

# COVID-19 IN GHANA: IMPACT ON LIVING STANDARDS AND POVERTY OF LOW-INCOME EARNERS

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**Abstract:** This study analyses the impact of COVID-19 on the economically bottom-class, low-income earners in Ghana, focusing on small-scale vendors to provide evidence of how the pandemic affected their day-to-day living conditions and poverty. How did the COVID-19 pandemic's outcomes impact the economic and personal living standards of low-income earners in Ghana? I utilised content analysis and SPSS descriptive statistics to analyse 384 small-scale vendors (traders with Ghc500-Ghc3000 capital) in four cities or towns in Ghana between August and October 2021. Data analysis provides micro-level evidence that COVID-19 has threatened people's ordinary living standards and has worsened poverty. Specifically, I find evidence that the pandemic's outcomes negatively affected the socio-economic life of small-scale vendors, limiting their access to food, water, medical care, income, and capital while increasing poverty. The study expands the literature on the socio-economic impact of infectious diseases and serves policy relevance.

**Keywords:** *Ghana; COVID-19 pandemic; living standards; low-income earners; small-scale vendors; poverty*

## Introduction

On 11 March 2020, the World Health Organization (WHO) officially declared the novel Coronavirus disease 2019 (COVID-19) a global pandemic. The pandemic has since generated tremendous public anxiety worldwide, forcing all governments to implement control measures and preventive protocols. The initial rapid spread of the virus and little scientific and health information about it provided fertile grounds to stoke rumours and conspiracies of bioweapons, perching the U.S. and China as the culprits

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against each other. These theories were fanned by the distrust and blame games between the U.S. and China (Ameyaw-Brobbe, 2021a, 2021b; Huang, 2020). Global conspiracies shaped people's fear, panic and anxiety worldwide (Ahorsu et al., 2020; Ameyaw-Brobbe, 2021b). While all states are experiencing the consequences of the global economic slowdown the pandemic brought, assessing how it has affected the populations of the developing world like Africa economically is essential.

Consequently, the present work focuses on the economically bottom-class or low-income earners, explicitly focusing on small-scale vendors in Ghana. The purpose is to explore and analyse the impact of COVID-19 on this group of people in order to provide micro-level evidence of how the pandemic affected their day-to-day living conditions. Specifically, it explores how the COVID-19 outcomes – government interventions and control measures such as lockdown and physical and social distancing – impacted the daily living conditions of low-income earners, focusing on small-scale vendors. Some interrelated questions guide this task. How does COVID-19 affect the Ghanaian population economically? Specifically, how did the consequences of the pandemic's social distancing and lockdown measures and the global economic slowdown impact the economic and personal living conditions of low-income earners in Ghana? Exploring the economic consequences of the pandemic on low-income earners, focusing on small-scale vendors in Ghana – a developing country – is necessary to determine the pandemic's specific repercussions. This exploration will also help us understand the general continent-wide situation since the continent endured a pre-COVID-19 “disproportionate burden of poverty and disease” (Ataguba, 2020, p. 325; see also Anyanwu and Salami, 2021).

Most of Africa, including Ghana, faced weak public healthcare systems, including inadequate medical staff and health infrastructure. Economically, these weaknesses encapsulate low economic diversification, dependence on informality, and overreliance on import goods and export commodities for foreign exchange. The weak economic institutions have created a system lacking social safety nets and increasing high-level poverty. Before the COVID-19 pandemic, over half of the world's impoverished people lived in sub-Saharan Africa (World Bank, 2018). Even without the COVID-19 pandemic, the World Bank forecast for 2030 puts the share of the global extreme poor living in sub-Saharan Africa at about 87%. The prevalence of extreme poverty rates for many sub-Saharan African countries would be double-digit (World Bank, 2018). Therefore, it is natural to project that Africa would be most vulnerable to the economic shocks of the pandemic.

For example, the World Bank estimates indicate that about 27 million to 40 million people will likely be pushed into extreme poverty in sub-Saharan Africa due to COVID-19 (Lakner et al., 2021). According to the African Development Bank (AfDB), about 30 million Africans became extremely poor in 2020 alone, and an extra 39 million were expected to be pushed into extreme poverty in 2021 (AfDB, 2021).

Therefore, it is crucial that scholars go beyond these forecasts and macro-level estimations to properly understand the micro-level and the person-to-person pandemic-related difficulties in order to give meaning to the macro-level assessments. Some scholars have responded to this call, discussing the relations between people's well-being in Ghana and Africa and the COVID-19 pandemic, focusing on various variables and perspectives. For example, Bukari et al. (2021) explored the pandemic's economic impacts on households in Ghana. Amewu et al. (2020) have examined the economic costs of COVID-19 policies and external shocks in Ghana. Owusu, Kutor, and Ablo (2023) have focused on the geographies of blame for the pandemic's spread in Ghana. Awuni et al. (2023) and Schotte et al. (2023) have examined the pandemic's economic impact on Ghanaian workers and households, particularly in urban areas. Nevertheless, although these works provide essential findings, there are still significant gaps to be filled as their general discussions and conclusions relate to the entire population or some metropolises without a specific focus on unique or vulnerable groups such as low-income earners or rural communities. The present work attempts to bridge this gap by focusing on small-scale vendors – a key component of low-income earners.

To do this, I compiled responses from 384 small-scale vendors (traders with Ghc500-Ghc3000 capital) in four cities or towns in Ghana (Accra, Tema, Sunyani, and Ho) through a structured questionnaire and unstructured interviews. Using content analysis and limited SPSS descriptive statistics, the study found micro-level evidence that the COVID-19 pandemic has negatively affected the small-scale vendors' socio-economic lives. This effect mainly concerns their access to food, water, medical care, income, and capital, putting their businesses in danger. Therefore, I argue that the pandemic threatens ordinary living and worsens the poverty levels of low-income earners, such as small-scale vendors, due to its social distancing and lockdown measures and the associated global economic slowdown. In this case, the government would need to trade-off between national health and socio-economic impacts of stricter health measures.

