



Assessment of the Preventions and Effects of Covid-19 Pandemic on the Mental Health of the People of Oshodi-Isolo Local Government Area, Lagos State, Nigeria

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Abstract

Introduction: The study assessed the effects of covid-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

Objective: The Purpose of the study is to identify if financial constraints, posttraumatic stress, and anxiety will be effect of COVID-19 pandemic on the mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

Method: A descriptive research design of survey type was employed for this study. The population for this study comprised of all residents within the study area. A researcher structured questionnaire of likert scale rating form was used to collect information for the study. 10% of the questionnaire was first pretested through split-half method by giving them to the people of Oshodi-Isolo Local Government Area, Lagos State., who are not going to be part of the study

Results: The findings from this study revealed that financial constraints, posttraumatic stress disorder, and anxiety are significant effects of covid-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

Conclusion: The study concluded that financial constraint, posttraumatic stress disorder and anxiety are the effects of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

Keywords: Preventions, Effects, Covid-19, Pandemics, Mental Health

INTRODUCTION

This chapter presents a review of relevant literature on the roles of community health worker under the following subheadings; conceptual framework, theoretical review:

Conceptual Framework

COVID-19 outbreak Preparedness in Nigeria

Prior to the importation of COVID-19 into Nigeria, the government established a “Corona virus preparedness group” through its nation’s leading public health agency, the Nigeria Centre for Disease Control (NCDC), which commenced point of entry screening for travelers. Based on lessons learnt from the EVD outbreak, the NCDC strengthened the National Reference Laboratory with diagnostic capacity for epidemic-prone pathogens. Through this process, the NCDC supported 22 of the 32 states to establish emergency operation centres (EOC), and trained rapid response teams in all the 36 states. Furthermore, the agency provided relevant public health advisory to the Nigerians; shared the case-definition and preventive information with networks of national and sub-national public health workers; built capacity for contact tracing and case management; and strengthened five laboratories for diagnostic capacities (Adepoju, 2020).

Also vital to the COVID-19 outbreak preparedness is the country’s Polio infrastructure - a programme originally aimed at the eradication of poliomyelitis. The structure brings on board its technical expertise, logistical capacity, human resources, community network and disease surveillance experience. The EOCs coordinating the outbreak response in each state are modeled after the Polio EOC operating under six functional units, namely: point of entry, epidemiology

and surveillance, risk communication, management and communication, case management, and laboratory services. The Polio infrastructure was vital to the success of the 2014 EVD outbreak response. Currently, it provides technical support to government agencies including NCDC and has an on-ground network of human resources including traditional and religious leaders, community mobilizers and health workers to support the COVID-19 response. In addition, the Polio infrastructure had SMS-based application, auto-visual AFP detection and reporting (AVADAR) that support disease surveillance through networks of community volunteers and healthcare workers. This app has been useful for the current pandemic as COVID-19 surveillance questions have been added to this app (WHO, 2020).

Current Situation and Response to COVID-19 Outbreak in Nigeria

As of 3 May 2020, 2,558 cases have been reported in the country across 35 states and the Federal Capital Territory (FCT) (Table 1). Of these numbers, 1,767 (69 %) are male, the age-group 21 – 30 years were the most affected (23%), 210 (8%) had international travel history; 400 (15.6%) cases have been discharged, and 87 deaths were recorded, bringing the case fatality rate (CFR) of confirmed cases to 3.4%, with a range from 0-15.2% by region (NCDC, 2022). Prior to report of the COVID-19 outbreak in Africa, the WHO identified a strong link between the continent and China and has sent out guidelines on preparedness for the outbreak. Nigeria is one of the thirteen top countries identified as high risk for COVID-19 importation based on either direct link or high travel volume to and from China. The WHO also advised that countries develop capacity to promptly detect cases that will enable them to contain the outbreak early so that the health system is not overwhelmed (WHO, 2020).

