



THE IMPACT OF COVID-19 ON SOCIAL INTERACTION IN FAMILIES IN ABETIFI IN THE KWAHU EAST DISTRICT, GHANA

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Abstract:

We are in the midst of a worldwide crisis that is killing people, causing human suffering, and putting people's lives at risk. But it is not just a life-threatening condition. It is, without a doubt, a human-societal problem. The COVID epidemic is wreaking havoc on society from the inside. School closures have also resulted in a lack of daycare, which has put a strain on women's work-life balance and parents required to assist their children's learning at home. This study aimed to investigate the influence of COVID-19 on social interaction in families in Abetifi, Kwahu East District. The study used a qualitative research methodology with an interpretivist viewpoint encapsulated within the inductive epistemological framework. Using purposive and convenience sampling strategies, the researchers chose 15 Abetifi residents as participants to complete the interview schedule. The study discovered that the COVID-19 pandemic had hurt family bonds and social contact. The survey also found that participants followed the safety rules out of concern for their own and loved ones' lives. It is suggested that regulatory authorities such as the World Health Organization (WHO), the Ministry of Health (M.O.H.), and the Ghana Health Service (G.H.S.) continue to encourage people to follow safety precautions because we do not know when the virus will go away.

Keywords: social interaction, COVID-19 pandemic, social connectedness, stigmatisation, Ebola virus

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1. Introduction

A society can only survive if its members are sufficiently homogeneous (Bai, 2020). The family has a unique sense of oneness and moral quality that distinguishes it from other social groupings (Barua, Zaman, Omi & Faruque, 2020). Over the years, outbreaks of worldwide infectious illnesses have endangered and killed many people, leading to governments closing their borders, enforcing tight immigration restrictions, and prohibiting individuals from travelling across borders (WHO, 2020). Disease outbreaks have been a major hazard to humanity since the beginning of our century (WHO, 2020). In 2002, the SARS (severe acute respiratory syndrome) Epidemic expanded to 29 countries, infected 8,098 people, and claimed the lives of 774 people (WHO, 2010). An additional outbreak in 2013, which the World Health Organization (WHO) dubbed "*the largest-ever outbreak of the Ebola virus disease,*" infected 28,616 people, killed over 40% of those infected, and resulted in approximately 11,310 deaths (WHO, 2016). More than 5,300 cases were reported in West African countries, including Nigeria, Liberia, and Guinea. In addition, these diseases have had a devastating effect on world life. Nearly 10,000 school closures in West Africa, including Liberia, Sierra Leone, and Guinea. Since public gatherings were prohibited and social separation was encouraged, this was necessary (WHO, 2020).

On December 31, 2019, a new strain of Coronavirus (COVID-19) was discovered in Wuhan and has spread to over 219 nations and territories (WHO, 2021). On January 7, 2020, the People's Republic of China reported a confirmed new virus epidemic to the World Health Organization. Coronaviruses (COVID-19), according to the World Health Organization (WHO), are zoonotic, meaning they transfer from animals to people and, more recently, from human to human (WHO, 2020). Thus, the virus has exhibited efficient human-to-human transmission, and the World Health Organization has labelled the outbreak a Public Health Emergency of International Concern (PHEIC) (WHO, 2020). Coronavirus (COVID-19) has been called a pandemic by the World Health Organization because so many people are getting sick (WHO, 2020). It is a disease that is spreading in many different places simultaneously. This is called a pandemic (WHO, 2020). Once an outbreak has spread through a group of people, it can double in size every three to five days. So many people need to go to the hospital that it can put a lot of strain on a country's health care system (WHO, 2020). In general, 20% of infected people have severe or critical symptoms, and the death rate is more than 1% (WHO, 2020). People who are older and have other health problems are more likely to die from the disease (WHO, 2020).

Common signs of this infectious disease, thus, COVID-19, are respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties (WHO, 2020). This pandemic has become a worldwide crisis, behaving like "*the once-in-a-century pathogen*" (Gates, 2020). As of February 20 2022, over 422 (424,822,073) million confirmed cases and over 5 (5,890,312) million deaths have been reported globally (WHO, 2022). A regional-based analysis suggests that it has already infected 171,887,349 people in Europe, with 1,843,169 fatalities. In the Americas, 145,283,655 people are infected with 2,600,596 deaths,

and South-East Asia has already recorded 55,041,156 cases with 757,525 deaths (WHO, 2022). In Western Pacific, 20,880,285 are confirmed positive cases with 176,613 deaths, 20,815,884 cases have been recorded in Eastern Mediterranean with 329,934 deaths (WHO, 2022). The situation in Africa remains at 8,279,661 cases with 168,916 deaths (WHO, 2022). Some experts have estimated the fatality globally to hit a record of 7 million deaths by the end of May 2022 (WHO, 2022). According to the World Health Organization, a COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed Covid-19 case unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g., trauma) (WHO, 2020). There should be no period of complete recovery between illness and death (WHO, 2020).

