



## Demographic Differences in the Social Impact of Covid-19 Pandemic Lockdown among Households in Ebonyi State

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### Abstract

*This study investigated demographic differences on the social impacts of Covid-19 pandemic lockdown among households in Ebonyi State. Three research questions and corresponding null hypotheses guided the study. The study employed cross-sectional survey design. The population of this study was 5041 heads of household in Ebonyi State and multi-stage sampling technique was used to select 504 participants used in the study. A self-developed structured questionnaire title: Social Impact of Covid-19 Questionnaire (SIC-19Q) with reliability co-efficient ( $r=0.84$ ) was used as instrument for data collection. Mean and standard deviation were used to answer all the research questions while ANOVA statistics were used to test hypotheses. The study found that households in Ebonyi State with age bracket 18-30years ( $\bar{x} = 3.23 \pm 0.58$ ), 31-40years ( $\bar{x} = 3.00 \pm 0.52$ ) and 41years and above ( $\bar{x} = 2.83 \pm 0.59$ ) had high social impact of Covid-19 pandemic lockdown but those within 18-30years and 31-40years had higher impact. Study further found significance differences in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State based on age ( $F$ -value=18.774,  $P=0.000$ ), educational qualifications ( $F$ -value=7.509,  $P=0.000$ ) but there was no significant difference on religious denomination ( $F$ -value=0.207,  $P=0.813$ ). Therefore, there is need to call on Religious Institutions and professional bodies like HEPRAN to use sensitization on basic ways of overcoming this social misery and how they are apt to responds to the existing crisis by taking into consideration the pre-existing conditions into account to provide a tailored approach.*

*Keywords: Social Impact, Covid-19, Lockdown, Households*

### Introduction

The Coronavirus Disease of 2019 (COVID-19) pandemic threatened the human existence which brought about lockdown that propelled many people to home-confinement. Coronavirus disease 2019 (COVID-19) is a viral pneumonia with symptoms such as dry cough, fever, sore throat, dyspnea, body pain and diarrhea (Adhikari, Meng, Wu, Mao, Ye, Wang, Sun, Sylvia, Rozelle & Raat (2020). COVID-19 is easily transmitted through droplets and can remain suspended in the air for some hours and the transmission can occur through human interactions and contaminated fomites. The disease occurs in three phases namely viral, pulmonary and final hyper-inflammatory phase which can lead to severe acute respiratory distress syndrome (ARDS), impaired cardiac function and death (Brodin,2020).



Thrombosis and coagulopathy is also reported to complicate COVID-19 (Carsana, Sonzogni, Nasr, Rossi, Pellegrinelli, Zerbi, Rech, Colombo, Antinori & Corbellino, 2020). Patients suffering from a severe form of COVID-19 often need to be incubated and placed under a ventilator. This disease emerged in late December 2019 in Wuhan, in Hubei province of China and within three months and it had spread globally, prompting the World Health Organization (WHO) to declare COVID-19 a threat to world health (Gherghel & Bulai, 2020; Sohrabi, Alsafi, O'Neill, Khan, Kerwan, Al-Jabir, Iosifidis, & Agha, 2020). Globally, over 2.6 million confirmed cases and over 186,000 deaths have been recorded (Worldometer, 2020).

Nigeria is one of the countries affected and the first case was confirmed on 27th February 2020 in Lagos State and the first reported case in Sub-Saharan Africa (Adepoju, 2020; Anjorin, 2020). The index case was an Italian who returned from Italy (an epicenter of COVID-19 in Europe) to Nigeria. After the confirmation of the first COVID-19 and on the heels of the persistent increase and spread of the Covid-19 virus in the Nigerian case, the federal government eventually announced a nationwide lockdown on March 30, 2020, taking immediate effect in three states of the federation: Lagos, Ogun and Abuja and extended to other states including Ebonyi State. The lockdown was also known as sit/stay at home policy referred to as an emergency response forced by the government, mandating people to stay in the house in the event of an outbreak (Kareem, Ridwan, & Olorunfemi, 2020). The main goal of lockdown measure was to beat down the curve of the novel virus. The lockdown involved closed down borders, to try and prevent interstate movement while allowing intrastate transportation. They also prevented gathering in public places like markets, schools, religious centers, and social clubs, in order to reduce human interactions and enhance social distancing. The directives such as banning of congregation of more than 20 people and compulsory usage of the face masks particularly, in public places were all forcefully enforced Nigeria Centre for Disease Control (NCDC), 2020; WHO, 2020b).

