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Title

Overcoming corona virus disease 2019 (COVID-19) pandemic: Exploring the coping strategies of children and women in rural Nigeria, West-Africa

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Abstract

The coronavirus disease 2019 (COVID-19) global pandemic has brought inestimable trauma and loss of person's amongst who are children and women other than older adults, all over the world. The focus of this study is to explore the coping strategies of children and women during the COVID-19 pandemic, in rural West Africa and how it affects their abilities to access social assistance and economic possibilities. Employing a strengths-based perspective and drawing on a qualitative approach, focus groups and in-depth interviews was conducted among children and women in a remote village in Edo state, Nigeria. Although directly unhurt by the pandemic given their resounding coping mechanism, which is anchored around resilience, relationship, and resources; they were subtly challenged by the reluctance of the Nigerian political leadership to provide ad-hoc safety nets and long-term social support services. To ensure that children and women are not plunged into warrantless travails- not only in the face of the rampaging global contagion, but also for any other that might arise in the years ahead-, recommendations are offered to the Nigerian authorities as well as to social work professionals given their longstanding commitments to this highly vulnerable populations.

Key words

advocacy, COVID-19, policy resilience, social work, strengths-based perspective

Key dates

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Introduction

Between December 2019 and December 2022, terms like 'coronavirus', 'COVID-19', 'global pandemic', and 'public health' were ubiquitous, dominating headlines in mass (print, electronic, and social) media worldwide (Adejumo, 2020; Amadasun & Omorogiuwa, 2020; Omorogiuwa, 2020a). While 'the spotlight had been on the Asia, Europe and North America (understandably, given the ravaging effect the pandemic has had within these regions), there are mounting evidence establishing the accelerating pace of COVID-19 in developing societies, including sub-Saharan Africa' (Amadasun, 2021, p. 444). There are increased concerns of the potential onslaught that the pandemic might cause on low-income countries owing to the dilapidated state of social and healthcare infrastructures. More disturbing is that vulnerable groups, such children and as women disproportionately hit by the pandemic, with death toll amongst other groups (World Health Organization WHO, 2020), are largely excluded or denied access to social/healthcare services in developing countries, including Nigeria. Such situation is of legitimate concerns to the social work profession (International Federation of Social Workers IFSW, 2020; Amadasun, 2021; Isangha et al., 2021). This paper explores the coping strategies of children and women in a small town in rural Nigeria and considers the lessons that the findings might portend for social work professionals. As Omorogiuwa (2020a) poignantly argue, what social workers know about the coping strategies of families will prove useful in not only enhancing their understanding and response to their challenges as pertaining to the pandemic, (United Nations, 2020), but also will enrich the professional literature so that adequate social policy response could be initiated. More than any other group, children and women undergo tremendous difficulty in dealing with life's stressor emerging from the biopsychosocial terrain, such as in loss of loved ones or bereavement lifethreatening illness, neglect and abuse, social isolation (Ozili, 2020; Omorogiuwa, 2020b; 2021). Added is economic recession or financial hardship (Adejumo, 2020; Ozili, 2020); yet they have devised varied

with violence, abuse, bereavement, homelessness, lack of medical insurance, and infectious diseases. Consequently, a strong sense of coherence, life goals, and self-transcendence are all associated with resilience. Children and women may not be able to lower the danger posed by stressful health situations, diminish their exposure to them, reduce harmful reactions, preserve positive confidence, self-worth, and create opportunities to overturn the impact of the pandemic's in the face of COVID-19 adversity (Omorogiuwa & Amadasun, 2020a). Resilience is the capacity for inner strength, personal development,

coping strategies amid such perilous times, in dealing

and power (Saleebey, 2009), Thus, resilience could include the qualities of sensitivity knowledgeable still subsequent to requiring assistance from others, being active while also being relaxed, remaining the same even when one's appearance changes, and living in the current as well considering the precedent and the prospect. In addition, resilience is related to emotional control when facing challenges. The benefits of emotional control in children and women include: better adjustment of the resistant; of cognitive resources, sense of self-worth; improved capacity to seek social support; ability to acclimatize to the demanding situations; protection strategies; worrv and hopelessness. grief; increased consciousness: and better contentment with life.

