Assessing the economic and social impact of COVID-19 on women and girls in Accra and Kumasi

REPORT OF FINDINGS

Gender Studies & Human Rights Documentation Centre

ASSESSING THE ECONOMIC AND SOCIAL IMPACT OF COVID-19 ON WOMEN AND GIRLS IN ACCRA AND KUMASI

REPORT ON STUDY FINDINGS

AUTHORS: Dr. Deda Ogum Alangea and Dr. Fidelia N.A. Ohemeng

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EXECUTIVE SUMMARY

Following the first recorded cases of COVID-19 in mid-March 2020, the government of Ghana introduced some measures to curb the spread of the virus and protect the masses. Among the measures included the lockdown of Greater Accra and Kasoa, and Greater Kumasi, the second largest city in the country for three weeks, the banning of large gatherings such as funerals, conferences, sporting activities, and the closing of Ghana's international borders. This prompted the widespread disruption of economic activities across the country, but most especially in the two cities. Again, during this period, there were media reportage of physical abuse of some young children by their parents as well as rape and sexual abuse of young girls. Schools were closed from March 2020 until the gradual opening of schools for seniors from June 2020 till January 2021. There have been complaints about childcare during this period as women are facing challenges regarding getting reliable help to look after their young children while they go out to ply their trade or having to balance care work and working from home. While there has been some evidence of the impact of COVID-19 on some members of the population, there has not been enough studies to support the reports. Specifically, there are no studies on the impact of COVID-19 on women-owned businesses. Also, the impact of the pandemic on care-work and violence against women have all not been well studied and documented in Ghana. This study primarily sought to investigate the social and economic impact of the COVID-19 pandemic on women and girls.

The specific objectives of the study were:

- To assess the impacts of COVID-19 on domestic relationships
- To examine care work challenges encountered by women as a result of the COVID-19 pandemic
- To assess the economic impacts of COVID-19 pandemic on female employees
- To examine the exposure of women and children to violence during and post-COVID-19 pandemic
- To assess the impacts of COVID-19 pandemic and response on female-owned businesses

The secondary objective of this study is to assess the psychological stress imposed by the COVID-19 pandemic and its attendant restrictions on women and girls.

The study was commissioned by the Gender Studies and Human Rights Documentation Centre (Gender Centre). This report is based on a quantitative survey of 564 women who reside in or engage in economic activities in Accra and Kumasi which underwent an imposition of strict lockdown in March 2020 to curb community spread of COVID-19. The study used personal digital assistants (PDAs) for data collection in order to address ethical issues and maximize disclosure. Respondents were interviewed by female interviewers. The study followed rigorous international ethical and safety standards for research on violence against women.

The report presents findings from the survey and in-depth interviews with the main findings grouped into the following thematic subheadings:

- Social Impact of COVID-19 on women and girls
- Economic impact of COVID-19 on women and girls
- Psychological impact of COVID-19 on women
- Impact of COVID-19 on female-owned businesses

FINDING: Social Impact of COVID-19 on women and girls

Prior to the COVID-19 outbreak, 29% of women indicated that childcare was very stressful. During the lockdown this proportion increased to 53% and subsequently reduced to 39% within the 3 months preceding the survey. Similar patterns were observed in women's reported stresses associated with feeding household members and care for the elderly, sick, and disabled in the household. Generally, stress associated with domestic roles were increased during the lockdown period compared to the period before the pandemic. However, the stresses involved in executing the same tasks although minimized after the lockdown, remained elevated above the pre-COVID-19 levels. These stresses were aggravated in more recent times due to situations surrounding women's return to work and schools' re-opening.

Aside stresses associated with traditional roles, there were significant stresses reported in relation to household finances. Similar to the other sources of stress, the proportion of women reporting high stress prior to the COVID-19 outbreak (37%) increased during the lockdown to about 64% of women and decreased moderately to about 53% of women by the time of the survey. Women's report of quarreling between them and their partners over household financing increased from 26%

prior to the COVID-19 outbreak to 36% during the lockdown but decreased again to 28% which is slightly higher the pre-COVID-19 state. Findings from in-depth interviews indicated an increase in care work, especially for households with younger children.

Aside quarrels over finances, about 35% of women quarreled often with their partners for any reason at all prior to the outbreak. This proportion witnessed an increase during the lockdown period (42%), and a subsequent reduction of reported frequent quarrels (31%) within the three months prior to the survey. Similarly, the proportion of women reporting frequent quarrels over childcare (23%) prior to the COVID-19 outbreak increased during the lockdown period (32%). The subsequent reduction in frequent quarrels reported (25%) at the time of the survey was still slightly above the pre-COVID-19 state.

Other reasons for quarreling such as sex, living arrangements, and ensuring COVID-19 safety for members of the household followed similar patterns of a higher occurrence during the lockdown compared to frequency reported over the three months period preceding the survey.

The impact of COVID-19 on experience of partner violence suggests a relatively higher prevalence of partner violence during the lockdown period compared to the period post-lockdown (easing of restrictions and three months preceding the survey). Except for economic violence which recorded a marginal increase (about 2%) following the ease of lockdown restrictions, all other forms of partner violence witnessed a decline between the lockdown period and the three months preceding the survey: between 0.4 percentage points for emotional violence to a 2.0 percentage points reduction in sexual violence. An analysis of the qualitative data shows that the main driver for the intimate partner violence was stresses over finances. Some adolescents were also victims of sexual and physical intimate partner violence during the lockdown period.

With the exception of physical violence, experience of non-partner violence also witnessed a decline in all forms of violence, except from the lockdown period until the three months preceding the survey. There was a slight elevation (0.2 percentage points) in the reports of recent non-partner physical violence compared to reports within the lockdown period. All other forms of non-partner violence experience followed similar trends as partner violence although prevalence was generally low.

Generally, COVID-19 has negatively impacted the social lives of women in this study. Direct effects include the increased stress in performing their roles such as taking care of children, sick and elderly and disabled family members, especially following the easing of restrictions. Women reported more stresses and negative impact on their relationships (frequent quarrels in the household) both during the lockdown and in the last three months prior to the survey. Also, the data suggests a higher record of partner and non-partner violence during the lockdown compared to all other periods. Furthermore, the schools closure likely had negative impacts on all children's education. However, evidence from this study suggests that adolescent girls experienced violence and a heightened risk of disruption of their education in the medium to long term as a result of teenage pregnancy and worsening household financial situations.

FINDING: Economic impacts of COVID-19 on women and girls

The financial situations of women interviewed showed a worsening trend comparing 6 months period prior to the COVID-19 outbreak in Ghana to the periods post-lockdown. About 80% of women reported a neutral or manageable financial state prior to the COVID outbreak in March 2020. However, this proportion changed significantly during the lockdown with about 70% reporting some level of financial hardship. There was some recovery during the easing of restrictions, which saw a reduction in extreme financial hardship from 19% to 5%. The recovery did not progress enough to reach a restoration of financial situation of women to the pre-COVID-19 states (a reduction in proportion financially sound from 35% pre-COVID to 11% during survey).

Women's ease of borrowing GHS 50 prior to the COVID-19 outbreak was generally similar to the time of the survey. However, it was significantly about two times easier to borrow same amount during the lockdown period compared to the period prior to the outbreak (23% to 50%). The period covering the easing of strict restrictions (June to December 2020) saw a drastic increase in the proportion of women indicating some difficulty in borrowing GHS 50 from 30% to 73%.

Generally, about one in three women indicated that they never worried that their food will run out during the lockdown period. Similarly, one in three women reported that neither they nor their household members ate fewer times or reduced the quantity of foods eaten for fear of food

shortage. However, significantly more women in Kumasi reported very often occurrence compared to women in Accra (23% vs 15%). About 39% and 34% of women indicated that their households relied on a few varieties of food and made less healthy choices of food because they could not afford healthier options respectively. Significantly more women in Kumasi reported relying on very few varieties of foods (43% vs 34%) and chose less healthy food options (35% vs 28%) during the lockdown compared to women in Accra. Fourteen percent of the women indicated that either they or other adults did ever not eat the whole day because there was no food at home, a situation which occurred more in Accra compared to Kumasi (16% vs 12%). Similarly, less than a tenth (9%) of women indicated that a child in their household ever did not eat a whole day during the lockdown because there was no food at home. Again, this situation was more prevalent in Accra compared to Kumasi (13% vs 6%).

About one in three women reported receiving some form of support (food or cash) from two or more sources during the lockdown period. Of those who received some support, one in three received support from Government or District Assemblies, about a half received from family and another half received from non-family members. The support was in the form of food, non-perishable food items or money. Some women had to engage in several economic activities so they could care for their homes.

Overall, the COVID-19 had negative impacts on women's financial status and household food security, increasing their vulnerability. The actual impact of the COVID-19 on food situations may have been modified by the surprising ease with which women could borrow during the lockdown period. However, inferring that a third of women received some support of food and or cash from at least two sources during the lockdown suggests that they were already in some fragile state before the COVID-19 outbreak or predicted by benefactors to be more vulnerable during the lockdown. Furthermore, the report of extreme hunger (not eating a whole day) in up to a tenth of households, even among children, is an indication of extreme hardship for the already vulnerable.

FINDING: Psychological impacts of COVID-19 on women and girls

Generally, women recorded an average intolerance of uncertainty (mean score 29±8.4) with no significant differences based on residence, educational level, relationship status, ethnicity or

employment status. This suggests that respondents were in a state of moderate fear of the unknown specifically in the context of COVID-19 at the time of the survey.

This study found an overall mean depression score of 29.9 ±9.7, indicating that study respondents are at risk of clinical depression. There were neither differences based on residence (in Accra or Kumasi) nor religious affiliation at the time of the survey. However, women with higher formal education scored significantly lower depression scores compared with women who had no formal education, with tertiary level education being the most protective for depression. Also, women who were employees or self-employed scored significantly lower depression scores compared to unemployed women.

The average impact of event score (IESR score) was 24.1±15.1 with significantly more negative impacts on women in Accra (26.8±14.3) compared to women in Kumasi (21.6±15.4). A score of 24 or more means there is Post Traumatic Stress Disorder (PTSD) of clinical concern. Thus, women in Accra who do not have full PTSD will have partial PTSD or at least some of the symptoms. Women who had primary school level education were the most impacted by COVID-19 with mean IESR scores of 26.8±16.3.

Overall, the psychological impacts of the COVID-19 were much less accounted for by the fear of the unknown regarding the course of the pandemic, but more towards the direct and indirect impacts of response measures taken by Government to curb the spread.

FINDING: Impact of COVID-19 on female-owned businesses

Of a total of 297 businesses owned by women involved in this study, about 48% were involved in retail trade of a wide range of items. The proportion of businesses (96%) across all sectors opened for operations prior to the COVID-19 outbreak reduced drastically to 22%. About 7% of businesses closed during the lockdown period were not because of the strict imposition on operations. Immediately following the ease of restrictions on non-essential (non-food, non-hygiene, non-health, non-security) business operations, a slight increase in the proportion of businesses opened for business was observed (from 96% to 98%). However, the proportion of businesses still in operation by the time of the survey (94%) had reduced to levels below the period prior to the

COVID-19 outbreak with fewer businesses opened in Kumasi (from 98% to 94%) even though Accra remained same (94%).

Demand for goods and services were drastically reduced from 83% indication of 'high/very high demand' prior to the COVID-19 outbreak to 15% during the lockdown period. With the easing of restrictions (June to December 2020), demand for goods and services improved a bit with an increase in reports of 'average demand' (from 10% to 32%) as well as a drastic shift from 75% 'low/very low demand' to 53%. By the time of the survey, improvements were recorded generally towards improvement in demand for goods and services. Yet, only about a fifth of businesses could boast of 'high/very high demand' for their goods and services compared to 6 months pre-COVID-19 period (from 22% vs 83%).

As part of assessing the mitigating factors for business sustenance in the wake of the COVID-19 and the need for social distancing, the use of mobile money and internet for business were assessed. Prior to the COVID-19 outbreak, 25% of women reported minimal or moderate use of mobile money for business which was not different by the time of the survey. The proportions using mobile money for business prior to the COVID-19 outbreak did not change at the time of the survey among women in both Kumasi (43%) and Accra (40%). About 44% of women who used mobile money reported an increase in their sales with significantly more women benefiting from increased sales in Accra.

Internet/online/social media and digital platforms were generally not used by the majority (89%) of women interviewed for business with only one in every twenty women reporting increased usage. Also, seven in one hundred women reported initiating use of these platforms for business since the COVID-19 outbreak.

By the time of the survey, only 6 in 100 businesswomen had received some form of national or local government support (CAP). The two most common support received were loans with subsidized interest rates (46%) and cash transfers (31%). About one in three women reported that they had applied for Governmental support but were yet to receive it. About one in five businesswomen each reported being unaware of available support or refused to apply due to lack of trust that they will be granted.

Women were generally optimistic when asked about their predictions for the next three months following the survey (April to June 2021). Eight out of ten businesswomen believed they will record an increase in average monthly sales. However, more businesswomen in Kumasi were uncertain about the change in average monthly sales in the next three months compared to businesswomen in Accra.

Overall, the evidence suggests negative impacts of COVID-19 on female-owned businesses in Accra and Kumasi. The potential for recovery for most of the businesses look dire especially when very few women can use technology or even be in a position to access available support.

RECOMMENDATIONS

1. The study has shown that the vulnerabilities of women to violence is heightened during emergencies that restrict movements and possible access to healthcare. The COVID-19 pandemic has exposed the inadequacies in tackling domestic violence especially intimate partner violence. Therefore, hotlines and call centres should be established to make it easier for victims to seek help.
2. Women bear the brunt of care for children, the sick and elderly parents. Therefore, they also are hard hit when there is any turbulence in the economy. Government should therefore support such women and provide food rations for them during emergencies.
3. Furthermore, there should be better coordination of government's stimulus packages for female owned businesses. As the findings have shown, only a few women who applied for the government stimulus package were successful. A proper coordination and needs assessment ensure that the funds provided are enough for the needs of the women, and those who are in dire need are given support.
4. Furthermore, a business advisory Centre should be established to help women especially on how to adopt technological innovations that will help them to withstand any economic shocks and to expand their businesses.
5. Many adolescent girls' education was adversely compromised during the imposition of the COVID-19 restrictions. Government, together with non-governmental organisations and faith-based organisations should aid the girls who would want to go back to school to do so.

ABBREVIATIONS AND ACRONYMS

CAP	Coronavirus Alleviation Programme
WHO	World Health Organisation
UNFPA	United Nations Population Fund
LMIC	Low-Middle-Income Country
VAW	Violence Against Women and Girls
VAWG	Violence Against Women and Girls
CES_D	Centre for Epidemiological Studies Depression Scale
IES-R	Impact of Event Scale-Revised
GEM	Gender Equitable Men
DOVVSU	Domestic Violence and Victim Support Unit

1.0 INTRODUCTION

1.1 Background

According to the World Health Organization (WHO), as of February 8, 2021, 105,805,951 cases and 2,312,278 deaths of COVID-19 cases have been confirmed globally. The Africa region has been the second to the last most affected with a total of 2,663,529 confirmed cases with 65, 957 deaths. COVID-19 was formally declared a pandemic by the WHO on March 11, 2020 (Cucinotta, & Vanelli, 2020). The effects of the pandemic globally have been very huge. Many economies have been devastated while the health care systems have come under severe strain. Many governments around the globe instituted drastic measures such as total lockdowns to reduce the spread of the disease. This shut down economic, social, religious, and educational activities among others (Nicola, Alsafi, Sohrabi, Kerwan, Al-Jabir, Iosifidis, ... & Agha, 2020; Bashir, Benjiang & Shahzad, 2020; Ceylan, Ozkan & Mulazimogullari, 2020).

In Ghana, the COVID-19 epidemic was detected from two travelers returning to Ghana on March 12, 2020. To contain the spread of COVID-19, the Ghana Health service and key stakeholders implemented a number of steps. Contact tracing was activated and local laboratories were resourced to begin testing of suspected cases. The response from the government included a temporary lockdown and restriction of domestic mobility in Greater Accra and Ashanti Regions. A ban on school activities and social gathering was instituted in the affected regions. A huge amount of resources, especially medical resources, were put into COVID-19 response. Currently, as the efforts in preventing and controlling the epidemic have been constantly consolidated and expanded, there have been some positive signs of recovering from the epidemic. By February 8, 2021 the number of confirmed infections nationwide had reached 72,328 with 65,149 recovered cases and 472 deaths. The Greater Accra region has recorded the highest case count of 42,312, followed by the Ashanti region with 13,092 cases. The current gender distribution of cases is 58% male and 42% female (Ghana Health Service, 2021). The current number of active cases stand at 6,707 with the Greater Accra and Ashanti regions recording 3431 and 1149 cases respectively.

1.2 Problem Statement and Objectives

Following a spike in recorded COVID-19 cases in mid-March 2020, the government of Ghana introduced some measures to curb the spread of the virus and protect the masses. Among the measures included the lockdown of Greater Accra and Kasoa, and Greater Kumasi, the second largest city in the country (Dickson & Yao, 2020) for three weeks, the banning of large gatherings such as funerals, conferences, sporting activities, and the closing of Ghana's international borders (Evans & Kyeremeh, 2020). This prompted the widespread disruption of economic activities across the country, but most especially in the two cities. During the three weeks of total lockdown of Accra and Kumasi, markets, and small and medium sized shops were closed. Only big supermarkets could open (Asante & Mills, 2020). Also, all educational institutions were closed, and all school children sent home. Some formal sector workers have lost their jobs or have seen a reduction in their incomes. While the Government took steps to provide policies to alleviate the hardships that citizens were expected to experience during the period, there were complaints from majority of citizens about the negative impact of the lockdown on their economic activities (Adom et al. 2020; Schotte, Danquah, Osei & Sen, 2021).

In Ghana, women form the majority in the informal and small-scale businesses (Mintah & Darkwah, 2018). Most women operate in the open markets selling every conceivable item from food to clothing. These markets are densely populated, and it is difficult to practice some of the protocols such as social distancing. Several in the middle-class sectors of the population have resorted to buying food items from supermarkets instead of from the markets, for fear of catching the virus, thereby affecting the businesses of these traders and market women. Even though the lockdown did not affect the whole country directly, it had indirect impact on other parts of the country, especially the food growing areas as farmers and distributors could not bring produce to Accra and Kumasi during the lockdown (Korankye, 2020).

Schools have been closed since March and parents have been saddled with additional feeding costs. There have been complaints about childcare during this period as women are facing challenges with regard to getting reliable help to look after their young children while they go out to ply their trade or having to balance care work and working from home (Owusu & Frimpong-Manso, 2020).

Globally, there have been reports of an increase in violence against women and girls during the

pandemic (Burki, 2020, Roesch, Amin, Gupta & García-Moreno, 2020; Sharifi, Larki & Latifnejad Roudsari, 2020). The UNFPA estimates about 31 million cases of GBV in Low-Middle-Income Countries (LMICs) as a result of lockdown measures lasting up to 6 months (UNFPA, 2020). In Ghana, there have been anecdotal reports of physical abuse of some young children by their parents as well as rape and sexual abuse of young girls. While there has been some evidence of the impact of COVID-19 on some members of the population (Korankye, 2020; Schotte et al., 2021) there have not been enough studies to investigate the impact on women and girls. Specifically, the impact of COVID-19 on Ghanaian women's livelihoods have not been fully explored. Also, studies on the impact of the pandemic on care-work and violence against women have all not been studied. This study, therefore, investigates the impact of the COVID-19 pandemic on women's socio-economic lives.

1.3 RESEARCH OBJECTIVES

The Primary objective of the study is to assess the economic and social impact of COVID-19 on women and girls in Ghana.

The specific objectives are:

1) To assess the impacts of COVID-19 response on female-owned businesses
2) To assess the economic impacts of COVID-19 response on female employees
3) To assess the impacts of COVID-19 response on domestic relationships
4) To examine care work challenges encountered by women as a result of the COVID-19 pandemic
5) To examine the exposure of women and children to violence during and post-COVID-19 pandemic

The secondary objective of this study is to assess the psychological stress imposed by the COVID-19 pandemic and its attendant restrictions on women and girls.

2.0 STUDY METHODS

2.1 Study Design

The study was cross-sectional and used a convergent mixed-methods design. This choice of design was to allow the researcher to collect both quantitative and qualitative data, analyse both separately and merge the results with the purpose of comparison. Thus, enabling the researcher to obtain two different perspectives drawn from close-ended response data and open-ended response data for a more comprehensive view of the problem.

2.2 Study Area and Setting

The Greater Accra and Kumasi areas were selected for this study because they are the largest cities with the most active business districts in Ghana, recorded the highest number of COVID-19 cases; and thus, were the most targeted areas for control of the community spread of COVID-19 infection leading to stricter imposition of lockdown measures. A total of 19 sub-metros were involved in the study (Accra=12; Kumasi =7). Details of the number of persons recruited from each Sub-metro and city are shown in appendices 1 & 2.

2.3 Study Population

The study involved adult women who engage in economic activities and or live in Accra and Kumasi, Ghana. The exclusion criteria were unwillingness to participate in the study; extremely ill or incapacitated; women who were not physically present or were not economically engaged in the study area at least 6 months prior to lockdown in March 2020 (September 2019) and 6 months after lock-down measures were eased (September 2020). Additionally, adolescent girls age 15 to 17 years were interviewed.

2.4 Sample Size and sample selection

This study involved a total of 566 women and 12 adolescent girls. A sample of 500 women was agreed upon as per the terms of reference given to researchers. Assuredly, a threshold of 400 is generally considered adequate for conducting a broad range of statistical analysis used in cross-sectional studies (Daniel, 1999).

This study employed different sampling techniques in selecting different groups of women involved in this study. These included random stratified sampling of female business owners from the database of businesses in Accra and Kumasi previously involved in the COVID-19 business tracker survey wave II in July 2020. Systematic and purposeful sampling techniques were used to select potential participants in markets, and purposeful sampling was used to recruit poorly represented groups, unemployed women, housewives and adolescents in selected sub-metropolitan areas.

The first stage of participant selection involved a random selection of female business owners from the data base obtained from the Ghana Statistical Service. These businesses, consisting of various identifiable groups/categories were spread across different sub-metropolitan areas in Accra and Kumasi Municipalities. Telephone calls were made to available contacts in the businesses database and initial consent to be part of the study was obtained. Business owners who could not be reached via telephone were traced based on location information provided in the database and recruited if interested. A total of 230 business owners were interviewed in this study. Appendix 2 provides details of respondent selection across different categories in final sample.

The second stage of selection was active recruitment of regular women from sub-metropolitan areas from which female business owners have been previously randomly selected. These were made up of 97 women engaged in the formal sector (both private and public), 48 in general services, and a mixed group of 97 women who were unemployed, housewives, or engaged in menial jobs.

The third group of women recruited included market women and head porters. These were recruited from markets in Accra (Kaneshie and Madina) and Kumasi (Kejetia, Asafo, Anloga and Kwadaso). The selection of markets was based on the chances of getting women involved in a wide range of industries (food -perishable and non-perishable; non-food - hardware, sanitary/hygiene products, beauty products). Systematic sampling was used to identify target groups on days of sample selection. A total of 115 market women were purposefully selected from markets.

A sub-population of 29 women representative of the different categories of respondents were invited for in-depth interviews. Efforts were made to ensure inclusion of women with children in different age brackets and varied educational level. However, the key groups targeted for specific experiences beyond general economic and social impact of COVID-19 on households and relationships included VAW survivors, business owners, public service employees, market women, private sector

employees, unemployed persons and artisans. Additionally, about 12 adolescent girls (6 in-school and 6 out-of-school) were invited to participate in in-depth interviews.

2.5 Data Collection procedures

2.5.1 Quantitative data

The list of eligible persons compiled both from the database of businesses and purposeful recruitment from sub-metropolitan areas was obtained. Initial telephone calls were made to the women who owned businesses and preliminary consent was obtained after introducing the study's objectives and purposes to potential participants. Persons who could not be reached via telephone were identified on the ground based on location information provided in the database. However, respondents involved in businesses such as accommodation and wholesale had to be searched for and recruited in participating sub-metropolitan areas because none eligible and willing was identified from the database provided. Appointments were scheduled for all potential participants via telephone and / or in-person based on respondent recruitment type. All respondents invited to participate in this study provided informed consent (Appendix 3) prior to their completion of the survey assessing the social and economic impacts of COVID-19 on women and girls at their chosen location. All interviews were conducted in-person in either English or preferred Ghanaian Language (predominantly Twi and Ga).

2.5.2 Qualitative data

Eligible participants identified during the survey were invited for in-depth interviews at a later scheduled time at their homes or other preferred venues for in-person discussions on their lived experiences during the COVID-19 pandemic (strict lockdown and the period of ease of restrictions in relation to pre COVID times). The research assistants had been trained and primed to identify the targeted groups (experience of VAW, care-giving status or different economic sectors, presence of adolescent girls in household) during the survey administration. Specifically, regarding respondents recommended for VAW, they were privately asked to confirm if they have had experiences of VAW and were willing to talk to researchers about their experiences. Parental/Guardian consent (Appendix 4) was sought on behalf of adolescents identified through snowballing. The selected adolescents also signed child assent forms (Appendix 5) before interview. In all, 42 participants were interviewed; this included 30 women and 12 adolescents.

2.6 Data Collection tools

2.6.1 Survey

A structured questionnaire was used to solicit information from all selected women. A structured quantitative survey tool (Appendix 6) was administered to respondents in face-to-face interviews with responses directly recorded onto a Personal Digital Assistant (PDA tablet). The survey tool had 6 sections comprising of the following:

1. Background and work - Socio-demographic characteristics—data collected include age, relationship status, ethnicity, religious group, number of children, number of persons in household, household headship, employment status, income earning status, financial situation, etc.
2. Relationship dynamics – Captured information on relationship status, partner characteristics, decision making, communication between couples, and sources of stresses.
3. Gender Attitudes - These collected respondent's views on 17 items listed on the gender equitable men's scale (GEM) covering aspects on sexual and reproductive health, sexual relations, violence, domestic work, etc.
4. Experiences of violence – respondents were asked specific questions on their experiences and exposure to violence at the following time points: recent (last three months preceding the survey); during COVID-19 lockdown and strict restrictions (March 2020 – May 2020); further easing of restrictions—when schools were re-opened to final year students (June to December 2020); and lifetime. All forms of intimate partner and non-partner violence were assessed using standard questions adapted from the WHO multi-country study on VAW.
5. Mental Health and wellbeing – Depression was assessed based on the 20-item CES-D scale. Validated tools were used to assess psychological impacts of COVID on women – The impact of event scale (IES-R; used to measure the psychological impact of the COVID-19 lockdown and attendant restriction), and the Intolerance of Uncertainty Scale (in relation to the COVID-19 pandemic).
6. Impact of COVID-19 on Female-owned businesses: Economic impacts – data was collected on the status of female-owned businesses, business operations, changes or needed adjustments, expectations for recovery post-COVID-19, and access to Government relief provisions.

2.6.2 In-depth interviews

The in-depth interviews (Appendix 7) with women explored the lived experiences of women and girls under similar themes (social, economic, and psychological) as solicited by the survey to draw more understanding. All women provided responses on the impact of COVID-19 on their psychosocial lives and relationships. Additionally, responses were sought on the impact of COVID-19 on businesses, female employees, or experiences of VAW victims based on eligibility to respond to specific aspects.

For Adolescents: Twelve adolescents aged 15 to 17 years old were invited to also share their experiences on the perceived impact of COVID-19 on their school or work, relationship with neighbours and other social networks, their adherence to COVID-19 protocols, their risk of violence and the psychosocial impacts of the pandemic.

2.7 Pilot Testing of Logistics

Formal pilot testing of the study tools was conducted at Christian Village township within the Okaikoi North District, Greater Accra among women with similar characteristics as the target population. A total of 20 women and 4 adolescents were involved in the pretesting of study tools. Necessary changes in the order of questions as well as skip patterns were effected after the pilot testing of questionnaires.

2.8 Data handling, management and presentation

All data collected on PDAs were directly uploaded into a cloud server. The quantitative data was downloaded from the hosted site, cleaned, and analysed using Stata 16. Descriptive statistics were determined for respondent characteristics, and other outcomes of interest. Results of quantitative analysis are presented in text, tables and charts in an order that allows seamless appreciation of the study objectives.

The IDIs were recorded both in writing and audio taping with the consent of participants. All recorded information were transcribed verbatim. The data resulting from transcriptions were evaluated and edited (English), de-identified and coded using the constant comparative method of theme generation. The NVIVO qualitative software was used to assist with data storage and management, including development of data files, codes, codebooks, themes and categories. Results of the qualitative enquiry are presented in a synthesised form, organised under thematic areas with highlights of emerging themes. These are supported with quotes where applicable.

Results from both qualitative and quantitative data are presented together in this report under common specific headings to yield understanding.

2.9 Ethical Considerations

This research was conducted in accordance with the ethical principles provided by the World Medical Association Declaration of Helsinki (World Medical Association, 2014), and the Belmont Report (1979)(Sims, 2010). These documents emphasize respect for person's autonomy, justice, beneficence, and non-maleficence (do no harm) in the conduct of research with human participants. Ethical approval for the study was sought from the College of Humanities Ethical Review Committee, University of Ghana (Certified Protocol Number: ECH 108/ 20-21). This study was designed to ensure that the project does not expose participants to more than minimal risk (more than everyday risk). This study had measures in place to minimise the potential of harm to participants and was able to respond to any adverse consequences i.e. emotional or psychological harm that may result from the sensitive questions (violence against women & recollection of possibly uncomfortable experiences during the pandemic) that were asked in this study (see below). These included provisions of complete privacy, use of hand-held computer tablets programmed to use unique identifiers only instead of names, use of highly experienced research assistants with extensive training on survey administration on sensitive topics such as VAW, interviewing of respondents in a sensitive and ethical manner, ready access to professional help (an identified social worker in selected sub-metropolitan areas and a clinical psychologist in both Greater Accra regional hospital and Okomfo Anokye Teaching hospital), and assured (signed) confidentiality agreement (Appendix 8) with research assistants. Additionally, participants who demonstrated distress or reported being emotionally impacted by the research questions were withdrawn from the study by investigators and referred for professional psychological support.

The contents (study objectives, potential risks, benefits, voluntary nature of participation, and confidentiality of information and study procedures) of the consent form (Appendix 3) were discussed with all participants in their preferred language (English, or local dialects). Parental/guardian consent (Appendix 4) was sought for adolescents below 18 years of age and the selected respondent was required to provide a separate assent (Appendix 5) for participation. All respondents were reimbursed with 50 Ghana Cedis for their time spent in this study.

Data Storage: All hard copy data will be stored in locked filing cabinets at the Violence Against Women and Girls (VAWG) Project Office located at the School of Public Health, University of Ghana. Soft copy versions of data will remain on the University of Ghana Cloud storage and periodically uploaded unto password protected computers in the VAWG Project Office. Data will be kept in secure storage for 15 years, after it has been analysed and various reports have been written.

2.10 Adherence to protocols in the context of Covid-19

The research team adhered to all prevailing protocols outlined in the prevention of the spread of the COVID-19. All field researchers wore protective face masks and shields during all field activities. Social distancing measures were adhered to during all community activities including participant selection. All selected respondents were required to wear face masks provided by the research team during interviews. Additionally, field research assistants carried with them hand sanitizers and alcohol sprays used by both RAs and participants during the period of the interaction. Research assistants were required to take recommended immune boosters such as Vitamin C and zinc supplements prior to and during the duration of data collection. Any research assistant who felt unwell over the period of data collection was not allowed to go to the field to interact with respondents or other members of the research team until cleared by medical staff or a negative COVID-19 test result was produced.

2.11 Study Measures

2.11.1 Measuring Violence

This survey adopted questions used by the WHO multi-country study on violence against women. This study assessed four main types (physical, sexual, economic and emotional) of recent (past 12 months) and lifetime experience of partner and non-partner violence. Violence was assessed at these time points: during lock-down (Mar – May 2020), Easing of restrictions (June-Dec 2020) and within the last 3months (Jan – March 2021). Each question was assessed on a 4-point Likert scale with the options of 0-Never; 1-Once; 2-Few; 3-Many. Specific questions used are shown below. The options were later dichotomized into whether the person experienced it (1-Once; 2-Few; 3-Many) or not (0-Never). Specific questions asked on each type of violence are shown in Box 2.1.

Box 2.1

Box 2. 1: Measuring physical, sexual, emotional and economic violence

PHYSICAL VIOLENCE

- Was slapped or had something thrown at her that could hurt her.
- Was pushed or shoved.
- Was hit with fist or something else that could hurt.
- Was kicked, dragged, beaten, choked or burnt
- Perpetrator threatened to use or actually used a weapon against her.
- Perpetrator poured hazardous chemicals or substances (e.g. acid) on her

ECONOMIC VIOLENCE

- Was refused enough chop money even though he/she has enough money to spend on other things
- Was asked about how she spends her money in detail
- Perpetrator took cash or withdrew money from her account or credit/debit card without permission
- Perpetrator controlled her belongings
- Was Prohibited from working
- Was forced to work against her will

EMOTIONAL VIOLENCE

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in private
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (e.g. by yelling or smashing things)
- Perpetrator had threatened to hurt her or someone she cared about.

SEXUAL VIOLENCE

- Was physically forced to have sex when she did not want
- Had sex when she did not want to because she was afraid of what he might do
- Perpetrator had sexual intercourse with woman without permission
- Was forced to do something sexual that she didn't want to do

2.11.2 Gender norms

The attitudes of the women about relations between men and women was assessed by adopting Gender Equitable Men's (GEM scale) (Nanda 2011). The scale is made up of 17 Likert scale questions. For each of the statements, the women indicated whether they 1- strongly agree, 2-agree, 3-disagree or 4-strongly disagree. The overall attitude was derived by summing the ratings for all the 17 questions. The expected range of the total score was 17 to 68 points with higher score indicating more gender inequitable attitudes and lower score indicating more gender equitable attitudes. The scale had good consistency in the population studied (Cronbach's alpha = 0.84).

2.11.3 Mental Health and wellbeing

Three different scales were used in this study to assess the psychological impacts of the pandemic on women. These measured outcomes such as depression, anxiety, uncertainty and stress imposed by the pandemic.

2.11.3.1 Impact of Events

We employed the Impact of Events Scale-Revised (IES-R) (Weiss, D.S. (2007) to assess how difficult or distressful things have been in the past one month prior to the survey due to the COVID-19 outbreak since March 2020 and the recent hike in fatal cases and its associated deaths in Ghana. The scale comprised of 22 Likert scale items rated on a 4-point scale with the following ratings: 0-Not at all, 1 – a little bit, 2 – Moderate, 3 – Quite a bit, 4 – Extremely. The total IES-R score was computed by summing the ratings of all the 20 items (Cronbach's alpha = 0.92). The total score range from 0 to 88 with higher score implying higher difficulty or distress and lower score implied low difficulty or distress.

2.11.3.2 Depression

Depression was assessed using the Centre for Epidemiological Studies Depression Scale (CES_D)(Radloff, 1977). The CES-D SCALE was employed in assessing mental health and well-being of the women in the past week prior to the time of the survey. It comprises of 20 questions assessed on a 4-point Likert scale these four options: 0 - rarely or never, 1 - some or a little of the time, 2 - a moderate amount of time, or 3 - most or all of the time. All questions were asked in a negation direction with the exception of 4 questions (D, H, L, P). The ratings of the 4 questions were reversed before computing the summation score for the overall mental health and well-being. Thus, higher score implies that participant had poor mental health and well-being while low score implied

good mental health and well-being. Overall mental health and well-being score was computed by summing up the ratings for all the 20 – questions. The Total score ranges from 0 to 60 points. Depression score was generated from all 20-items (Cronbach's alpha = 0.86).

