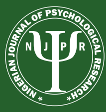
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SPECIAL ISSUE:

PERSPECTIVES FROM NIGERIA ON COVID-19 PANDEMIC

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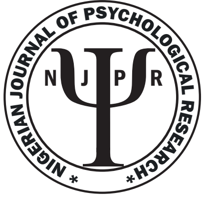

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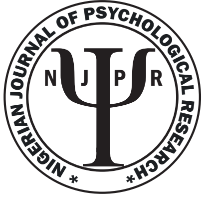

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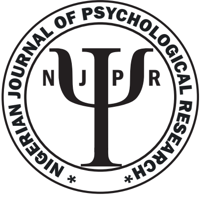

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The Place of Psychology During a Pandemic: Lessons from COVID-19 in Nigeria

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The world was recently thrown into a state of panic and confusion when a new strain of the Severe Acute Respiratory Syndrome (SARS) and the Middle East respiratory syndrome (MERS) emerged. According to the World Health Organization (WHO), the coronavirus disease 2019 or COVID-19 is an infectious disease that was first identified in Wuhan, China, and affects birds and many mammals, including humans. The world health organization (WHO) declared COVID-19 a pandemic on March 11, 2020. COVID-19 is transmitted from human to human via direct contact with contaminated surfaces and through inhaling respiratory droplets from infected individuals. Most people infected with the COVID-19 virus experience mild to moderate or severe respiratory Syndrome (SARS). At the height of the pandemic, no vaccines were available for immediate treatment. Due to the lack of vaccines, the world witnessed higher morbidity and mortality rates. However, since December 11, 2020, vaccines have been available to prevent COVID-19.

Corona Virus in Nigeria

Like other countries, Nigeria has experienced the brunt of the viral outbreak. Precisely, Nigeria was classified by the WHO as one of the 13 African countries with a higher risk of spreading Covid-19. The first case of the Coronavirus in Nigeria was announced on February 27, 2020, by the Nigeria Centre for Disease Control (NCDC). As of September 2020, NCDC reports claimed that there were 7,242 confirmed cases and 1,098 deaths in the country (NCDC, 2020). It is imperative to note that there was limited testing, and it is estimated that some cases of COVID-19 remained undetected in the general population. Based on this, one cannot adequately assess the actual burden of the disease in Nigeria.

Government Health Strategies

The absence of a vaccine for COVID-19 during the first year of the pandemic caused an array of preventive measures globally. Like other governments, the Nigerian government instituted preventive measures to effectively reduce the spread of the disease and educate the populace through its health agency, the Nigeria Centre for Disease Control (NCDC). The control measures that the Nigerian government implemented for the pandemic included travel restrictions, lockdown, social distancing enforcement, and face masks in public spaces. To further help mitigate the spread of COVID-19, there were additional restrictions on crowded events and large gatherings (e.g., Church/Mosque services, marriage ceremonies, funerals, etc.). Nigerians were encouraged to stay at home and socially isolate themselves to prevent being infected or infecting others.

With time, it became apparent that the above strategies instituted by the Nigerian government and its principal health agency, the NCDC, to promote COVID-19 prevention behaviors among Nigerians were determined by their level of awareness and knowledge regarding the Covid-19 outbreak.

The Psychological Aspect of the Pandemic

The contributions to this special issue illuminate the different psychological reactions at individual and government levels across select states in the Northern, Southern, Western, and Eastern parts of Nigeria. The authors revealed that at the onset, once it was established in Wuhan, China, and long before the WHO classified COVID-19 as a global pandemic, many Nigerians considered Covid-19 a disease specific to foreign countries or disease of affluence. Due to this, many Nigerians continued with their daily lifestyles and were hesitant to adopt preventive measures to curtail the outbreak, even when the first case of Covid-19 was confirmed in Lagos, Nigeria, on February 20, 2020.

When the outbreak's severity became evident and required urgent attention, the attention of the Nigerian government and its citizens was mainly on the outbreak's physical aspects. The focus on the physical aspects is understandable when we recognize that the field of psychology in Nigeria is still underdeveloped, and Nigerians do not widely recognise the practice of psychology. While the focus was on factors such as face masks and handwashing, little or no attention was paid to the possibility that such a pandemic could influence stress levels, anxiety, and depressive tendencies in Nigerians. More importantly, such a stance diverted attention from the implication of outbreaks such as Covid-19 on the mental well-being of Nigerians.

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One of the recurring themes across the contributions to this special issue is the extent to which the acceptance of Nigerians to practice the protective measures and adhere to restrictive guidelines put in place by the Nigerian government was dependent on their general perception of the pandemic. Instances of unconcerned attitudes and adherence to false and superstitious beliefs abound in the contributions. Often, these perceptions and attitudes were spurred by inadequate awareness. Inadvertently, the perceptions and attitudes impacted the level of preparedness and the proper implementation of health measures at state and local government levels.

Another recurring theme is the impact of disrupted economic activity on the wellbeing of Nigerians. Using the accounts of Nigerians from the different states, the contributors showed that as the virus spread, it usurped economic activities in Nigeria and impacted the mental wellbeing of Nigerians. To a large extent, Nigerians weighed the decision to observe health guidelines with the potential of suffering economic instability or experiencing an exacerbated state of absolute lack. For most Nigerians, it was not just a lose-lose situation but an unwarranted one that left them in states of despair. Unfortunately, the Covid-19 intervention measures instituted by the government did not include any financial assistance that could alleviate the pandemic's economic burden on Nigerians.

Further, another recurring theme in the contribution is the fear of stigmatization. In the past, Nigeria joined the fight against communicable diseases such as Ebola and HIV. Although some may argue that combating such diseases should have strengthened Nigeria's ability to develop nuanced strategies for coping with pandemics, the stigmatization of infected Nigerians and the subsequent discrimination they experienced is highly evident in Nigerian communities today. In the context of Nigerian communities at the time of the Covid-19 outbreak, the fear of stigmatization discouraged help-seeking behaviors in people experiencing the symptoms of Covid-19 or suspected that they might have been exposed to the infection. A corollary of stigmatization and the resultant hesitation in seeking medical attention was the fear of losing jobs and sources of livelihood, isolation, exclusion from social networks/community, and physical harm/violence that infected people typically experienced. This trend has been widely documented in studies evaluating the experiences of people living with an infectious disease such as HIV in Nigeria (e.g., Adejumo, 2011; Aluko et al., 2019). Therefore, recognizing the history of stigmatization across Nigerian settings can aid in better mapping the impact of Covid-19 and provide valuable insight into the trajectory of infectious diseases in Nigeria.

The Neglect of Psychology in the Nigerian Government's Response

Due to the focus on the physical aspects of the pandemic, most efforts in place to mitigate the impact of the Covid-19 outbreak targeted the physical aspects of the outbreak. There were several aspects of the fight against the outbreak that the Nigerian government and citizens could have benefitted from reliance on the field of psychology to manage, such as the intersectionality of the daily-lived experiences of Nigerians and how that informs their health behaviors and adherence to government directives. For example, an intersectional lens---the recognition that the gender, socio-economic level, religion, and culture of Nigerians combine to create unique patterns of life experiences---provided by psychologists (as seen in Iorfa et al. (2020) could have helped the government better map efforts that complemented the objectives of the medically/physically driven models for fighting the pandemic.

The lack of incorporation of psychological perspectives in the fight against the pandemic can be argued to have led to deeply inappropriate actions on the government's side. And in a way, the Nigerian government failed Nigerians by not building measures for fighting outbreaks that recognize psychological factors evident in the impact of the Covid-19 outbreak.

Rethinking the Role of Psychology during a Pandemic

Although the World Health Organization defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity," it is apparent in the neglect of the field of psychology in Nigeria that we valorize physical health over mental health. However, the COVID-19 outbreak presented yet another opportunity for National, State, and Local governments as well as government agencies and other stakeholders to take into consideration the beneficial impact of the field of psychology in improving the welfare of Nigerians. Issues of mental health and social wellbeing should not be an afterthought nor off the priority list for health strategies. The psychology field can help ensure encompassing strategies are instituted to mitigate the devastating impact of pandemics.

The COVID-19 pandemic presented a critical opportunity for the Nigerian government to recognize the psychology field and its potential. It is an opportunity to normalize the inclusion of psychologists at the table where the lives of Nigerians are discussed, and solutions proffered. Although currently there is no documented information on the psychological impact and mental health of the Nigerians during the peak of the COVID-19 outbreak, the untold hardship the pandemic left on the already precarious wellbeing of Nigerians will result in higher incidents of psychological problems such as depression, suicidal ideation, anxiety, phobia, and substance abuse. Therefore, tracking an outbreak's psychological outcomes and mechanisms are important priorities.

When we recognize that the field of psychology produces trained specialists equipped to help people navigate

everyday stressors and challenges, it becomes more apparent that the field deserves further consideration and inclusion when health policies are made in Nigeria. Also, when we recognize that psychological support is an essential part of the human being, especially during exposure to acute stressors such as pandemics, it becomes easier to see that it is an integral part of the signs of mental health and wellbeing in Nigerians.

Psychology can illuminate the interrelationship between determinants of health. Specifically, it can show how power and privilege influence health inequities in Nigerian communities. For example, the performance of social distancing directives or adherence to mandatory lockdowns is a privilege. Embedded in the directive is the assumption that all Nigerians have space to be socially distant or the resources to observe the mandated stay-at-home. From psychological messaging that promotes adherence to health directives to including psychological services as a tool for helping affected citizens cope, the Nigerian government can be better positioned to protect our communities.

Further, the Nigerian government needs to invest in psychological research. The importance of psychological research during an outbreak of unparalleled magnitude such as Covid-19 can never be overstated. Currently, most government efforts focus on identifying the epidemiology and clinical characteristics of infected Nigerians, the genomic characterization of the virus, and challenges for national (and state-level) health governance. Considering that exposure or the experience of pandemic disrupts the mental wellbeing of individuals, it is paramount that we divert some attention to research examining the psychological impact of COVID-19 on Nigerians.

When psychologists establish the prevalence of psychological symptoms and identify risk and protective factors contributing to psychological stress during pandemics, they can better assist the Nigerian government, health agencies, and healthcare professionals in safeguarding the psychological wellbeing of Nigerians during pandemics. Specifically, applying such knowledge can aid in developing effective and sustainable strategies for curbing the impact of future viral outbreaks.

Conclusion

It is apparent that there are direct and indirect psychological effects of the Covid-19 pandemic in Nigeria, and the residual impact on the mental wellbeing of Nigerians in the coming years will be pervasive. Yet, we pay little attention to the psychological impact of the pandemic on Nigerians. This special issue aims at illuminating the potential of the field of psychology, especially in times of outbreaks. Undoubtedly, urgent efforts were needed to mitigate the physical impact of infectious outbreaks such as Covid-19. However, the same urgency should be accorded to the psychological impacts of the outbreak. We hope that this collection of opinions and reports serves as a reminder to the government (at all levels), health agencies, policymakers, health professionals, and Nigerians of the benefits of the field of psychology. It is time we started building psychological measures into actions and strategies for mitigating the impacts of physical diseases at the individual, institutional and policy levels.

We wish to thank the guest editors on this special issue for their immense work toward ensuring that the quality of submissions is up to standards befitting the Nigerian Journal of Psychological Research (NJPR). Lastly, on behalf of the guest editors and the Nigerian Journal of Psychological Research, we thank all the authors who contributed to this special issue.

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Community-based Commentary on COVID-19 in Aba City, Abia State

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Aba is a large city in the southeast of Nigeria (United Nations Habitat, 2012), a commercial centre located in Abia State with the biggest textile and leather markets in West Africa (Ekekwe, 2017) with an estimated population of over 2 million people (Population Stat, 2020). Historically, Aba is also known as the site of the Aba women's riot, organised by women to redress social, political and economic grievances during the colonial era (Evans, 2009). In response to the Corona Virus 2019 (COVID-19) pandemic, the Government of Abia State announced a total lockdown within the State to ensure the virus does not spread in the state. Schools, markets, religious places, and others were closed, allowing movement only for food and other essential services; thus, economic activities shut down abruptly in Aba.

Initially, the State recorded two index cases while on lockdown, none of which was from Aba. This number increased gradually while the lockdown eased, and at the time of this report, there were 302 confirmed cases, some of which were Aba residents. However, 173 people have recovered, while three deaths have been recorded (Nigeria Centre for Disease Control [NCDC], 2020). The documented cases were due to intra-community transmission and inter-state movements (Onu, 2020). For Aba residents, however, the writer observed that loss of income source was a frustration many experienced. Most Aba residents service the fashion, events, and entertainment industries, including tailors, shoe and bag makers, souvenirs and gift items dealers, and textile and leather suppliers. Since there were no weddings, burials, and other social events, these people needed some form of palliative to fall back on. For them, emotions swelled with fears (Ofurum, 2020), not knowing when the pandemic would end. The positive side to these, however, is the resilient spirit of the residents. Many in the textile industry switched to making PPEs, including face masks, face shields, and protective overalls, while those in the fabrication industry made contactless hand washers for public places (Cable News Network [CNN], 2020).

