

Impact of Covid-19 lockdown on the Socio-psychological Wellbeing of Children: A Personal Experience in Nigeria

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Abstract

The world population is vulnerable to COVID-19 at the moment, and people's health, including children, is in a precarious situation. It is gradually forcing nations into unprecedented recession and confusion. All over the world, the novel COVID-19 virus has affected virtually all aspects of human activity, including the health of children. This paper explores the impact of COVID-19 lockdown on the socio-psychological wellbeing of children in Nigeria. Following the lockdowns and crippling of social, cultural, economic, political, and educational activities, people are in continuous anxiety. Particular interest is directed at the children who solely depend on their parents or caregivers for information. While most adults are informed about the virus, the situation of the children is exacerbated by poor knowledge and awareness of what is going on around them. Since the virus impacts more on human health, it is pertinent for parents to communicate with their children on the accurate health implications of COVID-19. This parent-child communication can be supported by social workers in Nigeria to maintain healthy children.

Keywords: COVID-19, Parent-child, communication, health, social work

Introduction

The origin of COVID-19 is traced to Wuhan, Hubei Province of China. This virus majorly infects the human body through the nose and mouth. From China, the virus permeated other parts of the world. The novel COVID-19 pandemic has thrown the global community into fear, causing millions of infections and thousands of deaths. The pandemic continues to infect more people, causing the national authorities across the world to lockdown economic activities and place restrictions on social and religious gatherings, among other human activities. Due to COVID-19, the global economy is experiencing a financial crisis, and collapsing because the world is confronted with the most difficult economic situation since World War-II (Mahar, 2020). According to the International Monetary Fund [IMF] (2020), the global growth outlook for 2020 is negative with a recession that is worse than the global financial crisis looming.

Although some economies are gradually reopening, the World Health Organization announced that the pandemic is still far from over, warning that the worst is yet to come (WHO, 2020). The WHO further states that the death toll surpassed 500,000 and the number of confirmed infectious is over 34 million at the moment (WHO, 2020).

The Nigeria Centre for Disease Control (NCDC) has revealed that new cases of COVID-19 number of infections and deaths continue to rise, with the highest number of infections recorded in Lagos state and relatively followed by other states of the federation (NCDC, 2020). NCDC further stated that with progression on community transmission of COVID-19, it becomes imperative for Nigerians to take responsibility for adhering to all recommended measures (NCDC, 2020).

The sudden outbreak of COVID-19 in the world, extending to Nigeria prompted several questions about the origin, cause, deaths, including peoples' responses or reactions as to the real effect on people. The emerging answers, myths, and conspiracy theories making rounds associated with the novel virus created an atmosphere of confusion, fear, and caution. Some persons trivialized the seriousness of the pandemic and felt that the government was playing politics with the people. Those who agree with WHO proclamations and warnings about the pandemic, took precautions to forestall the spread of the virus. They adopted best health practices such as the use of hand sanitizers, continuous washing of hands with soap and water, social and physical distancing, among other precautionary measures. These precautions were disseminated by the government and NGOs through the media via newsprint, social media, radio, television (TV), and so on.

The Federal government set up a Presidential Task Force (PTF) that was working in collaboration with the NCDC, and other relevant agencies in the country to curtail the spread of the virus. Following the recommendations by the Presidential Task Force and NCDC, the Nigerian government locked down its international and state borders, limiting international and inter-state movements of people to essential services and goods within and outside. Non-essential businesses were closed as well as religious places of worship. Schools were also closed and all the children were home with their parents.

This public pronouncement was followed by the Executive order by the President of Nigeria, Muhammed Buhari to lockdown Abuja (the capital territory), Lagos, and Ogun. These States were more prone to the virus infection than other States of the federation. Subsequently, due to the gradual contamination of other states, the 36 state Governors agreed to place a ban on inter-state borders but to allow the movement of food items and persons offering essential services such as government officials, medical personnel, among other essentials. These restricted movements, closure of workplaces, and schools remain a striking moment in the lives of many children. This paper therefore will focus on the impact of COVID-19 and COVID-19 lockdown on the socio-psychological wellbeing of children in Nigeria.