Unfortunately, people of all ages can be infected by the novel coronavirus. However, older people with pre-existing medical conditions such as asthma, diabetes, and heart diseases appear to be more vulnerable to becoming severely ill with the virus (WHO, 2020). Declaring war on this pandemic means countries have a responsibility to gear up, step up, and scale up (WHO, 2021). This could be done by implementing effective containment strategies, by activating and enhancing emergency response systems, dramatically increasing testing capacity and care for patients, readying hospitals, ensuring they have space, supplies, and needed personnel, and developing life-saving medical interventions (Barua et al., 2020). These assertions have drawn the attention of the World Health Organization in instituting recommendations such as avoidance of mass gatherings, social distancing, regular hand wash, application of hand sanitisers, and wearing of nose masks (Nicola et al., 2020). If these health protocols are not respected, given the needed urgency, the worst could happen (WHO, 2020). Activities such as sports, political and economic gatherings, conferences, workshops, religious events, funerals, festivals are halted and, in some cases, observed according to strict protocols (WHO, 2020).

This deadly pandemic that has befallen the entire globe has witnessed the contributions of many heads of state, prime ministers, and presidents. A popular quote that has received worldwide applause is the famous quote by the President of the Republic of Ghana, His Excellency Nana Addo Dankwa Akufo Addo, remarked: *"we have what it takes to bring our economy back to life after coronavirus, what we do not know how to do is to bring people back to life"* (Ababio, 2020). Similarly, at a White House press conference, the former President of the United States, Donald J. Trump, was asked by a reporter whether the President considered the country to be on a war footing in terms of fighting the virus. The President commented, *"It's a war; I view the pandemic as a war. We must sacrifice together because we are all in this together, and we will come through together. It's the invisible enemy. That's always the toughest enemy. But we are going to defeat the invisible enemy. I think we are going to do it even faster than we thought, and it will be a complete victory"* (Okyere, 2020) (BBC. News, 2020). This probably shifts the narrative from national-based to global in terms of dealing with, forecasting, and perceiving this deadly virus.

Supply chains and investment and consumer demand have been disrupted, a real and rising risk of a global recession (Nicola et al., 2020). Notwithstanding, the virus has disconnected normal societal culture and broken-down societal bondage and solidarity (Oberndorfer et al., 2021). We face a global crisis that is killing people, spreading human suffering, and ending people's lives. But this is much more than a health crisis. It is a human-societal crisis (Oberndorfer et al., 2021). The coronavirus disease (COVID-19) is attacking societies at their core (U.N., 2020). School interruption has also caused gaps in childcare, which puts pressure on work and life balance, especially for women, and parents when asked to facilitate the children's learning at home (Nicola et al., 2020). School closures have many adverse impacts on children and young people, including interrupted learning and forgone human interaction, which is essential to social and behavioural development (UNESCO, 2020). United Nations Educational, Scientific, and Cultural Organization has estimated that the pandemic has caused about 1.5 billion students and families to be stuck at home, which has caused interrupting learning (UNESCO, 2020).

Given the unprecedented nature of the situation, social interaction, a component of the social network, and citizen power are likely to be affected and scratched to the bottom (Darab, Keshavarz, Sadeghi, Shahmohamadi & Kavosi, 2021). Since the inception of this deadly virus, Ghanaian society has been tested rigorously and described as not in ordinary times (Nicola et al., 2020). To this day, the novel coronavirus disease (COVID-19) has hugely impacted the structure of social relationships, leading to changes in peoples' way of social interaction and habits. Indeed, the pandemic has altered how much we interact and are related to one another. There is an emergency of an unfamiliar normal norm of social etiquette, as evidenced in wearing a huge face mask and moving away when someone gets too close to observe social distancing protocols. There is a popular opinion that most studies on the impact of Covid-19 on social interaction in families seem not to be fully conducted in the Ghanaian context. However, a search through the literature suggests that no such study has been undertaken to date and is virtually non-existence. There is a fear that this construct has not been fully explored. The thrust of the current study is an attempt to fill the research gap in the literature and contribute to scholarship. This study focused on the social impact the novel virus had caused on the inhabitants of Abetifi in the Kwahu East District of Ghana.

