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PROVISION OF SUPPORT FOR THE FAMILY IN THE CONDITIONS OF THE COVID-19 PANDEMIC: THE CASE OF NIGERIA

Master Thesis

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MAIN CONCEPTS

Provision – The act of providing someone with what they require or desire; anything that is provided (Oxford Advanced Learner's Dictionary, 1995).

Support – To promote the interests or cause of someone or something (Merriam-Webster's Dictionary of Law, 1996).

Family – An assembly of individuals who are linked by marriage, bloodline, or adoption who live together in a single home, engaging in their social roles, which are commonly those of couples, parents, offspring, and relatives (Barnard, & Good, 1984).

COVID-19 pandemic – The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). (Wikipedia, 2020).

Nigeria – A country in the Gulf of Guinea in western Africa (an arm of the Atlantic Ocean), bounded by Chad and Cameroon to the east, Niger to the north, and Benin to the west. Lagos is Nigeria's capital and biggest town. (Collins English Dictionary Digital Edition, 2012)

INTRODUCTION

Background to the study. The COVID-19 disease has resulted in and persists to result in widespread economic havoc to live and livelihoods throughout the world. The advent of the novel Coronavirus (COVID-19) has positioned the global public health services into a serious emergency situation because more than half of social and economic driven services were ordered to close-down to reduce the swift spread of the novel virus in the society.

The coronavirus pandemic affected all aspect of human life from closing of all education service centers, to shops, halting of everyday life of people around the globe. The social, political, and economic situation of most countries were stark, the effect of the virus on family life was significantly devastating (Hamilton, 2020). Although there had been plethora evidence from around the world that COVID-19 have negative impact on parents and children as they experience mandatory lock-down, stay-at-directive by government authorities and loss of economic opportunities for families (Cameron et al., 2020; de Miranda et al., 2020; Patrick et al., 2020; Spinelli et al., 2020; Yeasmin et al., 2020; Endomba et al., 2020).

However, most of this evidence could not provide the scope of the effect on parents and their children. In the past, during economic problem, parent often experience stressors, increased mental problems, interpersonal conflicts, possible abusive parenting is often inevitable especially in countries where resources are limited (Conger et al., 1994; Schneider, et al., 2017). Coupled with the disruption of work and finances during COVID-19 pandemic, families experience huge stressors thence extreme seclusion in households, isolation and concerns about health and social wellbeing of families.

In developed countries like the United State, and European countries, in addition to the worries and uncertainties accompanying the COVID-19 outbreak around the world, the economic situation became worsened, and the level of unemployment was on the high-side within the first three months of COVID-19 pandemic (CDC, 2020; Fegert et al., 2020; John Hopkins University and Medicine, 2020). All these resulted into serious financial hardship for families. Moreover, external support from other family members were disrupted and tangible social support were fading away due to the compulsory social distancing guidelines (Fegert et al., 2020).

There is an increased demand on providing adequate support and care for persons for families and their children during the COVID-19 pandemic as the period has been tagged as a moment of economic uncertainty and isolation, have elevated stress levels and the risk of violence at home (New York Times, 2021). The level of health and socioeconomic effect of

COVID-19 on relatives, hovers around provision of elementary needs, encompassing diet and health, as well as other developmental requirements like education and social integration. Children, especially those living in vulnerable and destitute circumstances, are at danger of not growing to their maximum capabilities due to lack of opportunities for education, healthcare, and welfare services most especially during COVID-19 when resource distribution and support services was significantly limited (Smith et al., 2020; Smith & Barron, 2020; Sahasranamam, 2020). Providing support for families involves cut-across all units in the family systems because, there is a wide-gap in knowledge on the impact of COVID-19 among families, as well as how they are coping and how their family situation has changed (Sahasranamam, 2020; NCDC, 2020). The information from UNICEF survey (2021) showed that lots of low- and middle-income nations have had problems providing health, sanitary conditions, and perhaps other social services to their citizens. Consequently, families are in financial distress, and children are unable to get free meals or healthcare (e.g., immunizations).

Similarly, just like other developed countries results from the UNICEF (2021) survey showed that parents in the United States conducted by the international organization Save the Children have found that caregivers feel worried and anxious about what the life holds during the COVID-19 including that of the children during the pandemic. Approximately 50 % of children in this survey expressed fear about the possibility of a close member becoming sick, but they also expressed concern about not acquiring enough at home to prepare for the upcoming school year.

During the lockdown, several health workers utilized the use of social media to provide services to support families, on several occasions had to move their services to a virtual and digital technologies which facilitated the provision of services for individuals residing in far distance location or on mandatory isolation (Early Intervention Foundation, 2020), several families in most countries are still on the waiting list of receiving prompt support and care from government or relevant support agencies (Wilson & Waddell, 2020). The limitation in the use of face-to-face attendance in services has made virtual contact the most available options for people to consider and navigate by the essential workers all for the purpose of curtailing the spread of the virus in the country (WHO, First 1001 Days, 2020). However, individuals experiencing poverty have often lacked the devices and data to engage with virtual support services (Saunders & Hogg, 2020; WHO, First 1001 Days, 2020), and providing a remotely enabled services enhances the building and sustainability of trusts among families especially if they have not previously had contact with each other (WHO, First 1001 Days, 2020; Children's Society, 2020).

In African region, the COVID-19 pandemic threatened to be catastrophic for especially children of family with low socioeconomic status (Sahasranamam, 2020). Most countries in Africa are dependent on the commodities imported from China, the unfortunate economic halt in China had negative impact on the most business in the African region (Ozili, 2020). The disruption in the supply of food chain has caused major limitations to food supplies to households that solely depends on day-to-day purchases of fresh produce, especially among the poor vulnerable which are mostly women and young girls (Devereux et al., 2020; Malapit et al., 2020). Most countries in the African region do not have welfare policies to enhance household food security (Banerjee et al., 2015). Several African countries experience some high standard of food insecurity among the poor households and specifically in the remote communities.

While many families were significantly affected by the virus, closure of schools meant children to experience extra challenges (Sahasranamam, 2020), although closure of schools is very common in most region of the world, but the negative impact is higher in developing African countries where there is paucity of resources (The Lancent, 2020; Sahasranamam, 2020). There is paucity of literature focusing on the psychosocial experience of children and their families which is practically problematic for the development of children in Nigeria (Cao & Feng, 2019; Lin & Li, 2020). Before the pandemic, the world has failed to provide adequate care and support for children; a situation where children who are below the age of 15 dies every second, one in every five children has been malnourished and more than 53% of the 10-year-old children in low and middle-income countries finds it difficult to read and understand stories (UNICEF, 2017). This by indication is that the longer the COVID-19 pandemic, the more dramatic negative impact on these vulnerable children across the country (UNICEF, 2020). There are possibilities for an increase in the number of children negatively affected by the virus but as the economic struggles and the restriction in government spending keeps lingering in the country (WHO, 2020). In countries like Nigeria, support for families is grossly limited during COVID-19 pandemic (Ajideet al., 2020; UNICEF, 2020; WHO Nigeria, 2020; Ajibo, 2020).

Most states in Nigeria could not sustain lockdown due the persistent agitation of people as a result of the excruciating economic consequences which prompted most states to ease the lockdown in barely three months after the lockdown (NCDC, 2020). In view of practically paucity of literatures focusing on the level of support services provided for families during the COVID-19 pandemic. Therefore, the study explores the provisions of support for the family in the conditions of the COVID-19 pandemic in Nigeria.

Novelty of the research. COVID-19 studies emanating from both developed and developing African countries emphasized the importance of providing adequate support for families affected by COVID-19 (Gassman-Pines et al., 2020; Schmitz et al., 2020; Ajide et al., 2020; Ajibo, 2020). Unfortunately, most of these studies have not extensively cross-examined the immediate and indirect consequences of the pandemic on families and other vulnerable groups connected to the family (children and older persons).

There is no gainsaying that the COVID-19 pandemic significantly affects families as they suddenly became isolated together in their homes, following years report indicated that there are a lot of detrimental effects of COVID-19 on individuals and family's wellbeing including the functioning of every unit in the family. With social distancing and lockdown appearing, the pandemic lockdown initiated a societal shock reaction where the means of existence is through communal living. In light of the lockdown, the natives lost their independence for interaction and personal acquaintances, which elicited instantaneous and temporary responses not used as COVID-19 preventive measures. Since the commencement of the lockdown, most people have stayed at home and self-isolated to protect themselves from transmitting and contracting the virus. The impact of the restriction might be too enormous, especially on mental well-being of the people Although financial and emotional stressors were significantly common during the COVID-19 isolation or lockdown among families affected by COVID-19 which restricted the movement of many households, preventing them from having regular access to basic needs of life and leaving them abandoned in the house, however, this study novel owing to the fact that discussing innovative strategies for addressing the depreciating nature of support services for families during COVID-19.

The study is timely and important for the whole family because, the family constitute the real fabric nature of the society. The study is relevant to families experiencing economic challenges in the face of COVID-19 pandemic by providing necessary information on how to navigate resources within their environment as provided by government of Nigeria (Feinberg et al., 2021). The study provides resource for community social workers in addressing variety of forms of provisions emanating from families during COVID-19. The study is also very relevant in providing necessary information for policy to address all forms of inequality in provision of palliative services during COVID-19 in Nigeria.

Thus, this study intends to probe into this issue and fill the gap of the non-existence of studies exploring the social support services for families affected with COVID-19 in Nigeria as they are only documented in practice and not in research.

Research relevance. Findings from the study will be of benefit to various governments, non-governmental organizations, and donor organizations and, also, to future researchers, as the findings of this study will make governments and donor organizations to see reasons and need to fully support victims of Corona Virus.

The information obtained might provide more understanding of the influence of social support of COVID-19 among families in communities, importance of preventing COVID-19 and importance of complying with the National Protocol for the prevention of COVID-19 in Lagos city. It might also inform appropriate authorities on measures that can be carried out to increase the knowledge of the prevention of COVID-19 in community health centers and provide facilities which will aid the prevention of COVID-19 for families, and to encourage a positive disposition towards prevention of COVID-19 in communities.

Finally, the study will be able to add to the already existing body of knowledge, attitude, and prevention practice of COVID-19 towards precautionary measures among resident of Lagos towards navigating different support services available to them in the community. Also, future researchers will find this study useful for future related study.

Research problem and questions. The overall idea of this research became evident as a result of researchers' experience working as a volunteer with the Lagos State Ministry of Social Welfare where palliative services for families and young persons were provided to Lagos residents which exposed to different support services available to families which include tangible and in-tangible social support services. The researcher has developed a thorough understanding of the negative impact of uneven distribution of support services on wellbeing of families affected by COVID-19 which has practically been under-studied in the region. Much information about the degree of influence of social support for families affected by COVID-19 is generally not available, the research seeks to understand the perception of the social workers and families in the Mega city of Lagos State, Nigeria.

Extant studies have examined the Government's COVID-19 response measures and the impact of COVID-19 on citizens livelihood (Andam et al., 2020; Eranga, 2020). However, none of these studies has dealt with ensuring the safety of the most disadvantaged in societies and provision of support for the families in the condition of COVID-19 pandemic. Hence, there is a gap in knowledge in this respect. The analysis of this Master's thesis intends to fill this gap that exist in literature in government provision of support for families in the condition of COVID-19 pandemic. There had been plethora of literature on support services for families and vulnerable groups during COVID-19 in the USA, UK, and various European countries

(Gadermann et al., 2021; Holmes et al., 2020; Gassman-Pines et al., 2020; Schmitz et al., 2020), there is paucity of literature focusing on the extent of tangible support which were not possible as a result of social distancing in most cities. Also, available literature only focused on emotional support services hovering around mental health support services for community residents (WHO, 2020; Armitage & Nellums, 2020; Kousoulis et al., 2020). Information about extent of services to help families is still unknown in around the world. Also compared to other aspect of COVID-19 across the world, there is relatively few studies on the differential on the psychosocial impact of COVID-19 on the relationship between families except from an economic point-view which is predominantly common low- and middle-income countries. Furthermore, existing literatures has not extensively dealt with the differential impact of family composition and living arrangement of households including the model of transmission of infection and diseases within households.

The study fills the gap in the understanding the degree of social support provided to families who were faced with COVID-19 pandemic in Nigeria. In view of the possible increase in the transmission of the virus in families, international data showed that numbers of children who did not show symptoms of COVID-19 and were tested positive with increase tendencies to die because of the virus is small compared to older population (Our World in Data, 2020). This does not exclude the number of children who have not been officially captured with the COVID-19 diagnosis. Children who are not well monitored are often at risk of abuse and domestic violence especially during the pandemic when they were out of school. They are presented with some high level of challenges in the food security for children (Pérez-Escamilla et al., 2020).

The problem in supply of assistance services for family with COVID-19 is impossible especially when they reside in rural communities where resources are grossly limited. Against this background, the study explores the provisions of support for the family in the conditions of the COVID-19 pandemic in Nigeria.

However, on the basis of the problems and gaps identified above, this thesis is to find an appropriate solution to the research question:

- How is COVID-19 experienced among families in Lagos State, Nigeria?
- What is the burden experienced by families with COVID-19 in Nigeria?
- What factors influence the type of support received by family with COVID-19?

Research objectives. The study's major goal is to look into how help is provided for families in Lagos State (Nigeria) under the condition of COVID-19 pandemic.

The foregoing are the study's particular objectives:

1. To examine theoretically and conceptually the topics of support services for families in vulnerable situations, firstly affected with the COVID-19 pandemic.
2. To review previous research on the topic by identifying the gaps in literature.
3. To identify types of social support received by the families in Lagos State, Nigeria, by exploring empirically the experiences of families within conditions of COVID-19 pandemic.

Research methods: The study utilised phenomenological approach to explain the social capital theory which explains the obligation of the government in improving wellbeing of families during COVID-19. The phenomenological approach was considered appropriate because it is important to understand varieties of the family systems in Nigeria and also provide valid experience of the family during health epidemic like COVID-19 in low and middle countries (Liu, 2011). Specifically, the social capital theory gave an agreement of systematizing which affect social interaction in families and government especially during pandemic like COVID-19. In the framework of this investigation, phenomenological approach provides a subjective experience of explaining the experiences of the families from their point of view and also analysis the report obtained from them through analysing the words they spoken or written down.

The study used a phenomenological approach in nature, investigating support services received by families affected with COVID-19 pandemic in the mega city of Lagos State, Nigeria. For the purpose of this study, a qualitative method of semi-structured interviews is used to collect information needed from families residing in the 5 Local Government Areas (further – LGA) of Lagos State which is purposively selected by the author of this Master's thesis based on the level prevalence of COVID-19. The researcher employs a multi-stage sampling technique to select households affected with COVID-19 for the phone-interview. The researcher finally employs purposive sampling method to select 5 families each, from the LGAs selected for the study making a total of 25 families from the Lagos State which has five local government areas that have been branded an epidemiology Centre for COVID-19. A thematic approach is employed in analyzing the responses from the interview session for the purpose of flexibility, this can be ideal for this kind of study because it provides information about gaps about the study and provides appropriate recommendations.

Research outline. To be able to execute, the research on provision of support for the Nigerian families in the condition of COVID 19 pandemic, further it is explained of what each chapter entails and plans to achieve in order to complete this research.