2.11.3.3 Intolerance of Uncertainty

The outbreak of the COVID-19 pandemic and the implementation of stringent measures to curb its spread have brought about some uncertainties in the life of everyone. Furthermore, the predicted second wave of infection in Ghana was underway at the time of this study. To assess the ways in which people cope with uncertainties in these trying time, the Intolerance of Uncertainty Scale - Short Form (Carleton, Norton, & Asmundson, 2007) was used. This scale consists of 12 Likert questions rated on a 5-point scale (1 - Not at all characteristic of me, 2 - A little characteristic of me, 3 - Somewhat characteristic of me, 4 - Very characteristic of me, 5 - Entirely characteristic of me) . All items in the scale were used in constructing the intolerance of uncertainty score (Cronbach's alpha = 0.83). Questions used in the survey are shown in Box 2.2 below.

Box 2.2 Intolerance of Uncertainty Scale items

1. Unforeseen events upset me greatly.
2. It frustrates me not having all the information I need.
3. Uncertainty keeps me from living a full life.
4. One should always look ahead so as to avoid surprises.
5. A small unforeseen event can spoil everything, even with the best of planning.
6. When it's time to act, uncertainty paralyses me.
7. When I am uncertain I can't function very well.
8. I always want to know what the future has in store for me.
9. I can't stand being taken by surprise.
10. The smallest doubt can stop me from acting.
11. I should be able to organize everything in advance.
12. I must get away from all uncertain situations.

2.11.4 Other Social Impacts of COVID-19

The survey also assessed how COVID-19 pandemic and its attendant restriction measures affected the stress of caring for families, households, other related issues and the frequency of quarrelling between participants and their partners Prior to COVID-19 outbreak (September 2019- Feb 2020), during the lockdown & restrictions (March -May 2020) and in recent times (Jan-survey in March).

2.11.5 Impact of COVID-19 on female-owned Businesses

The survey also explored some information on the nature of businesses engaged in by the participants, identified and measured the impact of the COVID-19 pandemic response on business' operations and performance (profit and growth), innovative actions being taken by businesses to mitigate the impact, and actions being undertaken to prepare for business recovery post COVID-19.

2.12 Data Analysis

Data collected over the study period was extracted from the KOBO collect toolbox in an excel format and later imported into STATA version 15 for data cleaning and analysis. Descriptive statistics of categorical variables were presented in the form of frequency and percentages. Bar charts were used to graphically present the distribution of categorical variables. Summary statistics of normally distributed continuous variables were reported using means and standard deviations while that of non-normal data were reported in the form of median with inter-quartile range. Distribution of continuous variables were graphically presented with mean plots and box plots. Tests of independence between two categorical variables was assessed using the chi-square test. Average of continuous variables were compared between two groups using the independent two sample independent t-test while one-way ANOVA test was used to compare means between more than two groups. Bonferroni and scheffe tests for post-hoc pairwise comparison used after a significant ANOVA test. Paired t-test was used in comparing average ratings between two time periods while ANOVA repeated measure test was used in comparing average ratings at more than two time periods. All statistical tests were done at 5% significance level.

3.0 STUDY FINDINGS
3.1 SAMPLE DEMOGRAPHICS

3.1.1 Characteristics of respondents

A total of five hundred and sixty-six (n=566) women were interviewed for the survey. However, two observations belonging to women who owned businesses in the retail sector had to be excluded due to technical failure on one of the PDAs used for data collection. Results are therefore presented for the 564 women with complete data.

The average age of the women was 36.0 ± 8.9 years. The majority (40.2%) of the women were within the ages of 30 to 39 years with a few of them being 50 years and beyond. Women in Accra were slightly younger than those in Kumasi. Six in every ten selected women were Akans (63.1%) while less than ten percent of them were Ewes (7.6%). There was a significant difference in the ethnic diversity observed in the two cities; with Accra having more ethnic groups represented as compared to Kumasi which had predominantly Akan and some Mole/Dagbani ethnicities. Less than ten percent of the women had no formal education (7.8%) and primary education (9.0%). About a third (37.1%, 205/552) of the women had Junior High/Middle school education. There were statistically significant variations in the education level of women sampled from the two cities. Although, there were more women without any formal education in Kumasi (9.2%) compared to Accra (6.3%), there were comparatively more Tertiary graduates in Kumasi (19.4%) than in Accra (17.8%).

About three-quarters (78.49%) of the women interviewed were either currently in a relationship or been in a relationship in the last 12 months. Among them were mostly (49.0%) married women who were living together with their spouses and few of them were either currently divorced (3.2%), separated (3.2%), or widowed (3.2%). However, this distribution was significantly different in the two cities. Comparatively, more women in Kumasi were married than those in Accra but the proportion of women in Accra who were cohabiting was 6.2% more than those in Kumasi. Separated women in Kumasi (4.0%) were about twice as much as those in Accra (2.3%). On the average, each of the women had about 3 children with more women in Kumasi reporting significantly higher number of children or no child at all. Christianity was the predominant religion professed by the women with about nine of every ten women interviewed being Christian. Muslims occupied 10.8% of the women with only 3 women indicating no affiliation to any religious group. Most (86.0%) of the women considered themselves to be active in religious activities.

About three-fourth of the women interviewed were living within their metropolis of work and the situation was approximately the same for the two cities. The median (LQ, UQ) number of years each woman had lived at her current place of residence was 10 (4.0, 21.4) years with about a third (32.8%) of them having lived in the community for 20 years or more.

Table 3.1: Socio-demographic characteristics of survey respondents

	Accra (n=270)	Kumasi (n =294)	Total(n=564)		
	n (%)	n (%)	n (%)	chi-square	P-value
Age group					
Mean ± SD	35.7 ± 9.2	36.4 ± 8.6	36.1 ± 8.9		
19-29	72 (26.67)	66 (22.45)	138 (24.47)	1.45	0.694
30-39	103 (38.15)	122 (41.5)	225 (39.89)		
40-49	80 (29.63)	89 (30.27)	169 (29.96)		
>=50	15 (5.56)	17 (5.78)	32 (5.67)		
Ethnicity				101.34	<0.001
Akan	122 (45.19)	234 (79.59)	356 (63.12)		
Ga/ Dangme	68 (25.19)	8 (2.72)	76 (13.48)		
Ewe	36 (13.33)	7 (2.38)	43 (7.62)		
Mole/Dagbani	44 (16.3)	45 (15.31)	89 (15.78)		
Education level				13.20	0.01
No formal education	17 (6.3)	27 (9.18)	44 (7.8)		
Primary education	33 (12.22)	18 (6.12)	51 (9.04)		
Junior High/Middle school	89 (32.96)	123 (41.84)	212 (37.59)		
Senior High school & beyond	83 (30.74)	69 (23.47)	152 (26.95)		
Tertiary	48 (17.78)	57 (19.39)	105 (18.62)		
Currently in a relationship or been in a relationship in the last 12 months (Yes)	218 (80.74)	227 (77.21)	445 (78.9)	1.05	0.305
Current relationship status				20.18	0.005
Married, Living Together	103 (47.25)	115 (50.66)	218 (48.99)		
Married, Not Living Together	13 (5.96)	35 (15.42)	48 (10.79)		
Single, Not Dating	18 (8.26)	18 (7.93)	36 (8.09)		
Single Dating	39 (17.89)	23 (10.13)	62 (13.93)		
Divorced	7 (3.21)	7 (3.08)	14 (3.15)		
Separated	5 (2.29)	9 (3.96)	14 (3.15)		
Cohabiting	26 (11.93)	13 (5.73)	39 (8.76)		
Widowed	7 (3.21)	7 (3.08)	14 (3.15)		
Number of Living children (mean ± SD)	**2.1 ± 1.2**	2.6 ± 1.6	2.4 ± 1.4		
No child	10 (4.63)	22 (8.63)	32 (6.79)	18.12	<0.001
1 or 2 children	130 (60.19)	106 (41.57)	236 (50.11)		
3 or 4 children	68 (31.48)	100 (39.22)	168 (35.67)		
5 or more children	8 (3.7)	27 (10.59)	35 (7.43)		
Religion					0.587
Christian	234 (86.67)	264 (89.8)	498 (88.3)		

Muslim	34 (12.59)	27 (9.18)	61 (10.82)		
Traditional	1 (0.37)	1 (0.34)	2 (0.35)		
No religion	1 (0.37)	2 (0.68)	3 (0.53)		
Active in religious group (Yes)	225 (83.33)	260 (88.44)	485 (85.99)	3.04	0.081
Residence				0.00	0.956
Within the metropolis	209 (77.41)	227 (77.21)	436 (77.3)		
Outside the metropolis	61 (22.59)	67 (22.79)	128 (22.7)		
Period lived in community					
Median (LQ, UQ)	10.5 (4.2, 24)	9.7 (4.0, 20.5)	10 (4.0, 21.4)		
<5years	72 (26.67)	85 (28.91)	157 (27.84)	2.98	0.394
5-9years	45 (16.67)	62 (21.09)	107 (18.97)		
10-19years	60 (22.22)	55 (18.71)	115 (20.39)		
>=20year	93 (34.44)	92 (31.29)	185 (32.8)		

n: Frequency, %: Column percentage, LQ: Lower quartile, UQ: Upper quartile, SD: Standard deviation

3.1.2 Work and income earning characteristics

Majority of the respondents (56.9%) were self-employed, about a third (32.3%) were employed by other people, and approximately one in every ten (10.8%) selected women were unemployed. Unemployment levels were similar between the two cities. Similarly, there was no significant variations in the proportion of self-employed in Accra (58.3%) compared to Kumasi (55.1%). Of the 32.3% who were employees, 42.9% were salaried workers in the private sector, followed by Public/Civil Servants (28.6%) and the remainder being wage earners. There were more private sector salaried workers in Kumasi (47.5%) than in Accra (37.0%), but significantly more women in Public/Civil Service in Accra (42.0%) than in Kumasi (17.8%). There was a significantly higher proportion of women who were casual wage earners (no contract) in Kumasi (25.7%) compared to Accra (3.7%).

Most women (42.7%) had their workplace located within the market, while about a quarter (26.2%) were situated along major or smaller roads in the metropolis. Proximity wise, about a third each of the women had their workplace located quite far (32.%) and very far (32.0%) from their homes, closely followed by those who worked within or nearby their homes within walking distance (27.8%).

Of the 503 women who were currently working, 93.8% of them earned money in the last 3 months preceding the study with about a 28.6% of them also reporting receipt of remittances over the period. The median amount earned by the women was GHS 500, with a little over half (51.3%) earning between 100-500gh and a quarter earning more than GHS 1000 in the last month (24.1%). Most

(85.9%) of the women interviewed made decisions on the use of their income by themselves, a characteristic common to women in both Accra (87.5%) and Kumasi (84.4%).

Approximately a third of women who were not working reported that they were laid off business (31.1%), they are unable to work (4.9%), could not work because of decreased demand for their skill (4.9%) or gave other reasons (37.7%). A little over one in ten women (13.2%) indicated the need to take care of their children/household work as the reason for not working, an occurrence with identical proportions amongst women in both Accra (13.3%) and Kumasi (12.9%). Childcare/housekeeping was the most frequently cited reason for which women were prevented from working (76.9%). A third of the women prevented from working may still be disallowed even if they opted to work from home; this was similar in both cities (38.5%), Table 3.2.

Table 3.2 Work situation and income earning among respondents

	Accra(n=270)	Kumasi (n =294)	Total(n=564)		
	n (%)	n (%)	n (%)	chi-square	P-value
Currently working				1.2232	0.542
No	30 (11.1)	31 (10.5)	61 (10.8)		
Yes, self-employed	159 (58.9)	162 (55.1)	321 (56.9)		
Yes, employed by another	81 (30)	101 (34.4)	182 (32.3)		
Type of employee§				26.5278	0
Public/ Civil Servant	34 (42)	18 (17.8)	52 (28.6)		
Private salaried worker	30 (37)	48 (47.5)	78 (42.9)		
Private wage earner/contract worker	14 (17.3)	9 (8.9)	23 (12.6)		
Casual wage earner(no contract)	3 (3.7)	26 (25.7)	29 (15.9)		
Location of workplace¶					0.001
Within the market	58 (36.5)	79 (48.8)	137 (42.7)		
Along major road/ high way	50 (31.5)	28 (17.3)	78 (24.3)		
Along smaller/feeder	41 (25.8)	43 (26.5)	84 (26.2)		
Shopping complex/mall	2 (1.3)	1 (0.6)	3 (0.9)		
Within an institution	8 (5)	4 (2.5)	12 (3.7)		
Other (specify)…	0 (0)	7 (4.3)	7 (2.2)		
Proximity to workplace				3.7623	0.288
In the house/ compound	22 (9.2)	18 (6.8)	40 (8)		
Nearby (within walking distance	74 (30.8)	66 (25.1)	140 (27.8)		
Quite far (≤ 1km)	74 (30.8)	88 (33.5)	162 (32.2)		
Very far (> 1km)	70 (29.2)	91 (34.6)	161 (32)		
Earned money in last 3months¥				0.0863	0.769

No	14 (5.8)	17 (6.5)	31 (6.2)		
Yes	226 (94.2)	246 (93.5)	472 (93.8)		
Received remittance in last 3 months¥				0.2049	0.651
No	169 (70.4)	190 (72.2)	359 (71.4)		
Yes	71 (29.6)	73 (27.8)	144 (28.6)		
Amount earned last month*					
Median (LQ, UQ)	450 (250, 1000)	500 (300, 1200)	500 (300, 1000)		
No income	10 (4.2)	11 (4.2)	21 (4.2)	4.6201	0.329
<GHS 100	5 (2.1)	4 (1.5)	9 (1.8)		
GHS 100-500	133 (55.4)	125 (47.5)	258 (51.3)		
GHS 501-1000	37 (15.4)	57 (21.7)	94 (18.7)		
> GHS 1000	55 (22.9)	66 (25.1)	121 (24.1)		
Person who decides the use of your income¥					0.484
Yourself	210 (87.5)	222 (84.4)	432 (85.9)		
Your partner	2 (0.8)	5 (1.9)	7 (1.4)		
You and your partner	18 (7.5)	21 (8)	39 (7.8)		
Your parents/Your parents and you	2 (0.8)	5 (1.9)	7 (1.4)		
Other family members	6 (2.5)	5 (1.9)	11 (2.2)		
Someone else, specify	2 (0.8)	5 (1.9)	7 (1.4)		
Reason for not working ǂ (n=61)					
Partner / in-laws won't allow	0 (0)	2 (6.5)	2 (3.3)		0.292
Children do not allow	2 (6.7)	1 (3.2)	3 (4.9)		
I need to take care of my children/household work	4 (13.3)	4 (12.9)	8 (13.1)		
I am unable to work	1 (3.3)	2 (6.5)	3 (4.9)		
Lack of demand for the job I have skills in	3 (10)	0 (0)	3 (4.9)		
Was laid off/ business	7 (23.3)	12 (38.7)	19 (31.1)		
Other	13 (43.3)	10 (32.2)	23 (37.7)		
Reasons for being prevented from working					0.315
Wants me to look after household /children	4 (66.7)	6 (85.7)	10 (76.9)		
Other, specify	0 (0)	1 (14.3)	1 (7.7)		
Don't know	2 (33.3)	0 (0)	2 (15.4)		
Same people would allow you to work from home					1.000
No	2 (33.3)	3 (42.9)	5 (38.5)		
Yes	2 (33.3)	3 (42.9)	5 (38.5)		
Don't Know	2 (33.3)	1 (14.3)	3 (23.1)		

n: Frequency, %: Column percentage, LQ: Lower quartile, UQ: Upper quartile, SD: Standard deviation, ***§: Applicable to employees only, ¶: Applicable to only self-employed women, ¥: Applicable to only working women, *: Applicable to only working women who earned in the last 3 months, ǂ: Applicable to only Unemployed women***

3.1.3 Decision making and spousal communication

Decisions regarding the use of male partner earnings were mostly (50%) the preserve of males, with a higher proportion of occurrence in Kumasi compared to Accra, even though a third made joint

decisions. However, decisions on how to spend money in relation to food, education & healthcare for children, and other household expenses mostly taken by either both couple (>50%) or the women only (>20%). A quarter of respondents reported that decisions on general household expenditure was taken by themselves irrespective of their city of residence.

Spousal communication between respondents and their current partners in the last 12 months was generally common among the women (Table 3.3). On average, 80% of the women surveyed discuss things that have happened to them or their partner during the day, the worries or feelings of their partners as well as theirs with their partners. About 78% of the women have discussions with their partners on the number of children they should have. The significantly higher proportion of women in Accra discussed things that happen to them during the day with their partners compared to their counterparts in Kumasi (85.3% vs 75.0%).

Table 3.3 Decision making and spousal communication

	Accra	Kumasi	Total	
	n (%)	n (%)	n (%)	P-Value
Decides how the earnings of your partner are used (n=408)				0.038
Both respondent & partner	67 (34.7)	73 (34)	140 (34.3)	
Respondent only	37 (19.2)	24 (11.2)	61 (15)	
Partner only	89 (46.1)	115 (53.5)	204 (50)	
Other family member	0 (0)	3 (1.4)	3 (0.7)	
Decides how to spend money in relation on food (n=401)				0.315
Both respondent & partner	98 (51.9)	107 (50.5)	205 (51.1)	
Respondent only	69 (36.5)	84 (39.6)	153 (38.2)	
Partner only	22 (11.6)	18 (8.5)	40 (10)	
Other family member	0 (0)	3 (1.4)	3 (0.8)	
Decides how to spend money in relation on education & healthcare for children (n=360)				0.441
Both respondent & partner	99 (56.6)	114 (61.6)	213 (59.2)	
Respondent only	45 (25.7)	37 (20)	82 (22.8)	
Partner only	31 (17.7)	33 (17.8)	64 (17.8)	
Other family member	0 (0)	1 (0.5)	1 (0.3)	
Decides how to spend money in relation on household expenses (n=391)				0.443
Both respondent & partner	96 (53.3)	103 (48.8)	199 (50.9)	
Respondent only	42 (23.3)	54 (25.6)	96 (24.6)	
Partner only	42 (23.3)	51 (24.2)	93 (23.8)	
Other family member	0 (0)	3 (1.4)	3 (0.8)	
Discuss things that have happened to your partner during the day with partner (n=399)				0.265
No	30 (15.7)	46 (22.1)	76 (19.1)	
Yes	158 (82.7)	158 (76)	316 (79.2)	

Don't Know	3 (1.6)	4 (1.9)	7 (1.8)	
Discuss things that happen to you during the day with partner (n=399)				0.028
No	25 (13.1)	50 (24)	75 (18.8)	
Yes	163 (85.3)	156 (75)	319 (80)	
Don't Know	3 (1.6)	2 (1)	5 (1.3)	
Discuss your worries or feelings with partner (n=399)				0.562
No	26 (13.6)	36 (17.3)	62 (15.5)	
Yes	162 (84.8)	170 (81.7)	332 (83.2)	
Don't Know	3 (1.6)	2 (1)	5 (1.3)	
Discuss your partner's worries or feelings (n=399)				0.654
No	27 (14.1)	35 (16.8)	62 (15.5)	
Yes	161 (84.3)	171 (82.2)	332 (83.2)	
Don't Know	3 (1.6)	2 (1)	5 (1.3)	
Discuss Fertility or how many children you should have with partner (n=393)				0.658
No	36 (19.1)	45 (22.1)	81 (20.6)	
Yes	150 (79.4)	157 (77)	307 (78.1)	
Don't Know	3 (1.6)	2 (1)	5 (1.3)	

Note: The number of responses for each item varies based on the relationship and living circumstances of respondents

3.1.4 Gender Attitudes and norms

Attitudes about gender relations are presented in Table 3.4 below. The overall gender attitude score was 48.4 ± 8.5 out of a score of 100. There were marked differences in the overall attitudes recorded by women in Accra (46.9± 7.7) and Kumasi (49.9 ± 8.9) with women in Kumasi scoring significantly ($p<0.001$) higher gender attitude scores compared to their counterparts in Accra.

A total of 363 (64.4%) out of the 564 women, believed a woman's most important role is to take care of her home and cook for her family. This opinion was significantly predominant among women in Accra (72.2%) than in Kumasi (57.0%).

Most women (65.1%) believed that men need sex more than women, with this opinion shared evenly amongst women in both Accra (67.0%) and Kumasi (63.3%). Opinions were split amongst respondents on whether or not it is a woman's responsibility to avoid getting pregnant, with just a little over a half of them (51.1%) in agreement. Again, about twice the proportion of women in Accra held this view compared to their counterparts in Kumasi.

Less than ten percent (7.3%) of the women believed that there are times when a woman deserves to be beaten, with about one (1) in every five (5) of the respondents (20.9%) sharing the belief that women should tolerate violence to keep their families together. This opinion was about 10%

significantly more common among the women from Accra (25.9%) compared to those from Kumasi (16.3%).

A little over a third of the respondents (34.0%) concurred that if someone/ anyone insults a man, he should defend his reputation, with force if he has to, with significantly higher proportion (49.6%,) of women in Accra in agreement compared to those in Kumasi (19.7%). Over a half (57.1%) of the 564 women interviewed disclosed that to be a man, a person needs to be tough, with about two-thirds of the respondents in Accra in agreement (66.7%).

Concerning who should have the final word about decisions in the home, 39.5% of respondents were of the opinion that it was the man's prerogative. Again, a significantly higher proportion of women in Accra held this belief compared to those in Kumasi (51.5% vs 28.6%).

Overall, most (84.9%) women interviewed, in Accra (80.7%) and Kumasi (88.8%) believed that a woman should obey her husband, whiles less than a third of them (38.7%) believed that a man should have the final say in all family matters.

Approximately 38.7% of the respondents believed that a woman cannot refuse to have sex with her husband. Similarly, about a quarter (26.1%) of them thought that there is nothing a woman can do if her husband wants to have girlfriends, with only a minority of women in Accra (31.5%) and Kumasi (21.1%) correspondingly in agreement.

About a third of the women interviewed (38.3%) believed that a woman needs her husband's permission to do paid work, with similar proportions in agreement in both Accra (39.3%) and Kumasi (37.4%). However, only a small proportion of the respondents (8.7%) agreed that if a woman works, she should give her money to her husband.

A quarter of the women interviewed (25.0%) believed that if a wife does something wrong her husband has the right to punish her but very few (5.3%) women were of the opinion that if a man beats his woman it shows that he loves her. Additionally, A little less than a quarter (22.9%) of the women were of the opinion that if a woman married, the man owns her. Table 3.4.

Table 3.4 ATTITUDES ABOUT RELATIONS BETWEEN MEN AND WOMEN

	Accra (n=270)	Kumasi (n =294)	Total (n=564)		
	n (%)	n (%)	n (%)	chi-square	P-value
A woman's most important role is to take care of her home and cook for her family.	195 (72.2)	168 (57.1)	363 (64.4)	13.9526	<0.001
Men need sex more than women do.	181 (67.0)	186 (63.3)	367 (65.1)	0.8809	0.348
There are times when a woman deserves to be beaten.	17 (6.3)	24 (8.2)	41 (7.3)	0.7277	0.394
It is a woman's responsibility to avoid getting pregnant.	181 (67.0)	107 (36.4)	288 (51.1)	52.8855	<0.001
A woman should tolerate violence in order to keep her family together.	70 (25.9)	48 (16.3)	118 (20.9)	7.839	0.005
If someone insults a man, he should defend his reputation, with force if he has to.	134 (49.6)	58 (19.7)	192 (34)	56.0453	<0.001
To be a man, a person needs to be tough	180 (66.7)	144 (49)	324 (57.5)	18.0113	<0.001
A man should have a final word about decisions in his home	139 (51.5)	84 (28.6)	223 (39.5)	30.9018	<0.001
I think that a woman should obey her husband	218 (80.7)	261 (88.8)	479 (84.9)	7.0988	0.008
I think that a man should have the final say in all family matters	142 (52.6)	74 (25.2)	216 (38.3)	44.7891	<0.001
I think that a woman cannot refuse to have sex with her husband.	124 (45.9)	94 (32)	218 (38.7)	11.5558	0.001
I think that there is nothing a woman can do if her husband wants to have girlfriends.	85 (31.5)	62 (21.1)	147 (26.1)	7.889	0.005
I think that if a man beats you it shows that he loves you.	18 (6.7)	12 (4.1)	30 (5.3)	1.8675	0.172
I think that if a woman works she should give her money to her husband	26 (9.6)	23 (7.8)	49 (8.7)	0.579	0.447
I think that a woman needs her husband's permission to do paid work	106 (39.3)	110 (37.4)	216 (38.3)	0.2026	0.653
I think that if a wife does something wrong her husband has the right to punish her.	66 (24.4)	75 (25.5)	141 (25.0)	0.0853	0.77
I think that if married, the man owns her.	73 (27)	56 (19.1)	129 (22.9)	5.0926	0.024
Overall attitude score	**46.9 ± 7.7**	**49.9 ± 8.9**	**48.4 ± 8.5**		**<0.001**

3.1.4.1 Association between gender attitude scores and selected background characteristics of respondents

Figure 1 below shows the significant variations in gender attitudes based on ethnicity ($F(3,548)=9.00$, $p<0.001$). Women belonging to the Akan ethnic group scored the highest on mean gender attitudes (49.8±8.7) followed by the Ga/Dangme (47.2 ± 7.7), Mole/Dagbani (45.8±7.8) and Ewe (45.8 ±6.5) ethnic groups. Post-hoc tests based on both Bonferroni and Scheffe showed that Akan women scored 4.8 and 3.9 points significantly higher on gender attitudes compared to women belonging to the Ewe and Mole/Dagbani ethnic groups ($p < 0.05$). Although the women belonging to the Akan ethnic group scored higher gender attitudes compared to the Ga/Dangme ethnic group, this difference was not statistically significant ($p>0.05$). There were no statistically significant differences in gender attitude scores between Ga/Dangme and Ewe, Ga/Dangme and Mole/Dagbani nor Ewe and Mole/Dagbani ethnic groups.

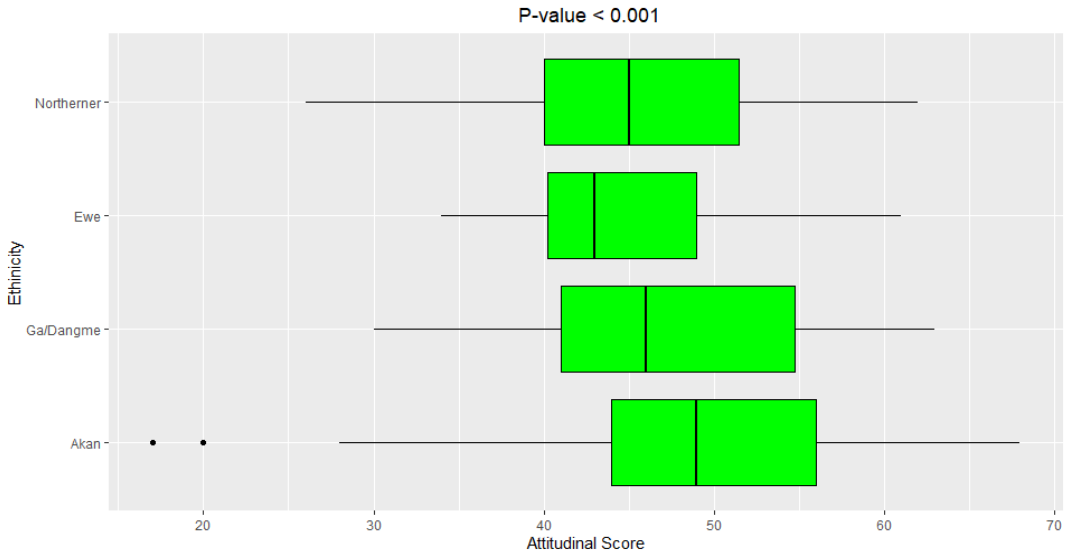


Figure 1 Gender attitude scores by ethnicity

Regarding religion, Christians scored significantly higher (48.7 ± 8.6 vs 45.9± 7.1, $p<0.01$) on gender attitude scores compared to non-Christians (predominantly Muslim; less than 1% being traditional or

no religion), Figure 2. Gender attitudes of women interviewed were not significantly different based on employment status (F (2, 549)=2.24, p>0.05).

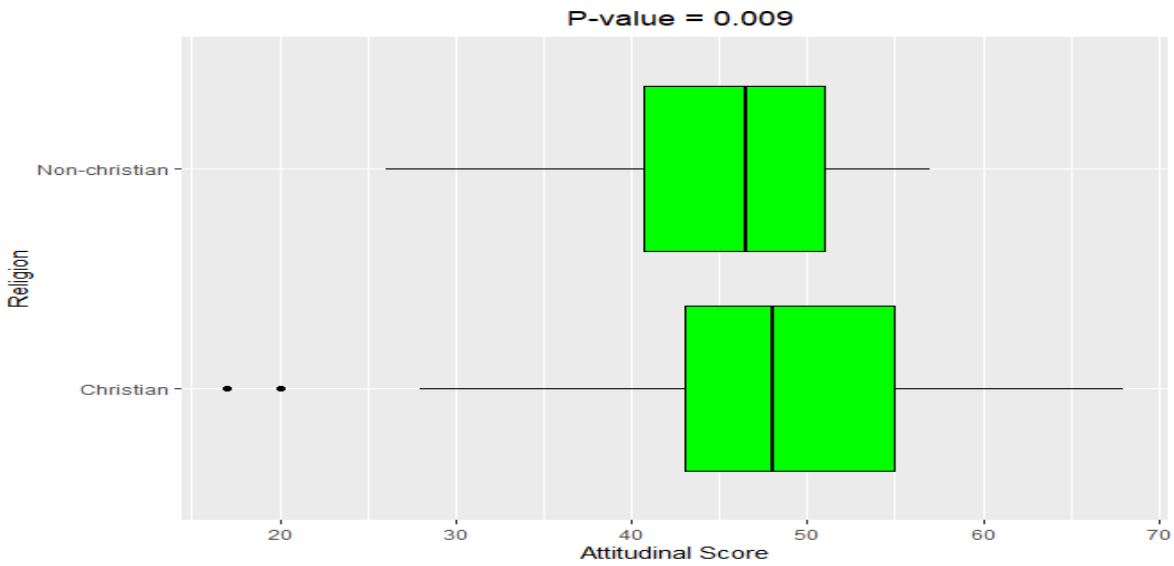


Figure 2 Gender attitude scores by religious affiliation

There was an association between the gender attitude scores of women based on their relationship status. Separated women recorded the highest mean gender attitude score (52.3±11.6) followed by divorced (49.4±6.8), married, living together (49.3±8.6), married, not living together (49.2±9.2), single dating (47.9±7.6), widowed (47.1±9.8), single not dating (44.5±6.9), and cohabiting (44.5±7.0) women. Women who were cohabiting scored significantly lower gender attitude scores when compared to their married counterparts who were living with their male partners at the time of the survey (mean difference=5, p= 0.024). However, differences between all other groups of relationship status were not statistically significant.

There were statistically significant differences in mean gender attitude scores of respondents based on highest educational status attained. Women with tertiary level education scored the highest gender attitude score (53.2 ± 8.3) which was at least 5.4 points significantly higher when compared with each category of educational attainments reported in the study population (p< 0.001). However, the slight differences between the other categories did not reach statistical significance. Figure 3 shows in relative sense the mean gender attitude scores recorded in the study.

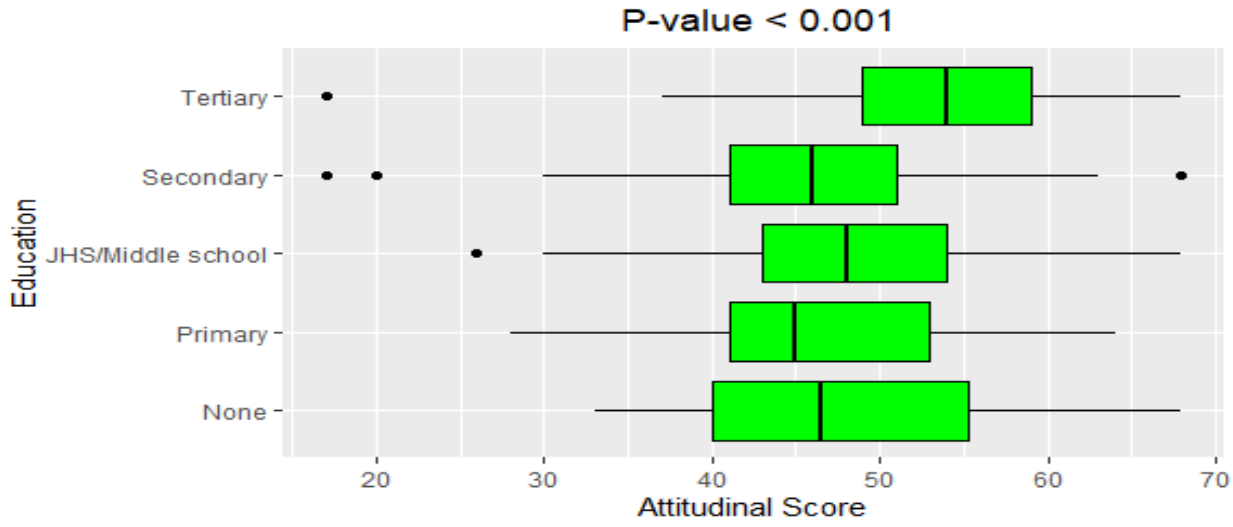


Figure 3 Gender attitude scores by educational level

3.2 RECENT (last 12 months) AND LIFETIME EXPERIENCE OF VIOLENCE

About a third of the women (30.6%) reported experience of some form of partner violence in the last 12 months preceding the survey while more than half (55.3%) of them reported lifetime experience (Table 3.5). The experience of non-partner violence in the last 12 months was 16.1% while the lifetime experience of non-partner violence was 43.6%. The top three most experienced types of recent and lifetime partner violence reported by women were economic violence, emotional violence, and physical violence. Sexual violence was the least form of violence reported by the women. Tables 3.6 provides more details on women's recent and lifetime experience of different types of violence and compared outcomes based on study sites.

3.2.1 Emotional Violence

Overall, 17.3% and 40.4% of respondents reported recent and lifetime experience of emotional violence perpetrated by their male partners respectively. About twice the proportion of women in Kumasi reported emotional violence in the last 12 months compared to their counterparts in Accra (23.3% vs 11.0%, p=0.001). Similarly, a significantly higher proportion of women in Kumasi reported lifetime partner emotional violence compared to women in Accra (51.0% vs 43.9%, p<0.001).

Reports of non-partner emotional violence experience was 12.6% and 28.2 % on average for recent and lifetime, respectively. There was no significant difference in recent non-partner emotional violence experience by study site. However, a statistically significant difference was observed for lifetime experience with women in Kumasi reporting higher prevalence (33.3% vs 22.6%, $p<0.05$).

3.2.2 Economic Violence

About one-fifth (22.0%) and a third (34.9%) of women reported recent and lifetime experiences of partner economic violence in the study respectively. Women in Kumasi reported significantly higher prevalence for both recent (27.3% vs. 16.5%, $p<0.05$) and lifetime (43.9% vs. 25.2%, $p<0.001$) experiences.

Generally, non-partner economic violence was experienced by 5.3% and 15.2% of all respondents in the last 12 months preceding the study and in their lifetime respectively. Again, over twice the number of survivors were in Kumasi compared with the number in Accra for both recent and lifetime experience; differences reaching statistical significance (see Table 3.6).

3.2.3 Physical violence

One in every ten study participants reported a recent experience of partner physical violence while about three in ten selected women reported a lifetime experience of same. Again, about twice the number of recent (13.7% vs. 7.3%, $p<0.05$) as well as lifetime (33.3% vs. 19.3%, $p<0.001$) physical partner violence reports were reported in Kumasi compared to Accra.

