Children's Experiences of the Three-Week Lockdown in Ghana, West Africa: A Case Study of Accra and Tema

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Abstract

By April 2020, about half of the world's population was under some type of lockdown, which affected over three billion people in more than ninety countries. These global lockdowns, implemented to mitigate the spread and impact of COVID-19, inflicted high human costs worldwide and the protection measures put in place severely impacted daily lives. This study explores children's experiences related to the three-week lockdown in Ghana and gains insights on their knowledge, attitudes and practices regarding COVID-19. Using a cross-sectional approach which employed mix-methods for data collection and analysis, this study has provided clarification on children's opinions and experiences during the lockdown period in Ghana. The study utilized mixed methods relying on remote research methods including a web survey and phone interviews for data collection from a sample of 385 children in Accra and Tema; two of the hotspots of COVID-19 infected areas in Ghana. Almost half of the children sampled affirmed that the lockdown affected them. Some of the positive effects of the lockdown include; prevention from the transmission of the virus, children having quality time with their families, and learning new skills at home. In terms of the negative effects, the lockdown affected schooling and learning due to school closures, increased mental stress of both parents and children, and had adverse effects on livelihoods of some parents. The findings indicate that two out of ten children were subjected to different forms of punishment during the lockdown with most being victims of punishment as a result of the lockdown affecting the livelihoods of many parents. This puts these parents under extreme stress and made them overly aggressive to the least provocation from their children at home. Regarding knowledge, the results show that almost all children sampled were aware of COVID-19. The qualitative aspects however, reveal that some children do not have accurate knowledge about the causes of COVID-19.

There is therefore the need for an increased educational drive aimed at strengthening children's knowledge of the risks of the transmission of the virus in educational institutions and in settings where children and young persons are the dominant groups. Awareness raising is required to sensitize the public about the negative effects of physical punishment and the need to be circumspect when correcting children at home.

Keywords: COVID-19 lockdown experiences of children, COVID-19 knowledge, attitudes and practices of children.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The novel coronavirus, which causes COVID-19, was first identified in December 2019 in Wuhan province of China. It is a coronavirus disease caused by the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Within three months of its occurrence, the virus had spread all over the world and led to health crises and death in many countries. Owing to the rapid and widespread effects of the virus in over 150 countries, the World Health Organization (WHO) declared COVID-19 a global pandemic on 11th March 2020. The outbreak of COVID-19 has had a tremendous impact on social, economic, and political lives of people around the world. COVID-19 poses a serious threat to children's basic rights, limiting their access to good healthcare, education, having access to sufficient, safe, nutritious food to maintain a healthy and active life, and disrupting their social interaction with family members, teachers, peers and their broader communities (Save the Children, 2020a). This prompted many countries to find ways of addressing the health, social and economic needs of their people. In Cambodia some essential strategies initiated to mitigate the spread and effects of COVID-19 were Risk Communication and Community Engagement (RCCE), where mass information is given to the public about the virus and its prevention (Save the Children, 2020a). Through public awareness raising people are made to engage in frequent cleaning of hands using alcohol-based hand rub or soap and water; covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing; and avoiding close contact with anyone that has a fever and cough. Restriction on movement was another measure introduced in many countries. For example, the government of Ghana considering the risk of a possible rise in infections of the virus, directed the closure of all educational

and religious institutions, instituted a ban on all other social gatherings and ordered the closure of Ghana's land, sea and air borders (Boakye-Danquah, 2020). The President of Ghana also announced compulsory testing, contact tracing, and mandatory 14-day quarantine for all travelers from countries with over 200 COVID-19 cases. On the 27th March, 2020, the government instituted a lockdown in three cities; Accra and Tema Metropolitan Area, and the Greater Kumasi Metropolitan Area (Boakye-Danquah, 2020). By April 2020, about half of the world's population was under lockdown, with more than 3.9 billion people in more than 90 countries or territories having been asked or ordered to stay at home by their governments (Euronews, 2020). These lockdowns were a strategic measure instituted to mitigate the spread and impact of COVID-19. The aim of this study was to explore children's experiences related to the three-week lockdown and gain insights on their knowledge, attitudes and practices regarding COVID-19. The study aimed to examine Ghanaian children's perspectives about the lockdown, describe their experiences at home during this period and assess their knowledge, attitudes and practices in relation to the novel corona virus.

1.2 Statement of the Problem

The three-week lockdown in the Greater Accra and Greater Kumasi had an effect on the socio-economic lives of a section of Ghanaians, including children. The closure of churches, schools and shutdown of some economic sectors, such as the hotel and tourism industries impacted negatively on many people (Boakye-Danquah, 2020). Even though the clinical course of COVID-19 appears to be much milder in children compared with adults, the consequences of these lockdowns notable among them the closure of schools and children's long absence from them were equally damaging to children. In as much as adults' livelihoods patterns have been affected,

children are equally victims of lockdowns. Cook (2020) asserts that COVID-19 resulted in social distancing protocols which have gravely affected social contacts and interactions between people. It has also led to the death of family members, and as family members, children are also affected by the protocols.

Children's views matter in all decisions that border on their welfare and development. Article 12 of the Convention on the Rights of the Child (UNCRC, 1979) grants children the right of expression of views in all matters affecting their welfare and development. Owing to this provision in the CRC, States parties to the CRC are enjoined to make laws in their respective countries to promote child participation and enhance respect for children's views. In Ghana, the legal provision for the respect of a child's views is found in Section 11 of The Children's Act, 1996 (Act 560) which reads: "No person shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions which affect his well-being, the opinion of the child being given due weight in accordance with the age and maturity of the child." This provision grants children the right to express an opinion in any matter which affects their development. Since the COVID-19 pandemic and its subsequent imposition of lockdowns have had adverse effects on children, it is essential to gather their views on the extent to which these phenomena have affected their welfare and development. Incidentally, since the outbreak of COVID-19 and its declaration by the WHO as a pandemic, compelling many countries to impose restrictions on human movements around the world, very little has been done to document children's opinions on the lockdown's effect on their welfare and development. There is no known investigation in Ghana which assesses children's experiences of the lockdown. The institution of

lockdowns is novel in Ghana, and no scientific evidence of children been placed under lockdowns during a pandemic is readily available. Owing to this, very little empirical data exists in the country to analyse the effects of lockdowns on children. It is against this background that the authors were motivated to carry out this study to solicit Ghanaian children's views on the extent to which the effects of the three-week lockdown had impacted them. The question of this study is; to what extent were children in Ghana affected by the three-week lockdown?

1.3 Research Questions

The study sought to answer the following questions:

- i. What were children's opinions on the three-week lockdown, and in what ways did it affect them?
- ii. How did children spend their time, and whether they acquired any new skills/knowledge during the lockdown?
- iii. Were there disagreements between children and their parents during the lockdown?
- iv. What were the recalcitrant attitudes of children at home during the lockdown, and were children who were recalcitrant admonished for this?
- v. What are Ghanaian children's knowledge of COVID-19 prevention and transmission routes and recovery? What are the accepting attitudes of children towards persons recovered from COVID-19?
- vi. To what extent are children complying with COVID-19 protocols and the reasons for noncompliance (if any)?

1.4 Objectives

1.4.1 General Objective

The general objective of the study was to explore children's experiences during the three-week lockdown and assess their knowledge, attitudes and practices regarding COVID-19.

1.4.2 Specific Objectives

The specific objectives of the study are to:

- i. Examine children's perspectives about the lockdown in Ghana.
- ii. Describe these children's experiences staying at home during the lockdown.
- iii. Assess the knowledge, attitudes and practices of children in relation to the novel corona virus.

1.5 Justification

Empirical studies on experiences of children on lockdowns and its effects on children are largely lacking in Ghana. This is due to the fact that there has not been any known historical evidence of children going through prolonged lockdowns imposed to prevent the spread of a virus in the country. There is no record of children's voices having been considered to ameliorate the negative impacts of COVID-19 throughout discussions on pragmatic measures which need to be put in place to address the impacts of COVID-19. Owing to this, there is hardly any empirical evidence to present children's perspectives, describe their experiences and explain the effects of a pandemic-like situation such as the COVID-19. This study which explores children's views and perspectives about their experiences of the three-week lockdown and the knowledge, attitudes and practices regarding COVID-19, thus provides an important basis for providing relevant information to explain gaps in knowledge on effects of lockdowns on children in the country. In all matters and decisions that affect the development of children, it is crucial that their views are solicited and taken into account. Not much scientific work has been done in the country

to document children's views and concerns about COVID-19 and the subsequent lockdown. The results from this study present the needed evidence to establish and unlock the silent voices of children's personal lived experiences during and after the three-week temporary lockdown imposed in certain areas in the country. The study also assesses the knowledge and attitudes of children in relation to the novel corona virus. Currently in Ghana, very little evidence exists to explain children's knowledge, attitudes and practices regarding COVID-19 and its related issues. The study findings serve as an important source of information to guide policy decisions regarding children and how to handle them in similar situations.

1.6 Organization of the report

The report is organized into seven chapters. The first chapter gives a background of the study, states the research problem, objectives, research questions and justification for the study. The second chapter presents a review of literature on global implementation of lockdowns, their impacts on children, and also explores children's knowledge, attitude and practices regarding the COVID-19 virus. The third chapter provides details on the methodology used for the study; selection of the study areas, study population, sampling, data collection and analysis. The chapter also presents an analysis on the demographic characteristics of the study participants in last section of this chapter. The fourth chapter discusses children's opinions about the imposition of the lockdown, as to whether they were in favour, enjoyed their stay at home during the lockdown and whether the lockdown had any effects on them.

Chapter five examines children's experiences at home during the lockdown. The earlier sections of this chapter discuss issues regarding how the children used their time for leisure and recreation while at home. The chapter also delves into the conflicts and misunderstandings that children had with their parents during the lockdown, and discusses the

basis of these issues including whether the children were subjected to punishment and the reasons for this are also presented therein. The last section of this chapter focuses on children's views on the lifting of the lockdown, and the reasons behind their views. Chapter six discusses the children's knowledge, attitude and practices regarding COVID-19 and is presented in three parts. The first examines the children's level of

knowledge and sources of information on COVID-19 while the second focuses on COVID-19-related attitudes. The third is on how the children adhered to COVID-19 safety protocols that were instituted, and the why some children did not comply with them. The seventh chapter presents the conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides a review of literature covering a range of issues on the institution of lockdowns all over the world, its impact and effects on children. The review highlights and discusses global lockdowns, their impacts, and children's knowledge, attitudes and practices regarding COVID-19.

2.2 Global lockdowns and enforcement

COVID-19 is caused by a respiratory virus primarily transmitted between people through respiratory droplets and contact routes (WHO, 2020a; Quakyi, 2020, Abdulkadir, 2020). Droplet transmission may occur when a person is in close contact, within a distance of about one metre from someone who has symptoms of the virus, such as coughing or sneezing, and is for this reason at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets (WHO, 2020a). The WHO (2020a) further notes that transmission may occur through fomites in the immediate environment around infected persons. This suggests that the virus can be transmitted through direct contacts with infected persons, indirect contacts with surfaces in the immediate environment or through objects used on an infected person. The WHO (2020a) report also shows that airborne transmission is also possible when the presence of microbes within droplet nuclei can remain or suspend in the air for long periods of time and get transmitted to others over distances greater than one metre.

Both Abdulkadir (2020) and Quakyi (2020) support an urgent need to find ways to curtail the trend of spread before millions of people are exposed to the virus given the rapid nature and mode of the spread of the virus. Quakyi (2020) argued for the intensification of

behavioural change, where people adhere to hygiene protocols of hand washing, sanitizing of hands, wearing of face masks, avoiding handshakes and hugs, and limiting face touching. He argues that while practicing personal hygiene protocols could slow the rate of the spread of the virus, they may not be entirely effective enough to curtail the spread without other mitigating measures. Reducing human contact is a potential alternative and better way to stop the spread of the virus, and the enforcement of lockdowns very appropriate (Quakyi, 2020).

The WHO (2020b) describes the term 'Lockdown' in the context of COVID-19 as 'large scale physical distancing measures and movement restrictions', implemented to slow COVID-19 transmission by limiting contact between people. Abdulkadir (2020) in an earlier work notes that lockdowns vary in their enforcement in terms of duration, and geographical coverage. An assessment paper on the lockdowns in nine African countries further describes that while there are some similarities in the implementation of lockdowns across the countries, there are differences in their design, timing and implementation (Gadzekpo et al. 2020). Lockdowns may be a partial or full and may require the quarantine of sections or of an entire populations in a given community, country or area (Gadzekpo et al. 2020). Ghana's lockdown was partial and was enforced in areas identified as 'hotspots' in Greater Accra and Greater Kumasi on 30th March 2020 (Danquah & Schotte, 2020). The lockdown in Ghana came with movement restrictions, minimizing human movements and contacts. Reports on the lockdown in Ghana mention that during the three-week period of the lockdown, people were only allowed to go outside their homes for essential commodities such as food, water or medicine, or to visit the hospital, undertake banking/mobile money transactions,

and refuel cooking gas and/or restock sanitary items. People in these areas were obliged to adhere to social distance protocols once they left home (Center for Democratic Development, 2020; Sulley, 2020).

