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# Africa: History and Culture

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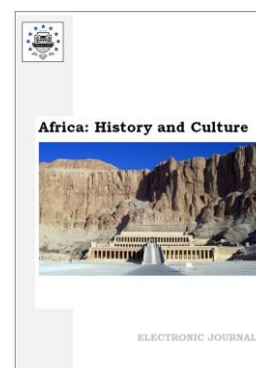
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## Articles

### Psychological Impacts of COVID-19 Pandemic on Residents of the Federal Capital Territory (FCT), Abuja, Nigeria

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#### Abstract

This study investigated the psychological impacts of the COVID-19 pandemic on residents in the Federal Capital Territory (FCT), Abuja, the capital city of Nigeria. The study adopted a quantitative cross-sectional survey method. I used purposive and snowball sampling techniques to select 103 (males = 64.08 %, females = 35.92 %) online respondents from Abuja's FCT. These sampling techniques were considered suitable for this study because of the COVID-19 pandemic. Also, I adapted and modified Conway et al.'s (2020) scales for social-psychological measurements of COVID-19. The study confirmed the prevalence of psychological impacts of COVID-19 on residents of Abuja. However, further statistical investigation using the T-test proved that the difference in the effect along the gender line was not statistically significant. Recommendations were offered to guidance counsellors and significant others to enhance counselling interventions to contain the myriads of psychological challenges the COVID-19 outbreak has brought upon Abuja residents and beyond. It is also recommended that the government prioritise its citizens' psychological wellness.

**Keywords:** coronavirus, counselling, psychological impacts, pandemic, residents.

#### 1. Introduction

Pandemics are usually catastrophic with both short term and long term aftermaths. In recent times, COVID-19 seems to occupy a special place in the history of pandemics (Almaiah et al., 2020; Wollina, 2020). COVID-19 has created enormous health challenges for many people, especially in West Africa (Almaiah et al., 2020; Ansah et al., 2020). Contagious diseases, like COVID-19, usually correlate significantly with a high level of psychological distresses and mental disorders (Bao et al., 2019; Sharma, Subramanyam, 2020; Sarfo, Ansah, 2020).

The challenges caused by the pandemic seems unique, considering the way it has altered people's way of life along with a wide range of socioeconomic, cultural, and health spectrums (Almaiah et al., 2020; Ansah et al., 2020; Sarfo, Ansah, 2020). For example, prolonged social distancing and COVID-19 misinformation are believed to have varying anxiety and stress levels due to a mix of emotions that could severely negatively impact people (Ansah et al., 2020; Xiao, 2020). Furthermore, the pandemic comes with increased social adversity and economic crisis that are likely to negatively impact people psychologically (Bamfo et al., 2020). Researchers have reported

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that pandemics could lead to psychological maladjustment and emotional exhaustion (Ansah et al., 2020; Sarfo, Ansah, 2020). Considering the gravity of the pandemic, it is particularly worrisome for West Africans because of poor health systems, poverty, and adequate crises preparedness (Lancet Glob Health, 2020).

The pandemic outbreak in Nigeria has created tremendous challenges in various sectors (Ilesanmi, Afolabi, 2020). As at the time of writing, its administrative headquarters, Abuja, was under the siege of COVID-19 with grave consequences as the pandemic continued (Jacob, 2020; Jegede, 2020). Abuja is strategic to the nation, being the country's administrative headquarters and rallying point for many Nigerians and other African nations because of Nigeria's economic and political might within the continent of Africa. Even though it serves as one of the epicentres of the outbreak in Nigeria, little is known about the psychological impacts of the COVID-19 pandemic. My study aimed at exploring the psychological effects of the COVID-19 pandemic on residents of the Federal Capital Territory (FCT), Abuja, Nigeria.

## 2. Methods

This research study adopted a quantitative cross-sectional survey. The cross-sectional survey was used to elicit responses from respondents within the FCT, Abuja. Purposive and snowball sampling techniques were adopted for the study due to the COVID-19 pandemic. Online platforms (WhatsApp, Facebook, Messenger, and Telegram) were used as a required social distancing measure. Some Abuja residents living in the Federal Capital Territory were sent links that could aid them to participate in the survey through social media (WhatsApp, Facebook, Messenger and Telegram). These residents were advised to kindly forward the links to other residents to provide other residents with the opportunity to participate in the study. The anonymous survey officially took off on July 16<sup>th</sup>, 2020 and lasted till July 24<sup>th</sup>, 2020.

