

Chapter 6

The impact of COVID-19 social restrictions on culture and psychosocial well-being: The Ghanaian experience

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Introduction

In December 2019 what began as local transmission of a novel coronavirus disease in the Wuhan Province of China has escalated into a global pandemic as declared by the World Health Organization (WHO). The first reported case of Coronavirus (COVID-19) in Ghana was recorded on 12th March 2020 when two persons tested positive to the virus (MoH, 2020). As of 16th July 2020 the disease had spread exponentially to a new global record of 13,378, 853 cases with 580,045 deaths. In Ghana, as of the same 16th July 2020, 26,125 persons were infected while 139 had lost their lives (WHO, 2020). This chapter looks at the concept of COVID-19 lockdown and restrictions especially their influence on the sociocultural life of Ghanaians. It also evaluates the impacts of coronavirus on the individuals in relation to social support in a highly communal society. In addition, the chapter reviews the health belief and health-seeking attitudes of the people of Ghana considering the threat of coronavirus. Finally, it proffers strategies to help bring coronavirus under control while the people go about their daily activities.

The coronavirus continues to ravage humanity across all the continents of the world in terms of social, economic, political, education, and health. The rate of devastation of the disease was so pronounced that the World Health

Organization (WHO) in the last week of March 2020 was compelled to classify it as Public Health Emergency of International Concern (PHEIC). This classification then places coronavirus, in relation to other disease conditions, as the sixth PHEIC in accordance with the International Health Regulations. Others that preceded coronavirus in that classification include H1N1 Influenza (2009), Polio (2014), Ebola in West Africa (2014), Zika (2016), and Ebola which ravaged many lives in the Democratic Republic of Congo (2019) (WHO, 2020). Thereafter, on February 11, 2020, WHO after careful analysis of the rate of spread of the coronavirus, officially declared it as “pandemic” and subsequently prescribed a number of protocols including regular hand-washing under running water with soap, regular temperature checks, and maintaining physical distance popularly referred to as “social distancing” of at least 2 m from others. These were some of the important protocols (Khan et al., 2020). The spread of the coronavirus started emerging by 16th April 2020. The rate of new infection and the concomitant spread have declined in Europe, notably Spain and Germany, and some Asian countries including China. However, the USA, Brazil, and India continue to struggle with the virus (International, 2020). The threat of coronavirus in Africa is also a reality as many states are recording increasing cases of new infection. In a desperate attempt to bring the disease under control, many countries instituted draconian measures to curb the disease from spiraling out of control including lockdown and restrictions of the movement of their citizens. These restrictions, to a large extent, have helped stem the tide of the spread of the pandemic but the level of psychological impact on the life of the people has not been explored. This, basically, is the focal point of this chapter.

COVID-19 lockdowns and restrictions

In the absence of a vaccine to treat the virus, one of the alternative methods considered effective in containing the pandemic and prescribed by WHO and other health professionals is lockdown and also the enforcement of social/physical distancing. In the case of COVID-19, the use of lockdown and physical distancing was adopted globally and different countries implemented either partial or total lockdown at the start of the pandemic. China was one of the first countries to introduce the lockdown in order to control the spread of the coronavirus in the province of Wuhan. Most likely, these measures were inspired by the belief that the lockdown and the social distancing protocols could be the most effective strategies to bring the virus under control in the short term. As it would turn out, many countries adopted the lockdown and physical distancing measures as containment of the pandemic despite their dire socioeconomic impacts on the countries (Armitage & Nellums, 2020; Brooks et al., 2020). It should be pointed out that the economic impacts have affected both the developed and developing countries. According to Lewnard and Lo (2020), the pandemic brought in its trail dire economic devastation among both developed and developing countries. These economic challenges were in the form of mass unemployment

and collapse of manufacturing companies. Others comprised weakening of the fundamentals of the global economy as witnessed in the United States (US) and China, as well as threat of possible collapse of new and developing economies, especially in the short term. There were other major challenges such as deterioration of the public health that could lead to socioeconomic difficulties and the anxiety associated with social isolation and quarantine (Armitage & Nellums, 2020). Social restrictions including isolation and lockdown to a communally oriented society such as Ghana and for that matter Africans could pose a number of cultural and psychological problems.