Chapter one depicts the theoretical and conceptual review, as well review of previous research on the topic, and summarizes gaps in literature. This chapter reviews publications of different authors on key terms of the study. It highlights on different authors' views to the research and compare ideas of different authors. It also sorts the gap in literature, meaning that the research finds a gap in which the authors have not researched on. The chapter also gives a theoretical framework according to which the study is built on, that is, which theory best fits the research under investigation.

Chapter two specifically focus on empirical research on provision of support for the selected families in Lagos in the condition of COVID 19 pandemic. At the start of the section, it is detailed described the research methodology, study area and research design, sample size and sample design, method of data analysis, organization of the research procedure and data analysis, ethical consideration, and research limitations. Further, this chapter focus on findings of the empirical research, starting with the characteristics of the research participants, and then moving towards presentation and discussion on research findings. The chapter ends as a consequence of the investigation are discussed.

This Master's Thesis ends with conclusions, recommendations, bibliography, and summaries of the study in two languages (English and Lithuanian). At the end of the Master's thesis, one annex with the guidelines for the semi-structured interviews provided.

1. REVIEW OF LITERATURE

This chapter reviews relevant literature focusing on the research topic on the support services for families affected with the COVID-19 pandemic in Nigeria. The literature review provides further understanding on the knowledge gap in existing literature. Furthermore, this section provides information on the concept of family, social support services in Nigeria, COVID-19 pandemic in Nigeria, experience of families with COVID-19, and theoretical framework using the social contract theory to further discuss the study extensively.

1.1 Nigerian Family System

In Nigeria, the family system is patriarchal with the existence of the extended family members. Family is very important in Nigeria as they are not exonerated from as an indestructible knit, however, there is still very strong family connectedness. This is significantly fueled by a strong societal traditional system (Otite, 1991). Modernization has significantly hampered the process and dynamism of family in the Africa that made it a prominent nexus in the social interaction among family members (Susuman et al., 2017). The demography of a Nigerian family set-up investigated the connection between family and their household members across different spectrum (Okon, 2012). The strong collectivism is on the high side that has been opposed by individuality (Makinwa-Adebusoye, 2001), this further outlines the characteristics features of Nigerian family (they mostly reside in rural areas, patriarchal and hierarchical, open kinship network, the polygamous nature of most families and, finally, high level of attachment for lineage continuation (Makinwa-Adebusoye, 2001; Susuman et al., 2017). All these characteristics play significant functions in influencing the number of children a woman give birth to, the socially organized setting of the usual African family setting with has an embedded patriarchal and hierarchical systems.

According to Therborn (2006), African societies have experience of gross level of distortion in the patriarchal traditional relationship because of the urbanization. The male supremacy has also been significantly altered but still has prominent strong significance in the society. Although, the contemporary African family setting is subjected to changes due to the changes that emanates from economic conditions, education, and health disparities as well as opportunities (Kalu, 2018). All these factors have significant impact on the contemporary

family patterns in Nigerian community, as a response to the reality that rise in the pace of abandonment of the age-long traditional practices for the western ones. The most common and popular events are the prevalence of the family pattern that increasingly merge traditional and modern marriage norms as well as practices. This also provides information on marriages, and on the family size (Kalu, 2018; Susuman et al., 2017).

Nigerian households adhere to a tight hierarchy of authority (Fadipe, 1970; Kalu, 2018). The notion of seniority in the Nigerian family structure is widespread throughout the country, and it is undeniable that it is dominated by male egoism. This situation is predicted by the situation when grown-up inhabitant of the household is never referred to by their given names. Rather, depending on their gender, age, and connection with the communicator, they are acknowledged as mummy, daddy, uncle, aunty, brother, sister, or others. Unlike her male partner, the married woman is obligated to follow the family tradition of superiority. Among the Yoruba ethic group of Nigeria, it is unlawful for a woman to address someone from her husband's side of the family (extended family) by their initial name. For every member of the family, she has to use the stated prefix or created terms such as iyale (older lady), baba oko (father / brother-in-law), and idi leke (one embodied in beads), even if she is older than them in age or has a higher financial and social position than them (Obembe et al., 2018).

Furthermore, the wide fanatic spread of religion in Nigeria, it can be presumed that family norms would have changed; however, religion has still not been able to deal with the upper arm of the clan norms that liberates women. For instance, the Islamic faith women are subjected to a lot of oppression, and some Church leaders conceal behind Ephesians 5: 22–24, and use it as a weapon against the females in their organization. This suggests that they may be mistaken in believing that the Nigerian family culture depicts women in conventional positions, with limited/restricted independence, and that they can only live in connection to males.

The study in the Master’s Thesis is conducted among Yoruba families who were affected by COVID-19 pandemic. According to Lloyd (1974), reported high level of communal living condition among Yoruba families in the South-Western region of Nigeria. The structure of the Yoruba family is unique because it is also community based and a system of a grass-root government. Upon which other tiers of governance within the society are built and developed (Jegede, 2014). The Yoruba family setting has two levels of organization, the immediate or the nuclear family, and the kinship or extended family level. The implication of these two levels is that it highlights the blood and marital relationships that co-exist among members of the family (Obembe et al., 2018). Traditionally, the most essential and prominent family links underlined

are those tied by bloodline and interpersonal relationship. The Yoruba families like other ethnic groups in Nigeria are patrilineal and patrilocal in nature.

The effort to classify the family systems might be difficult, the nuclear family type consists of a family of two generations that involve father, mother and their children or a single that is possibly widowed or a parent and his/her children (Elliot & Gray, 2010). The stem family setting that covers three generation of families consisting of the father and mother who have married children, as well as their spouses and their children (Elliot & Gray, 2010). The linear family type that has several married siblings who are directly or indirectly linked with each other. The family dissolves as a result of death of parents and become in the laterally extended family, where link is maintained or divided into nuclear families. This implies the importance of necessarily living together. The extended or joint families, this involves three or more generation residing together with both vertical and the lateral extensions that has the highest authority from both patrilineal and matrilineal sides.

1.1.1 Types of Family in Nigeria

Understandably, the family structure has significantly changed over time, especially in the last 50 years. As a result, studies focus on the types, operations, nature and unique occurrences in Nigerian families in general and Yoruba culture in particular, but not on changes over time. According to Ajila (2002), who investigated wife beating amongst Yoruba ethnicity found that the Yoruba-speaking inhabitants of Southwestern Nigeria had ideas about wife beating. The study examines the beliefs on the wife beater's place in culture. The study was conducted among 130 married adults, 73 males and 53 females selected Ile-Ife. Most of the partakers in the study did not support wife beating as an act while most of the participants reported traditional perspectives about wife battering. When changes are indicated, they are rarely confirmed, and the magnitude of relevance, notably for children's well-being, is rarely addressed in such research. Across other cultures in Australia, America, Canada, and Europe, are continually demonstrating relevance and evolution (Baker, 1996; Ward, 1994; Sharma, 2013; Amanda, 2018), there is paucity of similar studies in the African regions. According to Langford et al. (2009), a plethora of agencies in Canada collect and share information on families and family life. Statistics Canada and provincial governments gather key data (births, marriages, divorce and deaths) to offer a comprehensive picture of Canadian domestic life. Many of the challenges and ideas that impact Canadian families have been documented by the Vanier Institute of the Family.

Overall, the key primary function of family is about providing a well-structured about production and reproduction of individuals including sustaining sustainability of social interaction (Ogundare, 2013). This often involves sharing of tangible resources and support for human sustainability in terms of receiving nurture and care; jural rights and obligations; and moral and sentimental ties (Yang, 2015).

1.1.2 Multigenerational Family Type

This is the most prevalent form of family which includes grandparents, children, parents who lived together as a small unit, most of the time. They are often a household which might also include the family's leader is usually the custodian of a farm which is often a family business (Sharma, 20130). A more definitive meaning of the multigenerational family system involves a family or domestic association that is termed as matrifocal as every activity is centred on the woman rearing the children within the family system (Axinn et al., 1994). This family group does not contain individuals of the extended family. Families from the "skipped" era, such as grandparents residing with their grandchildren, are occasionally covered (Harris, 2015).

The advent of a multi-generational American family households is gradually on the increase because of job losses and the demographic changes that been gathering the steam for several decades around the world (Pew Research Centre, 2018). From 2007 statistics indicated that over 16.1% of the US resident had lived in household owned my family which often contained two adults which are often grandparents and are at least one other generation (Pew Research Centre, 2018). Since all children collectively make up the lineage's vitality, a close-knit group of relatives frequently bears the costs of bringing up children in respect of emotion, effort, money, and other material support. According to studies, in traditional civilizations, the pervasive and unified character of the extended family system is the foundation that supports such child - raising techniques (Fapohunda & Todaro, 1988; Isiugo-Abanihe, 1991; Odimegwu et al., 2017).

1.1.3 Nuclear Family

This is one of the most common types of family that is traditionally available among the family structures. This type of family includes the parent and their children (Brigitte, 2002) In most developed countries, it is mostly called conjugal family system because everyone is relatively independent of their kindred parents and other family members in general. This is a

situation whereby the extended family is involved to influence the development of every child just as the parent would involve the decision of children rearing (Daniel & Duncan, 2012).

Resources are frequently shared among individuals participating in an extended family, giving the family unit more of a communal feel. This encompasses not just the exchange of things and money, but also the exchange of time. For example, extended family include grandparents who saw their children and their grandchildren grow in their presence (Balbo et al., 2013). This form of extended family setting extends far beyond the nuclear family because it involves three generations: first the grandparent of the wife and husband and their children, together with uncles, aunts, cousins all living in the same households. In Nigeria, children born in the nuclear family type received better strength and stability from the two-parent setting, and generally experience more financial ease and opportunity from the two adults (Ogundare, 2010). Furthermore, one in 20 every child resides in a nuclear family unit in Nigeria (Family Life survey, 2018).

1.1.4 Single-Parent Family

This type of family consists of one parent residing together with their children, in a situation whereby the parent is either divorced, widowed, remarried, or never married (Katherine & Raymond, 2012). If this is genuine of divorced / separated or remarried, the parent might develop some sort of sole custody of the children or share-parenting across the two couples. This is mostly common among two different single-parent families who are between one or single parent or even blended family setting. Women are more active in single parenting, according to Amato (1996), because custody of the kid is frequently handed to the mothers. Because the tasks that should be shared by both parents are placed completely on one person, life becomes more stressful and harder, and if not adequately managed, can lead to adjustment problems in life. Adopting single parent is predominantly common in Nigeria now as the quantity of instances involving divorce and separation are increasing every day.

According to Benokraitis (2012), reported the roles of mother has most significant in nurturing children, sustaining the family system unit, and promoting emotional and social wellbeing of children. The study further argues that mother often outshines fathers because their strict nature and distance relationship with the children. Schaefer (2001) viewed single parent family as a situation whereby there is only one parent to care for the children. The report further indicated that they are often judged by their economic or emotional terms. He further reported that lives of children from single parent family are more difficult than children from traditional

nuclear family settings. Sigh and Conklin (2007) see single parenting as a new family form created by modernization and industrialization, which altered changes in gender roles. Therefore, the steady growth in the incidences of out-of-wedlock of mothers, widowhood and their marital instability has been exacerbated by HIV/AIDS pandemic and war has resulted into the increasing incidences of single-parent families in Sub-Saharan African countries (Clark & Hamplová, 2013; Tilson & Larsen, 2000).

In summary, in this chapter was about the situation of Nigerian family system, in terms o the existence of different family systems in the traditional system. The advent of modernization and how it has hampered the process and dynamism of family in the African region. The family system consists of patriarchal and hierarchical, kinship system and the polygamous system in Nigeria. The section of the literature review also focused on the types of family in Nigeria, most especially among the Yoruba ethnic group. This section also focused on the multigenerational family types with specific emphasis on the pillar continuing to support such child - raising processes in traditional cultures is the pervasive and cooperative nature of the extended family system. The common family type is the nuclear family, conjugal family system because everyone is relatively independent of their kindred parents and other family members in general. The literature also spoke about single parent who are also member of a family setting in Nigeria as the prevalence is on the high side.

1.2 Social Support in Nigeria

Social support is multi-faceted because it involves, first of all, family members, also, having friends and other people around that could be called upon in times of crisis or needs for the purpose of providing positive self-image with broader focus (Reblin & Uchino, 2008). Several studies have been documented that social support enhances quality of life of individuals including providing coping mechanism against stressful life events (Ke et al., 2010; Kumcağız & Şahin, 2017; Zhou, 2014). The different types of social support according to Racino (2006), was divided into four types that are the following:

- emotional support;
- instrument support;
- information support;
- companionship support.

Emotional support as focusing the providing some level of empathy, concerns, love, and affection. This level of support is often accompanied some level of warmth and nurturance form of social assistance which enables an individual to understand that he or she is essentially valued. This is often common among families (Dworkin, 2017; Blyth et al., 2017). Another form of social assistance is tangible support that is measurable, and involves provision of materials resources, properties, and facilities. This type of support is often called instrument support that comes in form of concrete direct intervention as a way of assisting an individuals and families (Thomas et al., 2017; Umberson et al., 2013; Seeman, 2002). Information support is another important aspect of social support for families, it comes in form of provision of suggestions, advice, guidance, and provision of useful information for someone as this type of information has potential of helping people solve their problems (Langford et al., 1997; Taylor, 2011; Heaney & Isreal, 2008). Lastly, companionship support was also found as an important form of social assistance for individuals and families that gives an individual some level of social belonging. This type of social support enables exchange of social activities and could also be referred to as esteem support or some sort of appraisal support which is often normative (Harry et al., 1999; Taylor, 2011; Racino, 2006).

Social support is structurally provided, it hovers around providing psychosocial support received across diver sources (Friedman & Silver, 2007). One of the emerging studies on social support was conducted among residents of the rural California community that tracked social support provided for a period of course of 9 years (Berkman & Syme, 1979). Significant number of studies have reported strong support for this association in the level of social network as well as positive health status, reduced illness condition, improved quality health care and longevity (Cohen & Janicki-Deverts, 2009).

Across the general population, studies have indicated that structural social support is linked with several positive physical health outcomes (Cohen & Janicki-Deverts, 2009). Among individuals with chronic health conditions, the benefits of increased social integration have also been apparent that it provides information about what social support confers as its lower risk for cardiovascular disease development (Uchino, 2004). Exploring the health outcome of good social support, longitudinal studies investigated how survivor of individuals with less arterial calcification have a lower chance of acquiring cardiovascular disease when they are socially engaged (Kop et al., 2005), have possibility of experiencing fewer strokes and had a lower death rate (Rutledge et al., 2008), this is seriously related with the control of population.

In Nigeria, social support services provided by government has been age-long during the colonial masters with the 10-year development plan that focused on human development

and support for infrastructure. However, the World Bank report in 2018 showed that poverty incidence in Nigeria is on the increasing with about 86.9 million of the population living in extreme poverty that is the largest incidence globally (World Bank, 2018). This report is in inconsistent despite of the poverty related social intervention developed by the government of Nigeria since the 1980s social development plan for families and vulnerable population. The first ideology of development in Nigeria was birthed with the advent of the 10-year Plan of Development and Welfare of Nigerian, although this was developed during the colonial development and welfare funds were still available, over 10 million Naira was spent on welfare from 1946 to 1956 (Nazifi & Bappah, 2014). The focus of the development also focused on building the transport and communication, there was little provision for the development of industries. The post-colonial was led to significant dynamic role in the development planning of facilitating the transfer of resources (Ikpe, 2014).