These measures to curtail the disease notwithstanding have not been without problems. The impact of the lockdown on the wellbeing of communities has negative impact on their social health (El-Zowalaty & Järhult, 2020). For example, school closures impede learning disproportionately in children from disadvantaged communities and leading to overcrowding of children and relations at home, leading to teenage pregnancy, gender-based violence in homes and increase crime (Armitage & Nellums, 2020). Socially, COVID-19 lockdown has caused worldwide social disruption by limiting social relations, closure of recreation centre, church, mosque, restricting traveling to see friends and family. The lockdown also disrupted the usual norms of close physical contacts which lead to physical in-activities, spending more time inside the house and excessive use of internet. Social events like sports and festivals were postponed indefinitely. Ritwik, Mahua, Subhank, and Souvik (2020) reported that Covid-19 lockdown disrupted household's usual lifestyle, increase unplanned pregnancy being experienced by couple and promoted monotony, impatience, annoyance and rise in child abuse. It restricted the movement of many households which prevented them from having regular access to the basic needs in lives and being abandoned in the house, affecting their work and business. Brooks, Webster, Smith, Woodland, Wessely, Greenberg, and Rubin (2020) noted that the lockdown measures weakened social lives of people in the households, increased domestic violence cases and lack of personal space in the family. Brooks, Webster, Smith, Woodland, Wessely, Greenberg and Rubin (2020) further explained that it might increase crime rate, antisocial behaviours and juvenile delinquencies and increase of divorce and excessive use of internet leading to inappropriate browsing depending on some demographic variables of households. Households are those who dwell under the same roof and compose a family. In this study, households units composed of those living together in the same dwelling.



The demographic variables of some households like age, educational qualifications and religious denomination might play significant roles in the social impact of Covid-19 lockdown. For instance, United States (2020) reported that it is obvious that COVID-19 has negatively impacted on the socio-economic status of Nigeria irrespective of their age categories, hence, there is no significance difference on the social impact as regard age. Among the age group, Chen, Zhou and Dong (2020) submitted that young and middle aged households are more affected than the older ones socially. This is because the restriction of the movement prevented them from generating income and they are more vulnerable to crime and theft and in the context of an economic shock. Channappanavar, Fett, Mack, Eyck, Meyerholz, and Perlman (2017) affirmed that the elderly ones has higher impact than the younger ones as those who live alone spend extra time alone (and may feel lonely). In addition, many who are relied on remittances or private transfers from relatives will likely lose such sources of income with more restricted conditions for work and other economic impacts of the crisis. People experiencing homelessness are a susceptible group, and their potential exposure to COVID-19 might negatively affect their ability to be housed as well as their mental and physical health. Such kind of people aged younger than 65 years have all-cause mortality that is 5-10 times higher than that of the general population (Baggett et al.2003). Jinjara *et al.*(2020) reported that social impact of Covid-19 has greater proportion on the elderly population compared to younger ones.

On educational qualifications, Cuiyan, Riyu, Xiaoyang, Yilin, Linkang, Cyrus, and Roger (2020) found that among general public in China those with non- formal education had a greater likelihood of social impact during the epidemic lockdown than others. Abouk and Heydari (2020) showed that the restriction on social interactions has negative impact on social life of both educated and non-educated households but it has higher impact on educated ones on US.

