

REPORT

COVID-19: STATE OF CHILDREN IN GHANA

Prepared by
Child Rights International



Copyright © CRI 2020

The information appearing in this publication may be freely quoted and reproduced provided the source is acknowledged. No use of this publication may be made for resale or other commercial purposes.

For further information, contact:

Child Rights International
Executive Director
P. O. Box NT102, Accra
0302-418-404, 0244-406-151
info@crighana.org
www.crighana.org

Prepared by:

Child Rights International
P. O. Box NT102, Accra
0302-418-404, 0244-406-151
info@crighana.org
www.crighana.org

I. INTRODUCTION

The outbreak of COVID-19 has plunged the world into a crisis of unprecedented scope and scale. The first case of COVID-19 was declared in Ghana on 11th March, 2020. As at 9th November, the total number of people infected with the virus declared by the Ghana Health Service (GHS) was 49,202, including 320 associated deaths (Ghana Health Service, 2020).

Despite the abundance of data on the impact of the virus on the general population, the question remains, what is the true impact of the virus on children?

In Ghana, there is a need to fill the gap on how COVID-19 is taking a toll on children. Based on this, CRI seeks to unravel the behaviour pattern of the virus in children and the socio-economic state of children, and based on this, propose alternate systems of protection for providing care for children.

2. METHODS

This research used both quantitative and qualitative methods for collecting data. The data collected sampled 589 communities, towns and cities, in addition to nationwide data on COVID-19 provided by the Ghana Health Service (GHS). Secondary data from other sources were included in the research.

3. FINDINGS

In Ghana, COVID-19 has established a certain trajectory that provides incidence of COVID-19 among children between the age cohorts of 0-14 and 15-17.

Majority of children who have contracted COVID-19 fall within the age cohort of 0-14 as compared to those in the age cohort of 15-17.

More girls have contracted COVID-19 as compared to boys within each cohort. However, the mortality is higher in boys as compared to that of girls.

Age groups	Female	Males
0-4	154	135
5-14	504	491
15-17	503	393
Total	1161	1019

Table 1: Age and Sex (0-17 years) distribution of COVID-19 confirmed cases in Ghana, March 11 to November 9, 2020. (Ghana Health Service).

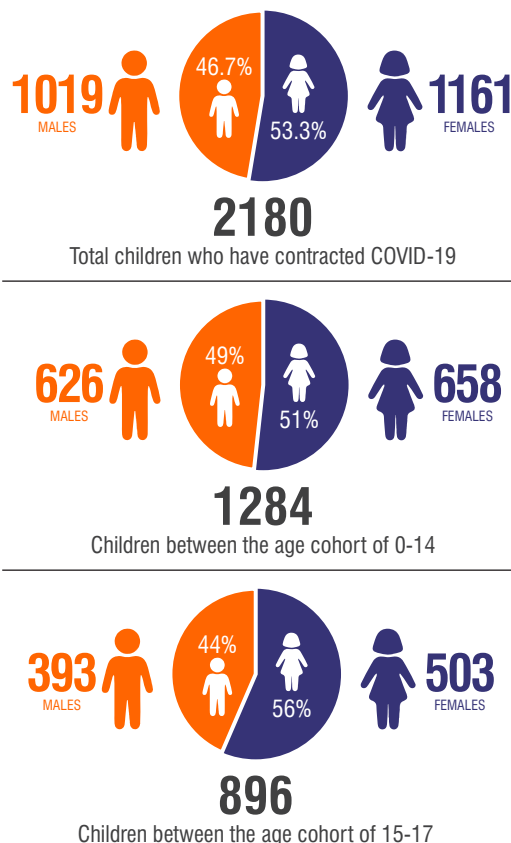


Figure 1: Total children between 0-17 years who have contracted COVID-19 and distribution of cohorts 0-14 and 15-17 years from March 11 to November 9, 2020.