The writer also observed that there were myths by Aba residents that COVID-19 does not affect the black race; thus, most people hung their face masks on their ears instead of covering their noses and mouths. Also, physical distancing was maintained better in places where it could be strictly enforced,such as banks, but difficult in the local markets because of its structure. However, the market unions ensured that there were hand washing buckets in front of every shop for customers. While transportation services could not provide sanitizers, they maintained physical distancing by carrying fewer people, which, consequently, increased transportation costs drastically.

Indeed, the total lockdown without palliatives was unhelpful (Chukwuorji & Iorfa, 2020) for a city where most people depended on a daily income to meet their needs. Consequently, the writer observed that people poured into the streets without ensuring physical distancing at any small window for movement, which came up occasionally. The hospitals in Aba also felt their share of the effect of the pandemic. The writer who was scheduled for the child's vaccination was told that immunization was temporarily stopped for children and observed that people avoided hospitals unless it was vital. In conclusion, while resilience is encouraged for the residents of the economic city of Aba to survive a pandemic of this nature, safety measures should be embraced to ensure maximum protection in the new normal the residents face.

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Psychosocial consequences of COVID-19 pandemic in Akwa Ibom State, Nigeria: Experiences, realities, and challenges

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This commentary highlights the researcher's observation and reviews on the emergence of the coronavirus pandemic in Akwa Ibom State, the psychosocial consequences, responses from the state government, and the easing of the psychosocial implications of the COVID-19 pandemic. Akwa Ibom State is bounded on the East by Rivers State, on the West by Cross River State, on the North by Abia State, and on the South by the Gulf of Guinea (Bassey et al., 2014). The state lies between latitudes 40321N and 50331N and latitudes 70251E and 80251E (Bassey et al., 2014). According to the National Population Commission (NPC, 2006), the state's population is estimated at 5,451,277, while the main economic activities of the people are fishing, farming, trading, artisanship, and white-collar jobs.

When the threat of the outbreak became imminent in Nigeria, the Akwa Ibom State government did not seem to show the initial panic as others did (Ikono, 2020). However, the government later responded with some anxiety once the index case was reported in the state (Nigeria Centre for Disease Control, NCDC, 2020). This was evident in the closure of schools and religious/social gatherings (Onuegbu, 2020), followed by a total lockdown of the state with total restriction of movement, except for those on essential duties. The state government set up a COVID-19 Response Team to manage the pandemic for the state but with no psychologist on the team. The governor of Akwa Ibom state, Udom Emmanuel, updated the state frequently on the status of the disease using all media outfits in the state on the government's efforts in combating COVID-19 including training of medical/health workers (Ashameri, 2020), and the deployment of 3G camera at borders to monitor movement in and out of the state (Udonquak, 2020a).

Further, the state government set up a "standardized" isolation centre at Ituk Mbang, Uruan Local Government Area, and a treatment centre at Ibom Specialty Hospital, Uyo as well as an Infectious Disease Hospital, Ikot Ekpene. There was also a World Health Organization "standardized" laboratory for testing in the state in addition to hiring of "standard" equipment from foreign countries, with NCDC-recommendation, for contact tracing (AKBC Radio, 2020). As of Saturday, June 27, 2020, the number of cases in Akwa Ibom State had risen to 83, discharged patients stood at 43, number of admissions was 38, while two deaths were recorded (NCDC, 2020). Concerning the health response, it was reported in the media that the government of Akwa Ibom state had been applauded by the NCDC, particularly in the areas of contact tracing, which seemed to have significantly limited community transmission and health infrastructure (AKBC Radio, 2020).

The total lockdown was not helpful in Akwa Ibom State; the dusk-to-dawn curfew appeared more effective and beneficial to people. The use of personal protective equipment (nose mask, hand gloves, and sanitizer) and hand washing were greatly complied with and appeared effective. Generally, residents complied with the lockdown directive in the first few days and thereafter started looking for means of livelihood as they were economically ill-prepared for the lockdown. Many did not get the government's palliatives; those who got complained that the packages were minimal and grossly inadequate (Social Development Integrated Centre, 2020). There were also reports from the government media that some of the bags of rice given by the federal government were unsuitable for human consumption (Anthony, 2020; Ashameri, 2020).

Although religious and social gatherings were stopped, physical distancing remained difficult to achieve, especially in the markets. Many perceive the opening of the markets and the closure of the church/other religious centres as an attack on the church by the government. The authors observed that many churches violated the directives and operated in the evenings, at night, or very early in the morning to avoid being caught. However, continuous restriction of religious activities (Ukpong, 2020), by the author's assessment, led to spiritual deprivation and may have impacted negatively on the mental health of the citizenry as the majority of the people are highly religious. The evidence show a positive relationship between religiosity and mental health (Cohen & Koenig, 2013; Reed & Nevillie, 2014). The authors also observed that during the total lockdown, people (especially youths) became tired of staying at home as many could be seen patronizing Naijabet (a gambling outfit)and football viewing centers that operated covertly. Given the well-known addictive nature of gambling, it can be assumed that many of these youths may have to contend with several psychological and behavioural problems even after the pandemic.

Further, h the authors observed that most people completely disregarded the COVID-19 precautionary measures such as frequent hand washing, wearing face masks, using sanitizer, and social distancing. Some persons with whom the authors interacted indicated that COVID-19 was a hoax.

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The people further argued that even if it existed, the virus could not survive in an alcoholic medium as they believed alcohol consumption would be the solution. In an attempt to recover the state's economy, the government has set up post COVID-19 economic advisory committee (Udonquak, 2020b).

Conclusion

The outbreak of COVID-19 seems to have adversely affected the mindset of people in Akwa Ibom state due to stress, fear, and anxiety. The people are known to be highly sociable and fun-loving; thus, COVID-19 has been described by many inhabitants as a threat to their communal life. Consequently, it is crucial for the government and all stakeholders in Akwa Ibom state to begin massive sensitization and awareness campaigns as part of the ongoing response process. This will go a long way in de-escalating the fear and anxiety among the populace while encouraging them to adhere to the advisories. Given the likely psychosocial problems associated with the COVID-19 pandemic and the need to protect people's mental health, it is desirable to consider the involvement of psychologists and other mental health professionals in the Akwa-Ibom state response process. Robust testing and treatment of mental health alongside the coronavirus is the first step to addressing the situation and informing policy direction. Social media sensitization on positivism, family/friends, social support, , and practical plan for post-COVID-19 will help many youths be actively engaged. It is, therefore, imperative that workers' salaries should not be tampered with as the state attempts to recover. Instead, some capital projects should be suspended, interest-free loans be given to business people, and psychologists involved in the State COVID-19 Response Team for the creation of effective and efficient measures that will get the state back on track.

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COVID- 19 pandemic: A commentary on Akwa Ibom State.

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Akwa Ibom, one of the 36 States in the Federal Republic of Nigeria, is located in the South-South geopolitical region with an estimated population of 5.45 million people (Wikipedia, 2020). According to Akpan (2020), Akwa Ibom has over 407 medical doctors and 2000 nurses well-motivated by high emolument and welfare packages for significant achievements in their field of health. The State recorded its first COVID-19 case on April 1st, 2020, and has 48 confirmed cases as of June 15th, with two fatalities (Ukpong, 2020; Anthony, 2020).

COVID-19 was suspected to have come into the State with the visit of a US Medical Team in March 2020 (Onuegbu, 2020). After the first reported case, the government placed a ban on travel into the State, closed schools, universities, and markets, and suspended public gatherings (Ajayi, 2020). An Incident Management Committee was set up with a mandate to management the COVID-19 pandemic (Emanuel, 2020). Three isolation centers namely, Ibom Specialist Hospital, Ikot Ekpene Infectious Diseases Hospital, Ituk Mbong Hospital, and Immanuel General Hospital, Eket were also established (Ukpong, 2020).

Akwa Ibom State struggled with its limited resources in providing for its citizens during the outbreak (Emmanuel, 2020). Health workers' salaries were paid on time with incentives to motivate those at the frontline (Akpan, 2020). However, the state had no Centre for testing; as a result there were cases of inconsistencies in test results emanating from the state (Onuegbu, 2020). This even led to the sacking of the State's Epidemiologist (Ukpong, 2020). During the lockdown, many households received 'palliatives' from the government in partnership with private organizations (Unah, 2020). In some instances, it was observed that due to corruption, 'palliatives' were distributed among group leaders and did not get to the poor and vulnerable persons in the villages. There were challenges regarding adherence to the COVID-19 directives by the general population, like wearing face masks and maintaining social distance (Ukpong, 2020; Gbenga, 2020). The author observed that the period of the total lockdown was tensed, stressful, and filled with anxieties and uncertainties. This may be partly due to the limited information and involvement of the private health sector by the government. The psychological impact of COVID-19 on the people was not seriously looked into, and there is no published data on the mental health of the Akwa Ibom people. However, the State governor seems to have given a slight thought to the people's mental health during the outbreak as he was quoted as saying, "one thing with the psychology of a patient is that at times the conditions, bedside manners, facilities can give him hope" (Ukpong, 2020).

Akwa Ibom is famous for having many Church and religious people, but people suddenly realized that their Churches were closed (Ajayi, 2020.) This did not deter them as they simply ignored the lockdown guidelines on public religious worship as directed by the government (Gbenga, 2020). Also worthy of mention is the fact that the lockdown was characterized by violent crimes and brutality by armed state actors. For instance, there were instances of violence against health workers by some of the police officers detailed to enforce restrictions during the lockdown (Uzoho, 2020). There was also an upsurge in violent crimes as several cases of armed robbery were reported in the neighborhoods as hunger and insecurity loomed. Amid the challenges of COVID-19, the researcher observed the revitalization and awakening of the value of care for the other person, especially the weak. The spirit of "we-ness," and the "I am because we are" of Mbiti (Mbiti, 1970), became alive in many villages. For instance, a religious group made face masks and distributed them freely to poor and vulnerable persons. Also, a good citizen opened up his house to collect food donations (as food bank), and then redistributed them to the needy with the help of a few trusted friends, providing psychosocial support. This provided an opportunity. These kind gestures provided opportunities to listen to people (e.g., neighbors) who were in dire need of talking to someone about their suffering concerning the pandemic. As the lockdown persisted and and family members were forced to stay at home by the Enforcement Committee of the Quarantine and Restriction of Movement Regulations 2020 (Onuegbu, 2020), the began to o bond better as they tried to collectively coped with hunger, stress, worries, discomfort, fear of COVID-19 and its uncertainties. As the government explores ways of living with coronavirus (Ukpong, 2020), it is expected that the mental health of the people will be considered in efforts to alleviate the problems associated with the pandemic.

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The place of psychological support in COVID-19 treatment in Anambra State

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Anambra State, South-East Nigeria is the eighth-most populated, second-most densely State (Anambra State, 2020) and second-lowest in poverty rate in Nigeria (HDR, 2018). In response to the coronavirus pandemic, the State Governor, Willie Obiano, signed the COVID-19 bill into law to legitimize measures for combating the spread of the disease (Aniagbaoso, 2020). The bill provided guidelines for citizens' conduct during the pandemic and penalties for defaulting. Some notable actions of the State government towards the outbreak include but are not limited to general lockdown, an indefinite shutdown of schools (Eze, 2020), closure and fumigation of all markets except foodstuffs and medicine markets (Agbodo, 2020), and indefinite banning of public gatherings (Bolashodun, 2020). As of 25th June 2020, the State had recorded 70 confirmed cases (57 recovered; 4 active; 9 dead) (NCDC, 2020).

COVID-19 outbreak and its consequential life adjustments (restricted movements, working from home, temporary/permanent loss of jobs, lack of physical contact, etc.), potentially, impacted negatively on individuals' health, including mental health. As new measures were introduced including quarantine and isolation, there was the likelihood that loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior would be on the rise (WHO Europe, 2020). The writer observed that in Anambra State, individuals' occupation, financial status, health background, location, and access to social support from family and friends determined how they responded to prescribed COVID-19 preventive measures. Indeed, the lockdown increased the risk of suicidal thoughts and attempts. For instance, a middle-aged man was reported to have attempted suicide following the news of the total lockdown by the State government (Nwaiwu, 2020), apparently because it would affect his life adversely. Anambra State had no psychological care system to check such risks and manage the negative psychological consequences of COVID-19. Citizens of the state were encouraged, in the face of social distancing, to remain socially connected through phone calls, WhatsApp, video chats, etc.