2.3 Impacts of Global Lockdowns

Although the imposition of lockdowns have helped curtailed the spread of the virus in some countries such as China, South Korea and Taiwan, it has not been entirely successful in countries such as Italy and the US (Parodi & Liu, 2020). Lockdown measures may have adverse impacts on the social and economic lives of disadvantaged groups in households, communities, and societies (WHO, 2020a). This suggests that lockdowns have their limitations. This section of the literature review discusses a number of positive and negative impacts of the implementation of lockdowns based on experiences from around the world.

2.3.1 Positive Impacts

One of the most significant mitigating public health measures during the COVID-19 pandemic has been the imposition of lockdowns which makes whole populations stay in their homes to prevent further transmissions of the virus. Earlier works on COVID-19 movement restrictions report that the enforcement of lockdowns and containment measures have resulted in the reduction of active cases by about 90 percent in countries such as China, South Korea and Taiwan (Mboera et al. 2020; Parodi & Liu, 2020). Danquah & Schotte (2020) and Quakyi (2020) also note that the imposition of the lockdown suppressed the spread of the virus in Ghana and helped curtailed the number of infections and deaths. The reduction in the spread of transmission and fatality rates have positive implications for children, who would otherwise have been direct victims or may have lost relatives.

Lockdowns have both environmental and economic benefits. For example, Chakraborty and

Maity (2020) note that the imposition of lockdowns has led to the cleaning of the environment, reduction of carbon emissions and improvement of air quality in many parts of the world. Other studies also report it as having reduced air and water pollution in countries heavily impacted by COVID-19 as a result of inactivity in industry, traffic, public transportations and aviation (Manentiet al., 2020; Mahato and Ghosh, 2020). Scientists have also observed a decrease in greenhouse gas emissions in China, where the pandemic started (Dutheil et al., 2020).

The lockdown allowed people to have quality time with their family. For example busy parents who were earlier not able to have the opportunity to spend quality time with their children, were compelled by the pandemic to stay at home leading to the strengthening of family relationships. A report by the Department of Children (DOC) of the Ministry of Gender, Children and Social Protection of Ghana states that children enjoyed spending more time with their parents and playing games with their siblings during this time (DOC, 2020). Bhamani et al., (2020) point out that the lockdown period gave parents adequate time and opportunities to teach their children new things and ideas. Examples from these and other studies explain how parents used the lockdown period to teach and improve household skills, such as cooking, of their children.

2.3.2 Negative Impacts

A look at the vast body of available literature indicates that the COVID-19 pandemic lockdowns around the world are considered as having negative effects on children. Measures imposed to prevent further spread of the virus have led to serious decline in economic activities in many countries (UN, 2020). The lockdowns resulted in many countries having rapid expansions of social assistance programmes to compensate households for lost incomes. According to the UN (2020) as of 10th April 2020, 126 countries had had already introduced social

protection measures. Of these countries, 83 provided explicit support for children and their families. Ghana, like many others, was not spared the economic decline as household and family food security were affected owing to the fact that many parents could not go out to work and could not provide food for the families owing to the restriction of movements that came with the lockdown. As a result many children suffered high levels of starvation in many households. This led to the introduction of stimulus packages by government for poor households and individuals. One such package was implemented through the Ministry of Finance and the Ministry of Gender and Social Protection, and entailed a food distribution drive to prevent people on the streets as well households in the affected areas of the lockdown, from starving. Subsequently the government announced another package to alleviate economic hardships for the poor and vulnerable by offering a free supply of water and 50 percent waiver on electric power consumption, from April and June 2020, for all residents in the country (Boakye-Danquah, 2020). The package for water was extended to September 2020, and that of the electricity to January 2021 to give more economic relief to the poor (Boakye-Danquah, 2020).

The lockdown had negative impacts on schooling and learning as it led to an unprecedented closure of schools and other educational institutions in many countries. Statistics from the UN (2020) show that, about 188 countries imposed countrywide school closures, which affected more than 1.5 billion children and youth. In Ghana, by a President directive on 15th March, 2020, all educational and religious institutions were closed and a ban introduced on all other social gatherings (Boakye-Danquah, 2020). Cook (2020) argues that the closure of school made many children miss out on learning for several weeks which may have potential losses on the development of the human capital of the affected children. Many countries postponed, rescheduled or cancelled crucial exams distorting academic calendars in several parts of

the world (UN, 2020). It is important to emphasize that for some children, school is not only a place of learning, but also a place outside home that offers adequate space for their studies. Schools also offer a window of freedom and serve as places of interaction and playgrounds for most children (Sylva, 1994). For this reason, closing down schools even for even a short period and keeping children at home is very worrying as it changes the normal routine of children, and tends to have detrimental effects on children's physical and mental health (Ghosh et al. 2020). The UN (2020) further notes that it was in order to mitigate or minimize these potential losses that distance and online learning were introduced in many schools around the world. In Ghana, children in the urban areas had the opportunity to take part in online learning while their counterparts in relatively remote communities were provided with distance learning. However, these opportunities were only available to some privileged few who had access to reliable internet connectivity, mobile telephony digital technology (Owusu-Fordjour et al., 2020; UN, 2020) or other facilities, such as radio and television sets, to access them.

UNICEF's (2020c) statistics suggest that at least 463 million (31 per cent) of schoolchildren worldwide cannot be reached by digital and broadcast remote learning programs. In Ghana even with access to online facilities, students were unable to study effectively from home, rendering the online system of learning very ineffective (Owusu-Fordjour et al., 2020). Owusu-Fordjour et al (2020) again report that compared to teachers, parents are incapable of giving suitable learning support to their children on how to utilize online learning platforms, nor are they able to effectively supervise their children's learning at home. These challenges arose as a result of temporary lockdowns that kept children at home and they losing the benefits of educational facilities and the learning assistance provided by teachers within school environments.

Staying at home has potential negative effects for girls especially, according to Kassa et al, (2018). They argue that schools remaining

closed lead to increased risk of more girls getting pregnant and eventually dropping out of school. In their meta-analysis of the prevalence and determinants of adolescent pregnancy in 24 countries from the East, West, Central, North and Southern African sub-regions, Kassa et al, (2018) found that adolescents who are not attending school are more likely to get pregnant or start childbearing earlier than those who are in school. Where girls are not preoccupied with any productive activity such as training and learning, the tendency of engaging in risky sexual behaviour is very high. The lockdowns affected children living in crowded households even more as they did not have privacy or enough space to have their studies. An earlier study by SCF (2020a) in Lebanon showed that many children did not enjoy privacy and were not able to have a quiet space to follow up on their studies during the lockdown period as all the members of their households were at home. The Lebanese study shows that almost half (47 percent) of the children sampled lived with three to five people in the same household, with 44 percent also reported as living with six to eight people in the household. From the review, schools provide ample space for such disadvantaged children to do their school work which being at home denies them.

When children play outside with their peers it has important implications for their growth, development and wellbeing. Lockdown restrictions around the world led to changes in play behaviours of children according to the results of a study conducted in Canada to assess whether COVID-19 and related behavioural requirements, such as lockdowns, have impacted the movements and play behaviours of Canadian children and youth. The results show that children and youth were less active, played outside less, engaged in more screen-based recreational activities, and slept more during the COVID-19 outbreak when compared to before the lockdown which brought on the restriction of movements. The Canadian study (Moore et al., 2020) suggests that there has been a reduction of time and opportunities available to children to interact or

play with their friends in the manner in which they used to before the imposition of the restrictions. In another study in Pakistan (Bhaman et al., 2020), a large number of parents expressed worry about the negative effect of lockdowns on the social development of their children. For these parents, too much stay at home resulted in children losing interaction with their peers, access to parks, libraries and other public places. The findings of Moore et. al (2020) and Bhaman et al. (2020) substantiate the fact that lockdowns and their attendant restrictions have adverse implications on children given the restrictions placed on their ability to play outside their homes and the disruption to their freedom to play and interact face-to-face with their friends.

These however are not the only consequences. According to some earlier studies prolonged stress, boredom, and social isolation may also have negative effects on the mental health of children. A 2020 Save the Children (SCF) study (2020c) on children in the US and several European countries shows that many children experiencing lockdowns reported feeling anxious, bored and afraid. According to the study the feeling of deprivation and anxiety of the children is due to their being at home for prolonged periods of time. The report indicates that in the UK 20 percent of children surveyed were worried about the future due to school closures.

The imposition of COVID-19 pandemic lockdown around the world has also led to increased risk of harm of children as many of them now spend more time online while at home, according to a publication by UNICEF (2020a). The publication notes that the institution of lockdowns keeps children at home leading to an unprecedented rise in screen-time activities. The closure of schools and imposition of strict containment measures around the world have compelled children and their families to rely more on the internet and other technology and digital devices for learning, entertainment and communication. Though the use of these

technological facilities is positive, not all children have the necessary knowledge, skills and resources to keep themselves safe online (UNICEF, 2020a). This suggests the need to have in place protective measures. In Ghana, UNICEF has collaborated with government to implement the under mentioned to protect children online:

- i. Ongoing awareness raising and sensitization of children, teachers, parents and caregivers to prevent violence, abuse and exploitation of children via the Ghanaians Against Child Abuse (GACA), a Child Protection Social Drive aimed at protecting the well-being of children and preventing their abuse and the Safer Digital Ghana Awareness Programme which promotes awareness creation on cybersecurity best practices in four thematic, which includes Children.
- ii. Launch of cybercrime/security incident reporting point of contacts to provide channels for reporting including online portals, hotlines, SMS line and a dedicated app to facilitate incident reporting.
- iii. The establishment of a digital forensic laboratory for the Cyber Crime Unit of the Ghana Police Service to facilitate investigations of cases of such nature is underway.
- iv. Comprehensive legal reforms to strengthen the protection of children from all forms of abuses including online related abuses and exploitation including the drafting of Cyber Security Bill.

BradburyJones and Isham (2020) draw attention to the paradox that most governments around the world imposed lockdowns and asked their citizens to stay home, but did not take into account the consequences for women and children who live in households where violence and abuse is prevalent. Indeed, there is evidence of increased violence against children (VAC) in many homes around the world during the COVID-19 pandemic lockdowns (UNICEF, 2020c). For example, a national helpline for children in Norway has

reported a sharp increase in the number of calls of children reporting incidents of violence, conflicts and tension at home with their family members (Jørnholt and Mjaaland, 2020). A publication by the WHO (2020c) also reports an increase in violence and abuse against women and girls at home. From the literature, violence against children is more likely to occur while families are confined at home and experiencing intense stress and anxiety (UNICEF, 2020c).

Sixty (60) percent of the world's children live in countries where lockdowns are in place, according to the UN (2020), suggesting the likelihood of a significant number of children either being prone to violence and abuse or being victims of incidents of violence at home. The danger is that lockdowns make it more convenient for perpetrators of abuse to subject children to violence and abuse at home. This is due to the fact that during lockdowns, children are stuck at home with the family members and if these family members are child abusers the child victims may not even have the opportunity to report it, if they are victims of violence (UN, 2020). They may also not have the opportunity to escape to other relatives even if they want to avoid being abused, with everyone locked in their various homes. Under normal circumstances children report abuses perpetuated against them to their teachers, however with their schools shut down they are denied this. For many school children who live in abusive households, school is a safe and secure environment and so their closure comes as huge disadvantage for these children who are more likely to be exposed to domestic violence situations at home.

Parents' inability to earn income to support their children during the lockdown periods is also an issue that caused anxiety and worry among children, according to World Vision International (WVI) (2020) and SCF (2020c). The WVI publication (2020) observes that most children and young people were worried about the economic impact of the COVID-19 crisis on the livelihoods of their parents. The inability of parents to earn income because they had to stay at

home and observe lockdowns has had serious economic impacts on earnings of vulnerable people who have no savings and depend on their daily earnings. Owing to this, many children are experiencing mental and psychological stress as a result of the fear that they might die of starvation at home because their parents may not be able to feed them adequately while under lockdown.

2.4 Children's Knowledge, Attitudes and Practices regarding COVID-19

Protecting and avoiding the novelcorona virus requires good knowledge about the mode of transmission and prevention. In this respect, this section of the literature review provides evidence on the knowledge of children on COVID-19. A look at the body of literature shows that many children have good knowledge on the COVID-19 virus. For example, results of a cross sectional survey on 241 children aged 10-17 years in ten provinces across rural and urban areas of Cambodia reveals a universal knowledge (100 percent), with no significant differences found between rural and urban, or male and female (SCF, 2020b) of participants in the survey. An earlier cross-sectional which also assessed the knowledge of young people in Egypt and Nigeria found the majority of the respondents (61.6 percent) had satisfactory knowledge and attitudes (68.9 percent) towards instituted preventive measures (Hager et al., 2020). Results of another study (Singh et al., 2020) in India among students show almost all participants (99.6 percent) had heard about COVID-19, indicating high level of knowledge rate. Findings of another KAP study in Hubei province in China during the lockdown among school-aged children suggest that though some of the children sampled had knowledge misconceptions, over 80 percent of primary students have acquired the knowledge of COVID-19 (Qi Xue et al., 2020). The results of these earlier studies indicate considerable high knowledge of children regarding COVID-19. In Ghana, anecdotal evidence from the Department of Children of the Ministry of Gender Children and Social Protection (MoGCSP) suggests a high

knowledge of children both in rural and urban parts of Ghana on COVID-19.