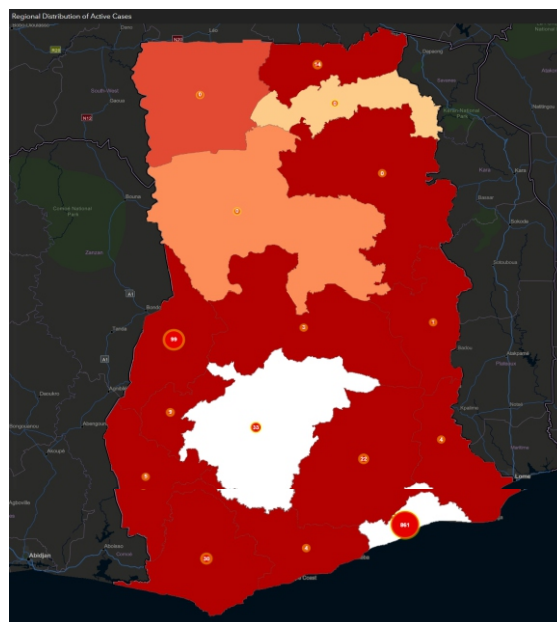


Figure 2: Regional Distribution of Active Cases in Ghana (Ghana Health Service).

The most common symptoms of COVID-19 in children are fever and cough, but children may have any of the following signs or symptoms of COVID-19:

Fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, sore throat, shortness of breath or difficulty in breathing, diarrhea, nausea or vomiting, stomachache, tiredness, headache, muscle or body aches, poor appetite or poor feeding, especially in babies under 1 year old.

Researchers in other jurisdictions such as the USA, UK, Italy and Germany have established a pattern of COVID-19 among persons who are below the age of 18 years (<https://www.sciencemag.org/>). Indeed, the outcome establishes that children can contract COVID-19, however, children suffer milder symptoms in comparison to vulnerable groups such as the aged and persons with underlying health conditions.

According to European Centre for Disease Prevention and Control (ECDC) in USA, 58% of school children reported one symptom of COVID-19, while 5% reported no symptoms. Upon testing, 37% did not show any systemic effect. Among children with COVID-19 in the USA, only 3% of adolescent showed underlying conditions. Similar patterns were demonstrated in UK, Germany and Italy, according to information cited from <https://www.ecdc.europa.eu/>.

1. COVID-19 Incidence in Children:

In Ghana, the data projects a low incidence of COVID-19 among children. The nationwide data shows that from March 11 to November 9, 2020, out of 49,202 who contracted the COVID-19 virus, 2,180 children below 18 years have contracted the virus representing 4.43% of the total contraction rate in Ghana.

2. Mortality:

A total of 320 deaths have been recorded out of the 49,202 individuals who contracted the virus. Out of 2,180 children who have contracted COVID-19, 4 deaths have been recorded among children within the age cohort of 0-14 years. There was no mortality recorded in children between the age cohort of 15-17.

Age groups	Female	Males
0-14	1	3
15-17	0	0
Total	1	3

Figure 4: Mortality of children (0-17) who have contracted COVID-19 from March 11 to November 9, 2020 (Ghana Health Service).

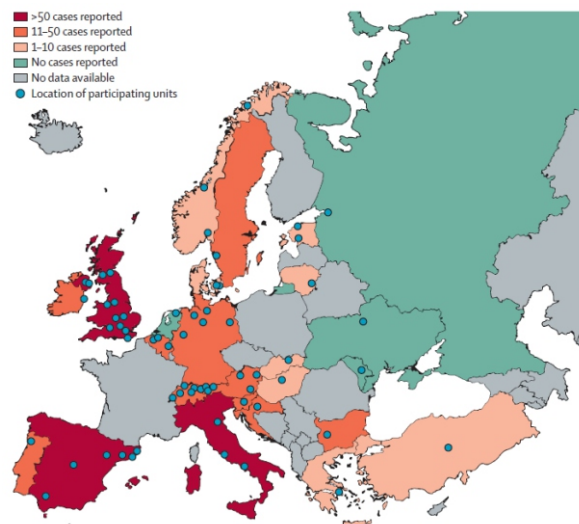
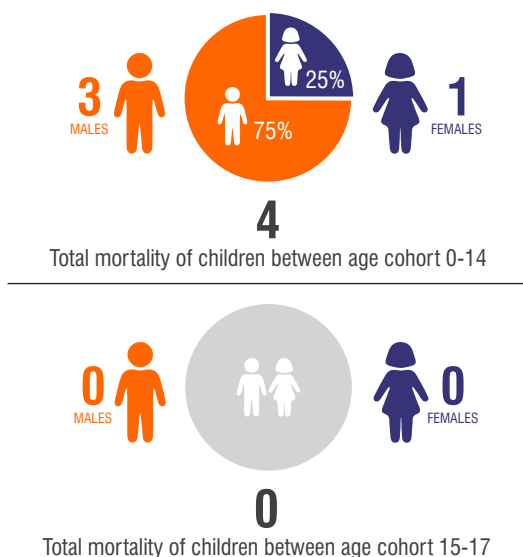


Figure 5: Location of participating units and number of paediatric cases reported by country.