COVID-19 and sociocultural challenges of Ghanaians

Culturally, Ghanaians have been oriented to live communally (Falade, 2018). According to Idang (2015), culture entails the sum total of behavior in terms of traits and characters that are akin to a group of people setting them apart from other people or societies. Some of these specific traits include language, dress code, food, music, dance, work attitude, religious and spiritual activities. The belief system of the people and how they observe social norms, values, and daily living are highly influenced by their cultural orientation. Values, for instance, can be explained as people's beliefs about what is right and wrong as well as what they perceive to be important in life. Gyekye (2003) aptly explains that culture plays an important role in the life of people and covers other important areas such as marriage, customs, and traditions. He emphasizes that there are many standards set by cultural boundaries to guide the way of life of different cultural groups. Indeed since these cultural norms have become the embodiment of the Ghanaians who live in close relationship with one another, how would the social restrictions affect them? Some of the communal activities which most Ghanaians engage in but have been affected by the restrictions include daily connectivity with family and friends, observation of rites of marriage, puberty, funerals, child naming, and many more.

Culture from the clinical perspective can be defined as the discipline under psychiatry/clinical psychology that covers the various interrelationships between culture and psychiatry (American Psychiatric Association, 2013). It seeks to understand variations relating to incidence, prevalence, clinical expression, course of the disease, and/or outcome of certain psychiatric disorders as they affect different cultural groups and societies. The objective of the emphasis on understanding clinical/psychiatric cases in line with culture is to make accurate diagnosis with more efficacious treatment being situated within the cultural circumstances of the patients. The American Psychiatric Association (2013) has recognized the pivotal role of culture in the treatment of psychiatric disorders by addressing cultural differences that exist in the description of most of the major psychiatric disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V). It also provides comprehensive guidance regarding the development of cultural formulations.

The restriction of the mobility and the inability of the people to freely go about their activities might be a major source of psychological distress. One common mental health problem identified in relation with the COVID-19 pandemic is psychological distress (Asiamah et al., 2020). Psychological distress is a state of emotional suffering that is characterized by symptoms of depression and anxiety (Mirowsky & Ross, 2002). The symptoms of psychological distress are varied and may depend on the perceptions of persons involved. Some of the common symptoms include a loss of interest in activities previously enjoyed, sadness; hopelessness, restlessness; and feeling tense (Lebel et al., 2011).

The onset of such mental health problems could be triggered by the sudden halt in daily activities of individuals. Cumming and Henry who propounded the disengagement theory of aging indicates that retirement or disengagement from work should be gradual. Disengagement theory explains the process of withdrawal from established social life that individuals experience as a result of aging. It indicates that such withdrawal process should be gradual so as to prepare the person involved to accept the change in order to psychologically integrate into the new life (Cumming & Henry, 1961). In the event where the disengagement from work or daily activities emanates from sudden stoppage such as lockdown, anxiety and other mental health problems could be triggered (Cumming & Henry, 1961). The implementations of lockdowns and restrictions necessitated by the outbreak of COVID-19 did not make room for any form of gradual preparation for stoppage of work or daily activities that people previously engaged in. Therefore, with associated social isolation and quarantine as well as the novel nature of the disease, it could lead to anxiety and other mental health challenges among the citizenry. In fact, short-term social isolation and other forms of restrictions can cause major changes in health behaviors leading to deterioration of health and general well-being. Malcolm, Frost, and Cowie (2019) agree with Armitage and Nellums (2020) that a decline in mental health is one likely consequence of social isolation caused by an unexpected event such as the outbreak of a disease. The occurrence of such mental health challenges becomes more evident because of the fear and apprehension associated with novel diseases such as COVID-19. People may become anxious and worried about the causes and possible impact of diseases which can significantly affect their level of anxiety (Armitage & Nellums, 2020).