Although there is positive impact of social support on families, however, there are cost implications associated with providing social support which are been viewed as negative effect of social support. Therefore, assistant encounters may be harmful since they might include criticism and anger, making the help recipient wish to avoid them in the future (Frick et al., 2015).

1.2.1 Government Income Support Programs

Government income support is the extra money provided to low-income individuals whose source of livelihood has been directly impacted by COVID 19 (Asfaw, 2021). Income Support is a government program that supports low-income individuals who are unable to support themselves. It only applies to persons that are not employed full-time and do not get jobseeker's allowance or employability and monetary compensation (Widerquist, 2019). Those who are under the age of the State Pension and are unable to work or do not work for a long period of time, this benefit may be able to supplement their income (Dalli, 2019). An income support payment is a recurring payment that assists mentioned people in meeting their living expenses (Di Donato et al., 2019).

Basic and non-basic financial supports include Basic Benefits that include family and individual benefits to help with food, clothing, personal care, household upkeep, and utilities; and shelter that includes rent and mortgage payments. Municipal Tax Payments; Eye Exams and Prescription Glasses; Housekeeper's Allowance; Transportation; Private Childcare; and Burial Expenses may be eligible depending on individual’s personal situation. Certain benefits

and services provided by other government departments and agencies may be available to income support recipients (Cantillon et al., 2021). Individual agencies, on the other hand, assess the scope of benefits and services. A Prescription Drug Card made available via newfound land and Labrador Prescription Drug Program are examples of these benefits and services. The Department of Health and Community Services' Special Assistance Program offers medical materials and apparatus. The Department of Health and Community Services provides medical transportation (Prifti et al., 2019).

1.2.2 Government Credit Support

Credit Support means an unconditional letter of credit, guaranty, surety bond, or insurance policy is issued by a Credit Support Provider that meets the Counterparty Ratings Requirements, and that is valid, binding, and enforceable in acquittal of Party A's and its successors' obligations under this Agreement, for the life of this Agreement, as modified occasionally, and any Transactions hereunder (Anderson et al., 2021). Credit Support refers to credit support designed to increase the likelihood of payment on securities issued in connection with a securitization of loans or other assets that are generally funded with the proceeds of the securitization, such as subordination of certain classes of securities, insurance policies, representations and warranties, reserve funds, liquidity reserves, and losses (Razumovskaia et al., 2020).

Credit Support includes, but is not limited to, assurances, letters of credit, repayment contracts, pledges, deposits, prepayment sums, and other analogous lending or contract guarantees or granted by or on behalf of Sellers for the advantage of a Counterparty underneath the Assigned Contracts or otherwise in connection with the Purchased Assets or Assumed Liabilities, consisting of, but not limited to, guaranties, notes of credit, repayment agreements, mortgages, and deposits of any kind (Konig & Siewert, 2020). Credit support is a method for a party to reduce its counterparty's credit risk. "Financial collateral arrangements", "margin arrangements", "collateralization", and "credit enhancement" are all terms used to describe credit support arrangements (Hanson et al., 2020). Credit support is a method of securing payment obligations in derivative transactions by providing collateral or a security interest (Augsburg et al., 2019).

1.2.3 Government Psychological Support Programs

The word "psychosocial" pertains to an individual's psychological and social characteristics interacting in a dynamic way. Internal, mental, and thought progressions, thoughts, and the replies are incorporated into the psychological dimension, while connections, community and family linkages, social ideals, and cultural practices are included in the social dimension. Measures that tackle people's, families', and societies' social and psychological demands are referred to as “psychosocial support” (Pichler et al., 2019). The psychological and material resources offered by a social network to help people cope with stress are referred to as social support. This type of social support can take many forms, including “When a person is sick”, and can help them with various daily tasks or provide financial assistance. When a friend is in a tough situation, person should give him / her advice. Caring, empathy, and concern for those who are in need (Bender et al., 2019).

The government psychosocial support considers people in the context of the combined impact of psychological factors and their social environment on their physical and mental health and ability to function (Gyasi et al., 2019). Government psychological support, according to Sood (2020), includes, but is not limited to, psychoeducation and raising awareness about psychosocial problems. There are dual forms of skills: life skills and vocational skills. These activities are both recreational and artistic and cover the following: Physical activities and sports; Re-establishing family ties Spaces that are suitable for children; Committees of the community; Supporting customary burials and memorials; First aid for the mind; Lay counselling; Support and self-aid groups.

1.2.4. Government Social Security Support Programs

Social Security is a government-run program that provides social insurance and benefits to people with low or no income, as well as retirees (Harris et al., 2020a). According to Vasyltsiv et al., (2019), when confronted with the uncertainties of old age, longevity, incapacity, impairment, joblessness, or raising children, social safety can be described as any initiative of welfare support formed by legislation, or any other mandatory agreement, that provides its users with an extent of welfare programs. It could also provide access to primary treatment that is either curative or preventative. Social security, according to the International Social Security Association, encompasses social insurance initiatives, social aid programs, worldwide initiatives, cooperative schemes, nationwide pension schemes, and other provisions, such as market-oriented strategies, that are component of a nation's social welfare system in

line with appropriate law or practice. Social security supports are retirement benefits, it also provides survivor benefits and disability income (Dutta & Fischer, 2021).

Pensions, disability benefits, mortality payments, and also complimentary / quasi-healthcare and education, are all examples of social security regimes (Li & He, 2019). Social Security provides people with a source of income when person retires or if can't work due to a disability. It can also provide payouts to his or her lawful beneficiaries (partner, offspring, or parents) in the case of death (Zhang et al., 2019). Social security is a system of shared care aimed to address unforeseen events and various forms of insecurity caused by either degradations or unforeseen events (Bowman et al., 2019). It is commonly used all around the world. Retirement, disability claims, death benefits, along with subsidized / quasi-healthcare and education, are all examples of community solutions against hardship and shortcomings. Nigeria has experimented with different social security ideas and systems throughout the years. These, unfortunately, have not been executed in a satisfactory manner.

In summary, in this chapter was about social support is an emerging study social support instrument support that comes in form of concrete direct intervention as a way of assisting an individuals and families. Companionship support was also found as an important form of social support for individuals and families that gives an individual some level of social belonging. This type of social support enables exchange of social activities and could also be referred to as esteem support or some sort of appraisal support which is often normative. Information support is another important aspect of social support for families, it comes in form of provision of suggestions, advice, guidance, and provision of useful information for someone as this type of information has potential of helping people solve their problems.

1.3. COVID-19 Pandemic in Nigeria

Because of the "corona" – like or "crown" – like architecture of the viruses spotted in an electron microscope during a research in 1968, the name "coronavirus" was developed. Coronaviridae family was created in 1975 by the International Committee on Virus Taxonomy. The International Nidovirus Symposium in Colorado Springs in 2005 also split the Coronaviridae family into two subgroups: coronaviruses and coroviruses. The Arteviridae and Roniviridae families, as well as the coroviruses that cause gastrointestinal infections in cattle and humans, make up the Noroviruses Susan order (RW, Navas MRS 2005).

Coronavirus (COVID-19) is presently wrecking destruction on the nations of the World with Nigeria all-encompassing. COVID-19 has been linked to the Hunan Seafood Market in Wuhan, Hubei Province, China, according to the China CDC and Chinese Health Authority (Wang et al., 2020). SARS-COV-2 was originally proclaimed a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) on January 30, 2020. On February 11, 2020, SARS-COV-2 (coronavirus illness), often known as China sickness, was officially changed to COVID-19 (Nassiri, 2020).

Transmission of the novel virus COVID-19, though it is thought to have originated in animals, it can be transmitted directly or indirectly by respiratory secretions generated by an infected individual while sneezing or coughing by contacting a virus-infected surface or item and then engaging your own mouth, eyes and nose (NCDC, 2020). SARS-COV-2 (COVID-19) has a different virulence and mode of transmission than SARS-COV and MERS-COV, and it has been proven to be extremely contagious. In the absence of personal protective, such as masks, gowns, goggles, footwear, gloves, etc., an interaction with a COVID-19 victim can simply result in cross infection from one individual to another. Wrapp & McLellan (2019) stated that SARS-COV-2 has a high infection rate because it unites to angiotensin-converting enzyme 2 (ACE-2) receptors in the infected individual with a stronger affinity than SARS-COV-S. Zou et al. (2020) stated that viral nucleic acid in SARS-COV-2 sick people is equivalent to influenza patients. SARS-COV-2 has exhibited fast and easy spreading across clusters, such as family groupings, corporate board groupings, restaurant clusters, and so on, accounting for 50-80% of all verified COVID-19 cases. In 13-21 percent of MERS patients and 22-39 percent of SARS instances, transmission across groups of relatives occurred (Yin & Wunderink, 2018), demonstrating the risk of transmission of SARS-COV and MERS-COV via nosocomial transmission in the evaluation of human transmissions.

Confirmation of SARS-COV and MERS-COV propagation through droplets, interactions, and the surroundings has been demonstrated (Nanfang, 2020). Novel viruses have also been discovered in the stool of COVID-19 victims (Peiris et al., 2003), however, fecal-oral dissemination of the coronavirus has not been demonstrated in SARS-COV, despite the fact that the virus may live at room temperature in feces for a minimum 1-2 days (World Health Organization, 2003). SARS-COV can spread by the faecal-oral route, however this is not a common occurrence. Excrement and urine samples from MERS-COV patients also revealed virus RNA (Lapinsky & Granton, 2004). Given the findings of SARS-COV and MERS-COV faecal pollution and their capacity to live in feces, SARSCOV-2 can also be spread via the faecal-oral route (Yeo et al., 2020), albeit additional study is needed. It is also probable that

COVID-19 patient after fat gas can infect nearby people, just as COVID-19 sufferer urine spills can be highly contagious.

In summary, in this chapter was about the psychological support program provided by government. Government psychological support, according to Sood (2020), includes, but is not limited to, psychoeducation and raising awareness about psychosocial problems. There are dual forms of skills: life skills and vocational skills. According to the International Social Security Association, social security typically involves social insurance, public welfare, broadly accepted programs, mutual advantage strategies, national pension schemes, and other agreements, along with market-oriented initiatives, that are part of a nation's social welfare system in line with appropriate law or practice.

1.3.1. Prevalence of COVID-19 in Nigeria

The COVID-19 pandemic in Nigeria is part of the global coronavirus infection pandemic of 2019 (COVID-19), which is induced by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). On February 27, 2020, the first recorded case in Nigeria was disclosed when an Italian resident in Lagos tested positive for the virus. A second incidence of the virus was confirmed on March 9, 2020, in Ewekoro, Ogun State, involving a Nigerian person who had an interaction with the Italian resident (NCDC, 2020). Figure 1 gives the graphical presentation of all COVID-19 cases recorded in 2020.

On January 28, the Federal Government of Nigeria told Nigerian residents that it was ready to substantially increase monitoring at the nation's five international airports in a way to prevent the spread of coronavirus. The airports include Enugu, Lagos, Rivers, Kano, and the Federal Capital Territory, according to the government. (World Health Organization, African Region, 2020) On the same day, the Nigeria Centre for Disease Control reported that it had established a coronavirus team and was ready to execute its emergency mechanism if any cases were discovered in Nigeria. Following the outbreak of the COVID-19 outbreak in mainland China and other nations across the universe, Nigeria's federal government established a Coronavirus Preparedness Group on January 31 to limit the virus's effect if it advances to the territory. (National Center for Health Statistics, 2020) On the same day, the World Health Organization named Nigeria as one of 13 African nations at greater risk of viral transmission.

On 26 February, a Chinese person submitted himself to the Lagos State government on allegations of being affected with coronavirus. He was hospitalized at Reddington Hospital and was discharged the next day after testing negative (NCDC, 2020). Nigeria had 6,936 validated fresh COVID-19 infections in March 2021, a 72 percent decrease from the previous month and the greatest monthly decline since the epidemic commenced. The proportion of cases that tested positive more than halved to 3.5% for the month, although the quantity of operations conducted fell by 11.6 percent. Nigeria has obtained its first supply of over 4 million vaccine doses, with 122,410 injections completed by March 23rd. The numbers for the BAY states (Borno, Adamawa, and Yobe) were at contrast with the natural pattern. Testing steadily increased in March, with around 8,000 tests performed, although the number of positive diagnoses grew marginally to 12,909 (after falling the prior month). The affected populace that tested positive jumped from 13.2% to 20.8 percent.

730 additional diagnosed incidents were identified in Nigeria on December 14, 2021. In 36 states and the Federal Capital Terrain, 218596 cases have been verified, 211254 patients have been evacuated, and 2983 fatalities have been reported. Figure 3. illustrate the quantity of COVID-19 instances reported in the Federal Capital Territory. The 730 new cases are reported from 11 States- Lagos (431), FCT (174), Rivers (38), Ogun (32), Akwa Ibom (25), Anambra (11), Katsina (7), Bayelsa (4), Niger (4), Kano (3), and Ekiti (1). The national response actions are still being coordinated by a multi-sectoral national emergency operations centre (EOC), which has been activated at Level 2.

Although Nigeria have high cases of COVID-19 comparing it to other countries according to the research conducted by Johns Hopkins University CSSE COVID-19 Data (2021) as depicted in figure 2. Below you can see there are other countries with a rapid rise and fall in COVID-19 instances.

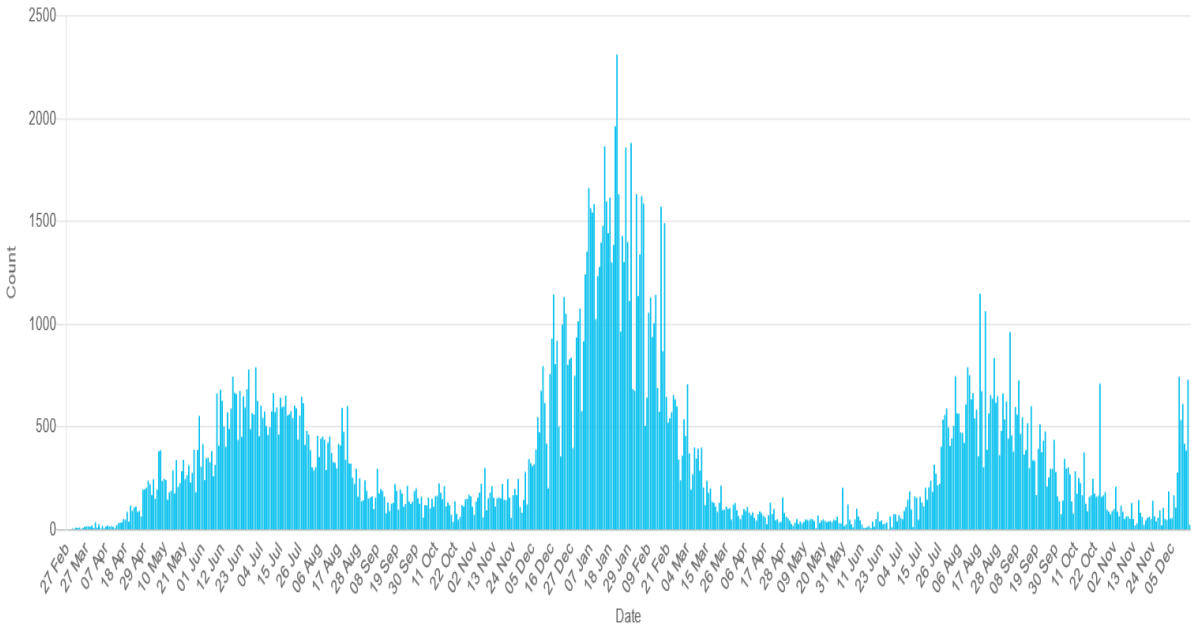

Figure 1. Number of confirmed cases of COVID-19 in Nigeria in 2020.