The present work contributes to the fast-growing literature on COVID-19's effect on economic life, poverty and living standards, especially in Ghana. It expands the existing body of literature on the socio-economic impact of infectious diseases on economic and human development in Africa. Notably, while relatively few works have applied primary data to study the pandemic's impact in Ghana and across Africa (see, for example, Awuni, 2023; Bukari et al., 2021; Schotte et al., 2023), the majority of these studies apply secondary datasets (see, for instance, Amewu et al., 2020; Asante and Mills, 2020; Kinyondo and Pelizzo, 2021; Owusu and Frimpong-Manso, 2020). These studies usually reflect the general and Africa-wide situation without capturing the unique experiences of specific groups such as small-scale vendors. Therefore, focusing mainly on an often marginalised but crucial group to the economic development of Ghana – small-scale vendors – and applying a primary dataset to analyse their well-being vis-à-vis the COVID-19 pandemic is vital to add a nuanced analysis of the subject. Focusing on small-scale vendors may also shed light on the more extensive characteristics of low-income earners in Ghana and Africa. This work also serves as a policy relevance, guiding policymakers in their attempts to navigate the Ghanaian economy and the population out of the problems the COVID-19 pandemic has brought.

The rest of the paper is organised as follows. The next section examines the growing body of literature on the relations between the COVID-19 pandemic and the socio-economic life of people, including falling living standards and poverty in Africa, particularly Ghana. In the third section, I give an overview of the COVID-19 situation in Ghana. I then clarify the research design and methods in section four. The study shows in section five how the pandemic has negatively affected the socio-economic life of low-income earners (small-scale vendors) in Ghana, restricting access to essentials like food, water and healthcare. The last section offers a conclusion.

### **Literature on COVID-19 and Socio-Economic Well-Being**

Research on the impact of COVID-19 is rapidly expanding worldwide and mainly on a country-specific basis. Nevertheless, it is essential to clarify that these studies are not geographically uniform, meaning that research on COVID-19 impact is more rapidly growing in some settings and environments than in others. Some discuss the effects on health. For example, earlier reports of COVID-19 from China and Spain indicated significant gender disparities, with males suffering more severe forms and

fatalities than females. Using data from Ghana, Acheampong et al. (2020) have explained that this trend could be due to the differential immune responses of males and females to the different sex hormones, with females having a better responsive and robust response immune system. While the female hormone – estrogen – modulates females' immune system to protect them from severe inflammation, the male hormone – androgen – over-activates males' immune cells (cytokine storm), causing severe inflammation and tissue damage in males to predispose them to severe COVID-19 (Acheampong et al., 2020).

Studies from low- and high-income countries have shown that mental health resulting from anxiety and fear is becoming a significant problem with the pandemic (see Fetzer et al., 2020; Joska et al., 2020). In South Africa, some scholars have noted that the country's epidemic raises unique mental health challenges. For example, the government's lockdown measures stem the spread of infection and prevent the healthcare system and workers from being overwhelmed by the pandemic. However, the policy put some South Africans, especially women with HIV infection and a history of psychological trauma, at an elevated risk of psychiatric and mental health problems (Joska et al., 2020). Therefore, the initial stages of the COVID-19 pandemic might have exerted issues relating to their existential anxieties. The pandemic probably re-kindled trauma associated with community-based restrictions during Apartheid. It also increased their fears about being infected by COVID-19, the likelihood of opportunistic infections such as other fungal, respiratory and viral infections, and the body's strength to withstand it. From this premise, it is likely that women with HIV infection became unhappy, with increased anger rates and interpersonal and domestic violence resulting from anxiety and fear (Joska et al., 2020).

Other scholars have assessed the pandemic's effect on children and their education, especially those from low-income families. In Ghana, Owusu and Frimpong-Manso (2020) explain that the undue socio-economic pressures of the pandemic on low-income families are likely to put many children on the street and increase the risk of child labour. Moreover, since the pandemic's restrictions closed down schools, children who enjoyed socio-economic benefits like free meals under the Ghana government's school feeding program missed these benefits (Owusu and Frimpong-Manso, 2020). Children are more likely to experience COVID-19-related challenges because they depend on others for sustenance and survival. Thus, when parents and guidance are negatively affected by COVID-19-related jobs, income and capital losses and suffer emotional

and psychological anxieties and traumas, children automatically suffer in turn.

Studies about COVID-19's impact on health, global poverty, and general economic development dominate the available research on COVID-19. In the US, Martin et al. (2020) evaluate the socio-economic shock of the pandemic on individuals due to business interruptions, restrictions and shutdowns from social-distancing measures in order to estimate the impact of the actions on household income, savings, consumption, and poverty. They found that a lockdown period of three months would increase the poverty rate from 17.1% to 25.9% in the San Francisco Bay Area, and low-income earners were more likely to be brutally hit. In Pakistan, Malik et al. (2020) note that the threat of the pandemic transcends livelihood. It has also created immense challenges for institutions such as local microfinance institutions that serve affected communities. Microfinance institutions help low-income earners to invest in microenterprises, save income and maintain liquidity. Consequently, during the lockdown in Pakistan, many households' weekly sales and revenue fell by 90%. By April 2020, food security had become a significant concern for many low-income earners. Thus, about 70% of local microfinance borrowers were concerned that they could not service their loans.

In Africa, Le Nestor and Moscoviz (2020) have reported grave economic consequences of the pandemic in Senegal. By April 2020, about 86.8% of Senegalese economically suffered as respondents had already seen income losses. Nevertheless, this economic loss was not homogenous as rural populations, people living outside Dakar, in slum communities, and those with low or no formal education were mainly affected. Moreover, the loss of income directly impacted food security and eating habits, as over a third of Senegalese had reduced the size of meals or cut the number of meals per day (Le Nestor and Moscoviz, 2020). Such trends may not be too different in other parts of Africa. These consequences mean that African governments will find it difficult to avoid a trade-off between the health and socio-economic impacts of stricter health measures.