The SCF (2020b) found in their earlier study in Cambodia that nearly all (99 percent) children sampled were aware and also affirmed that they do regular handwashing with soap under running water or apply alcohol-based sanitizer. In the same study, 80 percent identified wearing facemasks as an important COVID-19 prevention method. However, a small proportion of 38 percent identified social distancing as a means of prevention, which raises concern and the need to intensify public education on prevention measures. The literature shows that though children can become ill with COVID-19, compared to adults, children generally have less serious illness (United Nations, 2020; UNICEF, 2020b). Earlier works have shown that hospitalization and death rates among children are low and evidence abounds that children are not immune to it but are considered important asymptomatic carriers of the virus that cause COVID-19 (Kasozi et al., 2020). In spite of the massive publicity carried out on the virus, there is evidence to suggest that misconceptions still exist about the COVID-19 not affecting children. For example, in the Cambodian study by Save the Children (2020b), almost half the children interviewed reported that the risk of children contracting COVID-19 is low. Media reports and anecdotal evidence suggest that many children in several parts of Africa do not wear face masks when they go out because they believe the virus does not spread in airy and hot temperate spaces. The literature also indicates that whilst the knowledge of children on COVID-19 is high, significant gaps between children's knowledge and their practice of preventive measures exist. For instance, while 80 percent knew that wearing a face mask could help prevent COVID-19, only 65 percent of the same group reported using one. In the same study while 38 percent agreed that social distancing is a preventive measure, only nine percent reported practicing it (SCF, 2020b). These misconceptions about the virus suggest gaps in knowledge that need to be addressed to

correct erroneous perceptions about children being immune to the virus and stem the tide of transmissions that could occur as a result of flawed knowledge about COVID-19. Earlier results of KAP studies on children indicate that children have a variety of sources for getting information, however social media channels serve as the most common source of information (Singh et al., 2020; SCF, 2020b). In Cambodia, 94 percent of children studied reported they heard about COVID-19 on Facebook, followed by those

who cited TV (60 percent), and community announcements (56 percent) as their sources (SCF, 2020b). Singh et al. (2020) report social media (83 percent) and TV (77 percent) as the primary sources of information of young people in India. From the literature, social media channels such as Social media (Facebook, WhatsApp, and Twitter) and television constitute the most common sources of information of children in most parts of the world.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The study sought to gather children's perspectives and experiences about the three-week COVID-19 lockdown instituted in certain hotspots in Ghana. This chapter describes the methodology employed, detailing the research and sample design and procedures used for the study. The chapter also describes the methods and procedure for presenting the data gathered.

3.2 Validation and Pilot Study

Initially, the field instruments (survey tool and the phone interview guide) were peer-reviewed to assess the relevance of each item on the questionnaire. The revised field instruments were pre-tested with fifty (50) children at the Engineers Flats in Community 3 Site A, a residential community in the Tema Metropolis on 1st June, 2020. All children who took part in the pretest were excluded from the main study. The link to the programmed questionnaire (web survey) was shared with children and they were asked to complete them. The pre-test phase enabled the researchers to assess the validity and reliability of the field instruments before its use. The main goal was to find out how the children would understand the questions and modify them if necessary, to make them easily comprehensible.

3.3 Data collection

The study was conducted in Accra and Tema in Ghana for a period of six months from 1st June¹ to 30th November 2020 utilizing mixed quantitative and qualitative methods approach. Owing to the outbreak of the COVID-19 and adherence to safe protocols, the researchers used web survey and phone interviews to collect data remotely from respondents. The data was collected through a web survey distributed via a

link to a programmed questionnaire. Follow-up phone interviews were also conducted with fifty-nine (59) children to serve as the qualitative aspect of the study.

For the first step of the data collection a web survey involving 385 children comprising 188 boys and 197 girls aged 10-17 was conducted. Regarding the web survey, a link to a programmed questionnaire was shared with respondents through text and email. As part of ethical processes, a letter (which included the link to the questionnaire) was sent to parents of prospective participants requesting permission to allow their children to participate in the study. All the eligible respondents willing to participate were later asked to complete the questionnaire by clicking the link shared in the text message or emails, which were sent to their parents. Respondents were allowed to use any electronic device such as a phone, tablet, a laptop, or any other that allows them to access the internet link to respond to the survey. Since children were the main subjects, the questionnaire was designed in a very plain simple language to allow all respondents understand and complete it without any difficulty.

Subsequently, telephone interviews were conducted with fifty-nine (59) children selected from each of the residential areas in the two study sites (Tema and Accra) using convenient sampling method. The reason for selecting a child from each of the residential areas was to have varying perspectives about children's experiences of the lockdown from all the areas.

3.4 Sampling

The researchers have drawn their sampling frame from the list of parents who had engagement with the Ministry of Gender, Children and Social Protection. The inclusion criteria included: parents who had children, parents who lived with their children in the areas affected by

¹The period includes the pretest and preparation stage.

the three-week lockdown, parents and children who were willing to participate in the study. The researchers had 640 telephone numbers of parents with children who lived in the affected areas and short message service (SMS) message were sent to the parents to notify them of the aim and objectives of the study, and requesting the participation of their children aged 10-17. Of the 640 parents, 520 had children who were eligible and were willing to allow their children participate in the study. The web link for the questionnaire was shared with the 520 parents and the children given two weeks to complete the questionnaire. The web link was closed at the end of the two-week questionnaire completion period. The overall number of children who agreed to participate and completed the web link were 385, and that served as the sample size for the study.

3.5 Field Instruments

Two types of field instruments were developed for this study. The first was a semi-structured web survey questionnaire which was used for children between ages 8-17, and the second was key informant interview guide, which was used for the phone interviews. The semi-structured questionnaire solicited information regarding the background information of the children regarding their sex, age, education, and religion. The questionnaire also included questions bordering on children's perspectives about the lockdown, experiences at home during the lockdown, their knowledge, attitudes and practices regarding COVID-19 and safety protocols. The key informant interview guide also

included questions similar to those contained in the semi-structured questionnaire. Children selected to participate in the telephone interviews, were required to provide responses regarding their lived experiences of the lockdown, play activities, whether they liked the lockdown or not, and the reasons for saying so. The phone interviews also included questions regarding children's knowledge, attitudes and practices concerning the novel corona virus.

3.6 Method of Data Analysis

Two analytical procedures were used since a mixed-method approach was employed in the study. The data collected through the phone interviews were analyzed thematically. All the phone interviews were recorded, transcribed and organized under the relevant themes of the study. The quantitative data gathered from the web survey was analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics were used to describe the results of the quantitative study while quotes from the qualitative study were used to triangulate findings from the quantitative study.

3.7 Socio-Demographic Characteristics

The socio-demographic characteristics of 385 children were examined with respect to their age, sex, level of education, religion, place of residence, and Table 3.1 presents the results. Overall, the sex distribution shows that a lot more females (51.2 percent) than males (48.8 percent) were sampled as indicated in Table 3.1.

Table 3.1: Socio-Demographic Characteristics of Respondents

Sex	Frequency	Percent
Male	188	48.8
Female	197	51.2
Age		
10 years	16	4.2
11 years	17	4.4
12 years	36	9.4
13 years	16	4.2
14 years	55	14.3
15 years	64	16.6
16 years	82	21.3
17 years	99	25.7
Education		
Primary	70	18.2
JHS	99	25.7
Secondary/vocational and tertiary	216	56.1
Religion		
Christianity	337	87.5
Islam	38	9.9
African Traditionalist	5	1.3
No religion	5	1.3

Source: Fieldwork, July 2020.

From the table (Table 3.1), children aged 17 formed the highest percentage (25.7 percent) of the children surveyed, followed by 16-year-olds (21.3 percent), 15 year-olds (16.6 percent), and 14 year-olds (14.3 percent). The mean age was 13.5 with the respondents aged 10 years constituting the least (4.2 percent). A publication by Allen and Waterman (2019), notes that adolescence can be categorized into early adolescence (10-13 years), middle adolescence (14-17 years) and late adolescence (18-21 years). The age distribution in Table 3.1 indicates that children aged between 14 and 17 were predominantly sampled, suggesting a higher percentage participation of children in the middle adolescence age category (14-17 years).

From the results in Table 3.1, more than half of the children surveyed (56.1 percent) were in Senior High School, Vocational School or Higher, 25.7 percent were attending Junior High School, while almost two out of every ten (18.2

percent) were in primary school. The survey also ascertained the religious affiliations of the children. From Table 3.1, about nine in every ten children are Christians (87.5 percent), followed by those who professed the Islamic religion (9.9 percent). The remaining proportions constituted children with no religious affiliation (1.3 percent), and those who belonged to the African Traditional Religion (1.3 percent). Data in Table 3.1 indicates Christianity as the dominant religion among the children sampled. Though much higher, the result of the religious background is quite representative of the national figure of 71.2 percent reported in the 2010 Population and Housing Census (GSS, 2012).

In terms of place of residence, Table 3.2 (see Appendix A) indicates that children who participated in the survey were residing in 59 residential areas in the Greater Accra Region, suggesting a wide representation of children in the lockdown affected areas in the Region.

CHAPTER FOUR

CHILDREN'S PERSPECTIVES ABOUT THE LOCKDOWN

4.1 Introduction

In the midst of the COVID-19 pandemic, the greater part of the world's population had to literally stay at home, due to lockdowns imposed by many countries around the world. The effects of the lockdowns had varying impacts on social, economic, and political lives on many people, including children. This chapter presents the results of children's perspectives of the lockdown in Ghana as established by this study.

4.1.1 Whether children were in favour of the lockdown and reasons for opinion

The loss of freedom of movement which characterizes lockdowns is a condition many individuals find unfavorable, including children whose lives are also adversely affected (UNICEF, 2020c). The study sought to ascertain, among others, whether children were in favour of the imposition of the three-week lockdown by the Government of Ghana. From Table 4.1, more than eight out of ten (83.3 percent) of the children sampled were in favour, whilst the remaining 16.7 percent were not. Out of this more females (86.8 percent) than males (79.7 percent) reported being in favour of the lockdown. Despite the gender differential, the majority of both males and the females were in favour of the lockdown imposition.

Table 4.1 also presents the reasons the children gave for either being in favour or not being favour of the lock down. The majority of the children (63.1 percent) were in favour of the lockdown because they believed it would help keep them safe at home from the virus. A little over seven percent (7.5 percent) were not in favour as they felt that the lockdown restricted the freedom of movement and prevented them from visiting their friends and going out to play even though they were bored at home. The findings are consistent with an earlier work in the US and several European countries where children reported of being stressed and bored as a result of their prolonged stay home due to lockdown (SCF, 2020c). Other reasons given were that the lockdown offered an opportunity for them to rest and have more quality time with their families (7 percent) and also that it had provided them relief to finish their outstanding school assignments (6.2 percent). A little over five percent were against the lockdown because they believed it has had an adverse effect on their academic work. These findings are in line with a UNICEF report which suggests that the loss of nearly four months' education due to school closures will have negative impact all children in the UK (UNICEF, 2020d).

Table 4.1: Whether respondent favour lockdown or not and reasons for opinion

Response	Sex		Total (%)
	Male (%)	Female (%)	
Yes	79.7	86.8	83.3
No	20.3	13.2	16.7
Total %	100.0	100.0	100.0
Total N	187	197	384
Reasons for being in favour or not			
Kept families safe at home from spread of virus allowed state	59.6	66.5	63.1

agencies to do successful contact tracing			
Restricted freedom of movements and prevent visiting of friends, play, making them bored at home	8.5	6.6	7.5
Had time rest and spending quality time with family	4.8	9.1	7.0
Offered relief to finish outstanding school work	7.4	5.1	6.2
Had negative effect on academic work	6.9	3.6	5.2
Worsened food security and increased hardships in poor houses	6.9	3.0	4.9
Children not consulted on the decision to lockdown	2.7	4.6	3.6
Had adverse effects on businesses and productivity	3.2	1.5	2.3
Total %	100.0	100.0	100.0
Total N	188	197	385

Source: Fieldwork, July 2020.

A little below five percent reported not being in favour of the lockdown because they believed it worsened food security and increased hardships in poor households. This sentiment conforms to earlier reports by UNICEF (2020d) and Plan International (2020) which show that during the lockdown many poor families were adversely affected, as they were kept at home and could not go out to engage in economic activities, and this affected their living conditions. Almost four percent (3.6 percent) felt that children were not consulted on the decision to impose the lockdown conforming to Cook's (2020) position on the UK government's question submission rules, which specifically, prohibited questions from children and blatantly ignoring their rights to expression. The remaining 2.3 percent felt that the lockdown is having adverse effects on business and productivity.

Further investigations during the follow-up telephone interviews confirmed why the majority (83.3 percent) of the children were in favour of the lockdown. In the statements below some of them recounted their experiences in the following words:

The lockdown keeps everyone at home, and so since none of my family members will go out to interact with other people outside our household, we will not come into contact with anyone who has the virus (Ama, 14 years, from Tema in the Tema Metropolis).

The news about the spread of the virus indicates that people who move around a lot are more likely to contract it. The lockdown is meant to keep us at home and I believe being at home is the best choice of avoiding the virus and the disease (Kwame, 17 years, from Kaneshie in the Accra Metropolis).

I am very sure that government did not invite children to be part of the teams that took the decision to impose the lockdown. I am saying so because it looks as if they did not take into account the negative effects on children. (Baffour, 14 years, from Osu in the Accra Metropolis).

