UNIVERSITY OF CAPE COAST

IMPLICATIONS OF COVID-19 PANDEMIC ON HUMAN SECURITY IN THE ACCRA METROPOLIS, GHANA

FAUSTINA ENYONAM AFENYO

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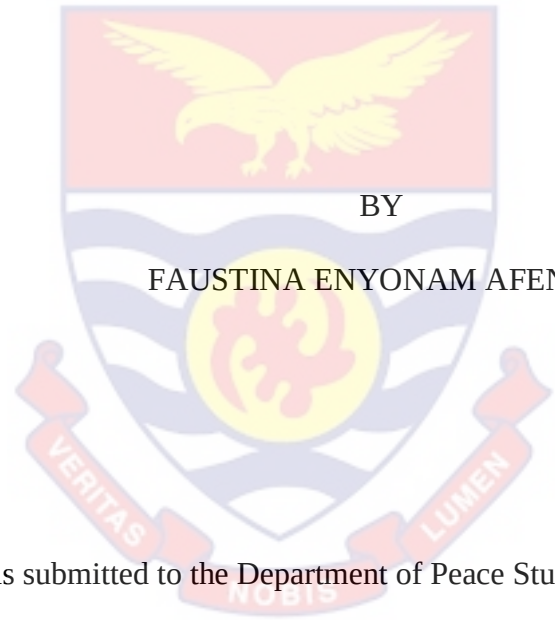

BY

FAUSTINA ENYONAM AFENYO

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OCTOBER 2024

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature ..... Date.....

Name: Faustina Enyonam Afenyo

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature ..... Date.....

Name: Prof. Stephen Bugu Kendie

Co-supervisor's Signature..... Date.....

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ABSTRACT

The outbreak of the COVID-19 pandemic and the associated measures to contain it impacted every facet of the individual's life. This study investigated how the COVID-19 pandemic affected human security among informal sector workers in the Accra Metropolis by using a qualitative study approach. Purposive, snowball and convenience sampling methods were adopted. Interviews were conducted with fifty-seven (57) respondents in Jamestown and New Fadama communities in the Accra metropolis. Key informants from the Accra Metropolitan Assembly and the Ministry of Gender, Children and Social Protection were also interviewed. The findings revealed that not only COVID-19 threaten public health, but it also threatened economic security, food security and political security. Self-reported outcomes included mental health challenges such as anxiety, panic disorders, fear, loss of sources of income, lack of economic and physical accessibility to food and violation of civil rights such as freedom of movement and association. Spirituality, spending time with family and switching of businesses to more viable ones were some of the strategies adopted by some respondents to cope with the stressors occasioned by the pandemic. Government intervention in free food distribution to ameliorate the impact of the pandemic on the vulnerable group during the lockdown was not apparent in the lives of the targeted population. From the findings, there is a need for the government to address issues of poverty and economic recovery as well as bridge the inequality gap in the country by providing basic social amenities such as pipe-borne water to every household to ensure that the underprivileged are not deprived of basic human needs such as water.

KEY WORDS

Economic Security

Food Security

Health Security

Human Security

Lockdown

Pandemic

Political Security

LIST OF ABBREVIATION

AMA	Accra Metropolitan Assembly
MGCSP	Ministry of Gender, Children and Social Protection
NADMO	National Disaster Management Organisation
NGO	Non-Governmental Organisation
PHC	Population and Housing Census
PPE	Personal Protective Equipment
UCC	University of Cape Coast
UN	United Nations

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DEDICATION

To God Almighty, for the strength and knowledge to complete this thesis.

To Wisdom Atta Afenyo, thank you for your love and support.

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CHAPTER ONE

INTRODUCTION

Background

Security has evolved through time from the old conception, which was limited to military threats like biological and terrorist assaults to include non-traditional security concerns like health, politics, the environment, the economy, food, and sociological aspects (Collins, 2007; Buzan, Wæver, & de Wilde, 1998). Human security according to UNDP (1994) emphasises the need for everyone to have the right to live in freedom, with dignity, and without the threat of famine and despair. Also, Tadjbakhsh (2005) stated that human security is freedom from the fear of physical, sexual, or psychological abuse, assault, persecution, or deaths, as well as freedom from want of gainful job, access to food, and basic medical care.

From these definitions, human security can be conceptualised as anything that poses an existential threat to the well-being and livelihood of the individual. Contagious diseases have historically affected human populations in major and lasting ways, changing the economic, political, and social aspects of human society, and posing a threat to world security (Huremović, 2019; Kamradt-Scott, & McInnes, 2012). Due to the threats that pandemics pose to the human population, the categorisation of pandemics as a component of human security is not new due to the devastating effects on morbidity and mortality as well as a wide range of social and economic implications (Bloom & Cadarette, 2019; Kamradt-Scott & McInnes, 2012). In the current age of globalisation where diseases may spread more quickly over international

borders and often affect many people, pandemics pose a larger threat to human security.

According to historical records, infectious diseases continue to be a major cause of death and a major threat to mankind (Bloom Cadarette, 2019). For instance, Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Black Plaque, Spanish Flu, A (H5N1), pandemic influenza A (HN1), H1N1 Pandemic or the Swine Flu, Ebola virus disease have caused millions of deaths globally (Gostin & Ayala, 2017; Daoudi, 2020). The 1918, 1957, and 1968 influenza pandemics resulted in millions of fatalities as well as severe economic and societal effects (Kamradt-Scott & McInnes, 2012). Both the United Nations Commission on Human Security (UNCHS, 2003) and the United Nations Development Programme report (UNDP, 1994) describe pandemics as potential global risks that pose an existential threat to human security.

Coronavirus was initially identified by the World Health Organisation (WHO) in December 2019 in Wuhan, the administrative centre of China's Hubei Province (Harapan et al., 2020; WHO, 2020). The disease was then given the name Coronavirus Disease 2019 (COVID-19) by the WHO. The pathogen was later named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by the Coronavirus Study Group (Harapan et al., 2020). Due to respiratory droplets produced when an infected person sneezes, coughs or touches objects or surfaces without covering their mouth, it is believed that close encounters are the primary means of person-to-person transmission (Dhand & Li, 2020). Some signs of this ailment include a cough, fever, cold, and shortness of breath. Severe outcomes include hypoxemia, acute

respiratory distress syndrome (ARDS), arrhythmia, shock, acute cardiac injury, and acute kidney injury (Harapan et al., 2020).

The COVID-19 pandemic was declared a pandemic on 11th March 2020 after being designated as a public health emergency of worldwide concern on January 30th, 2020 (WHO, 2020). The contagious nature of the disease caused over 704,269,898 confirmed cases, 7,006,314 deaths and 675,170,172 recoveries globally as of 20th March 2024 (Worldometer, 2024). During the same period, Africa recorded 12,216,748 cases 256,542 deaths, and 11,517,411 recoveries (Worldometer, 2024). After Ghana recorded its first case on 12th March 2020, 171,889 Ghanaians had tested positive for COVID-19, out of which 1,462 people had died, and 170,425 recovered as of 2nd December 2023 (Ghana Health Service C0VID-19 Dashboard, 2023). These figures include the outbreak of the Delta variant in Ghana which was first detected in June of 2021 (Odikro, Malm, Asiedu-Bekoe, Frimpong, & Kenu, 2022). The Delta variant led to a rise in severe cases and deaths taking the country into a second wave of the virus (Odikro et al., 2022).

In response to the pandemic, Ghana and other nations implemented public health measures to halt the virus's spread. Physical separation, regular hand washing, face masks, quarantines, isolation, travel bans, and border closures were a few of these precautions (Demirtaş-Madran, 2020). Additionally, some nations implemented lockdowns for varying lengths of time (Saban, Myers, Luxenburg & Wilf-Miron, 2021). Implementing the containment measures violated basic human rights and freedoms, which had disastrous implications for human security.

According to Gordon and Green (2021), a common pattern in the short and long-term repercussions of COVID-19 was the violation of human rights by many states when emergency protocols like lockdowns social distancing, and quarantine were enforced. These restrictions undermined people's basic human rights, like freedom of assembly, association, and movement, because of the pandemic (Bethke and Wolff, 2020). The nature and spread of the virus compelled many people to stay indoors, depriving these people of their fundamental freedoms of association and movement. An important component of human security is existing in a society that supports one's fundamental human rights including political, civil, social and cultural rights (UNDP, 1994).

Along with mobility limitations and lockdowns, the pandemic's shocks to people's lives led to bad mental health issues like stress and anxiety as well as fear, panic, and uncertainty among many people across the world (Rahman et al., 2020; Steele, 2020). Infection, death, losing loved ones, being separated from loved ones, or losing one's source of support are the causes of the fear (Steele, 2020).

Economically, lockdowns, border closures and trade restrictions had indirect impacts that led to significant economic ramifications across the world (Saban, Myers, Luxenburg & Wilf-Miron, 2021). By the end of 2022, 473 million full-time job possibilities were lost globally, and 51 to 63 per cent of Micro, Small, and Medium-sized Enterprises (MSMEs) are expected to have incurred debt due to the COVID-19 pandemic (International Labour Organisation, 2023). About 42,000 people lost their jobs in Ghana during the partial lockdown, and 770,000 workers saw a decrease in income and about

700,000 had their working hours reduced (Aduhene & Osei-Assibey, 2021). Employees who were directly affected by the COVID-19 epidemic included daily wage earners, independent contractors, migratory labourers, and refugees worldwide (Aduhene & Osei-Assibey, 2021).

Networks of local and global food supply were disrupted by trade restrictions and border closures (Ankrah, Agyei-Holmes, & Boakye, 2021). Ghana imports a lot of its stable foods, especially rice and poultry, from nations like Vietnam, China, Brazil, Thailand and the United States of America, therefore this had a big effect on the nation's food business (Ankrah, Agyei-Holmes, & Boakye, 2021). According to Asante and Mills (2020), during the pandemic, food prices in Ghana's urban marketplaces rose dramatically. This assertion was supported by CUTS International (2020), which reported that in March 2020, prices for food and non-alcoholic beverages increased from 8.4 to 14.4 per cent. Food prices generally spiked by 15.1 per cent in April 2020 during the lockdown, primarily affecting areas that experienced the lockdown. Consumers were forced to spend more or purchase fewer items than they had earlier planned. This affected the food security of the economically disadvantaged group and informal sector workers who depend on a daily income (Asante & Mills, 2020).

State Security agencies themselves threatened personal security during the outbreak of the COVID-19 pandemic, such as police forces beating or torturing individuals for flouting COVID-19 protocols. The South African police and the South African National Defence Forces, mobilized about 3,000 soldiers to enforce emergency laws and arrested about 2,000 people for quarantine violations in the first seven days of the shutdown (Jefferson et. al.,

2021). The Ugandan government used national military forces to enforce COVID-19 restrictions, which resulted in violence against citizens (Jefferson et. al, 2021).

In Ghana, police and military brutality occurred during the partial lockdown in surrounding districts in the Greater Accra Region because the State deployed security personnel to enforce public compliance with the partial lockdown and anti-COVID-19 directives with Executive Instrument (E.I) 164 (Ibrahim, 2020). People who had to leave their homes to survive were occasionally verbally and physically attacked whilst others were detained by security personnel due to the strict enforcement of the COVID-19 protocols (Ibrahim, 2020; Kihato & Landau, 2020). For example, State security officials brutalized and assaulted individuals in commercial vehicles who disobeyed the lockdown instructions and social distance protocols (Asante and Mills, 2020).

The COVID-19 pandemic therefore affected human development and self-fulfilment needs, ranging from needs at the bottom to the apex as in the Maslow hierarchy of needs (Maslow, 1943). Basic needs including food, water, love and belongings which must be first met to achieve self-fulfilment were all undermined by the outbreak of COVID-19 and associated containment measures.

The stressors occasioned by the outbreak of the pandemic led people to resort to strategies to cope with the adverse effects of the pandemic. As argued by Lazarus and Folkman (1984) in their transactional stress theory that, dangerous events (such as a global pandemic) cause significant levels of stress which trigger coping strategies to manage the stress. Some of the coping strategies adopted include hoping for the best, praying, using social media,

watching movies, and picking up new skills. Other strategies included using nose masks, frequent hand washing, using hand sanitiser, social distancing and seeking emotional support from family and friends (Asare-Nuamah, Onumah, Dick-Sagoe and Kessie, 2022; Kar, Kar & Kar, 2021; Ojewale, 2020; Trougakos, Chawla & McCarthy, 2020).

In response to the impact of COVID-19 on the population, the Government of Ghana announced certain relief measures to lessen the suffering of those affected by COVID-19. These interventions focused especially on the economically vulnerable groups by providing them with daily packaged meals throughout the lockdown period (Quartey, 2020). In addition, relief in the form subsidised electricity and free water was offered to the entire Ghanaian populace (Quartey, 2020). The 100 billion Ghana cedis COVID-19 Alleviation and Revitalization of Enterprises Support (CARES) plan was created by the government to minimise the pandemic's effects on Ghanaian's lives and livelihoods (Ministry of Finance website, 2020).

Furthermore, the National Board for Small Scale Industries (NBSSI), which is now the Ghana Enterprises Agency (GEA), administered the Corona Virus Alleviation Programme-Business Support Scheme (CAP-BuSS), a special fund established by the government to protect MSMEs from the effects of the COVID-19 pandemic. GH¢600 million was used as seed money when the government established the special fund, and another GH¢150 million was added later (Ministry of Finance Website, 2020).

Reports indicate that the Ghanaian government obtained and used $2,144,950,000 from the World Bank, IMF, Ghana Stabilization Fund, Ghana Heritage Fund, Ghana Exim Bank, and the COVID-19 Trust Fund to aid in the

fight against COVID-19 (Ghana web, 2021). These interventions focused on responding to the economic and social impacts of COVID-19. Yet the pandemic affected human security in ways that have not been adequately captured in conversations around COVID-19. It is on this premise that this study seeks to analyse and deepen the understanding of the impact of COVID-19 on various aspects of human security of informal sector workers who are residents of New Fadama and Jamestown, two communities in the Accra metropolis which were affected by the partial lockdown.

Problem Statement

Since Ghana recorded the first COVID-19 case, the virus spread in all 16 regions of the country. Greater Accra Region had the highest confirmed cases of 97,582 out of the national total of 171,889 representing about 56.77% of the total case count in the country as of 2nd December 2023 (Ghana Health Service, 2023). This is attributable to the region being an entry point for most international travel (Asante & Mills, 2020). Tema Metropolis, Weija-Gbawe Municipal and Accra Metropolis were the hotspot districts identified in the Greater Accra Region (Odikro et al., 2020).

To stop the COVID-19 pandemic from spreading, the government implemented physical distancing, mandatory face mask use in public areas, and quarantines (Abor & Abor, 2020). Additionally, human traffic was prohibited across air, sea, and land borders. Social or public events were forbidden, including political rallies, weddings, funerals, religious meetings and parties (Abor & Abor, 2020; Asante & Mills, 2020). Furthermore, a three-week partial lockdown was imposed on the epicentres of the disease

specifically, the Accra, and Kumasi Metropolitan areas from March 30th, 2020, to April 20th, 2020 (Ibrahim, 2020).

The COVID-19 restrictions though necessary, brought some human security challenges to a significant number of the population due to the impact on all facets of human lives and dignity (Asante and Mills, 2020; Kihato & Landau, 2020). To begin with, the three-week lockdown of the thriving Accra metropolis harmed many people's employment and way of life, especially informal sector workers with poor living conditions (Addo, 2020; Asante & Mills, 2020). Due to the imposition of safety restrictions, informal sector workers whose livelihood depended on daily sales experienced financial hardship (Asante & Mills, 2020). It was determined that 51.5% of businesses in the Greater Accra Region were closed during the partial lockdown (Ghana Statistical Service, Business Tracker Survey, 2020).

Food security, particularly food availability, accessibility, utilisation, and stability, was significantly impacted by the disruption of the food supply chain brought on by the lockdown and border closures (Asante and Mills, 2020; Connick &Tandoh, 2020; FAO, 2020; Matias, Dominski & Marks, 2020). Those with low socioeconomic status and those who rely on daily income were negatively impacted by the sharp increase in food costs during the lockdown period (Asante and Mills, 2020). Food costs increased by 15.1 per cent in April 2020 during the lockdown with the areas most affected being those under the lockdown (CUTS International, 2020). The high cost of food forced people to buy fewer items than they had planned leading to their inability to get sufficient and preferred food options.

The containment measures such as lockdown and quarantine also violated people's basic rights and civil liberties regarding freedom of social gathering, association and movement. The premise that everyone has the right to live in freedom and dignity, free from oppression and hopelessness and fully realise their potential as human beings, is at the centre of the human security approach. Accra metropolis being a hotspot for COVID-19 and having experienced the lockdown, with 48 per cent of the population being self-employed and 72.4 per cent of the population working in the informal sector (Population and Housing Census, 2021) offers a classical case to understand the impact of the COVID-19 on informal sector workers with low socioeconomic status.

Much research on COVID-19 has focused on the Socioeconomic and health impact of the pandemic on individuals and households (Aduhene & Osei-Assibey, 2021; Asante, Twumasi & Sakyi, 2021; Dauda and Jaha Imoro, 2022; Guida and Carpentieri, 2021; Morran & Nestor-Kalinoski, 2020; Nursjanti, 2021; Qiu, Shen, Zhao, Wang, Xie, and Xu, 2020). However, few studies have situated the challenges and insecurities occasioned by COVID-19 within the human security framework. For instance, Addo Tuffour, Osei-Kufour and Waife, (2023) investigated the impact of the COVID-19 pandemic on human security in the Komenda-Edina-Eguafo-Abrem municipality. Their study offers an insightful account of the effect of COVID-19 on human rights, economic security and education; however, their study area did not experience a partial lockdown. This leaves a gap in accounting for the lived experiences of those who were directly affected by the lockdown from the human security

perspective. This study therefore sought to fill this gap and contribute to knowledge on COVID-19 and human security.

Research Objectives

The general objective of the study was to explore the effects of COVID-19 on human security in Accra Metropolis. The specific objectives were to:

1. examine the effects of COVID-19 on health security, economic security, food security and political security of residents of New Fadama and Jamestown in Accra Metropolis.
2. examine the coping strategies of individuals in the study communities during the pandemic and the lockdown.
3. analyse the effectiveness of government COVID-19 response measures.

Research Questions

The specific questions sought to be answered in this study are as follows:

1. How did COVID-19 affect the health security, economic security, food security and political security of residents of New Fadama and Jamestown in Accra metropolis?
2. What were the coping strategies of individuals in the study areas during the lockdown?
3. How effective was the government's response to mitigate the effect of COVID-19 on residents in the study areas?

Significance of the Study

Lockdowns and the ensuing social and physical isolation, exacerbated hunger and poverty, especially among the impoverished (Gyasi, 2020).

According to Asante and Mills (2020), the informal sector workers whose livelihood depended on daily sales experienced financial hardship due to the three-week partial lockdown of the Accra metropolis. The disproportionate increase in societal inequality because of COVID-19 had a higher toll on the lower socioeconomic groups. This population live in poverty and frequently lacks access to proper medical treatment, struggles to comply with quarantine or social isolation rules because of shared, unsafe, crowded housing, and lacks access to clean water, sanitation facilities, and stable jobs (Shadmi et al., 2020).

By situating the challenges and insecurities occasioned by COVID-19 within the human security framework, the study makes methodological, theoretical, and policy contributions to the human security discourse. Theoretically, situating the human needs theory in the human security framework contributes to the understanding of human needs from the human security perspective. Given this, this study would be important to researchers and academics as it could provide the basis for expanding Maslow's human needs theory to include health and economic needs as additional bases for achieving self-actualisation.

Methodologically, studying COVID-19 within the human security framework contributes to the existing literature on the COVID-19 and Human Security. Additionally, the documentation of the effect of COVID-19 on human security will help shape policy concerning future pandemics. Also, the findings are important for appropriate government interventions for future pandemics, as well as for addressing societal challenges and inequalities that have been worsened by the outbreak of COVID-19.

Scope of the Study

Health security, economic security, food security, and political security are the four aspects of human security that are the focus of this study. In terms of geography, this study is limited to New Fadama and Jamestown, where it explores the effect of the COVID-19 and the lockdown on the health security, economic security, food security and political security of informal sector workers in the two communities. In addition, the study explores respondent's coping strategies. Theoretically, this study draws upon the perspectives of Human Needs theory and the Transactional Stress and Coping theory to explain the impact of COVID-19 on residents of the study communities and the coping strategies they adopted. Methodologically, this study employs the qualitative method to explore the lived experiences of the respondents during the outbreak of the COVID-19 pandemic.

