

# CLCDGHANA

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## **HOW GHANAIAAN CAREGIVERS ARE HELPING THEIR CHILDREN COPE WITH CORNAVIRUS:** A study from the Center for Learning and Childhood Development Ghana

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## Overview

As the COVID -19 crisis continuous to unfold, many families across the world are forced to adapt to the evolving changes in their daily routines. Currently the impact of the pandemic on community, work, family, and society at large is not yet clear. A recent study on the impact of COVID-19 suggests that children may experience behavioral, emotional, academic, and social issues. Caregivers may also experience high levels of stress and financial strain, due to COVID-19 related unemployment and underemployment. Caregivers and children are both at risk for deteriorating mental health and developing of psychological disorders.

The overarching goal of this study is to document the effects of COVID-19 on children and their families. The purpose of the data collection is to identify areas of need, improve health education, support advocacy, and inform the organization's response to the pandemic. This brief report focuses on the various mechanisms adopted by caregivers in Ghana to help their children cope with the pandemic. This is the second of a three-part report.

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## Method

This project was conducted in Accra, Ghana. Participants of the study were caregivers, defined as any adult (above the age of 18 years) who provided care for a child (below the age of 8 years). Inclusion criteria were willingness to participate voluntarily, be a Ghanaian caregiver over the age of 18, and a caregiver for children between the ages of 0-8 years old.

Those who did not meet these criteria were excluded. Caregivers were selected from an existing CLCD-database of caregivers. Data was collected via phone from 28th April to 9th May 2020, two weeks after Ghana's COVID-19 lockdown was lifted. At the time, Ghana had 7,303 confirmed cases of COVID-19 [3]. Trained research assistants consented and interviewed participants via a telephone because of COVID-19 transmission, and the inability to conduct the study in the field. Participant interviews on average lasted about 20 minutes.

Research assistants typed participant responses to the question “In what ways have you been helping your children cope with the virus.”

In this report, we use the word coping to describe ways in which caregivers helped their children to learn about coronavirus, prevent its spread, and deal with disruptions in education and social life. There was no monetary compensation for participating in the study.

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## Results

### Participant Characteristics

A total of one hundred and twenty (120) caregivers participated in the study. About 85% of the caregivers interviewed were female, 90% were married and 85% had attained tertiary education. On the average, the number of children that a participant had was 2.23 which ranged from 1 - 7 children.

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### Themes

The qualitative responses were analyzed inductively using a thematic approach. The study identified four mechanisms adopted by caregivers to support their children cope with the coronavirus.

- 1. Educated children on COVID-19*
- 2. Ensured that children adhered to COVID-19 safety protocols*
- 3. Used media as opportunities for learning*
- 4. Engaged children in playful activities*

## 1. Ensured that children adhered to safety protocols

Ensuring that children adhered to COVID-19 preventive behaviors was the coping mechanism most participants adopted. About 101 out of the 120 participants reported that they ensured that their children adhered to COVID-19 safety precautions. These precautions included regular handwashing, frequent use of hand sanitizers, practice of social distancing and wearing nose masks. They also reported that they cleaned and disinfected doorknobs and surfaces regularly. Besides these activities, some caregivers said they gave their children more vitamin C, hot food, and a lot of fluids, fruits, and vegetables to improve their immunity.

*"I make sure they wash and sanitize their hands"*

*"...I let him wash and sanitize his hands frequently".*

Caregivers whose children were old enough reported that their children engaged in handwashing and other safety protocols by themselves. Those with younger children either assisted their children or took precautionary measures to protect their children from getting infected

To support these behaviors, some respondents reported that they provided Veronica buckets, soap, and hand sanitizers in their homes.



*"My son is only 1 year. I wash his hands for him regularly. Once a while I apply hand sanitizer"*

*"My child is only 8 months old. I always make sure that I bath before carrying her. I do not bring my shoes in the house. I always sanitize my phone because she likes to put it in her mouth"*

*"...I however make sure they wash and sanitize their hands. They do not understand why I sanitize their hands"*

*"We have a Veronica bucket at home, so they wash their hands frequently. I clean and disinfect the surfaces and doorknobs frequently".*

Most of caregivers' response on social distancing was centered on preventing their children from going out of the house or interacting with other children. Participants who allowed their children go out said they enforced wearing of nose masks and prevented people from touching their children.