Studies show that the pandemic has significantly impacted the socio-economic lives of people in Ghana. Owusu, Kutor, and Ablo (2023) believe the spread and impact of the pandemic in Ghana is partly due to the blame games among crucial actors in the country. They transcend the transnational blame games of the COVID-19 pandemic, revealing that in Ghana, the geographies of blame for the spike and spread of the COVID-19

pandemic were mixed. However, although the government is partly to be blamed for its poor handling of the pandemic's reach, the general Ghanaian citizens were primarily responsible for spreading the virus in the country. This argument of blaming the citizens for the pandemic spread may be problematic, as I will explain later in the analysis section. Bukari et al. (2021) have found micro-level evidence among 3,905 households that COVID-19 threatens living standards and puts many people below the poverty line. Consequently, COVID-19 adversely affects and challenges the drive toward achieving some Sustainable Development Goals (SDGs). Amewu et al. (2020) have also been concerned about the economic costs of COVID-19 policies and external shocks in Ghana. Although the urban lockdown in Ghana was relatively short (it lasted approximately three weeks in April 2020), the scholars reveal that this caused the country's GDP to fall by 27.9% in the period and temporarily increased nationwide poverty by adding about 3.8 million Ghanaians to the poverty bracket (Amewu et al., 2020).

This socio-economic problem was precipitated by the government's mitigation measures, such as social distancing, travel restrictions, lockdowns, and economic and service delivery shutdowns in order to reduce COVID-19 transmissions. These measures put many informal Ghanaian workforces who live hand-to-mouth and lack social safety nets in financial difficulties. With tax revenue cuts, the government struggled to adopt appropriate measures. Schotte et al. (2023) find similar evidence. Studying the impact of the pandemic's lockdown policies on employment, the scholars found that the 3-week lockdown in Accra and Kumasi had large and significant immediate adverse effects on employment and income of workers in the affected areas, particularly those in the informal self-employment sector, exacerbating their livelihood conditions. Consequently, Awuni et al. (2023) found that the COVID-19 pandemic worsened vulnerabilities to poverty as a large group of struggling households in the urban areas has emerged between the already-known poor group and the stable middle class. This group, primarily located in urban areas and largely not covered by current social protection and welfare systems, swings poverty and vulnerability from being a rural-based phenomenon to an urban phenomenon.

The small-scale vendors are an essential component of Ghana's informal sector. It is crucial to indicate that the kind of businesses they operate requires that they sell almost every day in order to earn their daily sources of livelihood. Thus, disruptions in their daily sales significantly affect their income levels and living situation. Kazeem (2020) acknowledges this situation and clarifies that "with business ventures that require daily

activity to earn income, a weeks-long hiatus from work can translate to financial peril.” Asante et al. (2021) focused on three deprived regions of Ghana (Upper West, Upper East, and Savannah) to examine the pandemic’s health and socio-economic hazards to households in Ghana. They found evidence that the pandemic has had significant health and large-scale socio-economic burdens on low-income families that will likely exacerbate and prolong into the unforeseeable future. Undoubtedly, the initial fear and panic of the pandemic created anxiety, uncertainty, and emotionally related health problems. However, increased poverty and the generally poor economic conditions of the vulnerable groups due to the loss of capital, jobs and savings will likely affect their healthcare access, outcome, social life, security, well-being and living standards (Asante et al., 2021).

The literature review shows that COVID-19 has significantly affected living conditions in various ways, including decreased income and capital, job losses, reduced access and consumption of food and water, and access to primary healthcare. However, the impacts of the pandemic are not homogeneous across geographical locations, either within a country or across international boundaries. The economic effects, such as employment, income and capital losses, and reduction in food intake, varied across individuals, households, localities or communities, and countries’ characteristics. The effects on people in developed countries differ from those in developing countries. Those in rural areas tend to suffer differently from those in urban centres. Within metropolitan cities, those in slum communities have a different impact from those in residential neighbourhoods (see, for example, Le Nestor and Moscoviz, 2020; Martin et al., 2020). Even in the U.S., people in rural areas, some uninsured or underinsured, tend to suffer more from COVID-19 effects than those in the cities (Van Dorn et al., 2020).

### **COVID-19 and Ghana – Preparedness, Outbreak and Response**

As of early July 2022, the World Health Organization (WHO) reported that there had been almost 550 million confirmed cases of COVID-19, including over 6 million deaths worldwide. Africa’s cases were a little over 9 million, with over 173,000 deaths (WHO, 2022). Ghana’s total cases were a little over 166,000 with 1,450 deaths in the same period (WHO, 2022). Immediately after COVID-19 began to spread across international borders, the government of Ghana started to prepare by setting up the National Technical Coordinating Committee in January 2020 in anticipation that the virus would likely enter the country. The committee assessed Ghana’s resilience and preparedness to handle the outbreak



(Ministry of Health 2020a). The government further attempted to strengthen the capacities of health facilities and institutions, points of entry, and to create public awareness with a commitment of GH¢572 million.

On 12 March 2020, Ghana recorded its first two cases – imported from Norway and Turkey (Ministry of Health, 2020b), followed by a rapid rise in community infections. In line with the global trend, the government instituted measures to control the spread of the virus. It first imposed nationwide travel and social restrictions on 16 March, affecting international entries of countries with 200 or more COVID-19 cases, religious institutions like churches and mosques, traditional institutions like funerals and marriages, and educational or professional meetings such as workshops and conferences. Schools and universities were also closed indefinitely (Amewu et al., 2020). The government closed international borders entirely on 21 March 2020 until reopening land and sea borders after two years (27 March 2022) and lifting more COVID-19 control measures such as mask-wearing. However, the air travel restriction was lifted on 1 September 2020. It took further steps to contain the virus by imposing a partial lockdown of the hotspots of the disease in the country – Accra and Kumasi – for an initial two weeks, extending for an extra week while implementing its 3T strategy – Tracing, Testing, and Treating (Amewu et al., 2020; Asante and Mills, 2020; Taylor and Berger, 2020).