The theoretical framework adopted for this study is the strengths-based theory. Equally, social work researches have pinned the tenacity of children and women to overcome challenging times on a strengthsbased model (Omorogiuwa, 2020a & b; Omorogiuwa & Amadasun, 2020a & b). It is argued that such perspective draws on the innate strengths and resilience of children, women and families, while employing community resources (under a close-knit relationship) for surmounting hard times (Tomas et al., 2012). Omorogiuwa (2020b) rationalize the strengths-based model as an alternative to the "victim-blaming" "curative-laden" "pathologyimbued" clinical response to care giving. She submits that the strengths-based model, although not being antithetical to the medical care, prioritizes the commitment to forging social support, enduring relationship-building, communication-sharing among children, women and families (Omorogiuwa, 2021). The idea of resilience as patterns of adaptation in the face of risk or adversity is underpinned by two fundamental conditions: exposure to significant risk and proof of successful adaptation to developmental challenges (Omorogiuwa & Amadasun, 2020a). The capacity to cope with stress, which includes lessening its effects, the ability to recover quickly from trauma, and, over time, the potential to hold back depressing reactions and encourage favorable outcomes and behaviors that enable the person to surmount difficulty, are all examples of positive adaptation. In light of this, in both children and women, emotional resilience is described as the capacity for effective adaptation demonstrated by managing stressful events or restoring prior to objective or subjective well-being following susceptibility to an unpleasant situation.

Methods

Recruitment and retrieval

One focus group among five persons, including children and women (three females and two males)

and three in-depth interviews with (2 females and a male) were conducted within the community's town hall building. Regarding the focus group sitting arrangements, they initially ignored the social distance rule (3 meter space between seats), drawing their chairs close but by rationalizing the preceding rule, they complied as the clarification was based on precaution and not fear or distrust. The researcher also carried along hand sanitizers and face masks, which the participants joked on but utilized. Given the researcher's ancestral ties to the community, securing their consent was no so much daunting. These factors, it is believed enhanced their openness and candidness to share their experience. Questions were framed to explore their response to the COVID-19 pandemic, in terms of their coping strategies, whether or not they had support systems, including whether or not palliative measures had been extended to them by the appropriate authorities. All the participants; a total of 8, four males and four females (children and women), were within the age range of 10-50 years old. With a blend of Pidgin English (colloquial English version), the interviews (lasting duration of 25 minutes each) and focus group (spanning approximately 60 minutes) was audio recorded, following the approval of the participants.

Analysis and ethics

Following the interviews, the data were examined in accordance with the fundamental principles of interpretive phenomenological analysis (IPA). In order to produce a set of master cross-transcript themes, the interview transcripts were typed up, examined, and themes were found and connected across transcripts (Smith et al., 2009). In qualitative research, trustworthiness and authenticity are crucial, and methods like documenting data completely and objectively, keeping track of occurrences, and using audio cassettes help to ensure rigor and credibility. During the data analysis, reading and rereading, initial noting, developing emerging concepts, identifying connections between emerging topics, moving on to the following case; and searching for trends among cases as a final phase, were accomplished as developed by (Smith et al., 2009). Using the five verification categorization in qualitative research by (Maxwell, 2013), the strength of the qualitative data was further ensured. The goal of ensuring the trustworthiness in qualitative research entails accurately describing the data using verbatim response transcripts. In this regard, no data were omitted or changed, and the use of an experienced independent coder added credibility to the analytic process. The use of the transcript, which contained both the verbal and non-verbal data to support interpretations, ensured interpretive verification of the data.

The findings might be applied to other situations with similar issues, given the use of a purposive sampling

procedure and a full explanation of how the research methodology was carried out. Once the themes and sub-themes through data analysis were discovered, a literature control was done to guarantee theoretical authenticity. By making sure that the evaluation was founded on the results of the data analysis process, evaluative trustworthiness was attained. Overall, guaranteeing dependability and rigor throughout the study process required following these measures, which were time-consuming, but valuable. This study also complied with the WHO (2007) recommended ethical guidelines in dealing with scientific inquiry involving human participants. Moreover, in line with the advice of Mugumbate et al. (2022), this study adhered firmly to ethical issues of voluntary participation and consent (participants were assured they could terminate the discussion when they feel compelled), and privacy and protection from harm (they were assured that the data gathering instruments- audio recorder and notes- would be concealed and subsequently destroyed). Additionally, the names of the medical institutions are undisclosed, and to further enhance their protection, their voices are largely presented as a collective in order to blur any individual identification.

