

## EFFECT OF SOCIAL DISRUPTION ON THE PSYCHOLOGICAL WELL-BEING: AN EXPERIENCE OF NIGERIAN RURAL YOUTH

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### Abstract

*Social disruption such as the COVID-19 pandemic has affected different aspects of human life. This study assessed the effect of the pandemic as a social disruption on the psychological well-being of rural youth in Nigeria. Data were gathered from 125 rural youth selected through a multistage sampling process using a structured interview schedule. The data were analyzed using suitable statistical tools. The results show that the youth's mean age and year of farming experience were  $26.71 \pm 6.1$  and  $11.79 \pm 5.82$  respectively. Most of them were male (93.6%), with at least secondary school education (92.0), and got information about the disruption through social media (85.6%). In addition, the majority (74.4%) had a negative perception of the disruption and experienced a negative effect (71.6%) on their psychological well-being due to the disruption. The precautionary practices towards the disruption common among the respondents were regular washing of hands (95.2%), maintenance of physical distancing (88.0%), and excessive sleeping and relaxing (87.2%) among others. The results showed that at  $p < 0.05$ , perception towards social disruption ( $r = 0.483$ ), and farming experience ( $r = 0.322$ ) had a significant relationship with the effect of social disruption on their psychological well-being. Therefore, the null hypotheses were rejected for the perception of social disruption and farming experience. The study concluded that the social disruption harmed the psychological well-being of the rural youth and it recommended the integration of mental health support should be included in the agricultural extension messages and programmes.*

**Keywords:** COVID-19 pandemic, precautionary practices, psychological well-being, rural youth, social disruption.

### INTRODUCTION

The Coronavirus disease (COVID-19), one of the recent social disruptions, is an emerging contagious ailment that broke out during the winter of 2019 in Wuhan its alpha location (Al-Hanawi et al., 2020; WHO, 2020). Africans heard about the outbreak of the disease but never thought of its prominence in their world so everyone went about their normal activities. Africa remained traditional with their belief as a lot of Africans backed their faith up with God believing it would never come to Africa, some also believed that the weather was hot and it wouldn't get to Africa. On 14 February 2020, the social disruption was confirmed to have reached Africa, with Egypt reporting the first case. Sub-Saharan Africa's first confirmed case was reported in Nigeria by the end of February 2020. Within three months, the virus had spread across the continent. Lesotho, the last African sovereign state without reported cases, identified its first case on 13 May 2020. By 26

May 2020, most African nations were experiencing community transmission, although testing capacities remained limited (WHO, 2020).

As of 7 February 2022, there were 394,381,395 confirmed COVID-19 cases globally, with the highest number in Europe (155,509,416 cases) and the lowest in Africa (5,160,872 cases), along with 5,735,179 deaths reported to the WHO with a total of 10,045,314,770 administered vaccine doses (WHO, 2022). In Nigeria, from 4,177,940 tested samples, there have been 253,780 confirmed cases, including 20,496 active cases, 230,145 discharged cases, and 3,139 deaths (NDCD, 2022).

In Nigeria, due to the fast spread of the virus at this time, the government had to shut down the country. The educational sector was shut down as students were told to vacate their halls of residence immediately, religion centers were shut down, gatherings of many people were completely shut down and the truth of the pandemic was staring Nigerians in their faces.

Nigerians could not do business; all business were not allowed to operate apart from designated hospitals that were opened on Government order. Every organisation was on lockdown as people could not do a lot of things. Some States allowed movement but it was within a specific period. In Oyo State, the movement was allowed within the hours of 6 am - 6 pm and this has greatly impacted the Nigeria agricultural sector. The pandemic had great effect on different aspect of rural youth's life including their psychological well-being.

The loss of freedom, separation from loved ones, boredom, distress of losing a job, and financial insecurity have critical effects on psychological well-being (Fegert et al., 2020; Nixon, 2020). Psychological well-being enables rural dwellers to make informed decisions and solve problems effectively, which is crucial for sustaining their livelihoods; it also helps rural dwellers develop resilience and adaptability, enabling them to cope with challenges and uncertainties; in addition, it boosts productivity and motivation, allowing rural dwellers to engage in economic activities and pursue their goals. Evidence (Stuijzand et al., 2020; Paul et al., 2021) has shown that the pandemic affects the psychological well-being of people in the community, but there is a paucity of studies conducted on the effect of Coronavirus on the psychological well-being of Nigerian rural youth, the younger generation within the age of 15-40 that shouldered the burden of farm and food production activities (Torimiro, 2013; Bamidele et al., 2024). Building on past studies, this study assessed the effect of social disruption on the psychological well-being of rural youth in Nigeria by describing the socio-demographic characteristics of rural youths, determining their perception of the pandemic, and identifying the precautional practices towards the pandemic. The study hypothesized that there was no significant relationship between the socio-demographic characteristics of the respondents, their perception of the social disruption, and the effect of the disruption on their psychological well-being.