The lockdown restricted intercity movements of passenger vehicles and all residents and workers were to stay at home – except those working in government, those in the food, health, medicine and pharmaceutical production and distribution industry, security officers, and workers of essential services like water and electricity, among others. Market centres were excluded from the closure due to their vital services. Nevertheless, it instituted measures to enhance proper hygiene and behavioural changes, including the regular use of alcohol-based hand sanitisers in the marketplaces (Asante and Mills, 2020). Therefore, in addition to a lockdown, border closures, a ban on public gatherings, and contact tracing measures, the country adopted other preventive measures to stem the COVID-19 spread. These included severe hygienic and general health measures in order to ensure cleaner cities, such as regular disinfections of neighbourhoods and public places like the market centres, decongesting densely populated public centres, and, in extreme cases, imposing lockdowns (Asante and Mills, 2020).

These preventive measures came with unintended socio-economic costs as food, transportation and service delivery prices increased to compound the

hardship of Ghanaians, especially the small-scale traders and low-income earners. Consequently, small-scale traders who were not directly inside the major market centres were negatively affected because they were troubled by lockdowns and closures. Also, certain conditions of social distancing affected some of the small-scale traders and low-income earners who were lucky to have a spot inside the main markets. As their name implies, low-income earners earn little from their daily economic activities and mostly live hand-to-mouth. Thus, they had little to no savings from their earnings before the outbreak of the COVID-19 pandemic and its associated restrictions. Consequently, the loss of jobs, capital and sources of livelihood provoked an elevated need for daily income and sustenance. Therefore, they tended to sidestep some COVID-19 protocols for daily bread.

### **Research Methodology**

This study analyses how the COVID-19 outcomes, that is, government interventions or control measures and behavioural changes – lockdown, physical and social distancing, border closures, a ban on gatherings – impacted low-income earners in order to gain an in-depth understanding of the relations between the outcomes and the consequences. Specifically, I was interested in exploring the actual implications of the pandemic on low-income earners under the question, how did the consequences of the pandemic’s social distancing and lockdown measures and the global economic slowdown impact the economic and personal living conditions of low-income earners in Ghana? Thus, I focused on small-scale traders, particularly vendors. The findings of this study are based primarily on a field study conducted in four cities in Ghana – Accra, Tema, Sunyani and Ho – between August and October 2021. I used purposive sampling to select the cities to give a broader scope of Ghanaian society. These cities were purposely selected based on the convenience of time and resources. In most cases, individuals are the best judges of their lives because the value of living standards lies in living. Their opinions about their own lives may genuinely reflect the reality of their living conditions. Thus, I used structured questionnaires and unstructured interviews to collate the personal living experiences of small-scale vendors in order to measure living standards and poverty vis-à-vis the COVID-19 outcomes. I read out the questions and the associated options to randomly sampled vendors. The process became interactive and assumed the form of an unstructured interview with intermittent follow-up questions.

I utilised a mixed research method, blending qualitative and limited quantitative techniques for the data collection and analysis. I used the blended approach because a combination of different techniques “give[s] us different, complementary pictures of the things we observe” (Lune and Berg, 2017: 2). Creswell and Miller (2000) suggest that a sample size of 15-30 participants is usually adequate in qualitative research that utilises interview techniques to achieve triangulation. Because this study was interested in investigating a similar group of people – small-scale vendors – there were similarities among the participants. Therefore, the study settled on 384 participants (127 [33.1%] males and 257 [66.9%] females), all of whom owned businesses, and their capital ranged between Ghc500 (USD90) and Ghc3000 (USD486) in August 2021.

I divided respondents’ age into intervals of 10: below 20 years, 21-30 (54), 31-40 (98), 41-50, 51-60 (74), and 61+ years (24). The interval 41-50 recorded the highest frequency (117), and below 20 years old recorded the least (17). Although the respondents were low-income earners, a cross-tabulation of age and dependency recorded high dependents. About 114 respondents recorded five to six dependents, and 103 had seven to eight. If one considers the least number of dependents for each interval and multiplies by the frequencies, I interacted with vendors with over 2000 dependents on average. Moreover, the majority of respondents (176) had secondary education, 90 had received tertiary education, primary education (67), vocational and technical training (49), and two had no formal education. Furthermore, about 93% (357) were married, while 7% (27) were unmarried. The characteristics of the items they sold are presented in Table 1.

Several characteristics come together to measure poverty and living standards in Ghana, including income, employment and economic activities, food security and nutrition, healthcare, education and literacy, housing, and accommodation (Ghana Statistical Service [GSS], 2019). These variables are in line with the Afrobarometer rounds of surveys. In measuring micro-level living standards and poverty in Africa, the Afrobarometer’s framework of questions has consistently encompassed these characteristics (see, for example, Afrobarometer 2021). Therefore, I followed these variables or characteristics and framed my questions around the Afrobarometer survey questionnaires. The precise questions used for this paper were:

- How did COVID-19 affect your business? Positively affected; Negatively affected; Acutely affected; Moderately affected; No significant effect.

- From the time Ghana recorded the first COVID-19 case through to all the periods of lockdowns and restrictions, how often, if ever, have you or anyone in your family gone without enough food to eat; enough clean water for home use; medicines or medical treatment; enough fuel to cook your food; a cash income?
- Compare your life now with the pre-COVID-19 period. Would you say it is better, worse, or the same through the following conditions? Getting medical care; Eating healthy and nutritious food; Drinking or using clean water; Getting Income; Cost of living; Access to electricity; General living conditions (school fees, health, nutrition, transportation, etc.).

I put the questionnaire responses on SPSS version 23 for descriptive analysis and used the generated output to construct graphs using Microsoft Excel. To analyse the unstructured interview data, I employed content analysis to identify patterns and themes, including a general reduction in income, difficulty in accessing utilities such as water and electricity, and reduction in food quality, which were reconciled with the questionnaire information to achieve triangulation. Moreover, the content analysis also revealed some of the respondents' mitigation strategies. To uphold ethical principles, I explained the nature and purpose of the study to the respondents. I obtained their informed consent while assuring their anonymity and non-responsibility to the research findings. One major limitation of this study is that it could not cover other important cities like Kumasi, Tamale, and Takoradi due to time and logistical constraints. Such a broader coverage would require a larger research project with more resources and time. Although they could have improved the study's findings, their absence does not negatively affect or invalidate the results of this research.