Organisation of the Study

This study comprises five chapters articulating the lived experience of residents of New Fadama and Jamestown during the COVID-19 pandemic and the lockdown. The background, research questions, problem, and significance of the study are all outlined in Chapter One. The literature on pandemics and human security, as well as the effects of COVID-19 on human security, is reviewed in Chapter Two. The theoretical and conceptual frameworks of the study are also examined same chapter. In chapter three, the study's methodology is explained. The research area, research design, study population, sample and sampling techniques, data gathering techniques, data analysis procedure, and ethical considerations are all described. The research findings are thoroughly analysed and presented in the fourth chapter. A

summary of the research findings, policy recommendations, and ideas for additional research are provided at the end of Chapter Five.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discusses the theoretical underpinning of the study and reviews existing literature on pandemics and human security. It begins by discussing the Human Needs theory and Transactional Stress and Coping theory. Following that, it explains human security, including its dimensions and links with pandemics. It also discusses the historical evidence of the effects of Pandemics on Human Security. The empirical literature is further discussed, after which the conceptual framework for the study is presented and discussed.

Theoretical Review

The Human Needs Theory and the Transactional Stress and Coping Theory serve as the foundation for this research on the COVID-19 pandemic's effects on human security in the Accra metropolis.

Human Needs Theory

Abraham Maslow developed the Human Needs theory to emphasise the significance of meeting needs to achieve optimal well-being (McLeod, 2007). Maslow (1943) identified five distinct categories of needs ranked according to their level of importance. The basic needs are divided into the bottom two layers comprising physiological and safety needs. The middle two levels are the elements of psychological needs which include a sense of belonging, love and esteem. According to Maslow (1943), self-actualisation is at the pinnacle and is a requirement for self-fulfilment. According to the theory, the most fundamental human needs, such as food, water, shelter, and warmth, must first be met to achieve self-actualisation.

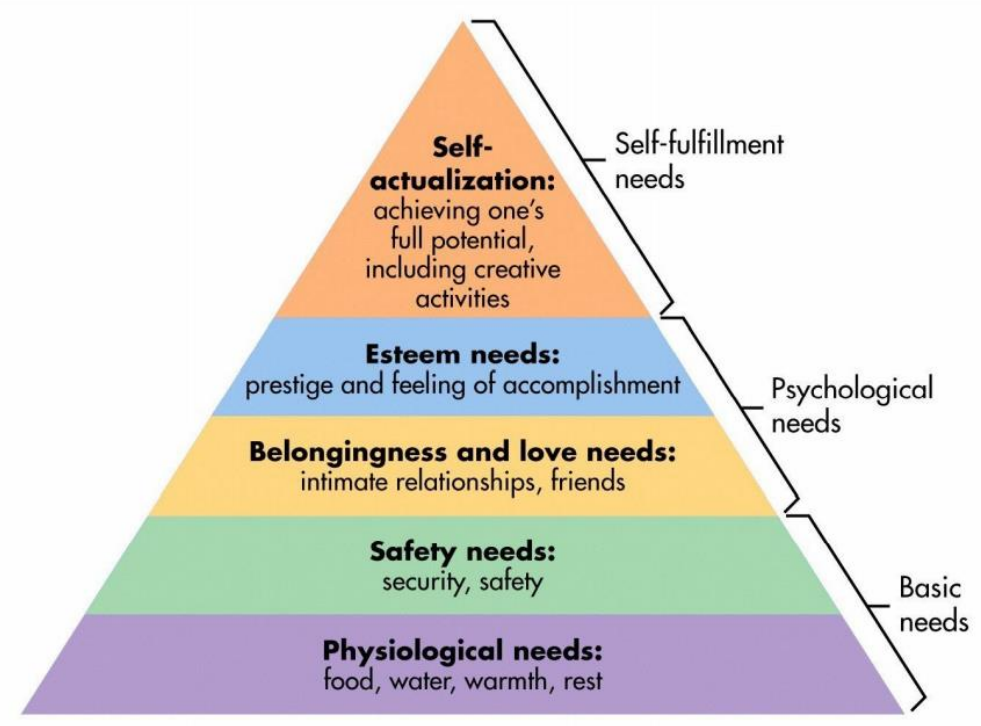

Figure 1: **Maslow's Hierarchy of Needs**

Source: (McLeod, 2007)

This theory is relevant for the study because it describes how unmet basic needs such as physiological and safety needs can undermine the individual pursuit of self-esteem and self-fulfilment needs and by extension the well-being of the individual. The foundation of the human security approach is the idea that every person has the right to live in freedom and dignity and to reach their full potential as human beings.

Human needs, ranging from fundamental requirements to self-fulfilment needs, were impacted by the deployment of COVID-19 preventative measures like social separation, quarantine, lockdown, and border closure. Basic human needs such as food were negatively impacted during the COVID-19 pandemic as many were food insecure due to job losses, decrease in income and disruption of domestic and international food supply chain which resulted in high cost of food (Asante and Mills, 2020; Connick

&Tandoh, 2020; FAO, 2020; Matias, Dominski & Marks, 2020). Again, people faced systematic frustration, anxiety, and worry due to their inability to ensure the safety and protection of themselves, their loved ones and family (Campbell, Inman, Kirmani, & Price, 2020).

Additionally, social distancing, isolation and quarantine protocols which resulted in the cessation of social interaction among family and friends aggravated feelings of loneliness compromising the belongingness and love needs of people (Campbell, Inman, Kirmani, & Price, 2020). In this regard, the self-fulfilment needs of most people were unmet due to the negative impact of COVID-19 on their fundamental human needs, such as food, water, shelter, safety and security, and love and belongingness needs, thus undermining the optimal well-being of individuals.

Transactional Stress and Coping Theory

Because of its effectiveness in affecting the relationship between coping techniques and the behavioural repercussions that emerge for individuals, the Transactional theory of stress and coping, which was created by Lazarus and Folkman in 1984, has had a tremendous impact in a range of sectors (Zheng, Luo & Ritchie, 2021). Some studies including Sun, Zhang, & Zhang, (2023) and Zheng et.al, (2021) have used the Transactional Theory of Stress and Coping to understand how people coped with stress resulting from COVID-19. Therefore, the Transactional Theory of Stress and Coping appears to be appropriate for understanding the second objective of this study. The transactional theory of stress and coping states that coping is a phenomenon that encompasses behavioural and cognitive responses people use to deal with pressures from inside and beyond that they feel are too much for them to

handle (Lazarus & Folkman,1984). According to the theory, a person's experience of stress is ultimately a system of primary and secondary assessment, response, and adaptation. That stress is experienced due to appraisal or evaluation of a situation that seems to pose a threat and is perceived to exceed the individual's resources.

Consequently, coping strategies are employed by people to maintain their bodily and mental health if they feel stressed. This is done through two dimensions, notably; problem-focused coping and Emotion-focused coping. Problem-focused approaches involve taking practical steps to deal with the problem itself (Han et.al, 2022; Zheng et.al, 2021). Emotion-focused coping on the other hand aims to ameliorate the emotional suffering by engaging in actions which change the relationship with the problem such as venting and self-blame (Han et.al, 2022; Zheng et.al, 2021). Furthermore, Lazarus and Folkman (1984), indicate that personal responses to stress and coping are not constant, thus people try to re-evaluate their situations by going through the primary and secondary appraisal processes again, which makes the system transactional as illustrated in figure 2.

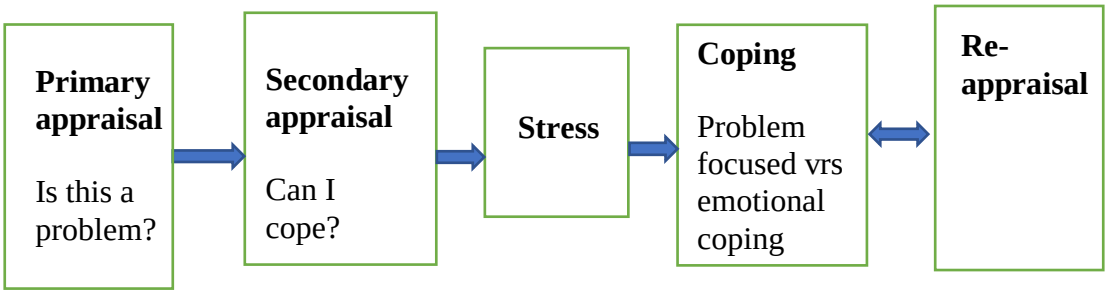

Figure 2: **Stages of the Transactional Stress and Coping Theory**

Source: Lazarus and Folkman (1984)

Certainly, events like the COVID-19 pandemic have caused significant levels of stress and anxiety which may trigger coping strategies to manage the

impact (Trougakos et.al, 2020; Zheng et.al, 2021). Some notable stressors include uncertainty surrounding the disease, quarantine, isolation fear of infection, fear of death of a loved one, frustration due to loss of a source of income or livelihood, and stigmatisation amongst others (Faryabi, et al., 2022). Individuals adopted various coping strategies to deal with the pandemic. Some of these include emotion-focused strategies such as venting, and taking of alcohol, and drugs to mitigate stressful situations (Trougakos et.al, 2020). Others utilize problem-focused coping techniques by complying with COVID-19 preventative protocols, such as frequent hand washing, wearing of facemasks and social distancing.

Other coping strategies employed include listening to music, watching television, the use of social media, praying, sleeping, meditating and seeking social support (Asare-Nuamah et.al, 2022; Gibbs et.al, 2023; Kar et.al, 2021; Ojewale, 2020; Park, Russell, Fendrich, Finkelstein-Fox, Hutchison, & Becker, 2020). Lazarus and Folkman's (1984) theory of stress and coping, holds that people use strategies they believe will help them reduce their stress when they are exposed to events beyond their resources and capacity to handle. Consequently, this theory will guide the study's second objective.

Human Security

For more than two decades, academics and international organisations have researched and debated the complicated idea of human security, but there has never been a consensus on an accurate definition of the concept (Cárdenas et al., 2022). The United Nations Development Programme (UNDP) published the first noteworthy section on human security in its 1994 Human Development Report (Paris, 2001).UNDP (1994) defines Human Security as

"safety from poverty, hunger, disease, and repression as well as protection from unexpected and detrimental interruption of everyday life patterns".

According to the United Nations Commission on Human Security (UNCHS, 2003) Human Security is defined as "protecting the vital core of all human lives in ways that enhance human freedoms and human fulfilment". "It connects different types of freedoms such as freedom from want, freedom from fear and creates political, social, environmental, economic, military and cultural systems that give people the building blocks of survival, dignity and livelihood" (UNCHS, 2003). Human security, according to Gomez and Gasper (2013), is the absence of fear and want. Human security must protect people from serious threats that could prevent them from exercising their fundamental rights (Ahsan, 2016).

Economic, health, food, environmental, personal, communal, and political security are the seven basic human rights that human security aims to safeguard, according to the United Nations Development Program (1994). Since a health issue has affected economic, food, personal, community, environmental, and political security, the COVID-19 pandemic is an example of how interconnected the different aspects of human security are (Umukoro, 2020).

Even though the concept of human security has steadily gained acceptance in international relations, its applicability as a tool for policymaking and operationalisation has come under scrutiny. The idea of human security has been criticised for being ill-defined, illogical, and unquantifiable (Paris, 2001). Additionally, it has been said to be too general to be a useful security design (King & Murray, 2001). Human security and

governance have also been critiqued for putting the well-being of residents in non-functioning states second to the protection of the home populace (Muguruza, 2007).

Finally, the UNDP's seven dimensions of human security namely, health security, food security, economic security, political security, personal security, environmental security and cultural security suggest several potentially linked and overlapping traits centred on human dignity, but they do not offer a coherent framework for fusing them into a single idea (King & Murray, 2001).

Dimensions of Human Security and Link with Pandemics

Health Security

Health security aims to elucidate the variables that impact people's health. Threats include starvation, dangerous infectious diseases, contaminated food, and limited access to basic medical care (UNCHS, 2003). As previously said, the COVID-19 pandemic has made health insecurity worse worldwide, in Africa, and Ghana. The COVID-19 pandemic impacted directly and indirectly the physical and mental health of individuals (Steele, 2020). The containment measures including mobility restrictions and lockdowns caused poor mental health in some individuals (Rahman et al., 2020). This increased people's chances of experiencing psychological effects such as suicide and other behavioural disorders (Rahman et al., 2020).

Additionally, some people are more inclined to forego medical care because they are afraid of catching the coronavirus in hospitals or because they believe that the quality of health services has declined because of the emphasis on virus containment (Chersich et al., 2020). The global economic

crisis due to COVID-19 had a severe influence on most countries' ability to offer good healthcare to their citizens as well as individual's ability to afford quality healthcare (Danquah & Schotte, 2020). The loss of income due to the outbreak of COVID-19 adversely impacted some people's ability to pay for healthcare, leading to an increase in negative health outcomes for many (Danquah & Schotte, 2020).

Before the pandemic, Africa faced obstacles in the health system, including equipment shortages, lack of money, insufficient health worker training, and poor data transfer, all of which have been compounded by the outbreak of COVID-19 (Umukoro, 2020). Also, the fight against COVID-19 is said to have affected other health sectors in Sub-Saharan Africa as limited resources are concentrated in the fight against COVID-19 Pandemic while disregarding other diseases like tuberculosis, malaria, maternal and child health, which cause some of the greatest death rates among the poor (Umukoro, 2020).

According to Abor and Abor (2020), the Government of Ghana in the quest to respond to the emergence of the COVID-19 pandemic diverted more resources to the pharmaceutical sector for the supply of COVID-19 drugs and equipment affecting funding through the National Health Insurance Policy. For instance, Tuberculosis (TB) case notifications and HIV testing and counselling services in Ghana saw a decline between March and December 2020 with a cumulative loss of 262,620 (26.5%) for HIV tests attributable to the COVID-19 pandemic. Also, a cumulative loss of 2,128 TB cases was observed nationwide within the same period (Osei, Amu, Kye-Duodu, Kwabla, Danso, Binka & Kim, 2023).

However, the pandemic's outbreak revealed Ghana's undeveloped health infrastructure and its uneven distribution throughout the nation, which prompted measures to close the gap. In response to the COVID-19 pandemic, Ghana built its first infectious disease centre (Novignon & Tabiri, 2022). Additionally, the Ghanaian government attempted to construct 111 more health institutions throughout the nation to address the country's health infrastructure deficit, which was brought to light by the COVID-19 pandemic. These included the rehabilitation of the Effia-Nkwanta Regional Hospital in the Western region, two specialist hospitals in the middle and northern belts, seven regional hospitals, and 101 district hospitals (Novignon & Tabiri, 2022).

Economic Security

Economic security implies improving the living standards of individuals through the eradication of threats such as Persistent poverty and unemployment (UNCHS, 2003). It necessitates a guaranteed minimum wage, typically earned through profitable and productive labour (UNCHS, 2003). Global economic activity has been significantly disrupted by the COVID-19 pandemic (Gondwe, 2020). Nearly half of the 3.3 billion workers worldwide were in danger of losing their jobs because of the uncertainties around the virus and the ensuing policy measures (Sumner et al., 2020). Nearly 1.6 billion employees worldwide in the informal economy who were already economically insecure were most seriously impacted, according to the International Labour Organisation (2023). Low-wage workers, particularly those who labour daily and have minimal or no access to healthcare or social safety nets, were particularly hard hit (Danquah & Schotte, 2020).

For instance, in Sub-Saharan Africa, more than 85% of the workforce works in the informal sector, with many people relying on daily income to support their families and having little to no access to social security (Danquah & Schotte, 2020). Furthermore, the nature of these jobs in the informal sector is such that they cannot be done from home (Shadmi et.al, 2020). The pandemic has hurt businesses and households, with income levels dropping because of the lockdown and closure of several businesses (Abor & Abor, 2020). The hospitality business, for example, was severely harmed by the prohibition on international travel and border closures, as well as the downturn in tourism (Abor & Abor, 2020). Local businesses saw 72 per cent and 90 per cent losses in production and sales, respectively. This influenced employment and resulted in wage reductions for an estimated 770,124 employees (Ghana Statistical Service, 2020).

In addition, 23.2 per cent of the workforce, or about 695,209 individuals, had their hours of work decreased (Ghana Statistical Service, 2020). Furthermore, four per cent of businesses laid off workers because of the COVID-19 outbreak (Ghana Statistical Service, 2020). This equates to an estimated 41,952 people, with the biggest number of layoffs in the hospitality and culinary industries (Ghana Statistical Service, 2020). Almost all products saw price increases, with non-alcoholic beverages and food seeing the biggest jump of 4.8 per cent (Ghana Statistical Service, 2020). During Ghana's partial shutdown, a sizable portion of firms, 51.4% of Greater Accra businesses and 55.4% of Ashanti businesses were forced to close (Ghana Statistical Service, 2020).

According to Pekan and Delen (2020), containment measures like social distancing, lockdowns, and isolations had the most detrimental effects on vulnerable and disadvantaged workers generally, who primarily work in industries like the arts and entertainment, education, food, lodging, and retail sectors. These measures resulted in high unemployment and a decline in income. Households that were already in a state of economic uncertainty and unstable employment suffered the most because of the prolonged closures, as they were unable to work from home (Peksan & Delen, 2020). The lack of capacity to work from home reinforces pre-existing labour market disparities.

Food Security

Food Security focuses on the basic threats that affect survival such as hunger and famine (UNCHS, 2003). When individuals regularly have physical and financial access to a sufficient supply of food that is safe, healthy, and satisfies their nutritional needs, they are said to be in a condition of food security (FAO, 2008). Four factors availability, accessibility, utilisation, and stability can be used to assess food security in this situation (FAO, 2008). Food insecurity affects people's capacity to participate in all social, political, and economic life (Abroquah, 2020).

The COVID-19 Pandemic impacted local and international food supply chains due to trade limitations and containment measures, reducing access to safe, varied, and nutritious diets (FAO, 2020). There were already labour shortages in the agriculture industry, which was probably exacerbated by the lockdown measures, increasing food costs (Abroquah, 2020). In addition, the pandemic caused many individuals to lose their source of

income, making it impossible for them to provide for their families and themselves (FAO, 2020).

Ghana imports a substantial share of its staple foods particularly rice and poultry from nations such as Vietnam, China, Brazil, Thailand, and the United States of America (Connick and Tandoh, 2020). The COVID-19 pandemic has had a significant influence on Ghana's food business due to border closures and restrictions on food import and export from several nations worldwide (Connick & Tandoh, 2020). Due to a shortage of supplies brought on by the worldwide increase in COVID-19 cases, food prices increased significantly in urban marketplaces across the nation (Asante and Mills, 2020).

Personal Security

This sphere focuses on people's security from physical violence. It explains those issues about violence, law enforcement, crime prevention and maintenance of law and order in the community (UNCHS, 2003). Physical safety against dangers like torture, violence, criminal attacks, terrorism, domestic abuse, drug usage, suicide, auto accidents, human trafficking and child abuse are among the main threats (UNCHS, 2003).

According to Eisner & Nivette (2020), it is difficult to draw broad generalizations about the COVID-19 pandemic's impact on fatal violence. However, it was found that the lockdown and social distancing guidelines could cause both a reduction and an increase in crime. It was established that immediately after the outbreak of the COVID-19 pandemic, decreases were observed in the incidence of robbery, theft and burglary (Eisner & Nivette,

2020). This may be attributed to the implementation of restrictive measures such as lockdowns which reduced opportunities to commit such crimes.

On the other hand, economic crises leading to an increase in unemployment had a bigger impact on disadvantaged populations, limiting people's financial stability and potentially triggering an increase in property crime and domestic violence (Graham-Harrison et.al, 2020). COVID-19 resulted in an upsurge in domestic violence instances in numerous countries around the world particularly during the period of the social distancing and lockdown measures (Mittal & Singh, 2020; Wagers, 2020). According to Allen-Ebrahimian (2020), domestic violence incidents tripled in China in the year 2020.

Domestic violence incidents increased after quarantines were imposed in some European and British cities (Wagers, 2020; Mahase, 2020). Additionally, as of April 2020, the World Health Organisation reported a 60% increase in the number of emergency calls from women who had experienced intimate partner abuse in European member nations compared to the same period the year before (Mahase, 2020). Similarly, sexual and domestic abuse of women and girls increased across Africa during the period of the lockdown (Mittal & Singh, 2020).

During the outbreak of COVID-19 in Ghana, UNICEF and its partners conducted a rapid assessment of violence and abuse in homes. Findings established that 32% of adolescents and young people had observed increased abusive behaviour within their families in areas such as financial, emotional, physical, sexual, and mental/psychological abuse. Evidence also suggested that, in the Greater Accra and Ashanti Regions, where the lockdown was

implemented, there was a significant increase in child abuse instances and a decline in violence prevention programme by 77% (UNICEF, 2020). Further, a report by the Ghana Statistical Service on the impact of COVID-19 in Ghana, indicates that there was a 34.1 per cent rise in crime during the lockdown time.

The two most common crimes, theft and burglary, increased by 31.4 per cent and 13.1 per cent, respectively. Domestic violence and assault both increased by 3.7 and 3.1 per cent, respectively (Ghana Statistical Service, Brief on COVID-19, 2020). The overall crime rate and various types of crime increased most in lockdown areas, rising 47.1%, while non-lockdown areas saw just 34.1% of this increase (Ghana Statistical Service, Brief on COVID-19, 2020).