Participants were residents of FCT, Abuja, who willingly accepted participating in the survey. Participants were age 15 or above and were residents in any of the Area Councils in Abuja at the study. A total of 103 (males= 64.07 %, females= 35.92 %) participated in the study. Participants were drawn from among different categories of the residents based on the self-participatory decisions of respondents.

The Psychological Impacts of the COVID-19 Scale (PICS) was used as the main instrument for the study. This self-reporting questionnaire was adapted and modified from Conway et al.'s (2020) scales for Social Psychological Measurements of COVID-19. Parts of the original questionnaire items that were not relevant to the present study were expunged. The language of the original questionnaire items was slightly modified to suit the new research environment, and a few items were also added to meet the demand of the study. Data analyses were conducted using descriptive statistics and a T-test.

## 3. Results and discussion

Fifty-seven participants confirmed experiencing some psychological impacts of the COVID-19 pandemic. The scale had five response ratings: Always-5, Often-4, Sometimes-3, Rarely-2 and Never-1. Each response item had a possible response frequency of 1545 (15×103). Always response item had a total frequency of 169 (10.94 %); Often, 172 (11.13 %); Sometimes, 476 (30.8 %); Rarely, 278 (17.99 %); and Never, 439 (28.41 %). Sometimes response item had the highest frequency, followed by Never, then, Rarely, which was followed by Often, and the last was Always. See Table 1 below for details of how participants responded to the items.

**Table 1.** Participants Responses to PICS Questionnaire Items

Item s	Alway s	%	Ofte n	%	Sometime s	%	Rarel y	%	Neve r	%
1	11	10.6	8	7.8	40	38.8	23	22.3	21	20.3
2	5	4.9	7	6.8	41	39.8	27	26.2	22	21.4
3	17	16.5	22	21.36	41	39.8	13	12.6	10	9.71
4	12	11.7	7	6.8	43	41.7	26	25.2	15	14.6
5	8	7.8	11	10.6	25	24.27	15	14.6	44	39

6	12	11.7	17	16.5	38	36.8	22	21.3 6	14	13.6
7	14	13.6	25	24.7	37	35.9	18	17.5	9	8.7
8	13	12.6	5	4.9	25	24.3	20	19.4 2	40	38.8
9	24	23.3	18	17.5	40	38.8	16	15.5	5	4.9
10	3	2.93	2	1.94	6	5.85	14	13.6	78	75.7
11	0	0	1	0.9	7	6.8	11	10.6	84	81.6
12	9	8.73	9	8.73	33	32.0 4	20	19.4 2	33	32.0 4
13	12	11.7	14	13.6	32	31.06	17	16.5	28	27.2
14	23	22.3	25	24.2 7	35	33.9 8	12	11.7	8	7.8
15	6	5.86	11	10.6	33	32.4	24	23.3	29	28.2
Total	169	10.9 4	172	11.13	476	30.8	278	17.9 9	439	28.41

Furthermore, 33 (50 %) of males confirmed being impacted negatively by the pandemic, while 24 (64.86 %) females reported negative impacts of the pandemic. Those impacted negatively were categorised based on the severity of the effects. 22 (21.36%) of the participants reported mild negative impacts. Also, 12 (32.43 %) reported mild impacts were male participants, while the remaining 10(15.15 %) were females. 21 (20.38 %) of participants confirmed moderate negative impacts. 14 (21.12 %) of those who reported moderate impacts were male participants, while the remaining 7 (15.15 %) were female respondents.

Furthermore, 9 (8.7 %) participants reported severe negative impacts. 2 (3.03 %) of those who reported severe consequences were male participants, while the remaining 7 (18.92 %) were female respondents. Furthermore, 5 (4.85 %) participants reported extremely severe negative impacts of the pandemic. 5 (4.83 %) of those who reported extremely severe impacts were all male participants, while no female respondents reported extremely severe implications. However, 43 (43.69 %) reported a below-average negative psychological impact of the pandemic, scoring below 2.5 on the 5 point scale. 33 (50 %) of those who reported insignificant effects were male participants, while the remaining 13(35.14%) were female respondents. See [Table 2](#) below for a tabular presentation of the psychological impacts of the COVID-19 on the participants.