**Table 1: Distribution of Vendors Goods and Items**

	Frequency	Per cent	Valid Percent	Cumulative Percent
Valid Agricultural Produce (meat, fish, vegetables, grains)	25	6.5	6.5	6.5
Assorted Drinks/ Candies	25	6.5	6.5	13.0
Ladies Beauty Accessories	41	10.7	10.7	23.7
Home Appliances	21	5.5	5.5	29.2
Mobile Phones	18	4.7	4.7	33.9
Footwear (Second Hand & New)	72	18.8	18.8	52.6
Clothing & Fabrics (Second Hand & New)	85	22.1	22.1	74.7
Leathers (Belts & Bags)	40	10.4	10.4	85.2
Miscellaneous	57	14.8	14.8	100.0
Total	384	100.0	100.0	

Source: Author's Survey Findings

### **Socio-Economic Impact of COVID-19 on Small-Scale Vendors**

As I mentioned earlier, the novelty of the coronavirus disease, the rapid and increasing number of infections and deaths, rumours and misinformation concerning the virus, and the initial absence of vaccines created fear and panic globally. In this atmosphere, governments worldwide resorted to restrictions, sometimes in draconian and brutal forms, to reduce transmission. In most cases, the measures worked as they helped break the chain of infections. However, they left substantial socio-economic costs, especially in sub-Saharan Africa. For example, the COVID-19 outcomes shrank Africa's economic growth by 2.1% in 2020, making about 30-39 million Africans poor between 2020 and 2021 (AfDB, 2021). Ghana's GDP fell by 27.9% during the three weeks of lockdown, while an extra 3.8 million Ghanaians became poor (Amewu et al., 2020).

Nevertheless, these impacts were not entirely unexpected. Several projections were made regarding the terrible impact of the pandemic

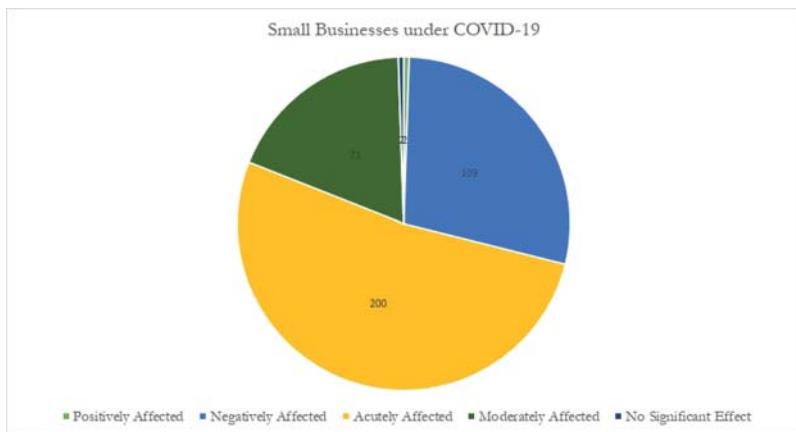
on Africa (Lakner et al., 2021; Mahler et al., 2020; Sumner et al., 2020). Moreover, while government interventions provided the primary factors for the negative socio-economic impacts, certain structural elements and protracted bad governance already inherent in African social, economic and political systems provided fertile grounds for the primary factors to thrive. This point means that pre-existing vulnerabilities precipitated the impacts of the pandemic (see, for example, Asante-Poku and van Huellen, 2021; Couch et al., 2020; Hardy and Logan, 2020). Small-scale vendors in Ghana were not exonerated from the pandemic's socio-economic impact. Being low-income earners, they were among the group heavily hit.

These sellers operate outside the main markets, although some are inside the main market centres. They utilise the streets, spreading their wares in small stalls, kiosks, and on tables. As they are low-income earners they depend on daily sales for bread and household sustenance. Consequently, they cannot save for a more extended period, so they run into difficulties faster when economic activities are halted for even a few days. Through the questionnaire and content analysis, I grouped nine items the vendors traded: agricultural produce, assorted drinks, beauty accessories, home appliances, mobile phones, clothing and footwear (new and second-hand), leather wares, and miscellaneous (a conglomeration of varied items). Clothing and fabrics and footwear (new and second-hand) together recorded the highest frequency (157 [40.9%]), as presented in Table 1. The interactions with the vendors directly revealed the terrible impact of the pandemic and its associated outcomes, such as lockdowns and social distancing on small-scale businesses. I present this finding in Figure 1.

Although the vendors operate in stalls and kiosks, the mode of business or sales of their merchandise, especially clothing and footwear, is street hawking. Therefore, they need people on the street to stay in business. However, the restrictions prevented the different economic agents (individuals, households, firms, government institutions, etc.) from engaging in economic activities. Consequently, their inactivity emptied the streets, depriving the small-scale vendors of customers. It is important to note that a general theme of a stereotype against China and Chinese goods relating to contracting the COVID-19 virus emerged from the unstructured interviews. It is worth noting that the structure of the Ghanaian economy is such that the population depends largely on imported goods. In a recent trend, more affordable and mostly less quality Chinese goods dominate the Ghanaian market, which the small-scale vendors rely on for their trade. Consequently, the content was that while some economic agents stayed home

due to government regulations, others feared contracting the COVID-19 virus by engaging in economic activities such as buying Chinese goods. The fear of purchasing Chinese goods was because people thought Chinese items might be infected with the virus since the virus was first reported in China. Consequently, this stereotype largely impacted the income of the vendors who sold imported items like low-quality clothing and footwear, low-quality leather goods (belts and bags) and, to some extent, tabletop mobile phone dealers.

