

## COVID-19 and the State of Mental Health Challenges Among Women, Girls and Children: The Case of Nigeria

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### ABSTRACT

Health is a resource for daily existence and wellbeing. Mental, social, emotional, spiritual, psychological and physical health constitute an overall essence of that well-being. The COVID-19 epidemic has had a profoundly negative impact on women, children, and society as a whole by causing unfathomable loss, grief, pain, and solitude. The pandemic has pushed many families into poverty and exacerbated conditions of inequality with women and children exposed to violence and other deprivation which deeply impacted on their mental health. The study employed the use of content analysis of secondary sources of data, and the social stress, social model and general strain theories constituting the theoretical framework for examining the subject under investigation. The findings of the study demonstrated that the prevalence of mental disorders among women and children is rising, with serious human rights and socio-economic repercussions as a result of poverty and gender inequality. Furthermore, the majority of those suffering from mental health issues are unable to get the crucial medical and social care they need. The study's recommendation emphasized the need to address issues of poverty, inequality, and gender inequality as well as make sure that Nigeria's national and sustainable development policies and programmes must address the serious mental health problems that women and children currently face as well as those that will arise after the post-Covid-19 era.

**Keywords:** Covid-19, Children, Inequality, Human Rights, Mental Health, Poverty, Social Care Support, Violence, Women, Well-being

## INTRODUCTION

Health constitute a resource for daily existence and wellbeing. It is universally acknowledged that health is wealth. Health is not just the absence of disease or infirmity, but a state of complete social, physical, mental, psychological, and spiritual well-being.<sup>1</sup> It is also the body's safety from mental, social and physical disorders. A holistic approach to health-linking physical, social, emotional, psychological, and mental health is fundamental to overall well-being. It helps individuals extensively in accomplishing their daily activities correctly and efficiently. Without good health, you have nothing to offer and life holds no meaningful value. Hence, everything we eat and drink, including the way we live our lives impacts our health and wellness. This is especially true considering that up to 70% of the worldwide disease burden can be attributed to lifestyle factors.<sup>2</sup>

Following the outbreak of the coronavirus disease in December 2019, and later declared a pandemic by the World Health Organization (WHO) on March 11th, 2020, the world was thrown into utter panic and chaos following the shutdown of social and economic activities around the world, despite the existence of advanced humanity's inability to curtail its spread across the world despite industrialized countries' sophisticated medical and technological know-how. More than 517 million people worldwide have contracted the SARS-COV-2 virus, also called Covid-19, since the unique severe acute respiratory syndrome first emerged, with 6.2 million deaths and a total of 11.6 billion vaccines administered.<sup>3</sup> The advent of the disease has completely altered the way people live their lives, relate with others and carry out their day-to-day business activities. This was so as not much was known about the COVID-19 operations and the requisite know-how for the containment of the virus. There are conflicting stories on the virus's origin, despite experts' suspicions that it spreads from animals to humans. It was suggested that the afflicted be quarantined, contact traced individuals who dealt with them, tested for disease, and that appropriate hygiene standards be followed. In addition, many nations around the world implemented lock-down procedures that led to an economic slowdown, the closing of schools, the outlawing of mass gatherings, the wearing of face masks and the use of hand sanitizers, etcetera which constituted the non-pharmaceutical intervention measures. These actions have had a profound worldwide socioeconomic, human, and health impact, with diverse groups ranging from men, women, youth and children affected and impacted differently.

### Research Problem

Since the World Health Organization (WHO) designated COVID-19 as a pandemic, the impact of the disease has been profound. Many national economies, private companies, institutions, manufacturing and service industries and organizations suffered severely as a result of the lockdowns leading to massive loss of jobs, collapse of many businesses, including countries such as Nigeria experiencing a recession. There were also increasing cases of gender-based and intimate partner violence and worsening global poverty (i.e. 7 million more people were added to the numbers of those living on less than US\$1.90 in Nigeria because of the pandemic), particularly in the developing world like Nigeria. The lack of a clear understanding of the COVID-19 pandemic's operations and management strategies triggered a great deal of apprehension and anxiety among the populace. This ultimately impacted the mental, physical and psychological state of health of most people, particularly the vulnerable groups such as women, children, and the aged. Besides, the spread of misinformation about the origin and causes of the coronavirus did not help matters too. In similar vein, loss of loved ones to the virus

and adjusting to new ways of life (often known as the new normal), which was a complete departure from the pre-COVID-19 era was very perplexing for many.

Given the uncertainty of the situation, anxiety, worry, and stress often became the normative responses and intensified feelings for majority of persons given the unpredictability of the situation. Faced with the new realities of adopting the non-pharmaceutical protocols, social relationships and interactions were completely altered, leading to persons working from home, loss of jobs, death of family members, home-schooling of children, loneliness, and isolation. As such, people began to experience situations linked to poor mental health outcomes, for which many are yet to recover from today, even with the development of vaccines that has helped to significantly reduce the devastation the disease has brought on mankind.

It is the need to examine these concerns that underscore the motivation for this study which is to interrogate how COVID-19 has impacted the state of mental health of women and children in a developing nation like Nigeria and the implications for their future human development. This is so given how the COVID-19 pandemic has seriously exacerbated their living condition of most people, particularly the weak and vulnerable group. According to UNICEF<sup>4</sup>, one in six young persons in Nigeria between the ages of 15 and 24 currently experience depression or lack motivation to engage in productive activities during the pandemic.<sup>5</sup> Furthermore, one in seven adolescents aged 10 to 19, have mental health issue, including addiction, dementia, or schizophrenia, and about 1 billion people suffer from mental disorder worldwide.