## **MATERIALS AND METHODS**

### **The study area**

This study was carried out in Oyo State, one of

the most populous states in Nigeria. It is bounded in the north by Kwara State, in the east by Osun State, in the south by Ogun State, and in the west partly by Ogun State and partly by the Republic of Benin. The vast majority of Oyo State residents are Yoruba, and the Yoruba language remains dominant. This study covered four Agricultural Development Programme Zones in Oyo State; Oyo, Saki, Ogbomosho, and Ibadan/Ibarapa.

### **Sampling technique**

The study population for this study comprises rural youth in Oyo State, a multistage sampling procedure was employed in sampling selection. In the first stage, one local government area (LGA) was purposely selected from each Agricultural Zone, that is, Egbeda, Orire, Oyo-West, Saki-West LGAs from Ibadan/Ibarapa, Ogbomosho, Oyo, and Saki Agricultural zones respectively, due to farming as one of their major occupations; at the second stage, 18 rural communities were proportionately selected from the four LGAs. That is, Olode, Ogungbade and Asejire from Egbeda LGA; Igboijaye, Tede, Iwo-Atiba, Ajaawa and Ilora from Orire LGA; Aba Iya Ibeji, Eleja, Ilu Aje, Alaga, Imini from Oyo-West LGA; Wasengere and Tenkele from Saki-West LGA; Oje owode and Ago Amodu from Saki East LGA; Eruwa from Ibarapa East LGA. At the final stage, 125 rural youths were proportionately selected across all the rural communities.

The primary data was collected by the use of a structured and validated interview schedule in July 2023. The respondents were targeted during weekends and early in the morning around 6 am - 7 am, and 4 pm - 7 pm late in the evening. This instrument was used to collect information from the rural youth in the following areas: socio-demographic characteristics of the rural youth, perception of respondents towards social disruption, the effect of the disruption on the respondents' psychological well-being, and precautionary practices towards the pandemic.

### **Data analysis**

All the statistical computation was done using Statistical Product and Service Solution (SPSS) version 2023.

The dependent variable for this study was conceptualized as effect of the social disruption

on psychological well-being. The effect of the disruption was measured through four major components of psychological well-being as used by Warr (2012) (Figure 1). The four main components of psychological well-being are anxiety, depression, comfort, and enthusiasm. Respondents were asked to indicate the effect of the disruption on these components based on no effect (0), little effect (1), moderate effect (2), and strong effect (3). The minimum obtainable value was 0 while the maximum obtainable value was 96. The total score was later divided into two positive and negative using the equal interval method of categorization. For the perception, the respondents were asked to react to 21 statements on their feelings about the pandemic based on strongly agreed (5), agreed (4), indifference (3), disagreed (2), strongly disagreed (1) as used by Adeloje and Adisa (2020). The minimum obtainable value was 21 while the maximum obtainable value was 115. The total score was later divided into three favourable, indifferent, and unfavourable using the equal interval method of categorization.

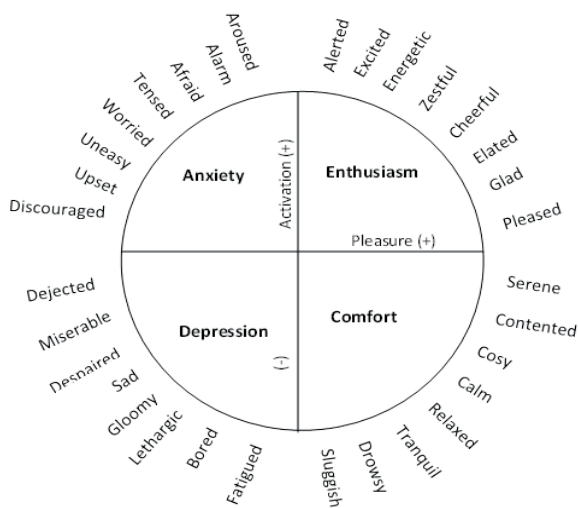


Figure 1. Major components of psychological well-being, adapted from Warr, 2012

## RESULTS AND DISCUSSIONS

### Socio demographic characteristics

Results in Table 1 revealed that the mean age of the respondents was  $26.71 \pm 6.1$ ; this implies that they are in their energetic, innovative, and restless stage of development; also, the restriction brought about by the COVID-19 pandemic could reduce their psychological well-being. The vast majority of them were male