**Figure 1:** How COVID-19 affected Small-Scale Businesses



Source: Author's Survey Findings

**Question:** *How did COVID-19 affect your business? Positively affected; Negatively affected; Acutely affected; Moderately affected; No significant effect.*

Again, the small-scale vendors depend on the market movers – the importers and wholesalers – for their wares. They retail daily and in small quantities due to the size of their capital. Therefore, with China closing down, some importers and wholesalers inflated the prices of available goods, anticipating shortages that affected the vendors' business capital. Although the government exempted the major markets from the lockdown due to their essential services, many wholesale outlets closed down due to COVID-19 fears. These reasons, individually or combined, affected the small-scale vendors, especially their capital. These problems affected most traders, not only those who depended on imported goods. A vendor of different kinds of local agricultural food crops in Ho clarified that:

It was a difficult period. The government allowed us [traders] to operate because we [traders] provide essential services. However, the foodstuffs come directly from the farmers or sometimes the market women who go to the villages to buy in trucks. During the lockdown, they were not bringing foodstuff. When I called this person, he said it was social distancing. I called another person; she said there was a virus, so the urban areas were unsafe. Even when people were ready to buy, there were no items. At one period, no single tomato or kontonmire [local name for the broad leaves of the cocoyam] was in my stall. (Communication with a vendor in Ho on 12 October 2021)

The reasons for the loss of capital were not homogeneous across vendors and the types of items sold. While some complained about the difficulty of getting things daily, others complained of poor sales because security officers barred shoppers from venturing into the markets. Notably, the complaints of loss of income were less from the agricultural foodstuff vendors than the others. The reason for this situation may not be far-fetched. Food is an essential commodity, and the government allowed food markets to operate. A trader in Accra noted that:

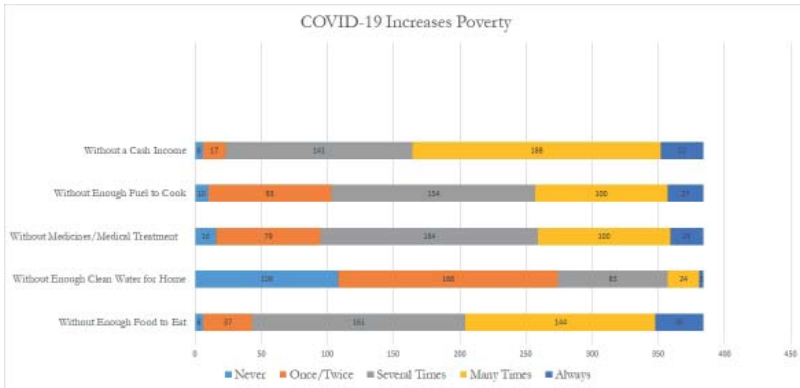
*Abaye* [city guards] and sometimes the police beat up people when they wanted to get items from the market. Thus, many shoppers feared going out, although we [traders] were allowed to sell. Sometimes, we [traders] were beaten because it was difficult to differentiate between who was coming to sell and who was buying. So, it did not make sense when we [traders] were allowed to sell, but shoppers were not allowed to go and buy. (Communication with a vendor in Accra on 12 August 2021)

Among the surveyed areas, only the Accra Metropolitan area, including Tema, suffered the three weeks lockdown. Ironically, it was challenging to differentiate the level of plight and intensity of complaints among the vendors from the various cities. Therefore, the implication is that although those in places like Ho and Sunyani were not in lockdown, they were negatively or acutely impacted due to other outcomes and measures like border closure and social distancing as people decided to stay more at home and less in the market places. This situation affected sales, further leading to capital and savings loss. I have noted that although the vendors were low-income earners, they recorded high dependents, as about 114 vendors recorded five to six dependents, and 103 had seven to eight dependents. A calculation puts the total household of



the 384 respondents at over 2,000 people. This calculation means that as the businesses suffered acutely, families that depended on the businesses for their daily bread suffered.

**Figure 2: COVID-19 Increases Poverty**



Source: Author's Survey Findings

**Question:** *From the time Ghana recorded the first COVID-19 case through to all the periods of lockdowns and restrictions, how often, if ever, have you or anyone in your family gone without enough food to eat; enough clean water for home use; medicines or medical treatment; enough fuel to cook your food; a cash income?*

The inability to engage the economic agents affected the income levels of the small-scale vendors and their households. With the lack of cash income, the vendors confirmed that, in most instances, they had to go without enough food, clean water, medical care, and fuel to cook. I present this finding in Figure 2. Since these characteristics measure poverty (Afrobarometer, 2021; GSS, 2019), their lack thereof means increased poverty. The graphical representation in Figure 2 shows a horrifying picture. Besides clean water, many vendors and their households struggled with most of the poverty indicators. With the reduced household income, the purchasing power for food, fuel to cook, and medical care decreased.

Again, I have noted the dominance of cheaper Chinese goods in the Ghanaian market space and the dependence of the Ghanaian population on these goods for sustenance and basic living. Since about 65% of the global economy was under various lockdowns, the global food supply chain was disrupted, demand was weakened, and trading volumes and values declined. Domestically, the agriculture value chain was also disrupted (Deloitte,

2020). These situations created shortages and price hikes beyond the economic levels of low-income earners. Farmers could continue farming, and food processing and distribution companies were unaffected. However, COVID-19 fears prevented their products from reaching the market space, creating shortages, price hikes, and erosion of business capital. The price hikes meant that people could buy fewer items than they used to buy. Consequently, since the vendors could not stock food in large quantities and depended on daily purchases due to their income and savings levels, the supply chain disruptions were enough to drive them to go several/many times/always without food.

The socio-economic conditions of the low-income vendors deteriorated to such an extent that households' food quality decreased even on the occasions they ate. Due to affordability, they prioritised calorie-dense foods over the more expensive animal-source foods and perishable vegetables and fruits. A vendor in Accra explained the extent of poverty.

I am 46 years old. But I do not remember any period of my life where I experienced the extreme difficulties that came along with the COVID-19 pandemic. We [the vendor's family] were trying to complete our home to move in because the rent took most of our income. Therefore, we [the vendor's family] had little savings, but we [the vendor's family] were okay because, with this business [hawking second-hand clothing], a day would not end without income for the household feeding. We [the vendor and her spouse] work for ourselves, so we receive no pay if we do not work. I support him [husband] with revenue from this second-hand clothing; on good days, it is profitable. During the lockdown, all of us were at home. We [the vendor and her spouse] have two children, and they returned home from school. There were some days I could not sleep at night because I had to think about how we [the vendor's family] would eat and how we could pay the rent. Some nights were tough. What made the issue worse was that goods were also costly. Everything related to food was increased. Life became unbearable due to the upward trajectory of the cost of living. There was no money, but we [the vendor's family] had to pay more for goods. (Communication with a vendor in Accra on 17 August 2021.)