Also, more than 1.6 billion children have experienced some form of educational loss, routine disruption, and leisure time loss internationally. Many young people were also terrified and concerned about their future due to worries about family finances and lingering health of bread winners, with many contemplating and committing suicide (i.e. almost 46, 000 adolescents die from suicide every year).<sup>4</sup>

Similarly, available data for Nigeria during the Covid-19 lockdown showed a rise in the incidence of violence and abuse on women/girl children. Being termed, 'A pandemic within a pandemic', violence against women and girls has reportedly increased fourfold, notably with physical, sexual, psychological, and economic manifestations, according to the United Nations.<sup>6</sup> The same situation was also prevalent in other places such as the United States, where about 4 out of 10 adults have reported mental health symptoms of anxiety, depression, insomnia, eating disorder, increase alcohol consumption, drug abuse etcetera. Besides, the COVID-19 pandemic also created new barriers for people already suffering mental illness or disorders as they were unable to secure the much needed treatment. Consequently, while most studies on the morbidity and mortality of people with severe mental health conditions (SMD) are conducted in the developed nations, very little research are carried out in low- and middle-income countries (LMIC) (i.e. Nigeria), where the situation may be much worse and mental health care are limited.<sup>7</sup> Furthermore, most nations suffer loss of manpower productivity, and growth in the economy as a result of two of the most common mental disorders of anxiety and depression amongst individuals, which costs 1US\$ trillion dollar each year. Available data revealed that poor mental health was estimated to have cost the world economy approximately \$2.5 billion per year in 2010, and projected to rise to \$6 trillion by 2030.<sup>8</sup>

From the foregoing, it is evident that the COVID-19 pandemic has caused hundreds of millions of people, especially women and children, to experience failing mental health issues that demand urgent intervention, so as to mitigate its medium to long-term social and economic costs to nations of the world. This is coupled with the fact that not much attention and resources is devoted to tackling mental health problem in many developing countries such as Nigeria compared with other ailments. Although the effects of COVID-19 on the soul, mind and body of persons are already evident, the repercussions will be extensive if it is not effectively addressed globally through mutual collaboration and inclusiveness by all nations. The widespread need to address COVID-19 related mental health concerns that have put the Nigerian health systems in the spotlight underscores this study. To achieve these objectives, this paper is structured into the following sections. Following the introduction, statement of the problem and methodology, section two deals with the literature review, which addresses the concept of Covid-19 Pandemic, mental health and its effects on women and children. Section three dealt with the theoretical framework adopted for the study. Section four centres on the discussion and section five end with the conclusion.

### **RESEARCH METHODOLOGY**

The paper adopted a descriptive and explanatory analysis of the study using current and relevant secondary sources of data such as textbooks, journals, government statistics/gazette, international health and development institutions and agencies etcetera to provide sociological insights and understanding into the subject matter under investigation.

### **LITERATURE REVIEW**

Health is seen as a human right matter and occupy a prime place in the attainment of development agenda and sustainable human development worldwide. The Alma Ata declaration according to WHO <sup>9</sup> affirmed that the maximum degree of health is an essential global societal goal, whose realization calls for the involvement and cooperation of institutions, including the health sector. This statement emphasizes the fact health and development are interconnected in engendering societal productivity that will determine the outcome of all three dimensions of sustainable development-economic, social and environmental.<sup>10</sup> Thus, health outcomes helps to achieve the basic benchmarks of progress in human development as encapsulated by the current SDGs objectives.

Similarly, mental and physical health are also an integral components of overall health which manifest in our state of emotions, thinking, communication, learning, resilience, and self-esteem. A sound state of mental health equip us with the capacity to handle life's typical pressures/adversity, maintain stable relationships, enjoy life, adapt to change, and perform effectively (i.e. school work and caregiving).<sup>11</sup> However, mental health, which is influenced by several social, biological, and environmental factors. On the other hand, physical health is the state of being free from illness and injury. It covers a wide range of key areas including physical activity (i.e. strength, endurance, and flexibility), healthy diet, nutrition sleep cycle (periodic rest), healthy weight, and dental health.<sup>12</sup> Physical health depend on four basic factors which include genetics, health status, the state of our environment, and lifestyles of individuals.

### **Concept of Mental illness and Disorders**

Mental health is a critical component of human development that defines our quality of life and life expectancy.<sup>13</sup> Yet, there is growing concern within the international development

community such as the World Bank, United Nations agencies such as World Health Organization, UNICEF, that mental health represents one of the most neglected development issues in achieving internationally agreed development goals. Mental illnesses and/or disorders are ailments that affect emotion, thought, and behaviour.<sup>14</sup> It refers to all medical ailments that can be diagnosed as mental disorders, including those that cause distress and/or significant changes in behaviour, thinking, emotions, and/or social interactions.

Mental illness or disorders does not discriminate and are nothing to be ashamed of. It can affect anyone regardless of age, gender, social class or background, geography and sexual orientation. However, persons with mental illness or disorders are exposed to stigmatization and discrimination, high levels of physical, emotional and sexual abuse.

