in Nigeria.

## CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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