In line with the predominant belief, as documented by Gurib-Fakim and Mahomoodally (2013), that traditional African medicine treats both the psychological basis and symptom of illness using medicinal herbs plants, the people of Anambra who seemed to be deep-rooted in culture resorted to the consumption of local herbs and other substances as their preventive measures against COVID-19. The writer observed that the practice was more rampant in rural areas. This misconception may have arisen from the notion that coronavirus was equivalent to malaria, fever, cold, and cough, which they claim to cure with herbs. Despite the evidence t concerning paucity of data on herbal remedies for the coronavirus (Ries, 2020), the misconception persisted. Furthermore, since religion is an important aspect of people's lives, some believed they were immune to the virus because of their religious inclination.

The lockdown order in Anambra State witnessed some levels of compliance (Ndeke, 2020; Okoye, 2020), although two youths were killed by the police while enforcing the order (Olabiyi, 2020). At the level of the Local Government Areas, the e COVID-19 task force established in each of the twenty-one Local Government Areas of the State was helpful as they provided relevant information about the pandemic to concerned groups and the public (Ujumadu, 2020). It is pertinent to note, however, that the writer was unaware of any psychologists in the task forces established both at the State and LGA levels. To the knowledge of the author, many people expeienced psychological problems such as depression, anxiety, loneliness, fear, and deprivation as a result of the COVID-19 pandemic but the relevance of psychological support in strengthening primary healthcare as part of the response process was overlooked.

In terms of positives, there were some laudable strategies/actions adopted by the State to contain the outbreak. They include the "Anambra Teaching on Air" (Radio broadcasts) (Nworah, 2020); donation of 400 bags of rice to the Muslim community in the State (Agency Report, 2020); inauguration of Disability Community COVID-19 Response Team (Ajemba, 2020); and introduction of a special package tagged "Report illegal entries and Win" (Eleweke, 2020). t The "Report Illegal Entries and Win" program me encouraged residents in Anambra state to report anyone who defies Covid-19 restrictions to sneak across closed boundaries into the State and get rewarded.

Regardless of the overall weak health care system in Anambra State and Nigeria in general (Adeyi, 2016), the State's COVID-19 response strategies proved effective with a number of plausible actions that were initiated for the prevention of wide-spread of the virus. These include the regular provision of health advisories for various sectors; establishment of two COVID-19 testing laboratories, special training for health

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professionals and establishment of three isolation centres and surge centres (Bolashodun, 2020).

In conclusion, the State government went to a great length in curbing the spread of the coronavirus, although the people's mental health was conspicuously neglected. It is pertinent to recommend the inclusion of psychosocial support services in future public health emergency strategies frameworks in the state.

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Covid-19 pandemic in Cross River state, Nigeria

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The novel coronavirus disease, first reported in China (Jewel, 2020), hit the global scene with unprecedented speed and high mortality rates. Cross River State generated some psychosocial issues, and structures were implemented to handle the challenges. This discourse highlights observations made during the early days of the pandemic. Cross River State (CRS) is in the South-South Geo-political zone of Nigeria. It has an estimated population of 2,892,988, spanning 18 Local Government Areas. As of the 26th of June, 2020, it was the only State within the Federation without a confirmed case of COVID-19 (Nigeria Centre for Disease Control, NCDC, 2020). This was as a result of proactive measures taken by the Government to immediately close all her inter-State borders (Ayade, 2020). Other measures include massive sensitization on new social behaviors, as stipulated by NCDC guidelines. The State-enforced a partial lockdown, and movements were only allowed within the State. Food-related businesses were opened, and the State put in place palliative measures for the less privileged. Further, tax waivers were granted for street traders and hawkers, r 8,000 youths between the ages of 18-35 years were employed on a minimum wage of N30,000 (Uchechukwu, 2020).

However, there was contradictory views about the existence of COVID-19 status in Cross River State. The Nigerian Medical Association (NMA) chairman alleged that there was no testing centre in the State. However, patients who presented with COVID-19 symptoms had their samples taken for tests with no feedback to date. There was therefore, no official confirmation of COVID -19 in the state. The NMA Chairman requested that facilities in Federal and State hospital laboratories be upgraded for COVID- 19 testing (NCDC, 2020). In May 2020, the Government approved the reopening of worship centres in the State, adhering to preventive measures. In addition, it took a piecemeal decision to reopen three schools in June with personal protective gear supplied to students. The Federal Government objected to the decision and ordered the closure of the schools (Akpan, 2020).

COVID -19 has implications on the mental health of the people resulting in Corona phobia amidst rising cases in the neighbouring States and the global death tolls. (Shah, Kamrai, & Patel, 2020). People avoided anyone perceived to have had foreign contact or come from States identified with cases of COVID-19. COVID -19. and a Due to the similarities between Malaria symptoms and COVID-19 symptoms, so people with malaria and respiratory infections shy away from seeking medical attention because of suspicion, stigmatization, and fear of being quarantined. Instead, they preferred to treat themselves at home and indulge in all manner of unorthodox preventive measures such as sunbathing believing that COVID-19 could be killed by heat., Others indulged in excess consumption of local gin, excessive pepper in meals, vitamin C, and chlorine solutions to mention a few, which they believed protected them against the infection.

The lockdown also took many persons unawareness; people were caught in a web of anxiety and uncertainty as they could not predict the end of the lockdown, especially as it related to their businesses and children's extended stay at home. This created disillusionment in people's minds on how the "new normal" will affect their re-engagement in society post-COVID-19. Many complained of boredom at home, gaining weight, and developing ailments associated with sedentary lifestyles. Others complained of increased crime and disruptive behaviours observed in their neighborhoods, such as housebreaking and cult activities.

A new wave of fear among residents of Cross River state was observed when attention was drawn on social media to the death of a prominent politician in the State suspected to be due to COVID-19 (Ukpong, 2020). This generated a change in attitudes, particularly as it relates to wearing of facemasks and refraining from handshakes and embrace. Many people resorted to use of technology such as zoom and webinars for church and other group meetings to reduce physical contacts among members, even though worship centres had been reopened as directed by the state government. . Popular misconceptions and opinions some people held included spiritual immunity to the pandemic as they claimed to be God's children. Others thought it was a prank by the Chinese fabricated with the aim of sell their vaccines and control the world economically (Olapegba et al., 2020), and a few others consider the pandemic a disease for the aged and affluent.

In conclusion, for being COVID-free, Cross River State eventually became the envy of many as some persons living in other parts of the country wished they were in Cross River. Residents in Cross River considered themselves blessed to stay COVID-19 free.

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Commentary on Coronavirus pandemic in Delta state, Nigeria

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Delta state, located in the South-South geo-political zone of Nigeria, was created from the former Bendel State on August 27th, 1991, with a projected population of 5,663,362 (National Bureau of Statistics, 2017). It is an oil and producing state in Nigeria but the people are predominantly engaged in agriculture. . The state recorded its first case of COVID-19 on April 7th, 2020 (Obong et al., 2020). The state government was proactive in curbing the spread with measures such as lockdown, curfew, palliative measures, and a health sector renaissance. Following the announcement of the first Coronavirus case in Nigeria, the state government created 12 isolation centres (Onabu, 2020) after setting up a response team comprising state health ministry officials and the state coordinator of the National Centre for Disease Control (NCDC), headed by the Commissioner for Health.

The Governor ordered the closure of the state borders with other states on March 28th, 2020 and a total lockdown from April 1st to 30th, 2020, with two weeks extension (Delta State Government, 2020). During this period, schools, markets, worship centres, and businesses were closed. To cushion the effect of this lockdown on the people, the state government provided palliative measures such as the distribution of free facemasks (Onabu, 2020), establishment of food banks (Rippples Nigeria, 2020), and granted tax relief for businesses in the state (Emephia, 2020). The state government also implemented a life insurance scheme for 2,557 front-line health workers in the fight against COVID-19 in the state and ensured prompt payment of their allowances (Ahon, Onuegbu, Emanuel, Brisibe, & Uchechukwu, 2020).

The lockdown was relaxed with effect from April 30, 2020 but restrictions on other activities including public gatherings, inter-state movement, and schools were retained. , The lifting of movement restrictions was based on the compulsory wearing of face masks (Okafor & Neme, 2020) to curb further spread of the virus in the state. It is important to note that there were 116 confirmed cases with eight deaths in Delta State as of June 4th, 2020 (NCDC, 2020). This data was confirmed by the Civil Society/Media COVID-19 Situation Room initiated by the Governor to monitor and report on responses to the COVID-19 pandemic (Ukah, 2020). Delta state was not free of misconceptions regarding the nature and existence of COVID-19. While some people thought Covid-19 was an avenue for the misappropriation of state resources by the government, others presumed it to be the illness of the rich (Chukwuorji & Iorfa, 2020). The doubt about the existence of Covid-19 in Delta state was heightened by the remarks of one of the discharged patients from the Warri isolation center who branded COVID-19 a "Scam" (Brisibe, 2020).

Apart from the doubts about the existence of COVID-19, other social variables such as hunger, ignorance, religion, and mistrust of government by the citizens impacted negatively on the people's compliance to the lockdown directives. This led to the use of brute force by armed security operatives who were mandated to enforce the lockdown directives of government. Apart from medical and health personnel who suffered severe brutality in the hands of the security men, it was widely reported that a young man was tortured to death in Warri as part of the lockdown enforcement (Akubo, Olaniyi, Oludare, & Muanya, 2020).

The above scenarios, no doubt, created psychological and emotional distraught among residents of Delta State. Regrettably, however, the role of psychologists was not considered in the composition of Delta State covid-19 response team. Another factor that appear to have affected the COVID-19 response in Delta State was the unlawful influx of people into the state (Ahon et al., 2020). . This raised a lot of concern among the citizenry due to fear of community transmission of the virus.

The author observed that the negative impacts of the lockdown was significantly s minimized by the charitable act of many good-spirited Deltans and corporate organizations who facilitated the needed palliatives by donating foodstuffs, beverages, cash, and medical equipment for the people (Ajihromanus, 2020; Orovwuje, 2020; Ojebo, 2020). In terms of accessibility of health services in Delta State, the collaborative efforts of the state government, corporate bodies, and individuals helped immensely in repositioning the health care for improved efficiency during the period. Through the this partnership, isolation and treatment centres were established at Federal Medical Centre, Asaba; Central Hospital, Asaba; Central Hospital, Warri;, Delta State University Teaching Hospital, Oghara and the National Youth Service Corps permanent orientation camp at Isle-Uku with needed facilities and personal protection equipment (PPE) (Onabu, 2020, Offiong, 2020). This was complemented by continuous training for all health workers and cleaners to ensure that their skills were updated to meet the requirements of their jobs during the pandemic and beyond (Ahon et al., 2020).

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In conclusion, contemporary assessment of the COVID-19 pandemic management in Delta state shows commendable efforts with mixed results. However, the absence of psychologists in the response team, poor boundary policing, brutality by security agents, and the "fire brigade approach" intervention approach in the health sector left obvious gaps that needed urgent attention. . Meticulous response to these factors would have enhanced the management of the COVID19 pandemic and improved the wellbeing of Deltans even after the pandemic.

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A commentary on the Coronavirus pandemic in Edo state

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Edo state is situated in the South-South geopolitical zone of Nigeria, forming part of the Niger Delta region of Nigeria, which produces crude oil (Yahaya, 2019). Its population is projected at 4 million (National Bureau of Statistics (NBS), 2018). As of the 17th of June 2020, Edo state had recorded six hundred and twenty (620) confirmed cases of COVID-19, 445 hospital admissions, 150 discharged cases, and 25 deaths (Nigeria Centre for Disease Control; NCDC, 2020). The Edo state government created five isolation centres spread across the state namely, Stella Obasanjo Hospital, University of Benin Teaching Hospital (UBTH), Ogbe Nursing Home, Auchi General Hospital, and Irrua Specialist Teaching Hospital (Bello, 2020). The combined capacity of the isolation centres was 500-bed spaces (Ajaja et al., 2020).

The researcher observed that the pandemic caused some individuals to experience symptoms of generalized anxiety, particularly arising from uncertainty and fear. They were uncertain of when COVID-19 will end and life would return to normalcy. There is also the fear of contracting the virus in public places that were at a high risk of transmitting the virus. Some individuals experienced great discomfort regarding work productivity, particularly those that demand human presence to function and other unseen costs. This cannot be farfetched as the participation of employed workers in the economy goes a long way to influence mental health (Olsen et al., 2013), hence restrictions on their work productivity have made some individuals feel depressed.

The response of individuals in Edo state at the onset of the lockdown was characterized by indifference, disbelief, and outright rejection of COVID-related information (Diamond et al., 2020). This response may have stemmed from the idea (albeit erroneous) that the virus only affects the elites (Nwabuani, 2020). It was observed that some religious people felt that they were immune to the virus due to the belief that their faith makes them invulnerable to infections. Asa rsult, individuals reluctantly adhered to the prevention directives. It was observed that the provision of water taps for hand washing in public places and mandatory wearing of face masks helped in preventing the spread of the virus. In some worship centres, people over 60 years were advised not to attend services since they are at higher risk of death should they contract the virus.