Mental illness or disorders manifest in various forms and is characterized by abnormal thoughts, perceptions, emotions, behaviours, and poor/unstable relationships with other persons. It limits one's life activities. Examples of serious mental illness include depressive disorder, schizophrenia, psychoses, dementia, and bipolar disorder. The burden of mental illness and disorders hold dire social, human and economic consequences for countries across the world. Social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, stress, poor nutrition, weak community support and exposure to environmental hazards etcetera all contribute to determine the state of mental health and/or illness/disorders of individuals.<sup>15</sup> Studies have shown that low- and middle-income nations bear over 75 percent of the worldwide burden of neuropsychiatric illnesses due to poverty, compromised education, ill health, violence, gender inequality, and prevailing health disparities.<sup>13</sup> It is responsible for a great deal of mortality and disability in these countries as well.

Existing literature on the effects of epidemics on mental health focuses primarily on the disease's after effects (such as mothers of congenital Zika syndrome patients). Others address issues of social exclusion, significant disasters, whether traumatic or not (i.e. bombing of public buildings, infrastructures, extra-judicial killings at Lekki tollgate, Lagos, Nigeria), natural events (i.e. hurricane) or environmental degradation (i.e. oil spills in the Niger Delta). These occurrences are accompanied by increases in cases of depression, posttraumatic stress disorder (PTSD) substance use disorder, a broad range of other mental and behavioural disorders, including domestic violence and child abuse.<sup>16</sup> The case of the COVID-19 pandemic is no exception as it has drastically altered the daily lives of Nigerians and taken its toll on their mental health and created new barriers for those with underlying chronic mental disorders who are finding it difficult to seek mental healthcare. This is also compounded by the persistent socioeconomic pressures/austerity and worry about contracting the virus, job losses, loss of loved ones to the disease, and child care.

Available data indicates that an estimated one in four people globally will experience a mental health condition in their lifetime; almost one million people with mental disabilities die to suicide every year (with young people being in the majority). Furthermore, depression is the leading cause of years lost due to disability worldwide. It is the third ranked in the global burden of disease and projected to be the first in 2030.

During the first year of the COVID-19 pandemic, anxiety and depression increased globally by a massive 25%.<sup>17</sup> The WHO statistics on the estimated prevalence for various mental diseases was 28.0% for depression, 26.9% for anxiety, 24.1% for Post traumatic disorder symptoms, 36.5% for stress, 50.0% for psychological discomfort, and 27.6% for sleep issues.<sup>18</sup> The Global Burden of Disease Study on the impact of COVID-19 pandemic showed that the pandemic has impacted the mental health of young people, who are disproportionately at risk of suicide and self-harming behaviour.<sup>19</sup> Women are more severely impacted than men and those persons with pre-existing conditions, such as asthma, cancer and heart disease are more likely to develop symptoms of mental illness and/or disorders. Pre-existing mental illnesses do not seem to make people more susceptible to COVID-19 infection. However, compared to persons without mental illnesses, they have a higher risk of hospitalization, serious illness, and death once they contract the virus. Young people with mental problems and those with more severe mental disorders, such as psychoses, are especially vulnerable to COVID-19 infection.

### **THE COVID-19 DISEASE: HISTORY AND OPERATIONALIZATION**

The COVID-19 disease is a virus disease that is transmitted through contact from human to human by droplets produced during coughing, talking, or sneezing and breathed by a healthy person. They can spread indirectly if an individual touch surfaces that have the virus on them and then touch their eyes, nose, or mouth. This allows the virus to enter their body. These disorders frequently involve fomites as well.<sup>20,21,22</sup> The virus has not yet been proven to spread through aerosols. There are no proof that pregnant women can contract the disease through intrauterine vertical transfer.<sup>23</sup> Also, there is the need for more research to determine whether temperature has had any bearing on the containment of the illness in nations like India, Singapore, China, and Israel, as well as Africa. This is against the backdrop of predictions by medical experts that Africa was supposed to be the epicenter of the outbreak of COVID-19, but did not come to pass. The coronavirus has a 2–14-day incubation period, and most individuals who are thought to have the disease or who have come into contact with someone who does must be quarantined for the specified period. Severe pneumonia, sporadic fever, and cough are all symptoms of SARS-CoV-2 infection.<sup>24,25</sup> Sneezing, pharyngitis, and rhinorrhea symptoms are less typical. Infected persons frequently show acute respiratory distress syndrome within two days of being infected with the disease, after which are admitted to the hospital, necessitating ventilator support. It has been observed that during this phase, the death rate is frequently high.<sup>25</sup> The use of PCR is the main diagnostic technique for SARS-CoV-2. Others also rely on the radiological findings for preliminary screening.<sup>26</sup> Testing may also involve immunodiagnostic procedures based on the detection of antibodies. Although, the WHO encourages using these tests for research purposes, many nations have already begun using them in an effort to increase testing speed.<sup>26</sup> Patients needing life support include those with additional diseases like diabetes, hypertension, or obesity, as well as pre-existing conditions like asthma or other lung disorders. Besides, people over 60 years had the greatest death rate due to COVID-19, a statistic that is shared by most countries affected by the virus.<sup>27</sup> Additionally, it was noted that African Americans died at higher rates in the United States. This is likely caused by the fact that this community has a greater prevalence of hypertension and obesity than Caucasians do.<sup>28, 29</sup> Acute respiratory distress—which is found in all cases of non-survival and in respiratory failure—caused by the cytokine storm-induced inflammation in the lungs' linings was the primary cause of mortality in COVID-19 infected patients.<sup>30, 31, 32</sup>