The in-depth interviews unearthed experiences of physical and emotional violence by some of the respondents. While some of the incidents of violence were perpetrated before the COVID-19 pandemic, others occurred during the pandemic. A few of the participants experienced the violence only before the pandemic and not during the pandemic because they were no longer living with the perpetrator. The types of violence experienced by the participants include physical, emotional and verbal abuse from spouses/partners. Below are the experiences shared by two participants who experienced violence before the pandemic but are no longer with the perpetrators.

> Before corona [COVID], I went through violence, yes, it happened in Accra [participant lived in Kumasi at the time of the interview] with the man I was cohabiting with, he treated me badly. He easily gets angry and with little provocation he will hit you. He can even slap you 10 times and because of his structure you can't say anything….no, I stayed with him for 3 to 4 years….. the maltreatments started when we started cohabiting... He is quick tempered so

> with the little issue he starts fighting... No, he did not (forcefully have sex) but rather verbal abuse, he can insult my mother, father and when I complain then he beats me (27 years, single, cleaner at a hospital at Kumasi).

Another participant, who was 48 years old, a mother of two adolescent boys and sold stink fish (*momoni*) at the market experienced physical assault and psychological violence perpetrated by the husband (separated now).

> At first, I was staying with my husband in Santasi and he travelled [abroad]. He sent money and I went to build a house for him and I went to stay in it for 3 years. When Akuffo Addo became president (that was in 2017) my husband came to Ghana but there was an issue. He said I should move out of the house and that he has gotten a new woman he wants to bring home but I did not do anything bad to him. I did not resist**.** We quarreled a lot and at times he beats me so I began to lose weight and I was looking like a child. He brings the woman to the house to sleep with her; and I could not eat or sleep; that is how I came to stay in this current house.

Non-partner violence

About three in every hundred women reported recent non-partner physical violence and seventeen in every hundred women reported non-partner physical violence experience over their lifetime. There was no significant difference in the number of recent non-partner physical violence reports by women in Accra and Kumasi (4.1% vs. 1.9%, $p>0.05$). However, twice the number of reports in Accra for lifetime non-partner physical violence was reported in Kumasi (10.4% vs 22.1%, $p<0.001$).

3.2.4 Sexual Violence

Overall, 7.6% and 20.9% of respondents reported recent and lifetime experience of partner sexual violence. About twice the proportion of women in Kumasi reported sexual violence in the last 12 months compared to their counterparts in Accra (10.6% vs 4.6%, $p<0.05$). Similarly, a significantly higher proportion of women in Kumasi reported lifetime partner sexual violence compared to women in Accra (26.9% vs 14.4%, $p=0.001$).

Reports of non-partner sexual violence experience was 2.3% and 15.6% on average for recent and lifetime, respectively. There were no significant differences in reported recent non-partner sexual violence experience by study site. However, a statistically significant difference was observed for

lifetime experience with women in Kumasi reporting higher prevalence than those in Accra (19.7% vs 11.1%, p<0.01).

Table 3.5 Women's recent and Lifetime experience of violence

Type of Violence	Last 12 Months				Lifetime			
	Total	Frequency	Prevalence	95% CI	Total	Frequency	Prevalence	95% CI
Economic								
Partner	445	98	22	18.3 - 26.2	564	197	34.9	31 - 39
Non-Partner	564	30	5.3	3.6 - 7.5	564	86	15.2	12.4 - 18.5
Emotional								
Partner	445	77	17.3	13.9 - 21.1	564	228	40.4	36.3 - 44.6
Non-Partner	564	71	12.6	10 - 15.6	564	159	28.2	24.5 - 32.1
Physical								
Partner	445	47	10.6	7.9 - 13.8	564	150	26.6	23 - 30.4
Non-Partner	564	17	3	1.8 - 4.8	564	93	16.5	13.5 - 19.8
Sexual								
Partner	445	34	7.6	5.3 - 10.5	564	118	20.9	17.6 - 24.5
Non-Partner	564	13	2.3	1.2 - 3.9	564	88	15.6	12.7 - 18.9
Experience any form of violence								
Partner	445	136	30.6	26.3 - 35.1	564	312	55.3	51.1 - 59.5
Non-Partner	564	91	16.1	13.2 - 19.4	564	246	43.6	39.5 - 47.8

Table 3.6 Women's recent and lifetime experience of partner and non-partner violence by respondent location

	Accra				Kumasi			
	Total	Frequency	Prevalence	95% CI	Total	Frequency	Prevalence	95% CI
Partner Violence								
Economic								
Last 12 Months	218	36	16.5	11.8 - 22.1	227	62	27.3	21.6 - 33.6
Lifetime	270	68	25.2	20.1 - 30.8	294	129	43.9	38.1 - 49.8
Emotional								
Last 12 Months	218	24	11.0	7.2 - 15.9	227	53	23.3	18 - 29.4
Lifetime	270	78	28.9	23.6 - 34.7	294	150	51.0	45.2 - 56.9
Physical								

Last 12 Months	218	16	7.3	4.3 - 11.6	227	31	13.7	9.5 - 18.8
Lifetime	270	52	19.3	14.7 - 24.5	294	98	33.3	28 - 39
Sexual								
Last 12 Months	218	10	4.6	2.2 - 8.3	227	24	10.6	6.9 - 15.3
Lifetime	270	39	14.4	10.5 - 19.2	294	79	26.9	21.9 - 32.3
Overall partner violence								
Last 12 Months	218	59	27.1	21.3 - 33.5	227	77	33.9	27.8 - 40.5
Lifetime	270	121	44.8	38.8 - 51	294	191	65.0	59.2 - 70.4
Non-Partner Violence								
Economic								
Last 12 Months	270	6	2.2	0.8 - 4.8	294	24	8.2	5.3 - 11.9
Lifetime	270	23	8.5	5.5 - 12.5	294	63	21.4	16.9 - 26.6
Emotional								
Last 12 Months	270	32	11.9	8.2 - 16.3	294	39	13.3	9.6 - 17.7
Lifetime	270	61	22.6	17.7 - 28.1	294	98	33.3	28 - 39
Physical								
Last 12 Months	270	5	1.9	0.6 - 4.3	294	12	4.1	2.1 - 7
Lifetime	270	28	10.4	7 - 14.6	294	65	22.1	17.5 - 27.3
Sexual								
Last 12 Months	270	8	3	1.3 - 5.8	294	5	1.7	0.6 - 3.9
Lifetime	270	30	11.1	7.6 - 15.5	294	58	19.7	15.3 - 24.7
Overall non-partner violence								
Last 12 Months	270	39	14.4	10.5 - 19.2	294	52	17.7	13.5 - 22.5
Lifetime	270	92	34.1	28.4 - 40.1	294	154	52.4	46.5 - 58.2

P-value was obtained from two-sample test of proportions

3.2.5 Association between Recent experience of Violence and selected background characteristics of Respondents

Women's experience of recent partner and non-partner violence based on educational level, ethnicity and religion, employment status and relationship status are shown in Table 3.7 below.

3.2.5.1 Education

Experience of recent partner violence among women in this study was negatively associated with level of educational attainment with higher levels of education associated with lower experience of partner violence. Contrarily, a higher proportion of women with primary level education (48.7%) reported recent partner violence compared to their counterparts with no formal education (41.5%). Generally, one in five women with secondary school level education or higher experienced recent

partner violence as compared to one in three and one in two women with Junior high school and primary/no formal education categories respectively. See Fig 5 below.

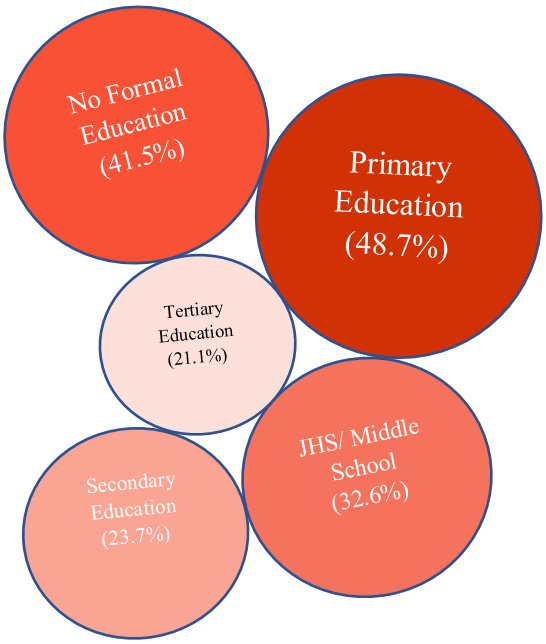


Fig 5 Prevalence of recent partner violence by educational Status

Experience of non-partner violence was not significantly associated with educational level of respondents. Women with tertiary level education reported the least (12.4%) experience of non-partner violence while the highest (20.5%) was reported among women with no formal education. The second and third highest prevalence were reported among women with secondary (19.1%) and primary (17.7%) level of education. The risk of non-partner violence experience among women with Junior high school level of education (14.6%) was between those of primary and secondary educational levels.

3.2.5.2 Ethnicity and Religion

Experience of recent partner violence was not significantly associated with ethnicity of women in this study. Women of Mole/Dagbani ethnicities recorded relatively higher prevalence (39.1%) of recent partner violence compared to the Akan, Ewe and Ga/Dangme ethnic groups (30% on average). Religious affiliation was not significantly associated with experience of recent partner violence ($p>0.05$).

Experience of non-partner violence was significantly associated with ethnicity of the respondents with Ewe women reporting significantly higher prevalence (27.9%) compared to the Akan (13.2%), Ga/Dangme (19.7%), and Mole/Dagbani (19.1%) ethnicities, Figure 6. Religious affiliation was not significantly associated with experience of recent non-partner violence ($p>0.05$).

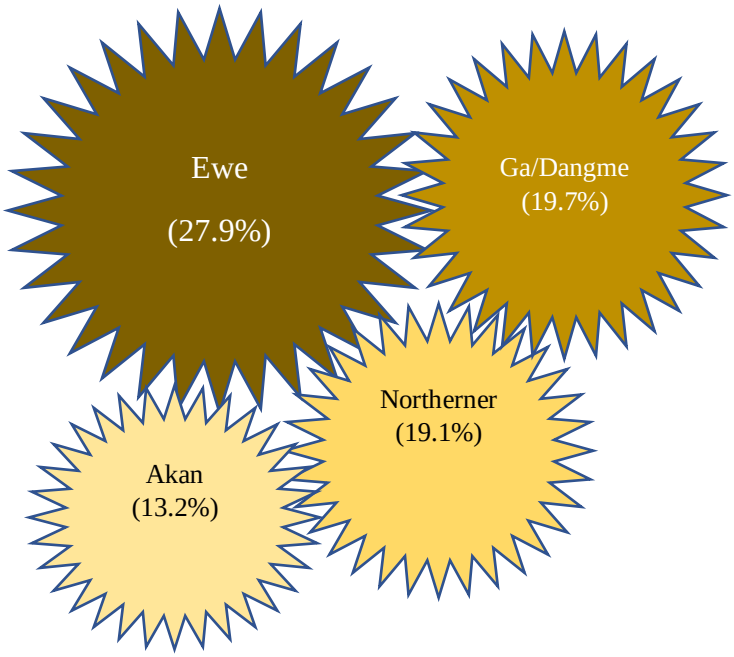


Figure 6 experience of recent non-partner violence by Ethnicity

3.2.5.3 Relationship status

Relationship status was significantly associated with experience of recent partner violence with the three highest prevalence reported among married women who were not living together with their male partners (43.8%), single, dating women (40.3%) and separated (42.9%). One in three married women living together with their male partners also reported recent partner violence. See Table 3.8 for more details.

Reports of recent non-partner violence was similarly associated with relationship status ($p<0.01$). Women who were separated (42.9%) reported significantly higher experience of non-partner violence in the study population. The next three highest reports were made by single, not dating (33.3%), single, dating (22.6%) and cohabiting (18.0%) women. Women who were widowed or divorced

experienced the least non-partner violence in the last 12 months preceding the survey. Married women living with their partners reported relatively lower experience of non-partner violence compared to their counterparts who did not live together with their partners (11.9% vs 16.7%).

3.2.5.4 Employment Status

Figure 7 below shows women's experience of recent partner and non-partner violence. Women who were not employed at the time of the survey reported significantly higher experience of recent partner violence (52.9%) compared to their counterparts who were either self-employed or employed (28.4%) by others (28.9%). Unemployed women had about twice the odds of experiencing recent partner violence compared with employed women, Figure 8. Experiences of recent non-partner violence based on women's employment status mirrored the same pattern as recent partner violence with significantly higher prevalence observed among unemployed women (See Table 3.8).

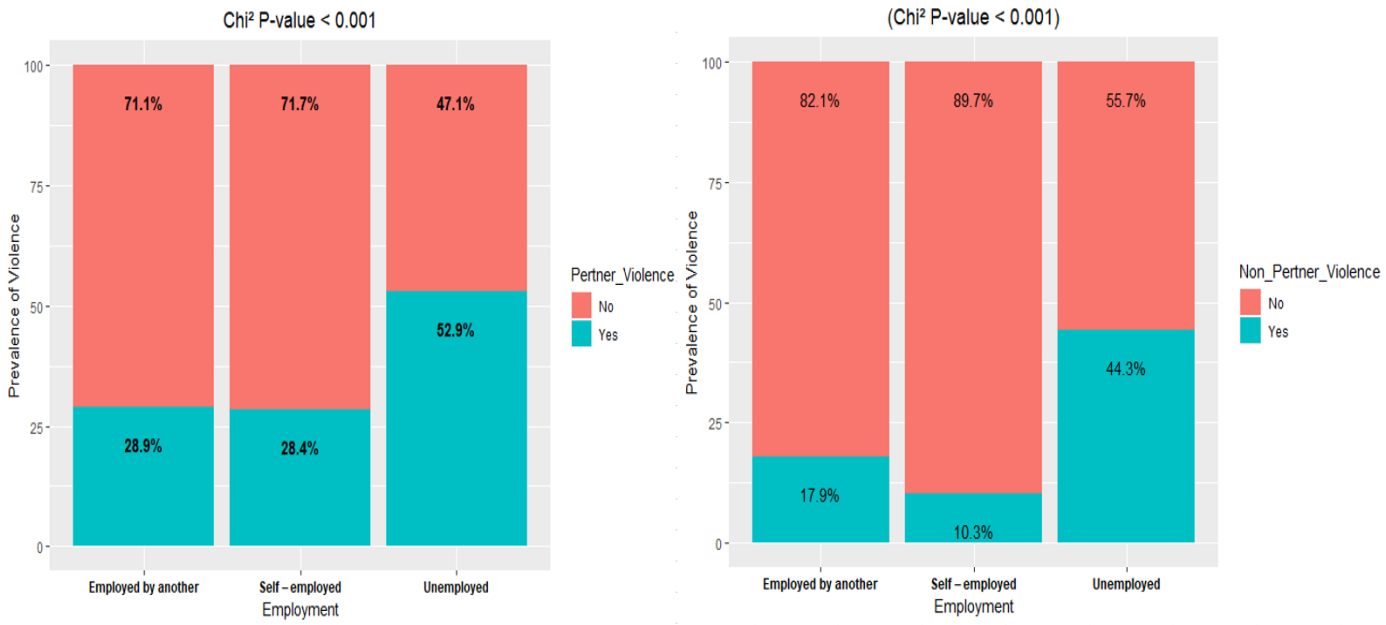


Figure 7 Prevalence of recent partner violence by employment status

Table 3.8 Association between experience of recent partner violence and selected background characteristics

	Recent Partner Violence				Non-partner			
	No, n(%)	Yes, n(%)	Chi - square	P - Value	No, n(%)	Yes, n(%)	Chi - square	P - Value

Educational Level			14.47	0.006			3.12	0.538
None	24 (58.5)	17 (41.5)			35 (79.6)	9 (20.5)		
Primary	20 (51.3)	19 (48.7)			42 (82.4)	9 (17.7)		
JHS/Middle school	118 (67.4)	57 (32.6)			181 (85.4)	31 (14.6)		
Secondary	87 (76.3)	27 (23.7)			123 (80.9)	29 (19.1)		
Tertiary	60 (79)	16 (21.1)			92 (87.6)	13 (12.4)		
Ethnicity			3.16	0.367			7.97	0.047
Akan	196 (71.8)	77 (28.2)			309 (86.8)	47 (13.2)		
Ga/Dangme	45 (68.2)	21 (31.8)			61 (80.3)	15 (19.7)		
Ewe	26 (70.3)	11 (29.7)			31 (72.1)	12 (27.9)		
Mole/Dagbani	42 (60.9)	27 (39.1)			72 (80.9)	17 (19.1)		
Religion			2.01	0.156			3.63	0.057
Christian	276 (70.6)	115 (29.4)			423 (84.9)	75 (15.1)		
Non-Christians	33 (61.1)	21 (38.9)			50 (75.8)	16 (24.2)		
Current relationship status			16.86	0.018			20.88	0.004
Married, Living Together	153 (70.2)	65 (29.8)			192 (88.1)	26 (11.9)		
Married, Not Living Together	27 (56.3)	21 (43.8)			40 (83.3)	8 (16.7)		
Single, Not Dating	30 (83.3)	6 (16.7)			24 (66.7)	12 (33.3)		
Single Dating	37 (59.7)	25 (40.3)			48 (77.4)	14 (22.6)		
Divorced	12 (85.7)	2 (14.3)			13 (92.9)	1 (7.1)		
Seperated	8 (57.1)	6 (42.9)			8 (57.1)	6 (42.9)		
Cohabiting	29 (74.4)	10 (25.6)			32 (82.1)	7 (18)		
Widowed	13 (92.9)	1 (7.1)			13 (92.9)	1 (7.1)		
Currently working			13.63	0.001			44.97	<0.001
No	24 (47.1)	27 (52.9)			34 (55.7)	27 (44.3)		
Yes, self-employed	191 (72.6)	72 (27.4)			289 (90)	32 (10)		
Yes, employed by another	94 (71.8)	37 (28.2)			150 (82.4)	32 (17.6)		

3.3 SOCIAL IMPACT OF COVID-19

The social impacts of COVID-19 were assessed based on women's reflection on specific aspects of their lives prior to the COVID-19 outbreak, during the lockdown and in recent (last 3 months) times following the easing of restrictions.

3.3.1 Impact of COVID-19 on Relationships

The COVID-19 pandemic has introduced some dynamics into relationships. The participants bemoaned the fact that the pandemic affected their relationships with family and friends. Only a few women indicated that it has strengthened the bonds between their families and them. For most women the pandemic has had a negative impact on their relationships—they are not able to visit friends and family, get close to them, hug, and shake their hands. Below are some women expressing their views about the pandemic's impact on their relationships:

> Yes, it brought togetherness, but it didn't help because staying at home brought about hunger (33 years, market woman, Kumasi).

> We were living in peace, no argument, we chat and laugh but before that there was no time to do all these things; we pray together… yes it's really bonded us because my husband will go to work and when I return from the sale of the eggs he has not returned so the lockdown really helped us to spend quality time together (40 years, Married, no child, Distributes eggs in Accra).

For some adolescents COVID-19 made it possible for them to meet relatives they have not met before.

> It made me get to know a lot of my family members who stayed far from us, so during that time they came to stay with us during the lockdown. It also improved our relationship as we got to know each other better (Student,, 15, Accra).

> It helped me because at that time, there was no one, I wasn't supposed to go out and I had no friend. My area I had no friend there so I used to sit with my mother, we chat together, we talk together and sometimes too my father. Or all of us, we sit together, laugh and talk together (SHS 1, Accra).

For other adolescents, there was little interaction with their families as they had to go directly to their rooms when they return from town to avoid infecting others.

> In the house, at first, we used to come together and tell stories. Now, when we come back from town we go to our rooms directly so we are not really happy (15 years, JHS1, Kumasi)

Perhaps, one of the biggest challenge the adolescents faced was their inability to interact with their peers. Below are a few of the statements from the adolescents:

> We hardly play with our friends or interact with them frequently like we used to before COVID (15 years, Grade 6, Kumasi).

> Yes, because at first we used to come together and talk but now we can't come together, this person is in their house, everybody is in his/her room, so if you want to talk you talk from here to here (JHS Graduate, 17, lives in a compound house with grandmother, Accra).

> We sometimes learn so that was what brought us together. We started learning before classes started again. Also, the outbreak of the pandemic made me miss playing football. We could not go to training because football had been banned. It made me worried that I imagined that I could have been on the field doing training. I don't go out unless I'm playing football. That is the only period I get to go out with my colleagues. Also I can say the lockdown made us have a positive relationship with neighbors because it looked like we played games together (SHS 1, footballer, Accra).

For most adult participants the pandemic rather brought a strain in their relationships. They bemoaned the fact that they could not visit their friends, get close, or hug people.

> Since we heard [about COVID] we have been very cautious with our visits and mingling with people and even relatives because of the fear we have and we don't get so close with people as before when we could do that, so it has brought a change to the world (33, married, market woman, Kumasi).

> There is a lot [the impact of COVID]. The first thing is that it has made our business go down and secondly it has affected how we relate to others in public and people are afraid to contract Covid-19 and you are also afraid so you cannot get close to them; it has also affected our communication with others and I think that is all I can say (31 years, market woman, Kumasi).

> It has not brought any positive effect. As for me, I am on very good terms with my next-door neighbor. Sometimes we sit outside on Sundays and have conversations about life and other thing, but it was just recently I drove out that I saw her even though we talk regularly on phone and I ask her how she's doing. But as to us meeting one on one, we don't. It has taken that joy away (72 years, Guesthouse owner, Accra).

> It has brought a lot of negative things because it has increased the rate of deaths, I have lost some one too, look at the way deaths are now trending, deaths everywhere.

> The only thing people are experiencing now is sadness...See, they are even saying it can make someone impotent, you see, and if you are a woman you cannot give birth, and also, you will have difficulties in breathing, I called my cousin on zoom when she was at the hospital, oh I have swapped my phone, I would have shown it to you. It was difficult for her to even talk, she couldn't even breathe, you could see that she was finding it very difficult to breathe. She was suffering, so it is not good, is nothing helpful to humanity. Look at the way children are dying because of this COVID, it is not a good thing (39 years, married, bookshop owner, Accra)

Others also complained that they could not attend social events such as funerals and weddings. Funerals are a past time of Ghanaians and a very important social event. Below are some concerns recounted by some of the participants:

> Aww, in my family … No! Weddings allow only 25 people to attend. Funerals also allow 25 people. As such, the relationship between my extended family and I is not very good (35, married, private, Kumasi).

> What is negative is that, when your friends are getting married, the restrictions imposed prevents you from going to show your love and support. Same can be said of funerals. We can no longer show our love and support to our relations as we used to prior to COVID (37, cohabiting, unmarried, Kumasi).

> Last week for instance, one of my children got married and we couldn't invite all the family members we wanted around because of the crowd and they said there shouldn't be more than 25 people. So there were a lot of people we didn't inform that this is what was going on because we want to meet the number and so because of that, the unity and love that exist in family have reduced. You'll hear that someone you know is no more, you would go and greet the family but now we can't do that. We are keeping to ourselves because now nobody wants to contract this disease. It's not good and it's dangerous (72 years, guest house owner, Accra).

> You know us Muslims we like gathering but now we have stopped, also when a member dies, we all go and offer our condolence and attend the forty days (Adua) now we cannot attend all those gatherings. Also, when a member gives birth, we are unable to go greet her as we would have done in the past. Our business is not booming as it used to. Yourself you can attest to the fact that when you came there are no clients (38 years seamstress, Accra).

3.3.2 Impact on Care work

Prior to the COVID-19, 29% of women indicated that childcare was stressful, about 30% indicated that childcare was a little stressful, while about 41% indicated no stress at all with childcare. During the lockdown, the proportion of women indicating that childcare was not stressful at all decreased to 28% while the proportion reporting high stress increased to 53%. However, childcare in the last three months preceding the survey was reported to be very stressful by a third of the women while the proportion indicating no stress at all remain approximately same as during the lockdown. Aside the stress reported by women, childcare was also a source of quarrels between women and their partners. It was generally observed that 39% of women reported frequent and occasional quarrels prior to COVID-19 but increased to 43% during the lockdown restrictions. However, recent reports of quarrels over childcare saw an increase in women reporting no quarrels and occasional quarrels but a decrease in the proportion reporting frequent quarrels to 25%.

The in-depth interviews indicated that the burden of care on some women increased during the lockdown especially when schools were closed and children stayed at home for close to 10 months. For some women and girls with younger children household chores such as doing laundry and cooking increased.

> Yes, as for that it has really increased when the children are at home they can change clothes like 3 times a day and would say I want to eat this and that. And whatever they say, they expect you to do it for them unlike adults who would understand. It has made the job a little difficult (27, provision store owner, Kumasi).

> If I were working, I will bath them and leave home and return at about 4 pm in the evening. In this situation they are always with you, every minute they will dirty themselves, you have to bath them and change clothes. This increases your duties at home. You always have to cook too, because they always complain of hunger after going out to play. They will also not allow you to sleep and have adequate rest if they are home with you (37, cohabiting, unemployed, Kumasi).

> Doing the laundry has doubled because when they were in school they return home and in the evening they wear one clothing but when they are home they have to change their clothes at least twice a day so when it gets to the time you want to do their laundry it becomes a lot (31 years, market woman, Kumasi).

> In terms of being in the house with the children, not going anywhere, only interacting with them, sometimes can be very stressful. At least, if you're able to go out and meet someone, that one will reduce the stress, but you can't go anywhere. So, I was afraid on that part. But other than that, it was okay (Married, private school teacher, Accra).

> Because the children stayed at home for long before recently the government open it, so they were at home eating ay how (by- hat) , drinking any how (by-hat), they will be shouting, they are not going to school so they do whatever they feel like doing when they are home (49 years, married, cosmetics seller, Accra).

> Tremendously, COVID-19 leaves us a lot more work. Taking care of the children and my invalid mother is a big challenge. A lot more is required of me. It is very stressful... Yes, I live with my mother who is almost 70 years (36 years, janitor, Kumasi).

The adolescent girls' household chores also increased tremendously.

> The corona added more chores…My sister who was also in school joined us at home and so there were a lot of things to do. I have to sweep in the morning, afternoon and evening. Before COVID-19, I swept only in the morning and evening. Before COVID 19 I did a few dishes but now I do more dishes. We also had to go fetch water frequently (15 years, Grade 6, Kumasi).

> It has increased because at first, we used to wear one cloth. Now, they tell you to wash it after you wearing it once. Those with many clothes will pile it up. So, on Saturdays, the cloths will just be many and we have to wash them all including those of our siblings (15, JHS 1, Kumasi).

> Taking care of young siblings was what made the washing of clothes to increase. I had to wash the clothes of three of my siblings from the extended family. Thus, they dirty themselves when they step out so you have to get them to bath and dress them up again. This cycle of doing this increased my chores thus, the more the clothes were changed the more clothes there were to be washed. It made me work too much but it did not stress me out anyway (student, Accra).

> Yes, it increased. This is because while you have been given chores to do like wash utensils at the same time, you are being told to wash, your clothes. When you are in the process of doing the work then they will interrupt it and tell you to sweep here. They were just giving us chores after chores (adolescent, Accra)

Care for the elderly, sick and disabled members of the household was described as follows prior to COVID-19: not stressful (33.2%); a little stressful (22.8%) and very stressful (44.0%). During the lockdown period, the proportion indicating no stress at all increased to 41%, consequently resulting in fewer women reporting care as stressful (from 66.8% to 59.1%). However, this improvement in imposed stress was not sustained in recent reports on stress. The proportion indicating no stress in caring for the elderly, sick and disabled in the last three months dropped back to about 30% while the proportion indicating very high stress increased to about 50%, slightly higher than (44%) for the period prior to COVID-19.

The analysis of the qualitative data show that for women caring for older adults, the burden was how to provide for the health care and other needs of their relatives. The women who were caring for older parents were anxious about how they were going to provide food and pay for their medical expenses. Below are some of the worries expressed by the women.

> I live with my mother and siblings in a family house. We have our extended family members in the house too and we all eat together. We are 12 in total, 1 male and 11 females. I have only one sibling who is a 20-year-old girl, she is home currently and she is learning how to sew. My mother is 53 years, she is home and unemployed because she has been sick for almost 12 years now so I am in charge of the household expenses and other bills…During the lockdown, because hospitals were still working, we were able to take her for her drugs. And during those times we were not working so things were not easy so I had to use up my savings (26, sales girl at pharmacy).

> Those of us in the private sector were not paid. This culminated in hardship. My husband also teaches in a private school. As such, both my husband and I sat in the house [were not working] during the school closedown. Both of us were not paid. Just imagine staying with your aged parents without any financial support from anywhere. No money coming from either the man or the woman. Both parents are also not working. It was difficult. No one gave us salaries… My dad is almost 79 and my mother is 67 (32, private school teacher, Kumasi).

> Yes, I take care of my kids and my mother and also my husband. Because she is elderly and doesn't have anyone to take care of her except for me…Yes, because formerly when I come to sell people buy early enough and I could leave early to take care of things at home but now that more time is spent… by the time I get home it would have been late. (33, married, market woman, Kumasi).

During the lockdown, the proportion of women reporting no stress associated with feeding of household members decreased drastically from 44% prior to COVID-19 to 28% during lockdown, while women indicating very high stress increased from 25% to 52.4% during lockdown. The women were equally distributed in terms of stress associated with feeding of household members in recent times. Similar stress patterns were observed for working, . Stress patterns associated with feeding of household members, work, childcare, care for the elderly/sick/disabled and provision of finances Prior to COVID-19, during lockdown and in recent times (last 3 months) are shown in Figure 8.

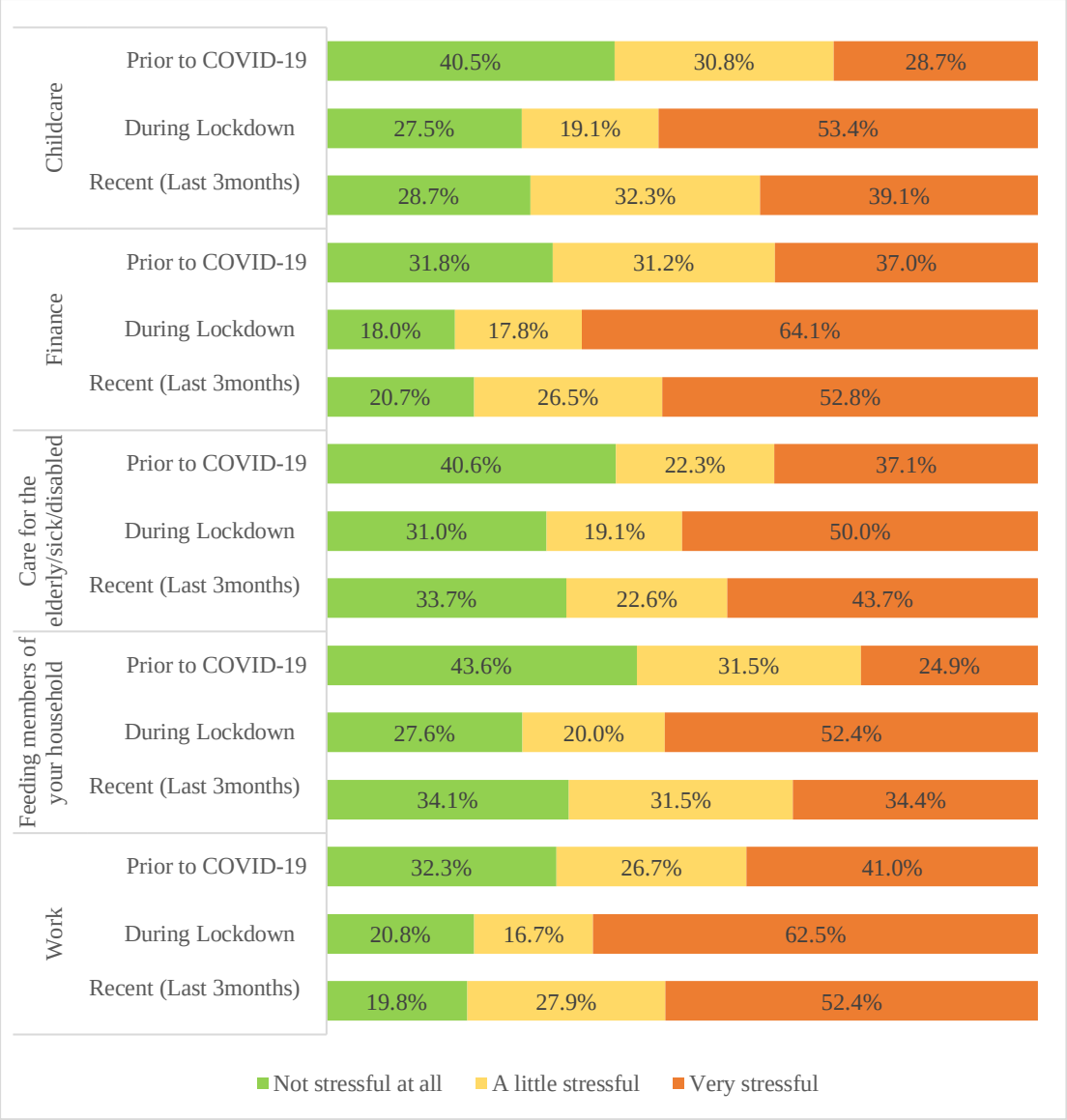


Figure 8 Women's reported stress associated with their roles in the household

Aside the stresses associated with women's roles in the households, women were asked how the COVID-19 had impacted their relationships with their partners.

Generally, about 35% of the women often quarreled with their partners for any reason at all prior to the COVID-19 outbreak. The frequency of 'often' quarreling for any reason at all increased to 42% during the lockdown period but was reduced back in recent times to frequency prior to COVID-19. About 50% of the women indicated that they did not have recent quarrels with their partners for any reason at all. The sources of these quarrels in the study population are presented in Figure 9 and 10.

The majority (70%) of women did not quarrel in relation to living arrangements prior to the COVID-19 outbreak, during the lockdown and in recent times. However, the proportion of women who "often" quarreled due to living arrangement increased from 15% prior to COVID-19 to 20% during lockdown but reduced to 16.5% in recent times.

Frequent quarrels with their partners about sex increased from 17% prior to the COVID-19 outbreak to 21% during the lockdown and returned back to 17% at the time of the survey.