(93.6%) and of Christian religion extract (79.2%). In addition, 87.2 percent were secondary school certificate holders indicating that they were literate and could access information on the social disruption from reliable sources. Furthermore, the mean year of farming experience was  $11.79 \pm 5.82$ ; this implies that most of them were socialized in places and spaces where farming is predominant; this finding agrees with Abdulahi (2015) and Umuze & Edith (2023) that a good number of youths in the farming family had farming experience of 5 years and above. Among various sources of information on the pandemic, social media (87.9%) was preponderant, this is connected to the innovative character of the youth and social media as a platform that reflects public panic in real-time through user comments. This finding aligns with Ogungbade et al. (2024), who reported that social media platforms offer valuable information for predicting and explaining the characteristics and progression of disease outbreaks.

### Perception towards the social disruption

The results obtainable in Table 2 reveal that the rural youth have different perceptions of the COVID-19 pandemic using the mean scores. The respondents strongly agreed with the following statements on the COVID-19 pandemic: COVID-19 is just like malaria (= 4.66), and COVID-19 pandemic is a disease of the rich (= 4.29); this could be connected with the fact that recorded cases were among the elites that had opportunities of traveling out of the country or in contact with people that have. This finding confirms that of Nwaubani (2020) and Adeloje et al. (2023) that the pandemic is the disease of the mighty, rich politicians and people of high socio-economic cadre. The statements that the respondents agreed with were COVID-19 virus cannot be transmitted in hot and humid regions (= 3.66), COVID-19 is a disease that needs special treatment (= 3.90), COVID-19 can be cured traditionally (= 3.82), Garlic eating can prevent the disease (= 3.70), COVID-19 is from the devil (= 3.76), taking chlorine can cure the disease (= 3.68), and COVID-19 pandemic can be cured through prayer (= 3.83) among others.

Table 1. Respondents in order of their socio-demographic characteristics (n = 125)

Variables	Frequency	Percent (%)	Mean	Std
<b>Age (years)</b>			26.71	6.1
10-20	23	18.4		
21-30	67	53.6		
31-40	35	29.6		
<b>Sex</b>				
Male	117	93.6		
Female	8	6.4		
<b>Religion</b>				
Christianity	99	79.2		
Islam	22	17.6		
Traditional	4	3.2		
<b>Level of education</b>				
Primary	10	8.0		
Secondary	109	87.2		
Tertiary	6	4.8		
<b>Farming experience (years)</b>			11.79	5.82
1-10	64	51.2		
11-20	56	44.8		
21-30	5	4.0		
<b>*Source of information on the social disruption</b>				
Parent/guardian	98	78.4		
Friends	95	76.0		
Social media	107	85.6		
Extension agents	79	63.2		

Source: Field survey, 2023 \*Multiple responses

On the other hand, the respondents were indifferent to statements such as physical distancing, hand hygiene, and wearing a face mask among others will prevent contacting the disease (= 3.43), COVID-19 is a death sentence (= 3.39), and COVID-19 cure is a way to enslave the blacks (=3.46), while respondents disagreed with statements such as it can be transmitted through mosquito bite (= 2.33), and COVID-19 has no cure (= 2.75). Figure 2 reveals that 74.4 percent of the respondents had a negative perception of the COVID-19 pandemic.

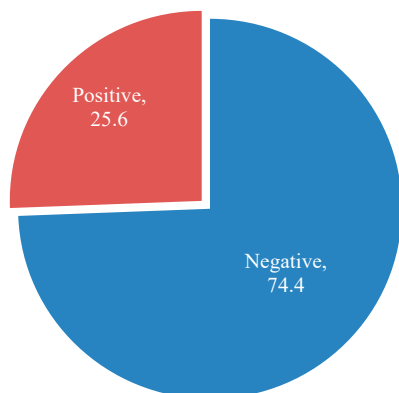


Figure 2. Categories of perception towards the social disruption (Source: Field survey, 2023)

The fact that the majority of the rural youth had a negative outlook towards the COVID-19 pandemic might influence their decisions and practices towards the pandemic. This implies that the data could help in targeting interventions needed to improve the knowledge, decisions, and practices regarding the pandemic. This finding is in agreement with Chukwuorji and Iorfa (2020) that perception and superstitious beliefs shape one's knowledge and practices regarding the COVID-19 pandemic in Nigeria.