As regard religious denomination, United State Refugee Agency (2020) reported that the impact was high on all the denomination across the world following various control measure imposed by the state government level to curtail the menace. In addition to restrictions in movement, all the religious denominations were closed down. The reason for the forgoing may not be farfetched, considering the fact that all the forms of social gathering including churches and mosque were not exempted from the lockdown imposed in Nigeria. This measure had isolated them from friends and wider communities and left some cracks in family relationships. Most notably, the high-pressure environment of confinement, combined with the financial stress brought about by a COVID-19 burdened economy, had led to a rise in marital conflict and distancing from other relatives, hence seeing them as the carrier of the virus. Alfaro, Faia, Lamersdorf and Saidi (2020) found no significant difference among the religious denomination, that most of the information obtained from host community and during religious gathering.

Alfaro, Faia, Lamersdorf, and Saidi (2020) found no significant difference among the religious denomination, that most of the information obtained from host community and during religious gathering were restricted and heightened the impact. These situations caused by the restriction could stimulate social misery, mental and emotional disorder, particularly among households of any member of religious denomination. It is obvious that the restrictive measures, particularly those that limit social interaction, such as lockdowns and social distancing severely affected religious members. This was alluded to the fact that feeling of insecurity might be their source of distress accounting for loss of leisure and increase stigmatization in the religious institutions. The idea of social distancing negates regular social interaction, which is the bedrock of human society (Amzat & Razum, 2014). There has been a steady rise in the number of COVID-19 cases in Nigeria. As of 27th September, 2021, over 2,997,060 people have been tested, 204,456 confirmed cases, 192,628 discharged cases,



2,678 deaths, 255 new cases are reported from states, namely Imo 124, Lagos 72, FCT 36, Rivers 16, Enugu 6 and Kano 1 and in Ebonyi State, number of cases confirmed was 2,059 and 24 admitted (Nigeria Centre Disease Control, 2021).

In Nigeria, the social life is tough with social distancing and lockdown especially in Ebonyi State where the means of existing is through collective living. Households lost their freedom for interaction and face-to-face connections, which elicited immediate and short-term responses and not used as Covid-19 preventive measures. This is evident as Ebonyi State has the highest cases of Covid-19 pandemic in Southern Eastern Nigeria (Nigeria Centre Disease Control, 2020). Hence, the restrictions were placed strongly on them and the impact of the restriction might be too enormous, especially on their social lives since their social events, communal meetings, entertainment events and other social activities that promote social development and coexistence were restricted. Therefore, the study determined the demographic differences on the social impact of Covid-19 lockdown among households in Ebonyi State, Nigeria. The main purpose of this study was to ascertain demographic differences on the social impact of Covid-19 lockdown among households in Ebonyi State. Three specific objectives with corresponding research questions guided this study. In order to establish whether there are differences in the dependent variables between each level of the independent variables of age, educational qualifications and religious denominations of the households, three hypotheses were postulated and tested.

## Methods

This study adopted cross-sectional survey. The study was conducted in Ebonyi State using households. The population of the study was 5,041 households in Ebonyi State, Nigeria and 504 participated in the study. This sample size was arrived based on Gray, Mills and Hirasian (2006)'s suggestion that if a population is beyond 5000, 500 and above participants should be adopted. Multi-stage sampling technique was applied in selecting the participants. In the first stage, the researchers identified the already existing clusters of three senatorial zones in Ebonyi State, namely: Ebonyi North, Ebonyi South and Ebonyi Central. In the second stage, simple random sampling technique was applied to select two local government (LGA) areas from each zone. In the third stage, convenience sampling technique was used in selecting 126 participants from each LGA. This procedure yielded a total of 504 participants that were used for this study.