These statements from the children suggest that not only were the children in favour of the lockdown because they were assured of its protective strategic benefits for mitigating the spread of the novelcorona virus, but that they also felt it was an inconvenient three-week experience that affected negatively.

4.1.2 Staying at home during the lockdown

The study sought the children's opinions regarding whether they liked staying at home during the lockdown. A little more than six in ten (61.8 percent) indicated they liked staying at home during the lockdown, and 38.2 percent reported they had not. A proportion of 68.5 percent of the female respondents and 54.8 percent of the males reported they liked to stay at home during the lockdown.

Table 4.2: Whether child liked staying at home during the lockdown

Response	Sex		
	Male (%)	Female (%)	Total (%)
Yes	54.8	68.5	61.8
No	45.2	31.5	38.2
Total %	100.0	100.0	100.0
Total N	188	197	385

Source: Fieldwork, July 2020.

4.1.3 Whether Children enjoyed staying at home during the Lockdown

The COVID-19 pandemic led to an imposition of lockdowns in many countries around the world, restricting human movements and making many people staying at home in to avoid infection and reduce or prevent transmission of the virus (WHO, 2020b). Getting information from children about the benefits derived from their stay at home during the lockdowns is essential for understanding children's lived experiences during the period. This section examines reasons the children offered to explain why they liked or did not like their stay at home during the three-week lockdown period.

Having more quality time at home with family account for the reason a proportion of 43.1 percent of the children offered for enjoying their

stay at home during the lockdown. A little more than a third (32.2 percent) said they enjoyed staying at home because they believed it helped protecting them from contracting the novelcorona virus. A little over a tenth (12.5 percent) felt that staying at home offered them a relief from the errands they run for their parents, whilst the remaining 12.2 percent reported they enjoyed staying at home because they were able to learn new skills in cooking and knitting. This finding resonates with Bhamani et al. (2020) who note that children utilized the lockdown period to learn new things and ideas from their parents. The findings indicate that being at home was beneficial to some of the children, and that explains why a majority (61.8 percent) affirmed that they liked being at home during the lockdown.

Table 4.3: What children liked about staying at home

Response	Sex		
	Male (%)	Female (%)	Total (%)
What children liked about the lockdown			
Having more quality time at home with family	39.9	46.2	43.1
Protection from contracting the novelcorona virus	36.2	28.4	32.2
Offered relief on errands for parents	14.4	10.7	12.5
Acquired new skills in cooking, sewing, knitting	9.6	14.7	12.2
Total %	100.0	100.0	100.0
Total N	188	197	385

Source: Fieldwork, July 2020.

The children were also asked to report on what they disliked about their stay at home during the lockdown and Table 4.4 presents the results. Almost half of the children (47.8 percent) did not like their stay at home because of the restriction on movement which affected their relations and interactions with friends/relatives. Moore et al., (2020) made similar findings in a Canadian study in which it was found that lockdown restricted the movements and changed the play behaviours of children as they could not step out to play with their friends. Almost one out of five (17.4 percent) said they did not like their stay at home during the lockdown due to the constant presence of their parents at home, and a little above a tenth (12.5 percent) felt staying at home affected and disrupted the academic year and work. UNICEF (2020) statistics shows that COVID-19 lockdown led to closure of schools in 188 countries, affecting more than 1.6 billion children and youth. This gives an indication of the considerable impact that the lockdown had on academic work. A little over a tenth (10.1 percent) did not like staying at home because of overcrowding and distractions from family members, which made learning difficult compared to being in school. The link between the lockdown and the lack of concentration to do academic work at home due to overcrowding and distractions from family members, has also been documented by Save the Children (2020a) in Lebanon. In that study about six percent (6.2 percent) of those surveyed did not like being made to stay at home because the government kept increasing the lockdown period thereby prolonging their stay at home, and

increasing boredom, stress and anxiety. This finding is consistent with a Save the Children (2020c) study in the US and several European countries which shows that many children were affected by the lockdowns which put them through high levels of mental stress, boredom and prolonged waiting at home. These suggest that prolonged stress, the feeling of boredom and isolation all have negative effects on the mental health of children.

The remaining six percent cited the cost the adverse effect of the lockdown has had on business, productivity and consequent increased hardships on poor households as seen in Table 4.4. This finding resonates with earlier findings by WVI (2020) and SCF (2020c) which indicates that many parents in poor households found it difficult to provide for the upkeep of their children during the lockdown, preventing them from engaging in their normal daily economic activity as a result of the stay-at-home restrictions. In Ghana, the government introduced stimulus packages to support poor households affected by the lockdown. One such initiative was embarked upon by the Ministry of Finance and the Ministry of Gender and Social Protection and entail a food distribution initiative to ensure that poor households affected by the pandemic in the areas under lockdown were adequately catered for (Boakye-Danquah, 2020). Other private bodies and individuals also provided philanthropic support to serve as relief to vulnerable households (MoGCSP, 2020).

Table 4.4: What children disliked about staying at home

Response	Sex		Total
	Male	Female	
Restriction on movement affected relations and interactions with friends/relatives (no visiting, playing) leading to boredom, stress and anxiety	49.5	46.2	47.8
Ever presence of parents at home	20.2	14.7	17.4
It affected and disrupted the academic year and work	13.3	11.7	12.5
Overcrowding and distractions at home from family made learning	8.0	12.2	10.1

difficult compared to being in school

Government increasing the lockdown period making it too long and leading to boredom, stress and anxiety	3.7	8.6	6.2
It affected business, productivity and brought hardships on poor households	5.3	6.6	6.0
Total %	100.0	100.0	100.0
Total N	188	197	385

Source: Fieldwork, July 2020

4.4.4 Children's Opinions on the effects of the lockdown

Studies on lockdowns around the world show that the imposition of COVID-19 lockdowns has varying effects on children. The current study sought the children's opinions on how the lockdown affected them, and the results are presented in Table 4.5. Almost half (47.8 percent)

of the children sampled affirmed that the lockdown affected them, whilst 32.2 denied. Two out of every ten said they do not know or cannot tell if the lockdown affected them in any way. There is a slight gender differential associated with this finding, with more females (54.8 percent) than males (40.4 percent) reporting that the lockdown affected them as seen Table 4.5.

Table 4.5: Whether children were affected by the lockdown, and how they were affected.

Whether children were affected by the lockdown	Sex		
	Male (%)	Female (%)	Total (%)
Yes	40.4	54.8	47.8
No	36.2	28.4	32.2
Don't Know/Can't tell	23.4	16.8	20.0
Total %	100.0	100.0	100.0
Total N	188	197	385
Effect on children			
Schools were shut down and it affected my academic work	25.7	26.4	26.1
Learning not effective at home because of distractions	13.5	22.7	19.0
Restriction on movement affected relations and interactions with friends/relatives	17.6	10.9	13.6
Got more time to do revision of previous topics in school	14.9	8.2	10.9
Protected me from the virus	9.5	10.0	9.8
Food shortages at home due to parents not going to work	13.5	2.7	7.1
Overfed and gained weight	2.7	10.0	7.1
Acquired new skills	1.4	8.2	5.4
Spent more time with family and rest	1.4	0.9	1.1
Total %	100.0	100.0	100.0
Total N	74	110	184

Source: Fieldwork, July 2020

Asked to indicate how the lockdown affected them, 26.1 percent said the lockdown led to the closure of schools and affected academic work. An article (Cook, 2020) on COVID-19 lockdown also associates the closure of schools to the imposition of lockdowns in many countries. Cook (2020) argues that the closure of school made many children miss out of school for several weeks. Almost two out of ten (19.0 percent) of the participants in the current study reported that the lockdown prevented them from learning at home effectively owing to distractions from family members, and 13.6 percent were affected by the restriction on movement which affected relations and interactions with friends/relatives. Cook (2020) also reports that the lockdown affected social and family ties as many people had to stay at home preventing them from seeing their relatives and friends. Another 10.9 percent got more time to revise previous topics in school during the lockdown, and a proportion of almost 10 percent (9.8 percent) felt they were protected from contracting the virus by the lockdown. Another reason given was that the lockdown led to food shortages at home due to parents not going to work (7.1 percent). This finding resonates with earlier works (UNICEF, 2020c; WVI, 2020; SCF, 2020c) which cites lockdowns as leading to

immediate loss of family incomes, making some poor families less able to afford basic needs such as food and water, health care or education. In the children's study in Lebanon (SCF, 2020a), 46 percent of participants expressed concern that their families are not financially capable for long periods during the lockdown. These earlier findings suggest that the lockdown had adverse financial implications for vulnerable households. A little more than seven percent (7.1 percent) indicated the gaining of extra weight due to overfeeding at home during the lockdown. This finding conforms to argument made in a UNICEF (2020d) study report on children and lockdown in the UK, which states that the lockdown is likely to see an increase in obesity and an impact on children's mental health as a result of reduced exercise and poor nutrition. A proportion of about five percent (5.4 percent) reported that staying home during the lockdown made them acquire new skills, and a little over one percent (1.1 percent) felt that the lockdown offered an opportunity to spend more time with their family as well as having quality rest at home. The current finding and the earlier research findings presented suggest that the imposition of the three-week partial lockdown in Ghana had both positive and negative effects on the children.

CHAPTER FIVE

CHILDREN'S EXPERIENCES AT HOME DURING THE LOCKDOWN

5.1 Introduction

This chapter examines children's experiences at home during the lockdown. Issues regarding how the children used their time for leisure and recreation are also discussed. The chapter covers children's disagreements with their parents during the lockdown, and basis of the disagreements. Issues on whether the children were subjected to punishment, the reasons that accounted for such punishment within the lockdown period. The last section focuses on children's views on the lifting of the lockdown, and reasons for their views.

5.1.1 Leisure and recreation (Play activities) during lockdown

The current study included questions that sought to establish how children spent their leisure and recreation time during the lockdown and Table 5.5 presents the results. The results show that seven out of ten children sampled had time for leisure at home, with more females (75.1 percent) than males (67.0 percent) reporting having time for leisure. This suggests the majority of children had time for leisure, with girls tending to have more time for leisure than boys.

Table 5.5: Information regarding leisure and recreation during lockdown by sex

Whether child had time for leisure	Sex		Total
	Male	Female	
Yes	67.0	75.1	71.2
No	33.0	24.9	28.8
Total %	100.0	100.0	100.0
Total N	188	197	385
How leisure time was utilized by children during the lockdown			
Watching TV series and movies	22.5	35.6	29.7
Reading a book	12.5	24.0	18.8
Playing games (video, phone)	34.2	2.1	16.5
Interacting with family (siblings and parents)	12.5	9.6	10.9
Using the phone to chat or browse the internet	9.2	10.3	9.8
Learning new skills (Cooking, baking knitting, painting, crocheting, piano lessons)	2.5	10.3	6.8
Resting and self-reflection	2.5	6.2	4.5
Listening to Music	4.2	2.1	3.0
Total %	100.0	100.0	100.0
Total N	120	146	266

Source: Fieldwork, July 2020.

Asked what they used their leisure time during the lockdown for, 29.7 percent reported they watched TV and movies, 18.8 percent read books, and 16.5 percent spent their leisure time playing games on the phone or a play station. Almost eleven percent (10.9 percent) interacted with family members including siblings and parents, and almost one out of ten (9.8 percent) spent their leisure chatting and browsing the Internet. A little less than seven percent used the time learning new skills in cooking, baking, knitting, painting, crocheting, and playing the piano. Other activities mentioned were resting and self-reflecting (4.5 percent) and listening to music (3.0 percent). Variations were observed in terms of sex, regarding the types of leisure activities engaged in by the children. For instance, whereas more girls spent their time watching TV, reading books, using their phones to chat or browsing the internet and learning new skills, more boys than girls spent their time playing video games, interacting with family members and playing music.

Interviews conducted on the telephone indicate that the imposition of the lockdown kept many children at home and prevented them from having fun with friends outside their homes unlike they used to do prior to the lockdown. This finding resonates with an earlier Canadian survey (Moore et al., 2020), which indicates that being at home reduced the number of hours children played outdoors and increased more time spent on indoor play. The survey further shows that restrictions on movements of lockdowns changes the play behavior of children as it leads to less outdoor play activities and higher indoor activities (including leisure screen time) and increase sleep (Moore et al., 2020). While interacting with the children on the phone they indicated that prior to the lockdown most of them spent more time playing with their colleagues outside in settings including the church, school, community centres, friends' homes etc. Some of the comments made in relation to play are as follows:

Since the lockdown was imposed, I am always at home with my family. I am the eldest child and

my younger siblings are too young and I don't find it entertaining playing with them. They are not fun to be with in terms of play. I prefer playing out of home with my peers. (Kofi, 17 years)

I like to hang out with my friends at church but could not do so during the lockdown as the churches were closed down and we were also not supposed to go out and have fun outside home. I had no choice than to stay at home and chat with my friends on my mobile phone, and occasionally watched TV. (Samuel, Achimota, Accra Metro 16).

Although I don't have a computer games or play station at home, I am able to have some to play when I go to school or go to my friends' house. Some of my friends are rich and they allow me to use their playthings any time we meet to play. Since the lockdown was imposed, I always feel bored at home because I don't any playthings to entertain myself at home. (Ghartey, Teshie, Accra Metro 16).