This point confirms the earlier argument that vendors who sold imported items were harder hit than those selling wares, such as food and agriculture,

that were domestically produced. However, Figure 2 shows that the participants' access to clean drinking water was not problematic compared to the other characteristics and indicators. This situation can be explained under the government's mitigation measures that attempted to lessen the pandemic's effect on Ghanaians with relief packages. For example, the government introduced a three-month tax holiday for Ghanaians (Mensah and Boakye, 2021). More importantly for the low-income earners, the government absorbed water bills for all Ghanaians and offered a 50% subsidy on electricity bills. From April to the end of 2020, the government wholly absorbed utility bills for the poorest consumers (Nkrumah et al., 2021). This relationship between less or no problem accessing clean drinking water and the government's relief package on water suggests that in developing countries like Ghana, where sufficiently large numbers of people belong to the informal sector and many live hand-to-mouth, appropriate and well-regulated social safety nets would go a long way to reduce poverty and improve living standards. Consequently, if the government would reduce corruption and personal grabbing and improve the governance system that retains state money for the state, it could institute and improve appropriate social safety nets to improve people's lives even during periods without pandemics. When pandemics arrive, their acute socio-economic impacts would be reduced drastically. A general theme gathered from the unstructured interview is that the state has money or can be rich, and if the politicians, the government and its appointed and elected officials would reduce personal interests in favour of public goods, vertical and horizontal inequalities and poverty would be reduced.

The desire to seek income in order to improve their access to medical care and food motivated these low-income earners to frequently flout the COVID-19 preventive regulations, exposing them to the wrath and brutalities of the security agencies. On this basis, Owusu, Kutor, and Ablo (2023) believe that the general Ghanaian citizens are primarily responsible for spreading the virus in Ghana. However, this argument is problematic because the blame associated with the people relates to disobeying COVID-19 safety protocols, including their reluctance to wear masks and disregarding social distancing rules. Over the years, bad governments and governance practices in the form of corruption, elite grabbing, and misappropriations have rendered the largely informal and highly vulnerable Ghanaian population economically weak and unable to obey laws and policies that seek to prevent people from going out to seek livelihood for even a day. People disobeyed or attempted to defy the COVID-19 control measures and rules not because they were/

are not law-abiding citizens, did not know the laws, were not interested in fighting the pandemic or did not fear punishment in the case of being caught for defying the rules. However, the desire to defy the regulations was motivated mainly by personal economic costs and poverty. The low-income traders see their businesses as their daily source of income and livelihood for themselves and their families (Sowatey et al., 2018). Consequently, their businesses require daily activities to earn income. Therefore, despite the chances of arrest and punishment, some citizens ignored COVID-19 regulations in favour of personal activities (Asante and Mills, 2020).

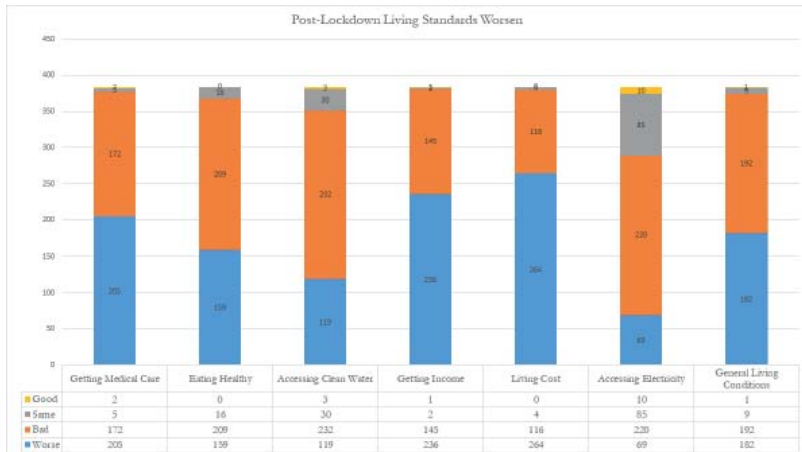
People must think and calculate or conclude that they can eat, improve their economic situation, or stay in equilibrium by flouting the rules. Thus, non-abiding the laws over obeying the COVID-19 regulations was a product of the trade-off between people's economic needs and financial stance and their obeying COVID-19 laws such as staying at home. This explanation means that people's economic or financial strength shapes their incentive to follow COVID-19 regulations. Only individuals know their pockets, their savings, how long they can stay home without work, and whether they and their households can eat. Consequently, since people often act based on rationality – although not always as other factors such as emotions also motivate behaviour – they were able to determine or anticipate through a cost-benefit analysis of a lower opportunity cost of flouting the rules irrespective of the outcome.

Moreover, one question needs to be asked: why did the citizens in Ghana and other places in Africa find it challenging to follow the rules such as mask-wearing while people in, for example, Asia, such as China and South Korea, willingly and quickly followed the COVID-19 prevention rules? One may point to China's repression and people's fear of disobeying the laws. However, how will scholars explain the significant successes of mask-wearing recorded in democracies like South Korea? The outlook of sociocultural and economic institutions of every country, including what and how the people behave, are shaped by the government, politics and political institutions (Acemoglu and Robinson, 2013). The people reflect the government. Consequently, Ghanaians' indiscipline, such as their unwillingness to wear masks, was a function of the many years of governments' indiscipline and its inability to shape a disciplined society and nation in the years preceding the pandemic.