On the issue of protection against contacting the disease, simple personal hygiene habits and receiving the COVID-19 vaccine jab since it was developed in 2021 has been advised by the WHO as effective methods for halting the spread of the illness. Transmission is decreased by observing behaviors like wearing of face masks, washing hands with soap or using hand sanitizer on clean hands often. Covering one's lips when sneezing or coughing is another preventative strategy, including cleaning commonly touched objects, like tabletop, light switches etcetera, with 70% isopropyl alcohol. Furthermore, healthcare personnel are urged to use a full set of personal protective equipment. The virus can be eliminated by fumigating dormitories, placing people infected with the disease in quarantine rooms, and washing clothing and other items in warm water with detergent.<sup>33</sup>

### **Social determinants of Mental Health**

The socioeconomic determinants of health has essentially determine the effects of the COVID-19 disease on people's mental health and wellbeing, including vulnerable group such as women and children. This ultimately results in mental illness or disorders such as fear, worry, loneliness, emotional pain brought on by disease, bereavement, unemployment, income loss, lack of support from loved ones, and isolation, all of which interact, generate, and exacerbate the conditions on a worldwide level. Added to the mental health issue was the changes made to people's daily lives as a result of restriction of movement and physical distancing. Available data indicated that the Covid-19 pandemic triggered 25 percent increase in the prevalence of anxiety and depression worldwide.<sup>17</sup>

The Global Burden of Disease<sup>34</sup> report showed that the COVID-19 pandemic has severe effects on the mental health of women than men, and people with pre-existing health conditions such as asthma, cancer and heart disease, were more likely to develop symptoms of mental disorders. Similarly, the response of the health care systems of nations to the problem of mental disease and disorders also demonstrates a relationship with the country's national income or per capita GDP. Higher income nations invest a higher portion of their finances to mental health services and seem to do so more effectively by focusing more attention on primary care and community based treatments. Conversely, low-income countries seem to concentrate more on specialized neuropsychiatric hospital treatments.

The COVID-19 pandemic is instrumental in bringing mental health issue to the top list of the global health discourse, by showing the costs it may on the economies of nations if it is not given the serious attention it deserved. Countries should recognize the financial cost of poor mental health and make prudent investments in it now as they work to repair their shattered economy. The COVID-19 pandemic serves as a stark example of why investing in efficient preventative healthcare makes good financial sense, as it exposed previous underinvestment in mental health care globally.

### **The Mental Health Condition of Children during COVID-19 Pandemic in Nigeria**

Mental health issues or disorders, do have its influence on children and young people's ability to realize their full potential in life. The COVID-19 pandemic's made sure kids all around the world were kept out of school, trapped in their homes, and denied the simple joy of playing with friends. Most families too has been pushed into poverty, unable to meet the needs of their families and make ends meet. Child labour and abuse were also on the rise as well. Available statistics for Lagos state, south-west Nigeria, from the Child Protection Information

Management Systems (CPIMS), the Child Protection Unit of the Ministry of Youth and Social Development, Lagos State, revealed that approximately 2,154 cases of child abuse was reported in 2020, with sexual defilement topping the list with 1, 005 cases, physical abuse and child abandonment amounted to 376, 121 cases.<sup>5</sup> This data was more than this as much as 60 percent cases of child abuse were never made public and a vast number of child abusers go unpunished. The COVID-19 pandemic has left many children and young adults feeling sad, angry, upset, or anxious due to family and health concerns. They are faced with questioning where the world is going and what it holds for their future. Children and young people are currently facing extremely difficult circumstances due to the COVID-19 pandemic, as they are now required to learn digitally via the internet and other mass media networks. This is very strange and uncomfortable for many, needless to talk of their capacity to afford the facility. The psychosocial distress associated with the COVID-19 pandemic has exacerbated the mental health of far too many children, including millions who each year are forced from their homes, as a result of conflict and serious economic adversity, deprived of access to schooling, protection and support (i.e. many children live in IDP camps in Nigeria as a result of the insecurity in the nation particularly in the north-east and north west region). Many children are traumatized by being orphaned or losing their caretakers. The children that were left behind have been mostly unseen and data on COVID-19 mortality and orphanhood are piling quickly. Nearly 5 million children under the age of 18 had lost a parent or caregiver owing to COVID-19 as of March 31<sup>st</sup> 2022, with 6.1 million deaths of parents or caregivers from the disease.<sup>35, 36</sup> It was reported in 2021 that 1.5 million children lost a parent or other primary caregiver in the first 14 months of the COVID-19 pandemic. As for children aged 10-17 years, 76.5 percent of children were paternal orphans.<sup>37</sup> In Nigeria, between March 2020 and July 2021, a higher percentage of adolescents (2.1 million within ages 10 to 17 have lost parents or other primary caregivers. The World Bank<sup>36</sup> estimates that between March 2020 and July 2021, 4,000 children in Nigeria—the greatest number in West Africa—lost one or both parents as a result of COVID-19-related deaths, whereas 101,700 children in South Africa became orphans during that time. According to recent estimates, one child is left without a caretaker for every two parents who pass away due to COVID-19.