The non-holistic or piece-meal provision of palliatives meant to ease the inconveniences of the restrictions on individuals became the bane of compliance in dealing with the pandemic. Due to the gross inadequacy in the supplies, individuals were compelled to go about in search of food without regard to the COVID-19 guidelines, thus endangering themselves through exposure to the virus through physical contacts (Diamond et al., 2020). It is important to note that in Edo state, many individuals live on daily income, and had little or no savings to serve as backup during the COVID-19 lockdown (Kalu, 2020).

The author observed that marketplaces were usually filled with people who wanted to purchase goods. Usually, they went with their vehicles which occupy open spaces that would have provided adequate avenues to implement social distancing. The population density of Edo state also made it difficult to enforce social distancing (Nwabuani, 2020). Further, the author observed that the interstate travel ban imposed by government during the pandemic was not adequately monitored. The factors highlighted above appear to have contributed to the high level of community spread of infection experienced during the pandemic. It has been found that frontline health workers exposed to high-risk of COVID-19 infections are prone to a higher risk of devastating mental health (McAlonan et al., 2007). In Edo state, the government trained health workers on how to handle the pandemic and also received incentives (Moshood, 2020). However, there was no record of involvement of psychologists as part of the response team mandated to o combat COVID-19 in the state.

In view of the various lapses observed in the response mechanism, suggestions were made to the Edo state government regarding adequate provision of palliatives to individuals irrespective of political party, religious, familial, and tribal affiliations. This was aimed at alleviating the pain, and inconvenience individuals experienced g during the pandemic. Additionally, it was thought that such gesture from the government would encourage people to comply with the Edo state government directives regarding restrictins and relevant COVID-19 guidelines. The need to engage psychologists who would offer professional help in terms of providing counseling, treatment of a mental disorder that may arise from the pandemic, and also help in community interventions was stressed.

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Commentary on the impact of COVID-19 pandemic in Ebonyi State

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Ebonyi state is located in the South-Eastern part of Nigeria, inhabited mostly by the Igbos (Isichei, 1976), and has Abakaliki as its capital city with a total population of over 198,793. Since the outbreak of COVID-19, the state recorded a total of 103 confirmed cases, eight recovered persons, and 0 death as of June 8, 2020. To combat the spreading of COVID-19, the Governor, Engineer David Umahi, mounted a formidable task force across the 296 health wards, the 64 development centers, and the 13 Local o Government Areas of the state. Ebonyi state had a committee at the state level, and this committee helped to sensitize the people in the rural communities about the transmission of COVID-19. There was a situation room and a media sub-committee responsible for getting feedback from the various communities about compliance and providing regular updates to the people about the regulations or precautionary measures and all the orders of the government (Orji, 2020).

As the disease continued to spread from one state to the other, returnees from other states began to come in through illegal means to Ebonyi State. This prompted the governor, Engr. David Nweze Umahi, to order that all entry and exit points should be closed starting from March 27, 2020. Nevetheless r, there are windows through which some people got in and out of the state. Such individuals were intercepted by the task force and taken to the quarantine centre before uniting them with their families. Ebonyi state had three quarantine/ centers located at Unity Square, t the Virology Centre (FETHA 2), and Enugu/Ngalagu boundary. Ebonyi state recorded the first coronavirus death on Friday, June 19, 2020, which led to the immediate shutdown of all judiciary buildings in the state. The directive included all Customary, Magistrates, State and Federal High Courts in the state. To contain the spread, the governor directed the judiciary officers and their families to immediately undergo COVID-19 testing.

In addition, the COVID-19 Committee in the state was told to fumigate all courts within t 48 hours and repeat after ten days (Agha, 2020). Ebonyi state had two main isolation centers in Abakaliki, which were almost filled with confirmed cases as of June 19, 2020. However, the government renovated the Elinwovu General Hospital in Abakaliki LGA and designated it as a COVID-19 treatment centre. The hospital was fully equipped with NCDC-approved protocol equipment. The author observed that Ebonyi state did not close down churches and markets, although any organization that does not take the COVID-19 issues seriously by observing relevant protocols was shut down (Nkechinyere, 2020).

Covid-19 has taught many that "Life and Health" are the most important among every aspect of human existence. It has made everyone understand that there is equality in health among both the rich and poor. Also, the author observed that the pandemic brought about stronger unity in various homes by staying and praying together at home. COVID-19 pandemic has led to "Social phobia" due to its threatening nature. It has, also, led to lack of motivation due to induced lockdown, Anxiety as a result of daily increment in the number of cases, and lack of confidence due to disagreeableness concerning the preventive strategies. The pandemic is believed to have led to violent crimes and drug abuse, especially among the youths of Ebonyi State. For example, many Ebonyi youths are now engaging in smoking behaviour and formed the habit of standing idle along the roads both in the daytime and night. There has been an increase in incidences of rape since the COVID-19 outbreak as rape is one of the cases pronounced regularly in most areas currently.

Individuals held various views concerning the ravaging pandemic. Some individuals in the state captured the pandemic as a myth and misconceived the reality of the situation. For example, most members of religious congregations held the situation as a sign of "End-Time" as written in the Holy Bible, while others still adhered to the lockdown and maintain NCDC Covid-19 health behaviour except labourers, farmers, and hawkers.

Given the problems observed in the COVID-19 response in Ebonyi State, it was suggested that government should deploy more testing equipment and machines - at least one for each community. Continuous lockdown without consistent provision of palliatives to the needy in the communities and villages was unhelpful. Also, continuous lockdown without attention to the basic needs of those who survive by hawking and transportation was unhelpful. During the pandemic, health care delivery and access in Ebonyi state was going on smoothly as of June 27, 2020. The author observed that patients were being attended to and referred to other facilities for proper attention without delay. Immunization and Antenatal clinics were still carrying out their duties from the beginning of the outbreak of COVID-19, except the routine antenatal health education that existed before the pandemic. Childbirth was going on but with restrictions

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regarding visitation from relatives into the postnatal ward.

In conclusion, total lockdown was one of the factors that caused starvation, hunger, and cries for help among Nigerians. Most people in Ebonyi state reported through media that 'instead of hunger to kill them, they prefer to be killed by the COVID-19 disease. The community, therefore, looked up to the government for reliable remedies concerning the situation.

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The COVID-19 pandemic in Ekiti State, Nigeria

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Various attitudes and perceptions trailed the announcement regarding the presence of the virus in the State. Ekiti State recorded its first index case on 18th March 2020 (NewsWireNGR, 2020), and by 26th June 2020, a total of 35 cases, 28 recoveries, and two deaths had been recorded. As of 26th June 2020, the State had recorded 35 cases, 28 recoveries, and, unfortunately, two deaths. Widespread anxiety and panic ravaged the State, and residents began worrying about leaving their abode because of fear of contracting the virus. As fear levels increased, people started taking drastic measures to protect themselves and their families. For example, some parents hurriedly withdrew their children from school. It was also observed that many people started stocking their homes with groceries to prevent any outdoor activity. On the other hand, some residents were sceptical about the virus in Ekiti and insinuated that it was an opportunity for the government to loot State's treasure.

To curtail the virus, stiff restrictions were placed on residents. All non-essential establishments were temporarily shut down, and a dusk to dawn curfew was implemented (Nejo, 2020; Ibrahim, 2020). Also, all borders into the State were closed. The lockdown was later relaxed to allow movement three days a week, and currently, movements are only restricted on Saturdays and Sundays. A Geographic Information System (GIS)-based application was introduced as Ekiti State COVID-19 Response Hub to help combat the virus and effectively manage medical facilities, interventions, and palliatives (EkitiNews, 2020). The hub is a platform that can be accessed online where self-assessment tests can be taken to enable residents with symptoms to reach out for help without going to the hospital and putting other residents at risk.

A significant challenge Ekiti State faces is the continual flouting of border restrictions. Many people were observed to pass through its borders despite the restrictions. Security agents in charge of border closure have been blamed for this laxity, given rumour about the acceptance of bribery from people bent on entry into the State. It was extremely challenging for residents to adhere to the lockdown directives because of a decline in daily income, hunger, and some level of doubt regarding the existence of the virus. Notwithstanding the strict lockdown measures, masons kept working as one saw the erection of new buildings daily. Whether or not these sets of people maintain physical distancing is better imagined. Health behaviour such as social distancing, hand washing, wearing a face mask, and personal hygiene were generally adhered to as most individuals, including children, were constantly exhibiting them.

The impact of social media during this pandemic is noteworthy in the State. Social media is awash with inaccurate and misleading information regarding the virus. There has been news about different herbal cures for the virus (though not proven), panic messages about its dreadful nature, and news claiming that the Coronavirus pandemic is a hoax. The mental consequences of the virus on Ekiti residents include anxiety, depression, anger, aggression, and fear of infection. The lockdown and social restrictions disrupted the day-to-day life of Ekiti residents, including trading, attending parties and ceremonies, and religious gatherings. Also, the restriction resulted in the inability of many daily income earners to meet their financial needs for survival which has implications for their mental wellbeing. It has left a wide trail of joblessness and loss of financial power to meet daily needs. This is exacerbated by the fact that most of these people have to cater to dependents. This poor economic condition was observed to spur an increase in poor mental health as many individuals reported loneliness, helplessness, hopelessness, and sadness. One can only hope that the procedures for preventing the virus are not accompanied by severe psychological disorders like anxiety, panic, and obsessive-compulsive disorders. However, now that the restrictions have been relaxed, it is hoped that residents will report better psychological outcomes while still complying with the (relaxed) restrictions to prevent further spreading of the virus.

Overall, the treatment and prevention of COVID-19 in Ekiti State have been proactive and effective. The restriction and lockdown imposed by the government have helped curtail the spread of the virus, thereby mitigating the potential community spread. One can only anticipate that these measures are enough to keep the State safe and prevent further virus spread.

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A psychosocial discourse on Covid-19 in Ekiti state

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Ekiti state is a state in Southwestern Nigeria. Its estimated population is about 2,384,212 and it is home to 152 towns and 16 local governments (Government of Ekiti, 2020). Ekiti state had its first index case of Corona Virus Disease 2019 (COVID-19) on 18th March 2020 (Toromade, 2020). As of 13th June 2020, the state has a record of two deaths and ten active cases (Nigerian Centre for Disease Control [NCDC], 2020). On 30th March 2020, the government of Ekiti, as a measure to prevent the spread of the virus, imposed a lockdown which involved a restriction on the movement of persons and goods, a ban on interstate travel, physical distancing, and closure of businesses and organizations rendering non-essential services. The government instructed civil servants and other personnel to work from their homes to help curtail the spread of the virus. Since the inception of the lockdown, there have been different modifications to how it operates as necessitated by the government's appraisal of the exigencies of the situation.

In furtherance of the effort of the government of Ekiti to be on top of the situation, it constituted a COVID-19 Fund mobilization Committee, purchased a molecular laboratory for testing, constructed a 120-bed isolation centre, and trained 80 civil servants on temperature testing using an infrared thermometer (Ogunje, 2020). These developments have helped increase confidence in the government and assure Ekiti residents that the government is taking significant steps to protect them. However, despite the lockdown impositions, its violations are still observable. For example, "okada riders" and motorists can be seen violating the physical distancing rule about the number of passengers, there is still interstate travel, and people can be seen converging in groups without having their face masks on.

The extended lockdown has exerted much stress on people. The restriction on movement closed businesses, and uncertainty about when the lockdown will be lifted financial and mental stress on people. Such stress can be detected in people who call into radio stations in Ekiti state to express their dissatisfaction and call upon the government to assuage their suffering. The writer's interaction with some residents revealed some sources of stress during the lockdown. While, at first glance, the lockdown may be seen as enabling families to spend quality time together, for some, this "continuous forced interaction" with family members has not been precisely palatable. This suggests that work for parents and schooling for children may have been a way of coping with family life for some people. Also, a plea for financial assistance from friends, relations, colleagues, and neighbours is stressful. Furthermore, there is the worry over not discovering a cure for the virus and that preventive measures like wearing face masks and physical distancing may become a permanent ritual for everyone. Equally, people have lost their jobs during this pandemic, and not having a source of livelihood has taken its toll on some people.

The resulting worries and stress from the lockdown have led people to develop different coping strategies. One such strategy is disabling people from making contact with one another, such as barring some contacts and not answering calls from unknown numbers. Another is increased posts of religious texts on social media platforms (comprised of Ekiti residents). Such posts imply and sometimes outrightly suggest that the pandemic is an expression of God's wrath and that asking for forgiveness is the way to go. Furthermore, there is also denial among some residents about the existence of COVID-19 and that it is just an expression of the common fever, which is treatable with indigenous herbs and concoctions. Finally, there is recourse to "unrealistic optimism." The writer has personally witnessed people expressing the sentiments that "even if COVID-19 is real and they do not practice safety precautions, they are still safe from the virus".