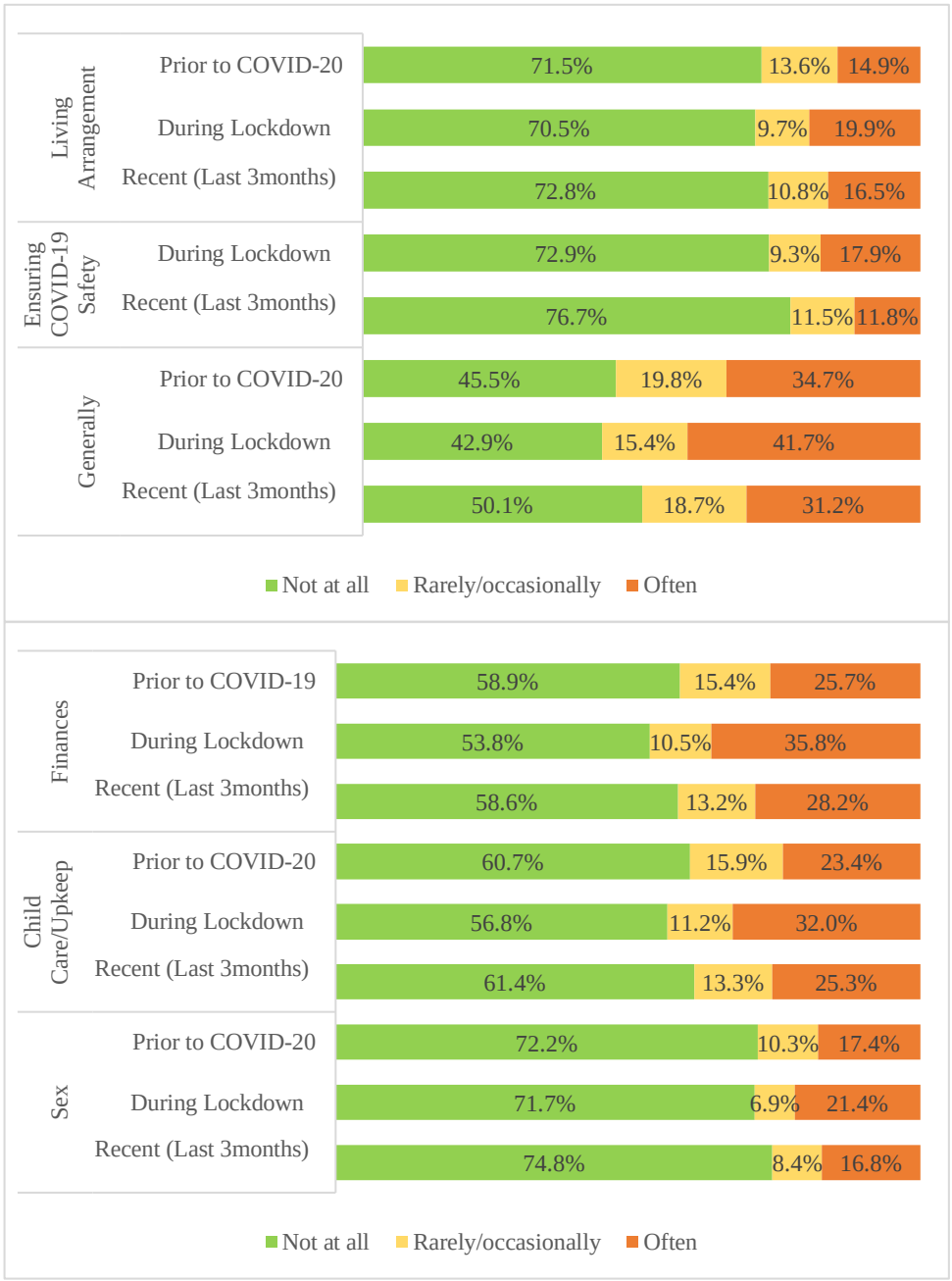


Figure 9 Women's reported frequency of quarreling with partner for different reasons

COVID-19 safety

About 18% and 29% of women indicated some stress associated with ensuring COVID-19 safety for themselves during the lockdown period and at the time of survey respectively. The proportions reporting high personal COVID-19 safety associated stress reduced by 10% within three months preceding the survey. Women's reports of stresses associated with ensuring COVID-19 safety for other household members followed similar patterns as for the women themselves, Figure 11. Also, about 27% of women reported quarreling with partner over ensuring COVID-19 safety during the lockdown period. The proportion decreased to about 23% in recent times.

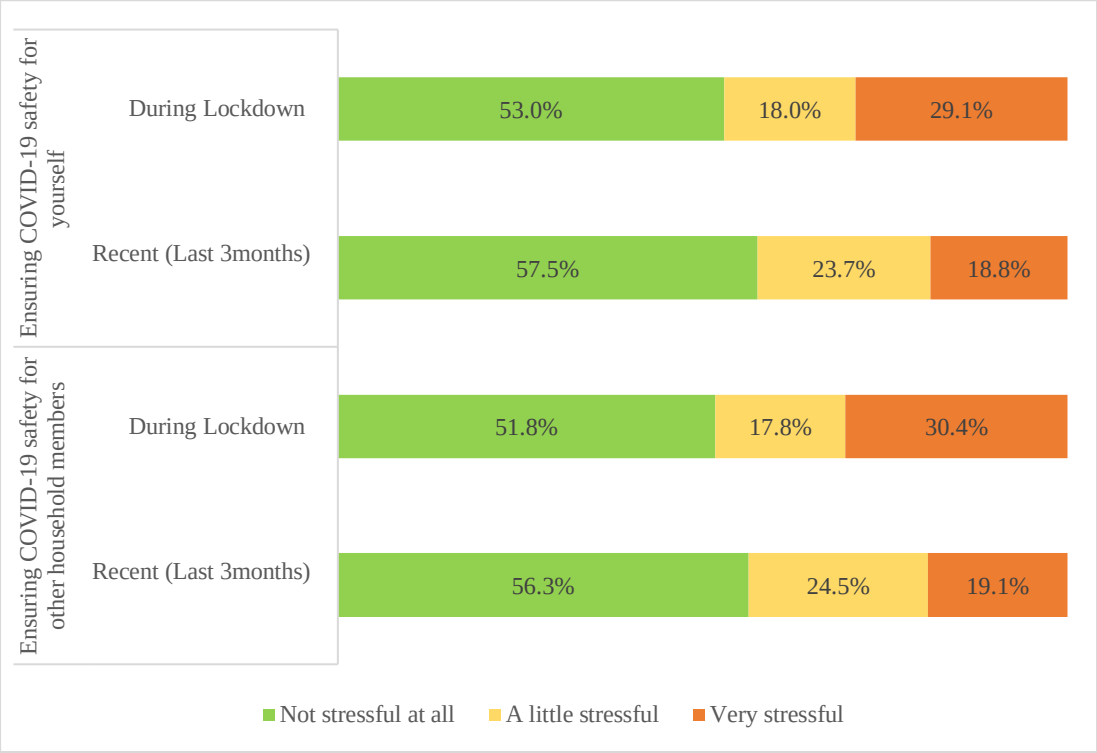


Figure 11 Stress associated with women's role with ensuring COVID-19 safety

Impact on adolescents' education:

Adolescent girls' education was impacted in several ways by the pandemic. They were not happy that they have had to be promoted to the next class without completing the syllabus of the previous grade. The government had directed that all children should be promoted to the next class without writing the promotional examinations. Below are some of the reservations expressed by the participants:

> Yes, we had been in the house for so long. Even when we re-opened, we were not taught the JHS syllabus but that of class 6. We are doing revision. So we are now going for

> midterms and we will write exams to see those of us who will progress to JHS 1 (15 years, JHS 1, Kumasi).

Some were also not happy about the COVID protocols introduced in schools. Some schools are running the shift system, whiles others do part of the studies physically and part on-line. Coupled with this, children are not allowed to play and are supposed to leave the school premises as soon as they close. Below are a few of the sentiments expressed by the participants:

> Yes, we run a shift system in school. A section is supposed to go for two weeks in the morning then two weeks in the afternoon, and another section does same. I feel reluctant most of the times going to school. You sit alone in your chair and the desks were very much spaced which makes it boring. It affected social relationships, you can't play with friends any longer (15 years, Grade 6, Kumasi)
>
> Currently I attend school at WASS, it has affected us and we are doing the shift system— morning and afternoon and we are not able to learn well. They have allocated just one period for each subject and immediately we are done we close and we are not able to learn after school and if you don't have anybody to teach you at home then you can't get your colleagues to teach you after school (15, JHS 2, Kumasi).
>
> At first, we could go out and play in school. Now we do not go out for break. We could hold each other and play *ampe* (It's a game where the leader and another player jump up at the same time, clap and thrust one foot forward when they jump.) and do other things. We cannot do anything. Just removing your nose mask can get you lashed. They tell you not to hold each other and observe social distancing. The virus has made our friends distance themselves from one another. Most of our friends have travelled too, so you cannot even get to play. We are always in the house (15 years, JHS 1, Kumasi).

One participant lamented how she did not pass the BECE because of the closure of schools due to the pandemic. This is what the participant said:

> Because the time we stayed at home and the time that they gave us to come and write the B.E.C.E was very short
> I: Okay.
> R: And our teachers too were now teaching us Form One [year 1] syllabus, we didn't even finish with the Form One and B.E.C.E started.
> I: So how do you feel about your B.E.C.E result?
> R: It didn't go well,
> I; The result didn't go well. (JHS graduate, Accra).

Conversely, another participant intimated that the break allowed her to catch up on some topics that they had not been taught. Below is what she said:

> As for me, I can't say it has affected my schooling because even though I was supposed to write my BECE, but most of the topics that are being taught, I've not finished covering it. So when the COVID came, we had to stay in the house so I had to use that period to cover the topics (SHS 1, Accra).

Sadly, the COVID-19 pandemic adversely affected the education of some of the students. Two of the students dropped out of school because of the economic challenges brought about by the pandemic. In one instance, the father's brother who was taking care of the girl and her siblings could not continue to cater for them because he lost his job during the pandemic. Below is the interaction between the interviewer and the participant:

> I: So why are you not schooling anymore?
> R: Things have been difficult for me since my father died and my caretaker is no longer taking care of me.
> I: Why is that?
> R: Please I don't know why.
> I: Did you do something.
> R: No please.
> I: Is it the COVID that has made things difficult for your caretaker making it difficult for your needs to be catered for?
> R: That's how I see it.
> I: When there was no COVID he was taking care of you but after the COVID he couldn't take care of you anymore?
> R: Yes, please
> I: But you don't know the main reason. So if you think about it why is he not taking care of you anymore?
> R: Maybe he is not getting money like he used to
> I: And were you the only person he was taking care of?
> R: We are three people.
> I: So he was taking care of three people, but now he is not taking care of any of you?
> R: Yes, please. (15 years, dropout, Kumasi)

In another instance, the grandmother who was the adolescent's guardian could not continue to take care of her because of economic challenges. This is what ensued between the interviewer and the participant:

> I: Who was taking care of you when you were schooling?
> R: My grandmother
> I: Why did you drop-out of school now, is she no longer capable of sponsoring your schooling?
> R: She receives monies from people as gifts, that is what enables her to cater for my needs.
> I: Prior to COVID-19, is that how she was able to sponsor your education?
> R: Yes
> I: What has happened when COVID came?
> R: She hardly receives these monetary gifts from people after COVID broke
> I: Will you say you have become a school drop-out as a result of COVID?
> R: Yes
> I: Where is your grandmother, how old is she?

R: 62 years
I: So your grandmother is not working, is she strong?
R: She is not strong (17, dropout, Kumasi)

Another fallout of the pandemic is that some of the students became pregnant when schools were closed. In this study, one of the adolescent girls became pregnant when the restrictions were introduced. While one got pregnant during the lockdown, the other got pregnant just before the lockdown and wrote the B.E.C.E. whiles pregnant.

R: If not for the lockdown I wouldn't have gotten pregnant, I would be in school now.
I: When the lockdown happened were you in school?
R: Yes, I had dropped out of school but admission was being sought at another school for me
I: So when the lockdown was lifted why didn't you go back to school? Is it that at that time you were already pregnant? Did you get pregnant during the lock down?
R: Yes, please like 3 to 5 months ago.
I: So if not for the lockdown they were going to get a new school for you to attend right? So because you got pregnant it was stopped?
R: Yes, please (16 years, dropout, Accra)

It is not only the participants in this study who became pregnant during the restrictions. Some of the participants reported that some of their classmates did not return to school because they became pregnant during the pandemic.

We were all in school when the President announced there will be quarantine [the lockdown and subsequent closure of schools]. During the quarantine many of my friends have given birth. Even if you go to church they sing but there is no happiness. My church was 75 years, but we could not celebrate it. It has really disturbed us. Some of my friends have given birth (15, JHS 1, Kumasi).

None of my mates is pregnant but there is a girl in JHS 2 who got pregnant during the lockdown. She has given birth and even wrote the B.E.C.E. after giving birth. Some also got pregnant, gave birth and could not further their education (15, Grade 6, Kumasi).

I: So do you think the COVID has made you stay at home more. The girls your age now stay at home more now because of COVID and don't go to the club anymore. For you unfortunately too you have gotten pregnant.
R: Yes, but most of my age mates have given birth too
I: Did they get pregnant during the lockdown?

R: Yes, and some have given birth and some are no longer with their partners. All these girls are my friends and age mates (16, dropout, Accra)

3.3.2 Experience of partner and non-partner violence

The impact of COVID-19 on experience of partner violence in the study population suggests relatively higher prevalence of partner violence during the lockdown compared to post lockdown (easing of restrictions and within the last three months preceding the survey). As shown in Figure 12, there was a general decline in all the forms of partner violence following the lockdown with the exception of economic violence which recorded a marginal increase over the period of easing of COVID-19 restrictions in the two cities.

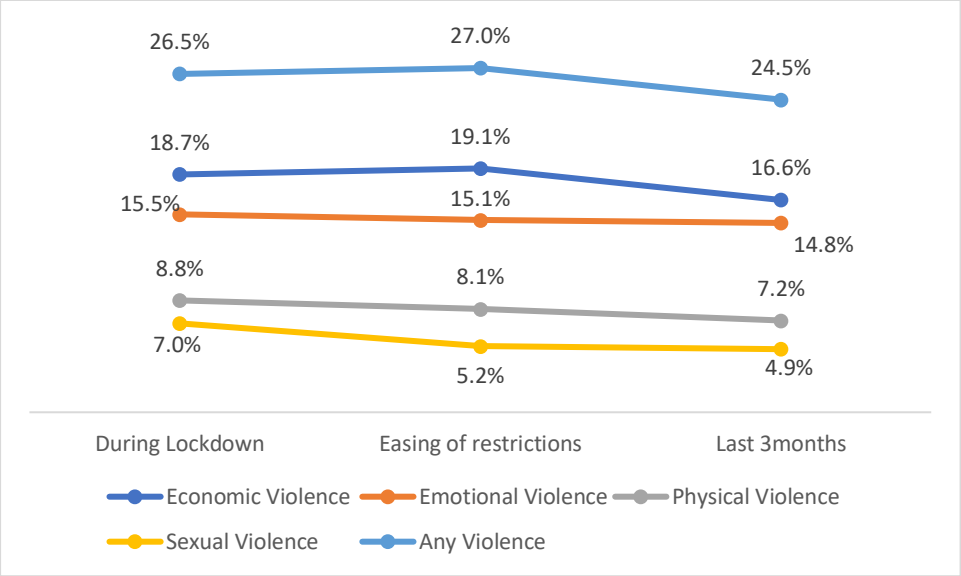


Figure 12A Trends in experience of partner violence at different time points since the COVID-19 outbreak

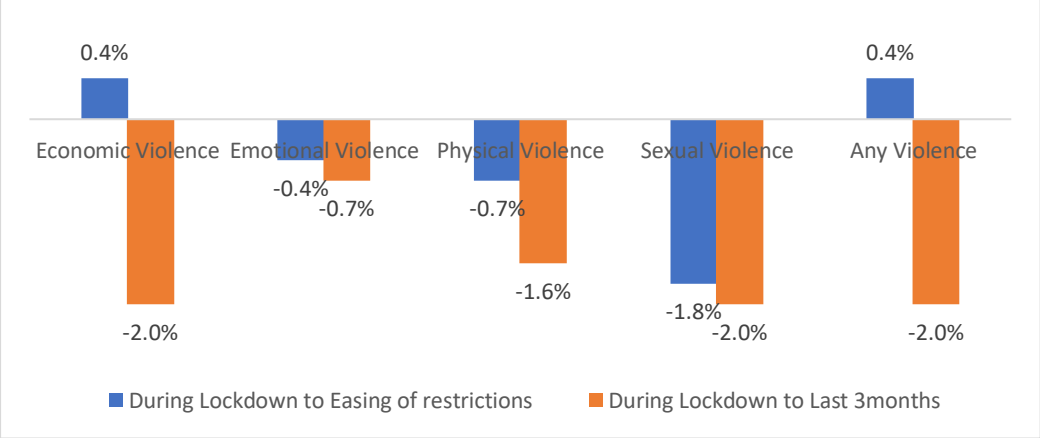


Figure 12B Percentage change in experience of partner violence post-lockdown in relation to the lockdown period

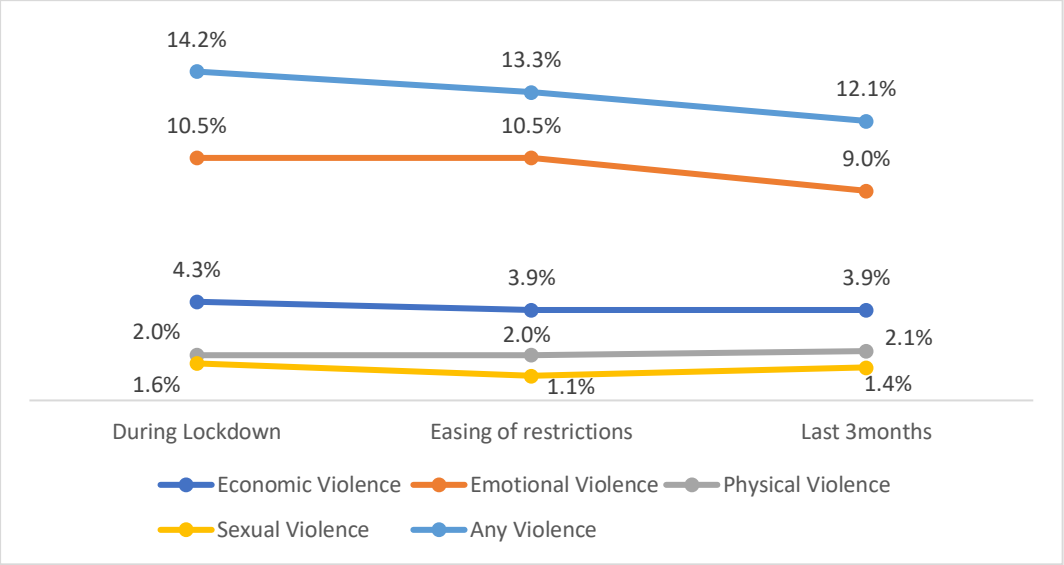


Figure 13A Trends in experience of non-partner violence at different time points since the COVID-19 outbreak

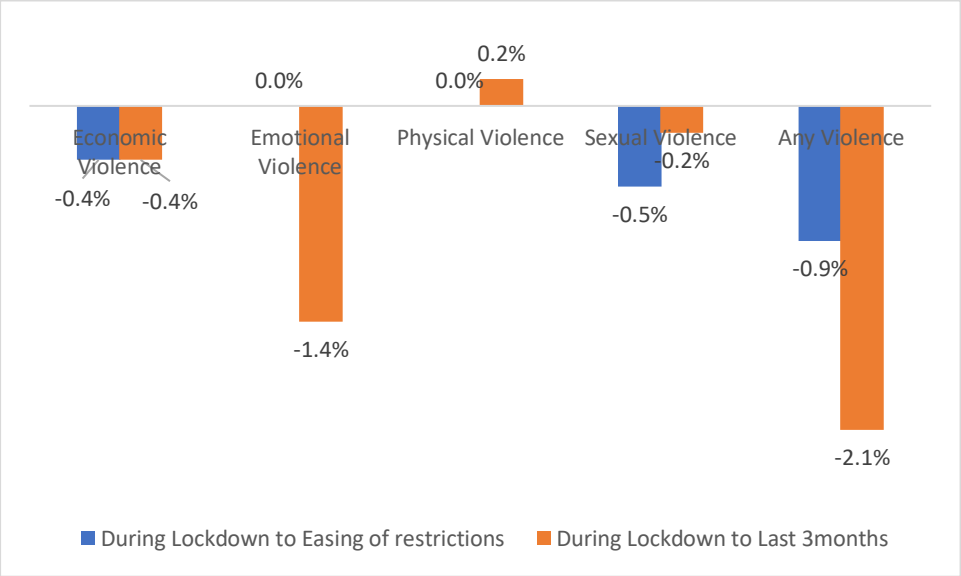


Figure 13B Percentage change in experience of non-partner violence post-lockdown in relation to the lockdown period

Findings from the qualitative inquiry provides details of some participants who had been abused. While some abuses occurred before the pandemic, others were abused during the pandemic. Below are accounts of some participants who were abused by their partners before the pandemic.

> My husband that I am with. The man I told you about had extra marital affairs with other women. When I confronted him about the issue, he abused me by beating me. To the extent that I was admitted at the hospital… When he went for the other woman …. while people engage in such acts secretly… in my case, he made it open for me to see that he has engaged in extra marital affairs. And I confronted him about the issue. That sparked the violence. I received those beatings from him… Eiiii, he physically assaulted me to the extent of being admitted to the hospital (35 years, private school teacher; was abused again during the pandemic).
>
> Yes, the misunderstanding, he went to complain to my friend, it is about sex, sister we are stressed. I come to work and by the time I get home I will be stressed. I wake up and come to work at 4:00 am, work and get home at around 10:00 pm or 11:00 and in the night that you[respondent] want to sleep he wants sex, have you heard this before? (39 years, self-employed, married).
>
> ….No, mine is beatings. He does not insult me but rather beats me. If it comes to insult, he is gentle but does very well about beating.(32 years, second-hand clothes seller).

For some of the women the abuse continued during the pandemic. A 35-year-old private school teacher who was abused before the pandemic was abused again during the pandemic. The trigger for the abuse was financial stresses. She was a teacher at a private school while the husband was a teacher at a public school. While public school teachers were paid by the government, private school teachers received nothing. She was therefore, forced to depend on the husband for the family's needs.

> Between my husband and I… Hmmm. As you may know, the emergence of the disease has brought about some financial hardship between my husband and I. Because of that, there is frequent arguments and violence between my husband and I because of pressure on his pocket. Since he provides for daily upkeep and my inability to support. This is due to pressure on his finances.
>
> (Sorry about that. You also made mention of violence that took place after the lockdown. What brought about that violence you experienced?) It was about money. It was related to money. The money he gave to me for the spring rolls business. When I started the spring rolls, people were not buying. As a result, the children ended up consuming the left over. As such, I could not account for the capital invested. I asked him for additional money. That brought about the quarrel, which resulted into violence (35 years, private school teacher, Kumasi).

Similarly, a 34 year-old who sells bags was abused by her husband pre-pandemic and during the pandemic. Below is an account of the abuse she experienced pre-pandemic.

> My husband has always been violent. He always fights me at the least opportunity. He usually comes home drunk and gets annoyed. These marks you see on my face are as a

> result from his fights. I have ever lived with a [different] violent husband who beats me. He [the current one] shakes and shoves me when I ask him to honour his responsibilities.... He beats me. He throws his fist at my face and shoves me. He slaps me and pushes me to the wall. Even if I scream, he would not stop. He leaves home to drink alcohol at the pub to continue beating me up. This happens at least once every week. Each time we fought, it was nothing but his failure to perform his responsibilities.

> Countless times. That has been the situation since we married. He often physically assaults me and have on two occasions threatened to divorce me…. He will push me to hit the wall or hit me with anything he finds in sight. He became violent after he changed his job. He got disappointed when his salary was slashed down. He becomes emotional about the least issue. Because he loved to drink alcohol, he was quick to get it and always came home drunk (34 years, sells bags and shoes, Kumasi).

The participant was further abused during the pandemic. She also experienced physical and emotional violence.

> I did. Once, after the lockdown we had a nasty encounter. He hit me till I got a cut on my knee. We needed to buy food stuff but claimed he did not have money. I insisted, and he shoved me.

The participant's violence continued after ease of restrictions:

> It remained the same story (during lockdown). Nothing changed. Anyways, it is still ongoing.... Very bad. He beat me until I cried for help. After all these maltreatments, he would forcibly have sex with me (36 years, Janitor, Kumasi).

Another woman also suffered abuse due to financial stresses:

> My husband beat me because of money issues. I was telling him that he should bring money so we start doing something with it. The argument became loud, so he beat me up, he slapped my eyes. He said I was loud that why he did that. This happened when COVID-19 came. His work wasn't going on well and the work he was getting had reduced so I told him if he gets something small, he should bring it so we can do something with it. Things were difficult for him then. We have quarrels often, but he has not beat me again after that incident.(42 years, unemployed housewife, Accra)

Experiences of non-partner violence also generally witnessed a decline in all forms of violence except for physical violence reported during the lockdown compared to recent experiences. The trend observed when considering any form of non-partner violence suggests that the lockdown period recorded the highest incidents (See Figure 14). A participant experienced violence from her relative—she was living in a house with other extended family members. She has had to live with her relatives because her husband threw her out of their home after abusing her and taking another woman.

> hmmm, it's family matters, the issues are plenty. I can't talk about all here…the landlord has built the house and we the siblings are staying in it but it's one person who is always troublesome and this has led to many of the people moving out and am the only person left. He has put off all the meter in the house and I am even sleeping in the dark, you can see rashes all over my body. Even the bathroom he has locked it, I bath outside …This started when they eased the lockdown and people started to come out (48 years, sells stink fish at Kumasi market).

Furthermore, a few of the girls experienced intimate partner violence during the lockdown. One adolescent was raped by her boyfriend. Below is how the participant recounted her experience:

> Yes, it happened once when the lockdown was on. When the lockdown happened his place became very quiet. One day he asked that I come look at something at the place the boys' hangout, I didn't know he was there alone until I got there and realized he was there alone, then he forced himself on me (16, dropout, pregnant).

Another girl was physically assaulted by her partner when she was pregnant (not from the rape) after she had observed seeing him with another woman. This is her story:

> I caught him with another woman. When I saw them, I didn't say anything and I passed by, then he called me, and I told him I see he is standing with his woman talking. He got offended and asked me why I should say it's his woman and he slapped me in front of the woman outside there (dropout, 16, pregnant).

Another girl was also assaulted by her baby's father when she went to request money for the upkeep of her child. The baby's father had denied responsibility for the pregnancy.

> My dad called and spoke to him but he didn't listen to him [refused to accept the pregnancy]. I once went to him to ask for money for the baby and he asked me why I didn't ask my mother and have come to him. I told him that I asked her but she didn't have and that it's not every day that she gets money to the house after her usual trade. I asked him money to buy diapers for the baby and he was furious and even slapped me and I left. (after slapping you, did he also beat you up?). Yes, he took a cane and beat me (17 years, mother of a 4- month old baby, Accra).

The rest of the participants reported that they did not experience any intimate partner violence during the pandemic. Rather, some experienced physical assault (spanking) from their parents.

> Yes. When they tell me to go and fetch water and I give an excuse, my mom will take anything in her hands and throw it at me and beat me. When I complain, she says I am disrespectful, and she will be lamenting all the time (15, JHS 1, Kumasi).

> When I fail to wash the dishes in time, my uncle speaks harshly to me and at times slaps me. The house chores too have increased. You sometimes do not get enough sleep and rest because of these chores at home. You have to wake up very early the next day (5am) to continue with the chores if you fail to do all of them the previous day (17, dropout, Kumasi).

Support for VAWG

Some respondents reported their experiences to the police, Domestic Violence and Victim Support Unit (DOVVSU) of police, family members and friends for counsel. In cases where partners were unmarried and cohabiting and experienced violence, the law enforcement agency (DOVVSU) were unable to take much action to assist victims of violence. A 27-year-old cleaner at Kumasi sought counsel from a friend who advised that she goes back to Kumasi where her family members were.

> When it happened, I told a friend … she advised me to go back to Kumasi…. I didn't go to DOVVSU because of my sister's experience…. I will use my sister's marriage as a case study, there was a misunderstanding between them, and the man beats her and she reported the case at the police and they asked if the man has performed the marriage rites and she said no, and the police said because of that they can't help her, and the issue become nonsense. The man was not arrested so I remembered that case and I realize mine will be the same thing.

After relocating to Kumasi, her partner followed in a bid to get her to return; and still verbally abused her and her family.

> …..he came to Kumasi when I relocated once and my mom spoke to him during the visit; someone earlier on asked me to cook for him and he came to meet it and that also sparked another quarrel and my mother told him that I am not his wife; we met and had children and that if he wants to have claims on me (as a wife) he should come and perform the marriage rites and he got angry and left. Later he called and asked why my mom said that to him and I told him my mom has all the right because she is my mother to tell him the truth. He insulted me and my mom; so I informed my sister about what my children's father said; my sister got angry and called him and insulted him very well and told him he was received well when he came to visit, and he got a place to lay his head and he was fed and so why the insults. He came around to threaten my sister and said if my sister will deliver her baby safely we will see [sister was pregnant]. My sister's husband wanted to get him arrested (27 years, Kumasi).

Other victims of VAWG reported the violence to their mothers.

> I informed my mother any time that happened. She came home to talk to my husband but it always happened again.... My mother always offered me a hearing ear when I faced challenges (26-year-old Janitor, Kumasi).

> I sought assistance from my family. Anytime, I complained, all they tell you is to "stay with your husband because of the children". Because of that, I couldn't say anything concerning the situation in which I find myself (35 years, private school teacher, Kumasi).

3.4 ECONOMIC IMPACTS OF COVID-19 ON WOMEN

In assessing the financial situation of the study participants from the period (6 months) before the lockdown through to their current state (last 3 months), majority (80.2%) of women reported their financial situation to be at least neutral/manageable prior to the COVID-19 outbreak. However, during the lockdown period their financial situation changed significantly such that 69.3% of them reported having some level of financial hardships. Auspiciously, reports on financial situation for the periods covering the easing of the restrictions and 3 months prior to the survey showed some signs of recovery. However, situations were not returned to pre-COVID-19 states, leaving more women in financial hardship. Figure 15 below shows specific proportions falling into various categories of financial situation at the different time points assessed by this study.

Additionally, women's ease or difficulty of access to an appreciable amount of GHS 50 was assessed at different time points since the COVID-19 outbreak to the time of the survey. Generally, respondents' ease of borrowing GHS 50 prior to the COVID-19 outbreak was similar to their current situations, showing some restoration of credit worthiness. However, the ease of accessing a GH 50 loan was significantly heightened during the lockdown compared to the period prior to the COVID-19 outbreak. The proportion of women indicating extreme difficulty in accessing GHS 50 during the lockdown reduced by about half. Amazingly, there was an almost doubling (from 17% to 34%) of the proportion of women indicating 'easy' during the lockdown period and a halving of women indicating extreme difficulty (from 26% to 11%) as compared to the period prior to the COVID-19 outbreak (see Figure 14).

The period covering the easing of restrictions (June to December 2020) also witnessed another drastic change in the ease of access to GHS 50 loan. The proportion of women indicating easy access was drastically reduced from about 50% during the lockdown to about 15%, a shrinking

of the neutral category (from 20% to 12%) and a massive increase in the proportion of women (from 30% to 73%) reporting some difficulty. About four in ten women indicated high difficulty in accessing a GHS 50 loan during the ease of COVID-19 restrictions as compared to about 21% during the lockdown period.

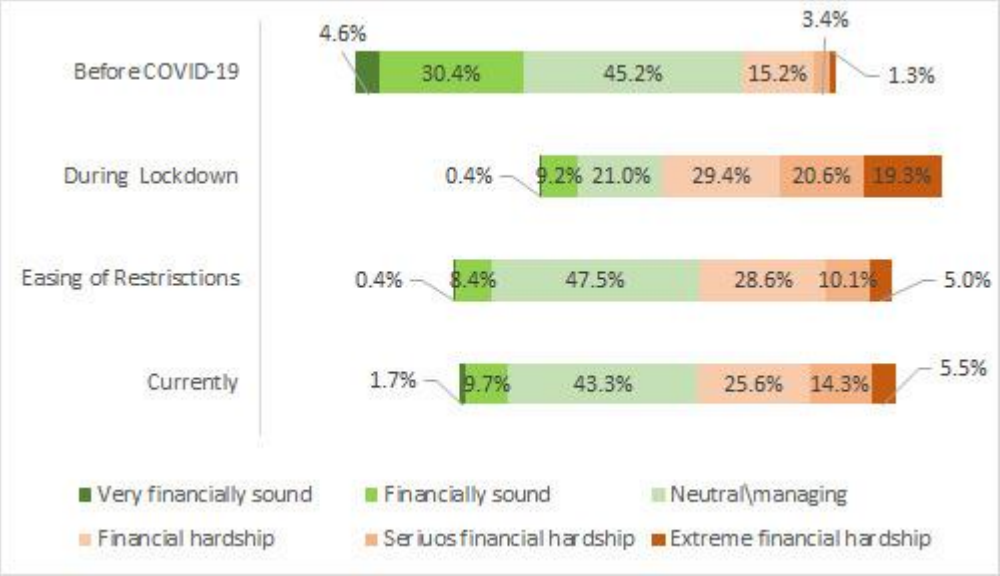


Figure 14 Financial situation of women over specified time periods of assessment

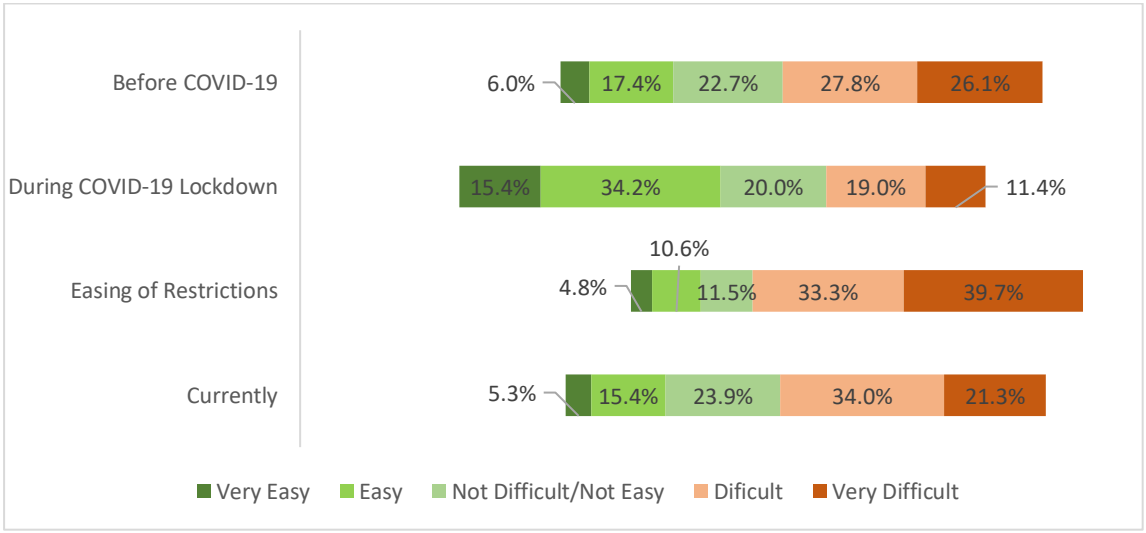


Figure 15 Ease of borrowing GHS 50 over specified time periods of assessment

3.4.2 Impact on Employment

The pandemic affected the jobs of several the participants. Some were not paid for extended periods of time. Private school teachers were hard hit because of the closing down of schools as part of the precautions against COVID. Majority of private school teachers were not paid during the 10 months that the schools were closed. Below are the experiences of two of the private school teachers.

> There are lots of negative impact. It has brought about negative hardship for those of us in the private sector. I hope you heard some of these hardships. The moment they announced the lockdown in March 16, schools were asked to close down, they did not pay us until this January [2021], until school reopened. There is no positive impact [of COVID-19]. The negative impacts are quite many. A lot of economic hardship. (32 years, private school teacher, Kumasi).

> As you may be aware, private school is not like government school. The school administration did not pay us during the lockdown because school was not in session. This made it difficult for us. (35, private school teacher, Kumasi).

Below is an extract of the interaction between an interviewer and a participant.

> I: We want to find out …. Did you receive any salary during the lockdown?
> R: They stopped paying us.
> I: Sorry about that. Auntie, when did they stop paying you? Which month did your employers stop paying you? The lockdown was in March.
> R: They stopped paying us from April.
> I: Did they give you part payment or you didn't receive anything at all?
> R: They stopped paying us totally.
> I: When did your employers start paying you?
> R: Just recently. The re-opening of the schools.
> R: Total reduction in my finances. Let me say, it is totally zero. (35, private teacher, Kumasi).

Others were also laid-off work leaving them unemployed. For instance, a 26-year-old intimated that she lost her job at the casino where she worked.

> I am a shop attendant, we are called MCA (medicine counter assistance) we support the pharmacist so in their absence, we also sell drugs to people because we have received training on what we are doing. I have not worked here for long, I used to work in a casino but because of the COVID, I was laid off and because I have already received MCA training and I have not used it, I decided to switch up and work here because I know pharmacies will not close if there is any lockdown. I was working at casino at Melcom (Chinese casino). I like working here more than the casino though the working conditions at the casino was better because we were given transportation, feeding money, medicals and salary which was around 700gh monthly but because of the smoking and drinking that goes on there, I prefer here (26, dating, Kumasi).