The above statements resonate with earlier findings of Moore et al., (2020) and further explain the changed behavior of the children in terms play leisure and recreational activities during the lockdown period when children are compelled to find alternative ways of spending their leisure time since they have no way of having physical contacts with their friends outdoors. The results also imply that staying at home meant that many children will spend longer periods of indoor play time at home.

When asked to express an opinion on why they did not have time for leisure, 29.6 percent of the children surveyed indicated they had no one to play with at home as their playmates are also observing the lockdown in their homes (Figure 5.1). A little over one in four, said they were too bored staying at home and found no interest in playing, 24.1 percent had nothing to play with at home, and almost six percent (5.6 percent) said they had no particular reason for not having time for leisure. The current finding of children either not having peers to play with or refusing to play because of boredom reemphasizes some of the

adverse consequences of lockdown restrictions and social distancing protocols raised by Moore et. al (2020) and Bhaman et al. (2020), where children are incapable of having physical play

activities and contacts with their peers and other extended family members for fear of virus transmission.

Source: Fieldwork, July 2020.

5.1.2 New things children learned during the lockdown

The lockdown kept many children at home and offered many of them the opportunity of learning new skills while at home. This section discusses some of the new things the children

learned during the lockdown. As shown in Table 5.5, 58.2 percent of the children surveyed reported they learned some new skills during the lockdown. From Table 5.6, more females (62.4 percent) than males (53.7 percent) reported learning new skills during the lockdown.

Table 5.6: Information regarding skills/knowledge acquired during the lockdown by sex

Whether child has learned any new skills/ knowledge during the lockdown period?	Sex		Total
	Male	Female	
Yes	53.7	62.4	58.2
No	46.3	37.6	41.8
Total %	100.0	100.0	100.0
Total N	188	197	385
New skills/thing child learned			
Domestic skills (cooking, cleaning, Gardening)	37.6	57.3	48.6
Language skills (French, Dutch etc.)	24.7	6.0	14.3
Musical skill (playing piano and other musical instruments, dancing and singing)	16.1	6.8	11.0
IT skills (Programming, blogging and website designing)	7.5	10.3	9.0
Sewing and textiles design skills (knitting, Crocheting skills,	7.5	10.3	9.0

dress/batik/t-shirt designs, bead making)			
Art skills (Painting and Drawing)	6.5	6.0	6.2
Hairstyling, braiding, manicure & pedicure, barbering etc.	0.0	3.4	1.9
Total %	100.0	100.0	100.0
Total N	93	117	210

Source: Fieldwork, July 2020.

Almost half (48.6 percent) of the children surveyed reported having learned new domestic skills such as cooking, cleaning and gardening. A little over 14 percent believed they had acquired new skills in language, whilst 11.0 percent also believe they learned new skills in the playing of musical instruments. Those who reported learning IT skills during the lockdown constitute nine percent, whilst a similar proportion (9.0 percent) reported having learned new skills in sewing and textiles designs. Other skills expressed by the children include art skills (6.2 percent), and skills in hairstyling, braiding, manicure & pedicure, barbering (1.9 percent). Significant variations are observed in terms of sex. For instance, whilst more females reported acquiring new domestic, sewing, and hairstyling skills, language and musical skills appear to be the new skills acquired by the males as indicated in Table 5.6.

Interactions from the telephone interviews also indicate that the lockdown was an opportunity for the children to learn new skills in some homes. In the following statement, a boy in Tema metropolis shared his story on how the lockdown offered him an opportunity to learn some new skills in food preparation:

‘My mother told me that this is the time to learn how to cook, so during the lockdown she always got me involved in the kitchen I could also learn few culinary and cooking skills. I am very happy because I can now fry pancake without any assistance’. (Frank, 16 years).

In another statement, a girl in Kaneshie, described how she gained new skills in sewing from her auntie using a sewing machine bought for her by her father during the lockdown period:

During the lockdown my father told me not to stay idle at home. He bought me a new sewing machine, and asked my auntie who is a seamstress to teach me how to sew simple things. Now I can sew handkerchiefs, aprons and baby dresses. (Amanda, 17 years).

The earlier statement and the one above, depict the opportunities availed by some children to learn new things during the period of the lockdown. It demonstrates how children can utilize their time positively when put to good use. This has been documented by Bhamani et al., (2020) in an earlier work where parents utilize the lockdown period to teach their children things they have never had adequate time to teach them. The results from both the quantitative and qualitative results suggest that both children and parents took advantage of the time of being at home in lockdown to learn or teach new things and ideas.

5.2 Disagreements (conflicts) with parents during the lockdown

An earlier online survey results from a University of Michigan (U-M) study (U-M, 2020) show that coronavirus pandemic lockdowns increased conflicts between parents and children. The survey involved 562 adults, of which 288 (51 percent) were parents of at least one child aged 12 and under. Its shows that more parents have shouted, yelled or screamed at their children at least once during the coronavirus pandemic lockdown in the US. This section sought to investigate the disagreements the children had with their parents during the lockdown period, reasons for disagreements, and whether there is any statistically significant association between

background characteristics (sex, age and education) and disagreements the children had with their parents. Table 5.7 shows that 63.9

percent of respondents had disagreements with their parents during the lockdown.

Table 5.7: Percentage of respondents who had disagreements with parents during the lockdown by sex, age and educational background

Socio-demographic Characteristics	Frequency	Percent	p-values
Sex			0.002
Male	135	71.8	
Female	111	56.3	
Age			0.001
10-13 years	40	48.8	
14-17 years	206	68.0	
Education			0.042
Primary	36	51.4	
JHS	63	63.6	
SHS/Vocational and higher	147	68.1	
Total	246	63.9	

Source: Fieldwork, July 2020.

Table 5.7 further indicates sex differentials in terms of disagreements over issues with parents ($p < 0.002$). In this study, a higher percentage of males than female respondents (71.8 percent) reported having disagreements with their parents during the lockdown. Earlier studies by De Goede et al. (2009) and McGue et al. (2005) found gender differences in parent–adolescent conflicts, with girls increasing in parent–adolescent conflict intensity more than boys.

Table 5.7 further indicates that age is significantly associated with children having disagreements with parents ($p < 0.001$). For example, while 68.0 percent of children aged 14-17 had disagreements with their parents, 48.8 percent of those aged 10-13 years also did the same suggesting that disagreements between parents and children increase according to the age of the children. The result of children disagreeing with parents as they mature in age is not unique to this study. For instance, Branje (2018) reports that conflicts and disagreements between adolescents

and parents over issues tend to be frequent and intense as they mature. In another publication, Bos (1979) argues that developmental changes in parent–child relationships have been attributed to adolescents’ biological or cognitive maturation. Bos (1979) further explains that hormonal changes related to puberty make adolescents strive for autonomy from parents, suggesting the increased parents-children conflict intensity when children become adolescents.

Education is also observed to have significant association in terms of children disagreeing with parents ($p < 0.042$). It is observed from Table 5.7 that children tend to disagree with their parents as they climbed the academic ladder. As indicated, a higher proportion of children who had disagreements with their parents is also observed among children at the SHS/Vocational and higher, compared to those at the JHS and primary school levels, suggesting children are more inclined to disagree with parents as they progress in education. This also relate to

maturation of children as noted earlier in Branje’s (2018) report.

5.2.1 Reasons for disagreements between children and their parents

Children and their parents do not agree all the time. Parents have the responsibility of helping their children understand the difference between good and bad, right and wrong. In the same vein, children also have the responsibility of being obedient and doing what is right. In situations where parents and children disagree over these moral conducts, conflicts are bound to occur. There is always an underlying cause or reason triggering disagreements between children

and their parents, which often leads to tension and discomfort at home. Asked what children and parents disagreed over (Figure 5.2), the majority (58.1 percent) of the children surveyed mentioned issues regarding TV programmes. Almost half (49.6 percent) reported having disagreements over long hours spent on the use of phones and computers, whilst 49 percent clashed in disagreements with parents over meals. Other areas of disagreements expressed included not having studies regularly (36.1 percent), not performing chores suitably (30.5), issues about haircut or style (26.1 percent), and being too noisy at home (23.5 percent).

Source: Fieldwork, July 2020.

In some of the phone interviews, some of the participants indicated that though the lockdown made it possible for parents to have more time with their children and feel closer to them, their prolonged stay at home with their parents also amounted to increased intensity in tension and conflicts between them and their parents. Some of the children said during the telephone interviews that they live in homes with small spacing and as a result of the lockdown, other members of the family who prior to the imposition of the lockdown would have been out for work were all at home. This led to overcrowding in some of the homes, and parents sometimes eavesdropping, and intruding in the children’s privacy. For some children, these

resulted in conflicts between them and their parents. This was illustrated in the following statements by some of the participants interviewed:

Since the lockdown was imposed, my parents have always been home, making it difficult for me to have privacy even in our bedroom. Sometimes I want to watch a particular program on TV, but I cannot because my father, mother and siblings may be interested in another program. (Bob, 16 years).

My mother sometimes becomes bored and instead of interacting with my father, will always be in our room, prying and occasionally eavesdropping on our conversations. I have complained severally

that I don't like that but she keeps doing it. I wish the lockdown were over so I go back to school and have my peace. (Tina, 16 years).

My elder brothers are always out to work or engaged in some other activity in town, but since the lockdown was imposed, they were all at home resulting in overcrowding. Before the lockdown, I had our room, which I share with my brothers, all for myself to rest. (Jimmy, 13 years).

The statements represent the difficulties and challenges that confronted some children at home when most members of their family had to stay at home as a result of the lockdown. It suggests that inconveniences were caused to the children as a result of lack of space at home because of the increased number of members at home during that period. This finding corroborates an earlier study (National Housing Federation, 2020), which found more than half of people (52 percent) reporting that they did not have enough

space due to the increase in the number of family members at home during the lockdown in the UK.

5.3 Children and punishment during the lockdown

Several studies carried out on the coronavirus lockdowns have shown increases in violence meted out against children during the lockdowns as a result of families being asked to stay at home in observance of the protocols. One in six parents spanked or slapped their children, whilst 11 percent said they had done this a few times or more during the coronavirus pandemic COVID-19 lockdown in the US according to the U-M Stress and Parenting Survey (U-M, 2020). The survey also found increased intensity in the rates of shouting, yelling and screaming at children within the same period. In this study, children were asked if they were subjected to any form of corrective measure as a result of having done something wrong during the lockdown period, and the data in Table 5.8 indicates almost a little over 2 in 10 children were subject to this.

Table 5.8: Percentage of respondents who did something wrong and had to be punished during the lockdown by sex, age and educational background

Socio-demographic Characteristics	Frequency	Percent	p-values
Sex			0.000
Male	56	29.8	
Female	28	14.2	
Age			0.974
10-13 years	18	22.0	
14-17 years	66	21.8	
Education			0.111
Primary	13	18.6	
JHS	29	29.3	
SHS/Vocational and higher	42	19.4	
Total	84	21.8	

Source: Fieldwork, July 2020.

From Table 5.8, there is statistically significant association ($p < 0.000$) between sex and

children who received punishment, with a higher proportion of the males than the females reported

as having been punished. Table 5.8 also indicates a close split between the two age categories with 22.0 percent of children aged 10-13 and 21.8 percent of those aged 14-17 also reporting to have received forms of punishment during the lockdown. In terms of education, children reporting being punished is highest (29.3 percent) among those in JHS, and lowest among those in the primary.

5.3.1 Reasons that account for children being punished during the lockdown period

Table 5.9: Reasons children were punished during the lockdown by sex

Type	Sex		Total
	Male	Female	
Not performing chores suitably (regularly/timely)	20.0	35.7	25.3
Stepping out of the house	30.9	14.3	25.3
Being disrespectful/being disobedient/Lying	21.8	28.6	24.1
Spending too much time on leisure, entertainment, phone	20.0	0.0	13.3
Failure to have studies regularly	7.3	10.7	8.4
Subjecting younger sibling to physical violence	0.0	10.7	3.6
Total %	100.0	100.0	100.0
Total N	55	28	83

Source: Fieldwork, July 2020.

Table 5.9 reveals sex variations in terms of the form of corrective measures administered to males and females. For instance, whereas more females (35.7 percent) than males (20.0 percent) were punished for not performing chores suitably (regularly/timely), 20.0 percent of males and no (0.0 percent) females were punished for spending too much time on leisure, entertainment, and phone. In addition, Table 5.9 indicates a higher percentage reporting that females got punished for subjecting younger siblings to physical violence. Even though the quantitative aspects did not compare punishment prior to lockdown and punishment during the lockdown period, the interaction on phone during the qualitative aspects shows that the children were punished for the least wrongdoing, and in certain instances minor

The reasons given by the children to explain why they were punished during the lockdown are presented in Table 5.7. According to the table (Table 5.9), children were punished for not performing chores suitably (25.3 percent), stepping out of the house without permission (25.3 percent), being disrespectful (24.1 percent), spending too much time on leisure, entertainment and the phone (13.3 percent), and subjecting younger sibling to physical violence (3.6 percent).

wrongdoing attracted severe and tougher punishment not commensurate with the wrongdoing. The following were expressed in some of the interviews with the children:

During the lockdown my mother was always angry and complained that she does not have money and so want to have her piece of mind. She and my father quarreled severally, which was very unusual before the lockdown. For the first time in my life my mother slapped me on the face when I talked back to her. (Emily, 16 years)

My father hardly stays at home and as a result has never been around to punish any of us for any wrongdoing. During the lockdown, my younger siblings and I had to receive a number

of strict warnings from our father. (Abiaw, 14 years)

The above sentiments indicate that some parents were going through various levels of mental stress as a result of the lockdown restrictions, which affected their livelihoods and changed normalcy in their daily routines. Deducing from the statement, some parents were mentally stressed and naturally transferred their disappointments and problems into meting out their anger or punishing their children upon the least provocation. The actions of parents punishing children for avoidable deviant behaviours are not unique to this study alone. Other studies have also documented increased rates of shouting, yelling and screaming at children within the lockdown period in the US (U-M, 2020). A UNICEF (2020c) report on COVID-19 and children also notes that lockdowns measures are likely to result in heightened

tensions in the household as a result of parents losing jobs or having disruptions in their livelihoods and this might expose children to a range of risks such as violence against children.