It is worth noting that the COVID-19 outcomes – government interventions – are associated with one crucial excess: the punishment, beating and sometimes brutalities and torture employed by the security officers (see, for example, Durizzo et al., 2020; Lamb, 2020; Wemakor, 2020). In Ghana, the military

was directed to ensure compliance with the regulations, complemented by the police and the city guards. Evidence shows that the military and city guards were beating up civilians with brutal force (see, for example, Wemakor, 2020). Although people were advised to stay home and purchase food from markets in their neighbourhoods, some flouted these directives, and the associated response revealed some form of opportunistic repression (Davenport, 2007; Grasse et al., 2021). The government, through security officers, attempted to use COVID-19 interventions as a window of opportunity to solidify and legitimise suppression. Although there is no specific data in Ghana to measure the volume of the brutalities and repression, based on what has been reported in the media, for example, Wemakor (2020), it is not difficult to argue that military violence against civilians increased in Ghana during the lockdown and the social and economic distancing period. The security officers used the public health interventions as a fig leaf to perpetrate brutalities and satisfy their violent desires and instincts.

**Figure 3: COVID-19 Worsens Living Standards**



**Question:** Compare your life now with the pre-COVID-19 period. Would you say it is better, worse, or the same through the following conditions? Getting medical care; Eating healthy and nutritious food; Drinking or using clean water; Getting Income; Cost of living; Access to electricity; General living conditions (school fees, health, food, transportation, etc.)

In comparing pre-COVID-19 living standards with the post-lockdown era, the small-scale vendors clearly showed that their post-lockdown living standards were terrible or had worsened. I present this in Figure 3. Although they have returned fully to business, they have yet to recover entirely from the shocks of the restrictions, but the traders are optimistic. In most parts of the developing world, including Ghana, access to health care, nourishment, basic amenities like water and electricity, and all the necessary facilities that ensure personal and human security and their respective outcomes always mirror the socio-economic divide in the society. Due to their high incomes, people with higher social and economic statuses get access to improved services that facilitate good outcomes over those in the low-income earning group. The rich have better living conditions, while the poor have poor ones. This explanation means that access to basic security in the developing world is a function of one's socio-economic status. Therefore, the graphical representation of the living standards of the small-scale vendors in Figure 3 shows that they had not recovered to the income and saving levels they experienced before the outbreak and the lockdown.

## **Conclusion**

In this work, I have explored the relationship between COVID-19 outcomes, that is, government interventions or control measures, and the impacts of those outcomes on low-income earners. The analyses have provided micro-level evidence that the pandemic negatively affected low-income earners' day-to-day living conditions and increased their poverty. This condition worsened people's access to cash income, food, clean water, and medicine and eroded their working capital, which they have yet to recover. The impacts of the COVID-19 pandemic were, therefore, evident in the aforementioned socio-economic conditions. A total of 309 out of 384 participants explained that the pandemic had negatively and acutely affected their business. This effect on the businesses, income flow and savings, in turn, affected the living standards and worsened poverty. Although the pandemic created opportunities for traders to hike prices and diversify trading items to masks and alcohol-based sanitisers, 361 out of 384 small-scale vendors indicated insufficient opportunities to shore up their incomes. They went several/many times/always without cash income during the peak periods of the restrictions. This directly affected living conditions as 341 small-scale vendors revealed that they went without enough food several/many times/always, and 289 indicated that they had gone without enough medical care.

The impacts of the pandemic have transcended the post-lockdown periods. From these conditions, it is evident that the pandemic continues threatening the ordinary living conditions of low-income earners. This situation is a significant blow to the sustained economic growth and national development some countries in sub-Saharan Africa experience, helping to achieve some successes in poverty reduction (AfDB, 2021; Anyanwu and Salami, 2021). The sustained growth and development resulted from the interaction among some mutually-inclusive factors, and the impact of the pandemic to erode any of those factors is likely to affect the development agenda negatively (Pelizzo et al., 2018). Second, it is a significant blow to the world's progress towards achieving the Sustainable Development Goals (SDGs) in sub-Saharan Africa by 2030. So far, the discussion reveals that the pandemic poses a genuine threat to several of the SDGs, specifically to poverty (Goal 1), zero hunger (Goal 2), good health and well-being (Goal 3), and clean water and sanitation (Goal 6). Consequently, experts have estimated that achieving zero poverty in sub-Saharan Africa by 2030 will be delayed by at least seven years (Lakner et al., 2021; Mahler et al., 2020; Sumner et al., 2020).

It is important to iterate that the value of people's living standards lies in their living. Thus, they are the best judges of their conditions and are better placed to suggest potential solutions or strategies to deal with the problems related to their lives. Although not discussed in this paper, the content analysis recognised some mitigating strategies, ranging from effective government and governance systems to some self-help strategies such as attitudinal change and seeking assistance from financial institutions. The role of the government dominated vendors' strategy, references made by 295 vendors. However, the most crucial strategy that deserves full consideration, and is worth exploiting further, is vendors' (280) references to China and the hope of leveraging China's economic presence in the Ghanaian market space to navigate from the economic situation the pandemic brought (see Ameyaw-Brobbe, 2023).

Despite the strength of this study, a fundamental limitation is that it focused on only the economically bottom-class citizens or low-income earners whose attitude toward money, living standards, living cost, poverty and economic success might differ from other economic classes. Thus, their views could not be representative of the general public. Consequently, it may be erroneous to wholly argue that the negative impacts on low-income earners suggest that the pandemic has drawn Africa backwards, specifically Ghana's development. However, this limitation does not negate or invalidate

the study's findings. In Ghana, the private sector employs a total of 89.7% of the labour force (the active economic population of 15 years and older), comprising private formal (12.6%) and private informal (77.1%) (GSS, 2021: 130). There are a few more females (81.1%) than males (73.7%) in the private informal sector (GSS, 2021: 130). This scenario indicates that the Ghanaian economy is dependent on the informal sector. The situation is not different across sub-Saharan Africa and the whole of Africa. In sub-Saharan Africa, the informal sector accounts for 89% of all employment (Ataguba, 2020). Therefore, Kazeem (2020) opines, "Across Africa, a reliance on the informal sector threatens effective coronavirus lockdowns." Many low-income earners in Ghana and most parts of Africa and the predominantly informal nature of the Ghanaian and most African economies render the above limitation irrelevant.

**Data Availability Statement:** *The questions from the questionnaire used for this work are embedded in the text. Moreover, the associated raw SPSS dataset supporting the findings could be made available upon request.*

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