Results

Presented here are the voices of children and women from the village, which is denoted by the marker "FGD" and "IDI" at the conclusion of their statement, intended to highlight the data gathering method. Given that the paper is an abridged version, their voices are summarily presented, amplifying cardinal points, and framed around the central theme instead of elaborating the findings through sub-thematic headings (as would be the case in an ideal journal length). Irrespective of the surviving strategies highlighted by a number of participants, the impacts on their socio economic development was also emphasized as pointed below:

Impact on society and economic development

COVID-19 had a significant financial influence on people's live. Most persons lost their jobs during the COVID-19 pandemic, which had a negative impact on their families' ability to support them. Financial hardship was experienced by many homes as a result of breadwinner deaths. In certain cases, people were compelled to temporarily stop working and remain at home without pay. People were subjected to severe blows to their way of life, and the possibility of starvation raised serious questions about people's health and social stability. Due to the loss of jobs, the majority of people are battling to rebuild and recover economically. One of the study's participants relayed: Some of us lost our jobs. The One man companyI work for, had to lay off a number of employees since COVID-19's nationwide lockdown left it with no money to run. I was forced to borrow money from a thrift collector to pay for food items for my family; but, since I am currently jobless, I have no idea how I would be able to repay the loan' (IDI).

The self-employed, such as street vendors, were forced to close their operations due to the spread of COVID-19. These vendors or hawkers, everyday interactions with the public are essential to their survival. Hence, they frequently lack the finances needed to survive without income as a participant stated:

Since I am a street seller, the COVID-19 outbreak has had an impact on my business. I was forced to stay at home and follow lockdown rules, especially at level 5 of the lockdown. My business was my only source of income, so it was challenging to make ends meet (IDI).

It is evident from the preceding narratives that the COVID-19, has had a significant negative impact on the socio economic development of Nigerian communities.

Resilience

The participants began the conversation by pointing out their resiliency amid the coronavirus pandemic, stating that despite the pandemonium it has spurred:

...we have a way of surmounting difficult times because, as you can see, we have ourselves and we recounts our best moments in these harsh times...sometimes we wine and dine together as we reflect on life beyond the physical realm' (FGD).

In their view, drawing on innate strengths and spirituality has acted as a bulwark against the pandemic since:

...our heritage and customs enables us to be thankful and to think about the good side of life no matter how challenging times may be' (FGD).

Relationship

Forging enduring relationship edged on fraternity and trust from and among in-group members was described as crucial to their survival to the degree that:

....even if they [the authorities] like, they should shut down the whole country for months, we still will survive...how can we not live for our families and friends whose words are melodious and can swiftly make you forget about this thing [COVID-19] you are talking about' (FGD).

While their comments suggest that they could care less about the shutdown order of the local authorities

and that they are unperturbed by the pandemic, they emphasized that, aside age-grade relations, kinship network was critical to their coping methods. As they noted, kinship connote:

...our wives and our friends' wives and husbands who come together after the day's toil to relax, dine, console, and sometimes talk naught' (FGD).

In describing their specific role, our network comprise:

...hunters, farmers, traders, and herbalists, and even alcoholic... so that we use our own special skills and knowledge to help ourselves in difficult times' (FGD).

Resources

The abundance of natural resources within the community was acknowledged as integral to their defence mechanism against viral infections. As one of the participants hints:

...all of these vegetation and herbs you see there, what do you think they are meant for? They are stimulus against diseases. Do you think people will fall sick easily when they drink herbs and avoid sedentary lifestyle? But religious people in town believe being an herbalist is evil, so they avoid what will protect them' (IDI).

With another wondering:

...we have always survived and we always will... come to think of it, how can people allow themselves to suffer so much when there are abundance of herbs and fruits to match? We trust on nature and its abundant provisions' (IDI).

Reluctance

They decried government's neglect as the prime challenges not only to their coping mechanism against COVID-19 but against their general wellbeing in the very sense that:

...had the government provided us with a little financial aid or even small clinic, will probably we not have to toil so hard in our farms... we are not against orthodox medicine, what we are against is the devaluing of our potent herbal treatment'(FGD).

By the same token, one participant remarks:

...those in authority are very good in talking and speaking so much grammar, yet there is hunger in our village, especially among household with children and women... politicians lie so much... we on our part, do our best to look after our own people. We are our own government' (IDI).