5.4 Opinions of children about the lifting of the lockdown

The study examined children's opinions on their feelings about the final lifting of the three-week lockdown. From Table 5.10, 64.7 percent of the children reported they were happy with government's decision to bring the lockdown to an end. This finding conforms to the opinions of majority of children at series of regional consultation on Ghana's 6th and 7th combined report to the UN Committee on the Rights of the Child (DOC, 2020). More males than females expressed their being happy with the lifting of the lockdown as seen in Table 5.10.

Table 5.10: Whether happy the lockdown is happy and reasons for opinion by sex

Response	Sex		Total
	Male	Female	
Happy lockdown is over?			
Yes	74.5	55.3	64.7
No	25.5	44.7	35.3
Total %	100.0	100.0	100.0
Total N	188	197	385
Reasons for being happy or not			
Will now be free to go out to see friends	48.4	30.5	39.2
Too early to lift it as it may lead to an increase in the spread of the virus	22.3	37.6	30.1
It will give way for the reopening of schools for resumption of academic work	13.8	16.2	15.1
Presents an opportunity for resumption of economic and other social activities	7.4	10.7	9.1
Reduction of strict supervision of parents as most will resume work	8.0	5.1	6.5
Total %	100.0	100.0	100.0
Total N	188	197	385

Source: Fieldwork, July 2020.

The children were asked to explain why they were either happy or not happy with the lifting of the lockdown. In response, 39.2 percent indicated that they will now be free to go out to see their friends, 30.1 percent felt that it is too early to lift it as it may lead to an increase in the spread of the virus, and 15.1 percent believed it will allow the reopening of schools for resumption of academic work. A little over nine percent (9.1 percent) expressed that lifting the lockdown presents an opportunity for resumption of economic and other social activities, and almost seven percent (6.5 percent) believed that strict supervision from parents will reduce as most will resume work (6.5 percent). Though the quantitative data suggest that majority (64.7 percent) of respondents were happy with the lifting of the lockdown, the expressions of some children during the telephone interviews suggest that a significant number of children were not in favour of the lifting of the lockdown. Explaining their disapproval of the lifting of the lockdown, some of the participants noted:

The President lifting the three-week lockdown in his address to the nation was quite unexpected. I was hoping he will wait to see a reduction in the number of transmissions. The

information from the GHS indicates the number of confirmed cases has been rising in Accra and the other regions. I didn't think it was right to call off the lockdown when our case count was rising. (Efua, 17 years).

We often hear it on the news that in spite of the restrictions many people do not follow protection measures such as wearing of face mask, washing of hands, and application of hand sanitizers. Lifting the lockdown means people who take the virus serious are going to come into contact with such people who are not adhering to COVID-19 protection measures and put our lives at risk of infection. (Foster, 16 years).

The quantitative results indicate 30.1 percent (Table 5.10) of the children were not in favour of the lifting of the lockdown because they felt it was too early to lift it as it may lead to an increase in the spread of the virus. The above expressions which represent the views of children seem to conform with a WHO (2020d) report which notes that countries that embark on premature lifting of lockdowns could spark a resurgence of infections and cause even more severe, longer-term damage to their economies.

CHAPTER SIX

KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING COVID-19

6.1 Introduction

This chapter discusses the childrens' knowledge, attitude and practices regarding COVID-19 and is in three parts. The first part examines the children's knowledge on COVID-19, and their source of knowledge. The second part focuses on COVID-19-related attitudes, and the third is on how the children adhered to COVID-19 safety protocols, and the reasons accounting for some children not complying with the safety protocols.

6.1.1 Children who have knowledge of COVID-19

Having a good knowledge regarding COVID-19 may provide a foundation in the fight against the COVID-19 pandemic. Owing to this,

the current study included questions to assess the children's knowledge on COVID-19. The percentage distribution of the children who reported to have heard of COVID-19 is indicated in Table 6.1. The vast majority (99.0 percent) of the children reported to have heard of the disease, with a slightly higher awareness rate in females (99.5 percent) than the males (98.4 percent). As can be observed from the p-values, none of the background characteristics in Table 6.1 (sex, age and education) is significantly related to the children's knowledge about COVID-19. This may partly be linked to the universal knowledge of the respondents about the disease. This finding of the current study is consistent with an earlier study by the SCF (2020b) in Cambodia, which revealed that all children sampled knew about the new coronavirus.

Table 6.1: Percentage of respondents who have heard of COVID-19 by Sex, age and educational background

Socio-demographic Characteristics	Frequency	Have heard (%)	P-values
Sex			0.293
Male	185	98.4	
Female	196	99.5	
Age			0.856
10-13 year olds	81	98.8	
14-17 year olds	300	99.0	
Education			0.976
Primary	69	98.6	
JHS	98	99.0	
SHS/Vocational and higher	214	99.8	
Total	381	99.0	

Source: Fieldwork, July 2020.

In terms of age, the rate of awareness (though universal among the two age cohorts) is slightly higher among children aged 14-17 (99.0 percent) than those in the 10-13 year group (98.8

percent). With regard to education, the rate of awareness is highest amongst children in SHS/Vocational and higher as seen Table 6.1.

6.1.2 Knowledge of causes of COVID-19

Knowing the facts about the causes and transmission of COVID-19 is essential in helping to control rates of infection and also keep people from false information and misconceptions about the disease. Three questions were asked to

ascertain the respondents' knowledge about the causes of the disease; that COVID-19 is not caused by bacteria; COVID-19 caused by virus; and COVID-19 is the illness caused by the novel coronavirus.

Table 6.2: Knowledge of causes of COVID-19 by sex, age, and education

Socio-demographic Characteristics	COVID-19 not caused by bacteria	COVID-19 caused by virus	<u>COVID-19 is the illness caused by the Novel coronavirus</u>
Sex			
Male	93.0	96.2	97.3
Female	93.4	96.4	95.9
Age			
10-13 year olds	79.0	93.8	92.6
14-17 year olds	97.0	97.0	97.7
Education			
Primary	76.8	94.2	94.2
JHS	93.9	93.9	94.9
SHS/	98.1	98.1	98.1
Vocational and higher			
Total %	93.2	96.3	96.6

Source: Fieldwork, July 2020.

Table 6.2 indicates no notable differences in the levels of knowledge of the causes of COVID-19. However, there are few notable differences in terms of age. For instance 10-13 year olds have lower percentages regarding COVID-19 not caused by bacteria compared to respondents in the 14-17 year group. Similarly, in terms of education, it can be seen in Table 6.2 that the respondents in primary school have higher percentages regarding COVID-19 not caused by bacteria. This suggests a lower (though marginal) level of knowledge of the cause of COVID-19 among the 10-13 year age group and children in primary school.

Some flawed knowledge on the causes of the disease were expressed by some children during the follow-up interviews. In one of the interviews a child expressed the following:

COVID-19 is a disease caused by bacteria. This is why we need to keep our surroundings clean in order to avoid it. I believe if we keep our surrounding clean, the bacteria will not survive. (Philip, 12 years).

Another child indicated the following when the question of whether she believes COVID-19 can be contracted through mosquito bite:

‘Yes, I heard it on radio that the disease can be spread through mosquito or insect bite. This means that if a mosquito bites an infected person, it can pass on the disease to another person if that person gets bitten by that infected mosquito. I am very sure the people are increasingly getting infected because we have a lot of mosquitos in the country. (Lisa, 14 years).

Putting the views expressed into context, it can be concluded that though the quantitative results in Table 5.3 show universal knowledge among the children, there are section of the population with flawed knowledge about the causes and spread of the diseases, which needs to be addressed in order to achieve effective prevention and control of the novel corona virus in the country. The flawed knowledge among some of the participants is not unique to the current study alone but has been documented in earlier studies (SCF, 2020b), which found significant knowledge gaps regarding how the virus is transmitted. This finding indicates that additional efforts are required to improve children's knowledge on how to protect themselves from the virus. Media houses should be circumspect about the kinds of information they broadcast on their networks in order not to misinform people about the mode of transmission and prevention of the virus.

6.1.3 Knowledge of who can be infected by COVID-19

The COVID-19 pandemic had caused a lot of panic among people around the world, many of whom relied on fake news and false information spread through social media channels (DOC, 2020). Owing to the quick flow of information from social media channels, there are a lot of myths regarding who can be infected by the novelcorona virus and the modes of treatment. This section focuses on the children's knowledge about who can be affected by the disease. Four misconceptions were used as basis for assessing the knowledge of the children.

Asked who can be infected by COVID-19, 95.5 percent indicated that healthy looking persons can have COVID-19, 97.1 percent reported COVID-19 infect children, 96.1 percent also felt that the disease infect Africans (people of black decent), and 86.1 percent COVID-19 believed that it infects people living in places with hot weather. Putting the views expressed into context it can be observed that, generally, the majority of the respondents had good knowledge about who can be infected by the disease.

Table 6.3: Knowledge of causes and who can be affected by COVID-19 by Sex, age and educational background

Socio-demographic Characteristics	Healthy looking persons can have COVID-19	COVID-19 affect children	COVID-19 affect Africans (people of black decent)	COVID-19 affect people living in places with hot weather
Sex				
Male	95.7	97.3	98.4	86.0
Female	95.4	96.9	93.9	86.2
Age				
10-13 year olds	88.9	91.4	85.2	80.2
14-17 year olds	97.3	98.7	99.0	87.7
Education				
Primary	88.4	91.3	85.5	79.7
JHS	93.9	95.9	94.9	86.7
SHS/	98.6	99.5	100	87.9
Vocational and higher				
Total %	95.5	97.1	96.1	86.1

Source: Fieldwork, July 2020.

Both male and female respondents recorded a lower percentage knowledge rate in terms of those who believed COVID-19 infect people living in places with hot weather. A similar trend is observed in terms of age, where the 10-13 year olds recorded lower percentage rates in terms of those who believe COVID-19 infect people living in places with hot weather. There is a notable lower rate of knowledge in terms of education. For instance, 88.4 percent of children in primary school, compared to 93.9 percent JHS and 98.6 percent SHS/Vocational and higher, reported that healthy-looking persons can have COVID-19. Again, from Table 6.3, it can be observed that the children have lower percentages regarding the belief that COVID-19 infects people living in places with hot weather. Though generally, the rate of misconception among the children is very low, there are still gaps (though marginal) in knowledge of who can be infected among the children surveyed. This finding suggests the need for an increased educational drive to strengthen children's knowledge of the risk of transmission of the virus in educational institutions as well as other settings where children and younger persons may be targeted.

6.1.4 Source of Information on COVID-19

Having expressed their knowledge on the causes and who can be infected, the children indicated their sources of information on COVID-19. From Table 6.4, most (39.1 percent) children use Internet/Social media (WhatsApp, Twitter, Facebook, etc.) as their sources of information on COVID-19. Following closely in Table 6.4 are children citing television (37 percent) as their source of information. The other sources mentioned include radio (16.5 percent), friend (5 percent) and publications (2.4 percent) such as newspaper, pamphlets, posters etc. The data presented suggests that internet/social media and television constitute the most common sources of information on COVID-19 for children. The result may be biased owing to the fact that participants of the study were drawn from urban communities. This finding however confirms that of a bi-national African survey (Hager et al., 2020) which found social media and television as the main source of COVID-19 information among young people in Nigeria and Egypt. Save the Children's (2020) study in Cambodia also found an overwhelming majority (94 percent) of children learning about COVID-19 through Facebook (94 percent) and TV (60 percent).

Table 6.2: Main Source of Knowledge of COVID-19 by sex, age and educational background

Background Characteristics	Television	Radio	Publications (Newspaper, Pamphlets, Posters)	Friend	Internet/Social media (WhatsApp, Twitter, Facebook)
Sex	P < 0.402				
Male	36.8	17.3	1.1	3.8	41.1
Female	37.2	15.8	3.6	6.1	37.2
Age	P < 0.001				
10-13	54.3	14.8	1.2	7.4	22.2
14-17	32.3	17.0	2.7	4.3	43.7
Education	P < 0.000				
Primary	56.5	11.6	1.4	8.7	21.7
JHS	50.0	16.3	4.1	3.1	26.5
SHS/Vocational and higher	24.8	18.2	1.9	4.7	50.5
Total	37.0	16.5	2.4	5.0	39.1

Source: Fieldwork, July 2020.