Personal experiences of COVID-19 pandemic in Nigeria as a parent

Before the closure of schools, my three children are regulars in watching cartoons. As a family policy, they are not allowed to watch cartoons during the weekdays to concentrate on their schoolwork and attend to their homework. Besides, during the weekdays they are usually engaged in extra mural classes from Mondays to Thursdays and starting from 2.00 pm to 4.00 pm. However, following the closure of schools as a result of the COVID-19 pandemic, they were at home the whole day and naturally they watch the television more. However, because of the need to update myself about the

pandemic both in the print and television media, I usually interrupt them to watch and listen to the news about COVID-19 on Aljazeera (my preferred News Network) and other latest development associated with it.

Over time, COVID-19 generated huge interest in my household, and it became a family affair viewing the television for the news update. My son who is six years developed so much interest as we watch and discuss the virus. He would ask questions about the virus, and answers would be provided appropriate for his age and understanding but without much depth because we felt it was not necessary and he had no need for such information. At a point, my wife and I became uncomfortable watching the television with the children because Aljazeera will usually display the number of infections, recovery, and the number of deaths, sometimes including corpses and caskets for burial in burial grounds. We felt it was not right to allow them to see these disturbing images on the TV and we decided to always switch channels immediately after viewing the latest happenings about COVID-19 in the world.

One day, my son ran to the room to inform us that they are “showing it again”. We were amazed, and he continued, “they showed that the number of coronavirus death is 249.” He was clearly terrified. We rebuked him for tuning to Aljazeera instead of cartoon network. He was at the door staring at us. We observed he felt guilty for changing the channel to Aljazeera but at the same time, we wondered why he would leave his darling cartoon for a channel they complain that “the people are always talking and not singing or dancing”. A turning point came when we discovered that the children have almost lost interest in Cartoon but would rather want to know how many people have died of COVID-19 for the day. We then realized that we need to douse their anxiety by forgoing News Channels for some time and we went ahead to use the child lock mechanism to lock all news channels or any channel where one can get COVID-19 news on the TV. My wife and I resorted to using our mobile phones and laptops for news. We also made effort to provide accurate information about the virus and all the necessary precautions that are required. We taught them the rationale behind handwashing, the use of sanitizer, and so on.

Also whenever my wife or I go out to buy food items, we caution them to keep a distance until we undress and clean-up for fear of surface contact or human contact with the virus. Sometimes the children will be the first to remind you to go and undress even while keeping their distance. Therefore when we provided them with all the accurate information, they became less tense and understood what was happening.

Importance of parent-child health communication

In the family context, parent-child communication refers to ways of exchange of feelings, needs, and desires to meet the needs of family members in a positive mode (Guilamo-Ramos, Jaccard, Dittus, and Bouris, 2006). The majority of parents invest in their children’s well-being, especially in affection, time, finances, education, and health. The outcome of these investments ignites interdependence and interpersonal bond, support socialization, and communication skills into adulthood (Afifi, Granger, Denes, Joseph, and Aldeis, 2011). Most parents develop the culture of socializing children toward values, attitudes, beliefs, and societal practices, including acceptable healthy behaviours (Horstman, Hays, and Maliski, 2016). Health practices such as

reproductive health, sanitation and hygiene, nutrition, and among others are also instilled in them. In similar ways, health practices explain the central roles of parents or caregivers in the continuous education of children at the domestic level as the primary agent of socialization. The emergent COVID-19 pandemic reverberates the importance of parent-child relationships, and communication in furtherance of health education. This is because responding to new health challenges in the present world may be an opportunity for parents to deal with social and psychological trauma the virus may have caused to children as a result of mandatory stay-at-home.