Although the lockdown has impacted the mental health of residents, the writer thinks that it has helped curtail the spread of the virus and acted as a constant reminder to people that there is a virus out there and that it is contagious. The government, at regular intervals, encourages the citizens to persevere with the current impositions on their freedom, emphasising its importance in keeping them safe. The government of Ekiti also distributed food items to about 20,000 households across the state to ease economic hardship during the lockdown (Oluwole, 2020). In conclusion, the memory of this pandemic will live in people's minds for years to come, and the mental health consequences during and after the pandemic will require psychological intervention. Psychologists in various areas of specialisation will have much to do regarding research, therapy, counseling, and intervention.

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You can't defeat me: COVID-19 at war with communal existence

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Enugu State is one of the states in the eastern part of Nigeria, located at the foot of the Udi Plateau. The state shares borders with Abia State and Imo State to the south, Ebonyi State to the east, Benue State to the northeast, Kogi State to the northwest, and Anambra State to the west; with a population of 3,267,837 people at the census held in 2006 (estimated at over 3.8 million in 2012) (National Population Commission, 2006). On the 28th of April 2020, Enugu state recorded her index Covid-19 case just approximately three months after the Nigerian Centre for Diseases Control (NCDC) reported the country's index case.

As the Covid-19 virus spread across countries, the Nigerian government, following the guidance of the World Health Organization (WHO), proposed various measures to curb the spread, such as the closure of schools, markets, and businesses and the prohibition of religious and social gatherings, quarantine and isolation practices (Adeshina & Okanlawon 2020). The Enugu state government immediately adopted these measures at the report of her index case. However, it immediately became apparent that most Enugu state indigenes flouted these measures, mainly because it was practically impossible for them to abruptly cease their traditionally age-long social, cultural, and religious activities that promote belongingness, solidarity, and recognition. In such instances, Covid-19 posed a threat to their physical health and wellbeing in context.

Linked to the threat on age-long activities is the overall belief of the people of Enugu state regarding covid-19. Specifically, while some people believe that they are immune to being infected due to their religiosity, others believe that Covid-19 is a political/economic tool for disenfranchising the masses. Most Enugu State inhabitants did not think Covid-19 existed as they ascribed it as a ploy for politicians to amass wealth. They presumed it was only meant for the wealthy or high socio-economic class in society. The already existing poverty and hardship in the State further fueled the people's resistance to the lockdown measures. Also, there are strong beliefs that the Nigerian hotter climate and the genetic make-up of Nigerians curtail the spread of the virus. These beliefs may have increased the perception of Covid-19's threat to their wellbeing.

One of the measures put in place to mitigate the impact of Covid-19 was a total lockdown of the State. But there were outcries that the total lockdown of the State engendered untold economic hardship, as most people at home believed that the "hunger virus" artificially created by the lockdown killed more than Covid-19. The threats to life imposed on the inhabitants of Enugu State by Covid-19 left some people with poorer mental wellbeing. There are reported cases of phobia, anxiety, hunger, malnutrition, hardship, stigmatization, Post Traumatic Disorders (PTD), hopelessness, grief, etc. This is evident not just among indigenes but healthcare workers. For instance, Obi (2020) reported that 23 Enugu state health workers out of 57 tested positive for Covid-19, and this has raised fear, anxiety, and panic among the workers and the populace as most people continue to be skeptical about the government's ability to contend the virus.

Additionally, access to health care during this pandemic period was sub-optimal. Although most hospitals were not shut down, they regarded every patient as having tested positive for Covid-19. There was no specific pattern of organization of the health care delivery system other than the status quo in the Enugu state. The inaccessibility of health care services gave rise to alternative medicine for the cure and prevention of Covid-19. In some cases, it led to increased use of herbal remedies for Covid-19, consumption of herbal medicines, and other forms of self-medications.

I believe opening some sector(s) of the State with strict and mandatory enforcement of the measures against the spread of Covid-19 in the opened sectors benefited the indigenes. Once open, an individual's strict observance and adherence to the measures against the spread was vital. For instance, frequent washing of hands with soap or using an alcohol-based sanitizer hindered the viral spread of Covid-19. Finally, as leaders and lawmakers promulgated and enforced government policies, it was paramount that they considered how communal/social cohesiveness fosters healthy co-existence that invariably enhances mental wellbeing.

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Psychosocial consequences of covid-19 pandemic in Enugu state, Nigeria

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Enugu state is located in southeast Nigeria, with a population of 3, 267, 837 (Enugu State Government, 2020). The States of Kogi and Benue bounds Enugu to the north, Ebonyi to the east, Abia to the south, and Anambra to the west (McKenna, 2020). Economically, the State is predominantly agrarian (NigeriaGalleria, 2017), with a metropolitan population of about 722,664 (Maduako et al., 2014). The State recorded its two index cases of coronavirus on March 27, 2020 (Akinola, 2020), and by June 6, it had increased to 30, comprising 13 active cases, 16 discharged, and one death (Uzodinma, 2020a). On June 24, it had escalated to 160, made up of 124 active cases, 31 discharged, and five deaths (Nigeria Center for Disease Control; NCDC, 2020).

In response, Enugu State Government constituted an ad-hoc Expert Medical Advisory Committee for urgent and effective measures to de-escalate the spread of Covid-19 in the State (Ede, 2020). In addition to the efforts toward ensuring public adherence to prescribed conventional practices of social distancing, hand sanitizing, and wearing of face masks, the State Government built three isolation centers (Uzor, 2020), approved the sum of Three Hundred and Thirty million Naira (N330, 000000) to prevent and tackle the scourge of coronavirus (Uroko, 2020). Furthermore, food items were procured and distributed as palliatives to the needy (Anukwuoji, 2020), while public places were decontaminated and fumigated (Aro, 2020b) to check the transmission of the virus. To create awareness of the pandemic and limit community transmission, the state government engaged voluntary village criers to carry out enlightenment and campaign against covid-19 at the community level (Eze, 2020a). These voluntary village criers synergized with the traditional rulers in ensuring that the message was taken to the grassroots.

The observable mental health consequences of the pandemic among the residents of Enugu State within the first two weeks were anxiety triggered by the fear of the spread of Covid-19 by illegal migrants (Eze, 2020b; Ugwuanyi, 2020) and hunger as a result of the unexpected lockdown of economic activities in the State for 40 days (Akalaugwu, 2020). According to Paul Ani (a resident), "…but for the intervention of relatives and family, I nearly ran mad, barely one week after the closure of markets, as a foodstuff in my house got finished, and I had no money in my pocket" (Akalaugwu, 2020). For Vincent Eze, another resident, "…four days into the lockdown was like hell" (Awodipe et al., 2020). The associated distress, frustration, and depression, reportedly led to undesirable behaviours, such as overindulgence in drinking (Awodipe et al., 2020).

After the first two weeks, it was observed that the Government's publicity about the Covid-19 pandemic in the State appeared not to be reflective of the actual situation on the ground. For instance, recorded cases of covid-19 were only those with travel history, and the infection seemed not to spread beyond the affected individuals (Ugwuanyi, 2020). As of June 15, 2020, 23 health workers had been confirmed to have contracted the virus in the State (Olowolagba, 2020). The public received this type of record with suspicion, thus fuelling the spiraling myth that Covid-19 in Enugu State is a scam - it does not exist or a political coronavirus designed to enrich private coffers. This was captured in the recent survey conducted by the Presidential Task Force (PTF) on Covid-19 in southeast Nigeria (Nwachukwu, 2020). It was reported that the above situation (that is, myths) had significantly contributed to the people's total disregard for the use of face masks and physical distancing protocols in the State (Uzodinma, 2020b). According to Nwachukwu (2020), people only wear their face masks to avoid being harassed by security agents or when compelled to do so.

In preparation for the eventual spread of the infection across the State, Enugu State Government built new healthcare facilities and rehabilitated old ones (Aro, 2020a; Nwanosike, 2020), To ensure that medical and health staff in the State were well motivated and prepared to fight the pandemic, Government approved the implementation of the Consolidated Health Workers Salary Scale (Mbamalu, 2020). However, from personal observation, there appeared to be a general reluctance on the part of the public to seek medical attention in health facilities due to the fear of COVID-19 infection. Similarly, a cross-section of medical/health staff indicated an unwillingness to offer services for fear of contagion. For this reason, nurses in Enugu State embarked on street protests for insufficient Personal Protective Equipment (Ejifoma, 2020).

In conclusion, the perceived lack of transparency on the part of the State Government in the fight against COVID-19 and the negative attitude of the people toward expert advisories and directives concerning the viral infection arising from the spiraling myth seems have complicated the war against COVID-19 in Enugu State.

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Psychosocial consequences of the COVID-19 pandemic in Imo State: Some pragmatic isssues

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Imo State has an estimated population of 4.8 million, with a population density ranging from 230-1,400 people per square kilometer, covering an area of 5,530 square km. The state shares boundaries with Enugu and Ebonyi States to the north, Anambra State to the west, Rivers State to the south, Cross River and Akwa Ibom States to the east (see https://www.nigeriagalleria.com/Nigeria/States_Nigeria/Imo/Brief-History-of-Imo-State.html). Imo State joined the rest of the nation to record her first coronavirus case on 25th April, 2020 (Nike, 2020). In response to this, the government of Imo state took proactive steps to protect the citizens from the deadly disease by activating the hitherto moribund health platforms and putting measures in place to contain the virus.

As of 4th June 2020, Imo state has 39 confirmed cases, 14 recoveries, and no death recorded (National Centre for Disease Control, NCDC, 2020). Accordingly, the state government activated all the health platforms in the state to ensure enough capacity to handle any possible spread of the disease. The acquisition and pre-positioning of personal protective equipment, increased border surveillance, community awareness and mobilization, distribution of hand sanitizers, and sensitization of physicians and other health workers are all examples of effective emergency response strategies instituted by the Imo State Ministry of Health through the Public Health Department and the Primary Healthcare Agency (Iheanyi, 2020). The state government also prohibited all forms of marriage, funeral ceremonies, and religious worship in churches and mosques. Furthermore, the government directed that all borders into the state are blocked, and people coming into the state must obtain clearances from the health officials attached to the checkpoints before they are allowed entry into the state (Jerome, 2020).

The writer observed that the mental health consequences of the virus on the people of the state might include depression, anxiety, insomnia, distress, panic, fear, worry, and concern among the aged, care providers, and people with underlying health conditions. The writer also discovered that a vast majority of the people, including the educated, believed that the coronavirus disease did not exist. Many people thought it is a "rich man's virus," so it can not affect the poor masses. Others believed the COVID-19 virus could not survive in a region around the equator as the temperature would kill it. However, the virus was not selective as it kept infecting the rich and the poor alike. The WHO and many medical experts have debunked the claims that the virus could be cured or prevented by drinking the alcoholic substance, eating garlic, lemon, and good food to strengthen the body's immune system..

The writer further discovered that some communities/clans in the state have a strong cultural, religious, and traditional/communal affiliation as well as close ties with extended family members and neighbors, which constitutes a significant social and behavioral barrier that posed a major challenge to physical distancing practices prescribed by the public health authorities to check the spread of the virus.

There is no gainsaying that a viable remedy in curbing the spread of the virus in Imo State was adherence to all precautionary measures released by the WHO, including avoiding crowded locations, social distancing, and personal hygiene. Further, the state was advised to revive existing hospitals to serve as isolation centres, provide testing kits, and establish health insurance schemes for frontline medical/health personnel. Accordingly, the state government activated the hitherto moribund health platforms and concluded an arrangement to have a specialist hospital to tackle the covid-19 virus, among other diseases, in the state. To achieve this, the government constituted 9-man Committee to manage the COVID-19 pandemic response mechanism. The government also provided a 24 hours standby Ambulance vehicle fully equipped to carry out medical tests on suspected cases (Iheanyi, 2020).

Conclusively, as the state struggled to contain the spread of COVID-19, the need for personal hygiene, social distancing, regular hand washing, avoidance of large gatherings, and other preventive/precautionary measures was stressed to the public. . More than ever before, the Imo state government, through the media houses, intensified efforts toward public enlightenment to debunk the misconceptions many people had about the Novel Coronavirus. While there is no vaccine for COVID-19 at the time t, testing, staying home, and staying safe remained the watchword.

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Assessing the psychosocial consequences of Covid-19 pandemic in Imo state, Nigeria

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Imo State is one of Nigeria's oldest states, created on February 3, 1976, by the Federal Military Government of the late General Murtala Muhammad. The State covers an area of 5,530 square kilometers and shares common boundaries with Enugu and the Ebonyi States to the north, Anambra State to the west, Rivers State to the south, and Cross River and Akwa Ibom States to the east. According to the World Health Organization (WHO, 2019), Imo State has a population of 5.2 million, predominantly young people, of which over 5 million do not have access to health insurance or pre-paid essential healthcare. The indigenes of the State depend mainly on agricultural produce and commerce as their sources of livelihood.