Also worthy of mention is anxiety which has been detected among patients with COVID-19. McManus, Bebbington, Jenkins, and Brugha (2016) confirm that a disease such as COVID-19 has both direct and indirect psychological and social impacts on individuals. The authors further stress that the effect of the disease could be very pervasive and might have both short- and long-term effects on the mental health of individuals. Anxiety and depression among patients is heightened as a result of waiting time during which the diagnosis and treatment of a particular disease commence. In the management of COVID-19 in Ghana, it takes a reasonable time for the collection of sample and test results to be relayed to suspected members of community and that could substantially

increase their anxiety (Fogarty & Cronin, 2008; Paul et al., 2011). Undoubtedly, patients awaiting the result of their laboratory tests might experience significant levels of anxiety. It is very important to handle this delicate process carefully in order not to expose members to such anxiety. The fact that the lockdown could lead to anxiety and other forms of mental health problems can also be explained in line with the Fogg behavior model (FBM) propounded by Fogg (2009) which stipulated that a pandemic of the magnitude of COVID-19 that leads to sudden lockdowns may evoke intense fear and panic among people as they struggle to cope with the disease. In addition, the rate of infection among health personnel is also a major worry to the populace. The most painful aspect was the loss of three of Ghana's most experienced doctors to the coronavirus pandemic and over 779 other health workers infected with the virus in Ghana (MoH, 2020). The fear this situation evokes among other health workers could undermine their efficiency. As a result, anxiety among healthcare workers globally is high. For instance, in a Chinese study to assess the effect of the disease on healthcare workers, out of the 1257 health workers comprising nurses and physicians directly treating patients with the disease, 41.5% had developed depression, anxiety, insomnia, and distress as compared to their colleagues who were not directly in charge of such patients (Lai, Ma, Wang, et al., 2020). Similarly, a study conducted in Singapore in April 2020 reveals that out of the 500 healthcare workers attending to COVID-19 patients, 14.5%, 8.9%, and 6.6% of them experienced anxiety, depression, and stress, respectively, while 7.7% also had posttraumatic stress disorder (Tan et al., 2020). Aside the psychological distress caused as a result of the restrictions and the lockdown, the virus also poses other possible threats. One of such threats is that the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative virus of COVID-19, might also attack the brain or affect the immune system. That in turn might have negative effect on brain functions leading to psychiatric disorders (McManus et al., 2016).

COVID-19 lockdown and restrictions as well as other related challenges could affect an individual in a number of ways. Firstly, fear of the disease and associated restrictions may trigger anxiety and other psychological indicators. Secondly, in terms of sociocultural impacts, the restrictions limit individual's ability to interact with his or her social circles. In effect, social support may be greatly limited in a communal society such as Ghana, and this could have dire consequences.

Influence of restrictions and lockdowns on individuals

Social support is one of the most effective methods to cope with stressful events. When people come together to comfort distressed individuals in the form of hope and encouragement, the level of the distress is significantly reduced (Howren, Christensen, Karmell, & Funk, 2010). Social support, in the form of help from spouses, parents, and siblings, plays important roles in coping with

psychological distress. In addition, another important form of social support emanates from external sources including friends, work colleagues, and members of the larger society. These forms of help also confirm the communal nature of Ghanaians in offering help to their compatriots as part of their cultural upbringing (Assimeng, 2007). The sad aspect of COVID-19 pandemic is that these forms of social support could not benefit patients in isolation as they are quarantined due to the contagious nature of the disease.

There has been a widely held view in literature on the effectiveness of social support in moderating distressed situations. Social support, in the form of help from spouses, parents, and siblings, plays important roles in moderating psychological distress experienced by patients. In addition, supports from friends, work colleagues, and members of society also provide good measure of help to patients. These forms of help also confirm the communal nature of Ghanaians and for that matter other African people as well.