The parent-child relationship is a form of human development that shapes behaviour patterns in adulthood. The quality of this relationship predicts children's well-being (Broberg, 2012), and the lack of it may lead to social, emotional, and negative health-related trajectories (Clayton, 2014). This means that the absence of parental control in terms of building a relationship that supports growth and development is akin to potential transgressions to themselves and society. The effect may continue unceasing for a lifetime. Children witnessed families' difficulties to meet their daily needs in the middle of the pandemic and lockdowns. Also, closure of schools, psychological distress, and mandatory home quarantines may affect children negatively in terms of social, emotional, and physical well-being (Fuerte, 2020). Against this backdrop, age-appropriate parent-child communication can have a profound impact on children. Implicit in the communication process sets the footing for learning, self-esteem, courage, and confidence in themselves and in parents or caregivers. Explaining family travails to children is an attempt to prepare their thoughts for adjustment to social and economic realities of the time, solicitation of a new culture of living in the household that best promotes children and family lives.

In addition, parents or caregivers must provide a detailed but concise explanation as to why schools were shutdown is essential for them to appreciate efforts made by the government to protect children's lives as one of the most vulnerable in society. They also must be provided with accurate information from parents. The family unit is in a position to develop attitudes, beliefs, and behaviours that link to health, especially through parent-child health communication (Baiocchi-Wagner and Talley, 2013). Knowledge of parents or caregivers about health-related issues can be utilized to facilitate live changing conversations (Alberti, Benes & Miles, 2018)).

Social worker and parent-child health communication

Since the emergence of the COVID-19 pandemic, the WHO has continued to engage the global community on the most likely mode of transmission, the required protection techniques, and/or prevention. This information sharing is disseminated through various media, educating the public for healthy living. Parents or caregivers need to step down this best health practice information to their children and households to reduce their fears and wrong information that is being carried about. These patterns of parent-child health communication are within the purview of social workers who can assist families to prevent, promote, and protect the health of children and families.

Public health social workers provide a continuum of care and services in numerous settings. Social workers provide psychosocial support to families who have experienced injury, disease, and illness and support those needing adjustment to

changes in health status (Bureau of Labor Statistics, 2010). Social workers are skillfully trained to widen their lens to engage in public health, prevention, advocacy, and health promotion (Browne, et al., 2017). The burden of COVID-19 increases the vulnerability of the population to infection, illness, and possible deaths. It is therefore pertinent to provide public enlightenment to families and children to adopt best health practices or guidelines as prescribed by WHO as well as the NCDC to protect lives.

Conclusion

The impact of covid-19 and lockdown on the socio-psychological wellbeing of children in Nigeria may live an indelible experience on children, extending to adulthood. With the narrative home experience with my children in the middle of COVID-19, parents or caregivers must be in a vantage position to educate children. The WHO health warnings on the mode of contraction and spread, and subsequent closures of schools, shopping malls, businesses among other socio-economic, and cultural engagements are in the public sphere. Consequently, it behooves on parents or caregivers as the first agent of socialization to disseminate age-appropriate information, instill in the children new health attitudes in terms of maintaining social and physical distancing; importance use of face masks; hand-washing with soap; change in coughing patterns; and among other safety health tips. This form of public health education supported by social workers may likely lessen the impact of COVID-19 on the population, and support and promote the socio-psychological well-being of children in the middle of the COVID-19 pandemic.

Some official guidelines and practices can be stepped down by parents or caregivers to their households, involving children. Effective communication in this direction presupposes that information regarding the COVID-19 should be shared with children to be aware and cautious of familial and neighborhood relationships that may be exposed to the virus. In a bid to support family services, social workers practitioners in public health and collaboration with health professionals and relevant agencies can support information sharing between parents and children. Social workers through systems of communication can impact positively on parent-child relationship to stem the tide of the virus in our societies through the media and outreach programmes. Therefore, the effectiveness of health education is more effective when it is supported by structural measures in terms of the legal, environmental programmes, and professional input, and equally when the vulnerable population is actively involved in the change process.

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