Table 6.4 further indicates sex differentials in the sources of COVID-19 information of the respondents. From Table 6.4, a higher percentage of the male (41.1 percent) than the females (37.2 percent) access social media channels for COVID-19 information, whereas more females (37.2 percent) than males (36.8 percent) use television as source of information. The use of radio is higher among males, while more females than males prefer the use of publications (Newspapers, pamphlets, posters) and friends as a source of information on COVID-19.

Age is significantly associated with sources of information on COVID-19 ($p < 0.001$). For example, while television constitutes a major source amongst children aged 10-13, the use of social media is more popular among the 14-17 year age group. The use of social media increases by age, suggesting older adolescents tend to use social media more than the younger adolescents surveyed, and are consistent with prior research (SCF, 2020a). Again, while children aged 10-13 prefer getting information from their friends those aged 14-17 prefer radio as a source as seen in Table 6.4.

The chi-square test result in Table 6.4 indicates a significant association between educational attainment and the source of COVID-

19 information among the respondents ($P < 0.000$). For example, from Table 6.4, the use of television and friends is seen to be more common amongst children in primary and JHS, whereas the use of social media channels is highest among children in SHS, Vocational and higher education.

6.1.5 COVID-19 related attitudes

This study also looked at children's response to COVID-19 related attitudes. Two questions were asked; whether the children would continue to be friends with a friend/family member who has recovered from COVID-19, and whether they would use the same toilet (WC) as a person who has recovered for COVID-19. Figure 6.1 shows that 81.4 percent were willing to continue their friendship and family relations with friends or family members who have recovered from COVID-19. Less than half (46.9 percent) of the children surveyed expressed the willingness to use the same toilet facility with a person who has recovered for COVID-19. In a regional consultation with children in Koforidua and Kumasi, half of the children expressed positive accepting attitudes towards children who have recovered from COVID-19. The children indicated that they were willing to play and share their books with their friends and colleagues who have recovered from the disease (DOC, 2020).

Source: Fieldwork, July 2020.

Figure 6.1 indicates slightly more males (82.3 percent) than females (80.6 percent) reported willingness continue their relationship with friends or family members who have recovered from COVID-19. Again, a higher percentage of males (54.8 percent) than females (39.3 percent) indicated they would continue to use the same toilet facilities as a person who has recovered from COVID-19.

In terms of age, the proportion of children expressing accepting attitudes to maintain relationship with friends and family members who have recovered from COVID-19 is high across all the age groups. The proportion of children who reported willingness to continue to use same toilet facilities with a person who has recovered from COVID-19 is low in almost all the age categories as seen in Figure 6.2.

Source: Fieldwork, July 2020.

Accepting attitudes on the willingness to maintain relationship with friends and family members who have recovered from COVID-19 is higher among children in primary (87.0 percent) and SHS/Vocational school/higher (85 percent) than among children in JHS 67.3 percent). With

regard to willingness to continue to use same toilet facilities, Figure 6.3 shows a higher percentage of willingness among SHS/Vocational school/higher (60.3 percent) than those in the primary (46.4 percent) and JHS (39.8 percent).

Source: Fieldwork, July 2020.

Generally, the willingness to maintain relationship with friends and family members who have recovered from COVID-19 is high across all the sub-groups (sex, age and education). However, rate of willingness diminishes in terms of sharing toilet facilities with persons who have recovered from COVID-19. This seems to suggest a gap in accepting attitudes that ought to be filled. There is the need to embark on nationwide educational campaigns to improve accepting attitudes. This more even more required as Ghana which touts itself as placing considerable priority on reducing stigma and discrimination against persons recovered from COVID-19.

6.1.6 Observation of safe protocols on COVID-19

Opinions were sought about whether the children observed COVID-19 safe protocols or not, and if not explain why they were not

observing the protocols. Figure 6.4 shows that almost 9 in 10 children observe safety protocols on COVID-19. This is not unique to this study but is consistent with other studies which have found high observation of COVID-19 protocols among children (SCF, 2020a, 2020b). Though almost equal, the finding of the current study indicates that females in the study areas observe safety protocols more as compared to their male counterparts. The finding resonates with earlier studies which have documented higher proportions of females than males reported to observe COVID-19 safe protocols (SCF, 2020b). For example, gender variations were observed during the research with children on COVID-19 in Lebanon, where nearly two times as many female respondents (58 percent) reported not going out at all since the imposition of the lockdown, compared to 30 percent among their male counterparts.

Source: Fieldwork, July 2020.

6.1.7 Reasons for not observing protocols

Knowing reasons why people do not comply with COVID-19 safety protocols may provide information for the design of appropriate communication strategies for improving

knowledge, attitudes and practices. This section examines the reasons the children gave for not complying with COVID-19 safety protocols, and Figure 6.5 presents the results.

Figure 6.5: Reasons for not observing protocols

Not going out often account for why a little more than half (51.2 percent) of the children who were not practicing safe protocols did so. A little over a fifth (20.9 percent) of them did not practice safe protocols because they claimed to use home remedies (local preventive methods). This was also found to be a common practice during the interaction with children at the Regional Consultation Forum on Ghana's 6th and 7th combined report to the UN Committee on the Rights of the Child. At the forum, an overwhelming majority of the children were of the belief that home remedies were very effective for fighting COVID-19 (DOC, 2020). Close to a fifth (16.3 percent) reported not practicing safe protocols because they are not afraid of COVID-19, and 11.6 percent indicated that they did so because they did not have the necessary items to protect themselves.

6.1.8 COVID-19 safe protocols observed by the children

Table 6.5: Safe protocols on COVID-19 observed

Response	Sex		Total
	Male	Female	
Protocols Observed			
Regularly washing hands with soap under running water	86.5	92.9	89.8
Wearing of nose masks at public places	80.5	78.1	79.3
Regularly using alcohol-hand sanitizers	70.8	86.2	78.7
Social distancing	64.3	70.4	67.5
Practicing common cough/sneezing etiquette by covering mouth with handkerchief or tissue paper when coughing	51.9	56.6	54.3

When asked to indicate the type of safety protocols they observe, 89.8 percent said they do regular washing of hands with soap under running water. Almost eight out of ten (79.3 percent) reported wearing nose masks at public places, while 78.7 percent use alcohol-based hand sanitizers regularly. Almost seven in ten (67.5 percent) practiced social distancing, and 54.3 percent reported practicing the common cough/sneezing etiquette of covering their mouth with a handkerchief or tissue paper. Those who reported avoiding touching their eyes, nose or mouth with unwashed hands constitute 42.3 percent as seen in Table 6.5. The differences in rates of practice in the current study are also found in earlier research in Cambodia where similar variations were recorded in the practicing of prevention measures (SCF, 2020a). The results on differences in the rates of adherence to the various prevention methods pose a challenge and require more awareness creation to improve behaviours in terms of preventive methods among children.

or sneezing			
Avoiding touching eyes, nose or mouth with unwashed hands	43.2	41.3	42.3
Total %	100.0	100.0	100.0
Total N	185	196	381

Source: Fieldwork, July 2020.

7.2 Summary

Of the 385 survey participants, 51.2 percent were females and 48.8 percent, males. With a mean age of 13.5, children aged 17 constituted 25.7 percent, being the highest, followed by 16 year-olds (21.3 percent), 15 year-olds (16.6 percent), and 14 year-olds (14.3 percent). With regards to education, more than half of the children surveyed (56.1 percent) were at senior high school, Vocational School or higher, 25.7 percent were attending Junior High School, while almost two out of every ten (18.2 percent) were in primary school. In terms of religion, about nine in every ten children were Christians (87.5 percent), followed by those who professed Islam (9.9 percent). The remaining proportions constituted children with no religious affiliation (1.3 percent), and those who belonged to the African Traditional Religion (1.3 percent).

7.3 Conclusions

A little more than six in ten children did not like the imposition of the lockdown. For those who did, having more quality time at home with the family, the belief that they would be protected from contracting the COVID-19 virus, taking a break from running errands for parents and acquiring new skills in cooking, sewing, knitting etc. are the main reasons accounting for this. Those who indicated that they were not in favour of the lockdown indicated their reasons as being that it prevented them from visiting or going out to play with friends, disrupted their academic work, and led to economic hardships in poor households. The positive and negative statements expressed by children suggest that while the majority of the children agreed that the lockdown

was an appropriate strategy for mitigating the spread of the novelcorona virus, not all of them were fully in favour of the government's decision in this regard.

Almost half of the children sampled affirmed that the lockdown had affected them and there were both positive and negative effects in this regard, on the children. The positives include protection from the virus, having more time to catch up on schoolwork, acquiring new skills from parents, and spending more quality time with family members. The negatives include the shutdown of schools which affected academic work, restriction on movement and social distance protocols which curtailed their freedom from visiting and playing with friends. This also includes the resulting food shortages due to their parents' inability to go to work.

The majority of children had time for leisure at home during the lockdown however three out of ten had no time to play as they were too bored to play, and also had no one or playthings to play with. The results also show that the implementation of the lockdown kept many children at home and prevented them from playing with their peers outside their homes, which changed the manner of their play behaviour as it was prior to the lockdown, confirming earlier findings of a Canadian study (Moore et al., 2020). Since children could not go out to play, most children were compelled to find other means of passing their leisure and recreation time. From the results, children who have access to TV, video games, mobile phones, computers, and other multi-media facilities could easily pass their leisure time with these facilities, while children

without this equipment spent long boring, stressful and unhappy moments at home. The results further indicate prior to the lockdown, the children could have had access to these facilities either at their friends' home or in school. The long boring stressful spent by children home have mental health implications, resonating with the positions of Moore et. al (2020) and Bhaman et al. (2020).

The findings further indicate that almost six out of ten children surveyed learned some new skills at home during the lockdown. This finding seems to suggest that though the lockdown inconvenienced many parents and their children by compelling them to stay at home, it also offered many children the opportunity to learn new skills from their parents and other family members, including cooking, textile designs, computer programming, household cleaning etc. during the long periods spent with them at home. The study results shed more light on benefits and opportunities children stand to gain through skills acquisition if parents and other family members were to take time off their busy schedules and share quality moments with their children. It also demonstrates how children can utilize their time positively when put to good use, which conforms with an earlier work by Bhamani et al., (2020).

More than six out of every ten of the children surveyed had disagreements with their parents during the lockdown, an indication that parent-child disagreements were common during the lockdown period. From the results, the causes of disagreements relate to parents' displeasure of TV programmes watched by the children, their disapproval of the long hours children spent on the use of phones and computers, issues over meals, failure to have studies regularly, not performing chores adequately, the style of their haircut, and they being too noisy at home. The results also indicate statistical relationships between child-parent disagreements and the age and education of the child. According to the results, disagreements increased by age and level of education of the child; thus the older the child or the higher the level of the child's education the

more the likelihood of they having disagreements with their parents. This resonates with Blos (1979) and Branje (2018) who argue that maturation and hormonal changes during adolescence make children strive for autonomy from parents increasing parents-children conflict. The lockdown led to overcrowding and lack of space in the children's homes as more family members had to stay at home due to school and work closures. This finding tallies with an earlier UK study by the National Housing Federation (2020) which reported the lockdown leading to overcrowding in more than half (52 percent) of the participants studied. The findings of the study also indicate two out of ten children were subjected to different forms of punishment during the lockdown. Children were punished for unruly behaviour such as failing to perform household chores, defying parents for stepping out of the house, being disrespectful, spending too much time on leisure, entertainment and the phone, and subjecting younger siblings to physical violence. Though it is not unusual for parents to correct their children when they go wrong, the study results indicate that children got punished for the slightest of offences which would under earlier conditions would have passed without they being any admonished. The results also show that the lockdown had negative effects on the livelihoods of some parents and put many under extreme stress, making them overly aggressive and causing them to vent their anger on their children upon the least provocation. Other studies have also documented increased rates of shouting, yelling and screaming at children during the lockdown period in the US (U-M, 2020).

Almost all children sampled were aware of COVID-19 and more females than males had heard of COVID-19. The results suggest universal awareness amongst the children sampled, which is consistent with an earlier research by the SCF (2020b) in Cambodia. The qualitative aspects, however, revealed inaccuracies in the knowledge of some children about the causes of COVID-19, indicating gaps,

though marginal, in their knowledge which needs to improve.

Internet/Social media and television constitute the most common sources of children's information on COVID-19, confirming results of earlier KAP on children (Hager et al., 2020; SCF, 2020b). While social and electronic media (TV) were the main sources of information on COVID-19, differences were observed in the various sub-groups. For example in terms of sex, while more male respondents preferred social media channels, the females preferred television. Regarding age, the use of social media is more popular among the 14-17 year age group, while the use of the Internet is more popular with the younger age groups. In terms of education, the use of television and friends is more common amongst children in primary and JHS, whereas the use of social media channels is highest among children with SHS, Vocational and higher education. This finding indicates that the sex, age and educational backgrounds of children have implications on where they get their information on COVID-19 from.

Generally, the willingness to maintain relationships with friends and family members who have recovered from COVID-19 is high across all the sub-groups (sex, age and education). However, the rate of willingness diminishes in terms of sharing toilet facilities with persons who have recovered from COVID-19. This seems to suggest a gap in accepting attitudes that ought to be filled. The study results also indicate differences in the rates of adherence to the various prevention methods, posing challenges to campaign to prevent the transmission of the virus that causes COVID-19. There's the need therefore, to embark on a nationwide awareness creation.

