



COVID-19 RELATED HEALTH BEHAVIOR, RISK AND EFFECTS EXPLORATORY STUDY

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Overview

This brief report focuses on the Center for Learning and Childhood Development- Ghana's work to document the effects of COVID-19 on children and their families. The purpose of the data collection was to identify areas of need, improve health education, support advocacy and inform the organization's response to the pandemic. This report is the first of a three-part report.

Methods

This project was conducted in Accra, Ghana. Phone-based interviews were conducted with caregivers, defined as anyone 18 years or older who provides care for children. Participants were selected from an existing CLCD-database of caregivers. Data was collected 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.** Trained research assistants consented and interviewed participants via a telephone. Research assistants typed participant responses to the question.

"Tell me about how COVID-19 has impacted you (e.g. work, family, health, parenting)."

Results

Participant characteristics

A total of one hundred and sixteen (116) caregivers participated in the study. About 87% of the caregivers were female, 90.5% were married and 83.6% had attained tertiary education. On the average, the number of children that a participant had ranged from 1 - 7.

Themes

The qualitative responses were analyzed inductively using a thematic approach. Four thematic categories emerged from data analysis. The first category was on the effect on households and families. This included increased parental responsibilities, impact on family and social interactions and resultant changes in family expenditure. The second category focused on the effect on children. This was mainly on their education. The third category focused on the effect on the physical and mental health of caregivers. This comprised the impact on care-seeking behavior, impact on mental health, and stigma. The fourth category captured the effect on caregivers' income.

1. Effect on household and families

Increased Parental Responsibilities

A major impact of COVID-19 on caregivers in the study was increased in parental responsibilities. About two thirds of the participants reported that their parental responsibilities increased due to children being at home all day because of the school closures. For most of the caregivers, keeping the children safe at home was cited as the most difficult and stressful task. Some explained that they have had to juggle between working from home with taking care of their children. They felt most of their time was spent on homeschooling and cooking.

"The kids are home so it is stressful dealing with them"

"I have to cook a lot because everyone is home"

Impact on family and Social Interaction

Participants reported that COVID-19 had affected their social life. Caregivers said that they were unable to go out and interact with family and friends as they used to.

"..... I do not receive any visitor's at home, and I do not let anyone in my family go out...."

Some of the caregivers who had had babies stated that they prevented people from seeing them.

"I just had a baby, and people want to come and visit me, but I do not allow them. It is not easy to tell people that they cannot visit..."

Caregivers comments indicated that the most positive effect of the pandemic had been on family bonding. Participants reported that their families have had the opportunity to spend meaningful time together.

"On a positive note, I get to spend more time with my kids. I have gotten to know them well in terms of their behavior. Now I am more experienced with taking care of the family, I am more like the pillar of the house."

"The whole family is home, so I have got the opportunity to bond with my daughter and build my family system"

About twenty three percent of the participants said that COVID-19 had strengthened their family bond

Effects on Family Expenditure

The narratives of caregivers demonstrated that COVID-19 affected their spending. About 22.4% of caregivers reported an increase in their household expenditure. The data suggested that the

increase in expenditure was due the following:

- Increase in the prices of food items
- Increase in the consumption of electricity, internet data and water
- Bulk buying
- Buying from supermarkets instead of the local markets.
- Increase in food consumption

"... I feel financially strained because now I am spending more. I buy more food, electricity and data"

"... Currently I buy most of my food stuff from the shops rather than the markets where they are cheaper because I am afraid. This has affected my spending..."

"... We have to buy more food because the kids are home. There must be availability of more food and snacks for the kids... Financially I am spending more than I usually do on groceries...."

Very few participants said that they had been able to save on their household expenses.

"... I have been able to save in terms of fuel to the office because I work from home..."

2. Effects on children

Effect on children's education

The general concern of caregivers was that their children were not learning as effectively as they would if they were in school.

"...Even though they learn at home they are not learning as much as they do at school..."

Caregivers reported being overwhelmed by the need to step into teaching roles. The two major challenges caregivers faced with respect to teaching their children at home were:

1. Not having enough time to effectively teach their children
2. Not knowing how to effectively teach their children

"The children not going to school means I must make the extra effort to teach them at home"

"The kids are home, and I have to take care of them. I find it difficult to teach them at home"

"The kids are home and teaching them is stressful."

"I have to combine my work with teaching them. I do not know how to teach them"

Some participants also complained of their inability to find educational materials to support their children's learning at home.

"... I have one child with down syndrome and managing her is hard. Currently I have not seen any educational program for such children"

Despite the introduction of online learning by some schools, some caregivers found it ineffective and expensive due to the cost and availability of data.

"... Using e-learning is difficult because the internet isn't stable."

"...I have to buy GHC 20.00 worth of data every week so my children can study online"

"I missed my son's online work because I had to go to work. Online education favors parents who work from home. I missed a lot of my son's classes..."