According to Adebowale (2020), the first cases of COVID-19 in Imo State were reported by Nigeria Centre for Disease Control (NCDC) on April 26, 2020. Considering the rapid spread of the virus globally, the state government took practical steps to protect the citizens by opening six isolation centres across the State. These isolation centres were located at Aboh Mbaise General Hospital, Umuguma General Hospital, Okigwe General Hospital, Federal Medical Centre Owerri, Imo Teaching Hospital, Orlu, and Imo isolation centre, Owerri (Uzodinma unveils Imo isolation centres, 2020). Other proactive measures taken by the state government were the inauguration of a nine-man COVID-19 Committee with a mandate to monitor and investigate the suspected case(s) of the infection in the State, complete fumigation and closure of all markets as well as the prohibition of all forms of public gatherings such as marriages, funeral ceremonies, and religious services both in, churches and mosques. When this report was compiled on Monday, May 25, 2020, among the 7,839 cases confirmed in Nigeria, Imo State had only 7 cases, none discharged, and no death recorded (NCDC, 2020; Oyekanmi, 2020).

The pandemic led the Imo State government to issue directives to all civil and public servants in the State, except those on approved essential duties, to stop work immediately (Oguwike, 2020). The unexpected case of the novel covid-19 prevented residents of the State from pursuing their legitimate economic activities from which they make money to fend for their families (Ogugbuaja, 2020). This upheaval may have led to mental consequences among the people including adults, children, the aged and other vulnerable groups.

The authors observed that the indigenes learnt to promote positive, healthy behavior because of fear of the unknown. In Imo State, town union leaders, traditional rulers, and heads of clans carried out physical distancing and hand washing sensitization campaigns through indigenous languages, house-to-house visits, and town announcers/criers to ensure that their subjects heeded the precautionary measures prescribed by health agencies. For example, in a village called Umunono, Ihitteafaoukwu, the clan head was actively sensitizing its subjects on the need to observe safety protocols established by health experts on COVID-19.

The period also witnessed an influx of philanthropic gestures, which are considered helpful in the fight against the virus outbreak in Imo State. A notable example was the donation of a 100-bed Isolation Centre located at Imo State University Teaching Hospital (IMSUTH), Orlu, by Access Bank (Alozie, 2020; Nwachukwu, 2020a). This, once again, brought to the fore the underlying need, as a matter of urgency, for the provision of standard critical care facilities such as modern equipped laboratories, resilient Intensive Care Units (ICU), hospital beds, ventilators, as well as and medical/health human resources training. Another positive development observed among the people of Imo State within this period was that the COVID-19 pandemic reignited the hitherto weak sense of brotherhood and togetherness. However, a scenario that appeared not to have helped the COVID-19 response concerns the handling of the government's palliatives, especially its distribution based on political party affiliations. The authors observed that beneficiaries of the palliatives were selected from among the card carriers of the State's ruling political party.

Finally, the authors observed some level of commitment in the health care sector. As part of measures to contain the infections, the Imo State Ministry of Health, through the Public Health Department and the Primary Healthcare Agency, established robust emergency response measures with the procurement and distribution of personal protective equipment (including medical consumables) as well as, enhanced border surveillance, community awareness/mobilization activities across the State (Nwachukwu, 2020b).

In conclusion, the authors focused on the psychosocial consequences of the COVID-19 outbreak in Imo State. This study documented a very painful period with the moving experiences of government, citizens, and health workers as they continued to work to save lives. The study concludes that during periods of uncertainties occasioned by similar outbreaks

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in the future, people should meticulously observe all precautionary measures stipulated by health experts.

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Commentary on psychosocial consequences of the COVID-19 Pandemic in Kaduna State

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The author observed that the situation of the COVID-19 pandemic in Kaduna State was regarded as a war against humanity which requires urgent attention by the state government. This was because the state, as of 31st of May 2020, had recorded 258 confirmed cases of COVID-19, with 93 on admission, 157 discharged, and 08 deaths (Nigeria Centre for Disease Control, NCDC, 2020). Consequently, the government responded by taking very drastic measures to curtail the spread of the virus, such as the implementation of physical and social distancing, mandatory wearing of face masks in public spaces, washing of hands with soap or regular use of hand sanitizers, and total lockdown of the state. These strategies had been used globally in other countries like China, Italy, and the United States of America.

Some helpful steps taken by the Kaduna State government in dealing with the COVID-19 situation included the total lockdown and quarantine of all residents in their homes complete shutdown of schools, offices, event centers, markets, and places of worship. However, the lockdown was reviewed weekly to ease the restrictions and allow residents to attend to essential needs (e.g., going to the market) on Tuesdays, Wednesdays, and Thursdays. It is pertinent to state that while some residents were victims of COVID-19, some had misconceptions about the pandemic. Some residents saw COVID-19 as a divine plague implying divine punishment and end -time, while other residents argued that it was a disease of the wealthy/elites, imported into the state from foreign countries by the wealthy/elites since it kills only the rich/elites. Other residents, however, contend that was a public health propaganda by the world powers in connivance with gullible leaders of developing nations to expand their scope of economic and political influence via a new order.

Additionally, some residents held the view that the COVID-19 pandemic was within the realm of speculations. They argued that they were yet to see any known relative/neighbor who had died of COVID-19. These different perceptions/beliefs appeared to have promoted complacency as residents ignored their responsibility to uphold preventive measures; some congregate in worship places (churches and mosques), as well as large crowds at weddings and other social activities. The government's measures to curtail the spread of COVID-19 created mental health consequences for Kaduna residents. The consequences included hunger crisis, apprehension, anxiety, fear, worry, panic, and depression among lower-class residents. It is insightful to note that compared to the upper-class, lower-class residents seemed to have control over their fears about contracting the virus. The upper class were more concerned about their businesses and assets and feared the uncertainty of contracting the virus. This was equally evident in the residents' coping ability and survival struggle. The lower class seemed to have done better than the upper class, probably because they were already used to h daily stress and struggles.

The state government played a very significant role in providing and maintaining access to healthcare across the state. The state government funded the provision of health services specifically in the entire Primary Health Care (PHC) and secondary health care facilities, while the federal health institutions domiciled in the state received funding from the federal government. The Barrau-Dikko teaching hospital was dedicated to and available for the public to enquire about their COVID-19 symptoms, testing, and preventive measures. Private partnerships existed between donors, non-governmental organizations, and faith-based health facilities. Despite the government's efforts, specific actions and inactions by the government appeared to exacerbate the COVID-19 situation. The Kaduna State government cut down salaries of civil servants by 25%. Health personnel continued to lament the inadequate personal protective equipment (PPE) and non-implementation of life insurance policies for frontline medical personnel. This resulted in a one-week warning strike by the joint association of Kaduna Stare Health Workers.

Community mobilization through traditional, religious and other community leaders was equally lacking. There were no workable models for public health interventions in place. Palliatives from government and political elites to help cushion the lockdown effect were absent. Despite these challenges and limited resources, the author observed that the health care delivery system in the face of the COVID-19 pandemic was quite encouraging as there continued to be a high demand for health services amidst the pandemic. To conclude, it is imperative to point out that COVID-19 was at the community level, and residents of Kaduna were at greater risk of contracting the disease. As the government paid attention to the physical consequences of COVID-19, the Kaduna State government failed to pay attention to the mental health (emotional) needs of the residents and frontline health workers.

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Experiences, challenges and lessons learned from COVID-19 pandemics: A case of Kaduna state in Northern Nigeria

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Kaduna State is the 18th state of the Federal Republic of Nigeria, located in the northwest zone of the country. It is ranked 4th by land area, about 46,053 km2 (17,781 sq. mi), and 3rd by population (approximately 6,113,503) in Nigeria (National Population Commission, 2006). As of June 1, 2020, Kaduna State recorded 258 confirmed cases, 157 recovered, and eight deaths. One of the first known cases of Covid-19 in Kaduna is when the Governor of Kaduna state, Mallam Nasir El-Rufai, tested positive for Covid-19 on 28th March, 2020 (Ayeni, 2020). Before the governor's diagnosis, the state of Kaduna had begun putting measures in place to mitigate the impact of the virus once it was confirmed in Nigeria.

Kaduna was the first state to announce a lockdown starting on March 25, 2020. As part of the measures for fighting the outbreak, the government spent 500 million naira on buying food and other necessities delivered to the poorest members of the state (Ayeni, 2020). However, this was not correctly and orderly done. The teeming population that came around for the palliatives went home without getting anything. There were cases of deaths and many injured in the course of many struggling to get palliatives. It wasn't a good one and, besides, not properly organized. During the lockdown, pharmacies, grocery stores, and food and fruit sellers continue operating. All markets were closed down, and temporary markets were opened in various neighborhoods, for example, Monday Market, etc., so people would no longer travel long distances. The senior students in SS3 (final students for WAEC and NECO, secondary students, and primary pupils were not reached out because of the lockdown.

Despite being a physical illness, the lockdown brought mental health problems/psychological problems among the citizens. The observable psychological issues witnessed in the state, especially among patients admitted in hospitals (e.g., Federal Neuropsychiatric Hospital, Barnawa, Kaduna, and outside the hospital), included; fear of the unknown and what next might happen, anxiety disorders (e.g., panic disorders, obsessive-compulsive disorder (OCD), acute stress disorder (ASD) and post-traumatic stress disorder (PTSD)), anger/extreme anger, frustration especially among the artisans, Okada riders, taxi drivers, etc., who got their daily bread on daily basis. . Others included an increase in the use of psychoactive substances, including both legal and illicit substances, psychosis, stress, stigmatization, and boredom.

There exists a myriad of beliefs surrounding the existence and impact of Covid-19 on the populace. According to Ibrahim and Ekundayo (2020), a large percentage of the state's people believe that COVID-19 is not a real threat. Among those that believe Covid-19 is a real threat, some believe it to be a disease of affluence that affects only the rich who travel out of the country (Ibrahim & Ekundayo, 2020). Also, some people believe that the virus cannot survive in a region around the equator as the hotter temperature would kill the virus (Ibrahim & Ekundayo, 2020). Despite these misconceptions surrounding the virus, as of May 21, 2020, there are more than 7 016 confirmed cases, 1,907 recovered cases, and 211 deaths recorded in Nigeria, according to the Nigeria Centre for Disease Control (NCDC, 2020). This clearly shows that the virus does not know anyone. The rich and the poor, the young and the old alike, were affected.

Also, on religious matters, at the time of this commentary/report, religious authorities both in Christianity and Islam in the state have been complying with the guidelines outlined by the state government on COVID-19. However, there was a case or two in which an Iman was arrested for conducting prayer in the mosque. Also, with the recent celebration of Eid-el-Fitri by Muslims in the state, mosques were open, and no movement restriction was observed. This was followed, also in almost all the Northern states. A look at adherence to lockdown/physical/social distancing, the first weeks of the lockdown were impressive. People adhered to the instruction given by the state government, but later on, the state government started arresting defaulters and prosecuting them. Some of the reasons behind the poor adherence to the state instruction were hunger- no food for their daily bread, anger, frustration, boredom, tiredness from staying at home, etc. The physical/social distancing was also observed in some hospitals, both Federal and state hospitals. However, in some hospitals, it wasn't so. Outside the hospitals, especially among the populace in the state, its effect was minimal and not well pronounced.

Some measures from government, organizations, groups, and individuals can be helpful in a time like this to assist in cushioning the effect of the pandemic. These helpful measures include; the government educating the public through traditional media (e.g., radio (e.g., Kaduna State Media Corporation, Capital FM, Liberty FM, and In Victa FM), television, newspapers, and social media on COVID-19 and WHO preventive measures; government and social media on COVID-19 and WHO preventive measures; government obser-

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vation indicated that it was not good enough; the harmonious working relationship among health workers in observing WHO preventive measures; treatment and care of patients affected by a coronavirus and those indirectly affected by the negative consequences of COVID-19. For example, those who developed psychological problems/psychiatric conditions/mental health problems. Others include; commitment/dedication/diligence among health workers in ameliorating the effect of COVID-19 on patients; Nigeria Psychological Association, Kaduna Chapter, under the auspice of NPA COVID-19 Response Committee Kaduna State Chapter working in collaboration with the state government through the deputy governor and ministry of Health in combating/cushioning the negative effect of COVID-19 in the state; involvement of mental health professionals (e.g., clinical psychologist) in psychological assessment and interventions for good mental Health, psychoeducation for prevention and spread end, psychosocial support counselling, psychotherapy for healthy adjustment, post COVID-19 community counseling services and research), others include psychiatrists, psychiatric nurses, and medical social workers, etc. Public adherence to WHO preventive measures on COVID-19 and adherence to state instruction on COVID-19 putting into consideration the state cultural, religious values/norms.