DISCUSSION

Broadly, the findings of this study, emphasized how COVID 19 pandemic impact on socio economic development relationship, resources, and resilience among children, women and families corroborates existing literature, which affirms their importance in dealing with and surmounting challenging times (Okafor 2021; Omorogiuwa & Amadasun, 2020a & b; Tomas et al., 2012). The information and findings that joblessness caused many people to fall into debt in order to survive on the one hand. As well as the financial hardship that the unorganized workers experienced due to the COVID-19 epidemic have caused the loss of jobs and put a number of people's livelihoods in jeopardy. This isconsistent and obvious when income earners lose their jobs or means of livelihood (Ozili, 2020). The COVID-19 pandemic's effects led to retrenchments, loss of income that affected children and women in the community as well. This shows that COVID-19 has had an impact on the economy, one of society's organs of development, causing economic instability and disrupting society's regular operations.

Participating in community leisure, social, cultural, and spiritual activities not only helps women and children preserve their self-worth, but also builds or strengthens supportive and caring relationships by promoting social integration (WHO, 2020; Omorogiuwa, 2020a, 2021). This further implies that social connections matter throughout life; individuals who are connected to a network of close friends and family are more likely to be healthy, easily assisted and happy than those who are socially isolated, particularly in perilous times, such as the pandemic. Tomas et al. (2012) found that using relationship as typified by story-telling, experiential sharing, trust, and companionship spurred the recovery of children and women who had gone through stressors pandemic. associated with the COVID-19 (Omorogiuwa, 2021) as much than those who did not had enduring relationship with peers, careers, families and professionals. More so, resilience has been identified as a core element to navigating difficulty since it carries with it hope, perseverance, and optimism, which are formidable attitudinal dispositions to positive living (Adejumo, 2020; Tomas et al., 2012). Omorogiuwa and Amadasun (2020b) in their work found that community resources, which underpin and nurture latent behaviour (desire to stay healthy and maintain good health) are the bedrock contending with and recovering from hard times. Although it should be acknowledged that some efforts are being made by the current political leadership in Nigeria to cushion the effect of the pandemic experiences from past administrations typified by neglect and deceit, have furthered distrust children, women and the authorities (Fajemilehin & Odebiyi, 2011).

Implications

Social work practice

Addressing the concerns and challenges of children and women/family during the pandemic, holistically, demands that social workers not only concentrate on micro/mezzo practice (by applying the strengthsbased model), but that they also get involved in macro practice (that is, in social policy practice, particularly in the range of policy planning, formulation, administration, and advocacy) (IFSW, 2020; Omorogiuwa & Amadasun, 2020a & b; Omorogiuwa, 2020a; Ozili, 2020; Isangha et al., 2021). Given the ostensible dearth of social service delivery and healthcare, infrastructure for many families in remote locations, as this study has shown, social workers are expected to set the stage for professional action. As an example, in the context of policy advocacy, practitioners can act in this regard by (1) ad-hoc policy advocacy, and (2) long-term policy advocacy (United Nations, 2020). According to Omorogiuwa (2020a) ad-hoc policy interventions connote the provision of immediate and intermediate palliatives such as the provision of cash transfers or in-kind respite such as relief materials. On the other hand, she defined long-term policy interventions as social protection measures (e.g. payment of support grants for children and women), social and healthcare infrastructures, and environmental protection actions.

Consequently, social workers can advocate for both policy interventions. Writing to policymakers, through the collective voice of children and women, is one strategy in which meaningful impact can be made in this respect (Omorogiuwa, 2020b). Further, this study has significant implications for social workers in the international arena and in healthcare settings. Beginning with the former, it has been proven how indigenous knowledge and practice methods aided children and women to cope in hard times as it has the potential to foster hope and resilience. To that end, international social workers should strive to understand cultural diversity and appreciate cross-cultural knowledge and be open to indigenous ways to problem-solving instead of according pre-eminence to Western ideals, concepts, and cultures. Pertaining to the latter, medical social workers should be open to alternative models rather than relying solely on the overly formalized medical viewpoint and its accompanying clinical and demoralizing terminology. These models' focal points should be built around restoration through strengths and relationship promotion. Utilizing the talents of service users by encouraging cooperation, storytelling in group settings, drawing and the use of

arts are methods that can employ to assist children and women in recovering from and/or coping with challenging circumstances, such as the present pandemic.

Research

First, the findings of this study needs to be affirmed or dispelled. Given that this is an exploratory study, further research is needed in this area from a social work perspective. Second, since this study is based on a small town in south-south Nigeria, further research within other geopolitical zones of the country and indeed the African continent is advocated. Lastly, given the shortage of evidence in schools or department of social work about the application of indigenous knowledge and strengths-based perspectives to professional training in the continent, research is urgently required to shed light in this subject.