Table 1: States with reported laboratory-confirmed COVID-19 cases, recoveries, deaths, samples tested and active cases, updated to include 67 confirmed cases as reported on Wednesday 30th December 2020 for Enugu (18), Bayelsa (15), Ebonyi (14), Edo (14), and Borno (10) (NCDC, 2022).

STATES	CONFIRMED		RECOVERIES		DEATHS		TESTING		ACTIVE CASES
	Total	Last Week	Total	Last Week	Total	Last Week	Total	Last Week	
Abia	1,028	45	968	11	10	0	11,552	352	50
Adamawa	424	69	238	0	25	4	6,150	1,501	161
Akwa Ibom	437	8	385	38	9	0	4,181	38	43
Anambra	328	20	274	0	19	0	8,534	5,139	35
Bauchi	1,020	52	860	13	17	0	12,742	323	143
Bayelsa	534	15	421	0	21	0	7,963	836	92
Benue	532	0	469	0	11	0	7,151	320	52
Borno	806	10	738	33	36	0	15,406	230	32
Cross River	169	0	157	75	12	0	2,272	106	0
Delta	1,888	20	1,737	0	52	3	23,828	712	99
Ebonyi	1,107	10	1,072	35	30	0	6,561	49	5
Edo	2,902	72	2,681	46	117	4	22,253	400	104
Ekiti	415	6	395	3	6	0	8,037	68	14
Enugu	1,400	18	1,348	15	21	0	10,440	182	31
FCT	12,083	729	7,588	707	104	8	126,713	6,870	4,391
Gombe	1,338	66	1,001	45	37	4	27,242	436	300
Imo	766	18	722	8	13	1	15,913	1,098	31
Jigawa	407	15	368	24	11	0	3,346	73	28
Kaduna	5,447	507	4,708	265	53	3	41,927	2,285	686
Kano	2,324	130	1,930	95	68	7	62,361	593	326
Katsina	1,636	38	1,429	156	27	0	26,484	255	180
Kebbi	173	10	144	0	9	1	2,789	23	20
Kogi	5	0	3	0	2	0	481	30	0
Kwara	1,414	35	1,094	0	31	0	10,659	392	289
Lagos	31,321	2,580	26,795	1,597	247	6	238,967	7,329	4,279
Nasarawa	898	177	325	0	13	0	10,070	1,019	560
Niger	417	8	320	20	13	0	8,987	33	84
Ogun	2,552	97	2,292	50	34	0	45,554	1,156	226
Ondo	1,843	41	1,763	73	41	0	11,969	469	39
Osun	1,019	15	965	18	24	1	6,520	141	30
Oyo	4,035	142	3,402	25	52	6	32,334	1,755	581
Plateau	4,997	456	4,560	478	44	8	43,771	708	393
Rivers	3,572	196	3,209	98	64	0	87,855	3,302	299
Sokoto	380	82	270	42	18	1	12,721	963	92

Taraba	217	6	187	10	7	0	5,243	241	23
Yobe	201	14	144	21	8	0	4,434	157	49
Zamfara	112	26	82	9	5	0	2,376	1,165	25
Total	90,147*	5,733	75,044	4,010	1,311	57	975,786	40,749	13,792

Challenges and impact of the current COVID-19 Outbreak on the Health Care System

With an Epidemic Preparedness Index of 38.9%, Nigeria has been rated better than many African countries to respond to the COVID-19 outbreak. However, its capacity to adequately respond in the face of local and community transmission has been said to be questionable. As of 10 April 2020, over 9,000 contacts have been traced, which is an average of 3.5 contacts per confirmed case. About 118,000 house-holds were visited for active case searches within 2 days in Lagos, among which 119 confirmed cases were identified. The continued increase in the number of cases has overwhelmed the human resources for health involved in the various aspects of response activities, particularly contact tracing. Many clinical activities have been reduced or halted in order to control COVID-19 transmission. More so, there have been numerous complaints about the shortages of personal protective equipment and ventilators needed to combat COVID-19. This is further compounded with reported COVID-19 infection among healthcare workers as a result of occupational exposures, a figure estimated as 113 (about 6% of confirmed COVID-19 cases) as of 1 May 2020, (NCDC, 2020).