**Table 2.** Levels of Psychological Impacts on Residents

Impact Levels	Total Participants	%	Total Male Participants	%	Total female Participants	%
Below-average Impact	46	43.6 9	33	50	13	35.14
Mild Impact	22	21.3 6	12	32.43	10	27.03
Moderate Impact	21	20.3 8	14	21.21	7	18.92
Severe Impact	9	8.7	2	3.03	7	18.92
Extremely Severe Impact	5	4.85	5	7.58	0	0
Total	103		66		37	

Moreover, the data proved that the COVID-19 pandemic impacted the residents, reporting varying degrees of impact. This finding corroborated the reports of other researchers who confirmed psychological distresses in Nigeria during the pandemic ([Ojiaku et al., 2020](#); [Ilesanmi, Afolabi, 2020](#); [Jegade, 2020](#)). Olaseni et al. (2020) confirmed that the COVID-19 pandemic affected the psychological well-being of Nigerians.

Additionally, few of them showed below-average negative impacts, scoring less than 2.5 on the 5 point scale. Wang et al. (2020) reported that 53.8 % of the participants from China also had moderate to severe psychological impacts during the COVID-19 pandemic. Also, 16.5 % of the participants reported moderate to severe depressive symptoms, 28.8 % indicated moderate to severe anxiety, and 8.1 % reported moderate to severe stress impacts.

The present study also proved that sex did not play a statistically significant role in determining the prevalence and levels of psychological impacts of COVID-19. Although 64.86 % of females and 50 % of males reported adverse psychological effects of the pandemic, the T-test value of 1.96 was not significant at  $p < 0.05$ . Contrary to this finding, Hou et al. (2020) confirmed gender differences in the negative psychological experiences due to the COVID-19 outbreak in China. Thus, females were more predisposed to severe stress and anxiety than males. However, Olaseni et al. (2020) noted no significant gender-related differences in insomnia, depression, anxiety and post-traumatic symptoms among Nigerians amid the COVID-19 pandemic.

#### **4. Conclusion and recommendations**

This study considered the psychological impacts of COVID-19 on the residents of Federal Capital Territory, Abuja. The study adopted a quantitative cross-sectional survey method. Psychological health is essential for residents' emotionality. It provides the inner drive or resilience to help individuals cope with life's stressors. As Nigeria's counselling profession is still evolving, much effort is needed during the pandemic to support the psychological wellness of people, especially in Abuja. Counsellors need to help residents realise the need to choose behaviour and relationships that can enhance psychological health. Counsellors should teach residents to uphold caring habits and avoid harmful practices that can aggravate or trigger psychological distresses during the pandemic. During pandemics, several people spread fake news and panic-provoking information, which create fear and confusion among residents. Counsellors have to educate residents to see the need to avoid people who spread information that is not helpful to them and rely on information from approved government health officials or agencies. Counsellors need to guide residents who are traumatised by the pandemic to experience cognitive restructuring to stay healthy and positive. Residents need to be taught by counsellors to develop positive coping skills to deal with the pandemic.

#### **5. Limitations of the Study**

This study has some limitations. The study relied upon purposive and snowball sampling techniques because of the social distancing preventive measure during the pandemic. The researcher purposively sent Google links bearing the research questionnaires items for respondents to access and participate in the study. Feedback from some respondents proved that technical hitches like browser incompatibility, poor quality devices, and internet connectivity could have hindered some potential respondents from enrolling in the study. Feedback from respondents also suggested that a few individuals did not enrol because of fear of falling into the hands of scammers or internet fraudsters who had created similar links for dubious or clandestine purposes and had duped unsuspecting individuals in recent times. The data collection method in this study seemed to have favoured those who were internet literate and had smartphones. Many of the residents might have had difficulty participating in the study because of their levels of education, lack of smartphones and other internet support tools that could have enhanced participation.

#### **6. Funding**

None

#### **7. Conflicts of interest**

The author declares no conflicts of interest.