On the other hand, non-helpful measures need to be eliminated to avoid hindering the helpful measures indicated above. These include; the government's inability to provide palliatives to the populace; the government's inadequate plan/unpreparedness to deal with the COVID-19 challenges; the government's 25% salary cut of health workers, and the threatening to sack them if any health worker fails to show up at their assigned places of work owing to health workers being on strike; extortion of money by the law enforcement agents especially from those violating the state's lockdown laws/instructions allowing more people to move around thereby increasing the spread of the virus and providing little or no personal protective equipment (PPE) to its health workers. In conclusion, it was evident that the world was faced with pandemic-COVID-19. I anticipate that as part of the lessons learned from this pandemic, all hands must be on the deck, which requires collaboration from individuals, groups, professional bodies, organizations, philanthropists, state governments and federal governments, and international bodies in combating/cushioning the negative effect of COVID-19.

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A commentary on the response of Lagos State to the COVID-19 pandemic

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The index case of COVID-19 in Nigeria was reported on the 27th of February, 2020, in Lagos state (NCDC, 2020a). The strategic location of Lagos state on the Atlantic coastline of Nigeria has made it an attraction for trade merchants who seek to expand their economic prowess. Lagos shares borders with the Republic of Benin, Ogun State, and Oyo State. The geographic features of the State imply that the impact of the pandemic in the State resonates in the country as a whole and extends to other African countries. As of the 24th of June 2020, Lagos State had 9,073 laboratory-confirmed cases, 7,490 cases on admission, 1,457 people had been discharged, and 126 recorded deaths and the State makes up 44% of the total confirmed cases nationwide (NCDC, 2020b). The Lagos State government swung into action by establishing the Incident Command System (ICS) with the Governor himself as the Chief Incident Commander and the Honourable Commissioner for Health as the Deputy.

The health care sector in the State has been hard-pressed to meet the demand of the growing cases. Lagos has a heavy disease burden in normal times (Council for Foreign Relations, 2020). Three weeks before the index case was reported, the Nigerian Government placed a travel ban on flights from 13 countries with high prevalence rates of COVID-19 (Ogundele, 2020). Lagos State set up a biosecurity team that kept citizens updated about the pandemic. The Government also tried to buffer the economic effect by providing palliatives for indigent citizens. About 80% of Nigeria's population lives on daily income, with no savings to serve as a financial buffer during the lockdown (Kalu, 2020). Also, during the lockdown, armed robbery cases spiked in the bustling city. Residents had to set up makeshift checkpoints with burning tyres in border communities between Lagos and Ogun States to protect themselves (British Broadcasting Corporation, 2020). There was panic buying in the State; essentials like facemasks and hand sanitizers became scarce.

The current behavioural response in Lagos state has not been in total compliance with the NCDC recommendation. Concerning preventive behaviours, it is humorous to see the counterproductive ways citizens of Lagos State use their face masks, like pulling the face mask on their chin to chat with an acquaintance. It is a commonplace to see commercial transport workers keeping extra face masks for passengers who do not have one and need to pass by law enforcement officers. Observing social distance in public places like markets, banks, and motor parks is still a tall order in the State. For example, overcrowding and the high rates of homelessness in Lagos may make social distancing unfeasible (Roberts, 2020). Some individuals believe the virus is a scam and therefore despise precautionary measures. Perceptions around the source and causes of the virus in Nigeria are mainly superstitious and unproven (Olapegba et al., 2020).

There is a need for personal responsibility as recommended by the State government. Individuals are faced with the option of regulating their behaviours to fit into the new normal or risk being infected. The Health Belief Model (HBM), developed by social scientists at the US Public Health Service in the 1950s, suggests that a person's health-related behaviours arise from the need to avoid illness. Components of the model include; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy. People are likely to make behavioural adjustments only when these components interplay. Expectedly, the effects of the pandemic will spill over many facets of life in the cosmopolitan city ranging from the health care system, social life (owanbe in Lagos parlance), economy, and even the way religion is practised has evolved. The danger that Nigerians face in the coming months may not be confirmed cases of COVID-19 but the psychosocial disruption for those at increased risk for adversities and vulnerabilities (Chukwuorji & Iorfa, 2020).

One way to mitigate the pandemic's impact on citizens of the State will be to give attention to their mental health. Lagos state has in its response team a psychosocial support unit saddled with the responsibility of professionally disclosing test results to citizens tested and giving them psychosocial support. The Lagos State chapter of the Nigerian Psychological Association also set up a response team to provide psychosocial support to individuals who may need it. Lagos State will be a significant index of the success of Nigeria in fighting the pandemic. The wins of Lagos State with regards to the fight against COVID-19 will be the wins of the country in general as the State is the melting point of the diverse cultures represented in Nigeria and even with a tint of other African cultures.

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COVID-19 in Nsukka

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Nsukka is a town and Local Government Area in Enugu State, Southeast Nigeria. It is home to the University of Nigeria, the first University established in Nigeria after independence. Nsukka, one of the biggest towns and an important central city in Enugu, has an estimated population of 941,000, consisting of towns such as Opi, Enugu-Ezike, and Obollo-Afor, which all hold a novelty of the town (Olaoye, 2018). When the COVID-19 outbreak was announced on 27 February 2020, the Government of Enugu State proactively responded by inaugurating response committees and a number of isolation and treatment centers in the state, including Nsukka isolation and treatment centre, even before an index case was recorded. Complementing the efforts of the state government, the Chairman of Nsukka Local Government Area (LGA) personally went around the main markets to create awareness of the instructions of the World Health Organization, such as frequent washing of hands, use of face masks, physical and social distancing, avoidance of crowd, avoidance of hand-shakes, etc. (WHO, 2020).

The author observed that the issue of COVID-19 initially seemed unreal and far-fetched to the people of Nsukka. Some people generally saw it as a "Rich man" disease that could not affect the poor masses (Oluwasegun & Dumilola, 2020), while some people believed that the COVID-19 pandemic could not survive in their environment due to the hotter climate. Also, some others thought the disease could be cured or prevented by drinking alcohol, lemon, garlic, etc. Yet others, especially Christian and Muslim fanatics in Nsukka, succumbed to the use of anointing oil, mantles, handkerchiefs, talisman, herbs, or rituals as a source of healing of COVID-19.

As a result of these misconceptions regarding COVID-19, people were not complying with the simple safety measures weeks after the outbreak of COVID-19 was announced. The imposition of a total lockdown by the Government and strict rules regarding adherence to safety measures such as social distancing and wearing of masks did not deter people from going about their businesses, except where compliance was inevitable such as in banks and hospitals. For example, during the lockdown period, traders often converged along the New Market Road Nsukka to wait for prospective customers.

The closure of markets, schools, churches, workplaces, and banks has, however, resulted in changes in behavioral patterns among individuals in Nsukka. With the poor power supply during the lockdown, people reportedly became bored, frustrated, depressed, afraid, lonely, and anxious. This has undoubtedly had severe consequences on their mental health and well-being. The writer thus observed that most young adults in her neighborhood opted to smoke Indian hemp, drink alcohol, also watch wrong internet sites such as porn, game, selfie, and gambling sites which may later result in addiction.

Most people in Nsukka refused to adhere to the instructions because it was not favorable to them. Others constantly fear what will become of them if they contact COVID-19. Some doctors who spoke to the author noted that some citizens of Nsukka with pre-existing conditions such as Asthma experienced dilemma and fear of going to a hospital for treatment to avoid contracting coronavirus or being taken to the isolation center. I observed in my neighborhood that a pregnant woman risked giving birth in her house for fear of contracting COVID-19 if she visited the hospital and died in the process. Some people who made it to the hospital died due to a lack of medical assistance because health workers were weary of attending to sick people for fear of contracting COVID-19 from the patients.

Although there was no recorded case of COVID-19 in Nsukka at the time of this report, it had a devastating impact on the citizens as a result of measures such as social distancing, lockdown of offices, churches, banks, markets, and schools, instituted by the Government to curtail the spread of the virus. I observed a sudden relief and joy in citizens as the lockdown eased, such as the opening of markets and malls on 3 June 2020. As the lockdown eased, Government still advocated for precaution and prevention measures such as personal hygiene, social distancing, wearing of face masks, regular hand washing, abstinence from large gatherings, etc. These measures helped to keep the spread of the virus away from Nsukka. Most importantly, they helped to save people contacting COVID-19 as well as reduce or eradicate its spread.

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COVID-19 Pandemic in Obollo-Afor town, Enugu State

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Obollo-Afor is strategically situated at the regional boundary between the South-East and North-Central geo-political zones of Nigeria and serves as the strategic route of passage to the communities of the far North, with a population of 178, 466 (Eze, 2012). The writer decides to concentrate on Obollo-Afor because one cannot present a comprehensive picture of Enugu State during this pandemic without mentioning Obollo-Afor due to several activities that have taken place and are still going on in the area. Such activities include big trailers conveying people from North to South-East that have been intercepted in that area severally, a very large population of sex workers operating in the town, porous inter-communities and states inlets and outlets route during this lockdown, and having common borders with some part of the North like Benue, Kogi, etc.

The COVID-19 pandemic, or coronavirus disease, is an emergency health problem that demands global attention. It is defined as a mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 of the genus Beta coronavirus); and is transmitted mainly through contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized primarily by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure (Ingraham & Tignanelli, 2020).

The emergence of the pandemic caused heightened fear in both the government and the citizens. Then, to contain the spread of the virus in different states of the federation, the state governments made several efforts to ensure that the pandemic did not adversely affect the people. Though several efforts have been made, observation shows that such efforts are not enough to contain the spread of the pandemic. Since the outbreak of COVID-19, the state government has made several efforts to improve the situation. One of them is by introducing the lockdown order in the form of the state government land boundaries closure, 'stay at home order' closure of all religious activities and all manner of public gathering, and inter-state restriction directives, among other precautionary measures meant to contain the spread of coronavirus pandemic in Enugu state including Obollo-Afor communities, but many do not adhere to it due to ignorance and low perception of risk, denial of the existence of the pandemic and mistrust on the part of governments and community leaders. What is on the ground is grossly inadequate; for instance, during the lockdown, the sharing of palliatives was introduced to help the poor masses, but Obollo-Afor is for the elite class. Those who are supposed to get palliative were not reached, and most of the inhabitants depend on their daily income for survival.

Therefore, the total lockdown did not work, and as a result, many did not adhere to it. It is difficult for the inhabitants of Obollo-Afor to believe that COVID-19 is real due to misinformation. The impression is that it is being politicized in Nigeria, and a common slogan is that 'corona is a white man disease' with the impression that our weather is extreme and cannot allow the disease to thrive. So due to this doubt majority find it difficult to adhere to the COVID-19 containment measures like washing hands and using hand sanitizer, wearing face masks, physical distancing, and obeying the lockdown order. The few who try to observe the measures like wearing a face mask, washing hands, and using hand sanitizer are made a mockery of when seen. Churches and mosques were closed, but people secretly organized house fellowships and secret places for worship with the impression that is not comparable with online services. There are no Isolation and Treatment Centres for COVID-19 in Obollo-Afor, and many find it challenging to seek treatment during this period to avoid being labeled a "COVID-19 patient" and the subsequent social stigma after that. The recent ease of lockdown and worship centers is somehow good because people are tired of staying at home. When they go out, they ease the tension in them, but people need to be sensitized to do that with caution.

Basically, pandemics like COVID-19, whether natural or environmental, have many impacts on the citizens of Obollo-Afor. Since the outbreak of COVID-19 and lockdown measures instituted by both Federal and state governments, people residing in Obollo-Afor experience much stress, and there is every tendency that stressors specific to this period may exacerbate preexisting mental health conditions or trigger new cases.

Observable stressors in Obollo-Afor include social restrictions consequent to the lockdown, which may worsen preexisting financial difficulties, considering Nigeria's high poverty and unemployment rates (World Poverty Clock, 2020). Residents of Obollo-Afor mainly live on daily income, with no savings to serve as a financial buffer during the lockdown; as a result, many underlying mental health problems manifest themselves in the form of depression, anxiety, and despair due to fear of the unknown. Though they do not practice social

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isolation and physical distancing; including other basic guidelines for self-protection from COVID-19 infection, people from different places that usually patronize their markets as a means of earning a living do not come as usual due to restriction of movement, and this drastically affects their income. In addition, many have lost their source of income, and hunger impacts people's mental health (Chukwuorji & Iorfa, 2020); many youths are no longer in school, which predisposes them to many social vices which also impact their mental health.