The COVID-19 outbreak is also coming at a time when the country is currently battling with Lassa fever outbreak and preparing for certification exercise to be declared polio free. As of the Epidemiological week 16 of the year 2020, the country has recorded 979 confirmed cases and 188 deaths (CFR 19.2%), against 546 confirmed cases and 123 deaths (CFR 22.5%) in the corresponding epidemiological week of 2019. Having being free of wild polio virus cases for a period of three years, the Independent Africa regional Certification is expected to make a decision in July 2020 to certify Nigeria polio-free. Response activities to this outbreak have a tendency to divert the limited resources away from current health issues and gains previously made on other health indices. The fear of being infected by COVID-19 at health facilities and the current lockdown order is also likely to limit access to health services routinely provided by CHWs. These include routine immunization, ante-natal services, maternal, neonatal and child health services, family planning, HIV/TB, management of minor ailments, disease surveillance and health management information system. Disruption of these health services could lead to reduction in immunization coverage, and increases in morbidity and mortality of infectious diseases as well as maternal, neonatal and childhood health issues (Anderson, et al., 2020).

Treatment & Protection

In general, there are few or no treatment options for viral diseases that occur suddenly. In parallel with this knowledge, today there is no vaccine or effective treatment to prevent COVID-19 infection. Molecules are being tested for COVID-19 in in-vitro and human-based SARS-CoV and MERS-Cov trials (CDC, 2020). Studies evaluating the antiviral activity of types I and II interferons have reported, interferon-beta (IFN β), as the most potent interferon, was reducing in- vitro MERS-CoV replication. According to a human MERS-CoV case report from South Korea, the use of the combination of Lopinavir/Ritonavir (LPV/RTV) (Anti-HIV drugs), pegylated interferon and ribavirin provided a successful viral clearance.[23] For this purpose, a randomized control trial (MIRACLE Trial), that aimed to determine whether LPV/RTV-IFN β improved clinical results in MERS-CoV patients, was initiated in 2016 and 76 patients were enrolled. Although another antiviral drug, remdesivir was used in the first case reported from the United States of America, seemed successful, controlled studies with more cases are needed. In-vitro studies have shown that viral RNA transcription was terminated with remdesivir in early stage (CDC, 2020).

According to CDC (2020), prevention is, so far, the best practice in order to reduce the impact of COVID-19 considering the lack of effective treatment. At the moment, there is no vaccine available and the best prevention is to avoid exposure to the virus. In order to achieve this goal, the main measures are the following:

1. To use face masks;
2. To cover coughs and sneezes with tissues;
3. To wash hands regularly with soap or disinfection with hand sanitizer containing at least 60% alcohol;
4. To avoid contact with infected people;
5. To maintain an appropriate distance from people; and
6. To refrain from touching eyes, nose, and mouth with unwashed hands.
7. Interestingly, the WHO issued detailed guidelines including: Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water;
8. Avoid touching eyes, nose and mouth;
9. Practice respiratory hygiene covering your mouth and nose with your bent elbow or tissue when you cough or sneeze;
10. If you have fever, cough and difficulty breathing, seek medical care early;
11. Stay informed and follow advice given by your healthcare provider;
12. Maintain at least 1 m (3 feet) distance between yourself and anyone who is coughing or sneezing. In particular, regarding the use of face mask, health care workers are recommended to use particulate respirators such as those

certified N95 or Filtering Face Piece 2 (FFP2) when performing aerosol-generating procedures and to use medical masks while providing any care to suspected or confirmed cases. Moreover, while an individual without respiratory symptoms is not required to wear a medical mask when in public, people with respiratory symptoms are advised to use medical masks both in health care and home care settings.