Other forms of coping mechanisms usually adopted during difficult situations include hope in the healing power of God and prayer (Twumasi, 1975). Majority of Ghanaians believe that their psychological distress could be resolved through divine intervention and therefore rely heavily on prayer as a tool for God's intervention. In many cultural settings in Ghana, after the diagnosis of a disease without a known cause, a significant majority of clients turn to possible spiritual cause of their diseases. In their attempts to identify causes of such diseases, some people reflect over their lives, looking for something they might have done which could incur a curse on them (Katz & Hawley, 2005). This reaction and health-seeking behavior are largely determined by the cultural background of the patients involved. Katz and Hawley (2005) identify cultural values as significant variables in the treatment preferences of individuals with a strong spiritual belief that the outcome of their disease is under God's control. Hope and belief in the efficacy of God's healing power have been established as one of the most reliable means of dealing with diseases among Ghanaians in particular, and Africans in general. This belief in God's healing powers by many Africans was identified by Mbiti (1990) that Africans are highly religious. They, therefore, have a hope that whatever challenge that may confront them could be resolved by turning to God in prayer (Mbiti, 1990). The fact that many people believe in the efficacy of prayer but could not congregate to pray as a result of COVID-19 restrictions may be a source of worry. In that regard, anxiety among believers could significantly increase concerning the uncertainty about when they can freely congregate and worship to nourish their spirituality (Anarfi et al., 2016). In addition, cultural practices such as the traditional methods of greeting and converging to fraternize have all been negatively affected by the coronavirus restrictions. Traditional greetings and meetings among community members offer some of the most effective social support and avenue for sharing one's burden with others (Banda, 2017). The traditional handshake involves two people engaged in a long handshake in which each of the fingers temporarily becomes interlocked for a few seconds before disentangling one's palm. In the

end, the thumbs are clasped together to produce an echolike sound signaling the end of the handshake. Members thereafter continue with enquiries about the health of each family and even clan which provide the opportunity to learn about the welfare of each community member (Banda, 2017). This practice is a major stress reliever for members and contributes to enhancing their mental well-being.

Conceptualization of health problems and COVID-19 compliance

It is very important to understand the perception of people when it comes to interpretation, appraisal, and health-seeking behavior in relation to diseases such as COVID-19. The health belief model is a psychological health behavior change model that was developed by Hochbaum (1958) to explain and predict how individuals behave in health-related matters pertaining to a particular disease (Sohler, Jerant, & Franks, 2015). It was first used to evaluate American citizens’ interest in a free tuberculosis screening program. The model comprises four constructs that influence patients’ disease perception and behavior as illustrated in Fig. 1.

The first construct assessed by the health belief model is the perceived susceptibility to a disease. The theory explains an individual’s evaluation of whether he or she is susceptible to contract a particular disease and then a

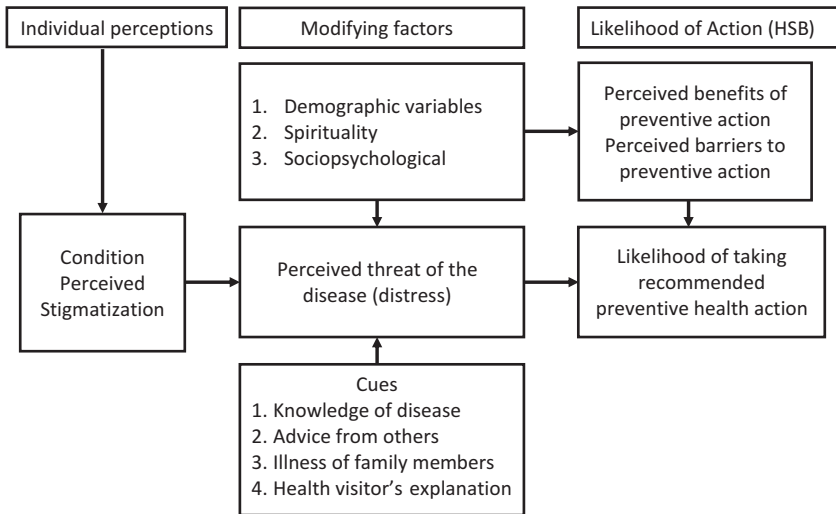


FIG. 1 Health belief model of health-seeking behavior among patients. Adapted from Hochbaum, G. M. (1958). Public participation in medical screening programs: A socio-psychological study. US Department of Health, Education, and Welfare, Public Health Service, Bureau of State Services, Division of Special Health Services, Tuberculosis Program.