Source: Nigeria CDC (2020).

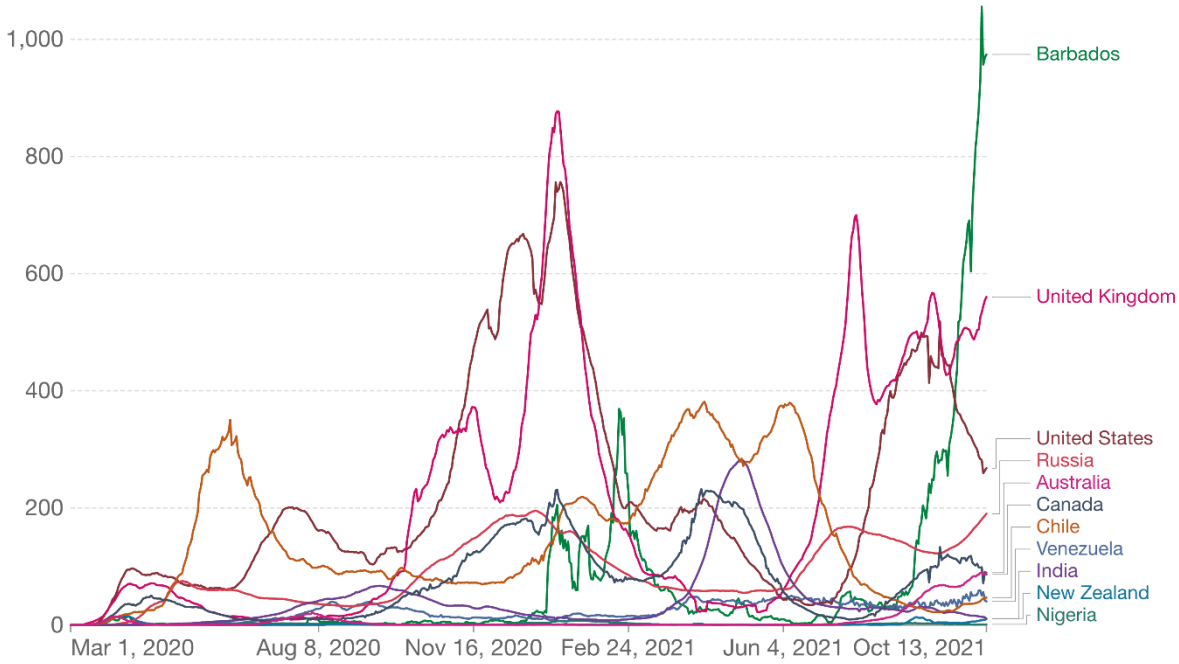

Figure 2. Comparison of prevalence of COVID-19 in Nigeria and other Countries.

Source: Johns Hopkins University CSSE COVID-19 Data (2021).

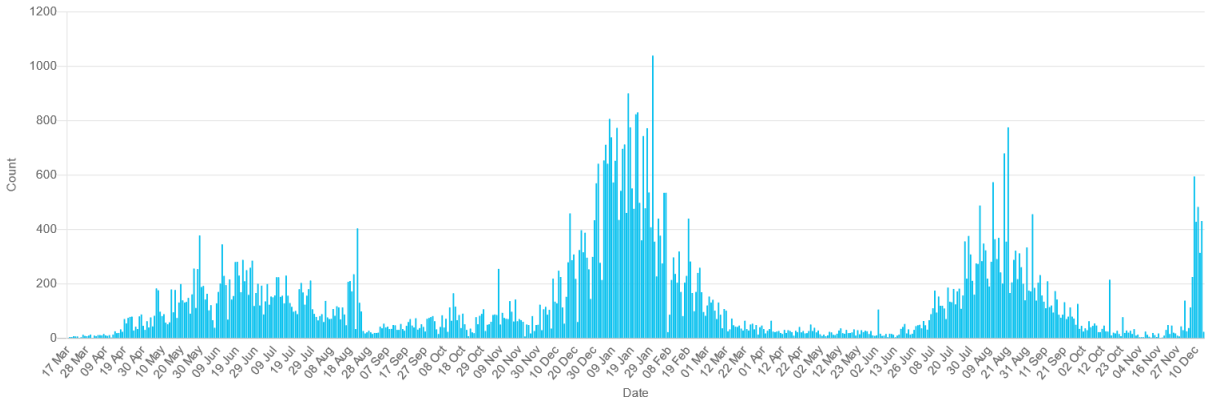

Figure 3. Confirmed COVID19 Cases – Lagos 2021.

Source: Nigeria CDC, (2021)

Globally, countries continue to employ diverse strategies to control the COVID-19 pandemic. These plans seek to prevent, identify, regulate, and mitigate the effects of a virus whilst keeping in mind the economical, sociological, cultural, and theological variables that are distinctive to each nation. In the end, country-level and society involvement will decide and preserve the efficacy of these measures (WHO, 2020). To present, Nigeria has the second-highest incidence of verified incidence of COVID-19 in Africa, accounting approximately 7% of all documented cases on the continent. Given Nigeria's poor testing efficiency, this might be an underestimation of the real case burden. Nigeria had done 63 882 COVID-19 tests as of May 31, equaling 293 tests per million people; Ghana had performed 184 343 (5948 per million populace), and South Africa had completed 488 609 tests (8251 per million inhabitants) (NCDC, 2020).

The country's low CFR might be attributed to effective case control techniques along with a desirable demographic makeup, 70 percent of the populace is below 25 years old. All, however a state, Cross River State, had confirmed COVID-19 incidents by the close of May 2020. The two most heavily populated regions, Lagos and Kano, and the Federal Capital Territory, have seen the most instances. Many of the initial cases reported outside of Lagos State, the Federal Capital Territory, and Kano State were all imported. Moreover, the growing instances numbers in violence regions like Borno State raise further worries and necessitate situationally measures to avoid a coming health catastrophe, particularly in IDP camps. In the Nigeria pandemic, undiagnosed imported infections may have taken part in a crucial part in the early stages, hastening the shift from centralized to communal spread. Because of this, when the virus first broke out, incoming overseas travelers were permitted to self-quarantine (without screening) but were advised to seek laboratory tests if signs appeared.

This may have had an influence in a slew of undiscovered imported cases. Notwithstanding contact tracking, the fast appearance of infections among people with no prior itinerary or known epidemiological linkages to other infections implies that other unreported cases could have been smuggled into the nation or that possible acquaintances of the confirmed cases were overlooked. Following the border closure, incoming travelers (for example, on rehabilitation flights) were required to stay under monitored confinement for 2 weeks.

Nigeria's states were suffering serious issues, and the volume of incidents around the country keeps rising. The scarcity of COVID-19 treatment facilities is the most serious of these topics. Despite because of the quantity of mattresses, health care workers, and intensive care facilities like oxygen and ventilators has increased dramatically since the occurrence instigated, the confined bed capacity, health workforces, and intensive care facilities including oxygen and ventilators could easily overtake the health system, leaving it unable to reduce COVID-19 fatalities and encapsulate the disease's propagation. The NCDC is continuing to collaborate collaborating constructively with national governments and stakeholders to ensure that enough framework is in position for prompt case identification, treatment programs, and the development of public health and medical workforce capability. Despite the fact that national testing infrastructure has expanded dramatically as a result of private sector involvement, testing scope and velocity remain low. By the end of the month of May in the year 2020, 293 tests per million people had been undertaken, or roughly 5% of what Ghana had accomplished, with an overall positive percentage of 15.9%. Nigeria must swiftly expand testing for the purpose of promptly detect and isolate current cases and manage the epidemic.

The response's urgent hurdles include obtaining enough testing equipment and device for protection for health-care workers. Earlier on in the process of the disease, lockdown containment measures were intended at preventing the spread of the infection to additional states, postponing the transition to public spread, and improving healthcare service efficiency. Though the lockdown slowed down COVID-19 transmission, it had undesired collateral effects on social protection, security, and daily subsistence for many. It is reasonable to assume that the pandemic's negative repercussions disproportionately impacted women, the poor, petty merchants, and also others who rely on revenue from small and medium businesses. The negative consequences of the lockdown compounded already tough conditions for many people, making the utilization of preventative measures like lockdown and physical separation untenable. In many areas, a lack of understanding of COVID-19 has resulted in ineffective application of safety measures.

In public locations, adherence with COVID-19 precautions like as social distance, hand washing, and face mask use is currently at an all-time low. A trip across a public space is likely to leave one with one of two perceptions due to inadequate conformity. First, the possibility of COVID-19 becoming extinct, and second, many people's casual response to the lethal sickness. This might also lead to stigmatization of those who follow the safety guidelines. Stigmatization has had a detrimental impact on health-seeking practice and public reaction to the pandemic at this time. Stigmatization at the societal level might deter high-risk or infected people from seeking help, foster intolerance among certain populations, or instill fear in others who are suspected of being sick.

Individuals who have been quarantined are more likely to be stigmatized, and they are more prone to social rejection. Because they are afraid of being identified as carriers of the dangerous disease, many people wait until their symptoms become unbearable before seeking help, or they do not seek help at all. Religious organizations have proved their attention to safety precautions by shifting from traditional physical gatherings to internet meetings.

These procedures arose from the fact that group events increase COVID-19 propagation, necessitating its suppression. Many religious activities have been abandoned, while others have been rescheduled. For example, Muslims have discontinued the Friday Jumat ceremony, Christians have discontinued Sunday assemblies and the exchanging of cups during sacrament ceremonies, and the Sharia Council of the United Arab Emirates has prohibited sick persons from attending meetings. However, there is limited compliance with the prohibition of meetings at the local level, with many people conducting low-key activities. People, households, and organizations require interventions aimed at reducing stigma while still delivering necessary treatment. The stigmatization of COVID-19 infected or high-risk persons must be addressed first among public health specialists and healthcare practitioners. This aided the formation of favourable views toward afflicted people or the illness itself.

A notable community-level remedy throughout this time would be to use a cross-cultural technique in delivering patient data about COVID-19. Since each culture has its own set of values and behaviours, health - care systems might evaluate and expand on these societal beliefs to promote the adoption of COVID-19 mitigating factors. In earlier research, increasing community knowledge has been acknowledged as a strategic strategy of reducing infection during outbreaks. Lessons learned during the 2003 SARS outbreak revealed a link between sickness awareness and the likelihood of successful containment or control efforts. The federal government's lack of readiness for outbreaks has been blamed for the rising the quantity of instances.

During the Ebola virus disease (EVD) epidemic in Ghana, insufficient outbreak readiness was also discovered, leading in a lack of ability to handle the illness. It was determined that closing national boundaries immediately following the discovery of the affected individual would have prevented COVID-19 from spreading further. Travelers, on the contrary, had no trouble entering the nation. National borders have been put under lockdown, yet there are still porous borders that allow people to enter Nigeria. The administration of COVID-19 transmission by outbreak response teams is complicated by the apparent relaxation of border protection procedures. The Nigerian Centre for Disease Control created the Surveillance and Outbreak Response Management System (SORMAS), which is used to collect everyday intelligence reports. During the COVID19 epidemic, however, robust outbreak response cooperation is necessary to guarantee thorough documentation and access to care. The cosmopolitan character of COVID-19 in Nigeria necessitates the provision of well-equipped screening infrastructure and tools early in the outbreak. A cause of impediment in the control of the COVID-19 epidemic in Nigeria has been identified as a lack of political will and official cooperation.

The Nigerian government has risen to the task of giving assistance during the epidemic, however the assistance supplied has been insufficient. The effectiveness of the response depends on the reinforcement of existing mechanisms at the local government level through medical centers. The COVID-19 result of the test is usually collected after a long period of waiting. In particular, monetary incentives and financial encouragement are essential to reduce the risks that healthcare personnel experience when managing COVID-19. Financial reasons, on the other hand, are either absent or insufficient in the COVID-19 era. The frequency of weaker dedication in adhering to COVID-19 treatment among those who get insufficient incentives. The favorable impacts of incentive systems in improving COVID-19 care for patients have been discovered. This is because there is a clear link between the level of engagement a healthcare professional has and the accepted quality of care they provide. As a result, monetary motive should be taken into account while improving health professionals' commitment to providing healthcare during the COVID-19 epidemic.

1.3.2. Impact of COVID-19 on Families

Family is a significant unit that builds human society. The novel coronavirus became more prevalent in families with poor socioeconomic status as a result of anxiety due to threats to health and their wellbeing (Calarco et al., 2020). Parents and children are the most affected

group of individuals affected by the arising changes from the novel COVID-19 virus as it causes major distress, also experiencing social isolation because of compulsory stay at home order from the Government, including the physical and social distance orders from the government of Nigeria (Sevilla & Smith, 2020). Children's health is important and parents became diminished because of frustration for their own safety personal health and that of their family including the consequences of the spread of the virus to residents.

For children from parents with low-income and less-educational status compared to individuals with higher income and educated parents (Attanasio et al., 2020). However, among preschool children, they are mostly sensitive to the developmental injections which shaped their lifelong attainments and achievements (Duncan & Magnuson, 2011).

Plethora of evidence available on the association between COVID-19 and family life specially focused on their mental health socioeconomic status (Calarco et al., 2020; Gassman-Pines et al., 2020; Attanasio et al., 2020; Sevilla & Smith, 2020). Most policy response around the COVID-19 pandemic include the compulsory stay-at-home, new regulation for essential workers, including the health workers, closure of schools, created stressful environment for families as a result of channels; worries about health; pressure as a result of the work, working from home, and increased potential of loss of job which has consequent impact on the loss of income of several families (Attanasio et al., 2020).

Several parents that were told to work from home find it extremely difficult balance the work-family system. For women, they are mostly affected as a result gender inequality as women being forced to more domestic labour as a result of the circumstance (Ruppanner et al., 2020). Despite this experience, men always want to exercise the egalitarian relationship and also less involved in the care of childcare (Petts et al., 2018; Scarborough et al., 2019). Although, the pandemic was an opportunity for families for them to work together to be able to best balance their work and family life.

Time spent by parents increased during the pandemic because of compulsory lockdown and stay-at-home instruction by the government of the countries (Baxter et al., 2020; Calarco et al., 2020). The side effect of this elongated time is uncertain but providing caring for children while on isolation at home and juggling jobs together might be extremely stressful for some mothers. Even though previous national longitudinal statistics showed that time spent in childcare delivers the highest positive impact and relevance compared to time spent in any other endeavor, and this is particularly the case for low-income households (Kalil et al., 2019).