According to a study conducted by Busayo (2021) on assessment of the emergency preparedness, responses and attitudes of primary health care workers towards COVID-19 pandemic in Alimosho Local Government Area, Lagos State, Nigeria, majority (87.5%) of the respondents showed high level of knowledge on COVID-19 emergency preparedness while 12.5% of the respondents showed intermediary level of knowledge on COVID-19 emergency preparedness. Majority (89.3%) of the respondents showed high level of knowledge on emergency responses towards COVID-19 pandemic while 10.7% of the respondents showed intermediary level of knowledge on emergency responses towards COVID-19. Also, majority (94.6%) of the respondents showed good attitude towards COVID-19 emergency preparedness and response while 5.4% of the respondents showed little attitude disposition towards COVID-19 emergency preparedness and response.

RESEARCH METHODS

Study Area

Lagos State is one of the six states that make up the South West geo-political zone in the south Western part of Nigeria. It shares an international boundary with the Republic of Benin to the South-West and has an interstate boundary with Ogun State (Federal Republic of Nigeria, 2004). Its capital is Ikeja, it covers an area of 3,671 sq kilometers and has a population of 9,013, 534 (2006 census figures) with a population density of 2455 people/sq km. Its population makes up 6.4% of Nigeria total population (Lagos State Government, 2007). Oshodi-Isolo Local Government is one of the 57 Local Governments in Lagos State and is located on the North-East of Lagos State. The LGA covers land area of about 9.0sqk (9km²) and has a growing population of over 1,000,000 people / inhabitants. This area under consideration was not initially planned in a manner to accommodate the population that the growth pattern has caused. Problems of transportation, housing, violence, and improper planning have resulted. The facilities available are insufficient to meet population pressure and lack of maintenance thereby turning the area into slum. Yoruba and English are widely practiced in the area while the religions of Christianity and Islam are widely practiced in the area.

Study Population

According to Burns and Grove (2018), a population is all the elements that meet the criteria for inclusion in a study. Polit (2015) described a population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications. In this study, the target populations are health workers in Oshodi-Isolo Local Government Area, Lagos State.

Study Design

This study used quantitative descriptive design to gather information about the assessment of the effects and preventions of COVID-19 pandemics among health workers in Oshodi-Isolo Local Government Area, Lagos State.

3.5 Inclusion criteria

The eligible groups included in this research are health workers in Oshodi-Isolo Local Government Area, Lagos State.

Exclusion criteria

The non-eligible group excluded in this research are non- health workers in Oshodi-Isolo Local Government Area, Lagos State.

Sample size determination

The sample size was determined by using the statistical formula of Fisher (Korlik & Higgins, 2015).

$$N = z^2 pq/d^2$$

$$Z = 3.36, 95\% \text{ confidence limit}$$

$$d = 0.0455 \text{ as the acceptable margin of error}$$

$$p = \text{the probability of the event occurring} = 0.08$$

$$q = 1 - p = \text{which is the probability of the event not occurring in this } 1 - p = 0.92$$

The sample size was then determined as follows;

$$n = 3.36^2 (pq)/d^2$$

$$n = 3.36^2 (0.08) (0.92) / 0.00207025$$

$$n = 0.83091456 / 0.00207025$$

$$n = 401$$

Sampling techniques

A systematic random sampling technique was adopted to assign numbers to all public health facilities in Oshodi-Isolo Local Government Area, Lagos State. The health facilities with odd numbers were selected.

Research Instruments

The tool that was used for data collection is a self-structured questionnaire. Relevant data for the analysis was collected through the distribution of the questionnaire among the population under study research. The questionnaire was divided into two sections. Section A of the questionnaire focused on personal data of the respondents, while Section B of the questionnaire focused on the effects and preventions of COVID-19 pandemics among health workers in Oshodi-Isolo Local Government Area, Lagos State.