2. Literature Review

2.1 Coronavirus Disease (COVID-19) and Social Interaction

Societies exist on the premise that most families thrive on the basics of the quality of life of those significant others around them, as expressed in their social connectedness (Golics, Basra, Finlay & Salek, 2013). Social interaction in most communities is expressed through gatherings such as weddings, church meetings, funeral ceremonies, and other related communal activities (Calnan, Gadsby, Konde, Diallo & Rossman, 2018). When these activities are either abandoned or drastically reduced, they have serious

implications for social cohesion, trust, and deeper family ties (Amara, Tommy & Kamara, 2017). In the past decade, various pandemics such as the Ebola virus, Swine flu, and HIV/AIDS have cautioned the entire globe of the possible dangers associated with severe outbreaks of deadly infectious diseases (Menzel, 2017). Infectious diseases do not only bring about severe human suffering, but political, economic, and societal dimensions are also equally affected (Menzel, 2017). The World Health Organization (WHO) has expressed that the emergence of various pandemics has shaped our societies and marginalised infected individuals and communities (WHO, 2012). According to Lamoure and Juillard (2020), major pandemics disrupt social cohesion and break down smooth social interaction. Panic during major pandemics always breakdown family ties amidst partial lockdown and undermine resilience to exogenous shocks (Patrick, 2011; Ripoll, Gercama, Jones & Wilkinson, 2018). For example, the 1994 pandemic outbreak in Surat, India, led roughly 20% of families to flee their homes due to misinformation and inadequate trust in authorities. Most citizens moved out and abandoned their families leading to elevated health risks of spreading the disease further (Alfani & Murphy, 2017).

Studies continue to report on the impact of pandemic outbreaks on social interaction (Santos & Novelli, 2017; Alcayna-Stevens, 2018; Lamoure & Juillard, 2020). Reporting on the impact of the Ebola crisis in some selected West African countries, Santos and Novelli (2020), in a qualitative study, asserted that fear of contracting the disease led people to stop shaking hands, keep their distance from each other, to stop visiting others and to limit their attendance at social gatherings. The study reported that people fail to attend social functions such as funerals, weddings, naming ceremonies, festivals, processions, political rallies, retreats, and others (Alcayna-Stevens, 2018). This gradually led to people feeling afraid and isolated for long periods disrupting family relationships and social cohesion (Lamoure & Juillard, 2020).

During the 2014-2015 Ebola crisis, Morocco refrained from hosting the 2015 African Cup of Nations (AFCON) due to their concerns about infectious diseases (Maphanga & Henama, 2019). A breakdown in social interaction was reported in a study conducted by Fisher, Elliot, and Bertrand (2019). This cross-sectional survey aimed to assess the overall social impact of the Ebola virus on societies in Liberia and Sierra Leone. Findings from Liberia reveal that some families did not visit their sick children or return for them once they recovered. In contrast, their extended families denied or rejected other children whose caregivers had died from the virus. This led to an increase in streetism among children who had no source of livelihood (Fisher et al., 2018). Consequently, Sierra Leone expressed profound sadness and loneliness without its peers.

In a similar study by Ripoll and Wilkinson (2019), it has been stated that family members are discouraged from touching their loved ones or mourning the departed and burying them as custom prescribes. The negative tag associated with pandemics deteriorates trust and social acceptance among families and communities (Alfani & Murphy, 2017). In a quantitative and qualitative study, Lamoure & Juillard (2020) reported massive erosion of the social fabric in affected communities, all emanating from the breakdown of trust and family cohesion. In some affected communities, social groups

were rising against each other, where members of homogenous cultural communities were prevented from entry into neighbouring communities for fear of spreading the virus (Ripoll & Wilkinson, 2019).

A systematic review by Golics et al. (2013) reported a dual impact of illness on family relationships. They opined that family members of patients experience a negative effect on their family relationships, both between the relative and the patient and between other family members as a result of the patient's sickness. The review specifically reported that 38% of the adolescents with dermatological conditions felt that their family relationships had been affected due to their condition. The review further submitted that pandemic outbreaks could lead to friction between couples and, in some cases, lead to a breakdown of relationships or partners seeking sexual encounters outside the relationship. Conversely, Golics et al. (2013) maintained that family relationships could grow stronger as the family members work together and assume a watchdog position over other members.