To corroborate this finding, Calarco and colleagues (2020) investigated 139 mothers across different socioeconomic status during the early times of the pandemic in 2020, the result

indicated that the average mothers who have greatly increased the time they spend caring for their children during the pandemic have disproportionately experienced substantial increases in stress, anxiety, and frustrations with their children. All through the new coronavirus crisis, the causes of familial relationships and children's adaptation in financially depressed families are still unknown. The current study looks at how the pandemic's socioeconomic characteristics are linked to crucial components of family functioning health and family interactions. The three types of connections between children and parents that we highlight as outcomes are thought to be essential in developing children's social economic adaption and are likely to have a function in amplifying or lowering the response to the novel coronavirus (Moroni et al., 2019). Parents psychological state and tension, parental resource commitments in their child behavior, and the intensity of caregiver relationships are among these traits.

It has been generally acknowledged that families or the home is not always a safe place for vulnerable groups especially children, women, girls, and older persons during the lockdown (Dlamini, 2021). The stress children and women experience as a result COVID-19 but expanded as a result of the pre-existing negative social norms and gender inequality in the society. Reports from the UN Women (2020) reported that when the whole world was in lockdown during the COVID-19, women between the age 15-49 are often subjected to sexual and physical violence which were perpetrated by intimated partner with no less than 243 million. This case was also prevalent in developing and developed economics; France reported a significant increase in 30% of domestic violence were reported during the lockdown while Singapore and Cyprus reported major increase in the number persons using the helpline calls were about 30% and 33% respectively, however, in Argentina, over 25% utilised the domestic violence helplines (UN Women, 2020).

Countries like Canada, Germany, Spain, UK, the United State, and other government agencies have structures of addressing domestic violence in children and families including families that needs emergency shelter (UN Women, 2020). According to the Dutch newspaper (De Zwaan, 2020) reported the magnitude of physical violence experienced by teachers in schools while using the videoconferencing with their classes. This explains that the utilization of e-learning for children residing in low and middle income where internet access is still limited might make education extremely difficult. Similar to this report of the experience of female teacher was that of the Guardian (2020) reported the surge in domestic violence in relation to COVID-19 in the United States, and Secretary-General of the United Nations Guterres called on governments to put women’s safety first as they respond to the pandemic.

In essence, the study on the spread of the new virus COVID-19 shows it is the case transmitted from person to person, despite its existence, thought to have originated in animals, and that it could be transmitted directly from infected person's respiratory droplets. Although new viruses have been discovered in the stools of COVID-19 victims, there has been no evidence of fecal-oral propagation of the coronavirus in SARS-COV, despite the fact that the virus can live at room temperature for at least 1-2 days in stools.

1.4. Review of Previous Research

This section examines some previous empirical studies and findings of various researchers on the variables and sub-variables related to the research of this Master's Thesis. Ajisegiri et al. (2020), who did a research on the Covid-19 outbreak scenario in Nigeria and the necessity for active collaboration of health care workers for outbreak management, reported relevant publications in Nigeria and other African regions. The results of the study suggest potential evidence of continuous and rising COVID-19 spreading infection in the society, insufficient testing potential, and an overabundance of medical resources, and also infection of many healthcare personnel in the face of an essential trained healthcare skills shortage.

COVID-19 in Africa: treatment and safety for frontline health professionals was reported by Chersich et al. (2020) in the same way. The study findings indicated that during the outbreak, African healthcare personnel encounter significant hurdles. The pandemic in Africa will be shaped by the extent to which health professionals' health and psychological well-being are preserved, and also the epidemic's long-term effects on societal cohesion, economic expansion, and safety. While there are a variety of objectives for the COVID-19 reaction on the continent, the report strongly recommends the World Health Organization, national governments, the commercial industry, and the community at large to focus on the security and psychological wellbeing of healthcare professionals.

In other developed country like Canada, Gadermann et al. (2020) examined the influence of COVID-19 disease on the psychological fitness of families in Canada using a National cross-sectional study. The study employed a descriptive research design to select 3000 adults across cities and communities of Canada and examined the mental health impact of COVID-19 pandemic, the outcomes of the pandemic on parents and their children who are below 18 years living together, this was compared with older person. Although, the analysis was conducted using an online survey between 14–29 May 2020, the result showed that parents

reported increased alcohol consumption during the pandemic, while there over 8% increase in suicidal thoughts in parents and young adolescents. The study additionally found increasing stressor from physical and emotional violence, but, a corresponding time, increased feelings of closeness and intimacy among family members.

Additionally, Jablonski et al. (2021) carried out a study on emergency nourishment delivery for offspring and relatives during the COVID-19 pandemic in five US cities. The latest results confirmed that the usefulness of homegrown methods seems to hinge on on: cross-sector alliance, supply chains, and bridging resource gaps for high-risk populations. Benavides and Nukpezah (2020) conducted a study on how local governments are caring for the homeless during the COVID-19 pandemic. The study found out that income Prior to the entrance of Covid-19, support policy was already a difficult topic, but it has grown in importance as a consequence of work losses and interruptions in people's wages as a consequence of boundary shutdown, trade interruptions, and the time of state-wide lockdown (Fletcher, 2020).

Ashraf (2020) examined the impact of socioeconomic conditions on the COVID-19's medical outcomes and the mitigating influence of state emergency legislation on the connection among socioeconomic conditions and COVID-19's medical outcomes and found out that socioeconomic circumstances COVID-19 documented cases and fatalities per million persons show a high negative correlation. COVID-19 incidences and fatalities per million persons are cut in half when socioeconomic conditions are favourable through one confidence interval. Furthermore, we discover that strict social dispersion policies and extensive cash assistance programs aid to reduce instances and fatalities, particularly in nations with weak socioeconomic factors, using correlation structure among socioeconomic factors and government emergency interventions. These results have significant significance for developing the appropriate set of government measures to reduce the number of people killed in nations and areas with poor socioeconomic factors.

Ozili (2020) reported how the African countries survived COVID-19 pandemic, impact of policy response and the opportunities. The study provides a discourse analysis using economic analysis of the socioeconomic impact of COVID-19 in the African region. Although the study was only conducted in few African countries while other developed countries were exempted. The study found that social policy efforts significant affect social and economic wellbeing of residents of the selected countries. The report also found that the pandemic provided indication for biological crisis that can be transform to the sociological subjects. The sociological consequences of the outbreak in the African region indicated the creation of a form

of social anxiety among households and families. The COVID-19 pandemic has indicated that the vulnerable developing African countries are experiencing high level of health hazards.

In another similar policy response report from the African region, Chiwona-Karltun et al., (2021) reported health, social and economic effect of COVID-19 in the African region, these efforts undermine the spread of food and the security of food and health status of African residents as they mostly rely heavily on Agriculture which is the bedrock of the economy. The study employed a quantitative analysis of GeoPoll obtained through data analysis comparing 12 nations in the African section in the Southern area of the Sahara with reports hovering around the pervasiveness of anxiety and rational wellbeing conditions due to food security, lack of wellness accessibility and gross abuse of human right owing to the lockdown. The study applied the probit model to explain the concerns of the localized expansion of COVID-19 and the virus's effect on the economy causes increased worries because of food security. The degree of supports received from families of isolated or deceased due to COVID-19 in the Sub-Saharan African countries. The study explored the mental health repercussion of COVID-19 on the general population of uninfected individuals, and particularly their families in the isolated or deceased COVID-19 patients in Sub-Saharan African countries.

Han et al. (2020) examined income and poverty in the COVID-19 Pandemic. Per the findings, government intervention effectively mitigated the pandemic's impacts on incomes at the outset, causing poverty to reduce and low wage percentiles to climb across a wide variety of population characteristics and locations. Shechter et al. (2020), stated that even during COVID-19 epidemic, New York healthcare professionals' mental trauma, coping behaviours, and support choices were examined. The investigation findings specified the significant psychological screenings were widespread, with 57 percent for acute stress, 48 percent for symptoms of depression, and 33 percent for perceived stress. Compared to consulting doctors, a greater percentage of nurses/advanced practitioner specialists tested positive for each, however home staff prevalence for intense depression and stress were not different. Since the COVID-19 outbreak, 61% of participants felt a greater feeling of meaning and purpose. Vigorous exercise was the most popular coping strategy (59 percent), followed by accessibility to a person therapist via internet self-guided counselling (33 percent).

Furthermore, Arthur-Holmes and Agyemang-Duah (2020) carried out a study in Ghana, elderly persons were exposed to the COVID-19 epidemic via networks and social security programs, and lessons were learned. The investigation findings specified that, in Ghana, like in other poor nations, elderly people must rely on their social networks for assistance, which includes family ties, friends, and social organizations. Also, social security

agencies, like the Social Security and National Insurance Trust, must make preparations for older persons aged 50 and above to receive a portion of their pension package so as to cover their basic necessities during the epidemic. Social services are needed at this time because older individuals may demand practical assistance such as having someone do errands for them. In regards to improving their living standards, the research recommends that the government strengthen its social investment program, notably the lifestyle development against poverty award for older individuals with extremely low earnings.

According to Atreya et al. (2020) during the COVID 19 epidemic, society compassionate care was provided. The results of this analysis suggested that case management will be necessary to ameliorate the anguish of such patients, given the disparity in request and availability of healthcare facilities. The existing investigation considers the following facets of preventative healthcare provision in the society: the need for palliative care during a pandemic, the influence of remote patient monitoring in preventative healthcare provision in the community, the importance of a household doctor in providing primary preventative care services, and a "holistic" society critical care package to satisfy the society's impoverished. Etkind et al. (2020) conducted a study on infectious disease outbreaks, the function and responsiveness of compassionate care and hospice facilities: a fast assessment to primary evidence during the COVID-19 outbreak. Organizations (rules, training and procedures, collaboration and cooperation, and data), staff (dispatch, skill mix, and endurance), place (society provision and utilization of technology), and objects were used to synthesis the findings (medicines and equipment and personal protective equipment). It was determined that implications for clinical practice services play a critical role in responding to COVID-19 by reacting quickly and flexibly; making sure symptom control mechanisms are accessible and mentoring non-specialists in their use; being engaged in triage; considering shifting resources into the society; considering relocating helpers to provide psychological and social and bereavement services; enabling togetherness among personnel; and trying to adopt approach to cope with strep throat (Etkind et al. 2020.

1.4.1. Application of Social Contract Theory

The social contract theory emanated from the revolutionary era and specifically focused on the legitimacy of the citizens as well the government of the country. The theory was developed by Wiess in 2008. However, the term “social contract” was developed by Jean-Jacques Rousseau that was found in the area of antiquity of the Greek and the stoic philosophy

of the both the Canon Law and the Roman Catholic laws (Wiess, 2008). Although, it developed in the early 19th centuries as a leading doctrine as a form political legitimacy among residents in the delivery of social services and insurance services. The theory posits that all individuals and citizens of a country have agreed or consented either explicitly to surrender some part of their freedoms to a higher authority as an exchange for a protection for their rights and privileges for the maintained of social order in the country. The theory also asserted that the approach of the social contract is not that laws and political order are natural but are human creations. This approach reported how the political orders have created some simply means of ending the benefits some individuals get legitimately. Government is not a partner to the initial contract, according to Thomas Hobbes, and residents are not required to yield to the government when it comes to efficiently eliminating internal divisions and civil disturbance (Weiss, 2008; Donaldson & Preston, 1995).

Further analysis of the social contract theory explains that when government fails to secure their natural right or satisfy the best interest of the general society, it is the obligatory right of the citizen to withdraw not to obey or change the leadership through election or another means like violence. The social contract was eclipsed to form the utilitarianism, Marxist and the Hegelianism that were revived in the 20th century which were notably to form the experiment of thoughts. According to Weiss (2008), a social contract is a collection of norms and practices about how people behave in different situations. This theory syndicates corporate governance receiving government focus. Most of the agreement is based on societal customs. According to the view, the social compact is formed when individuals and government exchange something. The essential social contract notion, according to Weiss, is mutual understanding and interaction between the state and people (Weiss, 2008). According to the writer, governments can only thrive if they make contracts with their population.

Weiss (2008) went on to say that a social contract can be regarded ethically purchased. The set of questions can be used to tackle this: Is the user's personality clear, and are all partners comfortable with the situation? Are citizens satisfied with the provision and support? Are government and government agencies all satisfied by the contractual agreements with the citizens? Do people of the societies in which the local government is founded on the conviction that the government is to blame for the supply of social support? Does the government to contribute its fair proportion of provision and support? Do residents feel they are well-cared for, have good working circumstances, and are progressing?

According to Donaldson and Preston (1995), social contract theory provides the overall validity of government assistance and further constraints, and modifications should not

be included in the agreement. They maintained, nevertheless, that the revisions should be done within the agreement's parameters. The connection between the state and people is the subject of social contract theory. Agreements with them should reconcile the domestic and foreign restrictions of firms, resulting in long-term financial benefits for the government, residents, and other partners. As a result, the company's stakeholder systematic approach is on the basis of social contract idea.

1.4.2. Application of the Theory to the Study

The theoretical framework underpinning the study is the social contract theory that sets a guidelines and conventions about behavioral trends between the several fundamentals of society. The government's involvement is combined with stakeholder engagement in this notion. Much of the social contract is based on societal customs. According to the view, the social compact is formed when individuals and government exchange something. The primary social contract notion, according to Jean-Jacques Rousseau (2002), is mutual trust and interaction among the government and the population. The hypothesis describes the nature of people's services. It also looks at how happy the local community is with the government's current services for people.

The theory further exemplifies the importance of social relations in the promotion of wellbeing of families affected by COVID-19 pandemic in the country. Contracts with them should harmonize the public and private restrictions of firms, resulting in long-term financial benefits for the state, inhabitants, and other partners. As a result, the business's stakeholder strategic approach is based on the social contract idea. In most countries, major challenges in the public services are offered to citizens are often limited, and poor in quality. The visible public services are health and education but are underfunded, hence, possibility of government fulfilling their obligation would be limited (Donaldson & Preston, 1995). The consequence of a weak social contract with limited revenue for government across the country resulted into significant deepening social divisions and has created high level of distrust and frictions across the societies.

Low- and middle-income economies where Nigeria belong, there is an upward experience of the vicious circle that happened in the European region before the II World war where government provide social services for families affected during and after the war. However, the pandemic exacerbated the increasing level of social problems to families and individuals during the COVID-19 pandemic (Etkind et al., 2020). Hence, citizens of these

developing countries are reluctant to paying taxes, leading to low government revenues and poor investment in public services in the countries (Ezeibe et al., 2020). The social contract theory provides explicit information on the importance of following the model of vicious circle of addressing weak social contract of many low-income countries and offer universal social security which offer some level of trust and strengthening of social contract therefore enjoying a quality public service that work for families and individuals in the country.