### Effect of the social disruption on psychological well-being

Results in Table 3 revealed that the rural youth's anxiety (Grand mean = 2.54) was strongly affected by the social disruption. This might be connected with the mystery, fear, panic, and uneasiness surrounding the contagious nature of the pandemic; this finding is similar to that of Magson et al. (2020) who reported deterioration in adolescents' depressive symptoms, anxiety, and life satisfaction during the lockdown in Australia.

Table 2. Respondents in order of the perception of the social disruption

Perceptual statements	Mean	Remark
COVID-19 virus cannot be transmitted in hot and humid region	3.66	A
It can be transmitted through mosquito bite	2.33	D
COVID-19 pandemic is a disease of the rich	4.29	SA
COVID-19 pandemic is a Chinese disease	3.54	A
COVID-19 is the disease that need special treatment	3.90	A
COVID-19 is a death sentence	3.39	I
Medication for its treatment not available	3.46	I
COVID-19 cure is a way to enslave the blacks	3.46	I
COVID-19 can be cured traditionally	3.82	A
Garlic eating can prevent the disease	3.70	A
COVID-19 is from the devil	3.76	A
Taking chlorine can cure the disease	3.68	A
Physical distancing, hand hygiene, wearing face mask among others will prevent contacting the disease	3.43	I
COVID-19 pandemic can be cured through prayer.	3.83	A
COVID-19 is a wrath of God	3.75	A
COVID-19 has no cure	2.75	D
COVID-19 is just a flu	3.58	A
COVID-19 is just like malaria	4.66	SA
COVID-19 shows the important of health practitioners	3.90	A
COVID-19 will also disappear like cholera and other diseases	3.78	A
COVID-19 is the disease that will let us know God more.	3.98	A

SA = strongly agreed (5), A = agreed (4), I = indifference (3), D = disagreed (2), SD = strongly disagreed (1)

Their enthusiasm (Grand mean = 1.78) was moderately affected by the disruption. This might be due to the negative effect of the pandemic on the respondents' excitement, cheerfulness, happiness, and energy. Their depressed mode (Grand mean = 2.50) was strongly affected by the pandemic. This might have something to do with miserable, gloomy, and boring situations brought about by COVID-19 regime practices such as restriction to movement, and closure of public institutions, worship centers, and markets among others; this could adversely influence agricultural productivity, labour availability, and economic resilience during and after the social disruption; this finding is in tandem with that of Parola et al. (2020) that affirmed increases in depression, somatic complaints, and aggressive behaviour, with decrease in psychological strengths of young people in Italy. Their comfort (Grand mean = 1.96) was also affected moderately by the pandemic.

Figure 3 reveals that 71.6 percent of the respondents experienced a negative effect, while few (28.4%) had experienced a positive effect

on their psychological well-being as a result of the disruption.

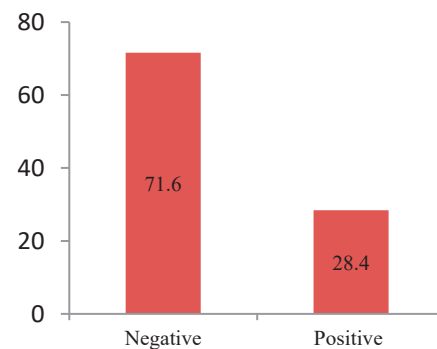


Figure 3. Categories of effect of social disruption on psychological well-being (Source: Field survey, 2023)

The fact that the majority of rural youth experienced negative effects on their psychological well-being suggested that there was a deterioration in their comfort and enthusiasm about life, and increased anxiety and depression. This is in line with the findings of Hawke et al. (2020) who established a deteriorative effect on psychological well-being



as a result of COVID-19 in Canadian adolescents. In addition to the negative effect, there were pockets of positive effects recorded like more time to relax and exercise, spending less, and saving more.