subsequent action to seek treatment may be initiated by the person (Lewis & Merched, 2014). According to Glanz, Rimer, and Viswanath (2008), people's motivation to act in a particular manner in relation to treat diseases that infect them depends largely on their health belief and perceptions of the threat posed by the disease. Glanz et al. (2008) are of the view that proper and prudent health behaviors are determined by the individual's health belief. Therefore if there is any form of public health policy and education, they have to be targeted at the health belief of patients. Perception of the severity of the disease is the second construct in which the person appraises the level of danger posed by the condition. If the risk level of getting a particular disease is appraised to be very high by a patient, the likelihood of taking steps for immediate medical attention is higher than if the risk is considered low. The thought of the benefits to be derived from embarking on such action forms the basis for the third construct. The perception of negative obstacles as barriers to a specific health action to be undertaken by the individual is also considered. Further, the steps necessary to actualize the decision by the individual are also critically reviewed before an action is taken (Rawlett, 2011). The influence of demographic factors and determinants of health action are considered as needs factors. This model is very appropriate in explaining behavior of people toward COVID-19 because it is applicable to health behaviors that are under the control of an individual patient. For instance, an individual who identifies certain symptoms relating to the virus has the ability to assess the severity of the disease and take appropriate course of actions (Lewis & Merched, 2014). The patient's health-seeking behavior therefore largely depends on the interplay among the factors he or she considers important and relevant to the treatment of the disease. The health belief model is very appropriate for explaining health-related behavior among patients with coronavirus in Ghana because people's health-seeking behavior is influenced by their health belief and advice from friends and family (Amegbor, 2014; Gyasi et al., 2016). If an individual considers that the symptoms resemble that of COVID-19 but appraises that they are not severe or feels stigmatized, he or she may avoid seeking help from health professionals (Andisheh-Tadbir, Mehrabani, & Heydari, 2008).

One single important determinant is the perception of the level of threat the disease poses to the patient. This appraisal largely depends on the danger that confronts the patient and likely outcome if he or she does not act appropriately. In Ghana a section of the public believes that the coronavirus does not pose any major threat to them because they do not have other health challenges. One report presented by the authorities managing the disease indicates that it appears that most of the deaths occurred due to underlying comorbidities such as diabetes, hypertension, and cancer (MoH, 2020). Some people unfortunately misinterpret this assertion to mean that once they do not have any known comorbidities they cannot get infected by the disease and become careless. The public needs to know that early reporting for testing and care for those who test positive is a sure way to win the battle against the virus. It will also prevent

asymptomatic patients from spreading the disease to others. Early and rapid testing is the way to control the disease as has been recommended globally. In view of that, testing using saliva samples is currently going on trial in the United Kingdom (Robert, 2020). Experts revealed that the virus shows in the saliva before other respiratory channels such as the nose and throat and the results could be ready within 2h. Further, perceived susceptibility to a disease comprises another important component of the health belief model. If a person appraises that the risk of contracting a disease is highly probable then such a person may take practical measures to prevent the infection. There are some people who believe that protection comes from God and therefore they are protected against the virus.

Relating health belief model to COVID-19, even though the disease has biogenic basis the limited knowledge and novel nature may lead some patients to appraise it from different perspectives. Some people may even doubt literature on the causes and impact of the disease and that can influence their attitude toward health-seeking behavior. All forms of obstacles that impede smooth operations of health delivery are classified as barriers to healthcare. These barriers include access to healthcare especially in situations where patients are willing to seek healthcare but unavailability of facilities prevents patients to benefit from such services. In Ghana, there are several people who wish to be tested but may not have the opportunity due to unavailability of testing kits. Others who need hospital in-service care are allowed to receive care from home which may compromise the laid down protocols especially on infecting others. In addition, long waiting period at health facilities serves as another barrier to healthcare and health-seeking behavior (Afolabi, Daropale, Irinoye, & Adegoke, 2013).