The instrument employed literature-based 15-item questionnaire entitled: Social Impact of Covid-19 Lockdown Questionnaire (SIC-19Q) developed by the researchers. The questionnaire consisted of two sections A and B. Section A contained three items on demographic data of respondents. Section B contained 12 items that elicited information on social impact of Covid-19. Five experts in the field of Health Education and Public Health from two institutions of higher learning Ebonyi State University, Abakaliki and Madonna University Nigeria, Elele Campus, Rivers State were used for validating the SIC-19Q. Thirty copies of the questionnaire distributed and collected among head of households in Enugu State were used to test for reliability using Cronbach Alpha approach. The data yielded reliability coefficient of  $r = 0.84$ . The reliability coefficient was higher than Ogbazi and Okpala's (2014) criteria of 0.60 acceptable for good instruments.

The returned copies of the questionnaire were cross-checked for completeness of responses. Copies that had complete responses were used for data analysis. All the research questions were answered using mean and standard deviation. The criterion mean value of 2.50 accrued from the four-point response options was used for decision. In this regard, any item that weighs 2.50 and above implied high social impact while any item less than 2.50 signified low social impact. The hypotheses were tested using Analysis of Variance



(ANOVA) statistic at alpha level of 0.05. The data analysis was done with the use of Statistical Package for Social Sciences (SPSS) version 23.

## Results

**Table 1: Mean and Summary of Analysis of Variance of Social Impact of Covid-19 Pandemic Lockdown among Households in Ebonyi State based on Age**

S/N	Social Impact of Covid-19 Pandemic Lockdown	Age	N	$\bar{X}$	SD	F-val	P-val
1	Restriction of movement is affecting my work and business during Covid-19 lockdown	18-30yrs	149	3.44	0.68	0.035	0.965
		31-40	194	3.46	0.78		
		41yrs & above	150	3.47	0.77		
2	Experiencing domestic violence and battering during the lockdown	18-30yrs	149	2.89	1.01	5.980	0.003
		31-40	194	2.63	1.13		
		41yrs & above	150	2.45	0.84		
3	Overcrowding of children and relations in the house during the lockdown	18-30yrs	149	3.25	0.78	0.611	0.543
		31-40	194	3.21	0.87		
		41yrs & above	150	3.14	0.88		
4	Spending more time inside the house which lead to physical inactivities	18-30yrs	149	3.47	0.51	2.014	0.135
		31-40	194	3.15	0.81		
		41yrs & above	150	3.19	0.93		
5	Relocating to village because of the situation	18-30yrs	149	3.12	0.84	23.749	0.000
		31-40	194	2.70	0.99		
		41yrs & above	150	2.32	1.14		
6	Closure of recreation centres affecting my social life	18-30yrs	149	3.22	0.72	16.543	0.000
		31-40	194	2.88	0.87		
		41yrs & above	150	2.61	1.12		
7	Closure of church activities affecting me socially	18-30yrs	149	3.30	0.86	1.552	0.213
		31-40	194	3.17	1.32		
		41yrs & above	150	3.07	1.06		
8	Restricting me from travelling to see my friends / family	18-30yrs	149	3.34	0.68	0.930	0.395
		31-40	194	3.23	0.29		
		41yrs & above	150	3.09	0.97		
9	Excessive using of internet leading to inappropriate browsing	18-30yrs	149	3.10	0.98	18.767	0.000
		31-40	194	2.80	0.96		
		41yrs & above	150	2.37	1.16		
10	Unplanned pregnancy being experienced by couple	18-30yrs	149	3.26	0.82	24.504	0.000
		31-40	194	2.94	1.06		
		41yrs & above	150	2.43	1.06		
11	Increasing crime rate, antisocial behaviours and juvenile delinquencies	18-30yrs	149	3.51	0.37	1.305	0.272
		31-40	194	3.16	0.85		
		41yrs & above	150	3.31	0.92		
12	Possible increase rates of divorce	18-30yrs	149	2.29	1.02	4.243	0.015
		31-40	194	2.73	0.99		
		41yrs & above	150	2.56	1.13		
<b>Overall Mean</b>		<b>18-30yrs</b>	<b>149</b>	<b>3.23</b>	<b>0.58</b>	<b>18.774</b>	<b>0.000</b>
		<b>31-40</b>	<b>194</b>	<b>3.00</b>	<b>0.52</b>		
		<b>41yrs &amp; above</b>	<b>150</b>	<b>2.83</b>	<b>0.59</b>		