A study conducted by Rohwerder (2020) on the secondary impacts of major disease outbreaks averred that infectious disease outbreaks could have a negative connotation on social interaction and cohesion, with reasons being fear of contagion, breakdown of the family trust, and changes in behaviour that erode the social fabric of families and communities. Thus, survivors, their families, frontline health workers, and public health practitioners are likely to experience stigmatisation, leading to social and economic marginalisation (Rohwerder, 2020). The social stigma can leave a permanent emotional and psychological scar long after the outbreak. On the part of children, Rohwerder (2020) posited that these children lost their parents or guardians due to death, abandonment, shirking responsibilities, or inadequate measures put in place if their parents need medical care.

These inconsistencies in parenting make children susceptible to abuse, exploitation, and violence. The social duties of women can expose them to vulnerabilities, thereby contracting the disease. This is attributed to the fact that their livelihoods may suffer due to time spent on caring duties and when they are concentrated in sectors hardly hit by the pandemic. These women also risk facing increased sexual and gender-based violence (Rohwerder, 2020).

2.2 Theoretical Review: Social Connectedness Theory

Social connectedness is a stable individual difference that reflects the awareness and internalised experience of interpersonal closeness in relationships with family, friends, strangers, community, and society (Lee & Robbins, 2000). Social connectedness can be conceptualised as how individuals view themselves as emotionally connected or disconnected from the social world. Lee and Robbins describe connectedness as feeling comfortable within a social context larger than family, neighbours, or friends. According to Lee and Robbins (1995; 2000), connectedness is a piece of the larger construct of belongingness. It begins in infancy and continues to develop throughout life. The initial stage, companionship, occurs when the infant bonds with a nurturing parent. This later

extends to close others or objects such as toys. The next stage, affiliation, emerges in response to the demands of adolescence in which the sense of self must extend beyond the primary caregiver to similar peers. The final and most advanced stage, connectedness, characterises individuals comfortable in social roles and responsibilities and can identify with others perceived as different.

Problems arise when needs are not met in the developmental progression of connectedness. An individual not fulfilling companionship needs develops a fragile sense of self, low self-esteem, and isolation to avoid rejection. People whose affiliation needs are not met may be able to maintain relationships with single close others but have difficulty maintaining a sense of self in larger groups of friends or family without the reassuring presence of the close other. Finally, if connectedness needs are not met, individuals experience feelings of being different or distant from others and frustration with the sense that others do not understand them. In addition, individuals may isolate or develop fantasies about finding a place to belong and reject more realistic social roles. As the world anticipates normalcy, people have experienced connectedness fragility leading to a breakdown of social bonds and ties. The Covid-19 pandemic has kept people from close affiliates and other important social actors. People no more relate to one another more closely due to ensuring physical and social distancing. Some have suffered companionship issues emanating from unmet connectedness. These and many other factors have quickened the researchers to situate this study within the framework of social connectedness theory as expounded by Lee and Robbins (2000). The review of this theory is beneficial to the current study because the need to belong is one of the most basic needs of people and is present among people at different levels and forms. Connectedness gives people a sense of belonging and facilitates access to opportunities, services, and resources. When this mutual bond is available, it creates a secure atmosphere and feels safe, thereby enhancing social interaction in and outside the family. It is of these interests that the social connectedness theory cannot be relegated to the background in this article.

3. Materials and Methods

3.1 Research Paradigm and Design

This study employed a qualitative research paradigm utilising the interpretivist stance captured within the inductive epistemological framework. This paradigm makes an effort to 'get into the head of the subjects being studied, so to speak, and understand and interpret what the subject is thinking or the meaning s/he is making of the context (Berg, 2004). The study adopted a descriptive case study, specifically the multiple cases, in the appropriate design. In multiple (collective) case studies, the researchers explored multiple bounded systems (cases) over time through detailed, in-depth data collection involving multiple sources of information (that is, observations, interviews, audiovisual material, and documents and reports), and reports a case description and case-based themes (Cohen, Manion & Morrision, 2018). This helped the researchers to capture

various nuances, patterns, and latent elements that other research approaches might overlook. Because multiple (collective) case studies are intended to take the reader of the research into the world of the subject(s), they can provide a much richer and more vivid picture of the phenomena under study than other, more analytical methods (Marshall & Rossman, 1999; Cohen, Manion & Morrison, 2018).