Given the legacy of COVID-19 mortality, the effects of losing parents or other caregivers on children's economic growth, psychological wellbeing, and future generations is devastating. Losing a parent or caregiver could have terrible and long-lasting consequence, including child abuse, mental health issues, adolescent pregnancies, chronic and infectious diseases like STIs and HIV infections.<sup>38, 39, 40, 41, 42</sup> Children are influenced differently by a parent's death and a family's financial difficulties. Studies in sub-Saharan Africa revealed that the consequence of paternal death result to decreased supervision, guidance, and boundary-setting, increased risks of physical, emotional, and sexual violence, adolescent pregnancy, child labor, early girl marriages, household poverty, and dropping out of school to look after younger siblings.<sup>43, 44</sup> They also experience grief and inadequate care, food insecurity, marginal housing, family disintegration, decrease social connectedness and family cohesion.<sup>45, 46, 47</sup>

These effects are mediated by different family structures (i.e. single, dual, multigenerational, blended, conventional, and non-traditional) categorization, and cultural responses to children and adolescence, such as child marriage as a response to extreme poverty. Teenage females who are orphaned face increased risks of exploitation, sexual violence, and non-attendance at school. The loss of parent or other caregiver also increases the likelihood of institutionalization.



Thus, younger and longer-staying institutionalized children have slower cognitive development, while older children are more likely to experience abuse and exploitation. Family-based care that is safe, accepting of change, and sensitive to the grieving child's age and developmental stage should be prioritized as this can promote healing, protect against future hazards and prevent institutionalization.<sup>45,46</sup>

The COVID-19 pandemic constitute a tip of the iceberg when it comes to the state of mental outcomes that children and young people had to deal with given the myriad of issues confronting them. For instance, anxiety and depression represent 40 percent of the diagnosed mental disorders among children. UNICEF<sup>48</sup> report indicate that the effect of the COVID-19 pandemic on children's mental health in Nigeria has risen, as one in six young adults aged between 15 and 24 years was currently experiencing depression.<sup>5,48</sup> Given that approximately 2% of government health expenditures are allocated to mental health spending globally, over 1.6 billion children have lost some schooling due to disruptions in routines, instruction, recreation, and one in seven children aged 10 to 19 have been diagnosed with a mental health issue. Despite the fact that about 46,000 teenagers commit suicide each year, there are enormous gaps between mental health demands and mental health funding.<sup>48</sup>

Thus, mental health problems that have led to disabilities or death among young people has incurred an economic loss of nearly US\$390 billion worldwide.<sup>49</sup> Other data revealed that the annual loss in human capital arising from mental health conditions in children aged 0-19 is US\$387.2 billion dollars. Of this, US\$340.2 billion reflects disorders that include anxiety and depression, and US\$47 billion reveals the loss due to suicide.<sup>50</sup>

### **Mental Health Conditions of Women and Girls during Covid-19 Pandemic in Nigeria**

The mental health of women in Nigeria has been severely affected by the outcome of the COVID-19 pandemic. There has been a surge in violence (rape, domestic violence, IPV and gender-based violence etcetera) against women in the country and around the world since the outbreak of coronavirus disease. These horrific deeds have their roots in damaging patriarchal, social, traditional, religious, and cultural values. Between March and June 2020, ActionAid, Nigeria reported 299 occurrences of violence against women and girls in seven states of the federation,<sup>51</sup> of which involved sexual assaults on children between the ages of 3 and 16. Also, The Lagos State Domestic and Sexual Violence Response Team reported a three-fold increase in the number of telephone calls received through their hotlines in one month.<sup>51</sup> Available statistics on reported GBV cases in Nigeria from 24 states revealed that 345 GBV incidences were reported in March 2020, but surged to 794 in the first week of April.<sup>52</sup> Violent incidences include incestual rape and the rape of minors, some of which sadly result in the victims' deaths. In other climes, reports documented 33%, 30% and 25% rise in IPV cases in Singapore, France and Cyprus and Argentina respectively.<sup>52</sup> The same situation was also evident in countries such as Brazil, Canada, Germany, Italy, Spain, United Kingdom and United States, which also had a rise in IPV occurrence.<sup>53</sup> Some reasons adduced for the increase in Gender-Based Violence included economic stressors experienced by males due to disruption in income, loss of jobs, substance abuse and changes to daily family lives.<sup>54, 55, 56, 57</sup> The violence ultimately affected women's mental health, threaten their security and ability to protect themselves from COVID-19 aggravated violence exposure. While women and girls are disproportionately affected by Gender-based violence, sexual violence against men and boys do also occur, particularly in conflict-affected contexts.<sup>58</sup> Also, limited health-care systems and infrastructure, multiple pre-

existing inequalities and fragilities, exacerbated the emergence of the shadow pandemic of GBV, which ultimately threatens the health and well-being of already vulnerable women and girls. These circumstances poses a significant risk for mental health illness or disorders in women and girls, including those who are refugees, internally displaced persons, and informal workers. Furthermore, the COVID-19 pandemic and the attendant economic crisis it engendered have greatly complicated and resulted in the shortage in the delivery of food, medicines and other basic necessities. This condition has forced many female households in the quest for survival to engage in transactional survival sex or contract child marriage or forced marriage and other forms of sexual exploitation and abuse.<sup>59</sup> The COVID-19 pandemic has had severe implications for the provision of sexual and reproductive health services. Thus, some 47 million women in 114 low-and middle-income countries were reported to be unable to access or use modern contraceptives during the lock-down months. It is projected that the disruptions to this services would lead to an additional 7 million unintended pregnancies, including unintended pregnancies, rape and unprotected sex.<sup>52</sup>