**P<0.05**



Result in Table 1 shows that households within age bracket of 18-30years had high social impact of Covid -19 pandemic lockdown in all the items except on possible increase rates of divorce ( $\bar{x} = 2.29 \pm 1.02$  but 31-40years and 41years and above had high impact . In the overall mean, all the age bracket 18-30years ( $\bar{x} = 3.23 \pm 0.58$ ), 31-40years ( $\bar{x} = 3.00 \pm 0.52$ ) and 41years and above ( $\bar{x} = 2.83 \pm 0.59$ ) had high impact of Covid-19 pandemic lockdown but those within 18-30years and 31-40years had higher impact. Summary of Analysis of Variance indicated significance difference in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State based on age (F-value=18.774, P=0.000).

**Table 2: Mean and Summary of ANOVA Analysis of Social Impact of Covid-19 Pandemic Lockdown among Household in Ebonyi State based on Educational Qualifications**

S/N	Variables	Educational Qualification								F-Val	P-Val	Dec
		Non-formal $\bar{x}$	SD	Primary $\bar{x}$	SD	Secondary $\bar{x}$	SD	Tertiary $\bar{x}$	SD			
1	Restriction of movement is affecting my work and business during Covid-19 lockdown	3.49	0.82	3.32	0.81	3.38	0.76	3.55	0.74	2.218	0.085	NS
2	Experiencing domestic violence and battering during the lockdown	2.56	1.14	2.69	1.14	2.96	1.02	2.43	1.11	7.404	0.000	S
3	Overcrowding of children and relations in the house during the lockdown	2.98	0.97	3.13	0.83	3.29	0.78	3.21	0.87	2.060	0.105	NS
4	Spending more time inside the house which lead to physical inactivities	2.82	0.98	3.22	0.87	3.45	0.42	3.24	0.74	2.344	0.072	NS
5	Relocating to village because of the situation	2.47	1.25	2.83	1.05	2.91	0.97	2.58	1.02	4.383	0.005	S
6	Closure of recreation centres affecting my social life	2.29	1.10	2.61	1.01	3.04	0.88	3.03	0.84	13.221	0.000	S
7	Closure of church/mosque activities affecting me socially	2.91	2.26	2.91	1.02	3.19	0.87	3.31	0.80	3.271	0.021	S
8	Restricting me from travelling to see my friends / family	2.78	0.93	3.44	0.03	3.22	0.79	3.27	0.74	1.886	0.131	NS
9	Excessive using of internet leading to inappropriate browsing	2.17	1.11	2.54	1.11	3.04	1.03	2.76	0.99	11.115	0.000	S
10	Unplanned pregnancy being experienced by couple	2.29	1.16	2.79	1.15	3.06	1.02	2.92	1.03	7.572	0.000	S
11	Increasing crime rate, antisocial behaviours and juvenile delinquencies	3.38	0.81	3.79	0.25	2.92	1.03	3.15	0.95	1.643	0.179	NS
12	Increase rates of divorce among couples	2.52	1.19	2.76	1.03	3.15	0.95	2.72	1.00	1.063	0.365	NS
	<b>Grand Mean</b>	<b>2.72</b>	<b>0.70</b>	<b>3.00</b>	<b>0.85</b>	<b>3.14</b>	<b>0.53</b>	<b>3.02</b>	<b>0.46</b>	<b>7.509</b>	<b>0.000</b>	<b>S</b>