3.2 Population, Sample, and Sampling Procedures

In this current study, the target population comprised all individuals in Abetifi in the Kwahu East District in the Eastern Region of Ghana. According to Pope, Ziebland, and Mays (2020), there are no rules in qualitative research for deciding sample size; therefore, the issue of sample size is not an important aspect of qualitative inquiry. The sample size is influenced by the broad nature and duration of the study and the participant's ability to provide detailed information on the phenomenon under study (Vasileiou, Barnett, Thorpe, & Young, 2018). According to Yin (2018), since the multiple–case study approach does not rely on the type of representative sampling logic used in survey research, “*the typical criteria regarding sample size is irrelevant*” (p.50). Instead, the sample size is determined by the number of cases required to reach saturation, data collection, until no significant new findings are revealed (Matthews & Ross, 2010). That said, the sample size for the study was 15 individuals residing in Abetifi in the Kwahu East District. Sampling methods such as purposive and convenience sampling techniques were employed by the researchers to select the participants for the study.

3.3 Research Instrument and Rigour

The researchers employed an interview guide to gather relevant data for the study. The researchers considered the rigour of the instrument as stipulated by qualitative research; thus, the perceptions and experiences of study participants were accurately presented without the researcher's influence (Cohen, Manion & Morrison, 2018). The researchers situated the study within the framework suggested by Lincoln and Guba (1985), thus, credibility, dependability, confirmability, transferability, and authenticity (Polit & Beck, 2010).

4. Findings and Discussions

4.1 Demographic Variables

In Table 1, the analysis results of demographic variables of the sample taken for this study are presented. Out of the total participants of 15, the majority were males representing 53.3% (8), with only 46.7% (7) being females. Also, most of the respondents were between the ages of 31 – 40 years, representing 40% (6). Interestingly, 12 (80.0%) out of the total participants sampled were married, with only 3 (20%) having a single marital status. 14 (93.3%) out of the total participants had some level of formation education in terms of education. This implies that most participants were educated; hence they truly understood the phenomenon.

Table 1: Sample Demography

Factors	Variables	Frequency	Per cent
Gender	Male	8	53.3
	Female	7	46.7
Age	20 – 30 years old	4	26.7
	31 – 40	6	40.0
	41 – 50	3	20.0
	Older than 50	2	13.3
Marital Status	Single	3	20.0
	Married	12	80.0
Education	No Formal Education	1	6.7
	Formal Education	14	93.3

Source: Authors' Construct.

4.2 What is the Impact of Covid-19 on Social Interaction in the family?

This question was asked to gather relevant information concerning how the pandemic had disintegrated family bonding. The results are carefully presented using the thematic content analysis.

According to one female participant with the pseudonym Eunice, a French teacher with a degree, nothing changed for her during the Covid-19 period. The participant stressed that she did not do church work during the pandemic and usually stayed indoors.

“During the Covid-19 period, nothing changed. I am not somebody who goes to visit the family often. What I do is that I call them on the phone. Also, the movement became very restricted during the Covid-19 period. Covid-19 affected my movement to close families. Sometimes going out is dangerous because you may contact the deadly virus (Covid-19).”

In addition, a 54-year-old driver, been given the pseudonym Omono with four children, opined that the pandemic had affected him. The reason is that, since the inception of this pandemic, almost everyone has been filled with fear and anxiety.

“At times when you needed to visit the family to make certain decisions or any form of interaction, where the family is and where I am currently is, what I realised was that you could not be sure if the person you are going to interact with, whether your cousin, nephew or even myself is having the virus that is known to be highly contagious. In fact, because of the nature of the virus, we could not meet even to interact and possibly plan for events such as funerals marriage ceremonies. One other thing was that you could not possibly tell just at a glance if the person close to you is having this deadly virus. So frequently, meeting the family was limited during the period.”

Furthermore, Mr Rahman (pseudonym), who is 37 years old and of Akan origin and a degree teacher, also believed that Covid-19 had not affected his family ties because they still used to meet.

"Things are normal, and we used to meet irrespective of the Covid-19 pandemic."

The researcher observed that the participant expressed some optimism reading his facial expression and gesture.