Organs of the state may themselves threaten personal security, such as police forces beating or torturing individuals who flouted COVID-19 protocols. In Ghana, police brutalities such as physical and verbal assault were meted out as punishment to individuals who violated the lockdown directives (Asante and Mills,2020). Further, some pedestrians who flouted the social distancing protocols whilst travelling on commercial vehicles were brutalised and tortured by security officers whilst a few were prosecuted (Asante and Mills, 2020). The Ugandan government used national military forces to enforce COVID-19 restrictions, which resulted in an uptick in violence against citizens (Jefferson et. al, 2021).

Political Security

Living in a society that upholds one's fundamental human rights is one of the most crucial elements of human security (UNDP, 1994). This involves

exercising civic, political, and economic rights. The pursuit of important qualities of human life, such as freedom from fear and freedom from want, is shared by human security and human rights (Alkire, 2003). Human rights violations by many states during the implementation of emergency measures to battle the global pandemic are a trend in the direct and indirect repercussions of COVID-19 from a human security perspective.

These procedures which include lockdowns and social distancing protocols among others demonstrate the extent to which various governments used COVID-19 to enact laws that are contrary to democratic values and infringe upon the civil and political rights of residents and immigrants (Gordon and Green, 2002). Gordon and Green (2021) further stated that emergency measures were used to restrict civil liberties and democratic freedoms and weaken economic rights and social rights such as the right to employment, education, food, and healthcare.

The disproportionate increase in societal inequality, which had a higher toll on the already deprived or lower socioeconomic groups, is another effect of COVID-19 from the perspective of human security (Gyasi, 2020). Societal inequality was exacerbated by the pandemic since there has been a disproportionate risk and impact (Shadmi et.al, 2020). The elderly, those with lower socioeconomic levels, those who live in densely populated regions, migrants, and minorities are among the vulnerable groups that are unfairly affected by the pandemic (Shadmi et al., 2020; Van Dorn, Cooney & Sabin, 2020). Poor access to high-quality medical and public health care, as well as the incapacity to recognise social or physical distance, are the causes of this,

especially for people living in densely crowded places (Van Dorn, Cooney & Sabin, 2020).

Additionally, poverty and the loss of jobs due to the global economic downturn, unequally affected those in the lowest power strata of societies who are at a significant risk of being food insecure (Shadmi et.al, 2020). The containment measures put in place make those who lack safe homes, good drinking water, sanitation, and stable employment more vulnerable. (Shadmi et.al, 2020).

Further, the COVID-19 pandemic exacerbated stigmatisation and discrimination against specific people and communities (Demirtaş-Madran, 2020). Due to the coronavirus's widespread global distribution, racism, xenophobia, and hate crimes against Asians have been observed in several countries (Demirtaş-Madran, 2020). Gover, Harper, and Langton (2020) predicted that the pandemic would increase hate crimes, such as harassment, assault, murder, arson, vandalism, and threats to commit such crimes against a person or their property because of their real or perceived ethnicity or nationality. More Asians, Blacks, and non-Hispanics than any other racial or ethnic group in America reported experiencing discrimination (Demirtaş-Madran, 2020).

Historical Evidence of Effects of Pandemics on Human Security

The Black Death

The Black Death also called the "Great Pestilence" by medieval people was a global pandemic that originated from China in 1334 and got to Europe by 1347 (Huremović, 2019). From China, it spread to Central Asia and northern India through the trade routes called Silk Road either by traders or

soldiers or rodents that were infested and found their way onto trading carts between trading points (Huremović, 2019). The plague was estimated to have killed about 60 per cent of the population of Europe and the world population reduced from about 450 million to about 350 million by 1400 (Huremović, 2019).

The outbreak resulted in a security breakdown leading to the persecution of minorities such as the Jews, beggars, lappers and foreigners (Barzilay, 2016). This persecution was based on the perception that the minority caused the outbreak by poisoning the wells (Barzilay, 2016). In 1347, Jewish communities numbering about 2000 were killed by burning in Strasbourg (Gottfried, 2010). Europeans who were mostly Catholics also took to spiritual channels for interpreting the cause of the plague. This resulted in non-Catholics being accused of being "heretics" thereby facing discrimination as the Jews (Barzilay, 2016).

The plague caused food insecurity in Europe due to the reduced population of the peasants ushering in a long period of starvation called the Great Famine (Antoine, & Hillson, 2012). The scarcity of food resulted in malnutrition leading to infection susceptibility due to weak immunity and accounted for about 10 per cent of population reduction in Europe (Walter & Schofield,1989). Peasant uprisings that began as murmurs of dissatisfaction and swiftly grew into powerful forces include the Jacquerie in France in 1358, the Ciompi Revolt in Italy in 1378, and Wat Tyler's Rebellion in England in 1381 (Walter & Schofield, 1989).

The exchange of goods and services along trade routes also decreased significantly because of the fear of contracting the disease (Walter &

Schofield,1989). In the Middle East, the plague was recorded in Egypt, Lebanon, Algiers, Baghdad, Ottoman, Syria, Palestine, Mecca and Yemen which were thought to be infected by the return of King Mujahid of Yemen who was imprisoned in Cairo (Walter & Schofield,1989).

The Justinian Plague

Either Ethiopia or the Central Asian steppes were the origins of the Justinian plague, which was brought on by Yersinia pestis in the middle of the sixth century AD. It swiftly spread across the trade routes (Allen, 1979). The military was also said to have contributed to the spread of the disease due to their movements from Asia Minor to Africa, Italy and Western Europe (Allen, 1979). According to Sarris (2002) about 10,000 people were struck dead by the plague in a single day.

The disease spread through Antioch, Illyricum, Africa, and Spain in AD542 and by AD543, it reached Atropatene, Italy and Gaul, and the British Isles (Sarris, 2002). Victims of the disease experienced hallucinations, fever, and fatigue with buboes in their groin or armpit and eventually died vomiting blood (Sarris, 2002). The consequence of this plague was that survivors were scared to venture out of their homes resulting in reduced food production, scarcity of stable food and economic challenges (Allen, 1979).

Spanish Flu Pandemic

The Spanish Flu of 1918 to 1920 is described as one of the deadliest pandemics in the modern world (Erkoreka, 2009). The pandemic which first broke out in 1918 was caused by influenza A - subtype H1N1 progenitor strain (Tsoucalas et. al, 2016). The first wave of the outbreak caused few deaths but quickly mutated resulting in the deaths of millions of people worldwide

(Erkoreka, 2009). Three different waves of this outbreak have been documented with many deaths resulting from ages 15 years to 44 years (Tsoucalas et. al, 2016) and a global death toll of about 50 million (Martini, et al, 2019).

The global spread of the disease was largely attributed to the emergence of modern systems of transportation due to the movement of soldiers who were fighting the First World War, sailors and the civilian population (Tsoucalas et. al, 2016). The disease spread through France, Great Britain, Italy and Spain greatly affecting World War One operation (Martini, et al, 2019). The second wave of the disease the deadliest of the three waves was transported from Plymouth in South-Western England in the fall of 1918 by ships going to Sierra Leone and the United States (Saunders-Hastings, & Krewski, 2016).

A third wave was recorded in Australia from 1918 to 1919, then subsequently spread to France, Japan and New York (Price-Smith, 2008). The Spanish flu is noted to have the longest lifelong effect on human civilization since its outbreaks (Price-Smith, 2008). Price-Smith (2008) noted that because the pandemic affected the forces of Germany and the Austrian-Hungarian Empire earlier and more severely than their Allied enemies, it may have changed the course of the First World War.

An analysis of United States of America census data from 1960 to 1980 showed that children born during the pandemic exhibited decreased academic achievements and increased physical disability rates compared to children born before or after the pandemic (Tsoucalas et. al, 2016).

Severe Acute Respiratory Syndrome (SARS)

The first instance of severe acute respiratory syndrome brought on by the SARS coronavirus (SARS-CoV) was documented in China in November 2002 (Cleri, Ricketti & Vernaleo, 2010). Until February 2003, when an infected doctor flew to Hong Kong and infected ten additional people in the hotel where he stayed, the transmission of SARS was restricted within China's borders (Cleri, Ricketti & Vernaleo, 2010).

This started the global spread of the disease that went on to affect about 8,098 people in over 30 countries, with about 916 losing their lives to the disease (Person et. al, 2004). Severe Acute Respiratory Syndrome (SARS) is transmitted through respiratory droplets or contaminated sewage with an incubation period between two to eleven days (Lau et al., 2008).

The SARS outbreak also had a serious physiological and mental health impact on the population especially frontline health workers (Qiu et al, 2018). Economically, the SARS outbreak cost Asian countries about USD 12-18 billion affecting tourism and other related businesses (Curley & Thomas, 2004). Globally, the estimated impact of SARS is about USD 30 to 100 billion (Curley & Thomas, 2004).

H1N1 Pandemic or the Swine Flu

The influenza in swine was first identified during an outbreak of pandemic between 1918 and 1919 with the first swine virus in humans recorded in 1974 (Shahrour, 2012). The April 2009 outbreak of the HINI influenza virus drew the world's attention when human infections were recorded in Mexico and the United States of America and spread to over 168 countries (Elduma & Saeed, 2013). Thought to be a combination of bird,

swine and human viruses, it was ordinarily called the "swine virus" and was transmitted through fomites and respiratory droplets such as coughing and sneezing (Elduma & Saeed, 2013).

The 2009 outbreak affected about 10 per cent of the world's population with estimated deaths between 20,000 to over 500,000 persons (Jennings, 2009). The World Health Organisation (WHO) on July 11 declared it a pandemic (Jennings, 2009). The outbreak caused public mistrust since health institutions were accused of creating fear and panic to boost pharmaceutical companies' sales of vaccines (Jennings, 2009). The pandemic apart from the death toll, had economic implications due to loss of employment and livelihood (Shahrour, 2012).

Ebola Virus

The Ebola Virus (EBOV) which belonged to the family of Filoviridae caused fatal infections among humans (Kimura et al, 2015). According to Passi et al. (2015), the World Health Organisation identified it as one of the most virulent illnesses in the world, with a death rate ranging from 50% to 90%. Among other symptoms, EBOV may manifest as a high temperature, headache, nausea, vomiting, anorexia, diarrhoea, and sore muscles (Kimura et al, 2015). About 2,350 cases of EBOV were identified between 1970 and 2013, with the first outbreak ever documented occurring in the Democratic Republic of the Congo in 1976. A few isolated cases were also reported in Central Africa, Sudan, and Uganda (Kimura et al., 2015). In 2014, the first case of the outbreak was reported in Guinea and quickly spread to Liberia, Nigeria and Sierra Leone (Kimura et al., 2015). According to Passi et al.

(2015), the outbreak in West Africa was considered the most complex and biggest with 24,788 cases and a reported death count of 10,251.

The World Health Organisation (2014) states that the Ebola virus is a deadly virus that causes severe haemorrhagic fever in both humans and non-human primates. Direct contact with bodily fluids or blood from an infected individual was the means of transmission (Sambo & Jackson, 2021). Reduced access to health care was also seen as a major problem during the outbreak in the affected countries (UNDP, 2020). During the initial outbreak of the disease, panic was reported among healthcare givers who were not trained to handle such epidemics resulting in the closure of clinics and healthcare centres affecting the treatment of tuberculosis and malaria (Raven, Wurie, & Witter, 2018).

This increased from non-Ebola deaths. For instance, in Guinea, tuberculosis and HIV/AIDS deaths increased by 6269, Liberia by 1535 and Sierra Leone recorded 2,019 deaths non-Ebola deaths (UNDP, 2020). In addition, stigmatization and the fear of transmission also contributed to the difficulty in accessing primary health care for individuals especially pregnant women (Menéndez et al, 2015). In 2014, the United Nations Security Council enacted Resolution 2177 (2014), indicating the extent of threat posed by Ebola to international peace and security (Burci, 2014).

The Ebola outbreak had a detrimental effect on the economies of the afflicted nations, especially the tourist sector, which saw flight cancellations to the affected countries and generally reduced Africa's competitiveness in the market (Maphanga & Henama, 2019). The Ebola outbreak also hurt the food security of the affected and other countries due to restrictions on movement

(Wijngaard, 2015). The quarantine measures isolated communities that were farming regions of the affected countries (Wijngaard, 2015).

Review of Empirical Literature

Effect of COVID-19 on Health security

A study on "The COVID-19 Pandemic: A Global Health Crisis," was conducted by Pollard, Morran, and Nestor-Kalinoski (2020). The study reported that the pathophysiology of COVID-19 includes sepsis-causing vascular leak, lung epithelial cell loss, thrombosis, and hypercoagulation. These events caused acute respiratory distress syndrome (ARDS) and lung fibrosis in patients. The study concluded that Diabetes, hypertension, and cardiovascular disease were all COVID-19 risk factors that were widespread in the United States of America.

A nationwide study on “psychological distress among Chinese people during the COVID-19 pandemic: consequences and policy recommendations” was conducted by Qiu, Shen, Zhao, Wang, Xie, and Xu (2020). The survey collected valid responses from 36 provinces, municipalities, Hong Kong, Macau, Taiwan, and autonomous regions, totalling 52,730. Men made up 35.27 per cent of the respondents, and women made up 64.73 per cent. COVID-19 has been connected to several mental health issues, such as depression, anxiety, and panic disorder.

In their 2021 study, Roy, Singh, Mishra, Chinnadurai, Mitra, and Bakshi examined the impact of the COVID-19 pandemic on mental health in India. Official and independent websites of numerous organisations and non-governmental groups, along with verified social media portals, were compiled from published journals, periodicals, and newspaper articles. Stress, anxiety,

desperation, insomnia, denial, frustration, and fear were among the mental health issues that were most frequently mentioned. Children, the elderly, frontline workers, and people with mental illnesses were among the most susceptible demographics in this situation. Their study also found that suicides connected to COVID-19 were more frequent.

Algahtani, Hassan, Alsaif, and Zrieq (2021) carried out research on the evaluation of quality of life during the COVID-19 pandemic in Saudi Arabia. It was established that the COVID-19 pandemic significantly impacted people's quality of life in several areas, as well as their physical and mental health. To better understand how COVID-19 affected pulmonary function and health-related quality of life, Talman, Boonman-de Winter, de Mol, Hoefman, van Etten, and De Backer (2021) undertook a qualitative study of 101 people in total. According to the study, the COVID-19 pandemic caused several cases of pneumonia with severe lung abnormalities and non-critical pneumonia survivors experienced significant deterioration in their ability to diffuse oxygen and their quality of life.

Following the outbreak of the COVID-19 pandemic, Guida and Carpentieri (2021) conducted a study on the quality of life in urban settings and primary healthcare for the elderly. The results showed that older people's health worsened further because they had very little access to primary healthcare throughout the epidemic, especially in the city suburbs. Alyami, de Albuquerque, Krägeloh, Alyami, and Henning (2021) investigated how COVID-19 affected Saudi adults' mental health and quality of life. 1029 Saudi adults, with an average age of 33, responded to the poll. The descriptive analysis revealed that although this demographic reported high levels of

quality of life and perceived social support, they were also seen to be anxious and depressed. According to the analyses, COVID-19 fear was associated with poorer mental health, which in turn led to a reduced quality of life.

Sharma, Gupta, Kushwaha, and Shekhawat (2020) studied how the media influenced the COVID-19 pandemic's effects on the quality of life for the Indian populace. An online survey was carried out between June 15 and June 30, 2020. The data was evaluated with SPSS utilising a total of 320 sample responses. The scientists found a significant positive statistical correlation between the number of hours spent watching COVID-19 news and how the public feels about the media, as well as a correlation between anxiety and unease and a decline in quality of life.

During the lockdown in the UK, Sommerlad, Marston, Huntley, Livingston, Lewis, Steptoe, and Fancourt (2021) carried out a COVID-19 longitudinal analysis research on social ties and depression. A quantitative study using online surveys was carried out with 71,117 respondents, with a mean age of 49. According to the study, people who had more face-to-face or phone/video communication during lockdown displayed fewer depression symptoms. However, during the period of forced restricted contact, those who were typically more gregarious or had greater empathy levels displayed more depression symptoms.

Grover, Sahoo, Mehra, Avasthi, Tripathi, Subramanyan, and Reddy (2020) studied how the COVID-19 lockdown affected the Indian Psychiatric Society psychologically. A total number of 1871 people responded to the online poll. It was determined that more than two-fifths of the population experienced common mental problems because of the COVID-19 outbreak

and lockdown. Macdonald and Hülür (2021) researched the impact of social interactions on the happiness and loneliness of elderly Swiss adults during the COVID-19 pandemic. According to the author's research, the global epidemic significantly harmed older people's loneliness and emotional health. In addition, the study found a connection between pandemic loneliness and traits of social ties.

The COVID-19 pandemic and its effects on interpersonal relationships and health were studied by Long, Patterson, Maxwell, Blake, Pérez, Lewis, and Mitchell (2021). It combines theory and recent research on the effects of the COVID-19 pandemic to make policy and recovery recommendations for the future with a clear focus on health relational processes. The authors identified four distinct social connection domains social networks, social support, social interaction, and intimacy and explained how each domain was significantly impacted by the pandemic and the ensuing public health response.

Effect of COVID-19 on Food Security

Research on food security and the effects of COVID-19 on Canada's farm industry was conducted by Deaton & Deaton in 2020. The authors claim that COVID-19 was a unique income shock that would likely result in a rise in the incidence of household food insecurity. Furthermore, the authors argued that since the income shock was linked to negative health effects, COVID-19 could raise the proportion of households experiencing food insecurity.

In 2020, Mardones, Rich, Boden, Moreno-Switt, Caipo, Zimin-Veselkoff, and Baltenweck looked at global food security and the COVID-19 pandemic. The results demonstrated that the COVID-19 pandemic outbreak

and the social isolation strategies put in place to prevent its spread had a substantial impact on food security by affecting economies and food systems both locally and globally. After workers tested positive for COVID-19, a British pork plant and a Brazilian beef plant voluntarily stopped exporting to China, while China halted importing from a US chicken processor and a German pig plant (Site, 2021; Mardones et al., 2020).

"Deciphering the Impact of COVID-19 Pandemic on Food Security, Agriculture, and Livelihoods: A Study of the Evidence from Developing Countries," a literature review conducted by Workie, Mackolil, Nyika, and Ramadas (2020). Based on the research, the authors discovered that containment measures adopted by nations are likely to exacerbate food insecurity, particularly in developing and food-insecure countries. The authors found out that global food supplies and prices were impacted as the pandemic spread across nations. The COVID-19-induced economic downturn was expected to reduce Agricultural food exports by 24.8 per cent in 2020 (Laborde, Martin & Vos, 2020). Over two million cases of COVID-19 were documented as of May 5, 2020, and 29 nations had placed food export restrictions, leading to a 5% reduction in global calorie markets.

Workie et. al., (2020) also discovered that changes in demand for fish and meat, and lower demand in restaurants, led to significant market shifts, affecting prices. This resulted in unfavourable conditions in these industries. According to Gondwe (2020), low-income countries spend 37% of their export income on food imports. This rate is five times higher than the equivalent figure in industrialised nations. This was attributed to concerns that COVID-19 may disrupt food markets due to logistical restrictions and

manpower shortages, putting upward pressure on pricing (Cariappa, Acharya, Adhav, Sendhil, & Ramasundaram, 2021).

Udmale, Pal, Szabo, Pramanik, and Large (2020) undertook a thorough investigation into food security around the world. The authors found that developing nations were the most susceptible to cereal supply shocks. It concluded that in these vulnerable countries, the pandemic was likely to cause short-term food insecurity. According to the article "COVID-19 Lockdowns, Income Distribution, and Food Security: An Analysis for South Africa" by Arndt, Davies, Gabriel, Harris, Makrelov, Robinson, and Anderson (2020), income shock occasioned by COVID-19 would jeopardise the ability of households with low levels of education and a high reliance on employment income to obtain food.

Bukari et al. in 2022 conducted a qualitative study titled “Effect of COVID-19 on Household Food Insecurity and Poverty: Evidence from Ghana”. According to the study, the COVID-19 pandemic caused food insecurity and poverty in a significant sample of Ghanaian families.

Effect of COVID-19 on Economic Security

“The socio-economic impact of COVID-19 on Ghana's economy: challenges and prospects” were examined by Aduhene and Osei-Assibey (2021). This study examined the socioeconomic effects of COVID-19 on the Ghanaian economy using comprehensive discourse analysis. The authors disclosed that the livelihoods of several employees in Ghana are at risk due to the spread of COVID-19. The authors claim that during the first two months of the pandemic, 42,000 jobs were lost in Ghana. During the first three months of the pandemic's spread, the nation's tourism industry lost $171 million in

income due to the partial lockdown and closure of tourism and hospitality facilities. The authors concluded that the coronavirus pandemic had a detrimental impact on Ghana's economic growth rate with a ripple effect on the individuals.