In summary, in this chapter focused on the review of literatures on the impact of social support on families affected by COVID-19 in Nigeria. Coronavirus pandemic was a moment when government makes novel choices and plan on social security for citizen. According to the notion, the adjustments should be performed within the contract's parameters. The connection between the authorities and society is the subject of social contract theory. Social contract theory is a precious instrument and resources for any country. Non-existence of a social contract often leads to underdevelopment for most developing African countries where resources are significantly scares.

2. EMPIRICAL RESEARCH ON PROVISION OF SUPPORT FOR THE FAMILIES IN THE CONDITION OF COVID-19 PANDEMIC IN NIGERIA

2.1. Research Methodology

This part of the text focuses on the applied research methodology of obtaining and exploration of the empirical data. This section particularly entails information about the study population, the type of empirical data gathered, methods of empirical data collections that thematically analyzed further in this Master's Thesis.

The purpose of the empirical research is to analyse the pattern of social support services for families affected by COVID-19 selected communities in Nigeria, using qualitative analysis of lived experiences and narratives of description of their experiences during COVID-19. This also will x-ray detailed information about the amount of support these families have received from diverse sources and agencies in Nigeria.

Research objectives:

1. To prepare research protocols that would theoretically explain the support services for families in vulnerable situations, firstly affected with the COVID-19 pandemic.
2. To conduct review of research on the topic by identifying the gaps in literature on social support services for families in vulnerable situation affected by COVID-19 pandemic.
3. To analyze data received from the experience of families with COVID-19 in Lagos State, Nigeria.
4. To prepare conclusion and documentation on the experiences of families affected by COVID-19 pandemic in Lagos State, Nigeria.

Research design. The study is a phenomenological in nature, investigating support services received by families affected with COVID-19 pandemic in Nigeria. For the purpose of this study, a qualitative method of semi-structured interviews is used to collect information needed from families residing Lagos State in Nigeria. This method is considered most appropriate because it enables the participants to be open-minded and to be able to ventilate their concerns about the subject matter (Hammesely, 2013). The study considered the use of a qualitative method (Semi-structured interview) because it enables the participants to dialogue

while also maintaining the structure of the interview and to also enable the researcher to make comparison with categories and sub-categories of issues around issues and experience during COVID-19 pandemic and the level of support services received from different quarters in the country either from government or from Non-governmental organization (Edwards & Holland, 2013). Additionally, the use of qualitative method is considered more appropriate than the quantitative method because it can be used to explore trends in thoughts and perceptions of the participants towards the subject matter (Jegede et al., 2016; Gall et al., 2007).

Study location. This study is carried out in Lagos State (Nigeria) among families affected by COVID-19 in the state. Therefore, the findings, conclusion and recommendations of this study are based on responses garnered from the informants (families affected by COVID-19). The researcher visited the home of the families affected by COVID-19 in Lagos State. The research was carried out in the Lagos State Isolation Centre, which is located on Victoria Island in Lagos. In reaction to the worldwide COVID-19 epidemic, this was a purpose-built health center with ICU capabilities.

Study population. The target populations of this study are families affected by COVID-19, identified from the recorded section of the Lagos State Isolation Centre, Victoria Island, Lagos State. Families affected by COVID-19 are individuals who were previously tested positive of COVID-19, and were discharged home after been treated at the Isolation Centre. Due to COVID-19 restriction in movement and visitation as directed by the National Centre for Disease Control (NCDC), the study is conducted through phone-call interview to explore their experiences, burden and the type of social support received from families during the COVID-19.

Sampling technique. A purposive sampling to select 25 families for the phone-interview was applied in the research. This is a purposive sampling method which enables the participant not to be chosen at random and not representative of the general study population (Vehovar et al., 2016). This is a non-probability sampling method which enables the participant not to be chosen at random and not representative of the general study population (Denscombe, 2007). A purposive sampling method is often deliberate for specific function and purpose in mind (Punch, 2005). This enables the researcher to deliberately select participants using the snowball strategy, the researcher contacted own contact, through the research participants and ensuring that potential participants match the selection criteria.

Sample size. This refers to number of informants that participated in a research work as determined by the researcher or after application of formulae. Due to the nature of this study,

the subject matter of the study and informants for this study, a total number of 25 families affected COVID-19 were selected from register of the Lagos State Isolation Centre. Another reason for this limited number of informants is due to consideration for time, financial, personnel and skills required to handle large number of informants. It was planned to ensure 50% gender balance, and ages between the ages above 18 years who were members of a family affected by COVID-19.

Recruiting participants for the study. Participants for the investigation were enlisted in spite of the limited amount of time committed to the study. However, several strategies in a bid to obtain sufficient data from the interview participants during the study were employed by ensuring age appropriateness. The study recruited participants from records office of the Lagos Isolation Centre of the Lagos State government, contact address and phone numbers obtained by the investigator. All participants told to electronically sign the informed consent forms.

Before the origination of the project with the interview participants, the researcher holds several meetings with the family's leader, to educate them about the study's target, its objective and benefit of supporting the project. The interview participants were mainly members of the families who had one-time experienced COVID-19. The study was selected 25 phone-interviews with families who are at least 20 years old. Participants less than the specified age of 20 years were not included in the inquiry.

Research instrument. The research instrument provided informant the chance to express their thoughts on questions been asked. Therefore, the research instrument comprises of the ensuing units (Annex 1):

1. Socio-demographic data form: this portion of the assessment instrument gathers basic detail of the informants such as sex, age (optional), level of education, years of practice, average monthly income etc. of the family chosen for the research.
2. Experience of families affected by COVID-19: the first guideline focuses on questions based on the survey's primary goal which experience of families during COVID-19 when it comes to feelings about COVID-19, throughs about COVID-19 and the social interactions with family friends and relations.
3. Burden experienced by families affected by COVID-19: the second guideline focus on questions based on the survey's secondary goal which centered on burden experienced during COVID-19. This provides information about financial and psychological burden experienced during COVID-19.

Type of social support received: the third focus on questions based on the experiment's third goal that focus extent of social support received during COVID-19 from government and non-government organizations. The guideline, also, provides possible solution to address the problems families during the COVID-19 and expected social aid from government during pandemic like COVID-19.

Interview procedure: The study employs a semi-structured phone interview. The researcher ensure phone-interview is well conducive for the contributors throughout the interview. The researcher ensures that there is strict confidentiality of information about the participants while confronted with a problem of conducting the analysis on phone. The interview lasted for 60minutes and shorted minutes was 30miuntes. The researcher ensures that each of the participants is interviewed individually. The researcher informs the participants that their voices is recorded, and a Dictaphone is used for the scope of this investigation. The contributors are appropriately informed about the usage of their initials and consent letters before the instigation of the interview, and it is emphasized that they can choose not to continue with the project while they can also choose to stop the interview sessions.

This section provides a theoretical concern which explains to either consider an inductive or deductive content analysis (Vaismoradi et al., 2013), The 25-interview session will be conducted among families affected by COVID-19. The phone-interview session began by setting ground rules that are set by the participants throughout the interview. The participants are asked to first introduce themselves before commencement of the research project and the investigator also introduce himself.

Data analysis. A thematic approach is employed in analyzing the responses from the interview session for the purpose of flexibility, this can be ideal for this kind of study because it provides information about gaps about the study and provides appropriate recommendations (Braun & Clarke, 2006), this can also be used in assessing the number of times an issue is discussed by the participants.

The researcher analyzes the information generated in different stages; this includes listening to all the recorded tapes while also reading all notes taken during the interview session to make corrections where necessary. This is to ensure accuracy of the data by ensuring that they are accurately recorded and familiarized. The researcher ensure that all the audio recorded during my interview was transcribed into Yoruba Language and then English language was utilized by a multilingual researcher who is a Yoruba speaking resident. The researcher code the entire transcript obtained then the number of appearances, the researcher then creates a

coding tree that is developed during the transcription and reviewed during literature. The meanings are first refined for each of the codes which reflected the discoveries produced from the transcripts, this then is categorized into mind mapping methods to understand possible categories and for possibility of revising the coding tree and then the researcher then is coded into categories into NVivo version 10.

Ethical consideration. The study obtains ethical approval from the Lagos State Ministry of Health and the Medical Director of the Lagos State Isolation Centre and other regulatory agencies in the State. The researcher takes into account several ethical concerns. The researcher obtains informed consent from the participants because of the nature of the study (Bryman, 2008). Each of the participants selected for study are asked to read and sign the information sheet containing outline of the purpose of the study, information sheet which entailed likely questions that may be asked from the respondents and an informed consent before participating in the study. There are no participants that were below the age of eighteen years.

Secondly, the study ensures strict confidentiality of information which is key when conducting this type of research (Bryman, 2008). The study followed all protocols designed for a qualitative research design by ensuring that all writing materials of all the contributors interviewed were given numbers for the sake of anonymity to readers including during record of the information. The study also ensures all materials used to be stored in a password-protected and secured computer that is accessible to the researcher alone. The partakers were informed are informed at the start of the research that they are free to quit at any moment especially when sensitive topics are discussed or asked throughout the interview. Participants were knowledgeable of their eligibility to withdraw two weeks after the interview and their data were immediately destroyed by the investigator.

The researcher has an apt awareness of the significance of building rapport with the interview participants in a respectful, attentive, and non-judgmental manner at all times. The researcher has strongly background training in making good interview like checking and prompts during the interview session including using the sense of humor that was considered to be a very powerful tool during the interview session especially among the participants who are adult and children in the family.

Limitations of the research. The analysis was limited to 25 families affected by COVID-19 in Lagos State Nigeria, this families have also received supports services from either government or non-government organisation in Lagos State. The research is also restricted to

qualitative research design which provide phenomenological explanation to the concerns and needs of families affected by COVID-19 in Nigeria. The research is also restricted to explore the lived experiences of families and children affected by COVID-19 pandemic in the mega city of Lagos. Therefore, the result might not be generalised for other regions. There is need for an extensive study using a quantitative measurement scale to address diver concerns around families affected by COVID-19 pandemic in Nigeria and other West African region.

2.2. Results of the Empirical Research

The result of the examination was thematically presented in this project using the phenomenological approach to elicit the experiences of families affect by COVID-19 in the city of Lagos. The project was conducted 25 families presented the Lagos State Isolation Centre, located in the Victoria Island, Lagos State, Nigeria.

2.2.1. Socio-demographic Characteristics of Research Participants

Table 1 below is showing the demographic characteristics of the participants indicated that the bulk of responders are beyond 50 years with the mean age of 58.6. This signifies that the preponderance of the families that participated in the experiment are above 50 years old. Maximum number of the participants are civil servants working in the essential work-force area of the nation like healthcare, journalism, etc. The entirety of the family members affected by COVID-19 had secondary school education with one person that had Army Education. Mainstream of the survey participants are male and are husband in their families while only two persons are unmarried, and one person is widow as well as the leader of the household.

Table 1. Socio-demographic characteristics of research participants

Name Code	Age (years)	Occupation	Level of education	Status in the family
Mr. I.T	56	Trading	Secondary school education	Husband
Mrs. O.O	71	Retiree	Secondary school education	Wife (the ruler of the household)
Mr. A.A	55	Civil servant	Secondary school education	Husband
Mrs. T.O	44	Journalist	University education (MSc)	Not married
Mrs. Y.O	47	Civil servant	University education (BSc)	Wife
Mrs. U.O	45	Trading	No formal education	Wife
Mr. A.R	66	Veteran (Nigerian Army)	University education (Army College)	Husband (head of the family)
Mrs. E.O	49	Civil servant	University education (BSc)	Wife
Mrs. Z.O	55	Retiree	Secondary education	Wife
Mr. T.A	57	Unemployed	University education (MSc)	Husband
Mr. Z.A	50	Self-employed	Secondary school education	Husband
Mrs. E.A	41	Civil servant	University education (BSc)	Wife
Mr. S.O	55	Health worker	Diploma in Nursing	Husband
Mrs. D.A	62	Retiree	University education (BSc)	Wife
Mr. J.O	55	Civil servant	Secondary education	Husband
Mrs. R.S	56	Health worker	University education (BSc)	Wife
Mr. W.D	49	Self-employed	Secondary education	Husband
Mrs. S.I	66	Retiree	Secondary school education	Wife
Mrs. T.Y	49	Trading	Tertiary education	Wife
Mr. Z.B	52	Self-employed	University education (BSc)	Husband
Mr. I.P	35	Trading	Secondary education	Husband
Mrs. K.L	53	Trading	University education (BSc)	Wife
Mrs. R.P	65	Trading	Secondary school education	Wife
Mr. D.F	65	Driving	Primary education	Husband
Mr. U.E	54	Self-employed	Secondary school education	Husband

Source: Interviews with family members in Lagos (Nigeria), 2021.

During the interview sessions with the 25 families in Lagos, the partakers were enquired around three categories and sub-categories to provide corresponding description of narrative influenced family' experiences by COVID-19 in Lagos State. The experiment was conducted using structured telephone interview due to the restriction of non-essential movement in the mega city of Lagos State which has also been recognised as the epid-centre for COVID-19 incidences for Nigeria.

2.2.2. Experiences of Families Affected by COVID-19 in Lagos State

After completing the interviews with the participants, the experiences of families afflicted COVID-19 in Lagos State. The result transcription of the records, the texts were examined using the content analysis approach. The participants' answers were divided into categories and later the categories have been separated into sub-categories. In total 3 categories were distinguished from the interviews with social workers: "Experiences of families affected by COVID-19", "Burden experience of COVID-19", and "Types of social support received".

The first distinguished category describes what experiences families went through in the conditions of COVID-19 (Table 2).

Table 2. Categories and sub-categories related families' experiences in the conditions of COVID-19.

Categories	Sub-categories	Supporting quotation
Experiences of families affected by COVID-19	An infectious and contagious disease condition	COVID-19 is a serious infectious disease that affects the lungs. [Mrs. E.O] It kills people fast and a major problem affecting breathing [Mr. A.A].
	Coughing and breathlessness	It involves high temperature, coughing and breathlessness. [Mr. W.D] Serious coughing at workforce [Mrs. T.O]
	A serious threat to humanity	I have been constrained in life due to COVID-19 [Mr. Z.B]
	In ability to engage in my daily business	I was unable to engage in my daily business for survival [Mr. A.R]
	Interaction with social circles was hampered	Reduced social interaction from friends and closed-family's relations who are within their circle. [Mr. S.O] I was losing interest in doing previously pleasurable activities, loss of appetite, poor locust of control, I always prefer to stay indoor because my friend refused to interact with me. I felt, I was all alone. [Mr. W.D]

Source: Interviews with family members in Lagos (Nigeria), 2021.

It was important to learn more about the stories of families who have been touched by COVID-19 because of negative impact it has had on the socio-economic and psychological wellbeing of diverse families in Nigeria. The volunteers were quizzed about their understanding about COVID-19, how they could describe their symptoms before the healthcare professional confirmed their COVID-19 status to be positive, what think COVID-19 was to them, full

explanation of their experience in the Isolation Centre, how the COVID-19 has significantly affected their activities of daily living. Contributors were also questioned COVID-19 has significantly affected their daily interaction with people after leaving the Isolation Centre. Interview report the interviewees stated that they ascribed COVID-19 to be infectious and seriously contagious disease that affects human begin. The participants also reported that some of the key symptoms of COVID-19 was coughing, high-graded temperature and breathlessness among other things. The participants also reported COVID-19 as serious threat to humanity as it significantly affected their ability to engage in their daily business, including their activities of daily living like physical meeting with family members in the same house, because one member of the family has been diagnosed of COVID-19. It was also reported that COVID-19 seriously hampered their interaction with their social circles. This information was consistent with the view of a unique participants (*"COVID-19 is a serious infectious disease that affects the lungs of individuals who are not fully protected."* (Mrs. E.O, 49 years, civil servant)).