Validity of the instrument

The instrument was given to three experts, in the Department for their thorough scrutiny and expert advice on the content validity of the instrument of data collection for this study. All suggestions and corrections pointed out or modifications were used to make the final copy of the instrument.

Reliability of the Instrument

A pretest of the questionnaires was conducted among health workers in Oshodi-Isolo Local Government Area, Lagos State. And the health facilities with odd numbers were selected. The aim of the pretest exercise was to determine the accuracy, suitability and efficiency of the instrument, and to ascertain any difficulty the researcher may encounter while carrying out the main study. The test re-test reliability method was used to establish the reliability of the instrument. The reliability of the questionnaire was ascertained by applying the same instrument to same set of health workers from population outside the area of study after two weeks (2) interval. The two results were collated and correlated together using Pearson product moment correlation to obtain the reliability figure.

Methods of data collection

The structured questions provided data that is objective and reliable for testing. The researcher ensured that the data collection process was properly carried out. The data collection instrument was also be carefully administered. This was done in Oshodi-Isolo Local Government Area, Lagos State. for ease of distribution and collection.

Method of data Analysis

Only completed questionnaires that were correctly filled and returned were treated. In treating these copies, the research questions were analysed using descriptive statistics.

Ethical Considerations

Ethical consideration is important in ensuring professional research and are non-intrusive in accomplishing research objectives. For this study, the researcher sought for permission to carry out the study from relevant administrative authorities and confirm that the study is to accomplish academic goals only. The researcher also acknowledged additional sources of information from other scholars.

DATA PRESENTATION AND INTERPRETATION

Response rate: Total numbers of 401 questionnaires were distributed for the purpose of this study and 400 were retrieved. This put the response rate at 99.8%.

Table 2: Demographic Characteristics of the Respondents

Variable	Number	Percentage (%)
Age range		
15-22yrs	86	21.5%
23-30yrs	142	35.5%
31-38years	96	24.0%
39-46yrs	42	10.5%
47 – 55 above	34	8.5%
Total	400	100
Marital status		
Single	122	30.5%
Married	82	20.5%
Separated	170	42.5%
Divorced	20	5.0%
Widowed	6	1.5%
Total	400	100
Religion		
Christianity	154	38.5%
Islam	246	61.5%
Traditional	0	0.0%
Total	200	100

From table one above, analysis revealed that more than one-quarter 142(35.5%) of the respondents were aged between 23-30yrs of age, 170(42.5%) of the respondents were separated from marriage and more than half 246(61.5%) of the respondents practice Islamic religion.

Table 3: financial constraints is an effect of covid-19 pandemic on mental well-being of people

S/N	Variables	SA	A	D	SD	Row total	CAL X ²	DF	CRIT. Value	Rem
1	Covid-19 pandemic constraint affect the well-being of people financially	144 (36.0%)	162 (40.5%)	38 (9.5%)	56 (14.0%)					
2	Financial constraints have effects on the mental well-being of the people during COVID-19 pandemic	190 (47.5%)	156 (39.0%)	42 (10.5%)	12 (3.0%)					
3	COVID-19 pandemic affects the economic status of the people during pandemic due to lock down which leads to increase in the rate of worrying	128 (32.0%)	176 (44.0%)	62 (15.5%)	34 (8.5%)		131.621	9	16.91	Ho Rejected
4	Covid-19 pandemic affect the emotional outbursts of people.	156 (39.0%)	104 (26.0%)	34 (8.5%)	106 (26.5%)					

Table 2 shows calculated chi-square value of 131.621 and critical value of 16.91 at 9 degree of freedom, this indicated that the calculated chi-square value is greater than that critical value. Thus, the null hypothesis 1 is hereby rejected. According to table, it can see that less than half 162(40.5%) of the respondents agreed that Covid-19 pandemic constraint affect the well-being of people financially, 190(47.5%) of the respondents strongly agreed that Financial constraints have effects on the mental well-being of the people during COVID-19 pandemic, 176(44.0%) of the respondents agreed that COVID-19 pandemic affects the economic status of the people during pandemic due to lock down which leads to increase in the rate of worrying and 106(26.5%) of the respondents strongly disagreed that Covid-19 pandemic affect the emotional outbursts of people.