P<0.05

Data in Table 2 revealed that households in Ebonyi State with non-formal education had high social impact of Covis-19 pandemic lockdown in all the items with grand mean of  $2.72 \pm 0.70$  except on excessive using of internet leading to inappropriate browsing  $2.17 \pm 1.11$ , and those with primary education and secondary education had high impact in all the items with overall mean  $3.00 \pm 0.85$  and  $3.14 \pm 0.53$ . However, those with tertiary education had high social impact in all the items with overall mean  $3.02 \pm 0.46$  except on experiencing domestic violence and battering during the lockdown ( $2.43 \pm 0.11$ ). This shows that those with primary ( $3.00 \pm 0.85$ ), secondary ( $3.14 \pm 0.53$ ) and tertiary education ( $3.02 \pm 0.46$ ) had



higher impact than those with non-formal education ( $2.72 \pm 0.70$ ). The Analysis of variance statistic showed significance difference in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State based on educational qualification ( $F\text{-value}=7.509$ ,  $P=0.000$ ).

**Table 3: Mean and Summary of ANOVA Analysis of Social Impact of Covid-19 Pandemic Lockdown among Households in Ebonyi State based on Religious Denominations**

S/N	Variables	Religious Denomination						t-val	P-val	Dec
		Christian		Muslim		Tradition				
		$\bar{x}$	SD	$\bar{x}$	SD	$\bar{x}$	SD			
1	Restriction of movement is affecting my work and business during Covid-19 lockdown	3.50	0.76	3.13	0.87	3.53	0.64	6.512	0.002	S
2	Experiencing domestic violence and battering during the lockdown	2.60	1.11	2.77	1.03	3.02	1.18	2.890	0.056	NS
3	Overcrowding of children and relations in the house during the lockdown	3.82	0.83	2.81	0.86	3.02	0.87	8.980	0.000	S
4	Spending more time inside the house which lead to physical inactivities	3.24	0.74	3.42	0.98	3.23	0.87	0.376	0.687	NS
5	Relocating to village because of the situation	2.69	1.06	2.67	0.96	2.92	1.06	0.857	0.425	NS
6	Closure of recreation centres affecting my social life	2.94	0.93	2.77	0.90	2.66	1.00	2.248	0.107	NS
7	Closure of church activities affecting me socially	3.25	1.05	3.00	1.48	2.74	1.04	4.636	0.010	S
8	Restricting me from travelling to see my friends / family	3.25	1.71	3.18	0.86	2.92	0.80	0.827	0.438	NS
9	Excessive using of internet leading to inappropriate browsing	2.74	1.08	3.83	1.01	2.82	0.99	0.235	0.791	NS
10	Unplanned pregnancy being experienced by couple	2.89	1.10	2.88	0.98	2.76	1.03	0.241	0.786	NS
11	Increasing crime rate, antisocial behaviours and juvenile delinquencies	3.31	2.20	3.18	0.76	3.56	0.64	0.440	0.644	NS
12	Increase rates of divorce among couples	2.65	1.06	3.11	0.93	3.00	1.00	6.485	0.002	S
	<b>Grand Mean</b>	<b>3.03</b>	<b>0.57</b>	<b>2.98</b>	<b>0.62</b>	<b>3.01</b>	<b>0.62</b>	<b>0.207</b>	<b>0.813</b>	<b>NS</b>

$P > 0.05$

Result in Table 3 indicated that both Christians, Muslims and traditions had high social impact of Covid-19 pandemic lockdown in Ebonyi State with overall mean  $3.03 \pm 0.57$ ,  $2.98, \pm 0.62$  and  $3.01 \pm 0.62$  respectively. The result on the Table further showed that there is no significance difference in the social impact of Covid-19 pandemic lockdown among household in Ebonyi State based on religious denomination ( $F\text{-value}=0.207$ ,  $P=0.813$ ).