Other participants reported that: *"Though COVID-19 has been killing a lot of peoples, to the best of my knowledge, COVID-19 is a major problem affecting the breathing of people which eventually results to death of loved ones."* (Mr. A.A, 55 years, civil servant).

Respondents were asked several questions concerning how they would describe their symptoms before they received confirmation from the health care workers stating that they had COVID-19. Reports from the participants indicated that they had coughing, breathing problem, increased temperature and irritability. Some of the participants reported to be mainly coughing and were not sure of what the problem was before they were mandated to visit the COVID-19 test station in Victoria Island when a diagnosis of been positive to COVID-19 was made. The result of this is in tandem with the report from one of the participants that: *"I was not sure of my symptoms until I was finally confirmed of having COVID-19. I was having high temperature, coughing and suddenly, I became breathless. I was immediately taken to a close-by hospital, were routine COVID-19 testing was made"* (Mr. W.D, 56 years, self-employed).

Other participants corroborated the statements that: *"I was having breathlessness and seriously coughing at my workplace before, I was instructed to stay at home and a COVID-19 test must be done to confirm if I had COVID-19 or not"* (Mrs. T.O, 44 years, Journalist).

The participants were asked about their views about COVID-19 been a threat to humanity and heath of the citizens. The participants gave their opinion around reduced interactions with their colleagues and closed-family relations, the participants also reported COVID-19 to humanity in diverse dimensions. One of the participants reported the following: *"I thought when COVID-19 cases were reported in some major regions of the country, I thought*

it was a joke until there was compulsory lock-down and restriction of movement of people from one place to another place" (Mrs. J.O 55 years, civil servant); *"Truly, COVID-19 has taught human several lesson in a very hard way because, it became a threat to humanity when everyone was compulsorily told to stay at home and to work from home, this is serious threat to humanity"* (Mr. Z.O, 55 years, retiree).

The participants were also asked to describe the most important areas of their life which was majorly affected by COVID-19. Emerging reports from the participant revealed that they majority of the partakers had problems engaging in their daily business and place of work where more money can be made to take-good care of them. One of the participants testified that: *"I have been so constrained like this in my life, I was compulsorily told to stay at home, this significantly affected me, I could not make income to pay house-rent"* (Mr. Z.B, 52years, self-employed); *"I was not able to engage in business that makes a lot of money for me to sustain by family and financially support close family relations"* (Mr. A.R, 66 years, Trading).

Participants were asked about their experiences on how COVID-19 has affected their interaction with their people within their social circle after leaving the isolation centre. Most of the contributors reported reduced social interaction from friends and closed-family's relations who are within their circle. A few of the respondents also reported to have developed moderate depression because, her close-friend refused to talk to her because of been previously diagnosed of COVID-19 and the fact that she was eventually admitted at the Isolation centre was a major turn-off to her friend. This report was corroborated by one of the participants: *"...hmmmm I thought I had good friends until I had COVID-19 and I was mandatorily admitted at the Lagos Isolation Centre to reduce the spread of the virus. Almost all my friends thought I would be dead by now, because they all refused to talk to me and our usually meeting point went disarrayed because I was diagnosed of COVID-19"* (Mr. S.O, 55 years, Health worker).

In another report from another participant, it was revealed that: *"My social circle made me had minor depressive disorder, I was losing interest in doing previously pleasurable activities, loss of appetite, poor locust of control, I always prefer to stay indoor because my friend refused to interact with me. I felt, I was all alone. Excluding my parents and husband, other family members kept themselves away from me, they thought because, I had gone to the isolation centre and been treated for COVID-19, my lifespan is limited. Someone even told me that I looked like a ghost, and they are not sure I was the one"* (Mr. W.D, 49years, Trading).

2.2.3. Burden Experienced by Families Affected by COVID-19

Further, the second category was identified. It is about the burden experienced affected by COVID-19. This section described the burden experienced by families affected by COVID-19 reported oscritisation by family members and friends, there was also report of negative feelings, inability to socially interact with loved-one and there was complains about healthcare professional been extra-care (Table 3).

Table 3. Categories and sub-categories related burden of families.

Categories	Sub-categories	Supporting quotation
Burden experience of COVID-19	Oscritised by family members and friends	I experienced were huge to me and my household in general because of been diagnosed positive. [Mr. E.O] I sometime feel oscritised by my friends and close allies, this sometimes gives me psychological distress [Mr. Z.A]
	Negative feeling of death from family members was prominent	I never even thought my family members would react this way to me, I was thinking they will show some love and affection to me. [Mr. D.F] Sometimes I get worried, my friends and close family members were really supportive to my needs and desire when I was at the Isolation centre. [Mr. A.A]
	Inability to see loved-one for several days	I love the way one of the nurses attended to me, it was phenomena and compassionate about my needs. [Mr. I.T] I have also benefited significant support from my personal

		physician because he checks on me to know how I have been fearing in the last few days. [Mr. J.O]
	Healthcare professional were extra-careful of been infected of COVID-19 but were still very compassionate	Healthcare profession even communicate with my family members in a bid to allay their fears and concerns about my health and wellbeing. But several of the healthcare workers feel worried of been infected of the virus which is normal as human to do. [Mr. Y.O]

Source: Interviews with family members in Lagos (Nigeria), 2021.

The study explored the burdens experienced by families affected by COVID-19. The participants were asked questions around how they would describe the problems they encountered when they were authenticated to be COVID-19 positive. Also, they were also asked about their reaction of their family member when they were verified to be COVID-19 positive, what was their concerns when they were confirmed to be COVID-19 positive, how would they describe, how funds were raised for the purpose of therapy at the isolation centre, were there any emotional trauma related to COVID-19 and finally the partakers were questioned how they would describe the interaction with the health care professionals in the isolation centre. The majority of people, according to the analysis of the data, indicated to be ostracised by their relatives and friends, as an outcome of this, they have developed negative feelings about death arising from family relatives, also, there was there inability to see their loved-one for several days, they also complained that the healthcare professionals were extra-careful of COVID-19 infection, and at similar timeframe been compassionate about their work. The outcome of the investigation is in tandem with the report of one of the participants that: *"the problem I experienced were huge to me and my household in general because of been diagnosed positive of COVID-19"* (Mr. E.O, 49 years, Civil servant).

Other participants reported that: *"I sometime feel ostracised by my friends and close allies, this sometimes gives me psychological distress which I did not bargain for"* (Mr. Z.A, 50 years, Secondary school education).

The participants were asked about the reactions of their family members when they were tested to be COVID-19 positive. Most of the participants reported expression of negative

feelings as one of the prominent, stigmatisation and discrimination of plates of giving food was most common among family members. In another opinion, family members were named as the main source of social support for persons affected by COVID-19, especially in resource constraints environment like Nigeria. A participant reported that: *"I never even thought my family members would react this way to me, I was thinking they will show some love and affection to me. They have labelled my food plates before they serve me food"* (Mr. D.F, 65 years, driving).

In a contrary view about the reaction of family member: *"My family members were significantly supportive, they bought me my drugs, foods, they even went on employ a carer for me when I was at the isolation"* (Mrs. S.I, 66 years, Retiree).

The participants described their experience when funds were raised for their treatment when they were at the isolation centre were to be from their family members and the extended family relations. The funds were used for the procurement of drugs, foods, oxygen, and other consumables used at the Isolation centre. The report is reliable with the opinion of one of the participants that: *"…as much as some of my family members might show some negative feelings, but there are still some of them that provided me with money and food items which was used for daily survival when I was at the Isolation centre"* (Mr. A.R, 66 years, veteran); *"Sometimes I get worried, my friends and close family members were really supportive to my needs and desire when I was at the Isolation centre. I benefitted from their persistent calls and show of love and affection"* (Mr. A.A, 71 years, Retiree).

The participants were asked questions around there interaction with the healthcare professionals in the isolation centre. The reported indicated that, although they were more compassionate and support, but they are mostly extra careful of been infected of COVID-19 and finds it difficult to interact with me. The partakers also reported the healthcare professional are hero in securing the country's health care system because COVID-19 would have killed several people around the world. Apparently one of the volunteers stated: *"I love the way one of the nurses attended to me, it was phenomena and compassionate about my needs"* (Mr. I.T, 56 years, Trading); "*I have also benefited significant support from my personal physician because he checks on me to know how I have been fearing in the last few days"* (Mr. J.O, 55 years, Civil servants).

In another report from other participants which revealed that the *"…healthcare profession even communicates with my family members in a bid to allay their fears and concerns about my health and wellbeing. But several of the healthcare workers feel worried of been infected of the virus which is normal as human to do"* (Mr. Y.O, 47 years, Civil servant).

2.2.4. Type of Social Support Received

Finally, the third category was identified. It concerns about the type of social support received by family members affected by COVID-19 in Lagos State. The participants also reported that government were responsive but was reported not sufficiently adequate to individuals' need, the participants also reported to have received some level of grants been a victim of COVID-19 which was reported to be a uniform way and not adequately individualised. The participants also reported the psychosocial support from professional like healthcare workers and the social worker. The participants also reported excellent immediate family members especially from their spouse and close allies in the family (Table 4).

Table 4. Categories and sub-categories related types of social support to families.

Categories	Sub-categories	Supporting quotation
Types of social support received	Government were responsive but not adequate to individual needs	Government were responsive because they were scared of the swift transmission of the virus, but the funding is inadequate for me to sustain because of the complexity of COVID-19 when I was at the isolation centre. [Mr. Y.O]
	Grants for victims of COVID-19 were uniform and not individualised	The government provided me and other in the isolation centre food, materials stuffs, clothing materials, etc, but this is not enough in addressing the psychosocial trauma my father had go through when healing from COVID-19. [Mr. D.A]
	Psychosocial support from professional like social workers	I have the opportunity of meeting with the social work team of the centre, they provided me with excellent direct social services which is significantly relevant for my survival. [Mr. U.E]

	Excellent support immediate family member especially spouse	I also benefitted from the consistent support from my immediate family member and spouse. They have created an excellent atmosphere for me to rest on and move. [Mr. Z.A]

Source: Interviews with family members in Lagos (Nigeria), 2021.

The third category emanating from the interview is the form of social assistance received from diverse sources during and after they had left the left isolation centre. The 25 partakers were queried around the description of the degree of support receive from the government when they were in the isolation centre, during their days in the isolation centre, they were also questioned if they received any form of funding or grant from government or other healthcare delivery agencies in Nigeria. They were queried about their concerns when they are no longer diagnosed with COVID-19. They were also asked to articulate the standard of excellence of support they have received from their immediate family members. The Individuals were asked to define the eminence of support acknowledged from their networks. Emerging sub-categories received from the participants revealed that government were responsive but was reported not sufficiently adequate to individuals' need, the participants also reported to have received some level of grants been a victim of COVID-19 which was reported to be a uniform way and not adequately individualised. The participants also reported the psychosocial support from professional like healthcare workers and the social worker. The participants also reported excellent immediate family members especially from their spouse and close allies in the family. They also reported to have some of their friends which were reluctant to providing some level of support to them because of the complex nature of COVID-19. The outcome was in line with one of the contributors' opinion that: "*government were responsive because they were scared of the swift transmission of the virus, but the funding is inadequate for me to sustain because of the complexity of COVID-19 when I was at the isolation centre"* (Mr. Y.O, 47 years, Civil servant).

The outcome was also in line with the viewpoint. of another participants reported that: "*the government provided me and other in the isolation centre food, materials stuffs, clothing materials, etc, but this is not enough in addressing the psychosocial trauma my father had go through when healing from COVID-19*" (Mr. D.A, 67 years, retiree).

The participants were asked to describe their experiences during and after their stay in the isolation centre. Emerging responses were related to persistent visitation of the clinical

staffs, monitoring their temperature, the oxygen saturation etc. The participants reported that the support had been uniform and not appropriately individualised to the wants and requirements of the patients in the isolation centre. The outcome is in line with the perception of one of the participants that: "*I think the government was the most available support system during my stay in the isolation centre, because many of most of siblings lost their job during the heat of COVID-19*" (Mr. W.D, 49 years, Self-employed).

In another view of the participants: "*The service provision was more uniform which is not appropriate for a government-oriented social support service centre, I support it was supported to be individualised so that things could be done appropriately for the sake of mankind"* (Mr. A.A, 55 years, Civil Servant).

The participants were asked questions about the quality of social support services they have received from people throughout the time they were in the Isolation centre. They ascribed the amount of support received to be from their family members most especially their spouse, also they reported to have benefited from professionals in the isolation centre like the doctors, nurses, and social workers in the centre. One of the partakers informed that: "*The nurses and doctors were amazing, they provided me support in terms of monitoring how I am fearing and ensuring my drugs are taken as at when due.*" (Mr. R.P, 65 years, Trading).

Another contributor also stated that: "*I have the opportunity of meeting with the social work team of the centre, they provided me with excellent direct social services which is significantly relevant for my survival. Like coping skills, reminisce therapy for me to survive the COVID-19 journey and the supervision of my family members.* " (Mr. U.E, 54years, self-employed)

In another interview with a single of the participants who reported that: "*I also benefitted from the consistent support from my immediate family member and spouse. They have created an excellent atmosphere for me to rest on and move*." (Mrs. K.L, 53 years, Trading); "*Although, I had some of my friends been reluctant of providing me adequate support because of the fear of been infected of the virus, but it has been amazing working with diverse health care professionals*" (Mr. Z.A, 50 years, self employed).

2.2.5. Summary of Research Findings

In summary, the result of the examination indicated that the bulk of those surveyed were over 50 years, civil servants with all of the contributors had the minimum of secondary school education and they are all married.

The result also indicated that three categories were present namely, the COVID-19 experiences among the affect family members, burden of their experiences after been diagnosed of COVID-19 and the form of social support received. The outcomes of the examination were thematically analyzed for the layman reader to understand.

The result indicated, majority for the respondents have good level of knowledge about COVID-19, majority of the respondents reported that COVID-19 is a serious infectious that affects. The symptoms consist of coughing and breathlessness. Report from the participants also suggest that COVID-19 is a serious threat to humanity, restriction in engaging in their business and reduced social interaction was experienced among the participants, most especially among their social circles.

The participants also reported significant burden from their experience during the COVID-19 Isolation Centre, they reported been ostracized by their immediate family members and friends, they also experience negative feelings of death from their family members as this was prominent among them. The participants also reported inability to see loved-one for several days. The participants reported that their family members raised some funds for them to survive while in the Isolation Centre. There were also reports that the health care professional was really supportive to their needs, but they were extra careful of not been infected of COVID-19.