CONCLUSION

Although issues of resilience, relationship-building, including spirituality have long been topical in the professional literature, there is slim evidence to substantiate their application in social work schools within the African region. The rationale for the space in research is relatively unknown and therefore open to conjectures. One of such may not be unconnected to the relative novelty of the social work profession in many African countries. Whichever lens is adopted, this study, needless to say, has reinforced the imperative of mainstreaming indigenous ways of knowing and healing to professional training and education. Strictly, professionals need to be equipped about this knowledge base, so that they could deploy it in the context of their work with children, women and family, following graduation. Concretizing this object reflects a grand challenge to social work professionals in Africa- one that could be well poised to accomplish.

References

Adejumo, K. (2020). COVID-19 hard truths about achieving social distancing in Lagos communities. *Premium Times Journalism of Integrity and Credibility* https://www.premium time-sng.com.

Amadasun, S. (2021). From coronavirus to hunger virus: Mapping the urgency of social work response amid COVID-19 pandemic in Africa. *International Social Work*, 64(3), 444-448.

Amadasun, S. & Omorogiuwa, T. B. E. (2020). 2019 coronavirus and social work:

Blueprint to holistic intervention. Thousand Oaks, CA: SAGE.

Fajemilehin, B. R. & Odebiyi, A.I. (2011). Predictors of elderly persons' quality of life and health practices in Nigeria. *International Journal of Sociology and Anthropology*, 3(7), 245–252.

International Federation of Social Workers (IFSW) (2020). *Updated information of IFSW and COVID-19*. Sage publications available at https://www.ifsw.org/upda-ted-information-on-ifsw-and-the- COVID-19-virus.

Isangha, S. O., Waiman, A. C. & Marcus, Y. C. (2021). Where are the Nigerian social workers? *Qualitative Social Work*, 20(1-2), 343-349.

Maxwell, J.A. (2013). *Qualitative research design:* An interactive approach $(3^{rd} ed)$. VA: SAGE.

Mugumbate, R. J., Omorogiuwa, T. B. E., Chikoko, W. & Diraditsile, K. (2022). Letter from the African independent ethics committee (AIEC): Advice for institutional ethics committees on process, roles, composition and decolonisation. *African Journal of Social Work*, 12(2), 59-65.

Okafor, A. (2021). Role of the social worker in the outbreak of pandemic: A case of COVID 19. *Cogent Psychology*, 8(1), 1-7. Retrieved 14/02/2022.

Omorogiuwa, T. B. E. (2020a). COVID-19 and older adults in Africa: Social workers utilization of mass media in enforcing policy change. *International Social Work*, 63(5), 646-650.

Omorogiuwa, T. B. E. (2020b). Social work practice in strengthening household economic empowerment and support: Building sustainable livelihoods for working children's parents. *Social Work and Education*, 7(1), 46-55.

Omorogiuwa, T.B.E. (2021). Power dynamics in parent-child relationships: A child labour dilemma. *Social Work and Education*, 8(3), 373-384.

Omorogiuwa, T.B.E. & Amadasun, S. (2020a). Surviving COVID-19: Social work policy response to children in Africa. *African Journal of Social Work*, 10(3), 1-4.

Omorogiuwa, T. B. E. & Amadasun, S. (2020b). Our response is limited: Exploring Nigerian social workers' actions amidst COVID-19 pandemic. *Journal of Social Work in Developing Societies*, 2(2), 21 – 26.

Ozili, P. (2020). COVID-19 in Africa: Socioeconomic impact, policy response and opportunities. *SSRN Electronic Journal*, 1-34. Available at SSRN 3574767.

Saleebey, D. (2006). *The strengths perspective in social work practice (4th ed.)*. Boston: Pearson Education Inc.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Bristol: SAGE.

Tomas, M. J., Sncho, P., Melendez, J. C. & Mayordomo-Rodríguez, T. (2012). Resilience and coping as predictors of general well-being in the elderly: A structural equation modeling approach. *Aging and Mental Health*, 16(3), 317-326.

United Nations. (2020). *Policy brief: The impact of COVID-19 on children*. New York: UN.

World Health Organizaton, WHO (2020). *Coronavirus disease 2019 (COVID-19)*. Situation report – 51. https://www.who.int/docs/defaultsource/coronaviruse/situation-reports/20200311sitrep-51-COVID-19.pdf?sfvrsn=1ba62e57_8. Accessed 14 March 2020.

World Health Organization, WHO (2007). *Research ethics committees: Basic concepts for capacity-building*. Geneva: WHO.

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