### Discussion

This present study is currently the first cross-sectional survey design to establish the demographic differences on the social impact of Covid-19 lockdown among households in Ebonyi State of Nigeria. However, the findings of the study were discussed under the following sub-headings:

#### Social Impact of Covid-19 pandemic lockdown among households.

Result in Table 1 showed that households within the age bracket 18-30years, 31-40years and 41years and above had high impact of Covid-19 pandemic lockdown but those within 18-30years and 31-40years had higher impact. The result on the 1 also showed that there is significance difference in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State based on age. This finding is not surprising based on the fact that Ebonyi State recorded the highest and first cases of covid-19 in the South Eastern region, hence restrictions were placed strongly on them. This finding collaborated with the findings



of other researchers like Chen, Zhou and Dong (2020) reported that young and middle aged households are more affected than the older ones socially. This is because the restriction of the movement prevented them from generating income and they are more vulnerable to crime and theft. However, the finding differ significantly with Channappanavar, Fett, Mack, Eyck, Meyerholz, and Perlman (2017) study whose finding showed that the elderly ones have higher impact than the younger ones as those who live alone spend extra time alone (and may feel lonely). In addition, many who are relied on remittances or private transfers from relatives will likely lose such sources of income with more restricted conditions for work and other economic impacts of the crisis. People experiencing homelessness are a susceptible group, and their potential exposure to COVID-19 might negatively affect their ability to be housed as well as their mental and physical health.

### **Social Impact of Covid-19 pandemic lockdown among households.**

Results in Table 2 showed that households with primary, secondary and tertiary education had higher impact than those with non-formal education. The Analysis of variance statistic showed significance difference in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State based on educational qualifications. This finding was expected based on the facts that educated ones might have read and heard the high impact of covid-19 which most of the non-educated may be ignorant of. This finding agrees with finding of other researchers such as Abouk and Heydari (2020) whose study indicated that the restriction on social interactions has negative impact on social life of both educated and non-educated households but it has higher impact on educated ones on US.

### **Social Impact of Covid-19 pandemic lockdown among households in Ebonyi State Based on religious denominations.**

Results on Table 3 indicated that Christians, Muslims and traditions had high social impact of Covid-19 pandemic lockdown in Ebonyi State. Result on the Table further revealed no significance difference in the social impact of Covid-19 pandemic lockdown among household in Ebonyi State based on religious denomination. This implies that all the forms of social gathering including churches and mosque were not exempted from the lockdown imposed in Nigeria. This finding is in line with Alfaro, Faia, Lamersdorf, and Saidi (2020) who found no significant difference among the religious denomination, that most of the information obtained from host community and during religious gathering were restricted and heightened the impact.

### **Conclusion and Recommendations**

From the findings of the study, it is instituted that differences exist in the social impact of Covid-19 pandemic lockdown among households in Ebonyi State and a statistically significant difference were observed with regards to age, educational qualifications but does not exist on religious denominations. Therefore, there is need to call on Religious Institutions and professional bodies like Health Promotion and Research Association of Nigeria (HEPRAN) to use sensitization on basic means of overcoming social misery and how they are likely to responds to the existing crisis by taking into deliberation the pre-existing conditions into account to provide a tailored approach.