Some caregivers who are students also reported that their education had been affected.

3. Effects on physical and mental health

Effect on Mental Health

Most participating caregivers said they were afraid and anxious about getting infected.

They were worried about their own health as well as the wellbeing of their families. They reported experiencing anxiety about when normalcy will resume

"...I am in constant fear because I do not want to get the disease."

Participants' narratives also demonstrated that the fear of getting infected had affected their daily life. Caregivers said they were afraid anytime they had to interact with others. Thus, several of them reported that they took preventive measures more seriously. They were leaving nothing to chance when it came to adhering to the safety precautions.

"...My job requires me to interact with people and this scares me a lot."

"It has created some fear and panic. Cleanliness has become a priority for me.."

".... Every time, I have to wash my hands and even change my clothes when I come back from town"

In addition, participating caregivers reported of being anxious about their finances due to the pandemic. They were concerned that a loss in their income would affect their ability to support their households.

"It has been very difficult financially. I earn daily and due to the lockdown, I was unable to work so there was no money coming in. I am the breadwinner for my family and so it is stressful"

Lastly, their comments indicated that they were stressed from being confined at home.

".... It is therapy just to drive to work and come home, now I am confined at home"

33 Respondents who were healthcare workers expressed two main concerns: the fear of being infected in their line of duty and the fear of infecting their family members.

"I have to be very careful. I cannot hug my son until I have taken my bath, emotionally my son does not understand that I have to bath before hugging him he thinks I just want to ignore him"

Effect on Care-seeking behavior

The stories of 2 participants indicated that COVID-19 had impacted health care seeking behavior. The fear of getting infected as well as the increased protocols at the hospital influenced their utilization of health services.

"I am pregnant now, so I am very scared. In fact, I have missed two of my health appointments...."

"Work at the hospital is very slow nowadays because people are not reporting to the hospital as they used to. Many people are not reporting to the hospital because of the protocols that have been put in place. They prefer to come when the sickness is serious."

Stigma

A respondent who was a frontline health worker reported of the fear of being stigmatized.

".... Besides now there is stigma against health workers, and this has made it difficult for me to go out"

4. Effects on work and income

Effect on Work and Income

Most caregivers reported of a reduction in the demand for their goods and services due to the pandemic. They had either lost their jobs or were experiencing cyclical unemployment.

"I do menial work like cleaning homes and washing clothes but now I do not do it. I want to find work, but people are scared so they do not want to hire me. No one wants me to come to their home."

Now I do not have money at all. I sometimes go the whole day without eating. I do not have any money."

Another participant reiterated:

"Currently my work is very slow as I work in the export industry. My organization has laid off a lot of workers".

For those currently employed, they were either working from home or running a shift system. While some caregivers' saw more flexibility with working from home, others found working from home stressful.

"It is difficult to work and take care of the kids. Working from home is difficult."

"Working from home has been hard because my son is home"

In terms of income, the impact was felt at various degrees. Some individuals reported they had no income at all. Others reported that their income was delayed while some had their income slashed.

"Currently I do not even know if I will receive my full salary at the end of the month"

"... I received half of my income for last month. I do not know if I will receive my salary this month..."

"I cannot go out and sell. My income has reduced drastically. People are not buying because they are scared....

Conclusion

This study provides an in-depth understanding of the effect of COVID-19 on caregivers and their families in Ghana. We found that the effects of COVID-19 were both negative and positive, and cut across many domains of life including, children's education, household income, and employment, caregiver care-seeking behavior, and caregiver physical and mental health.

We found that although parental responsibilities and family expenditure increased because of the pandemic, the lockdown increased positively familial bonding. Caregivers were able to spend quality time with their families. Nevertheless, caregivers felt their children's learning were adversely affected because of the stress of homeschooling, lack of caregiver time, not having sufficient data for online instruction, and caregiver's inexperience in teaching. Moreover, the pandemic may have affected household income, as multiple caregivers either experienced a decrease in the demand for their goods and services, or a reduced income.

Caregiver's experienced several physical and mental health challenges, including fear and anxiety about getting infected, intentionally missing healthcare appointments or withdrawing from care, and experiencing stigma.

It is important to add that a few caregivers reported that they had not been impacted much by the pandemic. These included caregivers who were unemployed before the lock down and those who had extra help managing their home.

Key Recommendations

Based on the finding from this study, we urge

1. Governments, civil society, health authorities and others to come together to address the mental dimension of the pandemic, provide financial support for those who have lost their jobs, and flexibility to work from home.
2. We also urge the government to develop continuous learning initiatives for caregivers. These initiatives should include capacity development to enable caregivers to effectively teach their children at home

3. We also encourage telecommunication companies to come up with special data plans to support e-learning for children. These packages must be affordable to all levels of the society.

Limitations

Even though our data was limited because most of the participants were from a higher educational background, 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.

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