One male participant expressed himself that Covid-19 has caused a lot. He added that he had to deal with fears during the peak periods. The researcher observed facial gestures that spelt out fear.

"My wife operates a printing press, and I go there to help, and we had to receive customers and clients, so it was very difficult trying to get closer to someone. I also teach, and after closing from work, meeting friends and even touching my wife was difficult because you wouldn't know who is carrying the virus... (laughs off). We suspected each other, notwithstanding we strictly adhered to the safety protocols." (Boadi, 29-year-old male teacher)

A female participant asserted that Covid-19 brought the family system down. She opined that no family member wanted to engage the other for fear of getting infected.

"There was tension in the house; everyone was conscious of the pandemic. With the extended family, we couldn't visit because of the Covid-19. This pandemic has raided as of the family bonding, she exclaimed!" (Philo, 23-year-old service personnel)

Another participant with the pseudonym Sir OB a professional teacher with five children, also expressed that the pandemic had affected family life.

"Covid-19 is a serious pandemic, and still battling with it. It has affected us economically, socially, politically, and religiously. Socially, it created tension, no visiting from friends and families. Also, inviting family members to your home was met with hostility from your co-tenants. I do some petty jobs aside from teaching, but because of Covid-19, it is not possible to travel to these places for fear of catching the virus. (Sir OB)

Other participants with Ofori, Soap, Miki, and Ama pseudonyms expressed the same views.

It can be deduced from the above interaction that 9 out of the 10 participants, of which seven are males and three are females, were of the view that the pandemic had affected their family ties.

The findings from the participants are in line with findings by Lamoure and Juillard (2020), who pointed out that major pandemics disrupt social cohesion and break down smooth social interaction. This is also supported by findings from Patrick (2011) and Fisher and Wilkinson (2019). Their separate studies held on to the view that panic during major pandemics always breaks family ties amidst partial lockdown and undermines resilience to exogenous shocks.

4.3 What Are You Doing Currently to Keep your Family Safe from COVID-19?

A 25-year-old female teacher interviewed in the Ashanti region believed that observing the safety protocols was all that was left to do to keep the family free from contracting the deadly disease:

“Previously, I was going out, but I still observed many of the protocols. Now, I tell my families and other close ties that they should observe the protocols because I don’t think there is anything extra you can do apart from that. You have to observe the safety protocols, i.e., wearing a nose mask and keeping the sanitisers on you everywhere you go. Emphatically you have to take your nose mask and sanitisers along, ensuring that you put your nose mask. It does not have to be in your pocket. I always tell them that if they wear a nose mask, they should make sure that it covers the nose and mouth appropriately. Sometimes you find it difficult to breathe when the mask is on, but you have to try.”

A 54-year-old driver who is married with four kids was also asked what he does to keep his family safe from Covid-19. He opined that he has told them to adhere strictly to the protocols.

“To prevent any family member from contracting the virus, I have made it clear to the family to strictly adhere to the safety protocols since Covid-19 has no cure for now. Thus, washing of hands under running water, social or physical distancing, and wearing a nose mask to save yourself from contracting the virus. Also, since this virus is airborne, one needs to put on nose masks to cover the nose and mouth. I always advised the family to take their nose mask sanitiser with them wherever they go.”

A 37-year-old History teacher was of a different view on hand sanitisers. According to him, he was not a proper man for dealing with the virus. He expressed this based on the knowledge he acquired during his childhood days.

“We are following the normal routine, washing hands using hand sanitisers. I am even wondering if hand sanitisers can kill the viruses claimed. I am saying this because from my early childhood education, I was made to understand that viruses are organisms you cannot see with the naked eyes or kill them with just handwashing or simply applying sanitisers. So, I don’t see the reason for hand washing, but I still have to follow the protocols. To a very large extent, I don’t think mere handwashing and application of sanitisers can prevent the spread of Covid 19.”

In the views of Boadi (Pseudonym), a 29-year-old Arts teacher who is married with one child, the government and World Health Organization (WHO) gave directives, so he is keenly following up with his family to avoid the disease.

“The government gave directives because it was an alien disease where its origin is unknown and speculative. Together with the World Health Organisation, the government gave five guidelines, and we observed these guidelines. Thus, we kept social distancing at public places by wearing nose masks as often as we could, sanitising our hands anytime we come close to people. Also, because I am a teacher, I inform my students to put on their masks and sanitise their hands anytime I go to class. We are still on the same thing because WHO encourages us to observe these protocols because we don’t know when the virus will vanish.”