"COVID-19 in Indonesia: Socioeconomic Impact and Policy Response" was studied by Nursjanti (2021). The study's main objective was to assess how COVID-19 affected the growth of the gross domestic product, MSMEs, the tourism industry, employment, and poverty rate in Indonesia. According to the author, in the first quarter of 2020, economic growth slowed to 2.97%, and in the second, it shrank by 5.32%.

Al-Bimani and Matriano (2021) investigated "The Impact of COVID-19 on the Financial Performance of Bank Dhofar." The people involved in the audit and accounting of Bank Dhofar's financial information services provided 30 samples. The authors concluded that COVID-19 had a detrimental effect on the Bank's profit as well as the net interest margin for individual investments.

Mohammed, AlMughairi, Bhaskar, and Khalfan Hamood Alazri (2021) examined "The Economic and Social Impact of COVID-19 on Tourism and the Hospitality Industry: A Case Study of Oman". Participants in Oman's tourism and hospitality industries participated in the research. According to the authors, the economic effects of COVID-19 include monetary losses, a decline in domestic and global customer demand, problems with logistics and distribution systems, and strained ties with suppliers, customers, and employees. Josephson, Kilic, and Michler (2021) conducted a study titled "Social-Economic Impacts of COVID-19 in Low-Income Countries". The authors used data from Ethiopian, Malawian, Nigerian, and Ugandan

longitudinal household surveys. It was determined that 256 million people reside in homes where the pandemic resulted in economic losses.

Martin, Markhvida, Hallegatte, and Walsh (2020) researched the socioeconomic effects of COVID-19 on poverty and household consumption. Utilising the San Francisco Bay Area as a case study, the economic repercussions of a lockdown were assessed while considering the impact of unemployment insurance and the federal stimulus provided by the CARES Act. It was discovered that during the Bay Area crisis, the poverty rate rose from 17.1% to 25.9% in simulations of a three-month lockdown. Once more, it was found that during the lockdown, household savings and consumption considerably decreased and that the average period for people to recover was almost a year.

Hervie, Amoako-Atta, Hossain, Illés, and Dunay (2022) investigated the "Impact of the COVID-19 pandemic on hotel personnel in the Greater Accra Region of Ghana". A random sample of 511 hotel employees from 58 properties participated in the quantitative survey. Stepwise Regression model was used to examine the data. A reduction in pay and changes to work schedules and hours of operation were observed in nearly 80% of the respondents, particularly during movement restrictions and closing of the nation's borders.

Nuwematsiko, R., Nabiryo, M., Bomboka, J. B., Nalinya, S., Musoke, D., Okello, D., & Wanyenze, R. K. (2022). Conducted a study on "Unintended socio-economic and health consequences of COVID-19 among slum dwellers in Kampala, Uganda". A mixed-methods cross-sectional study was used. Data was collected in the Bwaise I and Bwaise III slums in Kampala, Uganda,

between October and December 2020. Systematic sampling was used to select 425 household heads at random for the in-person quantitative interviews. Additionally, six Focus Group Discussions (FGDs) with slum dwellers and eight Community Health Workers (CHWs) participated in photovoice data collection. The numeric data was analysed using STATA version 14.0, and the qualitative data was analysed using NVivo version 12. The study found that COVID-19 had a detrimental influence on children's rights. Child labour, adolescent pregnancies, and schooling were associated with food poverty, undesirable social behaviours and decreased family income and employment.

A study on "Ghana and COVID-19: Perspectives on livelihoods, health, and living situations of internal migrants in Accra" was conducted by Dauda and Jaha Imoro (2022). A total number of 25 internal migrants from Agbogbloshei, Accra, provided information for a qualitative study. Thematic analysis was used for the data analysis. According to the study, COVID-19 had a disastrous effect on the lives of internal migrant workers, and many of them were compelled to return to their hometowns. They were more likely to get and transmit the infection because of their substandard living situation. Additionally, the government of Ghana's reaction to the pandemic did not address the problems that internal migrants faced, including a lack of housing, crowded rooms, inconsistent salaries, and limited access to medical facilities.

Asante, D., Twumasi, M. A., Sakyi, A. S. K., Gyamerah, S., & Asante, B. (2021), conducted a study titled "The socio-geographical perspective of health and economic impacts of COVID-19 on poor households in Ghana". A total of 20 interviewees were selected from the Upper West, Upper East, and Savannah areas for the qualitative study. Content analysis was used to analyse

the data. The results show health burden and widespread socio-economic outcomes among poor households in Ghana because of job losses, restricted access to income and savings, and food insecurity occasioned by the outbreak of COVID-19.

Owusu, V., Atanga, R. A., Boafo, Y. A., Gyabaah, & Boateng, R. (2023) used a qualitative case study approach to evaluate "The effects of the COVID-19 pandemic on small-scale hospitality and tourism businesses in coastal communities in Ghana". A total of 19 respondents who were owners and managers of hospitality and tourism enterprises participated in in-depth interviews. According to the findings, operations, supply, and finances of enterprises such as "chop bars," "one-man kebabs," guest rooms, and entertainment centres were significantly negatively impacted. Low patronage, increased deterioration of perishable goods, temporary closures, and staff layoffs were only a few of the self-reported effects. These consequences were linked to restrictions on social gatherings, lockdowns, school closures, border closures, and beach access restrictions or outright bans.

Effect of the COVID-19 on Political Security

Anazonwu, Nnamani, Osadebe, Anichebe, Ezeibe, Mbah, and Nzeadibe (2022) used secondary sources in a study titled "State Actors, Human Rights Violations and Informal Livelihoods during the COVID-19 Pandemic in Nigeria". According to the study, Nigeria's COVID-19 containment measures infringed upon the human rights of workers who rely on daily pay to survive.

In a mixed-methods study, Ezeibe, Iwuoha, Mbaigbo, Okafor, Uwaechia, Asiegbu, & Oguonu (2022) evaluated how the government's efforts

to stop the COVID-19 pandemic's spread affects human rights in Nigeria. It was discovered that during the enforcement of the lockdown in Nigeria, the excesses of the government's security apparatus harmed the citizens' civil liberties and human rights.

A study conducted by Zweig, Zapf, Beyrer, Guha-Sapir & Haar, (2021) on "Ensuring rights while protecting health: the importance of using a human rights approach in implementing public health responses to COVID-19". The study provided a global overview of implantations of COVID-19 restrictions spanning January to June 2020. The study revealed that more than 70% of the public health policies negatively affected human rights in diverse ways which included the right to assembly, free speech, the right to leisure, the right to undertake economic activities right to participate in cultural life.

Spurk and Straub (2020), conducted a study on "flexible employment relationships and careers in times of the COVID-19 pandemic". It was discovered that, in contrast to community workers, a significant number of employees with online jobs were not impacted by mobility limitations during the lockdown.

Again, in a study conducted by Robin-Olivier (2020), on "free movement of workers in the light of the COVID-19 crisis", it was found that some employees continued to enjoy free movement during the imposition of restrictions on movement because their jobs were deemed vital. This category of workers included health professionals and other state authorities.

Omar, Ishak, & Jusoh, (2020) conducted a study on "The impact of Covid-19 Movement Control Order on SMEs' businesses and survival strategies". The study employed a qualitative approach and engaged six small

and medium-sized Enterprise owners through phone interviews during lockdown in March 2020 in Malaysia. The study found that the movement restrictions imposed by the government affected business operations as many of the owners of SMEs argued that the restriction on mobility restrained them from freely engaging in their respective transactions.

Osei-Tutu, A., Kenin, A., Affram, A. A., Kusi, A. A., Adams, G., & Dzokoto, V. A. (2021). Conducted a study on "Ban of religious gatherings during the COVID-19 pandemic: Impact on Christian church leaders' well-being in Ghana." The study used a qualitative design and interviewed 14 religious leaders. The data was analysed using thematic analysis. The study found that the COVID-19 restrictions had negative effects such as financial stress, interruption of a routine, loss of fellowship, spiritual inactivity, and pandemic fear. Improved family time, respite from stress, and improved faith were among the positive effects.

Chirisa, Mavhima, Nyevera, Chigudu, Makochekanwa, Matai, and Mundau (2021) using a qualitative study approach also conducted a study on "The impact and implications of COVID-19 on the Zimbabwean society". They argued that the COVID-19 preventive protocols impacted on freedoms and rights of Zimbabwe citizens. It found that people's freedoms and rights were curtailed by the restrictions on church services, celebrations of birth and marriages. Other bans included hugs and handshaking. It concluded that COVID-19 and preventive measures disrupted everyday life, and restricted human-social relations therefore violating human freedoms and rights.

Effect of COVID-19 on Personal Security

Shodunke, (2022) used qualitative research design to conduct a study on "Enforcement of COVID-19 pandemic lockdown orders in Nigeria: Evidence of public noncompliance and police illegalities' in Nigeria". The study interviewed 90 respondents from the public to collect data through various sampling methods. Using thematic analysis, the study revealed that the 14-day lockdown in Abuja, Ogun and Lagos States in Nigeria during the COVID-19 outbreak recorded incidents of police brutalities involving the State security forces due to excessive use of force. Eighteen deaths within the period,19 instances of illegal seizure of possessions, and 33 instances of torment and inhumane treatment were recorded.

To present their research findings on the racialisation of the COVID-19 pandemic and its effects in Ghana, Smith and Quartey (2020) primarily employed content and discourse analysis to examine data from literature, audiovisuals, government policies, and notes from observations of local narratives. The results showed that the use of disproportionate force by the military and police during the three-week lockdown in Ghana's major towns of Accra and Kumasi was marked by brutalities. According to their findings, it resulted in various injuries and death of a young man at Ashaiman municipality in the Greater Region of Ghana. It further revealed that the brutalities were localised around poor and working-class neighbourhoods where residents were considered uncooperative for violating the lockdown directive to find food.

Using the mixed method, Huho (2020) through telephone, face-to-face interviews and a literature review conducted a study on police brutalities

during the COVID-19 pandemic lockdown in Kenya. The paper noted that to enforce the movement restriction as a COVID-19 containment measure, the police used excessive force on people who didn't comply. The author noted 15 deaths, 31 serious injuries and 87 complaints were lodged against the police during the execution of the lockdown mandate due to excessive force.

Coping Strategies of Individuals During COVID-19 Outbreak

Asare-Nuamah, Onumah, Dick-Sagoe, and Kessie (2022) conducted a study on "perceptions and coping strategies for COVID-19 in a rural Ghanaian community" with 40 respondents. Purposive, snowball sampling procedures and overt observation were used for data collection. Further findings indicate that communities have accepted the use of nose masks, regular hand washing, and the application of sanitiser as preventive measures. Traditional practices such as bathing in "nyanya leaves" (Momordica foetida), drinking liquids made from the bark and leaves of "neem trees" (Azadirachta indica), as well as consuming local alcohol, "sobolo" (Hibiscus sabdariffa), and a solution made of ginger, garlic, and lemon.

Iddi et al., (2021) conducted a "multinational online cross-sectional survey on Personal and Family Coping with COVID-19 in the Global South" with a study population of Ghanaians who were 18 years and above. The study found praying and sleeping more by Ghanaians during the COVID-19 pandemic than before the pandemic.

A qualitative study titled "Managing the COVID-19 Crisis: Coping and Post-Recovery Strategies for Hospitality and Tourism Businesses in Ghana" was conducted by Dayour, Adongo, Amuquandoh, and Adam (2020) with 20 research participants. The authors concluded that practises including

temperature checks wearing of nose masks, using alcohol-based hand sanitizers, and maintaining social distance were all implemented in places like hotels and business centres.

Researchers Nurunnabi, Hossain, Chinna, Sundarasen, Khoshaim, Kamaludin, and Shan (2020) examined how Chinese pupils coped with the COVID-19 pandemic. A total number of 559 people responded to the author's online survey, which they performed using a semi-structured questionnaire and a simple random sample method. It was discovered that coping strategies were necessary because of the high levels of anxiety and psychological strain associated with the COVID-19 pandemic.

Between January and March 2020, Cai, Tu, Ma, Chen, Fu, Jiang, and Zhuang (2020) conducted a study on the psychological effects and coping mechanisms of frontline medical workers in Hunan. In the province of Hunan, medical professionals, nurses, and other hospital workers participated in a cross-sectional observational study. According to the authors, having access to strict infection control regulations, specialised equipment, hospital administration and government acknowledging their efforts, and a drop in COVID-19 reported cases all had a positive psychological impact.

A study was conducted by Huang, Xu, and Liu in 2020 and titled "Emotional Responses and Coping Strategies of nurses and nursing college students during the COVID-19 outbreak". This study used an online questionnaire survey from February 1 to February 9, 2020, to learn more about nurses' and college nursing students' current emotional reactions and coping mechanisms in the province of Anhui. The authors concluded that hospitals

should prioritise offering nurses psychological support, timely psychological treatment, and instruction in coping mechanisms.

Yen, Cappellini, Yang, and Gupta (2021) did a study in the UK titled "Coping with Coping: International Migrants' Experiences of the COVID-19 Lockdown". An interpretivist paradigm guided their study. A total of 60 migrants participated in the research. The authors found that, at the individual level, migrants employed multi-layered and multi-phase coping mechanisms, including the use of masks to prevent infection.

America was the setting for a study by Park, Russell, Fendrich, Finkelstein-Fox, Hutchison & Becker (2020) titled "Americans COVID-19 stress, coping, and adherence to CDC guidelines". The study was open to anyone who was at least 18 years old, lived in the USA, or was from an English-speaking nation. There were 1015 completed responses in total. The authors found that distraction, active coping, and looking for emotional social support were Americans most common coping mechanisms.

Oyewale, Adebayo, and Kehinde (2020) did research on how COVID-19 will affect small and medium-scale businesses in Nigeria. The study used a multivariate probit model to predict the factors influencing coping techniques and a linear probability model to evaluate the data to assess the impact of the pandemic on entrepreneurs. The writers concluded that partial lockdown improves the possibility of changing coping mechanisms for doing business.

Ojewale (2020) investigated the mental health, family dynamics, and coping mechanisms of University of Ibadan students in Nigeria during the COVID-19 lockdown. A total number of 386 undergraduate students were involved in the cross-sectional investigation. The authors concluded that

people used social media, watched films, and participated in online skill development courses as coping strategies to survive COVID-19.

In their online survey on “stress and coping during the COVID-19 pandemic”, Kar, Kar, and Kar (2021) discovered that many people had anxiety, sadness, and stress symptoms because of COVID-19. According to the survey, some of the coping mechanisms used to manage stress included hoping for the best, having confidence in God or religion, sharing feelings with others, and talking to others.

Algahtani, Alsaif, Ahmed, Almishaal, Obeidat, Mohamed, & Gul (2022) conducted a cross-sectional survey titled "Using Spiritual Connections to Cope with stress and anxiety during the COVID-19 pandemic". The purpose of the study was to evaluate how much stress and anxiety symptoms were felt by participants and how much relief spiritual connections provided. A total number of 795 Saudi Arabian residents made up the study sample for the quantitative study. According to the study, relying on spiritual ties lowers the chance of developing anxiety and stress symptoms as well as helps older individuals deal with heightened fear during the early stages of the COVID-19 pandemic.

During the COVID-19 pandemic outbreak, Savitsky, Findling, Ereli, and Hendel (2020) conducted a cross-sectional study on “Anxiety and coping mechanisms among nursing students at the Ashkelon Academic College in the Southern District of Israel”. In the third week of a nationwide lockdown, 244 nursing department students made up the study sample size. A greater anxiety level was substantially correlated with both a lack of personal protective equipment (PPEs) and a fear of infection. The authors mentioned that

individuals employed the subsequent coping strategies in dealing with the pandemic: Participating in daily physical activity, practising yoga and meditation, enjoying movies; listening to music and reading; Spending time with children and spouses or directing attention toward family members. Other coping strategies adopted included gardening, engaging in hobbies, eating more, washing hands, prayers, alcohol and drug abuse and avoiding news on COVID-19.

Government's COVID-19 Interventions and Human Security

Akrofi & Antwi conducted a study in 2020 which was titled "COVID-19 energy sector responses in Africa: A review of preliminary government interventions." Reviewing how African governments responded to this challenge in the energy industry was the study's main objective. Information was acquired online from government policy briefings and pronouncements as well as from the World Bank, International Monetary Fund (IMF), World Health Organisation (WHO), KPMG, and other international organisations' websites. According to the author's assessment, the bulk of initial solutions were temporary and comprised free electricity distribution, waivers or suspensions of bill payments, and VAT exemptions on electricity bills. Their study found that Sub-Saharan Africa had a higher prevalence of these interventions.

During COVID-19, Ashraf (2020) investigated socioeconomic circumstances, governmental initiatives, and health results. From January 22 to May 20, 2020, the author used a panel dataset with 9529 daily observations from 80 different nations. By employing interaction terms between socioeconomic characteristics and government emergency policies, the study

found that stringent social distancing restrictions and substantial monetary assistance programmes helped to reduce deaths, particularly in nations with weak socioeconomic situations.

Understanding rural local government response during COVID-19-induced lockdown was the focus of a qualitative study carried out by Sohel, Ehsan, Zaman, Hossain, Shi, Sarker, and Ali (2022). The data was analysed by content analysis. The study discovered that the local government's efforts to provide food and non-food aid as well as cash support to rural Bangladesh people were hindered by issues such as a lack of manpower, little assistance, and superstition.

To conduct a study on the "Assessment of Government Response to the Socioeconomic Impact of COVID-19 pandemic in Nigeria," Awofeso and Irabor (2020) relied on secondary data. The study claims that the government's social interventions to mitigate the COVID-19 pandemic's effects, such as giving food to households that were less fortunate, were mainly unsuccessful due to a lack of coordination, human rights abuses, partiality in the distribution of goods, and inadequate fiscal policy.

The government of Mauritania established a $80 million fund to support medical supplies and subsidies for the needy, including the exemption of 174,707 homes from power payment for two months, according to UNICEF Mauritania Coronavirus report (2020). These measures were put in place to help the nation's most disadvantaged citizens, but some of the homes that were specifically targeted were unable to take advantage of the initiatives because they were not directly connected to the energy supply that was under government regulation.

Conceptual Framework

A conceptual framework that explains the underlying relationship between COVID-19 and its effects on individuals as well as the theories that explain the concept, is necessary for an empirical study of the implications of COVID-19 on human security. Based on the literature review on the connection between COVID-19 and human security, the conceptual framework offers a basis for concentrating on factors for the study. Figure 3 shows that measures such as lockdown, quarantine, social distancing, isolation, ban on social activities and school closures were adopted to contain COVID-19 during the outbreak.

These measures harmed human security due to the threat they posed to the livelihood and well-being of people because it caused unemployment, poverty, food insecurity, poor mental and physical health as well as human rights violations. The restriction on social interaction among family and friends aggravated feelings of loneliness which undermined the belongingness and love needs of the people. The COVID-19 pandemic therefore prevented some people from attaining self-fulfilment needs due to the unmet basic needs such as food, water, shelter, and warmth. Fear of infection, loss of a source of livelihood and individuals who were incapable of ensuring the safety and protection of themselves and family led to feelings of stress and anxiety. Given this, varied coping strategies including watching television, switching businesses and spirituality were adopted by individuals to manage the stress as posited by the transactional stress and coping theory.