Table 4: posttraumatic stress of relatives of victims is an effect of covid-19 pandemic on mental well-being

S/N	Variables	SA	A	D	SD	Row total	CAL X ²	DF	CRIT. Value	Rem
1	Stigmatization as an aftermath effects of COVID-19 pandemic on the mental well-being of the people	162 (40.5%)	134 (33.5%)	62 (15.5%)	42 (10.5%)					
2	Stress disorder is an effect of COVID-19 pandemic on the wellbeing of the people	134 (33.5%)	166 (41.5%)	70 (17.5%)	30 (7.5%)		322.7	9	16.91	Ho Rejected
3	Depression is also an effect of COVID-19 pandemic on the wellbeing of the people	184 (46.0%)	166 (41.5%)	30 (7.5%)	20 (5.0%)					

Table 3 shows calculated chi-square value of 322.7 and critical value of 16.91 at 9 degree of freedom, this indicated that the calculated chi-square value is greater that the critical value. Thus, the null hypothesis 2 is hereby rejected. While less than half 162(40.5%) of the respondents strongly agreed stigmatization as an aftermath effects of COVID-19 pandemic on the mental well-being of the people, 166(41.5%) of the respondents agreed that Stress disorder is an effect

of COVID-19 pandemic on the wellbeing of the people, 184(46.0%) of the respondents strongly agreed that depression is also an effect of COVID-19 pandemic on the wellbeing of the people

Table 4: Anxiety symptoms is an effect of covid-19 pandemic on mental well-being of people

S/N	Variables	SA	A	D	SD	Row total	CAL X ²	DF	CRIT. Value	Rem
1	COVID-19 creates anxiety to the people	148 (37.0%)	146 (36.5%)	62 (15.5%)	42 (10.5%)					
2	COVID-19 pandemic phobia affects the health of the people	162 (40.5%)	116 (29.0%)	50 (12.5%)	72 (18.0%)					
3	COVID-19 pandemic restrict people from going to the hospital for proper treatment thereby increasing and worsening their anxiety about their health conditions	174 (43.5%)	152 (38.0)	24 (6.0%)	50 (12.5%)		152.8	9	16.91	Ho Rejected

Table 4 shows calculated chi-square value of 152.8 and critical value of 16.91 at 9 degree of freedom, this indicated that the calculated chi-square value is greater that the critical value. Thus, the null hypothesis 2 is hereby rejected. The analysis revealed that 146(36.5%) of the respondent agreed COVID-19 creates anxiety to the people, 162(40.5%) of the respondents strongly agreed that COVID-19 pandemic phobia affects the health of the people, 174(43.5%) of the respondents strongly agreed that COVID-19 pandemic restrict people from going to the hospital for proper treatment thereby increasing and worsening their anxiety about their health conditions.

Table 5: Prevention of COVID-19

S/N	Variables	SA	A	D	SD	Row total	CAL X ²	DF	CRIT. Value	Rem
1	COVID-19 can be prevented through appropriate use of nose mask	162 (40.5%)	134 (33.5%)	62 (15.5%)	42 (10.5%)					
2	COVID-19 can be prevented through regular hand washing	122 (30.5%)	142 (35.5%)	60 (15.0%)	76 (19.0%)		324.7	9	16.96	Ho Rejected
3	COVID-19 can be prevented through social distancing	104 (26.0%)	88 (22.0%)	134 (33.5%)	74 (18.5%)					
4	COVID-19 can be prevented through appropriate use of hand sanitizer	196 (49.0%)	158 (39.5%)	24 (6.0%)	22 (5.5%)					