The rising GBV rate in Nigeria is detrimental to the victims' physical, emotional, and mental wellbeing, including the growth of the national economy. Besides, violence against women and girls in whatever guise are all manifestation of human rights breaches. This has resulted in lower productivity for working women and higher dropout rates for schoolgirls. The COVID-19 pandemic has left many women who depend on daily income for existence in a precarious financial situation, increasing their susceptibility to harmful, destructive behaviours and poor coping strategies. This realities are supported by previous study on Ebola outbreak in Sierra Leone. All these conditions that negatively affect women and girls as a result of the COVID-19 pandemic and other attendant issues associated with it will adversely affect the attainment of the 2030 Sustainable Development's goals 4 and 8 in Nigeria. UNFPA<sup>60</sup> also projected a reduction of progress by a third toward the 2030 target for achieving Sustainable Development Goal 5. Hence, the COVID-19 pandemic's GBV-induced cases have severe economic and societal repercussions for Nigeria in terms of prevention, response, and lost opportunity costs. The World Bank reported that estimates of the cost of GBV to economies ranged from 1.2 to 3.7 percent of GDP.<sup>61</sup>

### **THEORETICAL FRAMEWORK**

Many theories exist that provide insights into the etiology of mental illness or disorders. However, current research in the discourse of mental illness and/or disorders is influenced by works in the field of biological sciences such as neuroimaging, genetic studies and psychopharmacology to the utter neglect of social theories. It is the position of this study that the application of pharmacological treatment to mental illness/disorders is limited to the use of medications with a burden of adverse side effects and limited sustainable benefits.<sup>62</sup> It is fundamental to stress that symptoms of mental illness are expressed in the social context and has its roots in society. Thus, we should not have a tunnel vision of visualizing a given mental illness only in biological aspects. Yet, to address issues of mental illness or disorders, we should adopt a biopsychosocial approach that incorporate the contribution and relevance of well-known sociological theories. This is so because social theories form the basis cornerstone for the use of non-pharmacological mechanism in the treatment of mental illness/disorder with sustainable long-term benefits. Also, social theories helps to address the question of stigmatization associated with mental illness/disorders, including improving the basis for the use of psychosocial rehabilitation.

Be that as it may, poverty, gender inequality and inequality do influence adversely people's mental health which ultimately define the priorities and choices people make in their daily living. Thus, tackling issues of poverty, promoting gender equality and sustainable development is highly relevant to lifting people's health status and ensure that access to health is a human right. Mental health conditions constitute one of the non-communicable diseases (NCDs), and serious global health issue, particularly in low-income countries such as Nigeria. To address this question, this study adopts the social stress theory, social model and general strain theory as our theoretical framework.

The social stress theory explores the social determinants and outcomes of mental illness and disorders. The theory gained popularity in the 1980s and examine the connections between social inequality and variations in human health, including mental illness and disorders. The theory emphasizes social statuses, including socioeconomic status, gender, age, and race/ethnicity, in order to explain mental health challenges.<sup>63</sup> The model postulate that variations in stress exposure is function of individual life conditions and social circumstances they are exposed to.<sup>64</sup> Thus, negative life events and chronic strain resulting from poverty, family conflict or abuse have been identified in explaining emotional problems.<sup>65</sup> It contends that social stresses, poor social support and low self-esteem contribute to mental health issues. Accordingly, persons with low socioeconomic level are much more prone to stress because they have less psychosocial coping mechanisms, which in turn increases the likelihood of mental illness.<sup>66,67</sup> The social stress theory revealed that chronic stressors (i.e. high blood pressure, depression, dementia, bi-polar disorder) have severe harmful influence on mental illness than acute stressors (such as life events like such as life events like the COVID-19 pandemic, being held in the a traffic jam, being in a bad relationship, living in a country characterized with economic and political insecurity). Thus, chronic and acute stressors is critical in assessing exposure to mental health risks.

In terms of its relevance to this study, the theory argued that the discussions on mental illness or disorders as it pertains to women's well-being have gone beyond just addressing biological and reproductive factors to embrace issues such as workload, stress, migration, abuse, discrimination and nutrition.<sup>68</sup> Thus, any wider discourse of health that considers wellbeing should incorporate gender perspective in examining mental health analysis, including mental illness. Besides, the social and cultural factors of mental health issues are highlighted by gender concerns in health promotion and healthcare. Therefore, financial independence as well as a sense of physical, sexual, and emotional security is necessary for achieving optimal mental health. Sadly, women are supposedly denied such opportunities because of their gender and socioeconomic background. This is a flagrant violation of their human rights that contributes to rising disability burden that puts women's mental health at risk. Consequently, an assessment of the burden of disease for developed and developing countries, revealed that women are nearly twice as males to suffer depression, violence, and self-inflicted injuries, which are further exacerbated by the COVID-19 pandemic.<sup>69,70</sup> Coker et al<sup>70</sup> argued that on the mental health status of women found good social support influence mental health status of women and significantly reduce risk of adverse mental illness outcomes. Available data in Nigeria revealed violence against women was a pandemic within the COVID-19 pandemic given the rise in intimate partner violence, rape, sexual assault, and gender-based violence incidence. This fact is corroborated by other studies which have shown a link between the intensity of violence and mental health challenges, with battered women having more depressed symptoms

than women who did not experience assault.<sup>71</sup> This circumstance foretells a never-ending cycle of hardships for women and other vulnerable groups including children, the disabled, and the elderly during the COVID-19 pandemic and afterwards. Given their disproportionate vulnerability to social exploitation, poverty and violence, women and children who are among the poorest and least educated people to be at an elevated risk of poor mental health. Women.<sup>72,73</sup> Likewise, it was discovered that women who have better jobs than their spouses or whose husbands lost their employment were more susceptible to experience domestic violence, and poor mental health issues. According to Counts et al<sup>74</sup>, violence is most prevalent when women are perceived as having the authority to alter traditional gender norms and are in greater economic standing. Another intriguing discovery revealed that both women and husband with greater levels of education had protective buffers against having poor mental health, which plays a critical role in reducing violence against women and mental illness issues.<sup>75</sup>

In all, mental health conditions are therefore strongly correlated with the individual's social standing in society. People with the worst social positions experience negative health effects two to two and a half times more frequently than those at the highest social level.<sup>76,77,78, 79</sup> The link between mental illness and low income is clearly evident in Nigeria. This is significantly so since women's problems are primarily social. Because of this, the primary goal of any movement for women's justice should emphasize gender equality in all ramifications.