This aligns with Fioretti et al. (2020), who found that Italian adolescents experienced positive

outcomes from the pandemic, such as self-discovery, strengthened family relationships, and ways of sharing life remotely. These findings support the idea that the pandemic's psychosocial effects are complex and multifaceted.

Table 3. Effect of social disruption on psychological well-being of rural youth

Components of Psychological wellbeing	No effect (0) F (%)	Little effect (1) F (%)	Moderate effect (2) F (%)	Strong effect (3) F (%)	Mean	Grand mean
<b>Anxiety</b>						
Aroused	27 (21.6)	43 (34.4)	33 (26.4)	21 (16.8)	2.41	
Alarmed	30 (24.0)	39(31.2)	34 (27.2)	22 (17.6)	2.38	
Afraid	18 (14.4)	35 (28.0)	41 (32.8)	31 (24.8)	2.68	
Tensed	18 (14.4)	36 (28.8)	38 (30.4)	33 (26.4)	2.69	2.54
Worried	15 (12.0)	43 (34.4)	48 (38.4)	19 (15.2)	2.57	
Uneasy	23 (18.4)	38 (30.4)	36 (28.8)	28 (22.4)	2.55	
Upset	24 (19.2)	36 (28.8)	47 (37.6)	18 (14.4)	2.47	
Discouraged	19 (15.2)	41 (32.8)	42 (33.6)	23 (18.4)	2.55	
<b>Enthusiasm</b>						
Alert	64 (51.2)	25 (20.0)	22 (17.6)	14 (11.2)	1.89	
Excited	63 (50.4)	37 (29.6)	21 (16.8)	4 (3.2)	1.73	
Zestful	58 (46.4)	36 (28.8)	29 (23.2)	2 (1.6)	1.80	
Cheerful	68 (54.4)	35 (28.0)	16 (12.8)	6 (4.8)	1.68	1.78
Elated	55 (44.0)	43 (34.4)	20 (16.0)	7 (5.6)	1.83	
Glad	61 (48.8)	37 (29.6)	24 (19.2)	3 (2.4)	1.75	
Pleased	69 (55.2)	30 (24.0)	22 (17.6)	4 (3.2)	1.69	
Energetic	67 (53.6)	25 (20.0)	28 (22.4)	5 (4.0)	1.85	
<b>Depression</b>						
Dejected	41 (32.8)	35 (28.0)	30 (24.0)	19 (15.2)	2.22	
Miserable	37 (29.6)	36 (28.8)	31 (24.8)	21 (16.8)	2.29	
Despaired	26 (20.8)	44 (35.2)	33 (26.4)	22 (17.6)	2.41	
Sad	27 (21.6)	26 (20.8)	47 (37.6)	25 (20.0)	2.56	2.50
Gloomy	29 (23.2)	29 (23.2)	39 (31.2)	28 (22.4)	2.53	
Lethargic	25 (20.0)	24 (19.2)	44 (35.2)	32 (25.6)	2.66	
Bored	25 (20.0)	25 (20.0)	38 (30.4)	37 (29.6)	2.70	
Fatigued	27 (21.6)	27 (21.6)	36 (28.8)	35 (28.0)	2.63	
<b>Comfort</b>						
Serene	58 (46.4)	35 (28.0)	22 (17.6)	10 (8.0)	1.87	
Contented	62 (49.6)	42 (33.6)	18 (14.4)	3 (2.4)	1.70	
Cozy	59 (47.2)	41 (32.8)	18 (14.4)	7 (5.5)	1.78	
Calm	57 (45.6)	32 (25.6)	21 (16.8)	15 (12.0)	1.95	1.96
Relaxed	59 (47.2)	27 (21.6)	24 (19.2)	15 (12.0)	1.96	
Tranquil	49 (39.2)	32 (25.6)	28 (22.4)	16 (12.8)	2.09	
Drowsy	47 (37.6)	31 (24.8)	25 (20.0)	22 (17.6)	2.18	
Sluggish	45 (36.0)	37 (29.6)	22 (17.6)	21 (16.8)	2.15	

Source: Field survey, 2023

### Precautional practice towards the social disruption

The result in Table 4 revealed that the vast majority washed their hands regularly (95.2%),

wore face masks (85.6%), used alcohol-based hand sanitizer (80.0%), covered their face with an elbow when coughing and sneezing (76.8%), avoided handshake (74.4%), and avoided hug