Table 5 shows calculated chi-square value of 324.7 and critical value of 16.96 at 9 degree of freedom, this indicated that the calculated chi-square value is greater that the critical value. Thus, the null hypothesis 2 is hereby rejected. The analysis revealed that 162 (40.5%) of the respondent strongly agreed that COVID-19 can be prevented through appropriate use of nose mask, 142 (35.5%) of the respondents agreed that COVID-19 can be prevented through regular hand washing, 134 (33.5%) of the respondents agreed that COVID-19 can be prevented through social distancing and 196 (49.0%) of the respondents agreed that COVID-19 can be prevented through appropriate use of hand sanitizer.

Research hypotheses:

H₀1: Financial constraints will not significantly be an effect of COVID-19 pandemic on mental well-being of Oshodi-Isolo Local Government Area, Lagos State.

H₁1: Financial constraints will significantly be an effect of COVID-19 pandemic on the mental well-being of Oshodi-Isolo Local Government Area, Lagos State.

H₀2: Posttraumatic stress disorder will not significantly be an effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

H₁₂: Posttraumatic stress disorder will significantly be an effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

H₀₃: Anxiety will not significantly be an effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

H₁₃: Anxiety will significantly be an effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

Table 5: Chi-square was used to test the research hypotheses

Hypothesis	X ²	df	P-value	Remark	Decision
Hypothesis one	131.621	9	0.020	Significant	Reject
Hypothesis two	322.673	9	0.0431	Significant	Reject
Hypothesis three	152.812	9	0.322	Not Significant	Not rejected

Decision Rule: reject the null (H₀) hypothesis if P-value is less than alpha (P-value < 0.05) otherwise do not reject null (H₀).

From table 5 above, Chi-square revealed (X² = 131.621, df=9, P-value(0.0431)< 0.05), since the P-value is less than 0.05 we hereby conclude that Financial constraints will significantly be an effect of covid-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State. The null hypothesis is rejected while the alternative is accepted.

According to hypothesis two Chi-square revealed that (X² = 322.673, df=9, P-value(0.020)< 0.05), since the Pvalue is less than 0.05 we hereby conclude that Posttraumatic stress disorder will significantly be an effect of covid-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State. The null hypothesis is rejected while the alternative is accepted. According to hypothesis three Chi-square revealed that (X² = 152.812, df=9, P-value (0.322)> 0.05), since the P-value is greater than 0.05 we hereby conclude that Anxiety will not significantly be an effect of covid-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State. Thus, I refuse to reject the null hypothesis while the alternative is rejected.

Conclusion

Based on the findings of this study, the following conclusions were made;

- Financial constraints is a significant effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.
- Posttraumatic stress disorder is a significant effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.
- Anxiety is a significant effect of COVID-19 pandemic on mental well-being of the people of Oshodi-Isolo Local Government Area, Lagos State.

In conclusion, our findings expose the prevalence of insomnia, depression and posttraumatic stress symptoms among Nigerians during COVID-19 pandemic. Though this study recorded no significant influence of gender in the experience of insomnia, depression, posttraumatic stress symptoms and anxiety, the study result reported relevant prevalence of outcomes of psychological distress among the general public in Nigeria. The government of Nigeria should make available, if not for all, psychological health services for survivors of COVID-19

5.3 Recommendation

Considering the findings of this study, the following are suggested in order to enhance psychological wellbeing among Nigerians during the pandemic period:

- The government should always involve psychological health service providers in the fighting against the present and future pandemic or any disease outbreak in the country.
- Healthcare stakeholders needed to collaborate with psychotherapists in the management of pandemic or disease outbreak to regulate residents' emotions and promote people's psychological wellbeing in society.
- Experts should start awareness campaign on basic means of overcoming psychological distress on media and in communities generally in Nigeria to foster mental healthiness.

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