. Another participant who worked at a cold store was laid off by her employer. She has since not found any job and is still unemployed.

> I was working but lost my job when the lockdown was announced. My employer told me he had a lot of people working under him and as a result could no longer work with me. Ever since I have stopped working, I have not found capital to start a business of my choice (37 years, cohabiting, worked at a cold store, Kumasi).

3.4.3 Wage earners

The wage earners are casual workers who receive daily or weekly wages for their work and where the employers do not provide social security and other benefits. Some of the activities these women engage in are housecleaning, washing of clothes, and running of errands. A 33-year-old participant indicated that nobody called her to come and wash clothes during the lockdown. After the restrictions were eased some of her customers have invited her to come and wash for them but it is still not up to the pre-COVID period. Below, she describes her experience:

> I wash for people in their homes. Anywhere I am called to, I will honor the invitation…It drastically collapsed because you cannot go to the homes of your customer (clients)...So many hindrances e.g. you cannot go out to do anything (33, wage earner, Kumasi).

Another person who worked as a cleaner also lost her job.

> I worked as a house cleaner. I go on Mondays to Saturdays. I sweep, mop, wash the dishes.
> I: when did you start and for how long?
> R: 2017 to 2020 and I was asked to stop [the work].
> I: which month were you asked to stop?
> R: before the lockdown
> I: how did COVID-19 affect your work; the relationship between you and bosses?
> R: one day I was told that COVID-19 had struck and that we should go home for a while. They said they would call us back but they didn't. We were two persons working there.
> I: did you call them?
> R: no, they said they would call so I was waiting for their call. But they never called (s28 year, domestic worker, Accra).

Another woman who worked as a domestic help also lost her job.

> In March, during the lockdown, we were asked to go home and resume when the restrictions were eased. We were not called back till November when the number of cases reduced a bit. When the number of new cases began to rise, our employers did not want to get closer to us. They sprayed anything we touched with alcohol sanitizers and sometimes refused to touch the things we had already touched. We were made to sit outside from morning till evening sometimes… We were given half salary in the

> month of March during the lockdown. We did not go to work from the lockdown period until November when were called back to work. Even with that we were given half salary in November because we worked for only 15 days…. I had to leave the job because my employer's attitude towards made it seem like they were afraid of me that I could infect them with Covid-19. .(27 years, domestic help, single, Accra)

The participant quoted above is now assisting a woman who bakes whiles serving as an apprentice (she is also learning how to bake).

> No. I usually assist a lady who is into baking of cakes. But I only do that when she has an order and in the process learn the baking skill. She advised me to go for training from another lady who is also into baking of cakes at Kaneshie for two months. I informed her that due to financial difficulties I will go later. I think acquiring a basic skill is very necessary because a skill cannot be lost easily.

3.4.3 Food Situation over the COVID-19 lockdown and restrictions

Approximately a third of the respondents overall (32.7%), in Accra (35.9%) and Kumasi (32.7%) stated that they and their households were never worried about shortage of food at home during the lock-down period. About a third of the women interviewed (37.8%) indicated that neither they nor their households ever ate fewer times/reduced quantity of food because they feared food shortage. However, significantly more women in Kumasi affirmed this occurrence compared to their counterparts in Accra, Table 3.9.

Overall, about 39% of respondents indicated that their households relied on a few varieties of food because they could not afford more healthier options. A significantly higher proportion of women in Kumasi (42.8%) affirmed this occurrence compared with women in Accra (33.7%)($p<0.05$), See Table 3.9.

Close to half (46.1%) of the respondents expressed that their households never chose less healthy food options because they couldn't afford healthier options. However, significantly more women in Accra reported this occurrence compared to their counterparts in Kumasi (38.4% vs 28.1, $p=0.01$).

About 75.0% of the women interviewed declared that neither they nor other adult in their households ever went the entire day without eating because there was no or insufficient food at home. Yet, a significantly higher proportion of women in Accra reported the occurrence of this situation compared to their counterparts in Kumasi. (15.9% vs 11.6%, $p<0.01$).

Similar to situation of adults in the household, the majority of respondents (84.8%) intimated that there was never a day where a child in their household did not eat the entire day because

there was no or insufficient food at home. Again, a significantly higher proportion of women in Accra affirmed this occurrence compared with women in Kumasi (12.6% vs 5.8%, p<0.01).

Table 3.9 Household food situation during the COVID-19 lock-down in Accra and Kumasi

	Accra (n=270)	Kumasi (n =294)	Total (n=564)		
	n (%)	n (%)	n (%)	chi-square	P-value
Worried about shortage of food at home during the lock-down period				2.52	0.641
Never	97 (35.9)	96 (32.7)	193 (34.2)		
Occasional/rare	57 (21.1)	53 (18)	110 (19.5)		
Sometime(2-3days/week)	57 (21.1)	71 (24.2)	128 (22.7)		
Often (4-5 days/week)	30 (11.1)	35 (11.9)	65 (11.5)		
Everyday (>5 days/week)	29 (10.7)	39 (13.3)	68 (12.1)		
You/your household ate fewer time/ reduced quantity of food for fear of food shortage				17.60	0.001
Never	124 (45.9)	89 (30.3)	213 (37.8)		
Occasional/rare	47 (17.4)	63 (21.4)	110 (19.5)		
Sometime(2-3days/week)	58 (21.5)	75 (25.5)	133 (23.6)		
Often (4-5 days/week)	16 (5.9)	36 (12.2)	52 (9.2)		
Everyday (>5 days/week)	25 (9.3)	31 (10.5)	56 (9.9)		
You/your household relied on a few variety of food because you couldn't afford more				18.24	0.001
Never	134 (49.6)	95 (32.3)	229 (40.6)		
Occasional/rare	45 (16.7)	73 (24.8)	118 (20.9)		
Sometime(2-3days/week)	54 (20)	72 (24.5)	126 (22.3)		
Often (4-5 days/week)	14 (5.2)	23 (7.8)	37 (6.6)		
Everyday (>5 days/week)	23 (8.5)	31 (10.5)	54 (9.6)		
You/ your household chose less healthy food options because you couldn't afford healthier options				13.21	0.01
Never	145 (53.7)	115 (39.1)	260 (46.1)		
Occasional/rare	49 (18.2)	66 (22.5)	115 (20.4)		
Sometime(2-3days/week)	39 (14.4)	63 (21.4)	102 (18.1)		
Often (4-5 days/week)	16 (5.9)	26 (8.8)	42 (7.5)		
Everyday (>5 days/week)	21 (7.8)	24 (8.2)	45 (8)		
You/ any adult in your household didn't eat the whole day because there is no food/ food insufficient				13.83	0.008
Never	193 (71.5)	230 (78.2)	423 (75)		
Occasional/rare	34 (12.6)	30 (10.2)	64 (11.4)		
Sometime(2-3days/week)	26 (9.6)	19 (6.5)	45 (8)		
Often (4-5 days/week)	4 (1.5)	12 (4.1)	16 (2.8)		
Everyday (>5 days/week)	13 (4.8)	3 (1)	16 (2.8)		
Any child in your household didn't eat the whole day because there is no food/ food insufficient				18.66	0.001
Never	212 (78.5)	266 (90.5)	478 (84.8)		
Occasional/rare	24 (8.9)	11 (3.7)	35 (6.2)		
Sometime(2-3days/week)	20 (7.4)	9 (3.1)	29 (5.1)		
Often (4-5 days/week)	5 (1.9)	6 (2)	11 (2)		
Every day (>5 days/week)	9 (3.3)	2 (0.7)	11 (2)		

The findings from the qualitative supported the survey findings that some households during the lockdown were affected by the food available, frequency, variety/diversity for the household. The frequency of eating and the quantity of food eaten by mostly adults were reduced to enable the food at home last throughout the lockdown as respondents were uncertain of when the ban would be lifted. Feeding frequency and quantity of food was reduced as some household members had lost their jobs or sale of their business items had drastically reduced. The variety/diversity of food consumed was also affected by the prevailing situation. The following responses made by some respondents show the food situation during the lockdown in households both in Accra and Kumasi.

Some of the women reported that they have had to reduce the quantity of food the family needed in order to survive.

> Yes, it did because our monies were not enough and couldn't change our diets every day. Sometimes we had to manage the foodstuffs we have to last longer. After taking our breakfast in the morning, we eat fruits around 10 am before taking lunch at 1 pm in the afternoon. Then they take their supper around 5 pm in the evening and that will be their last meal for the day. As a results of COVID, although we eat quality food, the quantity has reduced (27 years, sells provisions, Kumasi).

> It has not been good [feeding] but we can take it as it is. It's not like formerly when you buy 3 cups of rice and you could cook it and after eating you will still have some left for the next day. Now you cannot buy and some will remain because you can only buy two cups. (I: Why buy two cups of rice?) It's because the money you would have gotten from selling won't be enough because people didn't buy much so you must be careful so that you don't lose because you will not get your capital to continue with your trade so you have to reduce some things (33 years, Market woman, Kumasi).

Others had to reduce the frequency they ate. Some reduced the frequency from three to two times a day.

> Yes, it has reduced. At first, we used to eat three times a day but when COVID-19 came we ate twice. We ate morning and evenings. Sometimes we buy rice and eat, at other times we cook something small in the house and eat. In all situations it wasn't like before the COVID came. We longer ate what we wanted or how we wanted to eat, we eat what we get (32 years, mother of two young children, second-hand clothes seller, Accra).

> yes, we did, we use to eat three times a day, but it reduced we stopped taking breakfast. and eat heavily in the afternoon and eat light in the evening (40 years, Distributes eggs, Accra).

> We ate twice, we took kooko (porridge) in the morning and rice with oil in the evening or banku (meal prepared from fermented corn) with pepper in the evening. .(48 years, mother of two, sells stink fish Kumasi)

> If we were to feed for three times a day, we end up eating two times a day because we were managing the things. My sister is a nursing mother and even eating once day was a problem after she feeds the child that's all you might think she has eaten but she has not. We normally encourage her to eat something small. We reduced our own for the kids the children eat thrice a day by God grace (26 years, cleaner, mother of two small children, Kumasi)

Still, other women could not provide the variety of food for their families.

> We were unable to add meat to the rice, only oil to the rice and we grind pepper and eat with it (48 years, market woman, Kumasi).

> We had to eat in lesser quantities to ensure we didn't run out of food. I could not be bothered about the quality of meals. So far as we filled our stomachs that was enough (34 years, mother of three, sells bags and shoes, Kumasi).

The lockdown also restricted movement of family breadwinners who had to come out to sell before they could buy food and other items. Therefore, they had to rely on the supply of food from some benevolent community members.

> We were not coming out frequently there were days I am supposed to sell, and others stay at home so during those staying at home period my boys and I eat all the food, so they started sharing some food in the area and we also went for such food to eat (48 years, mother of two adolescents, sells stink fish, Kumasi).

Yet still some women had to sleep on empty stomachs because there was no food for the family.

> Yes, many times during the outbreak of the disease, I had to sleep on an empty stomach on several occasions. We often times had to skip some meals in order to survive. Those were difficult times for me and my family (36years, married, janitor, Kumasi).

> I: So, did it ever get to a point where the kids had to sleep on an empty stomach?
>
> R: Yes, there was

I: Did it happen for many times or just a couple of times.

R: It happened many times and there are some friends I saw going through the same challenges that I wished I could offer assistance to but I couldn't because myself I need assistance. Things were very difficult because of the lockdown and there was no one to fall on (52 years, married, beautician, Accra).

Food shortage was not the only hardship participants experienced, they had to contend with sleeping in darkness because of their inability to pay their utility bills. Below is the story of a 32-year-old private school teacher whose husband was also a private school teacher.

> It was not easy. Staying in the house. No money coming in. Even the free electricity proclaimed by the government was not free. We had no money to buy prepaid [electricity]. We stayed in darkness from the month of May to December. Because we had no money to contribute towards the purchase of prepaid, our electrical wires were cut off from the main meter. We slept in darkness. All of us, my mother, father, my husband and myself slept in darkness. The aged (parents) did not have access to any entertaining programme on the radio or TV to deal with boredom as results of my inability to contribute towards the purchase of prepaid electricity. In addition, we had to borrow from friends before we could feed ourselves. We could not pay the debt. How could we pay since no money came in? Because of that, I could not even pick my calls. Also, attempts to charge my phone was quite difficult. People you knew rejected you. They did not give you the chance to fully charge your phone when you give your phone out to be charged for you. As such, people whom I borrowed money from accused me of intentionally switching off my phone. However, it was not intentional. It was due to my inability to fully charge my phone because of the power cut. I even get terrified anytime I hear a knock at the door. I become terrified because of my inability to service my debt. Sister, it was not easy. We have suffered (32 years, private school teacher, Kuamsi).

3.4.5 RECEIPT OF FOOD AND CASH SUPPORT DURING THE COVID-19 LOCK-DOWN PERIOD

Overall, 39% of respondents reported receiving some form of support purposefully for or during the lockdown period with no significant differences between Accra and Kumasi. Of those who received support, 27% received support from the Government/District Assemblies during the lockdown period, with just about the same proportion of women receiving support from family (54%) and non-family members (57%), Figure 16.

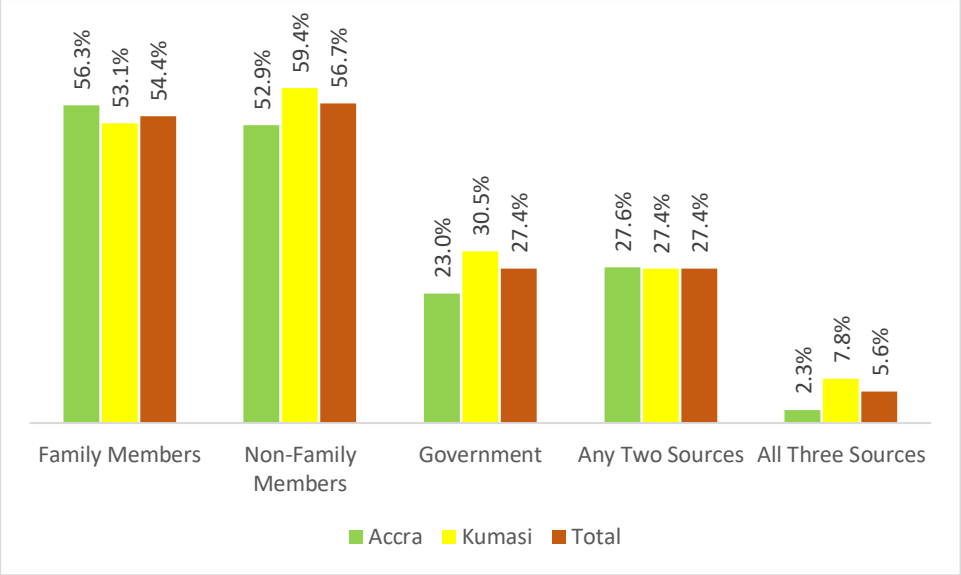


Figure 16 Sources of food/cash support received during the COVID-19 lockdown

Coping strategies/support

The women adopted various strategies to cope with the economic challenges they faced. Some had to learn new skills so they can earn some income to take care of their families. A 26-year-old who used to work at a casino survived by braiding hair.

> I worked at the casino for 3 years and I stopped working there in March 2020. I started working at the pharmacy in the middle of January [2021]. So, from March to January my only source of income was from the hair I was braiding for people. I have dated my boyfriend for 5 years and COVID had an effect on our vibe because he was also going through financial issues so it was not every day that you will get money when I go and visit. There were no quarrels because I understood him (26 years, pharmacy attendant, Kumasi).

In a similar vein, a private school teacher learned how to prepare spring rolls, which she hawks to take care of her family. Another also engaged in several economic activities in order to take care of her family. Below are their stories:

> I learnt how to prepare spring rolls. After which I sold it to the public. That was what helped my family and me. (32 years, private school teacher, Kumasi).

> I started indomie (a brand of noodle) in front of our house, in the beginning they patronized it but later the market slowed down. So, in my area a man sells herbal medicine and people move around to sell it for him, so I went to join that business also. I was selling mine at the magazine (a suburb of Kumasi). The medicine was an ointment for body pains and veins. We go for trek like for a month selling the ointments in the smaller towns, Accra, Koforidua. Later I realized the work was tedious and I was

developing a spinal cord problem and that's how I stopped, and I started work here as a cleaner (36 years, married, cleaner, Kumasi).

3.5 PSYCHOLOGICAL IMPACTS OF COVID-19

The psychological impact of COVID-19 on women was assessed using three different assessment methods: depression, impact of COVID-19 lockdown and intolerance of uncertainty brought on by the COVID-19 pandemic. Additionally, general levels of stress in performing daily activities were assessed.

3.5.1 Depression

This study found an overall mean depression score of 29.9 ± 9.7 with no significant difference between women in Accra and Kumasi (29.9± 9.7 vs 29.9± 9.8, $p>0.05$), Table 3.10. Increasing level of education was significantly associated with better mean depression scores of women, Table 3.10.

3.5.2.1 Educational level

Women with tertiary level education recorded significantly less depression compared with women who had no formal education (mean difference=7.6, $p<0.001$), primary level education (mean difference=4.3, $p<0.05$) and Junior high school level education (mean difference=3.2, $p<0.05$). The difference in depression scores between tertiary and senior high school level education was not statistically significant (mean difference=1.8, $p>0.05$). Predictably, women with no formal education had significantly higher depression scores compared with women who had junior high school (mean difference=4.4, $p<0.05$) and senior high school (mean difference=5.8, $p<0.05$) levels education. There were no significant differences in depression scores between women with primary school level versus junior nor senior high school education and between secondary versus primary nor junior high school levels.

3.5.2.2 Ethnicity and Religion

Depression scores did not differ across the different ethnic groups as well as the religious affiliations of the women ($p>0.05$).

3.5.2.3 Relationship status

Relationship status was generally not significantly associated with women's depression scores. However, the three highest mean depression scores were recorded among women who were separated (37.1±12.8), single, not dating (34.7 ±12.3) and married not living with partner (30.6

± 9.5). Women who were widowed recorded the least mean depression score (26.3 ± 6.7) in the sample.

3.5.2.4 Employment status

Mean depression scores of women varied significantly by employment status, with employed women recording less depression compared to unemployed women. Women who were self-employed or employees recorded significantly less depression compared to unemployed women (mean differences = 4.2 and 3.8 respectively, all $p<0.01$).

3.5.3 Impact of Event (COVID-19 lockdown)

Generally, the average IESR score was 24.1 ± 15.1 but it varied significantly between the women in the two cities ($p<0.001$). Participants in Accra (26.8 ± 14.3) were more negatively impacted by the institution of lockdown compared to women in Kumasi (21.6 ± 15.4).

3.5.3.1 Educational level

Generally, the impact of COVID-19 lockdown restriction was marginally associated with educational level of women ($p=0.034$). Women with Secondary level of education had less impact than JH/Middle school leavers (mean differences = 4.6, $p=0.040$). The COVID-19 lockdown restriction had the least impact on women with secondary school education (21.4 ± 14.2) while the most impacted group was women with primary school level of education (26.8± 16.3).

3.5.4 Intolerance of uncertainty

The average Intolerance of Uncertainty score was 29.1 ± 8.4 with no significant differences observed among women in Accra and Kumasi (29.1± 8.2 vs. 29.1± 8.6). Similarly, there were no significant differences in intolerance of uncertainty observed based on women's ethnicity, religion, educational level, employment nor relationship status. Table 3.10 below presents more details on mean scores for different sub-groups of women.

Table 3.10 Psychological impacts of COVID-19 on women

		Depression		**IES**		**Intolerance of Uncertainty**	
	n	**Mean ± SD**	**P-value**	**Mean ± SD**	**P-value**	**Mean ± SD**	**P-value**
Overall	564	29.9 ± 9.7		24.1 ± 15.1		29.1 ± 8.4	
City			0.993		<0.001		0.951
Accra	270	29.9 ± 9.6		26.8 ± 14.3		29.1 ± 8.2	
Kumasi	294	29.9 ± 9.8		21.6 ± 15.4		29.1 ± 8.6	
Educational Level			<0.001		0.034		0.058
None	44	34.8 ± 9.7		23.9 ± 13.5		28.7 ± 7.7	

Primary	51	31.5 ± 9.7		26.8 ± 16.3		28.9 ± 9.6	
JHS/Middle school	212	30.4 ± 9.8		26 ± 15.7		30.3 ± 8.7	
Secondary	152	29 ± 9.8		21.4 ± 14.2		27.7 ± 7.7	
Tertiary	105	27.2 ± 8.6		23.1 ± 14.8		29 ± 8.2	
Ethnicity			0.348		0.538		0.232
Akan	356	29.3 ± 9.7		23.7 ± 15.7		29.6 ± 8.8	
Ga/Dangme	76	30.8 ± 10.5		26.3 ± 15.6		28.6 ± 8.8	
Ewe	43	30.9 ± 10.5		24.7 ± 11.3		27.2 ± 6.5	
Mole/Dagbani	89	30.9 ± 8.5		23.4 ± 13.8		28.5 ± 7.3	
Religion			0.051		0.752		0.330
Christian	498	29.6 ± 9.7		24 ± 15.3		29.2 ± 8.7	
Non-Christians	66	32.1 ± 9.5		24.7 ± 13.5		28.2 ± 6.3	
Current relationship status			0.011		0.439		0.913
Married, Living Together	218	29.6 ± 9.1		24.6 ± 15.5		29 ± 8.6	
Married, Not Living Together	48	30.6 ± 9.5		23.5 ± 13.7		29.1 ± 9.4	
Single, Not Dating	36	34.7 ± 12.3		22.1 ± 16.5		27.3 ± 7.1	
Single Dating	62	30.8 ± 10.2		28.1 ± 15.2		29.6 ± 7.7	
Divorced	14	29.3 ± 8		25.5 ± 17.9		30 ± 9	
Separated	14	37.1 ± 12.8		29.1 ± 17.2		30.7 ± 8.9	
Cohabiting	39	29.7 ± 9.3		25.9 ± 13.6		29.1 ± 8	
Widowed	14	26.3 ± 6.7		20.3 ± 8.4		29.4 ± 8	
Currently working			0.009		0.409		0.847
No	61	33.4 ± 10.5		26.5 ± 16.3		29.1 ± 8.5	
Yes, self-employed	321	29.6 ± 9.4		23.8 ± 15		29.3 ± 8.5	
Yes, employed by another	182	29.2 ± 9.8		23.8 ± 14.9		28.8 ± 8.3	

In the qualitative analysis some participants experienced psychological distress due to their inability to go out.

> In terms of being in the house with the children, not going anywhere, only interacting with them, sometimes can be very stressful. At least, if you're able to go out and meet someone, that one will reduce the stress but you can't go anywhere. So, I was afraid on that part. But other than that, it was okay. (21 years, mother of two children, private school teacher, Accra).

Others were anxious about the financial difficulties they encountered. A woman who works as a domestic help was anxious because being the sole breadwinner for her and her mother, she does not know what the future held.

> Yes. I get stressed out. I was not happy about the way I was treated by my employers. I felt less of a human. I felt like I had Covid-19 and was going to infect them with it… I sometimes get nervous when I think I may not to be able to afford something

> worth one (1) Ghana cedi. And there is no help coming from anywhere. How will I survive? (27 years, domestic help, Accra).

> I did. I have ended up on drugs to stabilize my blood pressure. Every situation was frightening. The children got fed up living at home. My husband ended up abusing alcohol to cover up his worries. Each time he came home drunk, we fought. He is very violent (36 years, janitor, Kumasi)

> Yes, I think so much! I cry and sometimes when I sit, I quietly cry within me. Sometimes when someone approaches me, they ask what is wrong because the sound of my voice is different. Then I tell the person it is nothing. But, those times, things were difficult for me and I had nothing to take care of the two children I had. Their issues bothered me and it made me sit and think a lot. It was all about money issues. I was overthinking, but after thinking for a while then let go so, I can be fine for a while (42 years, unemployed housewife, Accra).

For the adolescents, some witnessed the psychological distress their parents went through.

> My mom is the one who went through all the stress, my mom is a single parent, and my sisters were also asked to stay in the house. My mom was stressing because sales was not good, and she needs to take care of the family. My sister used to work at Shell [fuel attendant] but she stopped and is now selling drinks. My mom sells drinks, water, hand kerchiefs, nose masks, and roasted groundnuts (15 years, JHS 2, Kumasi).

3.6 IMPACT OF COVID-19 ON FEMALE-OWNED BUSINESSES

3.6.1 State of Businesses and operations

This study assessed the impact of COVID-19 on 297 female-owned businesses located in the Greater Accra and Kumasi areas. The majority (96%) were sole proprietorship with very few (10 in 289) being partnership and two businesses (both in Kumasi) being limited liability companies. Almost all the partnerships were 50% or more owned by women. The majority (47.8%) of businesses were engaged in the retail trade.

Table 3.11 Description of female-owned businesses in Accra and Kumasi

	Accra (n=145)	**Kumasi (n=152)**	**Total (n=297)**	**P - value**
	n (%)	**n (%)**	**n (%)**	
Type of legal organization				0.22
Sole proprietor	142 (97.9)	143 (94.1)	285 (96)	
Partnership	3 (2.1)	7 (4.6)	10 (3.4)	
Limited liability	0 (0)	2 (1.3)	2 (0.7)	
business owned by 50 percent or more by women				0.455
No	1 (33.3)	1 (11.1)	2 (16.7)	
Yes	2 (66.7)	8 (88.9)	10 (83.3)	
Business sector/industry				0.343
Manufacture of food products	3 (2.1)	4 (2.6)	7 (2.4)	
Manufacture of wearing apparel	10 (6.9)	13 (8.6)	23 (7.7)	
Wholesale and retail	13 (9)	12 (7.9)	25 (8.4)	
Wholesale trade	6 (4.1)	11 (7.2)	17 (5.7)	
Retail trade	66 (45.5)	76 (50)	142 (47.8)	
Accommodation	2 (1.4)	5 (3.3)	7 (2.4)	
Food and beverage services	20 (13.8)	12 (7.9)	32 (10.8)	
Financial service activities	4 (2.8)	4 (2.6)	8 (2.7)	
Other professional, services	3 (2.1)	4 (2.6)	7 (2.4)	
Other personal services	13 (9)	4 (2.6)	17 (5.7)	
Other (specify):	5 (3.5)	7 (4.6)	12 (4)	
Operational status of establishment				
Before lockdown				0.147
Open	90 (93.8)	110 (98.2)	200 (96.2)	
Closed	6 (6.3)	2 (1.8)	8 (3.9)	
During Lockdown				0.446
Open	22 (22.9)	23 (20.5)	45 (21.6)	
Closed not due to lockdown	9 (9.4)	6 (5.4)	15 (7.2)	
Closed due to lockdown	65 (67.7)	83 (74.1)	148 (71.2)	
After Lockdown				0.184
Open	92 (95.8)	111 (99.1)	203 (97.6)	
Closed	4 (4.2)	1 (0.9)	5 (2.4)	
Currently				1
Open	90 (93.8)	105 (93.8)	195 (93.8)	
Closed	6 (6.3)	7 (6.3)	13 (6.3)	

n: Frequency, %: Column Percentage

Prior to the imposition of the lockdown, almost all businesses (96%) were opened for operations with slightly more open in Kumasi (98.2) compared to Accra (93.8%). During the

lockdown period, about one in five businesses were opened, about 71.2% were closed due to government-imposed restrictions and about 7.2% were closed but not due to imposition on operations. The period following the complete easing of restrictions witnessed an increase in the proportion of businesses opened slightly above the proportions operating prior to the COVID-19 lockdown (97.6% vs 96.2%). However, the proportion of businesses still opened at the time of the survey was less than initial proportions opened prior to the lockdown, and the period over which restrictions were eased. This reduction in the proportion of businesses in operation between easing of restriction and the time of the survey was higher in Kumasi (from 99.1% to 93.8%) compared to Accra (from 95.8% to 93.8%).

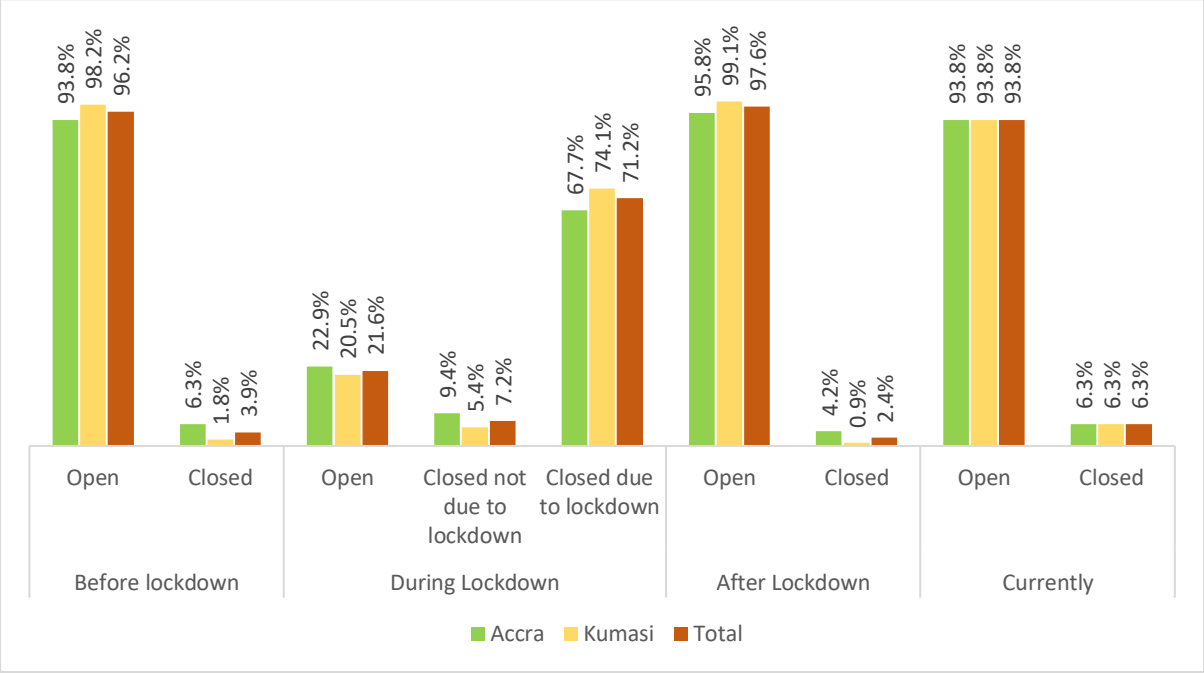


Figure 16 Business operations at different time points with reasons

3.6.2 Demand for goods and services

Figure 16 shows the trend of demand for the goods and services offered by businesses owned by respondents in this study from the period prior to the lockdown through to the last 3 months preceding the survey. Prior to the lockdown, demand for their goods and services was reported to be generally very high (83%). However, during the lockdown the demand drastically reduced with 75% of the women reporting low and very low demand for their goods and services. The period after the lockdown witnessed an increase in demand for goods and services closer to the average level as low and very low demand drop to 53%. In the 3 months preceding the survey, the demand for the goods and services improved up to the average level as majority (57%) of

the women indicated at average to very high demand, while 43% of them still reported low to very low demand for their goods and services. It is noteworthy that the improvements recorded with the easing of restrictions still did not translate into a restoration of demand in goods and services to levels prior to the lockdown. For instance, the existing proportion of respondents with low demand increased by about 96% during lockdown but the improvement that was recorded still signified a 95% increase in reports of low demand compared to pre-COVID-19 times. At the time of the survey, the proportion reporting low/very low demands was still about 93% above the pre-COVID-19 period.

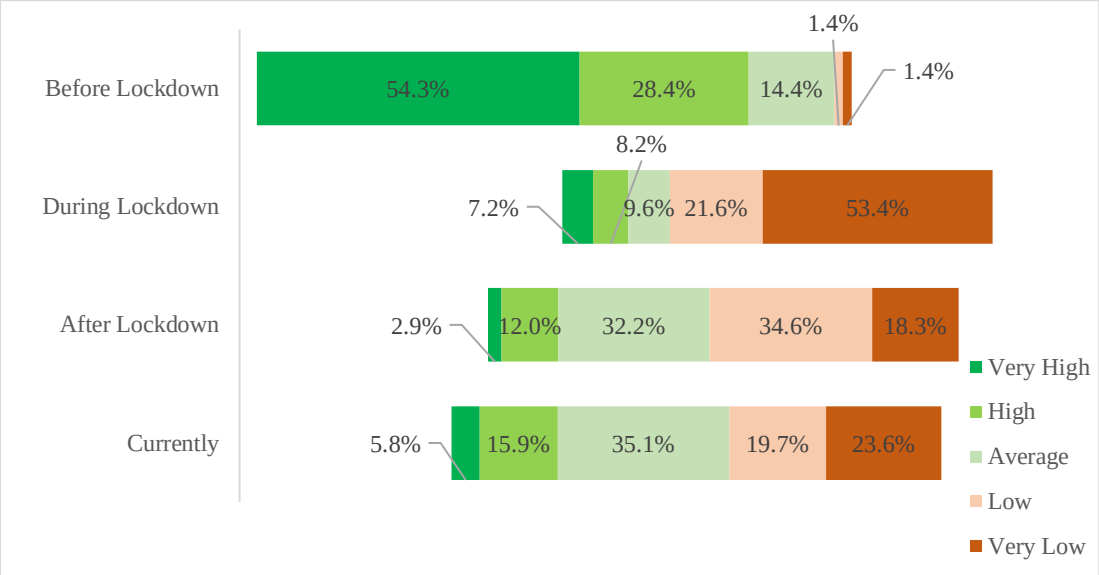


Figure 17 Demand for goods and services at specified time periods

Findings from the in-depth interviews give a nuanced view of the impact of COVID-19 on female owned businesses.

Impact on market women

The impact of COVID-19 on market women were mixed. While some of the women who sell foodstuffs were negatively impacted by the pandemic, some were not negatively affected. A woman who sells stink fish (*momoni*) at Kumasi indicated that she was able to sell all her wares when the lockdown was instituted.

> Immediately we stopped going to sell [when lockdown was instituted] and feared the police will arrest us and later we were told those selling foodstuffs were not part. So, I started selling until all the fermented fish got finished and I stopped going to sell and stayed at home until the ban was lifted (48 years, market woman, Kumasi).

Another woman who sells peppers indicated that though sales was down, she still had the opportunity to sell her wares during the lockdown and even made profit from the rush to buy food.

> Before the lockdown we were told here in the market that they were going to fumigate here and so we were asked not to come to the market and I had some things there so the following day when I came I heard there was a lockdown and because of that people came to the market and were rushing for our things...we were even short of things to sell and some came but couldn't get some to buy from me…for traders, especially those who sell food stuffs… I think we made profit out of it. If only we will be truthful to ourselves we made money that time...Not really because for us traders we always have an opportunity to sell every day and during [lockdown] that time people came to buy from us so it didn't affect us as such (31 years, market woman, Kumasi).

On the other hand, a woman who sells fruits indicated that her business was affected during the lockdown.

> It has affected my business because formerly I used to make profit when I trade but now, I hardly get any profits from trading. [before the pandemic] I closed work by 3pm because people had bought on time and I could make time to go and take care of my home but now since the coming of Covid-19 people don't buy that much anymore and people are not able to issue out money for upkeep like we used to so we rather use the little we get to cook for the whole household and so because of this it takes longer to sell enough before I go home (33 years, sells fruits, Kumasi).

3.5.2 Impact on other businesses

Several female owned businesses were affected by the pandemic. Some women saw their businesses go down.