7.4 Recommendations

Based on the findings and conclusions, the study proposes a number of policy recommendations in the event of similar crisis such as COVID-19 in the future. The recommendations are also being made to improve

the knowledge, attitudes and practices of children regarding COVID-19.

Since the implementation of the lockdown had different effects on children, multiple approaches are required to address the negative impacts. The government of Ghana and its partners need to find pragmatic ways of ameliorating the harmful effects of the lockdown on the mental health, learning and general wellbeing of children. The various agencies that deal with mental health must be up-and-doing to give children the necessary support, whilst school authorities are to also find ways of catching up on the schoolwork the schoolchildren lost during this time. Although the government has already commenced processes to assist individuals and businesses that suffered from the effects of the lockdown, it is important that proper checks and balances are done in order to ensure that this support truly goes to those affected the most.

The study results shed more light on benefits and opportunities children stand to gain through skills acquisition if parents and other family members were to take time off their busy schedules and share quality time with their children. It is important therefore that all parents and guardians take time of their busy schedules and make time for their children. The results indicate that children can utilize their time positively when put to good use by engaging them in new ideas and skills while at home.

Although the number of children reporting punishment against them by parents is low, it is still important to draw the attention of parents to the right mode of correcting children when they go wrong. It is in the light of this that there needs to be an increase in public awareness on anger management in households during crisis moments including lockdowns when parents are under serious economic pressures and get easily provoked. Awareness raising must highlight the negative effects of physical punishment and the need to apply alternative non-violent types of corrective measures when children go wrong and need to be corrected.

Though the results indicate universal awareness amongst the children sampled, the revelation during the qualitative aspects of inaccurate knowledge about the causes of COVID-19 is a little worrying and requires an increased educational drive to strengthen children's knowledge of the risk of transmission of the virus in educational institutions and all other settings where children and younger persons may be targeted. The results also indicate

variations in the sources of information in the various sub-groups such as sex, age and education. This suggests the need to vary methods and strategies in the packaging of information in all public awareness interventions on COVID-19 in order to reach the intended target groups of children. The NCCE, MOE, MoGCSP and their partners are best placed, given their mandate, to champion this.

REFERENCE

- Abdulkadir A. (2020). Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective.
- Allen, B. and, Waterman, H. (2019). Stages of Adolescence. HealthyChildren.org <https://www.healthychildren.org/English/ages-stages/teen/Pages/Stage>.
- Bhamani, S, Makhdoom, A. Z., Bharuchi, V., Ali, N., et al. (2020). Home Learning in Times of COVID: Experiences of Parents. Available at <https://files.eric.ed.gov/fulltext/EJ1259928.pdf>.
- Blos, P. (1979). The adolescent passage. New York, NY: International Universities Press.
- Boakye-Danquah, P. (2020). Ghana's Covid-19 Journey - a Statement of Leadership. Available at <https://allafrica.com/stories/202009250270.html>
- Bradbury-Jones C, Isham L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing* 29(13–14): 2047–2049. <https://doi.org/10.1111/jocn.15296>.
- Branje, S. J. T. (2018). Development of parent–adolescent relationships: conflict interactions as a mechanism of change. *Child Development Perspectives*, 12, 171–176. Available at <https://doi.org/10.1111/cdep.12278>.
- Center for Democratic Development. (2020). Ghanaians' acceptance of security-related restrictions faces test with COVID-19 lockdown (Dispatch 35). Accra.-Ghana.
- Danquah, M. & Schotte, S. (2020). COVID-19 and the socioeconomic impact in Africa: The case of Ghana. WIDER Background Note 2020/5. Helsinki: UNU-WIDER.
- De Goede, I. H. A., Branje, S. J. T., & Meeus, W. H. J. (2009). Developmental changes in adolescents' perceptions of relationships with their parents. *Journal of Youth and Adolescence*, 38, 75–88. Available at <https://doi.org/10.1007/s10964-008-9286-7>.
- Department of Children, (2020). Report on Regional Consultation on Ghana's 6th and 7th Combined report to the UN Committee on the Rights of the Child.
- Dutheil F., Baker J.S., Navel V. (2020). COVID-19 as a factor influencing air pollution? *Environ. Pollut.*;263:114466.
- Euronews.com. (2020). Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement. Available at <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hours>.
- Hager E, Odetokun I. A, Bolarinwa O, Zainab A, Okechukwu O, Al-Mustapha, A. I. (2020) Knowledge, attitude, and perceptions towards the 2019 Coronavirus Pandemic: A bi-national survey in Africa. *PLoS ONE* 15(7): e0236918. Available at <https://doi.org/10.1371/journal.pone.0236918>.
- Haider, N, Osman, A. Y, Gadzekpo, A, et al. (2020). Lockdown measures in response to COVID-19 in nine sub-Saharan African countries. *BMJ Global Health*.
- Ibrahim, S. (2020). Of Covid-19 pandemic: analysis of impact of lockdown security response on civilian-security relations in Ghana. 10.13140/RG.2.2.28833.63841

- Jagajeet, P. S., Anshuman, S., and Shiv, D. G. (2020). Assessing the Knowledge, Attitude and Practices of Students Regarding the COVID-19 Pandemic.
- Jørnholt, M, Mjaaland, O. (2020). Dobbelt så mange barn og unge kontakter alarmtelefonen (Twice as many children and adolescents contact the helpline). Available at <https://www.nrk.no/norge/dobbelt-sa-mange-barn-og-unge-kontakter-alarmtelefon-1.14979882>.
- Kasozzi, K. I., MacLeod, E., Ssempijja, F., Mahero, M. W., Matama, K., Musoke, G. H., Bardosh K, et al. (2020). Misconceptions on COVID-19 Risk Among Ugandan Men: Results From a Rapid Exploratory Survey. *Public Health* 8:416. doi: 10.3389/fpubh.2020.00416.
- Kassa, G.M., Arowojolu, A.O., Odukogbe, A.A. *et al.* (2018). Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis. *ReprodHealth*15, 195. Available at <https://doi.org/10.1186/s12978-018-0640-0>.
- Mahato, S, Pal, S, Ghosh, K.G. (2020). Effect of lockdown amid COVID-19 pandemic on air quality of the megacity Delhi, India, *Sci. Total Environ.* 730 (2020), <https://doi.org/10.1016/j.scitotenv.2020.139086>.
- Manenti, R., Mori, E., Di Canio, V., Mercurio, S., Picone, M., Caffi, M., Brambilla, M., Ficetola, G. F., & Rubolini, D. (2020). The good, the bad and the ugly of COVID-19 lockdown effects on wildlife conservation: Insights from the first European locked down country. *Biological conservation*, 249, 108728. Available at <https://doi.org/10.1016/j.biocon.2020.108728>.
- Mboera, L., Akipede, G. O., Banerjee, A., Cuevas, L. E., Czypionka, T., Khan, M., Kock, R., McCoy, D., Mmbaga, B. T., Misinzo, G., Shayo, E. H., Sheel, M., Sindato, C., & Urassa, M. (2020). Mitigating lockdown challenges in response to COVID-19 in Sub-Saharan Africa. *International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases*, 96, 308–310. <https://doi.org/10.1016/j.ijid.2020.05.018>.
- McGue, M., Elkins, I., Walden, B., & Iacono, W. G. (2005). Perceptions of the parent–adolescent relationship: a longitudinal investigation. *Developmental Psychology*, 41, 971–984. Available at <https://doi.org/10.1037/0012-1649.41.6.971>.
- Moore, S. A., Faulkner, G, Rhodes, R. E. et al. (2020). Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: a national survey. Available at <https://doi.org/10.1186/s12966-020-00987-8>.
- National Housing Federation. (2020). Housing issues during lockdown: health, space and overcrowding. Available at <https://www.housing.org.uk/globalassets/files/homes-at-the-heart/housing-issues-during-lockdown---health-space-and-overcrowding.pdf>.
- Owusu-Fordjour, C., Koomson, C. K., Hanson, D. (2020). The impact of Covid-19 on learning - the perspective of the Ghanaian student.
- Parodi, S. M., Liu, V. X. (2020). From Containment to Mitigation of COVID-19 in the US. *JAMA*. 2020;323(15):1441–1442. doi:10.1001/jama.3882.
- Plan International. (2020). Living under Lockdown. Girls and Covid-19. Available at <https://plan-international.org/publications/living-under-lockdown#download-options>.
- Quakyi, N. K. (2020). The logic of Ghana's lockdown: why coronavirus demands special attention. Available at <https://theconversation.com/the-logic-of-ghanas-lockdown-why-coronavirus-demands-special-attention-135356>.
- Ritwik, G, Mahua, D., Subhankar, C, Souvik. D. (2020). Impact of COVID-19 on children: Special focus on psychosocial aspect.
- Save the Children. (2020a). Views from the lockdown: children and youth's experience of covid-19 in Lebanon. Summary report.
- Save the Children. (2020b). Understanding knowledge, attitudes and practices of children about Covid-19. Cambodia.
- Save the Children. (2020c). 'Children at risk of lasting psychological distress from coronavirus lockdown'. Available at <https://reliefweb.int/report/world/children-risk-lasting-psychological-distress-coronavirus-lockdown-save-children>.

- Sylva, K. (1994). School influences on children's development. *J Child Psychol Psychiatry*;35:135–70.
- UNICEF. (2020a). Children at increased risk of harm online during global COVID-19 pandemic. Newly released technical note aims to help governments, ICT companies, educators and parents protect children in lockdown. Available at <https://www.unicef.org/ghana/press-releases/children-increased-risk-harm-online-during-global-covid-19-pandemic-unicef>.
- UNICEF. (2020b). Coronavirus disease (COVID-19): What parents should know. How to protect yourself and your children.
- UNICEF. (2020c). COVID-19 and children. UNICEF data hub. Available at <https://data.unicef.org/covid-19-and-children/>
- UNICEF. (2020d). Children In Lockdown: What Coronavirus Means For UK Children. Available at <https://www.unicef.org.uk/wp-content/uploads/2020/04/Unicef-UK-Children-In-Lockdown-Coronavirus-Impacts-Snapshot.pdf>
- United Nations. (2020). Policy Brief: Impact of Covid-19 on Children. Available at https://unsdg.un.org/sites/default/files/202004/160420_Covid_Children_Policy_Brief.pdf
- University of Michigan. (2020). Coronavirus causing conflict between parents, children. Available at <https://www.newswise.com/coronavirus/coronavirus-causing-conflict-between-parents-children>.
- World Health Organization.(2020a). Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations: Scientific brief.
- World Health Organization. (2020b). Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19. Available at <https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19>
- World Health Organization. (2020c). *Covid-19 and ending violence against women and girls*. Available: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>.
- World Health Organization. (2020). Countries that rush to lift restrictions risk 'severe and prolonged' damage to economy. CNBC, Englewood Cliffs, NJ. Available at <https://www.cnbc.com/2020/04/03/who-says-countries-that-rush-to-lift-coronavirus-containment-risk-more-severe-and-prolonged-damage-to-economy.html>
- World Vision International. (2020). Children's voices in the time of COVID-19 Continued child activism in the face of personal challenges.
- Xue, Q., Xie, X, Liu, Q et al. (2020), Children and Youth Services Review. Available <https://doi.org/10.1016/j.childyouth.2020.105735>.

APPENDIX A

Table 3.2: Place of residence of respondents

Area	Frequency	Percent
Tema Community 1	7	1.8
Tema Community 2/A Lang	24	6.2
Tema Community 3	16	4.2
Tema Community 4	10	2.6
Tema Community 5	12	3.1
Tema Community 6	7	1.8
Tema Community 7	14	3.6
Tema Community 8	7	1.8
Tema Community 9	11	2.9
Tema Community 11	1	.3
Tema Community 12	3	.8
Tema Community 13/Sakumonu Estates and Village	16	4.2
Labone	5	1.3
La/Trade Fair	4	1.0
Mamprobi	9	2.3
Achimota/Petroleum	4	1.0
Adenta	6	1.6
Adjei Kojo	4	1.0
Afienya	2	.5
Alajo	5	1.3
Amasaman	4	1.0
Ashaiman	5	1.3
Ashongman	3	.8
Awoshie	3	.8
Ayawaso	2	.5
Cantonments/Roman Ridge	9	2.3
Dansoman	5	1.3
Dawenya	2	.5
Dome/ Pillar 2	7	1.8
East Airport	2	.5
East Legon/Adgiriganor	4	1.0
Gbetsele	2	.5
Lapaz/Golf City	8	2.1
Kaneshie	4	1.0
Klagon	4	1.0

Kwashieman	6	1.6
Tema Community 18/Lashibi	7	1.8
Laterbiokorshie	5	1.3
Madina/Madina Estates	4	1.0
Mataheko Accra	1	.3
McCarthy Hill/Kasoa	12	3.1
Nima/Maamoobi/Pig Farm	4	1.0
North Kaneshie	3	.8
Nungua	9	2.3
Odorkor	4	1.0
Ofankor	2	.5
Osu	7	1.8
Oyibi	3	.8
Prampram	2	.5
Spintex/Batsoona/Okwei Gono	25	6.5
Tesano	6	1.6
Teshie	14	3.6
Tema Community 25/Afariwa	8	2.1
Tema Community 22	3	.8
Chorkor	3	.8
James Town	4	1.0
Tema New Town	8	2.1
Mallam Atta	6	1.6
Dakuman	8	2.1
Total	385	100.0