(74.4%). In addition, more than half (62.4%) increased their engagement in religious activities, also less than half increased their engagement in sports/fitness activities (43.2%), and social media and online jobs (36.7%). This implies that the majority of the respondents had rational practices towards the COVID-19 pandemic, which is in tandem with the findings of Gbadamosi (2020), and Ilesanmi & Afolabi (2020). Apart from being precautionary measures towards the pandemic, the respondents wore face masks because it was compulsory in social gatherings like in banks and religious centers among others; used alcohol-based hand sanitizers because they were given free of charge by governmental and non-governmental organisations; and there was an increased engagement in sport/fitness and religion activities due to boredom as a result of the restriction imposed by the government. The

increase in religious activities could also be attributed to the belief among the rural youth that praying to God could prevent/cure the pandemic, the Muslim faithful had no issue with regular washing of hands because of its similarity to what they do before prayers (ablution). The respondents isolated themselves mainly because there were not many places to go due to the restriction of movement and lockdown policy of the federal government. Although social media is a means of contacting family and friends that is safe from infection, increased engagement in it could be attributed to low income and the high cost of goods occasioned by the lockdown. This finding is similar to that of Chukwuorji & Iorfa (2020) that reported the pandemic denied people opportunities to engage in money-making ventures.

Table 4. Distribution of the respondents in order of their precautionary practices towards the disruption

<b>*Practices towards the disruption</b>	<b>F (%)</b>
Regular washing of hands	119 (95.2)
Maintaining physical distancing	110 (88.0)
Excessive sleeping and relaxing	109 (87.2)
Excessive Eating	107 (85.6)
Wearing of face mask	107 (85.6)
Use of alcohol-based hand sanitizer	101 (80.8)
Elbow covered coughing and sneezing	96 (76.8)
Avoiding handshake	93 (74.4)
Avoiding hugs	93 (74.4)
Lockdown	88 (70.4)
Self-isolation	85 (68.0)
Increase engagement in religion activities	78 (62.4)
Increase engagement in sport and fitness activities	54 (43.2)
Increase engagement in social media and online jobs	47 (37.6)

Source: Field survey, 2023 \*Multiple responses

### Test of hypotheses

The result in Table 5 reveals that at 0.05 level of significance, levels of education ( $\chi^2 = 7.769$ ) had a significant association with the effect of social disruption on psychological well-being. The contingency coefficient indicated a strong association between education level ( $C = 0.425$ ) and the impact of disruption on psychological well-being. According to Kerlinger (1986), a C value of 0.28 indicates a moderate association, with higher values showing a stronger relationship. Additionally, results at the 0.05 significance level showed significant correlations between respondents' farming

experience ( $r = 0.421$ ) and their perception of the disruption ( $r = 0.301$ ) with the effect of the social disruption on psychological well-being. The coefficient of determination illustrates the percentage contribution to the disruption's impact on psychological well-being. The contribution of respondents' farming experience was 17.7 percent ( $r^2 = 0.1772$ ), and the contribution of perception towards the disruption was 25.3 percent ( $r^2 = 0.2530$ ). This implies that the higher the farming experience, the more positive the effect of the disruption, and the more positive their perception towards the disruption, the more positive the effect of

social disruption. Hence, the hypothesis was accepted for sex and age but was rejected for

levels of education, farming experience, and perception of the disruption.

Table 5. Relationship between socio-demographic characteristics and effect of social disruption on psychological well-being

Variables	$\chi^2$ Value	DF	P-Value	C	R	r <sup>2</sup>
Sex	0.992	2	0.609	0.013		
Levels of education	7.769	6	0.001*	0.425		
Age					0.138	0.0190
Farming experience					0.421*	0.1772
Perception towards COVID-19 pandemic					0.301*	0.2530

Source: Calculated from field survey, 2019

\*P≤0.05; DF- Degree of Freedom

C - Coefficient of contingency, r- Correlation coefficient, r<sup>2</sup> - Coefficient of determination

## CONCLUSIONS

The majority of rural youth had at least a secondary school education and got information about the social disruption from social media, parents/guardians, and friends. Also, they have a negative perception of the pandemic, and the pandemic adversely affected their psychological well-being. Furthermore, precautionary practices towards the pandemic among the respondents were regular washing of hands, maintenance of physical distancing, and excessive sleeping and relaxing among others. It is recommended that up-to-date information should be made available on the pandemic in an accessible form regularly, to develop resilience strategies for the rural youth; in addition, integration of mental health support should be included in the agricultural extension messages and programmes.

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