> Previously, I used to have guests from overseas, as well as people who are coming for funerals and don't want to stay in their family house. They come and stay here, one week, 2 weeks before they go back, you see? Now because of this, nobody can come here. Already the people coming were not much and this has made business slow. And the little we get are a few people who are attending funerals. I think very close family are the people who stay on Friday, Saturday and they leave on Sunday. So, the patronage has been less because there are no weddings ongoing. Sometimes people have their marriage ceremonies in our yard but now they don't and even if you request, I'll say no. Only a few people come and so by the end of the month, you don't have enough money to pay your staff and do a whole lot of things. Let me tell you, for my staff, when it happened last year in the month of March, I told one of my newly recruited staff to stay home and I'll pay her 2 months' salary (phone rings), but she didn't go. She's still here and I'm taking care of her. So, you see, it has made the business very slow, business has been very slow. The whole of last year, business was not in good standing. For November, December, it began to pick up a bit when they opened the airport and other things. Then in January we heard there's been a rise in the cases again, since then, there's no patronage from Monday to Thursday. It's Fridays that there's patronage, Friday and Saturday that we get patronage, and they leave on Sunday. We'll be around cleaning the rooms and mopping there hoping that people will come. It's just may be one person coming from Kumasi or elsewhere coming for a reason who will stay for one night. So, it has brought financial hardship (72 years, guest house, Accra)

Others also run losses. A woman who owned a provisions' shop recounted how some of the goods expired during the lockdown.

> I feel sad and pained because at first, we could do anything we wanted to do. But, because of the disease we can't do all those things. Also, we the businesspeople, it has made us run losses. Especially for those who sell drinks, most of our products expired and we had to get rid of them. Our capital was gone, and it rendered us bankrupt... Because of the lockdown and the ban on social gatherings and events, all my drinks in stock got expired and because I took a loan facility, it brought a lot of pressure on me and I'm still managing (27 years, sells provisions).

Another woman who distributes eggs ran into debt when all the eggs she had received from suppliers got rotten.

> I have not seen it before and before the corona my business was booming, I used to get 500 crates of eggs from Ajumako [in the Central region of Ghana] and the rest. When I got the eggs and we had the lock down, I didn't know how to sell the eggs and most got rotten. I usually supply to those who do indomie and prepare tea to sell but I could not supply them because of the lockdown and the eggs got spoilt.
>
> I have debt to pay. I have told the main supplier from the poultry farm and he also understands because since the inception of my business nothing like that has happened. I have not been able to raise the money to go and pay but he has stopped giving me eggs. I now take eggs from a different farm. It's not because my old farmer does not want to give me, but I don't want the debt to increase. I now take only 50 or 70 crates of eggs but before then, I used to take 500 crates of eggs (40 years distributes eggs, Accra).

> People can't come to town that is number one, and there were no sales during the lockdown, and since the lockdown was lifted sales has been slow. It affected it [business]. You know pomade are things for daily use, so if you close your shop for, we spent like three weeks or…Three weeks one month by the time you come back, it might not have expired, but it would have been bought long time if you were coming to work, and they also have expiring date (49 years, cosmetics seller, Accra).

Another participant who sells hand bags recounted how her goods were destroyed because of the lockdown and the pandemic in general.

> My shop was full. I had just restocked. It was an unbearable situation because I work with bank loans. The interest was accruing. The heat in the store destroyed my goods. I lost a lot of money during the lockdown period (34 years, sells bags and shoes, Kumasi)

The seamstresses were not left out of the impact of COVID on their businesses.

> I am a seamstress, so I sew. And you know that in this Muslim dominated community your services are needed more when there are naming ceremonies and marriage ceremonies. even though we have a lot of seamstresses we all get our share of the work. Now because there is a ban on social gatherings, these ceremonies were also banned and nobody is sewing. Before the lockdown I went to buy lining and sewing accessories to help me with the sewing business but we were locked down three days 4after the purchase. So, it has locked my funds (38 years, Seamstress, Accra).

Most of the businesswomen did not have employees and so did not have to let go of employees. A few had employees and either let them go or keep them. The participant who operated a guest house had four workers who were staying with her in her house (a portion was the guest house). She took personal responsibility of them and did not allow them to leave. Another one who sewed and had three workers let them go because she could not pay them any longer. Instead, she took in apprentices to make up for the shortfall in workers.

4.6.3 Business mitigating actions

3.6.3.1 Use of mobile technology and Internet for Business

Prior to the COVID-19 Outbreak, as well as at the time of the survey, women predominantly (> 40.0%) used mobile money for Personal use only in both cities. The proportion of women reporting moderate or usual use for their business activities in Accra was more than those in Kumasi (30% vs 20%) prior to the COVID-19 outbreak. Conversely, the proportion of women who have never used mobile money in Kumasi were about one and half times more than those in Accra prior to the outbreak. However, at the time of the survey the proportion who had never used mobile money within the last three months increased slightly (from 11% to 13%) and the usual use for business decreased slightly among women in Accra (from 21% to 19%).

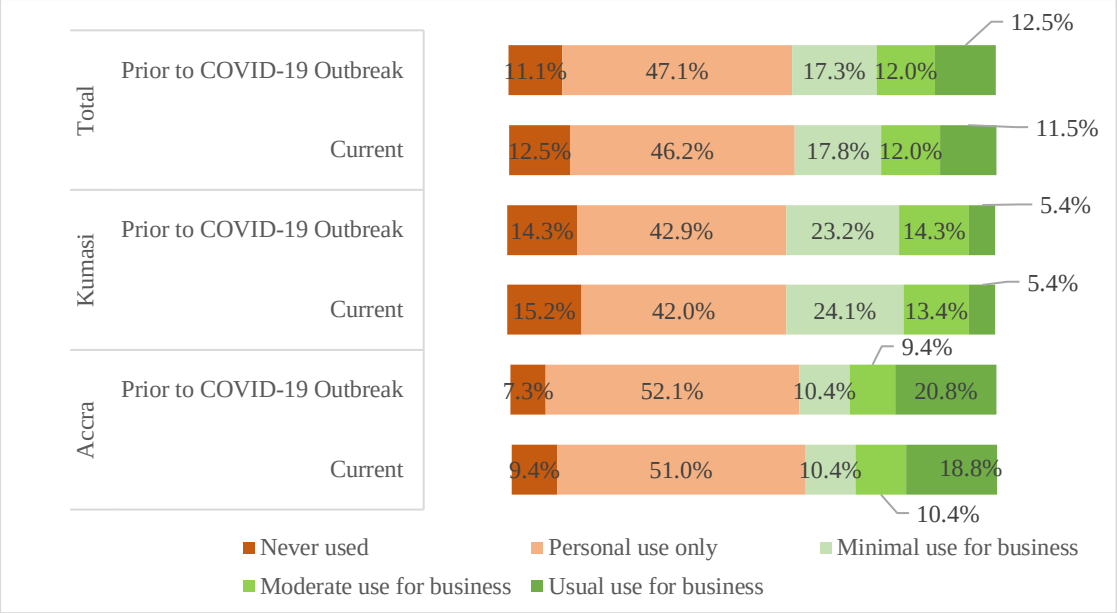


Figure 18 Mobile Money usage by female business owners

Among the women who used mobile money in their businesses, the majority (53%) of them reported that its use did not have any impact on their sales while about 44% reported that it actually increased their sales. The proportion of women in Accra who indicated that the use of mobile money had increased their sales was about twice as much as those in Kumasi. The difference in the use of mobile money by women in the two cities was statistically significant (p-value =0.023).

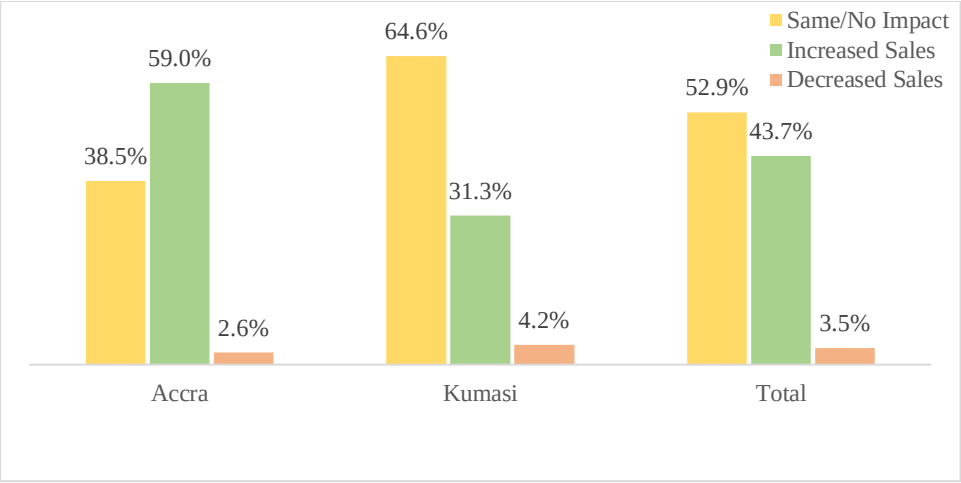


Figure 19 Impact of mobile money use on sales (n=87)

The reasons behind the non-use of mobile money in the transaction of business among those who are currently not using it included disinterest (46.3%), lack of awareness (30.6%) and fear of fraudsters (12.4%) and transaction costs (10.7%). Significantly more women in Kumasi were not using mobile money for business because they were unaware of it compared to their counterparts in Accra (54.7% vs 3.5%). Also, the majority (70.2%) of women in Accra were just not interested in the use of mobile money for their business transactions compared to a quarter of the women in Kumasi.

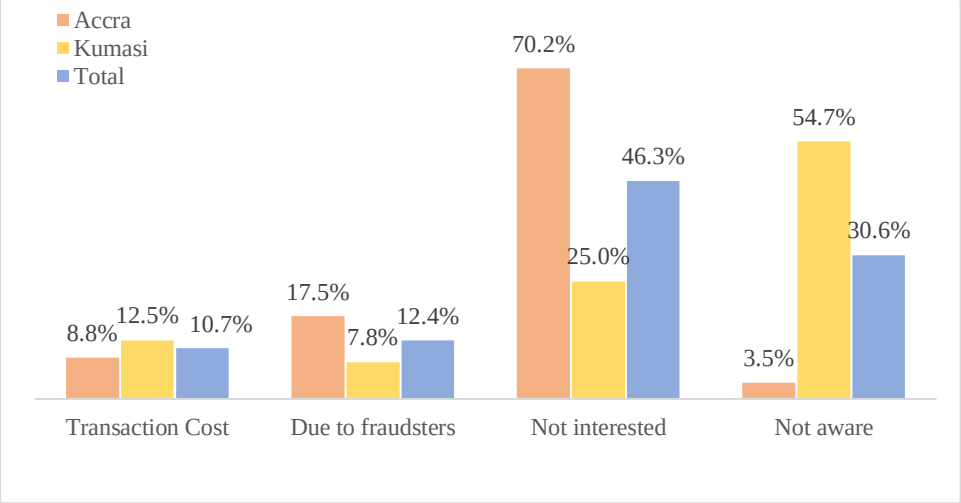


Figure 20 Reasons for not using mobile money for business by region (n=121)

Further analysis of the reasons for non-use of mobile money showed variation by educational status of respondents. Lack of awareness was a key reason for lack of usage of mobile money for business among the uneducated women surveyed (44.4%), with a little over a third (33.3%) attributing it to fear of fraudsters. Women with Primary, Junior High, and Senior High school education reported a lack of interest as the primary reason for not using mobile money for their businesses. However exactly 40% of the Tertiary educated women surveyed intimated transaction costs as their central reason for not using mobile money for business, with 40% and 20% citing a lack of interest and awareness as their reasons respectively. Figure 21 provides more details on distribution of reasons for non-use of mobile money across the different educational levels of respondents.

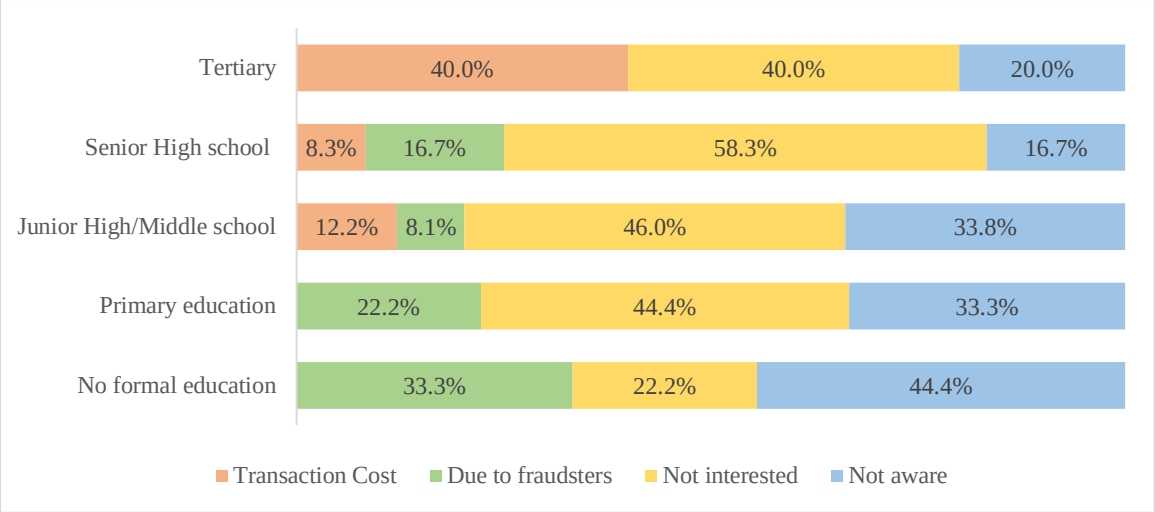


Figure 21 Reasons for not using mobile money for business by educational status (n=121)

3.6.3.2 Use of Internet and digital platforms

Internet/Online Social Media/ Digital Platforms were generally not been used by most women interviewed (89%), with only one in every twenty women indicating an increase in usage and 7% claiming to have just started using them. None of the primary level educated women interviewed, had used the Internet/Online Social Media/ Digital Platform by the time of the survey. The proportion of respondents who used mobile Internet/Online Social Media/ Digital Platform increased with increase in educational level, Figure 22).

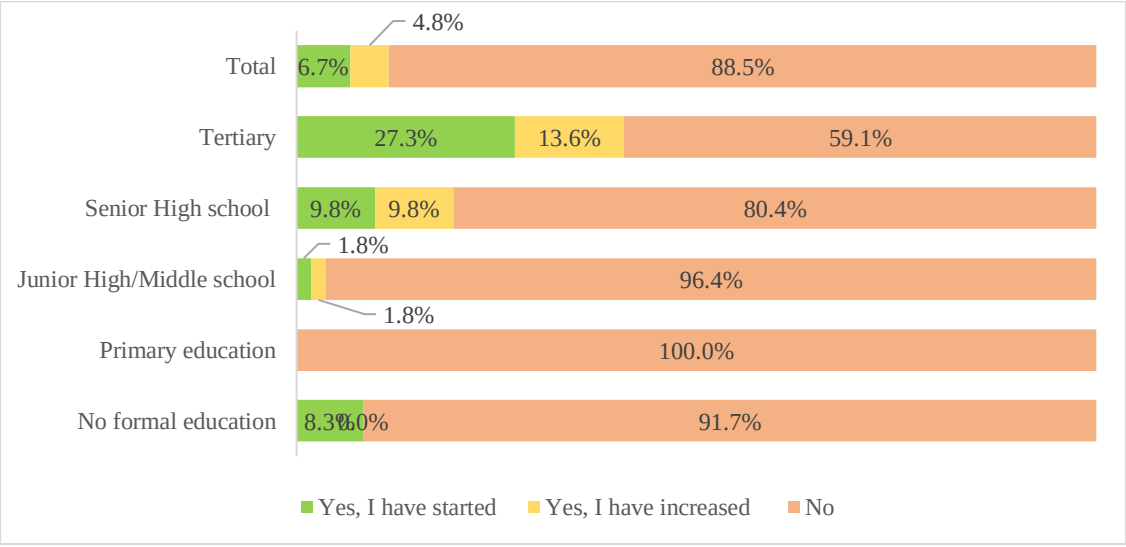


Figure 22 Internet/Online Social Media/ Digital Platform use by Educational Status(n=208)

The participants interviewed described the innovative ways they have embarked upon to improve their businesses.

> A lot. I now do deliveries to my customers' doorstep. I have also hanged some of the bags in front of my house to attract prospective buyers and boost sales (34, sells hand bags, Kumasi).

Was already using mobile money before COVID. Have not introduced any new innovation.

> I was using mobile money even before COVID because most people like to pay through Mobile Money for the fear of being targeted by thieves when they have physical cash on them (27, provisions, Kumasi).

3.6.4 Expected Business Policies

Business owners were asked to indicate the policies they felt will help sustain their business or aid business recovery. Policies desired for in decreasing order of mention are loans with subsidized interest rate (53%), cash transfer (25%), tax deferral (11%), wage subsidies (2%), fiscal exemptions (2%), deferral of mortgage/rent/utilities (2%), access to new credit (1%), training or advisory services (0.5%) and formalization of business (0.5%). More women in Kumasi compared to Accra proposed tax deferral (19% vs 2%). Figure 23 presents the three most desired business policies proposed by the women.

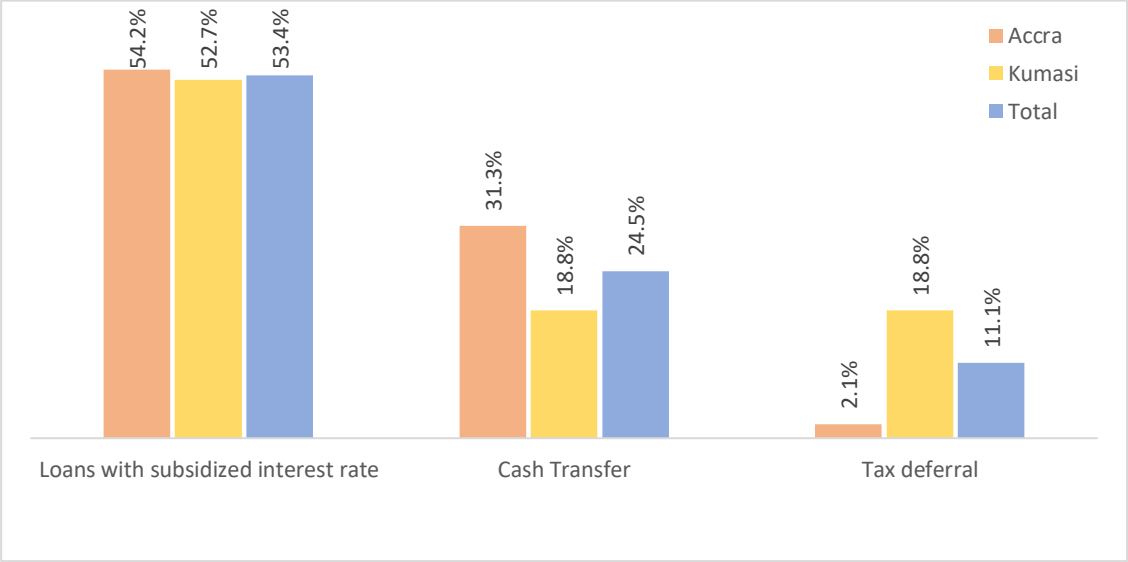


Figure 23 Most needed policies to supported business over the COVID-A9 crisis (n=208)

3.6.5 Access to National or Local Government Support (CAP)

Generally, at the time of the survey the proportion of women who had received some form of national or local government support (CAP) in response to the crisis was 6.3%. The two commonest forms of support received were Loans with subsidized interest rates (46.2%) and cash transfers (30.8%). Figure 24 below shows the type of support received.

Only a few of the participants indicated that they received some of the government funds for small businesses. A seamstress intimated that she received some of the funds but it was not enough to recapitalise her.

> Yes, I did. I also applied for the COVID fund, we applied for it but did not get it the first time. Some[people] got and others did not. When those who did not get went back to report, they[fund managers] said they were sorry, so we should reapply. This time, it [funds] came but we did not get the money requested for. Those who got the first time got the amount they wanted. Look at the nature of my work and the machines I use, and if you give me 2,000gh what can I do with that money? I felt it's just a compensation for not giving us the initial funds. With the nature of my work, I can't do anything with the money. For someone, 100gh will be enough for the person as a capital to start work but with mine, I can't do anything with 2000gh…. I bought sewing accessories with it. Now the bundle of the white [fabric] lining is going for 75gh and with the zip you have to get varieties, thread, tape measure; after buying all these and they calculate [the cost] for you, you would be shocked. When I saw the money alert on my phone, I was disappointed, but, I will take it like that; half a loaf is better than none (38, seamstress, Accra).

Another seamstress from Accra also indicated that she received the government support but decided to use it for something different other than what the money was intended to be used for.

> Yes, I have. When I heard of the loan, I wrote my name [applied for it] and I had some which has really helped me. I had to undertake a surgery which I had no hope of where to get the money. I had 3,000 cedis and used it for my surgery. That has helped me to gain strength to work to expand my business (34 years, seamstress).

Another woman had to go in for a loan to recapitalise her business. She took a loan from her bank and asked her friend to also take a loan from her bank to be given to her. So she pays her own loan and also that of the friend.

> I went to borrow at the bank, I save at Yaa Asantewaa and my friend also saves at Asafo and when she goes to take a loan in her name from her bank she gives me some to put

> in the business as a capital. ….. I took 500gh from my friend's bank and from my own I took 1000gh all making 1500gh (48 years, sells stink fish '*momoni*').

However, among those who did not receive any form of support, the commonest reasons were due that fact that they had applied but are yet to receive any support (33.2%). Others (21.9%) too reported not applying because they did not expect to be given and 21.9% of them were also just not aware of the existence of such supports.

The findings from the in-depth interviews give a further explanation on why some of the women did not receive any support from the government. A 49-year-old woman selling cosmetics indicated that she applied for the government loan but did not get any. She was not happy that she did not receive help after she had tried several times.

> With the money issue we were angry, and we are many. none of all the young ladies here had access. Most of those who applied too have not gotten theirs. Some of them got it, so we know it's not a lie (49 years, cosmetics seller).
>
> None yet. We were made to register for Government's relief packages. Unfortunately, after paying monies to some individuals our efforts proved futile (34, self-employed, sells bags, Kumasi).

Another businesswoman who did not receive any help from the government claimed that she did not even hear about the scheme.

> No support…A colleague of yours made mention of it but I had no idea until now…If the government was giving any loan from that source, then I think it would be in our own best interest. But, I had no idea of any stimulus package (27 years, provisions shop, Kumasi).

On the other hand, there are some women who heard about the government's bail-out scheme but decided not to apply for it because they did not need it.

> Yes, government was giving out loans but I was not interested and I was not hard up so I didn't bother. I was not interested in the sense that like I told you earlier, I want to quit doing the job so if I go for the money and the next day I'm not working, I'll have to go and pay. After 2 years or so we'll have to go and pay. I'm the kind of person who does not like borrowing; I try to use my own resources to do things. So I didn't go for it and I'm glad I didn't bother because it wasn't everyone who got it. A lot of hoteliers on our platform were saying they didn't get it (72 years, guest house operator).

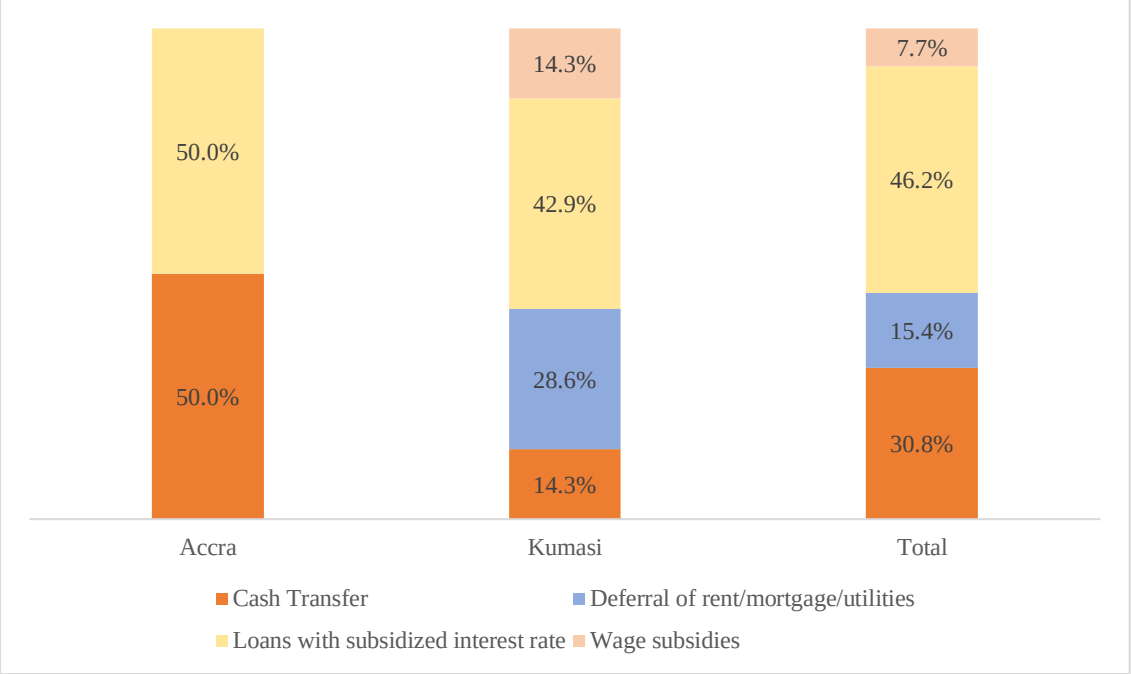


Figure 24 Type of National or Local Government support received in response to COVID-19 (n=13)

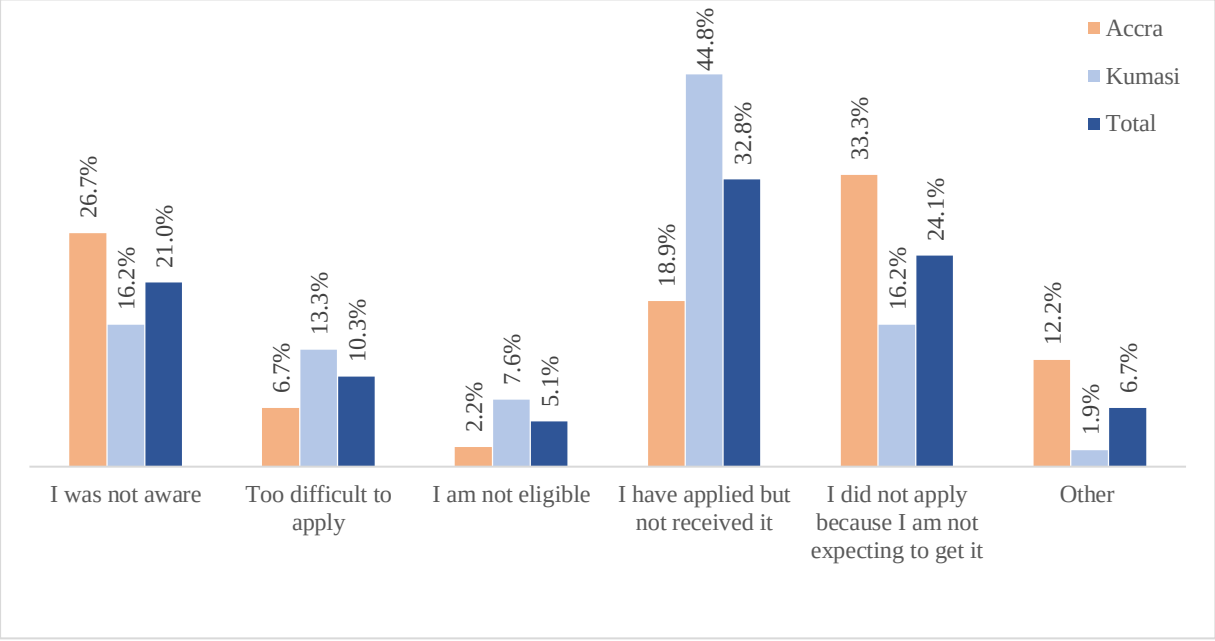


Figure 25 Reasons for not receiving any national or local government support issued in response to the crisis (n=195)

3.6.6 Business outlook following COVID-19

Generally, most women (82.7%) in Kumasi (77.7%) and Accra (88.5%) were optimistic and expected an increase in monthly average sales in the next 3 months (April-June 2021), with

very few overall expecting a decrease. More women in Kumasi were uncertain about the change in monthly average sales in the next 3 months compared to those in Accra (See Figure Y).

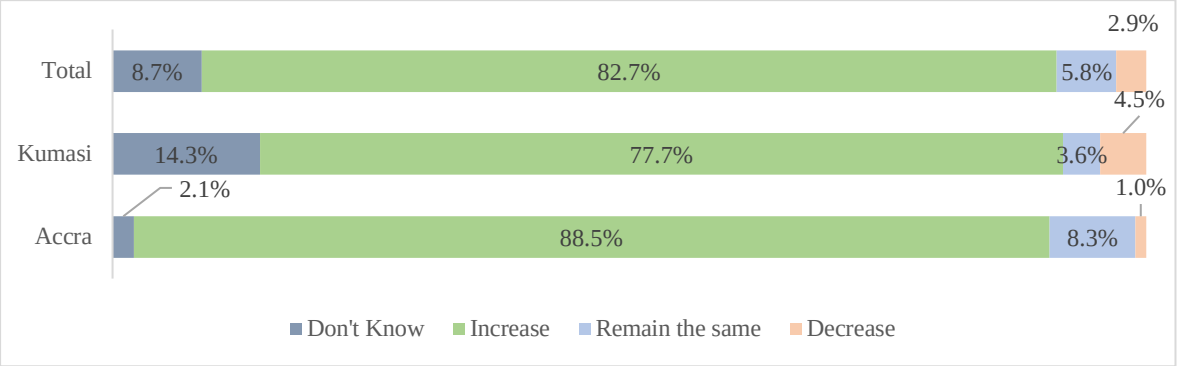


Figure 26 Expected change in monthly average sales in the next 3 months (**April-June 2021) (n=208)**

4.0 DISCUSSION

This study sought to assess the economic, social and psychological impacts of the COVID-19 pandemic on women and girls. The women involved in this study have characteristics comparable to the general Ghanaian population (Ghana Statistical Service 2013). Also, the distribution of female-owned businesses in our study population is representative of the top eight business sectors involved in the recent COVID-19 business tracker survey conducted nationwide (World Bank/UNDP & Ghana Statistical Service, 2020).

Findings from this study supports earlier predictions that the social lives of women and girls will be negatively impacted by the COVID-19 pandemic. This was very evident in the observed worsening of stresses associated with traditional roles such as feeding of household members and care for children, sick, elderly and disabled members of the household. The prevailing stresses often were accompanied by worsening household finances and increased quarreling for any reason at all between women and their partners. The fact that these stresses surrounding women's roles in the household was still prominent in approximately one year after the strict imposition of lockdown, where a return to a somewhat normal life was expected, is more worrying. In that, there seemed to have been some seething vulnerabilities prior to the pandemic that were precipitated by the imposition of the lockdown. Stakeholders will need to further examine the probable duration of these rippling effects as well as the changing dynamics of vulnerabilities imposed by the pandemic and its interactions with individual circumstances. The negative social impacts of COVID-19 were also felt by the adolescent girls interviewed in this study. These ranged from increased load of household chores through increased risk of violence and unplanned pregnancies to missed educational and skill training opportunities; all with dire future consequences.

This study found that the easiest period in which respondents could borrow GHS 50 was the lockdown period, suggestive that the entire society was very much aware of the fragile nature of most women and are willing to lend a helping hand to avert disaster or starvation in the light of an obvious stressor such as an impending lockdown. Nevertheless, some 26% and 16% of households reported that an adult and child respectively in the household went a whole day without food during the lockdown. An obvious conclusion can be drawn, therefore, that social capital was almost non-existent or unreliable for about one in ten households especially in Accra. This study did not examine the type of support received from each source in relation to prevailing economic situation and therefore cannot attribute household food situation for instance to the receipt or non-receipt of support. However, if up to a third of women reported

receiving some support of food and or money from Government during the lockdown period, yet extreme hunger characterized the period for some section (10%) of the population including children, then there is a need for more targeted response by Government and other stakeholders.

Relatedly, our study found only 7% of businesses benefited from Government Coronavirus Alleviation Programme (CAP). More profoundly was the fact that 40% of female business owners either did not know about the availability of this programme or did not trust that they will be successful with an application. Considering that the majority of these businesswomen never used digital platforms, with as much as a third being unaware that mobile money could be used for business, it is possible that this stimulus package was inaccessible to the majority of female businesswomen. This study's finding of an association between both mobile money and digital platform usage and education may further endorse the reality that the majority of businesswomen will be excluded from full participation in the economy due to low education and empowerment. It is worth noting that the use of digital solutions recorded in this study is about one-third the proportion of all businesses surveyed in the business tracker survey in 2020.Thus, female-owned businesses are challenged.

This study found the highest experience of partner and non-partner violence during lockdown compared to the periods after the easing of restrictions. This study limited the assessment of recent violence to the period from March 2020 to the day of the survey (March 2021) and therefore cannot provide information on women's experience of violence prior to the COVID-19 outbreak. However, the assessment of lifetime experience of violence should to a large extent capture experiences including the period immediately before the COVID-19 outbreak. This study found similar prevalence of all forms of partner violence in the past 12 months preceding the survey as documented in previous studies conducted in Ghana (GSS et al., 2009; IDS et al., 2016). Thus, our finding of a heightened prevalence during the lockdown period compared to subsequent time periods suggests that women were at increased risk of partner violence during lockdown situations. Qualitative accounts from study respondents showed that women who experienced violence during the lockdown also gave accounts of experience prior to COVID-19. It is likely that the lockdown conditions further worsened the severity for victims as well as facilitated the occurrence of violence. Some qualitative evidence from this work revealed that women were happy with the opportunity for couples to be closer to each other during the lockdown. However, there was also an admission that being together at home also led to more quarrels, frictions and violence. Evidence drawn from synthesizing quantitative information on financial situations, stress and quarreling versus qualitative accounts of the

trigger for lockdown violence, suggest that the chief driver for the violence recorded was financially induced (or worsened) stresses brought on directly and indirectly by the COVID-19 pandemic. Victims of partner violence interviewed indicated that they sought help from family members, although they had no positive results.

Our study found that the study participants had an average intolerance of uncertainty. This is suggestive that fear of the unknown among our population of women was not enough to prevent them from regular functioning even though stress and frustration with the course of COVID-19 in the country cannot be ruled out. Interestingly, this study found differences in depression and impact experienced by women residing in the two cities. Women in Accra and Kumasi recorded comparable levels of depression. However, unemployed women generally recorded higher levels of depression suggesting stress and economic undertones to the observed depression. Women in Accra were more impacted by the COVID-19 restrictions imposed and will likely exhibit symptoms of post-traumatic stress disorder (PTSD) based on their significantly higher scores on the impact of events scale. These differences may be explained by the differences in the enforcement of the lockdown measures as well as other indirect impacts of the COVID-19 on their lives or differences in social ties in the two cities.

Consolidating all the findings from this study, it was clear that uneducated and unemployed women had higher vulnerabilities to both partner and non-partner violence, depression, and exclusion from business sustaining opportunities.

4.1 CONCLUSIONS

Even before COVID-19, the lives of women and girls in many parts of the world including Ghana were far from optimal. The COVID-19 and its attendant restrictions imposed on countries, communities and individuals presents a whole new challenge for ensuring the safety and wellbeing of women and girls. The emergence of this pandemic has further exposed the socio-economic vulnerabilities of women and girls in the Ghanaian society. Efforts to address gender inequitable norms that often normalizes the stresses imposed on women due to traditional roles must be intensified. An effective mitigating response to the impacts of COVID-19 will require comprehensive context specific approaches that can address these vulnerabilities including violence prevention. We also argue that it will be necessary for women to be empowered economically and through education to improve their resilience in times of emergencies such as COVID-19. Women are mostly engaged in the informal business

sector and hence, need to be very specifically targeted with strategies aimed at accelerating economic recovery of businesses post-COVID-19.