CONCEPTUAL FRAMEWORK

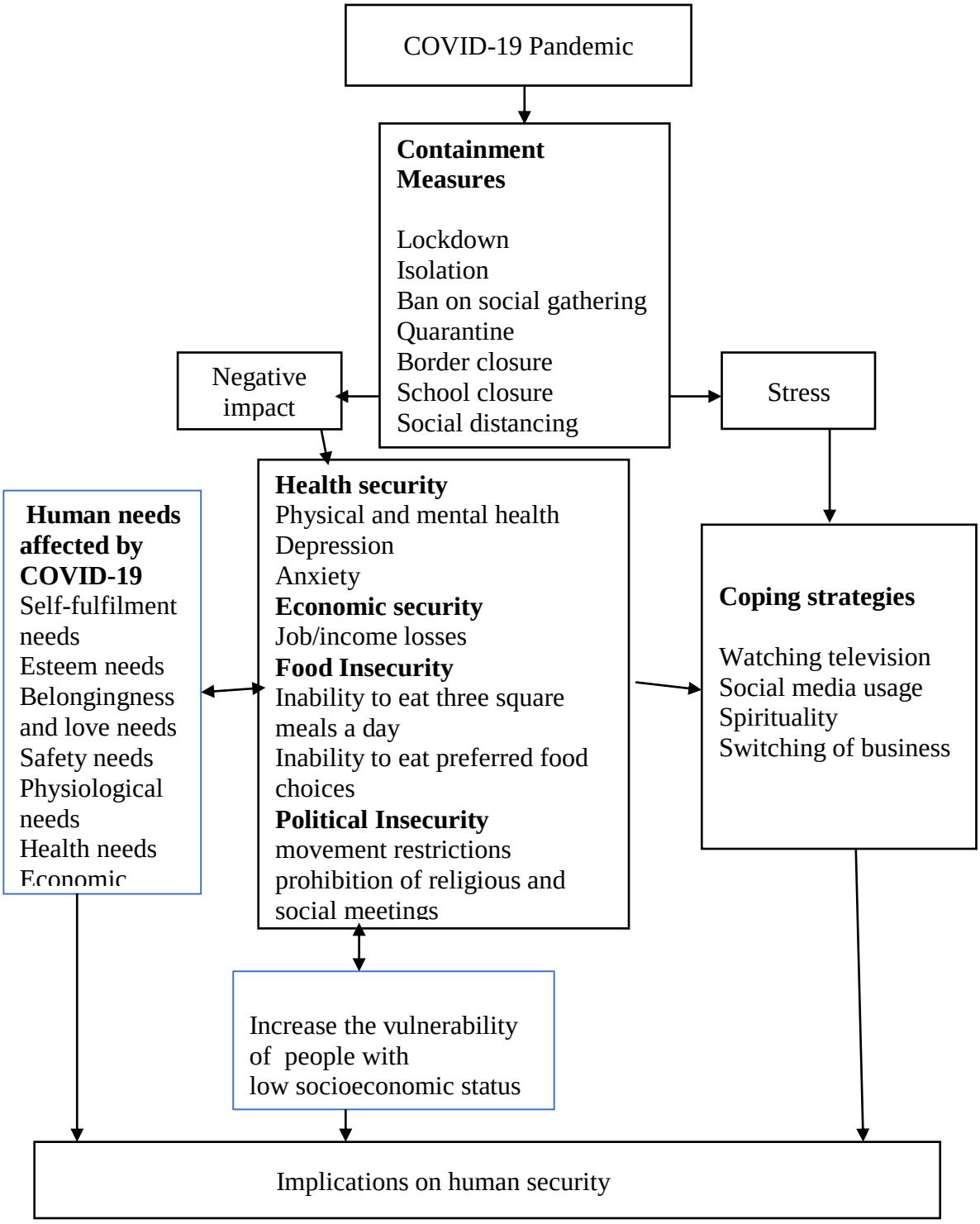

Figure 3: Conceptual framework for implications of COVID-19 on human security

Source: Author's construct based on literature reviewed (2023)

CHAPTER THREE

METHODOLOGY

Introduction

This chapter presents the study's methodology, which comprises the research design, research philosophy, study population, and sampling technique. It also covers the procedures for data collection and data analysis. After this, the ethical considerations are discussed.

Study Area

Geographically, the study was conducted in Accra metropolis specifically Jamestown and New Fadama communities as shown in Figure 4. The Accra Metropolitan Area has a population size of 284,124 (Population and Housing Census, 2021). Out of this Jamestown has a total population of 10,806 whilst New Fadama has a total population of 15,446 (Population and Housing Census, 2021). Accra Metropolis covers an area of 139.674 square kilometres (Km2) of land (Population and Housing Census, 2010). Concerning room occupancy, single room comprises the highest percentage accounting for 65.0 percent of sleeping rooms occupied by households in the Metropolis (Population and Housing Census, 2010).

Accra Metropolis was created because of the Local Government Act of 1993 (Act 462) and Legislative Instrument 1615, which also formed the Six (6) Sub Metropolitan District Councils in 1898. The current Accra Metropolitan Area (AMA) was created in 2012 with L.I. 2034 and underwent a few adjustments to its size and the number of sub-metros (Ghana Statistical Service, 2014).

The Greater Accra Region's economic center is the Accra Metropolitan Area (Ghana Statistical Service, 2014). Despite having a lesser land area than other parts of the Greater Accra Region, the area has the most establishments (80,824), which is about 45.5 per cent of all the enterprises in the Greater Accra region (Ghana Statistical Service, 2016). Additionally, the Accra Metropolis is home to about half of the businesses in the region's services sector with about 12,311 out of 27,302 establishments in the industry sector (Ghana Statistical Service, 2016). People from all over the nation and beyond continue to be drawn to these institutions to conduct various economic transactions.

The employed population in the Metropolis is 121,103 and they are mostly in a range of sectors, including wholesale and retail trade, repair of motor vehicles and motorcycles, transportation services manufacturing, services, construction, and fishing by indigenous people (Population and Housing Census, 2021). Out of this employed population, the private informal sector employs 72.4 per cent (Population and Housing Census, 2021).

Jamestown has a 3,792 employed population with 73.76 per cent in the informal sector (Population and Housing Census, 2021) and New Fadama has a total population of 6,157 with 60.04 per cent in the private informal sector (Population and Housing Census, 2021). The choice of the study area and communities was informed by the fact that the Accra metropolis was an epicenter of the COVID-19 pandemic and experienced three weeks of partial lockdown imposed by the government to curb the spread of the virus. The study communities were also chosen because they experienced three weeks of

partial lockdown and informality was highly prevalent as indicated by the 2021 Population and Housing census.

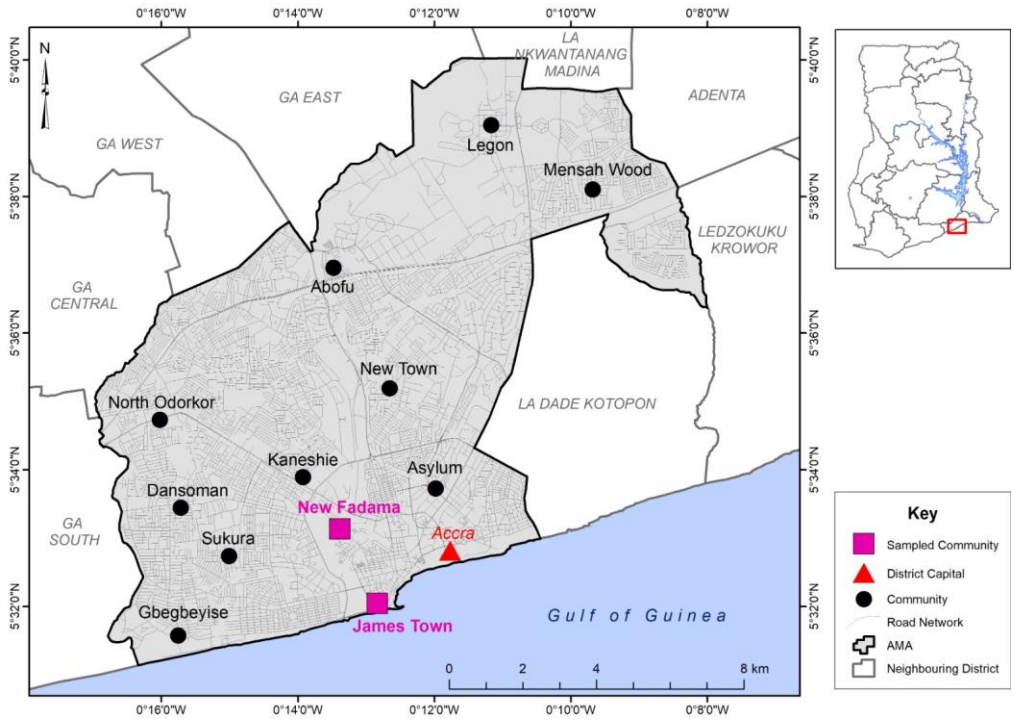

Figure 4: **Map of Accra Metropolitan Area**

Source: Cartography Unit (2023), Department of Geography and Regional Planning, University of Cape Coast

Research Design

The data collection and analysis of this study were guided by the qualitative research approach, which served as the study's foundation. Qualitative studies focus on interviews and observations to communicate reality and depict a phenomenon in real-world settings to better understand complicated psychosocial concerns (Marshall, 1996; Amaratunga et al., 2002). Additionally, a qualitative approach permits a thorough exploration of sensitive situations (Yardley, 2000) such as how COVID-19 affected individuals, thus cannot be measured. Walliman (2011), corroborates this

argument by indicating that it was challenging to measure subjective human sentiments and emotions.

Specifically, the study used an exploratory research design. Creswell (2009) considers exploratory research as relevant in studies that seek to identify unexplored topics or topics with little existing study to develop more focused research questions. Taking cognisance of the novelty of the COVID-19 pandemic, the exploratory design was useful to get a deeper insight into the pandemic's effect on the well-being of residents in the study areas. However, one of the fundamental issues with qualitative research is that, in contrast to quantitative research, its conclusions cannot be generalised back to the public with the same degree of accuracy (Marshall, 1996). This is because it is impossible to determine if the research's findings were statistically significant or the result of chance (Marshall, 1996).

Research Philosophy

This study is guided by the interpretive philosophy which seeks to understand and interpret social phenomena. The subjective meaning that individuals ascribe to a phenomenon, as well as human cognition, experience, and creativity, are the focus of the interpretive philosophy of science (Eckhardt, 1978a). It also focuses on the interpretation of data obtained (Eckhardt, 1978a). Interpretive epistemology contends that the researcher cannot detach himself from the subject of the investigation (Creswell & Creswell, 2017). In this instance, the researcher interacts with participants, spends time in the field, and gains insider knowledge (Creswell & Creswell, 2017). Epistemology is significant to research or scientific inquiry because it affects how researchers frame their work to gain information (Crotty, 1998).

The ontology of interpretive philosophy maintains that reality is multiple and relative depending on the researcher's experience (Crotty, 1998). That every person has a unique perspective on the world based on their interests and goals (Benton & Craib, 2010). Interpretivism also has its axiological assumption that knowledge is subjective and value-laden therefore people's perceptions and understanding of reality determine what knowledge is (Benton & Craib, 2010).

Interpretive philosophy employs qualitative research approaches that prioritise comprehension and use open-ended questions to generate soft data (Corbetta, 2003a). The open-ended questions are designed to capture the unexpected and are modified during the data-gathering process (Corbetta, 2003a). In-depth interviews, case studies, expert opinions, focused-group discussions, document analysis, participant observation or ethnography are some of the techniques used to acquire qualitative data (Ahmad et.al, 2019).

Study population

In this study, the population of interest were residents of New Fadama and James town in Accra metropolis who were 18 years or above. They were informal sector workers who were employees or owners of small-scale businesses. It was also required that respondents resided in the study communities during the outbreak of COVID-19 and the lockdown. The study communities were chosen because the settlements were mostly informal, and the population fell within the medium to low-income bracket (Population and Housing Census, 2010). Key informants such as opinion leaders and heads of relevant State institutions responsible for ensuring human security such as the

Ministry of Gender, Children and Social Protection (MGCSP) and Accra Metropolitan Assembly (AMA) were included in the study.

Sampling Procedure

A non-probability sampling technique was employed in the investigation. According to Acharya, Prakash, Saxena, and Nigam (2013), non-probability sampling is a sampling technique in which the respondents are selected specifically rather than at random. The study employed the purposive, convenience, and snowball sampling techniques.

Through appropriate community gatekeepers, such as Assembly members and other opinion leaders, community entry was done. Based on the researcher's briefing and extensive local knowledge of the area, the community gatekeepers located homes where potential study respondents resided. Convenience sampling was employed in this instance to choose possible responders who were within the researcher's easy reach. According to Vehovar, Toepoel, and Steinmetz (2016), convenience sampling is a non-probability sampling technique in which samples are chosen from the population based only on the researcher's ease of access to them. In this study, the convenience sampling procedure was used to select 48 respondents from Jamestown and New Fadama. This includes males and females above 18 years old who were traders, owners or employees of small-scale businesses. Also, the respondents who were conveniently selected have lived in the study areas during the COVID-19 pandemic and the lockdown.

To ensure that the study included those who contracted COVID-19, a snowball approach was employed to expand the list of potential participants who contracted the virus. Snowball sampling is a sampling procedure which

begins with a convenience sample of the initial subject, who serves as an agent for which the rest of the respondents are recruited (Etikan, Alkassim, & Abubakar, 2016). A common non-probability sampling strategy that is effective when the population of interest is hard to contact and compiling a list of them poses difficulties for the researcher is the snowball sampling approach (Etikan, Alkassim, & Abubakar, 2016).

In this study, the snowball sampling procedure was used to select five persons who contracted COVID-19 disease in New Fadama and Jamestown. The first respondent who contracted COVID-19 was identified through a community gatekeeper. Subsequently, the first respondent led the researcher to the second respondent and the process continued until saturation was reached by the five respondents who contracted COVID-19.

Four key informants were purposively selected: two from the AMA and two from the MGCSP. Purposive sampling or judgemental sampling is when respondents are chosen per the researcher's assessment of their understanding of the target group, or when the researcher is aiming for a type of representative sampling (Vehovar, Toepoel, & Steinmetz, 2016).

Socio-demographic Characteristics of Respondents

Data on respondent's demographic traits relevant to the study was collected. The study's socio-demographic characteristics included age, income, gender, education level, and religion. Status of employment and marriage. From Table 1, the total number of male respondents was 28 while the females were 25. Also, the study interviewed 19 Christians, 20 Muslims and 14 traditional religious members this was to ascertain the impact of COVID-19 on religious activities from the perspective of the above-mentioned three

religious groups. With regards to marital status, 18 respondents never married, 20 were married, 10 were divorced and five were widowed.

Analysis of a person's marital status was crucial to understanding their experiences and the type of support or coping strategies. Moser (1998) contends, that marriage and home relationships are a social capital asset as married couples support one another's welfare by providing productive resources, their marital status thus has a favourable or negative impact concerning the COVID-19 pandemic.

The study also interviewed 18 respondents who were selected in the private informal sector and 35 who were owners of small-scale businesses or traders. Employment status is important to know those in the informal sector and understand the effect of the COVID-19 pandemic on the economic security and food security of respondents as the study sought to explore the impact of the pandemic on informal sector workers and how the pandemic and the lockdown affected their employment status. According to Asante and Mills (2020), the informal sector workers whose livelihood depended on daily sales were hardly hit by the three-week partial lockdown of the Accra metropolis.

Most of the respondents (25) were between the ages of 20 and 30, while 17 were between the ages of 31 and 40, six were between the ages of 41 and 50, and five were between the ages of 51 and 60. This indicates that the population is young. With regards to education, respondents with basic education were more, numbering 23, respondents with senior high school education 15 and respondents with tertiary education were seven. The monthly income of all the respondents ranges from 200 to 2,000 Cedis indicating a low-income bracket.

Table 1: Socio-demographic Characteristics of Respondents

Respondents	New Fadama	Jamestown	Sample size
Sex:			
Male	13	15	28
Female	14	11	25
Total	**27**	**26**	**53**
Marital status:			
Never Married	7	11	18
Married	11	9	20
Divorced	6	4	10
Widowed	3	2	5
Income (Ghc)			
200-499	11	12	23
500-999	8	6	14
1000-1499	6	7	13
1500-2000	2	1	3
Age range (years):			
20-30	13	12	25
31-40	8	9	17
41-50	3	3	6
51-60	3	2	5
Employment status:			
Employed	8	10	18
Self-employed /Traders	19	16	35
Educational status:	5	3	8
No formal education	10	13	23
Basic education	8	7	15
Senior High	4	3	7
Tertiary			
Religion	8	11	19
Christianity	15	5	20
Islam	4	10	14
African Traditional	-	-	-
Any other			
Key informants;			
AMA			2
MGSP	-	-	2

Sources: Field Data, 2022

Data Sources

According to Bell (2010), documents can be classified into primary and secondary sources. For this study, data was gathered from both primary and secondary sources. Research participants were interviewed to get primary data. Journals, textbooks, published articles, journals, documents, and reports from pertinent state agencies, including the Ministry of Gender, Children, and Social Protection and the Accra Metropolitan Assembly, were used to gather secondary data in the interim.

Data Collection Procedure

Interviews were used in this study to acquire data for this study. Interview questions were based on the research objectives. Interviews help the researcher gather rich and in-depth information about how respondents experience, comprehend, and explain events in their lives. It also enables the researcher to obtain detailed information about the subject of inquiry (Creswell, 2014). Additionally, interviews provide detailed information, categorized questions, and a greater response rate. Similarly, DiCicco-Bloom and Crabtree (2006) claimed that interviews are beneficial since they are adaptable and appropriate for topics that call for propping while also paying attention to specifics.

The data collection took 14 days spanning August 16th to August 30th, 2022. Two research assistants were engaged by the researcher to help with the data collection. There was no issue of language barriers, as the research assistants could speak Ga, the local dialect of the selected communities. A day training workshop was organised for the research assistants to educate them on the interview topics. This helped in appropriate item interpretation and

addressed ethical issues in research. The research assistants were later deployed to the communities to collect the data. Individually, they conducted the in-depth interviews at the community level and then collectively with them, went to the relevant State institutions in Accra to interview key informants from Accra Metropolitan Assembly and MGSP.

Data Collection Instruments

The Interviews were conducted using a semi-structured interview guide. This was suitable since it allowed the researcher to discuss some topics and issues in a more casual setting that might not have been covered by the interview guide (Creswell, 2014). There were five sections in the interview guide (A-E). Section A enquired about the socio-demographic characteristics of respondents. Section B sought information on how COVID-19 affected human security. Section C sought information on coping strategies, Section D focused on the government's interventions in dealing with the pandemic and Section E was on recommendations to aid policy formulations to guide future pandemics and closing remarks

Data Processing and Analysis

The data was analysed using the six steps of thematic analysis proposed by Braun & Clarke (2006). The audio-recorded interviews during the data collection were transcribed verbatim and initial codes were generated from the transcribed data and the field reports. Themes were identified, reviewed, defined and named in line with the objectives. Finally, the analysed report was written and was related to the research questions and literature.

Ethical Consideration

Informed consent was administered to all respondents of the study, it included the choice to be recorded. Where research respondents declined audio recordings only notes were taken. Additionally, research participants were informed that their involvement in the study was completely voluntary; as such, their choice to decline participation, to not respond to any questions, or to end the interview at any time will all be respected. To ensure confidentiality, data was utilised for the study only. In addition, the data was kept on password-protected computers and was only accessed by authorized persons to protect the data from other respondents and the public. Pseudonyms were used when appropriate to maintain anonymity. An additional ethical consideration was that the researcher obtained ethical clearance from the University of Cape Coast's Institutional Review Board before conducting this study.

Field Challenges

Key informants from the Ghana Enterprise Agency (GEA) formerly National Board for Small Scale Industries (NBSSI) failed to participate in the study. Therefore, the researcher was unable to ascertain the support the agency provided for owners of small-scale businesses during the pandemic. Hence the researcher could not get primary data on the role this state agency played in mitigating the effect of COVID-19 on small-scale businesses. The researcher overcame this challenge by relying on secondary data and using the responses from the respondents (beneficiaries of the intervention) and key informants from AMA and MGCSP.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter deals with the findings and analysis of data based on the research objectives and the research questions. It specifically analyses human security implications of the COVID-19 pandemic, coping strategies and the impact of government intervention on residents of Jamestown and New Fadama in the Accra Metropolis. Thematic analysis was used to examine the field interview data. This was accomplished by using the research questions as a guide to code and extract themes from the data. First, it examined how COVID-19 affected the respondents' political, food, economic, and health security in the research communities. The effectiveness of the government's COVID-19 reaction measures was then evaluated after looking at the respondents' coping mechanisms.

Effect of COVID-19 on Human Security

The primary objective was to examine the impact of the COVID-19 pandemic on human security in Jamestown and New Fadama in Accra Metropolis. The study specifically looked at how the pandemic and lockdown affected the respondents' political, food, economic, and health security in the towns under study.

Effect of COVID-19 on Health Security

Pandemics, starvation, lack of access to basic medical treatment, and mental health issues are some of the elements that impact people's health and are explained by health security (UNCHS, 2003). This objective sought to identify how the outbreak of the COVID-19 pandemic and the containment

measures such as the lockdown impacted people's health in the study area. Persons who contracted COVID-19 and those who did not contract the disease were both interviewed to ascertain the impact of the virus on respondents' health.

A 25-year-old respondent in New Fadama who contracted COVID-19 shared his experience as follows:

> I experienced symptoms of cold, cough, sore throat, and headache. I experienced shortness of breath when walking and I felt pains in my chest. I also sweat a lot in the night and feel feverish. I suspected it was COVID-19, but I was afraid to check because of stigma and quarantine. I was tested through contact tracing when a woman in my house died of COVID. As you can see, I live in a compound house. I was afraid I could die because of the reported cases of death. When I tested positive, I was put in an isolation centre at a hospital for two weeks. People were afraid of infection COVID, so no one got close to me during that time (25-year-old male respondent, 22/08/22, New Fadama).