In conclusion, almost all the participants had some level of knowledge of the safety protocols as stated by the World Health Organization. The finding of this study is consistent with the findings by Santos and Novelli (2020). Reporting on the impact of the Ebola crisis in some selected West African countries, Santos and Novelli (2020), in a qualitative study, asserted that fear of contracting the disease led people to stop shaking hands, keep their distance from each other, to stop visiting others and to limit their attendance at social gatherings. The study reported that people fail to attend social functions such as funerals, weddings, naming ceremonies, festivals, processions, political rallies, retreats, and others (Alcayna-Stevens, 2018). This gradually led to people feeling afraid and isolated for long periods disrupting family relationships and social cohesion (Lamoure & Juillard, 2020).

4.4 How Did You Accept People Who Had Recovered from COVID-19?

One female participant expressed her views on accepting people with Covid-19. she recounts that she has never met anyone who has contracted the disease.

“I did not encounter anyone who had recovered from Covid-19. I only heard that some people had contracted the Covid-19 virus and had recovered, but I never had any contact with a Covid-19 patient. However, if I had known any close pal who had contracted the Covid-19 virus, the kind of fear Covid-19 had put in some of us, if somebody had recovered and you know, interacting with someone who had recovered from Covid-19 would have been difficult.”

A 59-year-old driver (name withheld) also shares his ordeal on how he used to accept people who had recovered from Covid-19. However, he narrated to the researcher that he had never contacted a Covid patient.

“Honestly, I did not encounter anyone who had recovered from Covid-19. I only heard names of people who had recovered from the virus and, at times, rumours of people in the community who had been confirmed positive. All I heard was that the virus had attacked someone and been carried away in an ambulance or conveyed to the hospital. If I had known anyone who had recovered from this virus, it would have been very difficult to interact

with the person. You don't have to joke with Covid-19, so I have to protect myself. I will run away from such a person i.e., participant laughs off, shaking the head)."

One male participant and a teacher by profession asserted that he had no problem accepting people who had contracted the virus in his family. He believed that since they could be treated, he accepted them.

"I don't have a problem accepting people into the family who had recovered from the pandemic. At first, they contracted and are now cured, so I am ever ready to accept them back into the family or society at large. I am not scared; once they are cured, everything is okay. I have no issue handshaking them, hugging them, and interacting with them. Since they are cured, they are cured."

A 29-year-old teacher who is an Akan and married with one child also shared his view that nobody close to him had the virus. He further explained that it would have been difficult for him to know how the virus can destroy communities.

"Though no one was closer to me contracted Covid-19. Still, if I had come across one (takes a sigh and deep breath), hmm, it would have been difficult knowing how this Covid-19 has destroyed society, killed people and knowing how fast this disease can kill, especially those with underlying conditions. So, recovering fine, but how sure or safe am I to contact you. We were advised not to stigmatise or discriminate, but it is easier said than done. Someone would have recovered, but I would have still kept that social distance and will be very careful around such a person."

The participants expressed mixed feelings about integrating members cured of the pandemic into the family above. Whilst some expressed optimism about integrating these cures, one's other participants interviewed were sceptical. Findings from several researchers support the above. Maphanga and Henama (2019) study revealed that during the 2014 – 2015 Ebola crisis, Morocco refrained from hosting the 2015 African Cup of Nations (AFCON) due to their concerns about the infectious disease. Similarly, A breakdown in social interaction was reported in a study conducted by Fisher, Elliot, and Bertrand (2019). This cross-sectional survey aimed to assess the overall social impact of the Ebola virus on societies in Liberia and Sierra Leone. Findings from Liberia reveal that some families did not visit their sick children or return for them once they recovered. In contrast, their extended families denied or rejected other children whose caregivers had died from the virus. This led to an increase in streetism among children who had no source of livelihood (Fisher et al., 2018).

Consequently, Sierra Leone expressed profound sadness and loneliness without its peers. In a similar study by Ripoll and Wilkinson (2019), it has been stated that family members are discouraged to touch their loved ones or mourn the departed and bury them

as custom prescribes. The negative tag associated with pandemics deteriorates trust and social acceptance among families and communities (Alfani & Murphy, 2017).