The perceptions of individuals about etiology of a particular disease determine their attitude and health-seeking behavior. The main classification of illness from the perspective of Kleinman and Seeman's (2000) specifies that experience of illness is geared toward consciousness of the individual who has the health problem but not only biogenic indicators in the body. This assertion is contrary to the position of the biomedical model which explains disease conditions as a structural abnormality of any organ in the individual patient. The illness model illustrates that illness experience is based on the patient's experience in relation to his or her sociocultural background (Kleinman & Seeman, 2000). It is clear from the ongoing analysis that the perspective of significant number of Ghanaians about coronavirus might not exactly follow the advice of the health authorities. As per this view, such people could perceive themselves as not ill but the disease may be present and they would therefore carry the virus as asymptomatic patients. People who have such perceptions about the COVID-19 pandemic may not be willing to abide by the protocols. Health professionals and managers of the pandemic need to approach the fight against the disease in line with the cultural background of the people.

Another category of perceiving health is sickness which refers to how other people label a patient due to ill health condition. This label is usually done

with reference to the sociocultural abilities of such a patient (Twaddle, 1994). Normally, certain social roles are assigned to a person who is regarded to be sick and such a person may assume the “sick role” according to the particular society he or she belongs to. These roles may exclude the individual from socioeconomic activities until the person is deemed healthy to return to normal societal activities. Many societies consider a sick person as a form of deviation from the “healthy population” (Parsons, 1951). In view of such interpretation of a sick role, when a member of a society is unwell with any socially recognizable illness or disease, society members carry out certain duties to aid the recovery process. Parsons (1951) explains that a sick person faces some obligatory conducts and is made to accept the moral responsibility regarding him or her as undesirable and as a situation which should be overcome as soon as possible. It is based on the acceptance of the sick role that the person then is encouraged to seek competent help from a physician and obliged to cooperate with the physician in order to recover completely. The healing process of a sick member of a particular society is very much influenced by culture. Members assess the effectiveness of measures applied to restore the sick back to healthy state of health and the level of recovery to judge whether the individual has improved or deteriorated. The restoration of health of the sick can be influenced by spiritual, psychosocial, and biological disposition of the patient. Patient’s acceptance of treatment depends largely on the effectiveness of medical care in addressing both the disease and illness components of their health problem.

One other factor that may influence people’s attitude toward health is stigmatization which continues to be a major problem impeding quality healthcare in Ghana. Experts bemoan late health-seeking among patients with diseases such as breast cancer and believed that stigmatization was the main reason for the delay (Clegg-Lamprey & Hodasi, 2007). When etiology and impacts of diseases are not readily known it can lead to myths surrounding such diseases in a highly spiritual society as Ghana. With such high levels of stigmatization, it is clear that many people will prefer to remain silent about their COVID-19 status. This situation makes it much more difficult for people to voluntarily avail themselves for testing and subsequent treatment. It is not surprising that some people were not willing to meet with the COVID-19 taskforce to be tested during the contact tracing and community surveillance in Ghana (MoH, 2020). Vivien and Noor (2013) revealed that if patients of a disease consider it as a type of illness, rather than disease, the disease and the subjective illness feeling as well as the disease need to be tackled. It is not surprising that some Ghanaians claimed they did not believe coronavirus actually exists and that the officials are only hyping it for their personal interests (Oppong-Nkrumah, 2020). The managers of the health services need to understand that perceptions of health problems by the lay person might be different from the medical models and be guided by that in their approach to education and treatment of the coronavirus pandemic. One of the most effective approaches to influence patients’ perception toward positive health-seeking behavior is education. Education should be

targeted at understanding the link between susceptibility and risk of the disease and acceptance of the protocols in order to reduce the infection rate. Redefining the manifestation of coronavirus based on the cultural background, especially in the label of illness and presence of actual disease, is very crucial in accepting the existence of a disease such as coronavirus (Amegbor, 2014). Finally, conscious and consistent effort to reduce stigmatization of patients with coronavirus can greatly help people to visit the health facilities or report to the COVID-19 task force when they suspect they have coronavirus.

Conclusion

In conclusion, in order to control people's health behavior, their health belief and attitude need to be understood by the authorities. The cultural background of many Ghanaians indicates that perceptions of diseases are not only based on the biomedical model but it is much more complicated with religiosity being also involved. Thus the coronavirus comes with several psychological problems and the authorities need to embark on more education and attitudinal change among Ghanaians to win the fight against the coronavirus.

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