Another male respondent in Jamestown aged 30 years shared a similar experience on how COVID-19 infection affected his health:

> I contracted COVID. I had this kind of feeling in my throat, and within a few hours, I began to cough and then from there, I had a blocked nose and a little pain in my throat as well. I also experienced a fever and a little headache. I was very dull and weak. And due to that, it affected my social life and my ability to go to work because you can't get close to your friends and family. I was quarantined for

> one week. After I was even treated people were pointing fingers at me. That made me feel bad. Yes, I got tested when I started feeling the symptoms, the fear and panic were not easy, due to the negative report of COVID-19. No, I don't feel the symptoms again (30-year-old male respondent, 19/08/22, Jamestown).

From the narrations, it was revealed that some respondents who contracted COVID-19 faced physical health challenges such as frequent cough, cold, general body weakness, body pains, chest pains, headache, sore throat, shortness of breath and fever. They also experienced psychological and mental health challenges such as fear and panic due to the negative reports about COVID-19 and the death rates reported. Some respondents also mentioned that they were stigmatised and were isolated from family and friends which exacerbated their mental health. The findings are consistent with those of Yawson et al. (2020), who found that among patients treated at Ghana's two national COVID-19 treatment centres in the early stages of the pandemic, cough, headache, sore throat, muscle ache, history of fever, fatigue, shortness of breath, loss of appetite, and runny nose were the most common symptoms. Similar to this, da Rosa Mesquita et al. (2021) noted that dyspnea, fever, cough, headache, and neurological symptoms were some of the clinical symptoms of COVID-19 infection.

Another theme which emerged from this study was the category of respondents who skipped visits to the hospital for treatment of other ailments during the outbreak of COVID-19 due to the fear of contracting the virus. A 46-year-old female respondent in Jamestown had this to say: *"so I didn't visit the hospital. In general, I never visited the hospital when COVID-19 was at its*

peak, because I was afraid of getting infected at the hospital. Though I felt sick of malaria, I treated it with local herbs instead of visiting the hospital" (46-year-old female respondent, 25/08/22, Jamestown).

Similarly, a 32-year-old male respondent in Jamestown narrated how he skipped a visit to the hospital during the outbreak of COVID-19 as follows:

> I didn't visit the hospital during the COVID outbreak. I got a serious cold and headache then, but I treated myself with local medicine. I didn't go to the hospital because I could easily get infected with COVID which was why I did not go. Maybe before COVID, I could have gone to the hospital (Sales Person, 21/08/2022, Jamestown).

Based on the narrations it was seen that some respondents skipped going to the hospital during the outbreak of COVID-19 for treatment of other ailments such as malaria due to the fear of getting infected with the COVID-19 virus because they believed the hospital environment was infectious. These respondents indicated that they resorted to self-medication with local herbs. Chersich et al., (2020) had similar findings which indicated that some people are more likely to skip medical care due to fear of contracting coronavirus in medical facilities or a perceived deterioration in the quality of health services due to the focus on containing the virus.

Some respondents who did not contract COVID-19 revealed during interviews that the general outbreak of COVID-19 affected their psychological and mental health. It was revealed that some respondents suffered mental/psychological health challenges such as fear, nervousness, stress, anxiety and depression, and panic disorder. It also came to light that the fear

of contracting the disease, negative reports on the deadly nature of COVID-19, infection of loved ones and COVID-19 containment measures such as lockdowns, quarantines as well as loss of livelihoods led to psychological or mental health challenges of some respondents. During the interview, a female respondent in Jamestown noted that: *"I was scared a bit because it was a very dangerous and a scary disease. The reported cases of death and the impact on economic and social activities made me anxious and nervous as well"* (Female respondent, 25/08/2022, Jamestown).

Another male respondent aged 35 years in New Fadama also narrated how COVID-19 infection by a friend affected his mental well-being. *"I was not infected with COVID, but I know a friend that contracted it. I was worried, anxious and afraid for him, I was afraid he would die"* (35-year-old male respondent, 20/08/22, New Fadama).

The study also found that the lockdown measures imposed caused depression in some respondents due to their inability to freely undertake their economic activities, especially for those who must work daily to fend for themselves and their households. A male trader in New Fadama made the following assertion:

> I was depressed, due to the COVID-19 lockdown because I was not able to go out to trade and things were also hard financially. I was always in my room, I didn't have anywhere to go and even if you are going out you have to be extra careful because of the movement restrictions imposed. I was also anxious about how I could go back to the market to ply my trade because I had to survive. For me, the COVID gave me a hard time (Trader, 20/08/22 New Fadama).

A male respondent in Jamestown who traded in second-hand clothes also narrated his frustrations during the lockdown as follows:

> I felt frustrated because I could not go out to sell. The frustration became more when the little money I had, was finished without any work. For some of us, we are not able to save due to the nature of our job. Imagine not working for three weeks how do you eat and how do you feed your family? I have a wife and children, so it was not easy I was so worried government did not consider those of us who were not in the formal sector (Trader, 25/08/22, Jamestown).

The responses revealed that the COVID-19 pandemic caused psychological and mental health challenges among some respondents. Fear, anxiety, frustration, depression, nervousness and worry because of loss of income, negative news on the death rate and fear of losing loved ones were some of the mental health challenges mentioned by some respondents. These findings re-enforce the arguments by Asante et. al., (2021) that fear and panic, emotions of hopelessness and anxiety were some major effects of COVID-19 on the health of individuals. Similarly, Qiu et al. (2020) claimed that COVID-19 produced a variety of mental health problems such as anxiety, depression, panic disorder, and disorder in many people. Steele (2020) backed up this claim by pointing out that the COVID-19 pandemic has also affected people's mental health and general wellness by causing fear, panic, and uncertainty in many people worldwide. This confirms Maslow's human needs theory which indicates that human beings are unable to attain optimal well-being and one's full potential which is at the apex of the due to impact on psychological needs and other needs at the bottom of the five-stage model.

Effect of COVID-19 on Economic Security

Economic security refers to raising people's level of living by eliminating risks such as chronic unemployment and poverty (UNCHS, 2003). It necessitates a guaranteed base income, typically from profitable and fruitful labour. As previously mentioned, Ghana's local economy and the economic activities of many people were severely disrupted by the COVID-19 pandemic, which resulted in job losses, unemployment, and a loss of basic income. As part of efforts to examine how COVID-19 and the containment measures, including the lockdown, affected the economic activities of some respondents in the study communities, it was discovered that the implementation of the social gathering ban, the enforcement of social distancing, and the lockdown protocols resulted in the closure of some businesses, which had a detrimental effect on the livelihood of workers in the informal sector. Some employees in the entertainment and hospitality industry narrated how the closure of pubs, hotels, restaurants and nightclubs as part of the enforcement of COVID-19 protocols impacted negatively on their jobs and livelihoods. A male respondent in James town who worked as a Disc Jockey (D.J) at pubs and night clubs before the outbreak of the pandemic narrated how the outbreak of COVID-19 affected his job and source of income as follows:

> Before the outbreak of COVID-19, I was a D.J. so it wasn't an easy thing at all. It got to a time that all the pubs and nightclubs were closed so was not able to get any job. So, I had to sit at home doing nothing no pubs or nightclubs were working, so how will someone call you to come and work for him. money at that time. It affected my

> income and livelihood. I was depending on friends to survive (D.J, 17/08/22, Jamestown).

A male bar attendant in Jamestown also shared how he lost his source of income during the COVID-19 outbreak:

> I was working here (drinking bar), during the outbreak of COVID, and my boss had to close the place because of the lockdown. So, I was asked to go home until the ban was lifted. He couldn't pay us. So how do I eat, it was not easy during that period, I was managing and depended on friends. I was called to return to work after the ban was lifted, as you can see, I am working now (Bar attendant, 17/08/22, Jamestown).

From the narratives, the closure of beaches, ban on the operation of entertainment centres including night clubs and drinking bars as well as restriction on movement led to the loss of jobs and livelihoods of people in the hospitality and the entertainment sector. These findings support Owusu et. al., (2023) who indicated that small-scale hospitality and tourism businesses were affected due to the ban on social gatherings, closure of borders and lockdown.

Also, an interview with some employees and entrepreneurs in small-scale businesses revealed that some respondents suffered income and job losses because of the COVID-19 outbreak and the lockdown restrictions which forced small-scale businesses to close.

A male respondent who traded in engine oil in New Fadama made the following assertion:

> Business was slow during the COVID. I closed my shop during the lockdown. Who will allow you to sell engine oil at that time? Most of

> my customers had packed their cars because of the movement restrictions. It was difficult to feed my family due to the impact on my income (Supplier of engine oil, 20/08/2022, New Fadama).

A respondent who worked at a laundry in Jamestown narrated how the outbreak of COVID-19 and lockdown affected the laundry business and her income.

> It's laundry, and people did not come during the COVID as compared to before the COVID outbreak, so business was down. I was also laid off from my job. Because most shops were asked to close, most of us were asked to go home. We normally work eleven to twelve hours, but during the lockdown, we were not working at all. So instead of paying us in full, my employer gave me a token. So, it affected me financially (Laundry attendant, 21/08/22, Jamestown).

A tailor in New Fadama shared how his business experienced low patronage and a reduction in working hours during the outbreak of COVID-19 and the lockdown. He had this to say:

> During the outbreak of COVID, there was a lockdown so, I will say that was how it affected the business because during the lockdown we closed the shop and after the lockdown when we came back, we experienced low patronage because of the COVID. So my working hours also changed. Yes, it affected my income because sewing was my only source of income (Tailor, 17/08/22, New Fadama).

This study further examined the effects of the COVID-19 restrictions and lockdown on consumer sales and found that consumer sales were negatively impacted. *"Yes, During the outbreak, sometimes you will come and sit here (in*

the shop) the whole day and you will not sell anything" (Fish Seller, 19/08/22 Jamestown).

Similarly, a female trader in second-hand clothes and shoes in New Fadama shared her experience by noting that:

> Sales were generally slow during the COVID, before COVID, I could make daily sales of more than five hundred cedis, but during the COVID, sometimes I could sell as low as fifty cedis a day or sometimes sell nothing at all. So, you can imagine. During the lockdown, I could not come out to sell at all (Trader, 18/08/22, New Fadama).

From the narratives, the impact of COVID-19 on the economic activities of some respondents in sample communities cannot be underestimated. Some employees and self-employed persons in the private informal sector suffered income losses, reduction in income, reduction in working hours, low sales due to the COVID-19 restrictions and closure of most small-scale businesses. Thus, the livelihoods of some respondents who were traders, employees and the self-employed in the private informal sector were adversely affected due to their inability to engage in teleworking. The outbreak of COVID-19 and its containment measures therefore had adverse effects on physiological needs, safety needs, esteem needs and eventually self-fulfilment needs.

This finding agrees with several studies including Ghana Statistical Service, (2020) findings which indicated that during Ghana's partial lockdown, 51.5% of businesses in Greater Accra were forced to close. Aduhene and Osei-Assibey (2021) also argued that several people suffered job loss and reduction in income with an estimated 42,000 people losing their jobs

in the first two months of the pandemic in Ghana. Similarly, Obi et al., (2020) indicated that the livelihood of millions of unemployed persons and entrepreneurs comprising traders were affected by the outbreak of COVID-19 and its containment measures such as lockdown.

On the contrary, this study found out that employees and entrepreneurs in the food industry indicated that the outbreak of COVID-19 had a positive impact on their sales and their jobs as it rather increased their working hours and income. A waitress at an eatery in Jamestown indicated that *"The lockdown did not affect my work. I had the opportunity to come to work. It didn't affect my working hours too. I worked eight hours before and during the lockdown and the pandemic"* (Waitress, 17/08/22, Jamestown).

Another respondent who was a Kenkey seller at Jamestown shared a similar opinion on the positive impact of COVID-19 and the lockdown on her business by narrating that:

> The outbreak of COVID and the lockdown affected my work positively because of the type of business. I sold kenkey in the mornings and evenings during the lockdown instead of my usual morning sales before the pandemic. I didn't suffer any reduction in income, it rather increased (Kenkey Seller, 19/08/22, Jamestown).

The study findings show that some respondents who were food vendors had secure income during the outbreak of COVID-19 and the lockdown. These respondents indicated an increase in working hours and sales and secured income during the lockdown period as well. This finding can be explained by the fact that the three-week partial lockdown imposed in Accra Metropolis exempted individuals providing essential services such as food vendors.

Effect of COVID-19 on Food Security

The primary goal of this section was to investigate how the lockdown and the COVID-19 pandemic impacted the food security of the respondents. Food security focuses on the fundamental hazards to survival, such as famine and hunger (UNCHS, 2003). When individuals regularly have physical and financial access to a sufficient supply of food that is safe, healthy, and satisfies their nutritional needs, they are said to be in a condition of food security (FAO, 2008). The four primary pillars that underpin the idea of food security are food availability, economic accessibility, physical accessibility, food utilisation, and stability (FAO, 2008). The COVID-19 pandemic and the partial lockdown influenced one or more food security pillars.

The lockdown and the financial shocks caused by the COVID-19 outbreak significantly impacted food security, particularly for those working in the informal sector. Food accessibility for some respondents whose source of income was curtailed as they could not access sufficient and preferred food choices due to loss of income. This was echoed by a respondent in New Fadama who acknowledged the effect of loss of income on his access to adequate food:

> During the lockdown, I could not go out to work, this affected my income. Due to that, I could hardly afford three meals a day, I sometimes ate once a day because I was dependent on friends and family. I couldn't buy the kind of food I wanted, so I ate what was available. For protein, it was not always part of my meals. Before the lockdown, I was able to eat my preferred choice of food and I ate three times a day (Storekeeper, 19/08/22, New Fadama).

A Male respondent in Jamestown whose food security was affected due to loss of income occasioned by COVID had this to say:

> I was a D.J. then, but I could not get any job due to the ban on the operation of entertainment centres and the lockdown. Eating was a problem because I didn't have money. I depended on friends and family for food which was irregular and inadequate. For fruits and vegetables, I did not add any to my meals (D.J.,17/08/22 Jamestown).

The responses from the narratives suggest that some respondents who lose their sources of income to the adverse effect of COVID-19 were unable to eat three square meals a day and, they were not able to afford their preferred food choices and enough food to meet their nutritional needs for economic reasons. Therefore, they were said to be food insecure due to a lack of economic and physical accessibility to food and food utilisation. It was revealed that some respondents could not afford their preferred food choices to meet their nutritional needs, and they had inadequate and irregular food as well. This emphasises the need to consider disruptions of food security indicators including diet and nutritional content due to the pandemic. This finding is consistent with Balana, et.al (2023); Bukari, et. al, (2022) argument that households were forced into more severe food insecurity and less diverse nutritional outcomes because of income losses brought on by the COVID-19 restriction measures.

Another theme which emerged from the field interview was the high cost of food items during the outbreak of COVID-19 and the lockdown which led to food insecurity for some respondents. Some respondents stated that food items were not readily available in the market leading to price hikes during the

lockdown period. They were unable to purchase their preferred food choices as a result. A female respondent in Jamestown lamented how the high prices of food during the lockdown affected his food security during that period.

> It affected my food security. It affected it in a way that food items became expensive during the lockdown. Food items like yam, maize and rice become more expensive as compared to before COVID. So, I paid more for food items, and I was not able to purchase enough food items for the family. We had to manage with what we could afford (Female respondent, 20/08/22, Jamestown).

A female respondent in New Fadama supported this assertion by sharing her experience as follows:

> During the lockdown, I was not able to buy enough food because, during the period, food items were expensive. I could not buy much I managed to buy what I could afford and that was what I fed the family with. I did not include many fruits and vegetables in the diets due to the high cost (Female respondent, 19/08/22, New Fadama).

The narratives revealed that some respondents with low socioeconomic status were unable to afford adequate food due to the high cost of food items in the study communities during the outbreak of COVID-19 and lockdown. This category of respondents was food insecure during the outbreak of COVID-19 and the lockdown due to the impact on the economic and physical accessibility of food, food availability and food utilisation. CUTS International, (2020) corroborated these findings with the argument that the high cost of food items during the outbreak of COVID-19 and the partial lockdown occasioned by the border closures and panic buying due to the

threat of a national lockdown contributed to food insecurity in the country. Erokhin and Gao (2020) also made similar findings that COVID-19 greatly influenced and caused an increase in the price of goods and services in most developing countries leading to food insecurity among those with low socio-economic status. As Maslow (1943) argued the optimal well-being of an individual is affected by to inability to meet basic needs like food.

Effect of COVID-19 on Political Security

Political security emphasises respect for human rights, well-being and protection of individuals against state repression (UNDP, 1994). This involves exercising one's civic, political, and economic rights. To contain the spread of the coronavirus during the outbreak, the government of Ghana like many governments worldwide implemented public health measures that limited individual liberty and undermined some basic rights of the citizenry. These include restrictions on movement, partial lockdown, and a ban on social gatherings including entertainment and religious activities (Abor & Abor, 2020; Asante & Mills, 2020; Ibrahim, 2020). As indicated by Bethke and Wolff (2020), while it is acknowledged that such restrictions on freedoms are occasionally required to combat pandemics basic human rights, like freedom of assembly, association, and movement, were violated due to the COVID-19 containment measures. The nature and spread of the virus compelled most people to stay indoors, depriving these people of their fundamental freedoms of association and movement. Areas that were explored in this study included the right to movement, the right to association, and freedom of public and religious gathering.

Violation of Right to Movement and Association

The three-week partial lockdown in Accra Metropolis was seen by some respondents as a violation of their right to movement and association as they indicated that they were unable to move about freely and that their physical interaction with family and friends was limited during the imposition of the lockdown.

A 34-year-old female respondent in Jamestown shared her experience by indicating the following:

> The lockdown affected my right to movement because I could not move freely to wherever I wanted. Before COVID I could go out after work for recreation and entertainment, but it was not the same during the lockdown I could not go out (34-year-old Female respondent, 21/08/22, Jamestown).

This assertion was confirmed by a female respondent in New Fadama who noted that:

> For my right to movement during the lockdown, it was a bad. I had to resort to talking more on the phone with family and friends instead of physical meetings. I was affected (Female respondent, 21/08/22, New Fadama).

A male respondent in Jamestown aged 26 years explained his experience as follows:

> I was not able to visit my friends and family during the lockdown. I was not able to go and watch football matches in public places. So I was not able to talk to many people too. As you can see am a very

> friendly person and I want to be around people, so it affected me (A 26-year-old male respondent, 21/08/22, Jamestown).

Another 49-year-old male respondent in New Fadama narrated how the lockdown affected his social life and Physical interaction with family and friends.

> I quite remember during the lockdown four of us were seated outside, a soldier man approached us and said it was a lockdown and we were not supposed to be seated out there. We could not always sit in our rooms, the rooms are small (49-year-old male respondent, 17/08/22, New Fadama).

It can be deduced from the narrations that the lockdown affected physical interaction and association with family and friends as some respondents stated how they were unable to associate and interact with friends and family. Drawing from Maslow's Hierarchy of Needs, some respondents had their belongingness and love needs undermined by the outbreak of COVID-19 and the lockdown.

Violation of Religious and Cultural Rights

The religious and cultural activities of some respondents were also undermined by the outbreak of the COVID-19 restrictions. As indicated by Chirisa et.al, (2021) COVID-19 disrupted everyday life, and restricted human-social relations leading to the stoppage of church activities and celebrated events such as naming ceremonies, funerals, and marriages were less popular and visible. This was echoed by a male Muslim respondent in New Fadama who stated, *"The lockdown did affect my going to prayers on Fridays and also*

before then the ban on the religious gatherings too affected it" (Male Muslim respondent, 20/08/22, New Fadama).

According to Osei-Tutu et al. (2021) the ban on religious gatherings during the outbreak of COVID-19 hurt the spiritual life of Christians in Ghana and led to loss of fellowship and community Some Christian respondents also stated that the lockdown affected their regular attendance to church due to the restrictions and time limit imposed on religious gathering. A male respondent in Jamestown had this to say:

> Concerning religious activities, it affected me because I couldn't go to church. Yes, I tried to pray and read the Bible in my room, but it was not easy. I was not able to join the online service every Sunday and weekdays because I could not afford the data to do so. Now I have become used to not going to church on Sundays because of COVID (Male, Christian respondent, 22/08/22 Jamestown).

The attendance of funerals during the lockdown was also affected for some respondents. This was revealed in the response of a a female respondent in New Fadama who indicated that; *"I did not attend any funeral during the lockdown I did not hear that anybody organised funerals too" (*Female respondent, 19/08/22, New Fadama).

A female respondent in Jamestown corroborated this assertion by indicating that:

> As for funerals no, I did not attend funerals because I was afraid to be infected with COVID. Funerals were not being organised during the lockdown, who will allow you? Even before the lockdown, we were told that only 25 people could attend funerals because of the

restrictions on social gatherings (Female respondent, 22/08/22, Jamestown).