Concerning social model theory, it emphasizes broader health determinants as the most profound way to explain salient factors that influence health inequities, disparities, and illness. The social model proposition argued that social inequality affects how people are born, develop, live, work, and age. These factors influence health outcomes in countries with large income inequality such as Nigeria.<sup>80, 81, 82</sup> Wide income disparities across social classes in established and developing cultures have an impact on health. In other words, social cohesion is poor in societies where there are large wealth disparities. This lack of social cohesion ultimately affect the health of all, rich or poor. As such, the impoverished are consequently excluded and unlikely to uphold social standards, which invariably leads to higher incidence of crimes and domestic violence These situation are evident in societies where high proportions of the population are excluded from governance, and do not value their people highly.<sup>83</sup> Conversely, more egalitarian societies, even with relatively low per capita income, have better health than richer countries i.e. Cuba.

The third theory focuses on general strain model developed by Agnew which is a modification of Merton's strain theory. According to the theory, the social environment and social relations people are confronted with can have strong effects on their health and behaviour outcomes. A look at Merton's classic strain theory explain how societal shared ideology of desirable goals conflicts with cultural and social means for attaining those goals. The disparity between social goals and means for achieving them causes strain and stress at both the group and individual level.<sup>84</sup> Studies that have adopted these group effects of Merton's strain theory explained how community characteristics influence the life of children, adolescents and adults over and beyond their individual-level experiences.<sup>85</sup> As Agnew's<sup>86</sup> General Strain Theory (GST), he examined the influence of strain on mental illness among adolescents and adults. The theory argued that social conditions of life may cause strain or blockade that frustrates adults/adolescents, leading to mental illness or disorders. While GST model recognizes that

there are many opportunities for individual to experience strain, it subsumes three broad categories under which strain may occur.

Firstly, strain may arise because individual fail to achieve goals that they value. Secondly, GST maintains that strains occur when individuals experience threat or actual removal of valued stimuli (i.e. when individuals lose something they value; when they cannot attend school, the loss of a family member or caregiver). Thirdly, strain may result from the presentation of negative situations, circumstances or events. This form of strain reflect the problem that arise for individuals when they experience adverse situations that they cannot legally escape from, such as family conflict, loss of loved ones, violence, victimization or child abuse. GST averred that adolescents and adults are predisposed to manifesting negative emotional reactions that may result from strain and stress. Therefore, they can respond with acts of theft, violence, vandalism, and drug and/or alcohol abuse.

Hence, GST help explain a diverse range of delinquent behaviours, and provides an appropriate framework in the examination of stress on multiple different outcomes such as substance use, self-harm, suicides and delinquency. Form the foregoing model, children, adolescents and adults mental illness and disorders have been inked to stress and strain. It has also been noticed that the prevalence of social conflicts at various levels, such as the family or peer groups, can increase stress which result in hurtful mental health conditions for children, adolescents and adults.

### **DISCUSSION**

Children's and women's rights are connected with the state of their mental health conditions. Rights are things that everyone has that describe what he or she is entitled to. Those rights are enshrined in the Universal Declaration of Human Rights (UDHR) and the Convention on the Rights of the Child Rights prescribed the rights to be enjoyed by children and adults globally. The protection of women and girls' rights helps ensure that their privileges are protected as they grow and become women. The COVID-19 pandemic has brought with it certain underlying challenges. These include conditions of lockdown, social restrictions imposed on all forms of human and social interactions, business transactions, school activities etcetera. This is coupled with misinformation about the mode of the disease transmission, the issue of hesitancy in getting vaccinated against COVID-19 disease, and adherence to the new normal of daily social living. All these situations have not only negatively impacted the socio-economic environment of nations, but the state of mental and psychological livelihood of people across the world, but has exacerbated the mental health risk of women, girls and children, who constitute the most vulnerable groups in most societies. It is observed that in times of disease outbreaks, anxiety may increase in the community, the growing number of new cases and loss of family members to the disease can predispose people to serious mental illness or disorders.<sup>87</sup> The COVID-19 pandemic is causing severe strain on individuals and groups, particularly women, girls and children that are exposed more to the challenges and consequences associated with the coronavirus disease and its effects.