4.5 What Did You Do When Visiting Public Facilities During the Peak Period of the Pandemic?

This section of the analysis focused on understanding the strategies that people adopted when visiting public facilities during the peak of Covid-19. From the data, the following comments seem to run through. It was revealed that the participants' observance of the protocols was all they did; examples of the protocols included wearing face masks, using hand sanitisers, and washing hands under running water. Though some went to public places without observing them, they were sent home.

"Hmm...public places like the market, mall, banking centres. Though access to these places was restricted, I kept visiting these facilities intermittently. I adhered to the safety protocols, thus observing social distancing, wearing a nose mask, going everywhere with my sanitiser." (Eunice, 25-year-old lady French teacher)

"Especially when visiting the bank or in large crowds, I always made sure that I kept sanitisers with me wear my nose mask. I refrained from handshakes, washed my hands under running water frequently, sanitised myself. When I get into the public domain, I restrict handshakes but fold my fist to hit yours. I made sure that I maintained physical and social distances because of the nature of this novel Covid-19. I did not usually go to public facilities, which previously I did." (Orono, 54-year-old school driver)

"I had issues with the alarming rate of Covid-19. It was a mandatory something that you have to do, washing of hands, if possible, they will offer you hand sanitisers before they allowed your entry into the public facility. I had a lot of challenges, especially visiting these places. Sometimes, I could count about four encounters with the banks because I was in a hurry to withdraw money, so I forgot my nose mask. I was asked to go back or purchase a nose mask nearby. I was forced to wash my hands and sanitise them before entering. I never resisted, though; that was the formality, so I had to follow." (Rahman, A 37year old male teacher)

"I was strict and very conscious of the safety protocols. On a normal day, when going out, I had my nose mask on, sanitised my hands, and made sure not to touch surfaces. Keeping a very safe distance when talking to people. I minimised the people I spoke to when I met them in town or any of the public settings." (Boadi, 29-year-old male teacher)

The interview comments portray that a major action taken when people entered public places was the observance of the safety protocols laid down by the government and the WHO. This is a clear indication that many people followed the safety protocols for fear of their lives and loved ones. This is in agreement with findings from several

studies. Reporting on the impact of the Ebola crisis in some selected West African countries, Santos and Novelli (2020), in a qualitative study, asserted that fear of contracting the disease led people to stop shaking hands, keep their distance from each other, to stop visiting others and to limit their attendance at social gatherings. The study reported that people fail to attend social functions such as funerals, weddings, naming ceremonies, festivals, processions, political rallies, retreats, and other public facilities (Alcayna-Stevens, 2018). This gradually led to people feeling afraid and isolated for long periods disrupting family relationships and social cohesion (Lamoure & Juillard, 2020). Also, in a quantitative and qualitative study, Lamoure & Juillard (2020) reported cases of massive erosion of the social fabric in affected communities, all emanating from the breakdown of trust and family cohesion. In some affected communities, social groups were rising against each other, where members of homogenous cultural communities were prevented from entry into neighbouring communities for fear of spreading the virus (Ripoll & Wilkinson, 2019).

5. Recommendations

The risk of getting COVID-19 is higher in crowded and inadequately ventilated spaces where infected people spend long periods together in close proximity. Therefore, it is recommended that individuals avoid closed or crowded spaces. It is also recommended that individuals keep updated on the latest information from trusted sources such as WHO Ghana Health Service. These institutions are the best placed on what people should be doing to protect themselves. Outdoor gatherings, even without masks, are safer than indoor gatherings. Indoor gatherings with everyone wearing masks are less likely to transmit than indoor gatherings with people not wearing masks. Because of this, it is important to wear a mask and practice physical distancing in public places, especially indoors, to prevent viral spread. If you have symptoms of respiratory illness, stay home and do not gather with others, even if the symptoms are mild.

6. Conclusion

It was concluded that the emergence of the novel pandemic has a dire lasting consequence on family social interaction. Firstly, in times like this in the history of human association, family ties are disrupted and stretched to the core. Family reunions, gatherings, and visiting public facilities were not fully utilised to possibly escalate the spread of COVID-19. Lastly, private burials were held for lost relatives in bizarre circumstances, atypical of Ghanaian cultural society. All these changes are brought to daylight by COVID-19.

Acknowledgement

Data used in this article were collected in Abetifi Kwahu in the Kwahu East District of Ghana by the 2nd author.

Conflict of Interest Statement

There are no conflicts of interest on the part of the authors.

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