Another notable stressor among the inhabitants is misinformation about COVID-19, which impacts them negatively. For instance, the elderly and those with underlying health conditions, having been identified as more vulnerable to COVID-19, live in fear, which can be extremely frightening and very fear-inducing. Substance abuse like 'Ogogoro' (local alcohol), 'Seaman dry gin,' and local herbs (e.g., ginger, garlic, and turmeric) by the people in the area are now on the increase because they believe that with it; one may not contact the virus if it exists. This is based on information that such substances may help prevent the contamination of the virus regardless of the source of information. The writer also observed that some who witnessed the world wars have Post Traumatic Stress Disorder (PTSD) as the present situation reminds them of what they went through, and they will not like to witness such a situation again. Also, domestic violence and child abuse are prevalent because intimate partners stay together, unlike before, and children do not go to school now. People complain of loneliness, stress and other psychological distresses because they interact freely, and isolation and social distancing is not part of their culture. Aggression is now increasing, and the number of mad people parading in the town is also a noticeable increase due to hardship.

Most of the people in Obollo-Afor need psychological support at this time, but unfortunately, psychologists in Nigeria were not included in government-based response teams, task forces, and other levels of engagement to ensure expected outcomes from the efforts being made (Chukwuorji & Iorfa, 2020). Though the Nigerian Psychological Association has recently provided telemental health services as an option in response to COVID-19, not everybody can afford it in Obollo-Afor; and the situation may worsen in the near future.

Provision of healthcare in Nigeria is poor (Adeyi, 2016); though the state government has made an effort to improve the physical structure of Obollo-Afor Health Centre, provision of some hospital equipment was donated, but no testing kits for the virus; the health workers are there to discharge their duties, but people prefer to die in their homes rather than going to the hospital to avoid being labelled. They usually complain about incompetence on the part of health personnel. As noted by Oginni, Amiola, Adelola, & Uchendu (2020), the recent reports of shortage of limited supplies of personal protective equipment in hospitals (Adeboyejo, 2020) and mortality from COVID-19 among health care workers (Adebowale, 2020; Obinna, 2020) may be the reason for their non-seeking of mental health care services by the inhabitants of Obollo-Afor. Conclusively, the impact of COVID-19 on the people of Obollo-Afor is enormous, and if nothing is done, it may worsen in the near future. An enlightenment program that will convince them of the reality of the virus is urgently needed. However, all hope is not lost if both the citizens and the government could do the needful to contain the spread of a virus.

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The world is on face mask: COVID-19 experience in Ogun State

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The world was fighting a war with an invincible enemy, the Coronavirus disease (COVID-19), one that brought sorrow and pain to millions of families around the world with a high number of deaths, billions of dollars lost to lockdown, loss of jobs, massive unemployment, and recession of economies. The frontline fighters for this war were not combatant soldiers with boots on the ground, in the air, or on the sea, but medical professionals, doctors, nurses, laboratory technicians, scientists, ambulance and emergency services personnel, and other medical ancillaries. The world was on a face mask for protection from this common enemy.

Although the Federal and Ogun State Governments' responses to the crisis was reactive rather than proscriptive, the State government's response under Prince Dapo Abiodun had been quite commendable. . The index case in Ogun State was the second confirmed case in Nigeria and was a Nigerian citizen in the Ewekoro area of the state who had contact with the Italian citizen who was the first case in Nigeria. The state went on to record 280 confirmed cases, 111 active cases, 160 discharged, and nine deaths at the time of writing this commentary, with cases expected to rise (Nigeria Centre for Disease Control, NCDC, 2020).

Aside from the physical lockdown that people witnessed many felt caged and imprisoned mentally. Depression and depressive symptoms thus took their toll on an individual, particularly if one considered the mode of transmission of this virus. Coughing, sneezing, and talking were regular and sometimes involuntary actions that people do unwittingly, and these same acts were adjudged as capable of spreading the virus. The feeling that nobody was immune or had superhuman abilities to ward off the virus was disturbing and generated much fear. People were afraid to touch, shake, or do the social greeting that make them human, and that, in reality, made the lifestyle of the lively, bubbly, and industrious people of Ogun State.

The writer observed that there was not a high level of compliance with the lockdown policy guidelines in the state. Some who were not that literate, conceived that coronavirus was an elitist disease, a disease for the rich, high and mighty, and that since they are poor and on the lower rungs of the socio-economic ladder, it will not affect them. In the various gatherings allowed during the lockdown relaxation windows of Mondays, Wednesdays, and Fridays, the people did not observe physical distancing as expected. The markets were unusually fuller than expected; there were crowds in the banking halls and premises and at the Automated Teller Machine (ATM) stands.

Because of the approach of the Federal Government on the subject when they did not take proactive steps (e.g., closing borders and airports almost immediately after the first case was reported), a degree of cynicism grew among the citizens. They subscribed to the notion that long before coronavirus, they had been facing "hunger-virus". Many did not believe in the government's sincerity in handling the crisis. The relaxation of the lockdown weekly on Mondays, Wednesdays, and Fridays helped the people to refill their home supplies and for some traders to make some money without having to wait for palliatives and food distribution . The writer observed that the relaxation of the lockdown was less effective. The markets were unusually jam-packed and the banks unusually crowded with the roads busier than they would naturally be, and the people do not observe any level of physical distancing in those rowdy places. The palliatives distribution was ineffective as there were many political interests in the distribution.

In terms of healthcare delivery and access, the state government s ramped up its Isolation and Testing Capacities significantly. Key isolation centres were at Sagamu, Ikenne, and Abeokuta. They also provided drive-through testing centres in the major cities and towns within the state. A state-of-the-art Molecular Testing Laboratory was established to ensure that individuals were accurately tested, and corresponding results were generated.

Conclusion

The fight against COVID-19 is an ongoing fight. The virus dramatically changed the way people planned the year, and as such, their expectations shifted seismically, because they knew the start but did not know when it would l end. Their coping mechanisms was significantly affected but as citizens, they have continued to 'hang onto their hope for better days ahead.

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Covid-19 pandemic in Ondo State

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In Nigeria, the Covid-19 pandemic increased levels of deprivation and economic uncertainty. From a healthcare perspective, the Covid-19 pandemic amplified healthcare costs and placed an enormous burden on the families and caregivers of those affected (Akintunde, 2020). The government of Ondo State made wearing of nose masks by everyone coming out of their homes mandatory as of the 24th of April, 2020. Committee set up by the Ondo State Government was constituted to supervise the massive production of face mask. The government partnered with community leaders and heads of wards in Ondo State to distribute face masks (Akintunde, 2020). The number of Covid-19 cases in Ondo State was considerably lower compared to Lagos and Federal Capital Territory. Citizens of Ondo State demonstrated pessimism about the state's healthcare system and its ability to contain the pandemic if the number of persons affected with Covid-19 increased. This was mainly owing to the meager 4.5% allocated for healthcare, which was considerably less than the 15% target stipulated by the African Union in 2001 (Akintunde, 2020).

The researcher observed that the mental health consequences of the pandemic had taken an enormous toll and consequently led to high levels of elevated stress and anxiety within the Ondo State polity. The increasing number of cases within the state prompted a considerable degree of fear, worry, and concern among the elderly and those providing healthcare services. The researcher believed that the lockdown order imposed by the Ondo State government affected livelihoods, thus increasing deprivation, loneliness, and depression. The researcher also observed that instigated by myths and mistaken beliefs, the people of Ondo State tended to attribute the Covid-19 pandemic to elitist groups, particularly politicians, despite warnings that life-threatening respiratory illness affects the poor. Even though the rumours were unsubstantiated, the affluent population was forced to use the country's hospitals, prompting the citizens to make jest of them. Some suggested the pandemic served as punishment directed at political figures for not investing in the country's healthcare system. Some Nigerians also hoped that the 'selectiveness' of the virus might be God's way of bringing about retribution to corrupt public officers. Given the Ondo state gubernatorial elections that was slated for later that year. The people of the state receive the lockdown situation with mixed feelings. Some people believed that 'ancestral gods' are punishing the people for their 'debauchery,' and the western world stood for great economic gains from the Covid-19 pandemic (Oluwole, 2020). Regardless of the lockdown on social and political gatherings, there was no letup in political activities in the state.

Government activities aided in easing the effect of Covid-19 in Ondo State; one of such was the supply of palliatives in the form of food and household items to underprivileged people. The State governments also sanitized the local markets and public places. The Ondo State government, through its academic institutions, embarked on the mass production of locally made hand sanitizers (Oluwole, 2020). In addition, shutting down all political activities for two weeks points to the commitment to curbing the spread of Covid-19. However, some government actions heightened the state of apprehension in the state, as pockets of reports on civil harassment and extortion had been recorded with the presence of armed military men. Similarly, the closure of marketplaces and offices stifled livelihoods, which was considered less helpful in dealing with the situation in the state.

To conclude, the socio-economic impact of the Covid-19 crisis was real, as it portended severe challenges and consequences; though difficult to estimate, the fallouts are expected to be enormous. Social distancing and self-isolation was almost impossible within the riverine communities in Ondo state, as people often shared limited facilities. Reporting health statistics and working with the Centers for Disease Control and Prevention to ensure transparent monitoring of the crisis was crucial in bolstering citizens' confidence in the public health system. The Ondo State government was urged to revise its budget to prioritize spending in health care systems, including required infrastructure and logistics, pharmaceutical and medical products, equipment, and materials. Further, there was need to create emergency funds for scaling up social protection, especially targeting vulnerable workers. Finally, it was assumed that increasing funding for state-wide medical research and promoting transparent sharing of information to apprise citizens and could limit the spread of fabricated information.

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Commentary on the Coronavirus pandemic: Rivers State, Nigeria

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Rivers state, one of the 36 states in Nigeria, has a projected population of 7,303,924, making it the sixth-most populous state in the country (Wikipedia, 2020). Following the index case of COVID-19 in Rivers state on 25 March 2020, the government took extreme measures to curb the spread of the disease by imposing a total lockdown and setting up a task force to enforce the orders. The state borders were closed, and vagrants, including the almajiris (children from poor homes usually sent to Islamic boarding schools) numbering 150, were profiled for deportation to their states of origin as part of measures aimed at protecting Rivers people from the threat of the coronavirus (Ebiri, 2020). Schools, worship centres (e.g., churches and mosques), social gatherings, and markets, including non-essential businesses, were shut down. Barely eight weeks after the first recorded case of covid 19 in the state, the number of confirmed cases increased exponentially to 308, with 21 deaths and 104 persons discharged (National Center for Disease Control; NCDC, 2020).

The writer observed that the lockdown, which rendered many daily paid workers jobless, caused panic and increased levels of anxiety and fear in people because of the uncertainty of income for personal and family sustainability. It was also observed that people responded to the pandemic with denial leading to a refusal to accept the disease's fatality. People misconceived the coronavirus disease like malaria and panicked, buying malaria drugs to protect themselves while others consumed herbal mixtures. These self-medicating behaviours were triggered by the fear of being suspected as a carrier of coronavirus or of contracting the disease by medical/health care workers, should they need to visit health facilities for medical attention (Akor et al., 2020).

Media reports indicated that adherence to the lockdown was flouted. This was facilitated by several factors like; security agents at the border posts collecting bribes from drivers and individuals to enable them to gain entrance into or exit the state (Godwin, 2020); imposing lockdown only on some parts of the state (Channels Television, 2020); and the creation of a parallel task force by the federal government in the state which generated conflicting orders (Chukwu, 2020). Directives and regulations on social distancing and the compulsory wearing of face masks were ignored at alarming proportions in the state (Ibrahim, 2020). This was speculated to have increased the spread of the virus as three Very Important Personalities died within five days shortly after a political event that attracted a large crowd in the state capital (Tension in Rivers as three VIPs die in five days, 2020). During this pandemic period, the prolonged delay in the clean-up of the oil-polluted Ogoniland potentially added a new layer of hardship to the people of Ogoni since the local community's water sources had been destroyed. Fears were expressed that using the aforementioned contaminated waters for regular hygiene and hand washing may hinder the ongoing fight against the novel coronavirus in Ogoni land and the state in general (UNPO, 2020).

According to Folorunsho-Francis (2020), healthcare delivery t in Rivers State is facing many challenges, including shortages of Personal Protective Equipment needed to battle COVID-19, as 22 doctors and 60 other health workers have tested positive for COVID-19. Also, medical and health workers, including Doctors, pharmacists, and other essential workers, reported being molested, harassed, and in some cases, arrested for breaching the lockdown (Orjinmo, 2020). Because of the difficulty in accessing healthcare due to the hike in transport fares, some pregnant women have resorted to patronizing Traditional Birth Attendants (TBAs), considered more accessible and affordable in the face of the pandemic (Godwin, 2020). Given the above scenario, it is reasonable to assume that most people may have experienced psychological problems associated with the COVID-19 pandemic. Sadly, however, the state government had not considered psychosocial services part of its response process. Efforts by The Rivers State Chapter of the Nigerian Psychological Association (NPA) to collaborate with the state government and offer free services yielded no significant results.

In conclusion, the rapid rate at which the virus was spreading and the lack of synergy between the state COVID-19 team and security agencies in the implementation of response strategies increased stress and hardship and encouraged negative coping among the people. . An all-inclusive response mechanism involving Psychologists would have offered a brighter prospect for the fight against COVID-19 in Rivers State.

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