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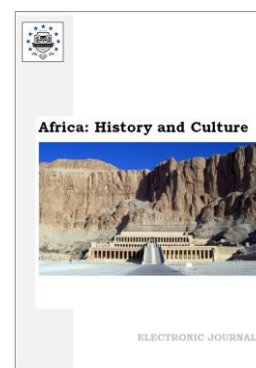
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## Anxiety and Depression among People Living with HIV: A Brief Review

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### Abstract

People living with the Human Immunodeficiency Virus (HIV) are faced with several challenges due to their condition. Critical among their sufferings is psychological distress. This paper examines the anxiety and depression of people living with HIV. In so doing, I reviewed existing literature to briefly outline a brief historical review of HIV, the nature and effects of anxiety and depression on people living with HIV. The study indicated that people living with HIV suffer from anxiety and depression symptoms. Those living with the virus or condition are stigmatised and discriminated against socially, resulting in a lack of social support and lower self-esteem. These negative social behaviours lead to poor treatment adherence, depression, and status non-disclosure. This paper has implications for further studies.

**Keywords:** anxiety, depression, people living with HIV, HIV, brief review.

### 1. Introduction

Human immunodeficiency virus (HIV) is a global epidemic first identified in the USA in 1980. Since the start of the pandemic, more than 78 million people have been affected, and 39 million deaths have been recorded globally. Out of that, 35 million people are living with HIV worldwide (The Joint..., 2013). Since the beginning of this pandemic, individuals have experienced many symptoms that affect their physiological and mental health states (Gohil, Parmar, 2015; Gokhale et al., 2019).

Over the years, studies have pointed increasing prevalence of mental health problems among people living with HIV (PLHIV). For example, HIV positive women in Ethiopia reported 28.9 % anxiety and 32.5 % depression prevalence rates (Yousuf et al., 2020). These mental disorders have led to an increased risk for adverse health outcomes with PLHIV and HIV health interventions and services in general. As a result, this paper explored the anxiety and depression among PLHIV and how this affects the HIV care continuum.

### 2. Methods

This study conducted a brief literature review on anxiety and depression of people living with HIV. I conducted keyword searches from Google Scholar, MEDLINE, CINAHL, Ovid, and PsychINFO. I also did an additional review of website sources that addressed the aim of this review.

### 3. Anxiety, Depression and PLHIV

Mental health sufferings of chronic conditions are often characterised by anxiety and depression (Drapeau et al., 2012; Ridner, 2004). These symptoms co-exist with some somatic

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symptom disorders: fatigue, migraine, anxiety, stress, and unexplained medical symptoms. A person with mental distress may exhibit neurological disorder symptoms, such as anxiety, anger or rage confusion, hallucination, depression (Drapeau et al., 2012; Marchand, 2012; Ridner, 2004).

A review of the literature identified that HIV/AIDS is a discriminating disease. People living with it are often affected by certain stigma and discrimination, resulting in a lack of social support and lower self-esteem. These negative factors put them at risk for psychological problems like depression and anxiety (Obadeji et al., 2015). Another paper also confirmed that felt stigma is a crucial source of distress, especially on PLHIV, since the thoughts of being associated with a stigmatised group that is HIV harm their psychological wellbeing and health (Herek et al., 2013).

The effects of anxiety and depression on PLHIV are enormous. In a study by Adewuya et al. (2008), 28.7% of PLHIV in Nigeria reported comorbidity of depression. Depression was observed to be significantly associated with poor quality of life of PLHIV. Besides the quality of life problems, literature also showed that low medical adherence could be related to stigma among people living with HIV (Rao et al., 2007; Rintamaki et al., 2006). According to Lyimo et al. (2014), self-stigma and frequent alcohol abuse are predictors of non-adherence in the treatment of HIV, which occurs as a result of some symptoms of psychological distress.

Additionally, poor medication adherence associated with PLHIV resulted from depression and non-disclosure of status. In a study conducted by De Francesco et al. (2016), it was established that symptoms of depression are prevalent in PLHIV and associated with poorer cognitive function, such as temporary memory loss. Alford and Vera (2019) similarly argued that cognitive impairment is associated with depression (psychological distress) in PLHIV.

#### 4. Conclusion

In conclusion, anxiety and depression among people living with HIV is a crucial issue of mental health that should be addressed if the quality of life and healthy living is to be achieved and maintained. Policies and interventions directed towards people living with HIV should include these mental health issues to promote good health and wellbeing. I recommend further studies of these constructs in developing country settings.

#### 5. Funding

None

#### 6. Conflicts of interest

The author declares no conflicts of interest.

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