*"...I make sure they stay indoors"*

*"...now I do not let them mingle with other kids"*

## **2. Educated children on COVID-19**

Respondents reported that they educated their children on the virus and the necessary safety protocols such as the need to wash their hands frequently, use hand sanitizers, wear nose masks, and avoid touching their faces.

*"I educated my kids on handwashing and hand sanitizing"*

*"I have made them aware of the virus. I have explained the concept of washing hands to them"*

While some participants personally educated their children on the virus, others used educative videos and media. A few participants said their children were taught about the virus at school.



*“...They were taught about the virus at school”*

*“We watched videos on the virus, so they are somewhat informed”*

*“...I showed them a YouTube video on the virus...”*

*“They hear the messages about the virus on TV. I have not spoken to them about the virus”*

Some participants said they had not educated their children on COVID-19 because they felt their children were too young to understand.

*“My kids are young (a 3-year-old and a 4-year-old) so I have not talked to them about the virus”*

*“My eldest child who is 4 years understands the virus the rest are not old enough...”*

### **3. Used media as opportunities for learning**

Many participants indicated that they allowed their children to watch TV, listen to radio, or engage social media on issues relating to COVID-19. They said most of these information concerned the virus, how serious it is, and how to prevent it. Some caregivers said they watched the news together with their children.

*"... HS TV also shows movies on the virus and I allow them to watch..."*

*"... I watch the TV with them, so they learn what is going on in the world"*

*"... I show him pictures of the virus on social media. I let him listen to the news on the virus"*

Generally, those who allowed their children to access COVID-19 information from the media found the content beneficial to their children's knowledge on the virus.

*"...The TV is also helping because they see adverts on the TV....."*

*"My son is quite informed of the virus due to advertisements on TV..."*

#### **4. Engaged children in playful activities**

Caregivers engaged their children in fun activities to enable their children cope with the pandemic. Participants devised several ways to engage and entertain their children. Some said they played a lot of games with the children, allowed them to watch cartoons more, changed or reduced their learning schedule so they could play more, and generally have fun.

*"I try to change their learning activities, so they do not get bored..."*

*"...I also let them play so they don't get bored..."*

*"I make sure we have fun, so he does not get bored at home..."*

*"We bought them more toys to play with. We bought them an iPad, so they play on the internet..."*

Some respondents told interviewers that they had to provide lessons for their children, give them activities to do, and keep them busy to help them learn and prevent boredom.

*"I give them some activities to do..."*

*"I help them with their lessons..."*

*"I try to keep them busy at home..."*

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## Discussion

This study has described the various ways Ghanaian caregivers support their children cope with the coronavirus in the early weeks of the pandemic. We found out that caregivers devised many strategies to enable their children to cope with the pandemic and its disruptions. As part of these strategies, they proactively educated their children on COVID-19, ensured that children followed preventive behaviors, used media as opportunities for learning, and engaged children in playful activities to prevent them from boredom whiles at home.

Generally, participants understood the need to educate their children about the virus. They made sure their children received information on the virus during the COVID-19 pandemic. While some caregivers personally educated their children on the virus, others relied on the media. It was however not clear the exact age children received this education or allowed learn through the media, as some caregivers felt that their children were too young to understand. Participants did not describe how they talked to their children about the virus, limiting insights into strategies that may benefit other caregivers.

Our findings suggest the need to teach caregivers age-appropriate ways to talk their children about the pandemic, particularly to younger children. UNICEF [4] has advocated that education on the virus should be done in a way that does not create fear, panic, and anxiety.

The results suggest that caregivers with younger children had more responsibility in ensuring the safety of their children as compared to those with older children. Respondents with older children reported that their children engaged in these activities without any assistance however those with younger children assisted them practice the safety protocols. This could imply that caregivers with younger children are more likely to be stressed as compared to those with older children

Participants methods of enforcing social distancing may have impacted children's interaction with their peers, which is an important source of socio-emotional development.[5] Most participants said that they kept their children indoors to minimize interaction with others and protect them from coronavirus. Even though keeping children at home may shield them from getting sick, missing out on outdoor activities might affect their social skills especially when school reopens.

Caregivers accounts indicated that they found the media was helpful in educating their children about the virus. Despite this, it is important that caregivers manage television, internet, and social media viewing.