4.2 RECOMMENDATIONS:

1. The study has shown that the vulnerabilities of women to violence is heightened during emergencies that restrict movements and possible access to healthcare. The COVID-19 pandemic has exposed the inadequacies in tackling domestic violence especially intimate partner violence. Therefore, hotlines and call centres should be established to make it easier for victims to seek help.
2. Women bear the brunt of care for children, the sick and elderly parents. Therefore, they also are hard hit when there is any turbulence in the economy. Government should therefore support such women and provide food rations for them during emergencies.
3. Furthermore, there should be better coordination of government's stimulus packages for female-owned businesses. As the findings have shown, only a few women who applied for the government stimulus package were successful. A proper coordination and needs assessment will ensure that the funds provided are enough for the needs of the women, and those who are in dire need are given support.
4. Furthermore, a business advisory Centre should be established to help women especially on how to adopt technological innovations that will help them to withstand any economic shocks and to expand their businesses.
5. Many adolescent girls' education was adversely compromised during the imposition of the COVID-19 restrictions. Government, together with non-governmental organisations and faith-based organisations should provide assistance to girls who would like go back to school to do so.

LIST OF REFERENCES

Asante, L. A., & Mills, R. O. (2020). Exploring the socio-economic impact of COVID-19 pandemic in marketplaces in urban Ghana. *Africa Spectrum*, *55*(2), 170-181.

Bashir, M. F., Benjiang, M. A., & Shahzad, L. (2020). A brief review of socio-economic and environmental impact of Covid-19. *Air Quality, Atmosphere & Health*, *13*(12), 1403-1409.

Burki, T. (2020). The indirect impact of COVID-19 on women. *The Lancet Infectious Diseases*, *20*(8), 904-905.

Ceylan, R. F., Ozkan, B., & Mulazimogullari, E. (2020). Historical evidence for economic effects of COVID-19.

Cucinotta, D., & Vanelli, M. (2020). WHO declares COVID-19 a pandemic. *Acta Bio Medica: Atenei Parmensis*, *91*(1), 157-160.

Daniel W. W., (1999). Biostatistics: A Foundation for Analysis in the Health Sciences. Wiley and Sons, INC.

Dickson, R. S., & Yao, D. (2020). The Impact and Opportunities of COVID-19 in Ghana. *Open Journal of Social Sciences*, *8*(10), 71.

Evans, Y., & Kyeremeh, R. G. (2020). COVID-19 in Ghana: An Overview of Government Contributions in Fighting this Pandemic. *Quantitative Economics and Management Studies*, *1*(6), 375-382.

General Assembly of the World Medical Association. (2014). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *The Journal of the American College of Dentists*, *81*(3), 14-18.

Ghana Health Service (2021) Ghana's Outbreak Response Management Update. https://www.ghanahealthservice.org/covid19/dashboardm.php. Retrieved on February 23, 2021

Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF Macro. Ghana demographic and health survey 2008. Accra, Ghana: GSS, GHS, and ICF Macro;2009.

Ghana Statistical Service. (2013). *2010 Population & housing census: National analytical report*. Ghana Statistics Service.

Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences, Brighton: IDS.

Korankye, B. (2020). The Impact of Global Covid-19 Pandemic on Small and Medium Enterprises in Ghana. *International Journal of Management, Accounting and Economics, 7*(6), 320-341.

Malik, S., & Naeem, K. (2020). Impact of COVID-19 Pandemic on Women: Health, livelihoods & domestic violence. Sustainable Development Policy Institute (Policy Review). http://www.jstor.com/stable/resrep24350.

Mintah, S., & Darkwah, S. (2018). Drivers of Informal Sector Participation of Small and Medium Enterprise in Ghana. *Scientia agriculturae bohemica*, *49*(1), 60-67.

Nanda G. Compendium of gender scales. Washington, DC: FHI. 2011;360.

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., ... & Agha, R. (2020). The socio-economic implications of the coronavirus and COVID-19 pandemic: a review. *International journal of surgery*.

Owusu, L. D., & Frimpong-Manso, K. (2020). The impact of COVID-19 on children from poor families in Ghana and the role of welfare institutions. *Journal of Children's Services*.

Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. Applied psychological measurement. 1977; 1(3):385–401.

Roesch, E., Amin, A., Gupta, J., & García-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *BMJ 2020;369:m1712*.

Schotte, S., Danquah, M., Osei, R. D., & Sen, K. (2021). How COVID-19 is affecting workers and their livelihoods in urban Ghana.

Sharifi, F., Larki, M., & Latifnejad Roudsari, R. (2020). COVID-19 outbreak as threat of violence against women. *Journal of Midwifery and Reproductive Health*, *8*(3), 2376-2379.

Sims, J. M. (2010). A brief review of the Belmont report. *Dimensions of critical care nursing*, *29*(4), 173-174.

UN Women. Violence against Women Prevalence Data: Surveys by Country. Available at **http://www.endvawnow.org/uploads/browser/files/vaw_prevalence_matrix_15april_2011.pdf**

UNFPA (2020) Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic [Internet]. Unfpa.org. 2020 [cited 3 May 2020]. Available from: https://www.unfpa.org/news/millions-

more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies#

Weiss, D. S. (2007). The impact of event scale: revised. In *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219-238). Springer, Boston, MA.

World Bank, UNDP, Ghana Statistical Service, (2020). Business tracker Survey. Available at: https://ghana.un.org/sites/default/files/2020-08/UNDP_Ghana_COVID-19_Business%20Tracker%20Results_%20Brief%20Report.pdf

APPENDICES

Appendix 1 Recruitments per sub-metropolitan area

	Kumasi		Accra	
NO.	**Sub- metro**	**Number of interviews completed**	**Sub- metro**	**Number of interviews completed**
1	Kwadaso	44	Ablekuma South	54
2	Nyiayeso	60	Ablekuma Central	3
3	Subin	85	Osu Klottey	13
4	Asokwa	26	Ashiedu keteke	42
5	Suame	29	Ayawaso West	6
6	Bantama	40	Ayawaso East	51
7	Oforikrom	11	Okaikoi North	11
8			Okaikai South	59
9			Ablekuma North	11
10			Ayawaso North	3
11			LaNkwantanang	15
12			Pokuase	3
TOTAL		**295**		**271**

Appendix 2 Distribution of respondents across different categories per study site

CATEGORY	**ACCRA**	**KUMASI**	**TOTAL**
WEARING APPAREL	10	11	21
MANUFACTURE OF FOOD	5	11	16
RETAIL	40	45	85
WHOLESALE	20	22	42
FOOD AND BEVERAGES	10	12	22
OTHER PERSONAL SERVICE	15	14	29
ACCOMODATION	5	7	12
FINANCIAL	3	0	3
BUSINESS OWNERS (Sub-total)	**108**	**122**	**230**
			0
FOOD STUFFS	11	13	24
OTHER FOOD	10	11	21
CLOTHING	10	9	19
MOBILE (NO STALL)	10	9	19
NON-FOOD	0	11	11
HEAD POTTERS	10	11	21
MARKET WOMEN (Sub-total)	**51**	**64**	**115**
			0
			0
PRIVATE	29	21	50
PUBLIC	17	30	47
FORMAL SECTOR (Sub-total)	**46**	**51**	**97**
			0
FUEL PUMP ATTENDANT	6	6	12
SALESGIRLS/WORK&PAY ARTISANS	12	12	24
ACCOUNTING/MARKETING/DISTRIBUTOR	3	3	6
DOMESTIC HELP/NANNIES	3	3	6
GENERAL SERVICES (Sub-total)	**24**	**24**	**48**

			0
UNEMPLOYED HOUSEWIFE	10	11	21
UNEMPLOYED HOUSEWIFE (LFJ)	10	12	22
ANYWORK	11	11	22
ANY OTHER MISSING GROUP	11	0	11
MISCELLANEOUS (Sub-total)	**63**	**45**	**108**
			0
GRAND TOTAL	**271**	**295**	**566**

Appendix 2A Characteristics of IDI Respondents

SN	Respondent ID	Age (yrs)	Occupation	marital status	Interview location
1	0201032	30	Seamstress	single	Kumasi
2	0201031	45	Seamstress	married	Kumasi
3	0203216	27	cleaner at hospital	single	Kumasi
4	0201287	34	bags and shoes seller	married	Kumasi
5	0203286	30	second-hand business	married	Kumasi
6	0201021	48	Food stuff seller	single	Kumasi
7	0201042	36	janitor at hospital	married	Kumasi
8	0203158	27	business owner	single	Kumasi
9	0205120	33	Market woman	married	Kumasi
10	0202100	26	Formal/private (works at a pharmacy)	dating	Kumasi
11	0203251	35	Formal/private school teacher	married	Kumasi
12	0203255	32	Formal/private school teacher	married	Kumasi
13	0201288	32	Formal/private school teacher	married	Kumasi
14	0203186	31	Market woman	married	Kumasi
15	0205128	37	Unemployed due to COVID	cohabiting	Kumasi
16	0205145	33	Wage earner	Single/not dating	Kumasi

17	0201050	27	cleaner	Single/not dating	Kumasi
18	0104027	38	used to be cleaner. Currently unemployed	single	Accra
19	0104007	46	wholesale and retail	married	Accra
21	0106009		Seamstress	married	Accra
22	0109002	39	Self-employed--bookshop owner	married	Accra
23	0104014	42	unemployed/ housewife	married	Accra
24	0101025	72	Guesthouse owner	widowed	Accra
25	0106009		Distributes eggs	married	Accra
26	0109005	49	Cosmetics seller		Accra
27	0106040	27	Domestic help	Single/not dating	Accra
28	0106054		Domestic help	Single/not dating	Accra
29	0106056	21	Formal/private school teacher	married	Accra
30	0109052	52	beautician	married	Accra

Adolescents		**Age**	**Status**	**Level of Education**	**City**
1		15	In school	JHS 1	Kumasi
2		15	In school	JHS 2	Kumasi
3		15	JHS Graduate (didn't pass BECE)	JHS 3 (completed)	Accra

4	15	In school		Accra
5	15	In school	SHS 1	Accra
6	17	dropout	Grade 5	Accra
7	16	dropout	Grade 6	Accra
8	17	JHS graduate	JHS 3	Accra
9	15	Dropout	JHS 3	Kumasi
10	17	dropout	JHS 2	Kumasi
11	17	dropout	JHS 2	Kumasi
12	15	In school	Grade 6	Kumasi

Appendix 3 Participant consent form

UNIVERSITY OF GHANA

Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Assessing the economic and social impact of COVID-19 on women and girls in Accra and Kumasi
Principal Investigator:	Dr Deda Ogum Alangea
Certified Protocol Number	ECH 108/ 20-21

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study seeks to assess the economic and social impact of COVID-19 on women and girls in Accra and Kumasi. The findings of this study will help stakeholders to better understand how pandemics of this nature affect women and girls, and target interventions to improve their lives. We are asking you to participate in this study because you are a woman between the ages of 18 and 49 years. This study also includes adolescent girls between the ages of 15 and 17 years. We are hoping to gather the lived experiences of women and girls with respect to their social and economic lives before, during the lock-down and the period following the easing of the COVID-19 restrictions. If you agree to participate in this study, you will be one of approximately 500 women who will be sharing their experiences with us. As a participant in this study, you will be interviewed by a trained female researcher who will ask you about your background, your household, how you have been impacted by COVID-19, and experiences of violence during the pandemic. The interview will last about 60 minutes and your responses will be recorded on a computerised hand-held device called PDA. Additionally, you may be invited to share more details of your experiences in a separate in-depth interview, which with your permission, will be recorded using a digital recorder. This in-depth interview will be conducted at your convenience and will last about 30 minutes.

Benefits/Risks of the study

There are no direct benefits to you in participating in this study. But, your participation in this study will provide useful information that may help in the future implementation of interventions to improve the lives of women and girls in Ghana.

You might not be comfortable with some questions in the interview. If that happens, please feel free not to answer questions that you are not comfortable with. If you choose not to answer questions you are not comfortable with or withdraw from the study, this will not affect you in any way as you will be able to continue with your participation in the main study and will not affect your relationship with the researchers. If during the interview you find information that disturbs you emotionally, please inform the researcher. With your permission, you will be referred to speak with a local Social Welfare Officer

at no cost to you. All participants in this study will be given a list of Social Welfare Offices around the country upon request.

Confidentiality

All information received from you in this interview will be kept in strict confidence and used for research purposes only. All hard copies of data (information) including study material will be stored in locked cabinets at the project office located at the School of Public Health, University of Ghana. All soft copies (electronic version) of data will be stored on third party cloud-servers and uploaded unto password protected computers in the project office at the School of Public Health, University of Ghana. All data will be kept in secure storage for 15 years, thereafter it will be destroyed.

Participants will not be identified by name during data transcription, and therefore we will collect your information in an anonymous way, that is, without your identity. In this way we will ensure no one else apart from the researcher will know what information you have shared in the interview. Findings of this study will be published in professional journals in a way that will not be possible to identify you as a participant in this study.

Compensation

You will be compensated for the time you spend and the inconvenience you may have had in participating in the interview with GHS 50. This money will be given to you at the end of this interview as a show of our appreciation for your participation in this study.

Withdrawal from Study

Your participation in this study is completely voluntary. You can choose not to participate in this study at all, and this will not affect you in anyway. Also, you may agree to participate in this study and later decide to withdraw from the study at any point and there will be no negative consequences to you. However, you may be withdrawn from this study by investigators if you show visible signs of distress (e.g. uncontrollable crying or tearing) during the interview.

Contact for Additional Information

In case you have further questions regarding this study, please direct them to Dr Deda Ogum Alangea, School of Public Health, University of Ghana, on telephone number **0244 981024;** or on email: dogumalangea@ug.edu.gh.

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 0233- 303-933-866.

Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Participant

_____ _____

Signature or mark of Participant Date

If participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____

Name of witness

_____ _____

Signature of witness / Mark Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____

Name of Person who Obtained Consent

_____ _____

Signature of Person Who Obtained Consent Date

Appendix 4 Parent/ Guardian Consent form

Ethics Committee for Humanities (ECH)

GUARDIAN /PARENTAL PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Assessing the economic and social impact of COVID-19 on women and girls in Accra and Kumasi
Principal Investigator:	Dr Deda Ogum Alangea
Certified Protocol Number	ECH 108/ 20-21

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study seeks to assess the economic and social impact of COVID-19 on women and girls in Accra and Kumasi. The findings of this study will help stakeholders to better understand how pandemics of this nature affect women and girls, and target interventions to improve their lives. We are asking you to participate in this study because you are a woman between the ages of 18 and 49 years. This study also includes adolescent girls between the ages of 15 and 17 years. We are hoping to gather the lived experiences of women and girls with respect to their social and economic lives before, during the lock-down and the period following the easing of the COVID-19 restrictions. We are requesting for your permission to allow your child/ward to participate in this study. If you agree for your child to participate in this study, she will be one of approximately 12 adolescents to be involved in this study.

As a participant in this study, your child once by a trained female researcher who will ask her about her school or work status and her experiences as an adolescent since the breaking out of the COVID-19 pandemic., and experiences of violence. The interview will last about 35 minutes and, with your child's permission, her answers to questions will be recorded using a digital recorder. We will not write her name, therefore no one except the researcher will know what information she has given in the study.

Benefits/Risks of the study

There are no direct benefits to your child in participating in this study. But, her participation in this study will provide useful information that may help in the future implementation of interventions to improve the lives of women and girls in Ghana.

Your child might be uncomfortable with some of the questions that will be asked since they are private and may not have discussed with other persons. Your child is free to not answer questions that she finds uncomfortable or stop their participation all together without any punishment. If during or after the interview she feels emotionally disturbed, she may inform the researcher so that she can be referred to speak with the local social worker free of charge.

Confidentiality

We will take care to ensure your child's anonymity and confidentiality of all her responses. Her name and contact information will not be entered with the data that is collected. Project staff and enumerators have been trained to maintain confidentiality and not to share any information to any people (e.g. other students, parents, teachers) except the researchers. This means we will not tell anybody about your child's answers to our questions. Her answers will be kept secret.

All information received from this interview will be kept in strict confidence and used for research purposes only. All hard copies of data (information) including study material will be stored in locked cabinets at the project office located at the School of Public Health, University of Ghana. All soft copies (electronic version) of data will be stored on third party cloud-servers and uploaded unto password protected computers in the project office at the School of Public Health, University of Ghana. All data will be kept in secure storage for 15 years, thereafter it will be destroyed.

Compensation

Your child will be compensated for the time she spends and the inconvenience she may have had in participating in the interview with GHS 50. This money will be given to her at the end of this interview as a show of our appreciation for her participation in this study.

Withdrawal from Study

Your child's participation is voluntary, and she has the right to refuse to participate in the study at any time with no repercussions for you or your family. She does not have to participate because you (parents/elders) gave consent for her to participate. Also, she may agree to participate in this study and later decide to withdraw from the study at any point and there will be no negative consequences to you. If we realise during the interview that your child shows visible signs of distress such as crying, her participation in this study will be terminated. We assure you, your child's legal representative, will be informed in a timely manner if information becomes available that may be relevant to your child's willingness to continue participation or withdraw.

Contact for Additional Information

In case you have further questions regarding this study, please direct them to Dr Deda Ogum Alangea, School of Public Health, University of Ghana, on telephone number 0244 981024; or by email: dogumalangea@ug.edu.gh.

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Participants

_____ _____

Signature or mark of participants Date

If participants cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____

Name of witness

_____ _____

Signature of witness /Mark Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____

Name of Person who Obtained Consent

_____ _____

Signature of Person Who Obtained Consent Date

Appendix 5 Child Assent

UNIVERSITY OF GHANA

Ethics Committee for Humanities (ECH)

CHILD ASSESNT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Assessing the economic and social impact of COVID-19 on women and girls in Accra and Kumasi
Principal Investigator:	Dr Deda Ogum Alangea
Certified Protocol Number	ECH 108/ 20-21

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study seeks to assess the economic and social impact of COVID-19 on women and girls in Accra and Kumasi. The findings of this study will help stakeholders to better understand how pandemics of this nature affect women and girls, and target interventions to improve their lives. We are asking you to participate in this study because you are an adolescent between the ages of 15 and 17 years. We are hoping to gather the lived experiences of women and girls with respect to their social and economic lives before, during the lock-down and the period following the easing of the COVID-19 restrictions. If you agree to participate in this study, you will be one of the 12 adolescents who will be sharing their experiences on how the COVID-19 pandemic has impacted your lives with us.

Your participation in this research involves:
As a participant in this study, you will be interviewed only once by trained female researcher who will ask you about your school or work status, how you have been impacted by COVID-19, and experiences of violence during the pandemic. The interview will last about 35 minutes and your answers to questions will be recorded using a digital recorder. You will not write your name in the PDA as you will be given a unique code, therefore no one except the researcher will know what information you have given in the study.

Benefits/Risks of the study

There are no direct benefits to you in participating in this study. But, your participation in this study will provide useful information that may help in the future implementation of interventions to improve the lives of women and girls in Ghana.

You might be uncomfortable with some of the questions that will be asked since they are things that are private and you may not have discussed with other persons. And, you are free to not answer questions you find uncomfortable or stop your participation all together without any punishment. If during or after the interview you feel emotionally disturbed, please inform the researcher so that you can be referred to speak with the local social worker free of charge.

Confidentiality

We will take care to ensure your anonymity and confidentiality of all your responses. Your name and contact information will not be entered with the data that is collected. Project staff and enumerators have been trained to maintain confidentiality and not to share any information to any people (e.g. other students, parents, teachers) except the researchers. This means we will not tell anybody about your answers to our questions. Your answers will be kept secret and no one apart from the investigators will ever see the information you give us. All information will be kept in locked cabinets at the School of Public Health for 15 years after which it will be destroyed.

Compensation

You will be reimbursed for the time you spend and the inconvenience you may have had in completing the questionnaire with GHS 50. This money will be given to you at the end of this interview as a show of our appreciation for your participation in this study.

Withdrawal from Study

Your participation is voluntary and you have the right to refuse to participate in the study at any time with no repercussions for you or your family. You do not have to participate because your parents/elders gave consent for you to participate. However, if you show visible signs of distress (e.g. crying) during the interview, the investigators may end the interview and your parent/guardian will be informed.

Contact for Additional Information

In case you have further questions regarding this study, please direct them to Dr Deda Ogum Alangea, School of Public Health, University of Ghana, on telephone number 0244 981024; or by email: dogumalangea@ug.edu.gh.

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me to participate in this

study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

_____

Name of Participants

_____ _____

Signature or mark of participants Date

_____

Name of Person who Obtained Consent

_____ _____

Signature of Person Who Obtained Consent Date

Appendix 6 survey tool

Assessing the economic and Social Impact of COVID-19 on women and girls in Accra and Kumasi

(ENGLISH)

WOMEN'S QUESTIONNAIRE

COVER

Person ID number: | | | | |

REGION CODE: | | | **DATE:** | | | | | | |

day / month / year

DISTRICT CODE | | |

INTERVIEWER NUMBER: | | |

Gender Studies & Human Rights Documentation Centre

SECTION 1: BACKGROUND & WORK			
The first questions are about yourself, your home and your work situation. Please try and relax, there are no right or wrong answers. Remember that everything you answer will be kept secret. If there is a question you do not want to answer please skip to the next question.			
	QUESTIONS AND FILTERS	**CODING CATEGORIES**	**SKIP**
101	How old are you?	AGE (COMPLETED YEARS) ..... ☐☐	
102	Were you born in Ghana?	YES.....1 NO 0	
103	Which ethnic group do you belong to?	1. Akan 2. Ga/ Dangme 3. Ewe 4. Guan (Nkonya, Gonja, Anum, Larteh, Nawuri, Ntsumburu) 5. Guruma (Mossi, Konkomba, Tallensi, and LoDagaa) 6. Grusie (Frafra, kasena/Nankana, etc) 7. Mole Dagbani (Dagomba, gonja, Mamprusi, Nawuli,) 8. Mande (Upper west region) 9. Others (specify) ……..	
104	Where do you live? (Write in name)	…… 0. Within the metropolis 1. Outside the metropolis	
105	How long have you lived in your community?	YEARS …….. [ ] [ ] MONTHS……... [ ] [ ] IF < 30 DAYS ENTER 0 MONTHS….. [ ] [ ]	
106	What is the highest grade you have completed at school?	No formal Education ……0 PRIMARY ……1 JHS/MIDDLE SCHOOL……2 SHS/ A' & O' Level ……..……..3 HND ……..4 BACHELORS & ABOVE ……...5	
107	What religious group do you belong to?	1. Christian 2. Muslim 3. Traditional 4. Eastern religions 5. No religion 6. Others (specify) ……	
108	Would you describe yourself as active in your religious group?	YES……1 NO ……0	
	WORK		

109	Are you currently doing any work or business that brings in cash, additional food, or allows you to accumulate assets for your household? (Note: if the woman says no, probe if she does not engage in agriculture, petty trade, money lending, etc)	0 = No >>>>> **Q115** 1 = Yes, self-employed >>> **Q110** 2= Yes, employed by another	SKIP TO 115 *there seems to be two 115 here. please select most appropriate in form
109a	If an Employee, what type	1. Public/ Civil Servant 2. Private salaried worker (permanent staff, benefits± wage) 3. Private wage earner (contract no benefits) 4. Casual wage earner (no contract)	
110	Where is your workplace located? (Write in name)	…… 0. Within the market 1. Along major road/ highway 2. Along smaller/feeder road 3. Shopping complex/mall 4. Within an institution (market/ school/ offices, etc) Other (specify)……	
111	How far is your Workplace from your home?	0. In the house/ compound 1. Nearby (within walking distance) 2. Quite far (will pick one public transport <= 1 Km) Very far (will pick more one public transport >1 Km)	
112	Have you earned money in the last 3 months?	YES……..……1 NO…….....0	
113	Have you received any remittances in the last 3 months?	YES……..……1 NO…….....0	
114	Considering all the money you earned from jobs or selling things, how much did you earn last month?	GHCedis [ ][ ][ ][ ][ ][ ] number (if no earnings mark 0)	
115	Who usually decides what to do with the money you earn?	1 = Yourself 2 = Your partner 3 = You and your partner 4 = Your parents 5 = Other family members 6 = Your parents and you	

		7 = Other family members and you 8 = Someone else, 99 = Not Applicable Other specify:_____	
115	If you are currently not working, why not?	1 = Partner / in-laws won't allow 2 = Parents do not allow 3 = Children do not allow 4 = Other family members do not allow 5 = Society doesn't like it 6 = I need to take care of children/household work >>>>> SECTION 2 7 = I don't want to >>>>> SECTION 2 8 = I don't need to >>>>> SECTION 2 9 = I am unable to work >>>>> SECTION 2 10 = Lack of demand for the work that I have skill to do >>>>> SECTION 2 11. Was laid off/ business collapsed>> SECTION 2 12= Other, specify >>>>> SECTION 2 98 = Don't know >>>>> SECTION 2 99=Not Applicable	
116	If prevented, Why won't these people let you work?	1 = Believes women should not work to earn income 2 = Household has enough income 3 = Wants me to look after household work/children 4 = They don't want me to mingle with other men 5 = They are worried about my health 6 = Other, specify:_____ 98 = Don't know 99=Not Applicable	
117	Would the people that are stopping you from working allow you to engage in a business or earn additional money from **WORKING INSIDE YOUR HOME**?	1 = Yes, 0 = No 99=Not Applicable	
118	How often did you worry that the food you had at home will run out during the lock-down period?	0. Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	

119	How often did you or other household member have to eat **fewer times or reduce the quantity of food** because you feared the food will run out?	Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	
120	How often did you or your household have to rely on a **few variety of foods** because you could not afford more?	Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	
121	How often did you or your household have to **choose less healthy food options** because you could not afford healthier options?	Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	
122	How often did you or any adult in the house **not eat at all the whole day** because there was no food or food insufficient?	Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	
123	How often did any **child** (<18 years) in the house not eat at all the whole day because there was no food or food insufficient?	Never 1. Occasional/rare 2. Sometimes (2-3 days/wk) 3. Often (4-5 days/wk) 4. Everyday (>5 days/wk)	
124	Do you have any form of disability? If yes, what type?	0.No disability 1. Physical 2. Visual 3. Speech 4. Intellectual 5. Hearing 6. multiple	
125	If you urgently needed GHS 50 how easy/ difficult was during the following time periods: A. Before COVID-19 B. During COVID-19 lockdown C. From June to Dec 2020 D. Currently	0. Very difficult 1. Difficult 2. Not difficult/not easy 3. Easy 4. Very easy	
126	During the lock-down and its restrictions, did you receive any support (food, money, etc.) from family?	0. No 1. Yes	
127	During the COVID-19 lock-down and its restrictions, did you receive any support (food, money, etc) from non-family members?	0. No 1. Yes	
128	During the COVID-19 lock-down and its restrictions, did you receive any support (food, money, etc) from Government/District Assembly?	0. No Yes	

NON-BUSINESS OWNERS/ CURRENT AND FORMER EMPLOYEES ONLY

Filter question: Is respondent currently or formerly an employee? Yes (continue with section); No skip to section 2

118. Is your current income generating activity the same as you had before the COVID-19 in March 2020? 0.Yes 1. No

119a. If No, How many times have you changed your income generating activities since March 2020? Enter number …….. OR 0= N/A on Current job

119b. Please describe this change. 0. Same sector 1. From formal to informal, same skill 2. From informal to formal, same skill 3. Complete switch of sector/skill (e.g. teacher to baker)

120. What is your current work status? 1. Fulltime, full hours employment 2. Fulltime, less hours same pay 3. Fulltime, less hours and less pay 4. Part-time 5. Occasional work

121. Did you introduce other streams of income to support you/your household expenditure? 0.No 1.Yes

121a. If yes, what new did you do?.....

122. How would you describe your financial situation over the periods listed below on a scale of 0 to 5: 0. Extreme financial hardship 1. Serious financial hardship 2. Financial hardship 3. Neutral/ managing 4. Financially sound 5. Very financially sound

a. Currently (From Jan & Feb 2021)
b. Before Covid-19 (From October 2019 to February 2020)
c. During Lockdown (Mid-March to May 2020)
d. Easing of Restrictions (From June to Dec 2020)

SECTION 2: RELATIONSHIP DYNAMICS

The following questions are about you, your previous and current intimate relationships.

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Have you ever been married or lived with a partner for 6 months or more?	1 = Yes 0 = No	
202	Are you currently in a relationship OR BEEN IN A RELATIONSHIP IN THE LAST 12 MONTHS?	1 = Yes 0 = No	
203	Current relationship status?	MARRIED, LIVING TOGETHER.....1 MARRIED, **NOT** LIVING TOGETHER……..2 SINGLE, NOT DATING …….3 SINGLE DATING ……..4 DIVORCED …….5 SEPERATED .....6 COHABITING .....7 WIDOWED …….8	
204	How likely do you think it is that your current/most recent husband/partner is/was having sex with someone else? Would you say definitely he was, probably he was, probably not or definitely not?	Definitely having sex with someone else…1 Probably having sex with someone else …2 Probably not …….....3 Definitely not……...…….....4 Never had an intimate partner ……..98	
205	How old is your current/ most recent husband/partner?	AGE (COMPLETED YEARS) ☐☐	

206	Do/did you and he both have the same level of education or do you have more schooling or does he have more schooling?	SAME……..1 I AM MORE EDUCATED…2 HE IS MORE EDUCATED ……3	
207	What is/was the employment status of your current/most recent partner?	UNEMPLOYED…….1 FORMALLY EMPLOYED……..……2 INFORMALLY EMPLOYED……..……3 STUDENT…….....4 RETIRED……..…..…….5	
208	Do/did you and he both earn the same amount of money or does/did he earn more money or do you earn more money?	SAME…….…….....1 I EARN MORE …….…….....2 HE EARNS MORE……..…….....3	
209a	Who Decides how the earnings of your partner are used?	1.Both respondent & partner 2. Respondent only 3. Partner only 4. Other family member 99. Not Applicable	If 99 Skip to Section 3
209b	Who generally decides how to spend money in relation to the following items?		
A	Food	1.Both respondent & partner 2. Respondent only 3. Partner only 4. Other family member 99. Not Applicable	If 99 Skip to Section 3
B	Education & healthcare for the children	1.Both respondent & partner 2. Respondent only 3. Partner only 4. Other family member 99. Not Applicable	
C	Household expenses such as accommodation, utilities, etc.	1.Both respondent & partner 2. Respondent only 3. Partner only 4. Other family member 99. Not Applicable	
210	In general, do you and your current partner discuss the following topics together:	1. YES 0. NO 98 DON'T KNOW/DON'T WANT TO SAY 99. Not Applicable	
	a) Things that have happened to your partner during the day		
	b) Things that happen to you during the day	1. YES 0. NO 98 DON'T KNOW/DON'T WANT TO SAY 99. Not Applicable	
	c) Your worries or feelings	1. YES 0. NO 98 DON'T KNOW/DON'T WANT TO SAY 99. Not Applicable	
	d) your partner's worries or feelings	1. YES 0. NO 98 DON'T KNOW/DON'T WANT TO SAY 99. Not Applicable	
	e) Fertility or how many children you should have	1. YES 0. NO 98 DON'T KNOW/DON'T WANT TO SAY 99. Not Applicable	

Introduction: The COVID-19 pandemic and its attendant restriction measures brought on a lot of stress for families, particularly households that contained school-going children, persons with disability, the elderly or sick persons. I would like to ask some questions concerning your peculiar circumstances and how these affected you. I need you to carefully reflect in relative terms, the changes (if any) that may have occurred over different situational periods in relation to the COVID-19 outbreak.

Characteristic	Recent (Jan-date)	Prior to COVID-19 outbreak (September 2019- Feb 2020)	During Lockdown & restrictions (March -May 2020)
1.How often would you say you quarrelled with your partner ***Frequency of quarrelling***:0. Not at all, 1.rarely/occasionally, 2.sometimes, 3.a lot of times, 4.Most of the time/everyday 99. N/A			
a. Over finances			
b. Over childcare/upkeep			
c. Over Sex			
d. Living arrangements			
e. Over ensuring COVID-19 safety			
f. Generally (for any reason at all)			
2.How stressful did you find the following over the period? ***Level of Stress:*** 0. Not Stressful at all; 1. A little stressful; 2. A lot stressful; 3.Very stressful; 4.Extremely stressful, I could not manage 99. N/A			
a. Childcare			
b. Finances			
c. Care for the elderly, sick or disabled			
d. Work			
e. Feeding members of your household			
f. Ensuring COVID-19 safety for yourself			
g. Ensuring COVID-19 safety for other household members			

SECTION 3 : ATTITUDES ABOUT RELATIONS BETWEEN MEN AND WOMEN					
The next set of questions are about your views on life and particularly on relations between men and women in society. There are no right or wrong answers – we are just interested in what you think. For each of the following statements please say answer whether you strongly agree, agree, disagree or strongly disagree with the following statements:					
301	**GEM SCALE:**	STRONG AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
A	A woman's most important role is to take care of her home and cook for her family.	1	2	3	4
B	Men need sex more than women do.	1	2	3	4
C	There are times when a woman deserves to be beaten.	1	2	3	4
D	It is a woman's responsibility to avoid getting pregnant.	1	2	3	4
E	A woman should tolerate violence in order to keep her family together.	1	2	3	4
F	If someone insults a man, he should defend his reputation, with force if he has to.	1	2	3	4
G	To be a man, a person needs to be tough	1	2	3	4
H	A man should have a final word about decisions in his home	1	2	3	4
302 A	I think that a woman should obey her husband	1	2	3	4
B	I think that a man should have the final say in all family matters	1	2	3	4
C	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4
D	I think that there is nothing a woman can do if her husband wants to have girlfriends.	1	2	3	4
E	I think that if a man beats you it shows that he loves you.	1	2	3	4
F	I think that if a woman works she should give her money to her husband	1	2	3	4

G	I think that a woman needs her husband's permission to do paid work	1	2	3	4
H	I think that if a wife does something wrong her husband has the right to punish her.	1	2	3	4
I	I think that if married, the man owns her.	1	2	3	4

SECTION 4: REPRODUCTIVE HEALTH			
			SKIP
401	Have you **ever** been pregnant?	YES..... 1 0. NO……..	If NO, **Þ 405**
402	How many live births have you had?	……	
403	How many living children do you have?	0. [ ] [ ] number	
404	Who makes decisions about how many children to have?	1 = Yourself 2 = Your partner 3 = Self and partner 4 = Someone else (specify) 5 = We have not discussed this	
405	How many children do you personally prefer?	…….number	
406	Are you <u>currently</u> using contraception? Are you and your partner <u>currently</u> doing anything to avoid pregnancy?	0. No 1. Yes	If No, skip to 406b
406a	If Yes, which method?	0. Folkloric method (prayer, douching, feathers, etc) 1. Withdrawal 2. Fertility awareness methods (periodic abstinence, rhythm,…) 3. LAM (exclusive breastfeeding<6mo) 4. Modern method (IUD, pills, injectable, implants, condoms) 5. Sterilisation Write main/ last used method…….	