The responses above revealed that the COVID-19 outbreak and its associated restrictions on public gatherings and lockdown undermined the rights of some respondents concerning movement, association and cultural rights. It came to light that some respondents' rights to movement including association with family and friends, engagement in public/religious activities as well as right to cultural events such as funerals were curtailed by the imposition of COVID-19 containment measures by the government and lockdown. This corroborates the findings of Addo Tuffour, Osei-Kufour and Waife, (2023) which indicate that the lockdown and prohibition on social gatherings had restricted the rights of most of the households (51.75%) in the Komenda-Edina-Eguafo-Abrem municipality of Ghana. The social isolation that resulted from this social gathering prohibition impacted the security and well-being of many people.

Coping Strategies Adopted by Individuals in the Study Area During COVID-19

The interruptions in daily life, occasioned by the COVID-19 pandemic and the control measures put in place by the government harmed both mental and physical health. This is due to anxiety, the fear of contracting the virus, dying, or losing a close friend or family member, as well as the loss of employment. Consequently, various coping strategies were adopted by individuals to improve their physical and mental health and to survive the adverse effects of the pandemic.

Notable coping strategies adopted include reading, speaking with family and friends, exercising, eating a balanced diet, keeping up with the news, and participating in other social media activities. Others include engaging in hobbies such as yoga, gardening, listening to music consuming alcohol, doing household duties and praying (Ogueji, Okoloba, & Demoko Ceccaldi, 2022; Kar, Kar & Kar, 2021).

Literature suggests that during COVID-19, Ghanaians were seen to employ a variety of coping strategies, some of which included resting, performing household tasks, spending time with families, praying, and participating in sports and social media activities (Iddi et al., 2021). Others also used conventional methods, such as bathing nyanya leaf (Momordica foetida), puffing on local snuff, drinking neem tree bark and leaf solutions, and consuming local wine made of sobolo (Hibiscus sabdariffa), ginger, garlic, and lemon (Asare-Nuamah, Onumah, Dick-Sagoe, and Kessie, 2022). These coping strategies support Lazarus and Folkman's (1984) argument that people employ various coping strategies to manage internal and external pressures that they believe are beyond their resources or capacity to handle.

Given this, the second objective of this study sought to explore the coping strategies adopted by respondents in the study communities during the COVID-19 and the lockdown. It came to light that some respondents resorted to coping strategies such as spirituality, usage of social media, social support, adherence to COVID-19 safety protocols, improved diets and switching of business to the sale of COVID-19 Personal Protective Equipment (PPEs).

Spirituality

The uncertainty surrounding the COVID-19 pandemic made people resort to spirituality as a form of mental relaxation. According to Rathakrishnan, et. al. (2022), the uncertainty of how long the COVID-19 pandemic will last and how long lives will be disrupted by the pandemic moved people closer to spiritual values. Spirituality values particularly praying and reading of religious books, an emotion-focused coping strategy was adopted by religious respondents who had hope and inspiration from spirituality. This strategy was used by both female and male respondents whose source of livelihood was affected by the outbreak of COVID-19 and those who were infected by the coronavirus. A female respondent from New Fadama whose business experienced low patronage during COVID-19 adopted spiritual values as a form of coping strategy:

> During that period, I read the Quran more frequently to get closer to Allah and prayed more for the protection of myself, my family and friends, the loss of lives to the disease was frightening. I was always praying to Allah to help us and take the disease away because of the impact on my business and my livelihood (Female respondent, 24/08/22, New Fadama).

A male respondent from Jamestown who lost his job during the COVID-19 out-break and depended on spirituality as a coping strategy had this to say:

> When I lost my job because of the outbreak of COVID-19, I was always fasting and praying for a new job. I also read my Bible frequently as well. I got closer to God during that period than before COVID. I prayed that God would make the COVID go quickly so

> that life would return to normalcy. (Male respondent, 24/08/22, Jamestown).

A female respondent from New Fadama who contracted COVID-19 and adopted spiritual values as a coping strategy narrated the following:

> I read my Bible and prayed more during the quarantine than before. I was nervous and feared I could lose my life so I prayed more that nothing bad should happen to me because, at that point, God was my only hope (Female respondent, 20/08/22, New Fadama).

Another female respondent from Jamestown who was also infected with COVID-19 was of the view that spirituality was a source of comfort and strength during the period.

> For me, I was able to cope so well through prayers and Bible meditation, not much movement around. Praying, reading the Bible and listening to gospel music was comforting and restored hope (Female respondent, 16/08/22, Jamestown).

The narrative above shows that spirituality as a coping strategy supports well-being as it restores hope and builds resilience for some respondents. These findings support several studies including Roberto, Sellon, Cherry, Hunter-Jones, and Winslow, (2020) who indicated that spirituality played a significant role during the outbreak of the pandemic as it had a positive impact on resilience, hope, optimism, calm, and comfort. Iddi et. al., (2022) also found that Ghanaians during the COVID-19 pandemic and lockdown were found praying more than before the pandemic. Algahtani, et al., (2022) established that older Saudi Arabian residents employed spirituality to deal with heightened fear during the early stages of the COVID-19

pandemic as it was revealed that relying on spiritual ties lowers the chance of developing anxiety and stress symptoms.

Social Media Usage

This study found social media usage as one of the coping strategies among some youth between the ages of 20 to 40 years. Some respondents indicated that they got updates on the pandemic and entertained themselves through social media usage during the quarantine and lockdown.

A female respondent from Jamestown who used social media for entertainment and to monitor the news on the pandemic narrated as follows; *"I spent more time with my phone on social media to entertain myself and kept myself busy and got news updates during the lockdown"* (Female respondent, 24/08/22, Jamestown).

A male respondent from New Fadama who also adopted social media usage as a coping strategy during the lockdown had this to say:

> I engaged in browsing the internet to read more about the pandemic. I also used social media especially Facebook, Instagram and TikTok tok to entertain myself during the lockdown. I played video games too to keep myself busy as well (Male respondent, 18/08/22, New Fadama).

From the narratives, the usage of social media was found as a form of entertainment and a source of news updates on the pandemic. This supports the findings of Iddi et al., (2021) who found social media engagement as one of the coping strategies adopted by Ghanaians during the pandemic and the lockdown. Ogueji, Okoloba, & Demoko Ceccaldi, (2021) also found that

social media usage was one of the coping strategies employed by individuals in the United Kingdom during the pandemic.

Family Support

The study found family support as a coping strategy during the lockdown by family-oriented respondents who were economically stable during the lockdown and respondents who were single and had to depend on other family members to fend for themselves due to job losses. A female respondent from New Fadama who suffered a reduction in income during the lockdown and as a result, depended on a family member for support during the period had this to say:

> I depended on my family. During that time, I was at my mother's place, so it didn't affect me so much because my mother supported me emotionally and with food though I lost my job then (Female respondent, 20/08/22, New Fadama).

Another female respondent in Jamestown who engaged in activities with the family to cope with the lockdown stated that:

> I managed it, I spent more time with the children during the lockdown. It allowed us to bond as a family during that period of COVID-19. I also made phone calls to my family and friends a lot (Female respondent, 25/08/22, Jamestown).

The narrations highlight the importance of family support in coping with the stress of the pandemic. Some respondents who were economically unstable relied on family support to cope with the impact of the lockdown, while others engaged in activities with their families and children which allowed them to bond together. These results corroborate Osei-Tutu (2021) et

al., who found the positive impact of restrictions on social gatherings during the COVID-19 outbreak to be increased family time. Also, Savitsky, Findling, Ereli and Hendel (2020) argued that during the COVID-19 pandemic, people primarily used coping mechanisms including viewing films, spending time with spouses and children, or concentrating on family members.

Observing COVID-19 Protocols

The study found out that respondents whose family or loved ones were infected with the virus followed strict adherence to the COVID-19 preventive protocols to protect themselves from contracting the disease. A male respondent from Jamestown had this to say:

> We were asked to wear a face mask as a preventive measure, so I always wore a face mask though it was not comfortable I had to wear it to protect myself from contracting COVID because I had close families and friends who contracted COVID (Male respondent, 19/08/22, Jamestown).

Another male respondent from New Fadama who employed the observation of COVID-19 preventive protocols to restore hope during the pandemic stated "*Personally, I obeyed the COVID-19 protocols such as hand washing and wearing of face mask I also used hand sanitiser because I did not want to contract the sickness"* (*Male respondent, 19/08/22, New Fadama).* The narrations show that some respondents adopted a problem-focused coping strategy by observing the COVID-19 preventive protocols such as hand washing, wearing face masks and using hand sanitiser frequently to cope with fears of contracting the virus during the peak of the outbreak and to ensure their safety.

This finding reaffirms Lazarus and Folkman's (1984) argument that some individuals will adopt problem-focused coping by taking practical steps to deal with the problem itself when confronted with challenges. The findings of this study are consistent with Gibbs, Jones LaMark, Abdulmooti, Bretz, Kearney & Santa Maria (2023) which established that people utilised problem-focused coping techniques by managing the threat of COVID-19 such as complying with COVID-19 preventative protocols, including frequent hand washing, wearing of facemasks and social distancing.

Healthy Eating

Healthy eating with the incorporation of fruits and vegetables and taking vitamin C was seen as one of the coping strategies among some respondents with secured income during the pandemic. This strategy was also adopted by some respondents who were infected with COVID-19. This group of respondents were motivated by the desire to build strong immune systems to prevent infection and to be able to fight against the coronavirus infection. A male respondent in New Fadama on the adoption of healthy eating indicated the following:

> My meal contained vegetables and proteins. Because I learnt it was useful to fight COVID, I made sure I took some fruit at the end of every meal. Maybe orange, mango pawpaw or any available fruit. That was not the case before the outbreak of COVID-19 (Male respondent, 18/08/22, New Fadama).

A female respondent in Jamestown on her part had this to say:

> Well, I am someone who does not like raw vegetables, so I hardly ate raw vegetables before the outbreak of COVID, but since we were

asked to eat vegetables and fruits, I tried to add some to my diet since it is good for a strong immune system (Female respondent, 23/08/22, Jamestown).

The narratives revealed that respondents adopted healthy eating by incorporating fruits and vegetables in their meals during the COVID-19 outbreak as compared to pre-COVID-19 days. This was done with the hope of building a strong immunity to fight against the coronavirus infection. These findings are consistent with Ceccaldi, (2022) who noted that eating healthily was one of the common coping strategies adopted by people during the COVID-19 outbreak. Ampofo-Asiama et al. (2022) also found that individuals ate more fruits and vegetables during the COVID-19 outbreak. These included avocado pear, banana, coconut orange, pawpaw, jute leaves, bell pepper, carrots, cucumber, ginger onions, and watermelon, which were considered to have healing properties. Similarly, Fanelli (2021), Güney and Sangün (2021) observed higher rates of people following a healthier diet during the COVID-19 pandemic by incorporating fresh fruits and vegetables into their meals.

Conversely, Clemente-Suárez et al., (2021) discovered that the COVID-19 lockdown led to unhealthy dietary choices with poorer nutritional quality compared to pre-COVID-19 adjustments. Also, Jia et al., (2020) contended that the dietary habits of Chinese individuals were affected by the COVID-19 shutdown, resulting in reduced consumption of fresh fruits, vegetables, rice, chicken, beef, and soybean products.

Switching Businesses

High-income earners in both the private and public sectors had the flexibility to transition their work to online platforms, and employees were

provided with the opportunity to work remotely. However, the circumstances were markedly distinct for informal sector workers who could not shift their services online, relying on daily income for their livelihood. This situation pushed traders whose businesses were impacted to switch to the sale of COVID-19 Personal Protective Equipment (PPEs) as a strategy to cope with the economic downturn.

A male respondent from Jamestown who sold phone accessories before the outbreak of COVID-19 but switched to the sale of COVID-19 Personal Protective Equipment during the pandemic noted as follows:

> The phone accessories were not moving during the COVID-19 period as before COVID. So, when I realized that I started selling nose masks, hand sanitisers and face shields during the COVID to cope because I had to survive. That business was good because people bought nose masks and hand sanitisers (Male respondent, 21/08/22, Jamestown).

A female respondent from New Fadama who was into the sales of second-hand clothes and shoes before the outbreak of COVID but changed to the sale of PPEs made the following assertion:

> Sales were generally slow during the COVID because people were not buying second-hand clothes. I resorted to the sale of face masks, hand sanitiser and face shields during COVID-19 at least with that I was able to make sales to fend for my family (Female respondent, 20/08/22, New Fadama).

The narrations revealed that respondents who were traders had to switch businesses to the sale of COVID-19 PPEs which were seen as more

viable business alternatives during the pandemic. This was done as a coping strategy by the traders to survive the economic shock brought on by the pandemic. As pointed out by Oyewale, Adebayo, and Kehinde (2020), the effects of the COVID-19 pandemic on small and medium-sized enterprises during the partial lockdown heightened the probability of adopting alternative business approaches as coping strategies.

The findings on the coping strategies revealed that some respondents used emotion-focused and problem-focused coping strategies to restore hope and eliminate the stressors of COVID-19. These include spirituality, social media usage, spending time together with family at home, making phone calls to family and friends, watching television, healthy eating, observing COVID-19 safety protocols and switching businesses. The study observed that the coping strategies were interlinked, and respondents adopted multiple ones simultaneously. The findings of this study support Lazarus and Folkman's (1984) theory of stress and coping, which argues that coping strategies are employed by people through two dimensions, notably; problem-focused coping and Emotion-focused coping to maintain their bodily and mental health if they feel stressed.

Government intervention to mitigate the effects of the pandemic

The third objective of this study sought to examine the social interventions by the government to alleviate the impact of COVID-19 on the citizenry. Given this, two key state institutions namely, AMA and MGCSP were considered. Two key informants were interviewed from each institution. The effectiveness of government interventions and the challenges encountered in administering the interventions were explored.

Intervention Programmes

Interviews with key informants from AMA and MGCSP revealed that the targeted beneficiaries for government intervention programmes were the vulnerable in society including the aged, widows, widowers, head porters (kayayei) and the homeless. The targeted beneficiaries were expected to benefit from cooked food and uncooked food items including rice, oil and yam during the lockdown. COVID-19 PPEs such as facemasks and hand sanitisers were distributed during the pandemic as well. In addition, free water and free electricity were also provided to the vulnerable population nationwide.

A key informant from AMA explained the Assembly's role in selecting the beneficiaries of the intervention as follows:

> We met with personnel of the Health Directorate, National Disaster Management Organisation (NADMO) and the Social Welfare Department to decide on the beneficiaries of the intervention. Data on the aged in the communities was gathered from assembly members, we also targeted the widows and the widowers, and we also targeted the kayayei (head porters). Some did not have a place to sleep so we met with them at the Assembly and bus stations and did our daily distribution of food to them and other COVID-19 supplies like nose masks and sanitizer. In collaboration with NADMO, we also shared 5kg of uncooked rice and oil to vulnerable households during the lockdown (Key informant 1, 27/08/022, AMA).

The second key informant at AMA narrated how the packed meals were distributed to the head porters (Kayayei)

> We also shared food and water. I was there during one of the sharing. The "kayayei", were made to form a queue whilst they were served. A lot of people came around; the station masters, and trotro (commercial bus) drivers though they were not part of the targeted beneficiaries. We were able to do what we could, but I wished we had done more (Key informant 2, 27/08/2022, AMA).

The narratives from the key informants at AMA revealed that the intervention project to mitigate the effects of the pandemic was tailored to meet the needs of the vulnerable in society such as widows, widowers, the aged and head potters (Kayayei) within communities in the metropolis. The targeted beneficiaries were selected in collaboration with Assembly Members and some decentralised departments at the Assembly such as NADMO, Health Directorate and Social Welfare Department to ensure the effective execution of the interventions. One hot meal and water were shared daily for the beneficiaries and uncooked rice and oil were also shared to underprivileged households during the three weeks' lockdown. COVID-19 personal protective supplies such as hand sanitiser were also distributed occasionally during the COVID-19 outbreak. The distribution of the food to the head porters at a point was done on the premises of the Assembly since they are a mobile population who could not be traced to residential abodes or secured accommodation arrangements.

The Ministry of Gender, Children and Social Protection (MGCSP) with the assistance of non-governmental organisations also embarked on a similar intervention programme in response to mitigate the effects of the pandemic. An official from the ministry made the following assertion:

> The government through us as a Ministry before the actual lockdown managed to embark on the distribution of items including hand sanitisers, and facemasks. The team of staff and I visited communities around and distributed boxes of sanitisers and nose masks for households. We also shared some with the schools. The ministry had support from some Non-Governmental Organisations too and the ministry of finance so during the lockdown, we distributed cooked food daily to the less privileged including the head porters, street hawkers and the homeless. We also distributed rice and oil, yams to the poor households through opinion leaders and the traditional authorities in the communities (Key informant 1, 30/08/2022, MGCSP).

As noted by a key informant from the MGCSP, the ministry embarked on the distribution of hand sanitisers, and facemasks for the poor and vulnerable households before the lockdown. Meanwhile, packed cooked food was also distributed daily to the targeted beneficiaries during the lockdown.

New Fadama and Jamestown residents' perception of the interventions

This study also went further to assess these interventions from the perspectives of residents of New Fadama and Jamestown. Research respondents were asked whether they benefited from the intervention programme and how useful it was to them.

Free food during lockdown

One of the interventions to mitigate the devastating impact of the lockdown on citizens was the daily distribution of cooked food to vulnerable

groups during the three-week lockdown period. Based on the categories of beneficiaries stated above and the study sample, it was revealed that this intervention programme was done in an ad-hoc manner, hence it could not serve all the targeted beneficiaries due to inadequate preparation and funds to cover the target group.

Limited coverage due to inadequate supplies of packed meals

Some respondents lamented their inability to get some of the free meals at various times during the lockdown period. They attributed the inadequate food distribution to poor planning and the ad-hoc nature of the intervention. Some respondents also stated that they suspected favouritism was at play at some of the distribution points. They indicated that though they showed up at the distribution point in time, they missed their turn as the meals ran out. A female hawker in New Fadama had this to say; *"I went to the distribution point when I heard about the distribution of food but there were a lot of people and the food got finished before it got to my turn"* (Female hawker, 20/08/2022, New Fadama).

A respondent who was a widow in New Fadama lamented how she could not benefit from the free food distribution due to inadequate supply.

> I did not get the food during the lockdown. Those who shared the food did not do it well so a lot of us who were there during the sharing did not receive any. They gave it to their people. I did not get anything from the government it was my family and church members who supported me (A widow, 20/08/2022, New Fadama).

Another widow in Jamestown had this to say:

> Not all of us got the food, they gave it to a few people. I learnt even the rice was spoilt. They cooked the rice before sharing. Since they said the COVID was transferable, why did they cook the rice before sharing it? Will the food not get contaminated during the sharing? Why don't they give us the rice to cook ourselves? (A widow, 19/08/2022, New Fadama).

A male respondent in Jamestown shared his experience and indicated that he was turned off by the crowd around the food, so he decided not to go for the food.

> For me, I saw the food distribution going on, but I didn't go there to take some. The crowd around the car for the food was a put-off for me. This place is called Osha Fort and everyone cannot get free food because of the large number of people in the area (A male respondent, 16/08/2022, Jamestown).

Despite the challenges that confronted this intervention, some respondents noted that this intervention was beneficial, though they raised concerns about the quality and quantity of the food. A widow in Jamestown had this to say:

> I got a pack of cooked rice different people came to share food during the lockdown. But the rice was small. I got like four times during the lockdown. It was not enough to feed my children, but it was better than nothing they could have given us the rice and oil to cook ourselves (A widow, 21/08/2022, Jamestown).

A commercial bus driver at New Fadama also made the following assertion:

> During the lockdown, I got the free food only once. The people were too many, so the police had to control the crowd. The food was not enough to serve all of us. I don't think they could serve all of us, we the boys here are many (Male respondent, 16/08/2022, New Fadama).

The narratives suggest that not all the targeted beneficiaries of widows, widowers and poor households benefited from the social intervention during the lockdown. Meanwhile, some beneficiaries of the free food distribution during the lockdown lamented overcrowding and lack of proper coordination during the distribution. It was also revealed that the beneficiaries of the intervention could not receive meals daily for the three-week lockdown period.

Again, some beneficiaries raised concerns about the small quantity and the poor quality of the food which was distributed. Some respondents also indicated that the government could have given them uncooked rice and oil instead of cooked ones. This study could not identify any respondent who benefited from the distribution of uncooked food as all the respondents during the interview denied receiving uncooked rice and oil as indicated by the key informant at the AMA. This finding is in line with CUTS International (2020) which argued that the impact of the Ghana government's effort to provide cooked and uncooked food to the impoverished in key cities during the lockdown was not readily apparent in people's daily lives as a critical number of the targeted beneficiaries were so food insecure.

Challenges with the interventions

The key informants from the state institutions namely AMA and MGCSP who facilitated the distribution of the food admitted that the exercise faced some challenges. Chief among these challenges were inadequate resources, poor planning and inadequate support from non-governmental organisations and other philanthropists. A key informant in AMA shared some of the challenges as follows:

> We needed more support from other organisations. I wouldn't say we were able to serve everybody, but we were able to help those we could. The main challenge we faced was with the 'kayayei'. There were many, and we realized that some people were not even within our jurisdiction, but they came to benefit from the food. Another issue was with the community leaders. We heard that leaders who were asked to distribute the food items and some COVID-19 PPEs decided to hoard some for their benefit (Key informant 2, 27/08/2022, AMA).