The COVID-19 pandemic also brought out clearly the complete decay in the healthcare systems in Nigeria, the poor remuneration for health workers leading to brain drain where the health professionals go abroad in search of greener pastures (i.e. over 9,000 doctors left the shores of Nigeria between 2018-2020), including the poor funding of the health sector contrary to the

Abuja declaration (of allocating 15 per cent of annual budget) agreement by the African Union Heads of Government in 2001. For instance, the health budget for Nigeria in 2018 was 3.96 per cent of its 8.6 trillion budget, 4.5 per cent in the 9.45 trillion for 2020, 7 per cent out of 13.08 trillion for 2021 budget and 5 percent of the 16.34 trillion in 2022. Much of the budget envelope is spent on recurring expenditures, while there is little money left for infrastructure and capital expenditures. Also, from 2019-2021, the Federal Ministry of Health in Nigeria received around 1.385.36 trillion naira. A breakdown of the figures indicates that only 2,178 naira (i.e. using per capita income GDP) was allocated to each citizen based on population projection of 206 million. This state of affairs is totally disheartening to say the least, as the said amount cannot even take care of ailments like malaria, cholera or typhoid, not to talk of the treatment of mental health illness that Nigerians are experiencing in large numbers.<sup>5</sup> It is also extremely disturbing that, in spite of the obvious and growing need for mental health services, which became more acute during the COVID-19 pandemic, it has not received any substantial investments from successive governments since independence. Presently, the health systems in Nigeria is seriously challenged in all its ramifications (personnel, infrastructure and state of the art medical equipment. This bring to light the words of the late head of state, General Sani Abacha, who once referred to out hospitals as mere consulting clinics and death chambers where many avoidable deaths have been recorded. As at today, there are only eight federal neuro-psychiatric hospitals for a nation that has Africa's highest caseload of depression and ranked 15<sup>th</sup> in the world for the frequency of suicide, and with less than 150 psychiatrists in the country of over 200 million people.<sup>88</sup> This is abysmal when compared with countries such as the United States and United Kingdom with about 28,000 psychiatrists for 330 million population, and 12,300 psychiatrists for 68 million.

The healthcare delivery system in Nigeria has been comatose and in shambles since the 1980s, following the introduction of the Structural Adjustment Programme (SAP). There has been progressive commercialization of the healthcare system in Nigeria from 1984 when amidst a larger economic crisis, the country started experiencing shortage of drugs, reagents and personnel. As an aftermath, the government introduced social cuts, including the cut in health budgets, introduction of user fees in government run facilities.

Thus, the healthcare system in Nigeria presently is marred by indiscrimination and inequality with over 60 per cent of its functions being handled by the private sector. More and more disheartening in this country is the fact that if you do not have money, you cannot access quality healthcare.

Mental health management in Nigeria has become more complicated given the neglect by successive administrations in Nigeria to address the challenges confronting the subsector. Apart from the archaic legislation governing mental health administration and the very poor budget allocated to the sector, the socioeconomic hardships confronting many Nigerians has made their mental health burden to rise above tolerable levels. The WHO<sup>89</sup> revealed that one in every four Nigerians (that is an average of 50 million people) is suffering from one mental illness or disorders, and the case has risen since the advent of COVID-19. The situation has been further worsened by the over concentration of the national health ministry's and governmental officials attention on tackling the COVID-19 pandemic.

Consequently, the non-pharmaceutical measures for curtailing the coronavirus disease such as self-isolation, quarantine, social distancing, wearing of face mask and the perceived stigma associated with the treatment of infected persons pose some psychological distress, stress and strain on the citizenry as they adjust to this new ways of living.<sup>90</sup> In Nigeria, the imposition of lockdown also triggered the END SARS protest by the Nigerian populace against the government on police brutality, extortion and the state of socioeconomic sufferings experienced by them and further exacerbated by the COVID-19 pandemic. It has also been pointed out that confinement has influence on the mental well-being of persons, manifesting in actions such as hysteria, rejection and dejection feelings, obsessive-compulsive symptoms, and mood challenges etcetera.<sup>91</sup>

### CONCLUSION

Mental illness and/or disorders include not only individual attributes, such as the ability to manage one's thoughts, emotions, behaviours and interactions with others. It is also influenced by social, cultural, economic, political and environmental factors, including national policies, social protection measures, standards of living, working conditions and community support prevalent in most societies. The burden of mental illness or disorders continue to grow with significant impact on women, girls and children's wellbeing, coupled with socioeconomic and human rights consequences. To achieve development for all, therefore, government must institute national sustainable development policies and programmes with critical focus on mental health issues as it relate to women and children, who are key element in the quest to attain any development agenda.

Also tackling poverty, inequality and promoting gender equality is highly relevant to lifting healthy status of the populace. Poverty adversely influence health outcomes, the same way as inequality and gender inequality. It is imperative, therefore, to make the right to healthcare a human right that is justiciable. Also, equitable access to comprehensive health services for Nigerians should be the main priority of government in framing and implementing policies to revamp the ailing health sector in Nigeria. It is also very critical to address the disparities in health care access and provision for all, including those with severe mental illness or disorders in consonance with the principle of non-discrimination and universal health coverage as elaborated in target 3, 4 of the United Nations 2030 Sustainable Development Goals.

Women and children suffer in situations when there are cases of health pandemic such as the COVID-19 (due to loss of spouses, jobs, sexual and gender abuse/violence). So the issue of gender equality, empowerment of women and protection of girls should be at the centre of socio-economic development objectives, and this is not the time to question the need for the empowerment of women. It is time to get on the job of protecting and empowering women, girls and children. In all, we must come to terms with the fact that when children's mental health are ignored, we undercut their capacity to learn, work, build meaningful relationships and make contribution to the world. When we disregard the mental health of caregivers, guardians and parents, we fail to support them to nurture and care for their children to the best of their ability. In all, when we overlook the mental health issues prevalent in our societies, we openly close off the conversation, reinforce stigma and prevent children and caregivers from seeking the help they need. It is important for everyone to recognize and acknowledge that mental illness, disorders or distress is not a deviant behaviour to be repressed and hidden away, but just a normal aspect of human experience.

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