Constant exposure to updates on COVID-19 may increase fear, worry, and stress [6]. Developmentally inappropriate information, or information designed for adults, can also cause anxiety or confusion, particularly in young children [6]. Besides, giving children access to too much information may be overwhelming [7]. Caregivers may have to explain to their children that some of the many stories about COVID-19 on the internet may include rumors and inaccurate information.

Many educators were concerned that school closures may minimize opportunities for children to learn [8]. The results suggest that families are using multiple avenues to engage their children in learning and play. To entertain their children, participants in this study played a lot of games with them, allowed them watch cartoons, and changed or reduced their learning schedule so their children can play more.

Even though our data was limited because most of the participants were from a higher educational background, and provided self-report, critical information about the effects of COVID-19 was acquired from them. It is unclear how the results are transferrable to less affluent or less educated caregivers. We suggest that future studies extend their work to these populations.

In conclusion, the study suggests that during the early months of the COVID-19 pandemic in Ghana, educated caregivers were aware of the negative effects of coronavirus, and took several proactive steps to protect their children.

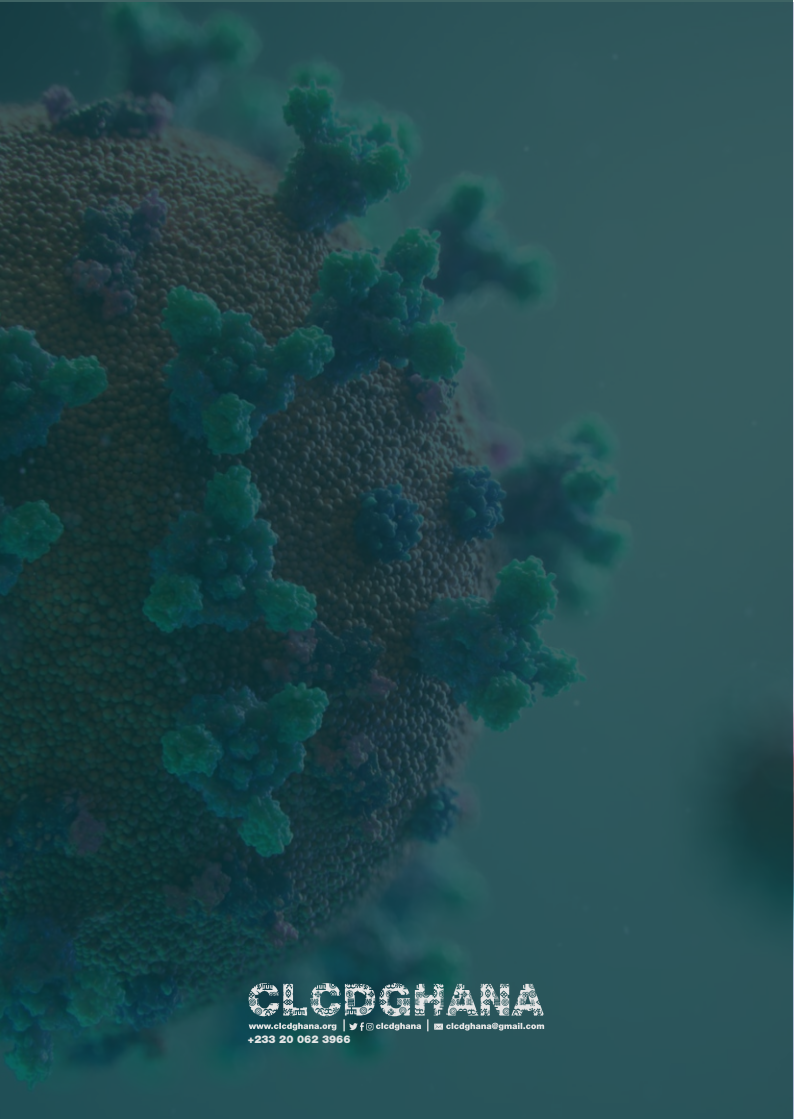
They used multiple avenues such as play, social media, television, and conversations to help their children prevent coronavirus infection and adapt to its educational and social disruptions. Despite these efforts, some may need support in providing age-appropriate ways to talk to their children about the virus.

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