406b	If No, Why?	0. Have no need (menopausal/sterile) 1. Have no need (no sexual partner/ no sex) 2. Have no need (Pregnant) 3. Fear of side effects 4. Experience of side effects 5. I was restrained (permission, cost, access, religion, etc) 6. No idea about contraception 99. Not Applicable/ Using a method	
407	What was your reproductive state/intention just before the COVID-19 outbreak?	1. I was pregnant 2. I was expecting a pregnancy 3. I was delaying pregnancy 4. I was completely avoiding pregnancy 5. Pregnancy was not an issue (sterile, menopausal, no sexual partner) 6. Undecided	
408	Did your status/Plans change since the COVID-19 restrictions were imposed?	0. No 1. Yes	If No, skip to 412
409	If yes, what changed?	I got pregnant as I wanted……....1 I got pregnant against my wishes…….2 I carried on with my pregnancy as I wished……3 I carried on with my pregnancy **against my wish**..3 I got an abortion **at my will** ……..……4 I was forced to get an abortion (against my will)..5 I delayed pregnancy…….6 I avoided pregnancy…….7 I am now expecting a pregnancy ……..8 Undecided Reason for abortion ……	Ask 409a only if option 4 or 5 is selected

410	What was the main reason for the change?	Fear & anxieties due to COVID-19..... 1 Fear & anxieties unrelated to COVID ……2 Financial crises unrelated to COVID……..3 Financial crises due to COVID……...4 Financial gains due to COVID …….5 Did not have access to RH services (Contraception, ANC, abortion) ……..6 Restrictions due to COVID-19..... 7 Nothing changed ……8 My expectations were met……9 Not applicable ……99 Other (specify) …….	
411	Who made this decision to change?	1 = Yourself 2 = Your partner 3 = Self and partner 4 = Someone else (specify) …….. 5= Nobody's decision/ mistake	
412	How often do you and your partner engage in sexual intercourse per week? For those who have been in intimate relationships in the past 12 months.	0 = Never/ No sexual partner 1 = Occasionally 2 = Several times a month 3= Once a week 4 = Several times a week 5 = Every day	
413	Do you think this is adequate for you?	1 = Yes 2 = No, it should be more 3 = No, it should be less 99. N/A	
414	Has your partner ever refused to have sexual intercourse with you for long periods of time?	1 = Yes 0 = No 99. N/A; never had a sexual partner	

SECTION 5 VIOLENCE

EMOTIONAL & ECONOMIC VIOLENCE

Men and women often fight with their partners and often these fights get physical. The next questions ask about this because we want to learn more about what women experience in their lives. I want you to answer freely and remember that everything you answer will be confidential.

The next few questions are things that your may have experienced from your partner (current or previous boyfriend, or husband) or other persons. The questions we ask are about your whole life, including when you were a girl. Remember that what you answer here cannot be linked to you in any way.

Responses: 0. Never; 1. Once; 2. Few; 3. Many 99. Not Applicable

NOTE: If person has had no partner in past 12 months

350	How often did	**In the last 3 months**	**During lock-down (Mar – May 2020)**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**
A	your partner stop you from getting a job, going to work, trading or earning money?	1	2	3	4
B	Your partner took your earnings from you	1	2	3	4
C	Your partner denied you access to family/household resources (e.g. his earnings, farm/ business proceeds, etc)				
D	Your partner told you how to spend or forced you to account for how you spend your own money				
E	Your partner refused to provide for you/your household's upkeep even though he had the money				
F	your current or ex-boyfriend, or husband belittled, insulted or humiliated you?				
G	your current or ex-boyfriend, or husband done things to scare or intimidate you on purpose for example by the way he looked at you, by yelling and smashing things?	1	2	3	4
H	your current or ex-boyfriend, or husband threatened to hurt you or your loved ones?	1	2	3	4
I	your current or ex-boyfriend or husband boasted about or brought home girlfriends?	1	2	3	4

I will now ask the same questions in relation to persons other than a spouse (friends, neighbors, family, non-family, employer, stranger, etc)

351	How often did this other person/ non-partner	**In the last 3 months**	**During lock-down (Mar –**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**

			May 2020)		
A	stop you from getting a job, going to work, trading or earning money?				
B	took your earnings from you				
C	prevent you from accessing family/household resources (e.g. his earnings, farm/ business proceeds, etc)				
D	told you how to spend or forced you to account for how you spend your own money				
E	refused to provide for you/your household's upkeep even though he had the money				
F	belittled, insulted or humiliated you?				
G	done things to scare or intimidate you on purpose for example by the way he looked at you, by yelling and smashing things?	1	2	3	4
H	threatened to hurt you or your loved ones?	1	2	3	4

PHYSICAL VIOLENCE

Men and women often fight and these can get physical. Some women find these questions hard to answer, others easy. Remember everything you share here will only be used for research purposes and will be kept secret. We are interested now in your relationship with **current boyfriend or husband or ANY other previous boyfriend or husband**.

352	**GEM SCALE:**	**In the last 3 months**	**During lock-down (Mar – May 2020)**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**
A	how many times has your current or any previous husband or boyfriend slapped you or thrown something at you which could hurt?				
B	how many times has your current or any previous husband or boyfriend pushed or shoved you?				
C	how many times has your current or any previous husband or boyfriend hit you with a fist or with something else which could hurt?				
D	how many times has your current or any previous husband or boyfriend kicked, dragged, beaten, choked or burnt you?				
E	how many times has your current or any previous husband or boyfriend threatened to use or actually use a gun, knife or other weapon against you?				
F	were any of your children ever present or did they ever over hear you being beaten by your partner?	1. Ye		2. No	

G	If 'YES' to F, how many times?				

I will now ask the same questions in relation to persons other than a spouse (friends, neighbours, family, non-family, employer, stranger, etc)

353	**GEM SCALE:** How often did/has this other person/ non-partner	**In the last 3 months**	**During lock-down (Mar – May 2020)**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**
A	slap you or thrown something at you which could hurt?	1	2	3	4
B	pushed or shoved you?	1	2	3	4
C	hit you with a fist or with something else which could hurt?	1	2	3	4
D	kicked, dragged, beaten, choked or burnt you?	1	2	3	4
E	threatened to use or actually use a gun, knife or other weapon against you?	1	2	3	4

SEXUAL VIOLENCE

The next few questions are about things you may have experienced with men who are your current or previous boyfriends, husband or partner OR EVEN non-partners. We want to understand whether these things have happened at anytime in your whole life, including when you were a girl. Please feel free in answering these questions.

354	**GEM SCALE:**	**In the last 3 months**	**During lock-down (Mar – May 2020)**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**
A	how many times has a current or previous husband or boyfriend ever physically forced you to have sex when you did not want to?	1	2	3	4
B	how many times has a current or previous husband or boyfriend, husband or partner used threats or intimidation (but not physical force) to get you to have sex when you did not want to?	1	2	3	4
C	how many times has a current or previous husband or boyfriend ever forced you to do something else sexual that did not want to do?	1	2	3	4
D	how many times did any of your children see or overhear your current or previous husband or boyfriend forcing you to have sex when you did not want to?	1	2	3	4

We will now ask the same questions about whether these happened in the whole of your life.					
355	**GEM SCALE:** How often did this other person who is not your partner or boyfriend (non-partner)	**In the last 3 months**	**During lock-down (Mar – May 2020)**	**Easing of restrictions (June-Dec 2020)**	**Lifetime**
A	physically forced you to have sex when you did not want to?	1	2	3	4
B	used threats or intimidation (but not physical force) to get you to have sex when you did not want to?	1	2	3	4
C	force you to do something else sexual that did not want to do?	1	2	3	4
B	force you to have sex against your will and did not succeed?				
C	forced you to have sex against your will when you were too drunk or drugged to refuse?				
D	two or more men force you to have sex with them at the same time against your will?				

INJURIES & HELP SEEKING			
	QUESTIONS & FILTERS	**CODING CATEGORIES**	**SKIP TO**
I would now like to learn more about the injuries that you experienced from (any of the acts of violence) that we have talked about. **By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.**			
601	In the last 12 months, how many times were you injured by any of the acts of violence (physical/sexual) against you? Would you say never, once or twice, several times or many times?	NEVER.....1 ONCE/TWICE.....2 SEVERAL (3-5) TIMES.....3 MANY (MORE THAN 5) TIMES.....4	IF NEVER, **Þ 608**
602	In the last 12 months, did you have to stay in bed because of these injuries?	YES.....1 NO.....0	
603	In the last 12 months, did you take days off from income generating work because of these injuries?	YES.....1 NO.....0 NO PAID WORK.....3	
604	In the last 12 months, did you seek medical attention for these injuries?	YES.....1 NO.....**0**	IF NO, **Þ 608**

605	What form of treatment did you receive?	SURGERY.....1 ADMITTED TO HOSPITAL ….....2 BROKEN BONES TREATED.....…...3 STITCHES..... .....4 DENTAL CARE.....5 PAINKILLERS.....6 BANDAGING/ OINTMENT….....7 TRADITIONAL HEALING……..8 OTHER.....9	
606	In the last 12 months, did you tell the health care worker about the cause of your injury?	YES .....**1** NO.....0	IF YES, **Þ 608**
607	What was the main reason why you didn't tell them the cause of your injury?	IT'S A PRIVATE ISSUE.....1 SCARED OF PERPETRATOR.....2 THEY WERE NOT FRIENDLY.....3 ASHAMED/EMBARASSED.....4 THEY DID NOT ASK.....5 OTHER SPECIFY.....88	
608	In the last 12 months, have you reported any abuse or threats to the police?	YES .....1 NO.....**0**	IF NO, **Þ 610**
609	How did the police respond?	THEY OPENED A CASE …….....……..1 THEY SENT ME AWAY ……..……..…….. 2 THEY TRIED TO MAKE PEACE BETWEEN MY HUSBAND/BOYFRIEND AND ME ….. 3 OTHER SPECIFY……88	
610	In the last 12 months, have you told anyone about these things you have experienced?	YES .....1 NO.....**0**	IF NO, **Þ next section**

611	Did you tell:	YES	NO	
	a) Female member of your family	1	0	
	b) Male member of your family	1	0	
	c) Female member of your in-laws	1	0	
	d) Male member of your in-laws	1	0	
	e) Your child/children	1	0	
	f) Community leaders	1	0	
	g) Religious leader	1	0	
	h) Friends	1	0	
	i) Neighbours	1	0	
	j) Police/DOVVSU	1	00	
	k) Social welfare officer	1	0	
	l) Other (specify) ……	1	0	
612	How did they respond? Did they do the following:	YES	NO	
	a) Blamed you for it	1	0	
	b) Supported you	1	0	
	c) Were indifferent	1	0	
	d) Told you to keep it quiet	1	0	
	e) Advised you to report to police	1	0	
	f) Advised you to leave the home			

SECTION 6: MENTAL HEALTH & WELLBEING

We would now like to ask you some questions about your health and well-being.

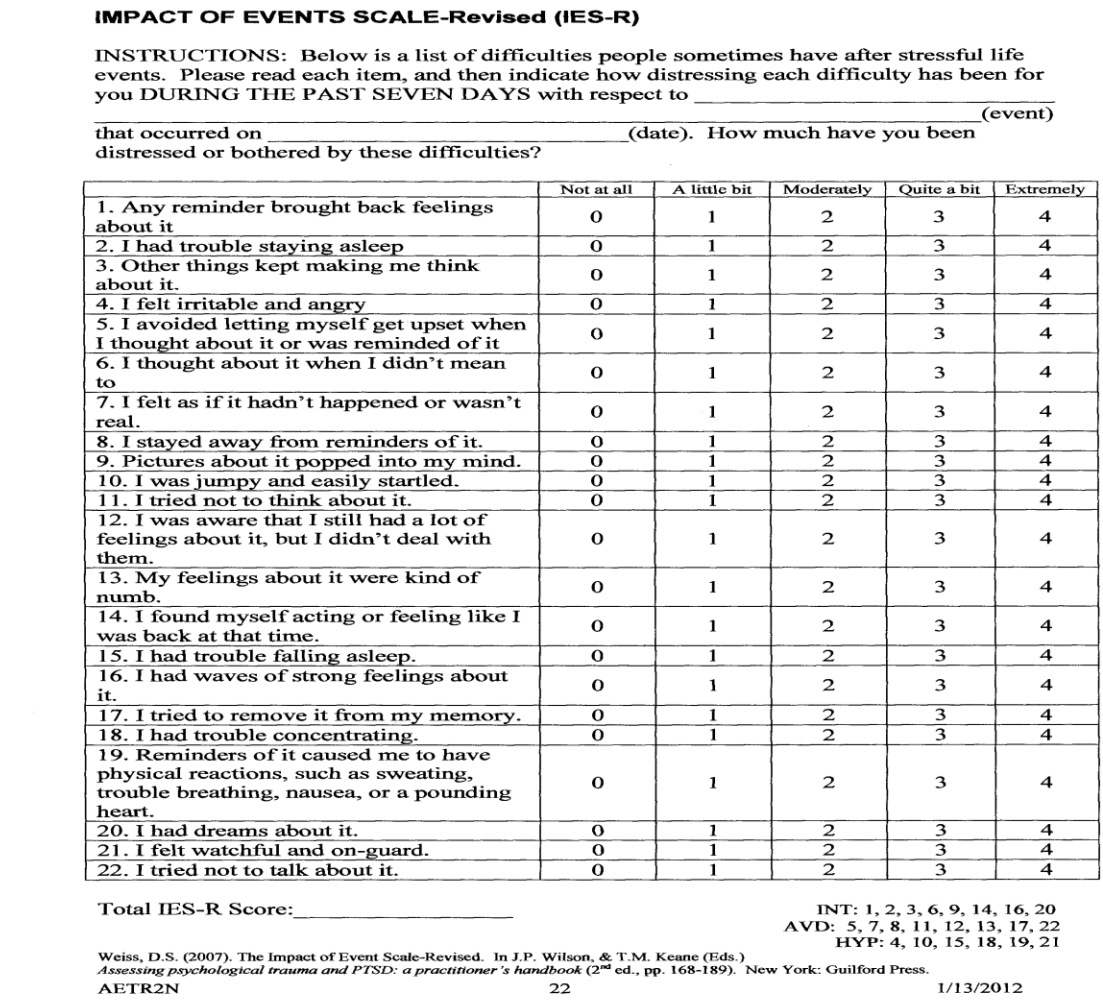
The next questions we would like to ask are about how you have been feeling in the past week. Each question is a statement; please answer how many days you have had particular feelings or ideas or whether you have not had them at all. There are four options: rarely or never, some or a little of the time, a moderate amount of time, or most or all of the time.

701	**CES-D SCALE:**	RARELY OR NONE OF THE TIME	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	MODERATE AMOUNT OF TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
A	During the past week I was bothered by things that usually don't bother me	0	1	2	3
B	During the past week I did not feel like eating, my appetite was poor	0	1	2	3
C	During the past week I felt I could not cheer myself up even with the help of family and friends	0	1	2	3
D	During the past week I felt I was just as good as other people	0	1	2	3
E	During the past week I had trouble keeping my mind on what I was doing	0	1	2	3
F	During the past week I felt depressed	0	1	2	3
G	During the past week I felt that everything I did was an effort	0	1	2	3
H	During the past week I felt hopeful about the future	0	1	2	3
I	During the past week I thought my life had been a failure	0	1	2	3
J	During the past week I felt fearful	0	1	2	3
K	During the past week my sleep was restless	0	1	2	3
L	During the past week I was happy	0	1	2	3
M	During the past week I talked less than usual	0	1	2	3
N	During the past week I felt lonely	0	1	2	3
O	During the past week people were unfriendly	0	1	2	3
P	During the past week I enjoyed life	0	1	2	3
Q	During the past week I had crying spells	0	1	2	3
R	During the past week I felt sick	0	1	2	3
S	During the past week I felt that people dislike me	0	1	2	3

T	During the past week I could not get 'going'	0	1	2	3
702	Thank you for answering those questions. I now want you to think about your whole life experience. Have you ever thought about ending your life?	YES…….....…1 NO…….…….....0			
703	Have you ever tried to take your life?	YES…….....…1 NO…….…….....0			
704	In the past <u>four weeks</u>, has the thought of ending your life been in your mind?	YES…….....1 NO…….…….....0			
705	Have you ever had an HIV test?	YES…….....1 NO…….…….....0			
706	Have you had an HIV test in the past 12 months?	YES…….....1 NO…….…….....0			
707	Have you had a COVID-19 test?	Yes, No			
707a	How many times have you had a COVID-19 test?	……..			

Instructions for IES-R

Below is a list of difficulties people sometimes have after stressful life events. Please indicate how



IMPACT OF EVENTS SCALE-Revised (IES-R)

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____ _____(event) that occurred on _____(date). How much have you been distressed or bothered by these difficulties?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it	0	1	2	3	4
2. I had trouble staying asleep	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6. I thought about it when I didn't mean to	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders of it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on-guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

Total IES-R Score:_____

INT: 1, 2, 3, 6, 9, 14, 16, 20
AVD: 5, 7, 8, 11, 12, 13, 17, 22
HYP: 4, 10, 15, 18, 19, 21

Weiss, D.S. (2007). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.) *Assessing psychological trauma and PTSD: a practitioner's handbook* (2nd ed., pp. 168-189). New York: Guilford Press.

AETR2N 22 1/13/2012

distressing each difficulty has been for you during the **PAST ONE MONTH** with respect to **THE COVID-19 OUTBREAK SINCE MARCH 2020 AND THE RECENT HIKE IN FATAL CASES AND DEATHS IN GHANA**. Please take a few moments to carefully reflect on the difficulties or distress you may have experienced.

Instruction: Ghana saw its first case of COVID-19 case in March 2020. Following that we have witnessed a rise in number of cases and deaths from the disease. Very stringent measures imposed such as schools close down, restriction on gatherings, social distancing, hand washing, wearing of face masks, lockdown in parts of the country, etc. The country seemed to have had the COVID-19 under control until January this year (2021) where a sudden hike in number of cases and deaths have been recorded. We all do not know how events will turn out – whether another lockdown will happen, schools will be closed, etc. The following statements describe some ways in which people cope with uncertainties. Kindly indicate how you much you agree with each statement in relation to your own state.

Intolerance of Uncertainty Scale - Short Form

(Carleton, Norton, & Asmundson, 2007)

	Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
1. Unforeseen events upset me greatly.	1	2	3	4	5
2. It frustrates me not having all the information I need.	1	2	3	4	5
3. Uncertainty keeps me from living a full life.	1	2	3	4	5
4. One should always look ahead so as to avoid surprises.	1	2	3	4	5
5. A small unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5
6. When it's time to act, uncertainty paralyses me.	1	2	3	4	5
7. When I am uncertain I can't function very well.	1	2	3	4	5
8. I always want to know what the future has in store for me.	1	2	3	4	5
9. I can't stand being taken by surprise.	1	2	3	4	5
10. The smallest doubt can stop me from acting.	1	2	3	4	5
11. I should be able to organize everything in advance.	1	2	3	4	5

12. I must get away from all uncertain situations.	1	2	3	4	5

Please circle the number that best corresponds to how much you agree with each item.

SECTION7: FOR BUSINESS OWNERS ONLY (CURRENT & PAST 1 YEAR)

Introduction

The purpose of this tool is to identify and measure the impact of the COVID-19 pandemic response on business' operations and performance (profit and growth), innovative actions being taken by businesses to mitigate the impact, and actions being undertaken to prepare for business recovery post COVID-19.

CONFIDENTIALITY OF INFORMATION

All information supplied is confidential. The information shall be used by the researchers in accordance with ethical principles. The information provided shall not be used for the purpose of taxation.

Filter question: Are you the actual owner of the business enterprise or a steward: 1. Actual owner 2. Steward

PART A: IDENTIFICATION AND CLASSIFICATION

Establishment ID		
Region name		1. Greater Accra 2.. Ashanti
Type of legal organization (e.g. Limited Liability Co., Partnership etc.):		a. Sole proprietor b. Partnership c. Limited liability d. Other (Specify)……
If not sole proprietorship, Is your business owned by 50 percent or more by women?		a. Yes (50% or more female ownership) b. No (less than 50% female ownership)
What is the nature of the business in simple terms? E.g. Wakye seller, hairdresser, etc		…….
In which sector/industry is your business? We are interested in the main		1. Manufacture of food products 2. Manufacture of wearing apparel (Seamstress) 3. Wholesale and retail trade 4. Wholesale trade 5. Retail trade 6. Accommodation 7. Food and beverage service 8. Financial service activities

		9. Other professional, scientific 10. Education 11. Other personal service activities 12. Other (specify): ……..

PART B: IMPACT OF COVID-19 ON BUSINESS OPENING / CLOSING				
QUESTION	**SEPTEMBER 2019-FEBRUARY, 2020 (A-BEFORE LOCKDOWN)**	**MARCH -MAY, 2020 (B-DURING LOCKDOWN)**	**JUNE 2020-DEC 2020 (C-AFTER LOCKDOWN)**	**CURRENT (Since Jan 2021)**
B1. What has been the operational status of this establishment during…?	a. Open **b.** Closed	a. Open b. Closed not due to lockdown c. Closed due to lockdown	a. Open **b.** Closed	a. Open b. Closed
PART C: IMPACT OF COVID-19 ON WORKFORCE				
C1. How many workers did this establishment have? **(Include unpaid workers, apprentices)**	a. Total Number …. b. # Women…	a. Total Number …. b. # Women…	a. Total Number …. b. # Women…	
C2. What was the total share of paid workers?	a. Total Number …. b. # Women…	a. Total Number …. b. # Women…	a. Total Number …. b. # Women…	
C3. How many workers were hired new? (both part time and full time)	a. Total Number …. b. # Women…	a. Total Number …. b. # Women……..	a. Total Number …. b. # Women…	
C4. How many workers were permanently laid off?	a. Total Number …. b. # Women…	**General laid off** a. Total Number …. b. # Women… **Laid off due to lockdown** c. Total Number …. d. # Women…	a. Total Number …. b. # Women… **Laid off due to covid** e. Total Number …. f. # Women…	
C6. How many workers had their salary, wages, or benefits reduced?		**General reduction** **a.** Total Number …. **Reduction due to lockdown** **b.** Total Number ….	**General reduction** **a.** Total Number …. **Reduction due to covid** **b.** Total Number ….	
C7. How many workers worked from home?				
How would you rate the demand for your goods and services?	1. Very low; 2. Low, 3. average; 4. high; 5. very high	1. Very low; 2. Low, 3. average; 4. high; 5. very high	1. Very low; 2. Low, 3. average; 4. high; 5. very high	1. Very low; 2. Low, 3. average; 4. high; 5. very high

MITIGATING MEASURES

1. What is your current use of mobile money? 0. Never used; 1. Personal use only; 2. Minimal use for business; 3. Moderate use for business; 4. Usual use for business
2. Prior to the COVID outbreak, how would you say your use of mobile money was? 0. Never used; 1. Personal use only; 2. Minimal use for business; 3. Moderate use for business; 4. Usual use for business
3. How has the use of mobile money impacted your sales? N/A; Same/ No impact; increased sales; decreased sales
    a. If no use, why are you not using mobile money for business? 1.Transaction Cost; 2. Due to fraudsters; 3. Connectivity problem; 4. Not interested; 5. Not aware
4. Have you started/ increased use of internet, online social media or other digital platforms in response to COVID-19? 1 = Yes. It started.; 2 = Yes. It increased.; 3 = No
5. What would be the most needed policies to support this business over the COVID-19 crisis? 1 = Cash Transfer; 2= Deferral of rent, mortgage, or utilities; 3 = Deferral of credit payments, suspension of interest payments, or rollover of debt.; 4 = Access to new credit; 5= loans with subsidized interest rates; 6 = Fiscal exemptions or reductions; 7= Tax deferral; 8 = Wage subsidies; 9 = Training or advisory services (excl. IT); 10 = Training or advisory services for IT; 11 = Formalization of business; 12 =Others [Please specify]
6. From July 1, 2020, to the day of the interview, has this establishment received any national or local government support (CAP) issued in response to the crisis? 1 = Yes 2 = No
    a. What did the support involve? 1 = Cash Transfer; 2= Deferral of rent, mortgage, or utilities; 3 = Deferral of credit payments, suspension of interest payments, or rollover of debt.; 4 = Access to new credit; 5= Loans with subsidized interest rates; 6 = Fiscal exemptions or reductions; 7= Tax deferral; 8 = Wage subsidies; 9 = Training or advisory services (excl. IT); 10 = Training or advisory services for IT; 11 = Formalization of business; 12 =Others [Please specify]
    b. Which of the following options best describe the reason why this establishment did not receive any national or local government support issued in response to the crisis? 1 = I was not aware; 2 = Too difficult to apply; 3 = I am not eligible. ; 4 = I have applied but not received it; 5 = I did not apply because I am not expecting to get it; 6 = Other (specify)
7. Looking ahead into the next 3 months (**April-June 2021)** Do you expect your monthly average sales to increase, decrease or remain the same compared to the same period last year? 1= Increase; 2=Decrease; 3=Remain the same; -9=Don't know

Alternate formulation for businesses less than 12 months old - *Looking ahead to the next 3 months do you expect that your **monthly average sales** will increase, decrease, or remain the same, compared to the last 3 months?*

    a. By what percentage?

8. Looking ahead to the next 3 months **(April-June 2021)** do you expect that your number of employees will increase, decrease, or remain the same, compared to the same period last year?

Alternate formulation for businesses less than 12 months old - *Looking ahead to the next 3 months do you expect that your **number of employees** will increase, decrease, or remain the same, compared to the last 3 months?*

    a. By what percentage?

INSTRUCTION: As you know, sometimes businesses don't go as we expect, given that businesses can go better or worse, let us talk about these possible alternative situations:

Let's now think about a **pessimistic scenario, if things will be worse** than you are currently expecting based on the current situation.

Looking ahead to the next 3 months (**(April-June 2021)**

9. a. What is the expected change in sales/revenue that you anticipate for this establishment compared to the same period before COVID-19? 0. No change 1. Up to 25 % increase 2. 26 to 50% increase 3. 51 to 75% increase 4. >75% increase 5. Up to 25 % decrease 6. 26 to 50% decrease 7. 51 to 75% decrease 8. > 75% decrease
   b. What is the approximate change in employment that you anticipate for this establishment compared to the same period before COVID-19? 0. No change 1. Up to 25 % increase 2. 26 to 50% increase 3. 51 to 75% increase 4. >75% increase 5. Up to 25 % decrease 6. 26 to 50% decrease 7. 51 to 75% decrease 8. > 75% decrease
   c. On a scale of 0 to 100, what is the chance (probability) you believe this will happen?

Let's now think about a **optimistic scenario, if things will be better** than you are currently expecting based on the current situation.

Looking ahead to the next 3 months **(April-June 2021)**

10. a. What is the expected change in sales/revenue that you anticipate for this establishment compared to the same period before COVID-19? 0. No change 1. Up to 25 % increase 2. 26 to 50% increase 3. 51 to 75% increase 4. >75% increase 5. Up to 25 % decrease 6. 26 to 50% decrease 7. 51 to 75% decrease 8. > 75% decrease
    b. What is the approximate change in employment that you anticipate for this establishment compared to the same period before COVID-19? 0. No change 1. Up to 25 % increase 2. 26 to 50% increase 3. 51 to 75% increase 4. >75% increase 5. Up to 25 % decrease 6. 26 to 50% decrease 7. 51 to 75% decrease 8. > 75% decrease
    c. On a scale of 0 to 100, what is the chance (probability) you believe this will happen?

Appendix 7 In-depth interview guide

In-Depth Interview Guide

Interviewer: _____

Note taker (if applicable): _____
Town/community/District: _____

Date: _____

Time discussion started: _____ **Time ended: _____**

INTRODUCE INTERVIEWER:

INTRODUCE THE PURPOSE OF THE STUDY:

Let's go ahead and get started. My name is _____. We work for the Gender Centre. We are very interested in learning about how the COVID-19 pandemic has affected you economically and socially. We will only share the information we learn today in a general way and in a way that does not reveal your identity. We really want to hear what you have to say and want you to feel comfortable in answering questions however you want to. There are no right or wrong answers.

We will be recording the conversation and taking notes to make sure that we don't miss what you have to stay. This will help us later when we go back and organize all the information that was shared today. This interview should last for at least one hour.

Do you have any questions before we begin?

Questions for all Women

IMPACT OF COVID-19 ON WOMEN'S PSYCHO-SOCIAL LIVES AND RELATIONSHIPS

Ice breaker: What do you know about COVID-19? Generally, how do you feel about it?

1. What **one positive thing** can you say COVID-19 brought to your relationships?

2. What **one negative thing** can you say COVID-19 brought to your relationships?

3. Briefly describe the characteristics of your household i.e. how many children, ages, disability status, adults, relationship with other household members, etc

4. In what ways has COVID-19 impacted on your relationship with your family? Spouse, children, relatives?

5. Did you have to recruit a nanny to take care of your child/ren? Or did you have to send your nanny or house help away during the restrictions? Please explain further.

6. Did you have to take care of a relative due to the COVID-19 pandemic? What is your relationship to that individual? Please explain further (reasons for care)

7. Would you say that COVID-19 has increased your care work? Please explain

8. Did you have to change your eating habits (skipping/frequency of eating, type of meals) at anytime since the COVID-19 pandemic? How about other members of your household?

9. Did you worry about your own mental health or that of other members of your household at anytime since the COVID-19 pandemic? What times did this happen and what form did these stresses take?

Questions for Business Owners

IMPACT OF COVID-19 ON BUSINESSES

Now I'm going to ask you a few questions specifically about how COVID-19 has impacted on your business

1. Kindly describe the kind of business you do

2. Please describe what happened when the lockdown was instituted (had you ordered for supplies? What did you do with the supplies? Cooked food, etc)

3. Kindly describe how the lockdown affected your business (monetary, contracts, dwindling sales, gaps in supplies, loss of imports)

4. Did you receive any help? From who? and what type of help did you experience? Please explain further.

5. Did you receive any help from the government? If yes, please explain the type of help you received.

If no, did you apply or not? If you did not apply, why? Did you hear about government's package?

6. If you received help from the government, please describe the process involved (filling of form, tax identification form from GRA, open bank account). How was the process in acquiring government incentive? Was it difficult? Easy? Please explain. Did you have to go through somebody (e.g. relative, friend, assemblyman, party chairman, etc)? Please walk me through the entire process from intention to apply to current status/ receipt of help (if received)

7. Was it helpful? If yes, how has the government's intervention helped your business? If no, also explain how unhelpful it was or how it could have been improved next time

8. What is the current state of your business post-lockdown restrictions?

9. Are you doing anything differently to improve your business due to COVID-19? Please explain. (use of social media, use of mobile money, delivery service, home service, etc.)

IMPACT OF COVID-19 ON FEMALE EMPLOYEES

1. Please what work do you?

2. Is this the job you were doing before the COVID-19 pandemic? (If YES, move to Q4)

3. If NO, what work were you doing before the pandemic? Please explain why you had to change jobs.

4. a. How did COVID-19 affect your job?

   b. Did you lose your income? For how long did you lose your income (IF APPLICABLE)?

5. Did you have your income reduced? How much income did you lose?

6. What other sources of income do you get such as remittances? From Husband, sibling, children, relatives?

7. How were your other sources of income affected?

8. How did the pandemic affect your overall finances? (both income and remittances)

9. Can you explain why you had a reduced income?

10. Please explain how you coped with the economic challenges you encountered?

11. What are some of the psychological stresses you experienced because of the financial stresses? (anxiety, depression, fear, uncertainties, suicide, etc. Use psychological stress assessment).

Questions for persons reporting VAWG

COVID-19 AND VAWG

Now I'm going to ask you a few questions specifically about VAWG (Violence Against Women & Girls).

1. What kinds of VAWG usually occur in this community? In what situations/circumstances does VAWG occur?

   PROBE: Describe. To what extent is VAWG a problem in this /Local area?

2. Have you ever experienced VAWG before the COVID-19 pandemic? (Before March 2020)

   PROBE: Describe? When did this happen? How did this start? Why did it happen? Who was involved? How often do you experience this?

3. How will you describe the kind of violence you have just narrated?

PROBE: What about physical violence? Sexual Violence? Emotional Violence? Who is committing the violence? Boyfriends/Spouses? In what kinds of settings and circumstances did the violence occur? How often does it happen? What were the causes of the violence you experienced?

4. Did you ever experienced VAWG during the COVID-19 lockdown or restrictions? (March-June 2020)

PROBE: Describe? When did this happen? How did this start? Why did it happen? Who was involved? How often do you experience this?

5. How will you describe the kind of violence you have just narrated?

PROBE: What about physical violence? Sexual Violence? Emotional Violence? Who is committing the violence? Boyfriends/Spouses? In what kinds of settings and circumstances did the violence occur? How often did it happen? What were the causes of the violence you experienced?

6. Did you ever experienced VAWG after the easing of COVID-19 lockdown or restrictions? (after July, 2020)

PROBE: Describe? When did this happen? How did this start? Why did it happen? Who was involved? How often do you experience this?

7. How will you describe the kind of violence you have just narrated?

PROBE: What about physical violence? Sexual Violence? Emotional Violence? Who is committing the violence? Boyfriends/Spouses? In what kinds of settings and circumstances did the violence occur? How often did it happen? What were the causes of the violence you experienced?

8. How will you describe the effects of VAWG on you? On your family?

PROBE: How did you feel after experiencing the violence? Physically? Emotionally? Psychologically? Describe.

9. Can you share with us how you felt being in lock-down with an abusive person (spouse, boyfriend, relative, etc?

10. Do you generally feel that VAWG has been made worse by the COVID-19 pandemic? How?

SUPPORT FOR VAWG VICTIMS

9. When you experienced VAWG what actions did you take? Did you go for support? Why? Why not? (before COVID-19, during the pandemic)

PROBE: Where do women usually go for support if they experience violence? What about DOVVSU/Police? Health facility? CHRAJ? Family member? Neighbour? Social welfare? Church member/leader, traditional leader. Probe for all sources and kinds of support given. Did you go to any of these institutions for support?

PROBE: How did you find out about places that you can go for support? Why did you choose that place to go to for support?

PROBE: What kinds of support were given to you when you went? Were you satisfied with the support given to you? Why? Why not?

Questions for Adolescents

1. Tell us something about the COVID-19. What is it and how do we protect ourselves from getting infected?
2. How has the COVID-19 pandemic affected your schooling or apprenticeship?
3. How did the COVID-19 pandemic affect your participation in household chores?
   Probe. Did your household chores increase/decrease? Give examples of increase or decline? (eg of chores, cooking, cleaning, washing, ironing, ect.)
4. How has the COVID-19 pandemic affected your relationship with household members? (improve relationship, spend more time together, constant bickering/quarrels, etc)
5. How has the COVID-19 pandemic affected your relationship with your neighbors and your social life in general?
6. Have you been able to adhere to the COVI-19 protocols? What has been your experiences with adhering to the pandemic protocols (barriers and facilitators).
7. How has the COVID-19 pandemic and its attendant restrictions influence(d) your risk of violence? Probe for physical, sexual, psychological and economic violence
8. How has the COVID-19 pandemic and its attendant restrictions influenced you psychologically? PROBE: Fear, anxiety, stress, depression
9. How do you think the psychological impacts on you could be/have been reduced? And by who?
10. Do you think the COVID-19 has had any psychological impact on members of your household? How is this evident? about your age mates?
11. How do you generally feel about the resumption of school/work?

Appendix 8 Confidentiality Agreement

CONFIDENTIALITY AGREEEMENT FORM

Title: Assessing the economic and social impact of COVID-19 on women and girls in Accra and Kumasi

Principal Investigator: Dr Deda Ogum Alangea

Address: School of Public Health, University of Ghana, Legon. P.O. Box LG 13, Accra

General Information about Research

The emergence of COVID-19 has impacted negatively on many countries. COVID-19 has impacted the socio-economic lives of many people globally. Particularly, the economy, education, and health sectors have been hugely affected. Also, there have been reports of an increase in violence against women and girls in several countries (Mohase, 2020). While there has been some evidence of the impact of COVID-19 on some members of the population, there has not been enough study done to support the reports. Specifically, there are no studies on the impact of COVID-19 on women and women-owned businesses. Also, studies on the impact of the pandemic on care-work and violence against women have all not been studied in Ghana. This study shall therefore investigate the impact of the COVID-19 pandemic on women's socio-economic lives.

RESEARCHER AGREEMENT

I agree that, in consideration for access to information submitted to me during interviews, I will keep all information provided to me by the study participants' in relation to the Study in strict confidence.

_____ _____

Date Name /Title of Researcher

Signature: _____

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Name /Title of Witness

Signature: _____