## References

- Amzat, J.& Razum, O. (2018). Towards a Sociology of Health Discourse in Africa. Cham, Switzerland: *Springer International Publishing*.
- Abouk, R., & Heydari, B. (2020). *The Immediate Effect of COVID-19 policies on social distancing behavior in the United States*. Retrieved on 26/08/2021 from <https://doi.org/10.1101/2020.04.07.20057356>
- Adhikari, S.P.; Meng, S.; Wu, Y.-J.; Mao, Y.-P.; Ye, R.-X.; Wang, Q.-Z.; Sun, C.; Sylvia, S.; Rozelle, S.; Raat, H. (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infectious Disease Poverty*, 9, 29.
- Adepoju, P. (2020). *Nigeria Responds to COVID-19; First Case Detected in Sub-Saharan Africa*. Retrieved on 26/08/2021 from <https://www.nature.com/articles/d41591-020-00004-2>
- Anjorin, A. (2020). The coronavirus disease 2019 (COVID-19) pandemic: A review and an update on cases in Africa. *Asian Pacific Journal of Tropical Medicine*, 13, 199.
- Alfaro, L., Faia, E., Lamersdorf, N., & Saidi, F. (2020). *Social Interactions in Pandemics: Fear, Altruism, and Reciprocity* (Working Paper No. 27134; Working Paper Series). National Bureau of Economic Research. Retrieved on 25/08/2021 from <https://doi.org/10.3386/w27134>
- Armitage, R. & Nellums, L.B. (2020). Considering inequalities in the school closure response to COVID- 19. *Lancet Global Health*, 20
- Brodin, P. (2020). *Why is COVID-19 so mild in children?* *Acta Paediatrica*
- Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N.& Rubin, G.J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920.
- Channappanavar, R., C., Fett, M., Mack, P., Eyck, D. Meyerholz., T & Perlman. C. (2017). Sex-based Differences in Susceptibility to SARS-CoV Infection. *Journal of Immunology*, 198(10), 4046-4053.
- Carsana, L.; Sonzogni, A.; Nasr, A.; Rossi, R.S.; Pellegrinelli, A.; Zerbi, P.; Rech, R.; Colombo, R.; Antinori, S.; Corbellino, M. (2020). Pulmonary post-mortem findings in a series of COVID-19 cases from northern Italy: A two-centre descriptive study. *Lancet Infectious Diseases*
- Chen, N., Zhou, M and Dong X, (2020). Epidemiological and clinical characteristics of 99 cases 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet* , 395(10223): 507–513.
- El -Zowalaty, M.E. & Järhult, J.D. (2020). From SARS to COVID-19: A previously unknown SARS-CoV- 2 virus of pandemic potential infecting humans—Call for a One Health approach. *One Health*, 9, 100124.
- Gray L.R., Mills, G.E. & Hirasian, P. (2006). *Educational research competencies for analysis and application* (5th ed.). New Jersey: Merrill/Prentice Hall.



- Jinjarak, Y., Ahmed, R., Nair-Desai, S., Xin, W., & Aizenman, J. (2020). *Accounting for Global COVID-19 Diffusion Patterns, January-April 2020* (Working Paper No. 27185; Working Paper Series). National Bureau of Economic Research. Retrieved 25/08/2021 from <https://doi.org/10.3386/w27185>
- Nigeria Centre for Disease Control (NCDC), (2020). *Confirmed COVID-19 cases by State*. Retrieved 23/10/2020 from <https://covid19.ncdc.gov.ng/>
- Nigeria Centre for Disease Control) (2020). *First case of corona virus disease confirmed in Nigeria. NCDC, Abuja, Nigeria*. Retrieved 23/10/2020 from <https://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-Nigeria>.
- Ogbazi, J. N. & Okpala, J. (2014). *Writing research report: Guide for researchers in education, the social sciences and the humanities* (2nd ed.). Enugu: Press Time Ltd.
- Ritwik, G., Mahua, J.D., Subhank, C. & Souvik, D.(2020). Impact of COVID-19 on children: Special focus on psychosocial aspect. *Minerva Pediatric*, 72(3), 226-23
- Sohrabi, C.; Alsafi, Z.; O'Neill, N.; Khan, M.; Kerwan, A.; Al-Jabir, A.; Iosifidis, C.; Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*, 76, 71–76
- United Nations (2020). Global humanitarian response plan for Covid-19. *Purpose and Scope*, 8-9.
- Worldometer, C. (2020). Coronavirus Update (Live): COVID-19 Virus Outbreak Retrieved 23/11/2020 from <https://www.worldometers.info/coronavirus/#countries>