Another key informant from AMA also stated that:

> The kayayei were many, I am not sure we were able to attend to all of them. Even though we used data to get some beneficiaries like the widows and the aged, we could not attend to all of them due to the inadequate items. But then we were able to do what we could, I wished we had done more (Key informant 1, 27/08/2022, AMA).

A key informant from the MGCSP also corroborated the assertion of key informants from AMA and indicated inadequate relief items by noting that:

> We needed more help from other organisations, but we could not get the needed help. The people were many and so we couldn't cover all of them. I wouldn't say we were able to attend to all of them, but we were able to assist the few that we could (Key informant 2, 30/08/2022, MGCSP).

It can be deduced from the narratives that the interventions by the government through the institutions (AMA and MGCSP) to mitigate the adverse impact of the pandemic were confronted with challenges such as inadequate relief items to meet the needs of the targeted population. The key informants all admitted that they would have loved to do more, but the food items were inadequate. The intervention which was targeted at the less privileged in society such as the poor, the aged, widows, and kayayei could not address the needs of the targeted population due to inadequacy.

Other challenges which were revealed included difficulty in tracking eligible beneficiaries, perceived favouritism lack of cooperation and inadequate support from non-governmental organisations. Corruption/hoarding by some community leaders during the sharing of food items was also mentioned as a critical issue which rendered the intervention ineffective. The findings of this study corroborate several studies including Quartey (2020) which stated that the packed food shared during the lockdown period to the underprivileged including Kayayei (head porters) was inadequate to address their needs.

Once more, Awofeso and Irabor (2020) discovered that the government's social interventions in Nigeria, such as providing food to the less fortunate households to lessen the impact of the COVID-19 pandemic, were

mainly ineffective due to a lack of coordination, violations of human rights, partiality in the distribution of goods, and insufficient fiscal policy. Similar findings were reported by Sohel, Ehsan, Zaman, Hossain, Shi, Sarker, and Ali (2022). The authors argued that despite the local government's effort to manage the crisis of the pandemic through the distribution of food and non-food items, the process faced challenges such as inadequacy of food items and less support during the pandemic.

Free Water and Subsidised Electricity

Free water for a portion of the population whose monthly water consumption was less than five cubic meters, free electricity for the most vulnerable (life-line customers), and a 50% subsidy for all other consumers (residential and commercial) were additional social interventions implemented by the government during the COVID-19 pandemic (Antwi-Boasiako et al., 2021).

A respondent from Jamestown had this to say about the intervention on utility.

> For the free water and electricity, I enjoyed some. Water flowed into our house for close to three months without paying bills. For that truly I enjoyed it. And the light as well. It was our MP who announced it (Male respondent, 21/08/2022, New Fadama).

A similar view was shared by a female respondent in New Fadama who narrated his experience as follows:

> For the water, I enjoyed small because the water did not flow frequently so the intervention was not special for us. We got water twice a week, so you can imagine how we struggled to get water in this area. We had to buy from vendors. The intervention didn't benefit some of us much. As for the electricity, we enjoyed it. We didn't pay

> anything. I can't remember the number of months but then we enjoyed free, without paying anything (Female respondent, 21/08/2022, New Fadama).

Despite some respondents affirming that they benefited from the free water and free electricity initiative, others also raised concerns about a drastic increase in the utility bill after the intervention. To them, they believed the government made them pay bills indirectly for the free utilities they enjoyed during the pandemic. A female respondent in New Fadama revealed that; *"For the utilities, they worried us, during the COVID, so we didn't pay but then after the three months, the bill that came was very huge. I am not sure it was free"* (Female respondent, 21/08/2022, New Fadama).

Another respondent from Jamestown also had this to say:

> I don't believe it was free. Indeed, we never paid water and light bills during the pandemic, but then we paid almost three hundred cedis for a month for water after the free water distribution which was not supposed to be so. Previously we paid one hundred cedis or sometimes even less than one hundred cedis every month. So, the free water for me it didn't help me personally. It was similar for the electricity, after the free period, I bought 50 cedis prepaid credit and it finished within three days, before the COVID I could use the same 50 cedis for seven days (Female respondent, 20/08/2022, Jamestown).

On the contrary, some respondents who were connected to pipe-borne water but had an irregular flow of water from their taps could not benefit from the free water initiative due to the irregular flow of water as they had to buy

water from vendors. A resident of New Fadama who did not benefit from the Government's free water initiative due to the lack of connection of his house to portable drinking water had this to say:

> I got free electricity, but I did not enjoy the water because my residence was not connected to pipe-borne water. I bought water from vendors during the COVID-19. They were supposed to allow us to fetch free, but they still sold the water to us (Male respondent, 21/08/2022, New Fadama).

A similar sentiment was shared by a respondent from Jamestown who did not benefit from the free water and electricity initiative.

> Free light? From where? For us, we didn't receive anything. Even the water does not flow often. For instance, there were times when the water would not flow for two to three weeks. So, for us the free water we didn't receive anything like that. And we don't even have pipe-borne water here that we will say water is flowing for free (Female respondent, 20/08/2022, Jamestown).

From the narrations, it can be deduced that though the social intervention by the government to provide free water and electricity to the less privileged to mitigate the impact of COVID-19 on the citizenry was a good initiative, the impact was not readily felt by the targeted population. Some respondents lamented the high cost of water and electricity bills after the expiration of the initiative. In their explication, they maintained that the free water and free electricity by the government were not free since they had to bear the cost of the free utilities, they enjoyed during the outbreak of COVID-19 indirectly through the hikes in utilities.

In addition, some respondents did not benefit from the free water as they had to pay for water from unofficial water vendors since they were not connected to direct pipelines or were confronted with irregular flow of water through the pipes. The findings of this study show how the optimal well-being of some respondents was affected due to the lack of basic needs such as water.

Similar conclusions were reached by Smiley et al. (2020), who suggested that a sizable portion of households might not profit from the free water program since they rely on resold water from private vendors due to their lack of access to the national pipeline.

Additionally, Akrofi and Antwi (2020) discovered that numerous governments in sub-Saharan Africa implemented short-term measures including free power, water bill suspensions, and exemptions from the Value Added Tax (VAT) on electricity bills. However, many citizens could not fully benefit from the interventions because several households within most sub-Saharan African countries do not have good accessible water supply and good electricity provision under the supervision of the governments.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

Introduction

The main conclusions that came out of the study and recommendations are summed up in this last chapter.

Key Findings

The key findings of this study are presented in line with the research objectives as follows:

Research Objective 1: Examine how COVID-19 affected the health security, economic security, food security, and political security of people living in New Fadama and Jamestown within the Accra metropolis.

1. For health security, the findings revealed that some respondents' mental health was affected by the impact of the pandemic and associated containment measures such as lockdowns. Some of these mental health challenges were fear, stress, anxiety, and depression as well as worried about the spread of the virus and infection of loved ones. The study also found that some respondents who contracted COVID-19 suffered some health challenges such as frequent coughing, general body weakness, body pains, fever and headache
2. The economic downturn occasioned by the outbreak of COVID-19 and associated prevention protocols cannot be underestimated. Some informal sector workers, including owners and employees of small-scale businesses and traders, suffered job losses, reduction in income,

low patronage and complete shutdown of their businesses during the lockdown. This hurt the economic security of some participants.

3. The study also found that the financial shocks and the disruption in the Agricultural supply chain brought on by the COVID-19 pandemic and the lockdown are significant factors that affected food security, for some respondents in the informal sector. This affected economic accessibility, food availability, physical accessibility and food utilisation.
4. Political Security, the study found that some respondents had their freedom of association, movement, and freedom to engage in religious and economic activities curtailed during the lockdown period.

Research Objective 2: Examining the coping strategies people used throughout the pandemic was the second goal. This study found that the socio-economic and health challenges occasioned by COVID-19 and subsequent prevention protocols, particularly the lockdown necessitated some coping strategies such as:

1. Spirituality: praying, reading religious books and fasting to seek God's protection were employed by some male and female respondents who contracted COVID-19 and those who were faced with socio-economic difficulties due to the uncertainties surrounding the pandemic.
2. Social media usage, for entertainment and updates on the pandemic was found as one of the common coping strategies among some youth.
3. Switching of businesses to the sale of COVID-19 PPEs was employed as a coping strategy by some traders during the pandemic.

4. Adhering to wearing facemasks, regular hand washing and eating fruits and vegetables to boost the immune system was adopted by some respondents.

Research Objective 3: Analyse the social interventions introduced by the government during the outbreak of COVID-19 and the lockdown to mitigate the effects of the pandemic on individuals within the Accra Metropolis. Evidence from the study revealed the following.

1. Food items and COVID-19 PPEs were distributed to some respondents to reduce the social cost of lockdowns on the vulnerable group.
2. The interventions were done in an ad-hoc manner which affected the effective implementation and total coverage of the targeted population. The intervention also faced the challenges of inadequate food items. Other challenges included difficulty locating beneficiaries, alleged hoarding of relief items perceived favouritism by some community leaders and inadequate support from private organisations.
3. The free water and free electricity initiative implemented by the government to mitigate the impact of COVID-19 on the vulnerable population nationwide could not benefit the entire targeted group. It was revealed that structural issues such as irregular water flow, and lack of pipelines in some households deprived some respondents from enjoying the policy on the free water intervention.

Conclusion

The COVID-19 pandemic has emphasised the connection between infectious diseases and human security. The outbreak of the COVID-19 pandemic was not only a health disaster but also a threat to human security,

endangering basic liberties and financial stability. The imposition of containment measures led to the suspension of civic, social and economic freedoms, leading to disruption of social interactions. The development raised anxiety, fear, stress and uncertainty among many people because of the impact on the livelihood and wellbeing of individuals. Informal sector workers, including, traders and other vulnerable groups lose their source of livelihood due to their inability to work remotely without adequate support from the government.

The study established that the intervention programme introduced by the Government through the relevant agencies such as AMA and MGCSP was inadequate to address the needs of the vulnerable population. Further, the free water policy did not benefit those without a regular flow of water and those without direct pipelines connected to their households. The study provides evidence that the pandemic exacerbated inequality among the Ghanaian populace with a higher toll on the informal sector workers and those with low socioeconomic status.

Recommendations

The study's main findings served as the foundation for the recommendations made.

1. The study recommends that concerning COVID-19's adverse effects on human security with a great toll on informal sector workers who often lack social protection, efforts should be made by the Ghana Enterprises Agency to build a database on the informal sector workers and develop a social protection plan for them. This will ensure that in future pandemics, workers in the informal sector will gain access to social support to guarantee economic recovery and revitalise small-scale

businesses. Many respondents in the informal sector lost their sources of income owing to COVID-19 and the lockdown without receiving any social support from the Government.

2. The government through the relevant ministries such as the Ministry of Gender Children and Social Protection and the Ministry of Local Government and Rural Development needs to make an effort in terms of policy to bridge the inequality gap. This can be achieved by addressing issues of poverty and investing in infrastructure development such as improving access to essential services such as water to every household in Accra Metropolis.
3. Moving forward, the Ministry of Gender Children and Social Protection will find it helpful to have a pre-planned, all-inclusive pandemic response strategy. This should be accomplished by effective coordination and collaboration between relevant public institutions such as the Ghana Statistical Service and the Accra Metropolitan Assembly to obtain the necessary data on households in the Accra metropolis that are at risk. This will ensure efficiency in the utilisation of resources and delivery of relief supplies to vulnerable populations.
4. Community and vulnerable groups in urban areas involvement are also necessary for pandemic planning and response, as it will ensure that responses to future pandemics or uncertainties are linked with the many components of urban living as there are numerous facets to an urban resident's daily existence which exacerbates their vulnerability.
5. Based on evidence from this study which established that emotion-focused coping was commonly used among some respondents, it is

recommended that policymakers foresee and mitigate risks in future pandemics by providing education and sensitisation through the National Commission for Civic Education (NCCE) on the need to adopt more problem-focused coping strategies in future pandemics. Problem-focused approaches involve taking practical steps to deal with the problem itself. Some of these strategies include engaging in regular physical exercise to boost mood and balance health. People may also be sensitized to adopt a healthy diet to boost immunity and follow the recommended COVID-19 hygiene practices like handwashing, wearing facemasks and keeping social distance to prevent infection.

Recommendation for Further Research

The purpose of this study was to investigate how COVID-19 affected human security in the city of Accra. It did, however, concentrate on political, economic, food, and health security. Since human security has seven components, future studies could explore the impact of the COVID-19 pandemic on the remaining three human security components, specifically: environmental security, personal security and cultural security. This study could also be replicated among other vulnerable groups such as refugees.

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APPENDICES

APPENDIX A: INTERVIEW SCHEDULE FOR RESPONDENTS ABOVE 18 YEARS IN STUDY AREA

Introduction

My name is Faustina Afenyo, a postgraduate student at the Department of Peace Studies, University of Cape Coast. I am conducting a research on the Implications of COVID-19 on Human Security, in Accra Metropolis, Ghana. Your insight on the subject matter and time is appreciated. This interview will last about 20 minutes. I assure you that the information collected will be used for academic purpose only and it will not be shared with unauthorised person. Participation is voluntary and you are free to withdraw from the interview at anytime or you may decline to answer any question you are not confortable with.

Informed Consent

Participants will indicate their consent by signing the consent form or verbally consenting to participate.

ID…….

Name:…….

Contact Number:……

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Sex: Male [ ] Female [ ]

1. Age ……..

2. Education

a) Non formal Education

b) Basic Eduation

c) Secondary Education

d) Tertiary Education

e) Other(s) Specify

3. Occupation ……..

4. Income

Which category will you put yourself in terms of monthly income

a. 100 to 500

b. 600 to 1,000

c. 1,100 to 2,000

d. Above 2,000

5. Marital Status;

a. Married

b. Single

c. Seperated

d. Divorced

e. Widow

6. Religious Affiliation

Christian

Islam

Tradtional

Any other

SECTION B: EFFECTS OF COVID-19 ON HUMAN SECURITY (Tick Appropriately)

Health Security

8(a). Did you experience any of these health challenges as a result of the outbreak of COVID-19 ?

Depression

Anxiety

Nervousness

Eating disorders

Frustrations

Stress

loneliness

Insomnia

Harmful alcohol

Drug use

Self-harm

Suicidal thoughts or behaviour

8(b) Reason for your answer in (8a)……

9. Did you skip a visit to the hospital during the outbreak of COVID-19? [Yes/No]

10. If yes, what were the reasons? .....

11. How was your access to health care affected? ……

12. Did you contract Covid-19?.....

13. If yes how did you know?.....

14. For persons who contracted Covid-19 or know someone who did

    a. what symptons did you show?

    b. How was your overall health affect?

    c. How was your social life affected?

    d. How was your job or economic activities affected?

15. How were you treated?

16. Were you stigmatised?

17. what was the effect on other family members?

18. Did any family member contract covid-19? [Yes/No]

    e. what symptons did he/she show?

    f. How was his/her overall health affectted?

    g. How was his/her social life affected?

    h. How was his/her job or economic activities affected?

    i. How was/he/she treated?

    j. Was he/she stigmatised?

19. What other health challenges did Covid-19 pose to you?

Economic Security

For employed persons

Indicate type of employment

20. How did Covid-19 affect your job?

a. Did you suffer job loss?

b. Did your working hours change during the outbreak of the pandemic? Thick appropriately.

(Reduced/Increased/ Same)

c. How many hours did you work daily before the emergence of lockdown?

d. How many hours did you work during the emergence of lockdown?……

e. Did you suffer a reduction in income?

f. How was your livelihood affected?

21. Were you able to work from home? Please thick appropriately [Yes/No]

Reasons for your answer in (21)……

22.What support did you get from government

23. Did you benefit from the free food, free water, and the free elctricity?

23(a). If Yes describe how

23(b). if No why?

For small Businessowners and Traders only

(Indicate type of Business)

25. How did COVID-19 affect your Business

Explain……

26. Did you diversify your business as a result of Covid-19

27. How many hours did you work daily before the emergence of the lockdown?

28. How many hours did you work during the emergence of lockdown?…

29. How was your income affected during the outbreak of the COVID-19?

1. Increased [ ] 2. Decreased [ ] 3. Same [ ]

(a). Any reason for your answer?.....

30. How was your business affected by the lockdown?

31. Did you receive any support from governemnt?

31 (a). Specify the type support if any ie. Financial support for your business

32. How helpful was the support?

33. Did you benefit from free food , free water and and free electricity?

33(a). If Yes describe how

33(b). If No why?

Food Security

34. How did COVID-19 affect your accessibility of food?

35. What will you say about the availability of food items in the markets before COVID-19 and during the lockdown?

36. Were you able to afford your preferred food choice

37. Were you able to afford three square meals daily ?

38. Were you able to get adequate food to meet your nutritional needs?

39. Did your diet contain the following:

a. vegetables?

b. Fats?

c. Fibre?

d. Vitamins?

e. Proteins?

f. Cabohydrates?

Give reasons for you answers……..

40. Which other way did Covid-19 affect your food security?

Political Security

Effect of Covid-19 preventive measures on human rights

41. How did the lockdown and restrictions on social activities affect your

a. Right to movement?

b. Right to food?

c. Right to shelter?

d. Right to safe living conditions?

e. Right to accessible health care?

f. Freedom of speech?

g. Right to public gathering?

h. Right of association?

i. Right to engage in religious activities or gathering such as church service or mosque?

j. Right to education?

Community Security

42. How did Covid-19 affect your relationships with family and friends?

43. How did the restrictions on social activities affect your religious activities?

44. Did the restrictions on movement and social activities affect cultral activities such as celebrations of Homowo festival, Traditional marriage ceremonies and naming ceremonies?

45. Which other way did Covid-19/ lockdown affect your community security?

46. Which other effect of the lockdown and the COVID-19 enforcement measures did you experience but was not mentioned above?……

SECTION C

Coping Strategy

47. How did you cope during the outbreak of the pandemic?……

48. Did you engage in any of these activities as a coping strategy?

a. Daily exercise
b. watching Television
c. Listening to music
d. Reading
e. Spending time with family
f. Making phone calls to friends and family
g. More prayers and communion with God
h. Working from home; cooking and eating more
i. Drinking and drug abuse
j. Avoiding news/statistics on COVID-19
k. Doing nothing special
l. Observing COVID-19 protocols
m. Healthy eating

49. What other coping strategy did you adopt?

50. Do you have any recommendations to better manage future pandemics?.

SECTION D: ASSESSING GOVERNMENT INTERVENTION

51. Did you hear about any government intervention during the COVID-19 and the lockdown?
52. How did you benefit from this intervention?
53. Did you get any financial support for your business?
54. How did you benefit from the free water and the free electricity from government?
55. Did you benefit from the daily free food distribution during the three weeks lockdown?
56. Did the food address your nutritional needs?

SECTION E: POLICY RECOMMENDATIONS AND CLOSING

Before we end the interview section, what recommendations will you make to aid policy formulations to guide future pandemics?

We have come to the end of the interveiw.

Do you have any question or suggestion?

Thank you for your time.

I may contact you for any clarification.

APPENDIX B: INTERVIEW GUIDE FOR KEY INFORMANTS

[From, the Accra Metropolitan Assembly, Ministry of Gender, Children and Social protection]

My name is Faustina Afenyo, a postgraduate student at the Department of Peace Studies, University of Cape Coast. I am conducting a research on the Implications of COVID-19 on Human Security, in Accra Metropolis, Ghana. Your insight on the subject matter and time is appreciated. This interview will last about 20 minutes. I assure you that the information collected will be used for academic purpose only and it will not be shared with unauthorised persons. Participation is voluntary and you are free to withdraw from the interview at anytime or you may decline to answer any question you are not confortable with.

Informed Consent

Participants will indicate their consent by signing the consent form or verbally consenting to participate.

A. General Information of the Key Informant

Name of the Key Informant:……

Name of Organisation:……..…

Position:……

Emailaddress:(optional)……phone number……

B. Effectiveness of Government Intervention

1. What is your comment on the effct of Covid-19 and the lockdown on
   a. income
   b. Livelihoods
   c. Health

d. Education

e. Human rights

f. Police/military brutalities

2. Did government make any intervention through your outfit to ameliorate the impact of Covid-19/lockdown on individuals in the study area?

a. What was the form of the intervention?

b. How was it administered?

c. Who were the beneficiaries?

d. How were the benefeciaires selected?

e. Was the intervention adequate ?

f. What were some of the challenges faced?

3. What recommendations can you make to better manage the impact of any future pandemic?

SECTION D: CLOSING

We have come to the end of the interveiw.

Do you have any question or suggestion?

Thank you for your time. I may contact you for any clarification