An important category that emanated from the interview is the form of social assistance they received during and after leaving the Isolation Centre. The participants gave positive feedbacks regarding the type of social support received across diverse support systems, they reported that government was responsive, but their supports was not adequate to the needs of every individual in the Isolation Centre. The contributors also stated that they received grants from government and the non-governmental organization. Although, the support was reported to uniform and not individualized. The participants also reported to have experienced excellent support from their immediate family members most especially their spouse including their friends. There was also report of friend been reluctant to provide support owing to the fear of been infected with the virus.

2.3. Discussion of Research Findings

2.3.1. COVID-19 Experiences of Affected Families

The result of the analysis showed the negative impact of COVID-19 on the socio-economic and psychological wellbeing of diverse families in Nigeria. The study reported that COVID-19 as serious threat to humanity as it significantly affected their ability to engage in their daily business, including their activities of daily living like physical meeting with family members in the same house, because one member of the family has been diagnosed of COVID-19. It was also reported that COVID-19 seriously hampered their interaction with their social circles. The analysis' findings support the point of view of Endomba et al., (2020) that COVID-19 have negative impact on parents and children as they experience mandatory lock-down, stay-at-directive by government authorities and loss of economic opportunities for families: *"Though COVID-19 has been killing a lot of peoples, to the best of my knowledge, COVID-19 is a major problem affecting the breathing of people which eventually results to death of loved ones."* (Mr. A.A, 55-year, civil servant).

Reports from the participants indicated that they had coughing, breathing problem, increased temperature, and irritability. Some of the participants reported to be mainly coughing and were not sure of what the problem was before they were mandated to visit the COVID-19 test station in Victoria Island when a diagnosis of been positive to COVID-19 was made. The result of the is in conjunction with one participant report that: *"I was not sure of my symptoms until I was finally confirmed of having COVID-19. I was having high temperature, coughing and suddenly, I became breathless. I was immediately taken to a close-by hospital, were routine COVID-19 testing was made"* (Mr. W.D, 56 years, self-employed).

Similar to this discovery is that of the report from the advanced countries global-north, the worries and uncertainties accompanying the COVID-19 outbreak around the world, the economic situation became worsened, and the degree of unemployment was on the high-side during the initial three months of COVID-19 pandemic (CDC, 2020; Fegert et al., 2020; John Hopkins University and Medicine, 2020). Additionally, the result is consistent with the findings of Feinberg et al. (2021) that financial stressor and emotional stressors were significantly common during the COVID-19 isolation or lockdown among families affected by COVID-19, however, this study novel because, it would be discussing innovative strategies for addressing the depreciating nature of support services for families during COVID-19. Furthermore, the

result is consistent with the findings of Sevilla, and Smith (2020) that there is an association between COVID-19 and family life specially focused on their mental health socioeconomic status.

2.3.2. Burden of COVID-19 Affected Families

The report on the burden experienced by families affected by COVID-19, the result indicated that they were ostracised by their family members and friends as a output of this, they have developed negative feelings about death arising from family members, also, there was there inability to see their loved-one for several days, they also complained that the healthcare professional were extra-careful of been infected with COVID-19 but at the same time been compassionate about their work. The outcome is reliable in tandem with the findings of Chersich et al. (2020) reported that, in Africa, COVID-19 is aimed at providing care and support to frontline health professionals. The study findings indicated that during the outbreak, African healthcare personnel encounter significant hurdles. The output is also dependable with the findings of Gadermann et al. (2020) that the burden experienced by families is huge and has negatively impact their social interaction and over communication with their friends as well as families additionally, Jablonski et al. (2021) reported that during the COVID19 outbreak, food was provided to individuals and families in five US cities was a significant relieve for families affected by COVID-19. The result is consistent with the findings of Benavides and Nukpezah (2020) that local governments are responsive and caring for those that are homeless during the COVID-19 pandemic. The study further reported the importance of all tiers of government, public managers look for areas of common competence, collaboration, and duty allocation. for the promotion of health and wellbeing of families affected COVID-19 (Fletcher, 2020). Furthermore, the study corroborated with the findings of Chiwona-Karltun et al. (2021) that, the income support program already was a sensitive subject before the establishment of Covid-19, but it has taken on new relevance as a consequence of employment losses and wage disruptions caused by border closures, trade disruptions, and the time of state-wide lockdown.

2.3.3. Social Support Received by Families Affected by COVID-19

The study the divers social support received from diverse sources during and after they had left the left isolation centre. The study revealed that they received support from the

participants revealed that government were responsive but was reported not sufficiently adequate to individuals' need, the participants also reported to have received some level of grants been a victim of COVID-19 which was reported to be a uniform way and not adequately individualised. The participants also reported the psychosocial support from professional like healthcare workers and the social worker. The participants also reported excellent immediate family members especially from their spouse and close allies in the family. They also reported to have some of their friends which were reluctant to providing some level of support to them because of the complex nature of COVID-19. The study is in tandem with the findings of Ashraf (2020) reported the positive impact of government emergency measures of intervention on overall wellbeing of the residents through focusing on the relationship between socioeconomic conditions and the health outcomes by COVID-19. COVID-19 recorded cases and fatalities per million persons are cut in half when socioeconomic conditions changed by one confidence interval. Then, using words that describe how socioeconomic situations interact with government emergency measures. The study is consistent with the view of Ozili (2020) that African countries survived COVID-19 pandemic, impact of policy response and the opportunities. The study provides a discourse analysis using economic analysis of the socioeconomic impact of COVID-19 in the African region. Although the study was only conducted in few African countries while other developed countries were exempted. The study found that social policy efforts significant affect social and economic wellbeing of residents of the selected countries. The report also found that the pandemic provided indication for biological crisis that can be transform to the sociological subjects. The sociological consequences of the outbreak in the African region indicated the creation of a form of social anxiety among households and families. The COVID-19 pandemic has indicated that the vulnerable developing African countries are experiencing high level of health hazards. In another similar policy response report from the African region, Chiwona-Karltunet et al. (2021) reported the incidence of health crisis of food security and mental health problems and policy implication of the COVID-19 on the African region. The report showed the health, social and economic effect of COVID-19 in the African region, these efforts undermine the spread of food and the security of food and health status of African residents as they mostly rely heavily on Agriculture which is the bedrock of the economy.

Furthermore, the level of supports received from families of isolated or deceased due to COVID-19 in the Sub-Saharan African countries. The study explored the mental health repercussion of COVID-19 on the general population of uninfected individuals, and particularly their families in the isolated or deceased COVID-19 patients in Sub-Saharan African countries.

The study reported poor level of psychosocial support for families affected by COVID-19 pandemic as a result of paucity of resources (Han et al., 2020).

CONCLUSIONS

1. Theoretical and conceptual examination of the topics of support services for families in vulnerable situations, firstly affected with the COVID-19 pandemic. The investigation found that social contract theory explains that when government fails to secure their natural right or satisfy the best interest of the general society, it is the obligatory right of the citizen to withdraw not to obey or change the leadership through election or another means like COVID-19 pandemic. The theory contended that the modifications should be done within the agreement's parameters. The connection between the state and individuals are the subject of social contract theory. Social contract theory is a precious instrument and resources for any country. Non-existence of a social contract often leads to underdevelopment for most families in Nigeria where resources are significantly scares.

2. Review of previous research on the topic explored in the Master's thesis led to identifying the gaps in literature, and these are the concept of family, the Nigerian family systems, types of family systems, social support services in Nigeria, different sources of social support, COVID-19 pandemic in Nigeria, Impact of COVID-19 on families and the review of previous studies. In view of the magnitude of studies around families and the increasing prevalence of COVID-19 in Nigeria, and many other African realms, very limited studies focused on the level of support received from government and family members during COVID-19, most especially for family members affected by the virus.

1. Empirical survey of social support received by the families in Lagos State, Nigeria, let to make the following conclusions:
    1) Families affected by COVID-19 had negative experience during COVID-19, it affected their socio-economic and psychological wellbeing.
    2) There was additionally, report cases of reduced social interaction among families affected by COVID-19 during their stay at the isolation centre and after leaving the Isolation centre.
    3) There was reported cases of affected families been ostracised by their friends and family members.

4) Family members enjoyed social supports from the government, although it was reported to be uniform and not individualised.
5) There was moreover, report that the healthcare workers were compassionate and supportive to all patients in the isolation centre but there were extra careful of been infected by the virus.
6) Families affected by COVID-19 experienced positive support from their nuclear family system while their friend feel reluctant to sustain their interaction with them.

RECOMMENDATIONS

Based on the existing and analysed research data, following recommendations are provided to these stakeholders:

1. **To Ministry of Health and Humanitarian Affairs of Nigeria:** There is need for more protective equipment for healthcare workers in the isolation centre so that they could be more compassionate without showing that they are fearful during their interaction with their patients.
2. **To Government of Nigeria:** The Nigerian government through the support of the ministry of humanitarian affairs should develop individualised social care plan for families affected by COVID-19 virus instead of unifying their care support programs.
3. **To local government of Lagos State:** There is need for the involvement of local community development workers in the development household intervention during pandemic like COVID-19. They should create non-stigmatising environment for families affected by COVID-19.
4. **To NGOs organising various volunteering activities in Nigeria:** The non-government organisations in Nigeria should develop novel programs that would connect families in isolations centre. They should also provide psychosocial support services that is related to the requirements of each family.
5. **To social worker assisting children and their families in Nigeria:** The Nigerian Association of Social Workers and the Association of Medical Social Workers of Nigeria should provide more robust social service framework for social workers assigned in the Isolation Centres. There is also need for strong supervision to address all forms of ethical dilemma that might accompany social services during a pandemic like COVID-19 in Nigeria.

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SUMMARY

The aim of the Master's Thesis research: The study explores the provision of support for families living with COVID pandemic in Nigeria.

Research methods: The study employed qualitative research method, utilizing a semi-structured interview. A purposive sampling to select 25 families for the phone-interview. A thematic approach was employed, this was considered ideal for this kind of study because it provides information about gaps about the study and provides appropriate recommendations.

Sample of the research: The result reported three (3) emanating from the study (COVID-19 experience of affect families, Burden experience of COVID-19, Type of social support received) families affected by COVID-19 had negative experience during COVID-19, it affected their socio-economic and psychological wellbeing. There was also report cases of reduced social interaction among families affected by COVID-19 during their stay at the isolation centre and after leaving the Isolation centre. There was reported cases of affected families been ostracised by their friends and family members. Family members enjoyed social supports from the government, although it was reported to be uniform and not individualised. Families affected by COVID-19 experienced positive support from their nuclear family system while their friend feel reluctant to sustain their interaction with them.

Findings of the research: The study recommended there is need for more protective equipment for healthcare workers in the isolation centre so as for them to be more compassionate without showing that they are fearful during their interaction with their patients. They should create non-stigmatising environment for families affected by COVID-19. They should also provide psychosocial support services that is relevant to the needs of each family. There is also need for strong supervision to address all forms of ethical dilemma that might accompany social services during a pandemic like COVID-19 in Nigeria.

Keywords: COVID-19, family, social support, experience, burden

SANTRAUKA

Magistro baigiamojo darbo tyrimo tikslas: Tyrime nagrinėjamas paramos teikimas šeimoms, gyvenančioms su COVID pandemija Nigerijoje.

Tyrimo metodai: Tyrime taikytas kokybinis tyrimo metodas, naudojant pusiau struktūruotą interviu. Tikslinė atranka, skirta atrinkti 25 šeimas pokalbiui telefonu. Buvo taikytas teminis metodas, kuris buvo laikomas idealiu tokio pobūdžio tyrimui, nes suteikia informacijos apie tyrimo spragas ir pateikia atitinkamas rekomendacijas.

Tyrimo pavyzdys: Trys (3) rezultatai buvo gauti iš tyrimo (COVID-19 paveiktų šeimų patirtis, COVID-19 našta, gautos socialinės paramos tipas) COVID-19 paveiktos šeimos turėjo neigiamą patirtį COVID-19. 19, tai paveikė jų socialinę, ekonominę ir psichologinę gerovę. Taip pat buvo pranešta apie sumažėjusius COVID-19 paveiktų šeimų socialinio bendravimo atvejus jiems būnant izoliacijos centre ir išėjus iš izoliacijos centro. Buvo pranešta apie atvejus, kai nukentėjusios šeimos buvo išstumtos draugų ir šeimos narių. Šeimos nariai mėgavosi socialine vyriausybės parama, nors buvo pranešta, kad ji buvo vienoda ir nebuvo individualizuota. COVID-19 paveiktos šeimos patyrė teigiamą branduolinės šeimos sistemos paramą, o jų draugas nenorėjo palaikyti su jomis bendravimo.

Tyrimo išvados: Tyrime buvo teigiama, kad izoliacijos centre reikia daugiau apsaugos priemonių sveikatos priežiūros darbuotojams, kad jie galėtų būti labiau užjaučiantys, neparodydami, kad jie bijo bendraudami su savo pacientais. Jie turėtų sukurti stigmatizuojančią aplinką šeimoms, paveiktoms COVID-19. Jie taip pat turėtų teikti psichosocialinės pagalbos paslaugas, atitinkančias kiekvienos šeimos poreikius. Taip pat reikia griežtos priežiūros, kad būtų išspręstos visų formų etinės dilemos, kurios gali lydėti socialines paslaugas pandemijos, tokios kaip COVID-19, metu Nigerijoje.

Raktažodžiai: COVID-19, šeima, socialinė parama, patirtis, našta

ANNEXES

Annex 1.
INTERVIEW GUIDELINES ON SOCIAL SUPPORT SERVICES FOR FAMILIES AFFECTED BY COVID-19 IN LAGOS STATE

The interview's objective is to understand the provisions of Support for the Family in the Conditions of the COVID-19 Pandemic in Nigeria. This survey is open to everyone, and you are kindly welcome to take part. It will just take a few moments, and you can decide to take part or not in it.

Thank you, a lot, for your cooperation in advance.

Time of start: ……

Socio-demographics data form

1. Age at last birthday:……
2. Sex: Male ( ) Female ( )
3. Marital status: Single ( ) Married ( ) Widowed ( ) Divorced ( )
4. Level of Education: B.Sc. ( ) Master's Degree ( ) PhD ( )
5. Occupation:……..

Guideline 1: Experience of families affected by COVID-19

- What do you understand by COVID-19?
- How would you characterize the symptoms you had before the healthcare professionals confirmed it was COVID-19?
- Do you think COVID-19 is a threat to health of citizen?
- In what way COVID-19 affected your activities of daily living?
- How would you explain your experience at the Isolation Centre?
- Explain how COVID-19 affected your daily collaboration with individuals after leaving the isolation centre?

Guideline 2: Burden experienced by families affected by COVID-19

- How would you explain the problems you encountered when you were confirmed to be COVID-19 positive?
- In what way did your family member reacted when you were COVID-19 positive?
- Are there any concerns you had when you were confirmed to have COVID-19?

- How will you designate how you are raising funds for your treatment at the Isolation?
- In what way were you emotionally traumatized due to COVID-19?
- How would you characterize your interaction with the healthcare professional?

Guideline 3: Type of Social Support Received

- How will you explain the degree of assistance received from government?
- During your days in the Isolation Centre, are there any special support or grant received from government or healthcare agency?
- What were the concerns you had after you recovered from COVID-19?
- How would you rank the difficulty in assistance you gained from your immediate family members?
- How would you rank the degree of assistance you had from your friends?

Time of end: ……