Interpretation:

Medical researchers in countries that have suffered heavily from the COVID-19 have determined the rate of spread of COVID-19 among children. In these countries, similar outcomes were determined in Italy, China, USA, Germany and France.

The following indicators were used, which include but not limited to the rate of infections among children, the number of children admitted in the hospital, and the mortality rate among children.

Applying the above indicators in the context of Ghana based on the data, COVID-19 among children shows low incidence cases of contraction and mortality. Based on the trajectory, children have recorded the lowest admissions in all hospitals across the country. Majority of children who contracted the COVID-19 are asymptomatic. Whether children between the ages of 0-18 are efficient transmitters of COVID-19 is something that has not been established clinically in Ghana.

The outcomes require that the State intensifies its campaign on making children understand the importance of adherence to protocols for the prevention of COVID-19. Again, there will be the need for government to institute programmes to boost the immune system of children such as proper nutrition system to ensure children have a balanced diet, good personal/environmental hygiene practices and physical activity as much as possible. Moving forward, there must be a comprehensive nutritional plan under the school feeding programme in schools and the provision of regular information on nutritional values to the general public in order to maintain a strong immune system against COVID-19 in children.

Abuse, Domestic and Economic Activities of Children:

In urban, areas 6 out of every 10 children spend 6 hours alone without the presence of their parents or guardian. 2 out of every 5 children surveyed experienced physical abuse and maltreatment. About

5% of children had experienced maltreatment once or twice in a day. 8 out of every 10 children interviewed preferred to be in school instead of being at home.

Interpretation:

The absence of parents at home to care for their children has potential effects on children. Activities that children engage in at home will go unsupervised. The resulting consequences are stress, boredom, overeating and engagement with peers for longer hours. In urban areas, children have unlimited and unregulated access to online platforms which have the potential to incur online bullying, abuse and sexual exploitation. As a result of the lack of regulation by parents, children have access to adult content that has a negative impact on their growth process. A greater number of children will go through abuse by other people without the knowledge of their parents or guardians due to their absence.

COVID-19 has presented an abnormal situation that has distorted the routine within the family system. Most parents depend on schools as an alternative care system for their children.

Despite school closure, the corporate environment has not changed its calendar to accommodate the lapses that are emanating from the family system to allow parents to spend time with their children. This is laying a heavy toll on children and can possibly lead to other vices that can affect the welfare and wellbeing of children. The corporate environment must therefore provide convenient alternative structures for child welfare, especially for nursing mothers.

Children and Education During COVID-19:

Children are yet to benefit from the learning platforms provided across all regions. The digital platforms reached only 5% of the children in the regions, namely Bono, Ahafo, Ashanti, Western and Eastern. TV and radio coverage reached 32% of children surveyed except in Greater Accra. 6 out of every 10 children said they used peer and parental support in learning.

Despite the alternative measures put in place, 89% of children complained that distance learning platforms have not been an effective way of learning as compared to classroom settings. Over 70% of children claimed that they had no support or encouragement from their parents regarding their studies. An average of 28% of children stated that performing excessive activities for their parents affected their learning during school closure.

Interpretation:

The use of traditional classroom settings in the learning process has created difficulty for the majority of children in adapting to the distance learning platforms, diminishing its effectiveness as an alternative system for learning. In view of this, there would be the urgent need for technology to be considered heavily in our educational system. This would allow the ease of its usage and application in learning modules for children as they go further in education.

Additionally, a greater percentage of parents did not have the capacity to support their children's learning at home. While the reason, in some cases, is the illiteracy of parents, others are not up-to-date with technology to assist their children in accessing the

digital learning platforms and regulating their children's activities online.

Change in school routine must be an option to be considered. Reporting time, closing time and general lessons time tables in schools can be adjusted in an attempt to manage the COVID-19 situation when children are allowed to be in school. Also, there is the need to make conscious efforts to ensure that children are aware of coronavirus. This could be done by singing about coronavirus and placement of signages at vantage points in schools as a way of reminding them of the virus.

4.

CONCLUSION

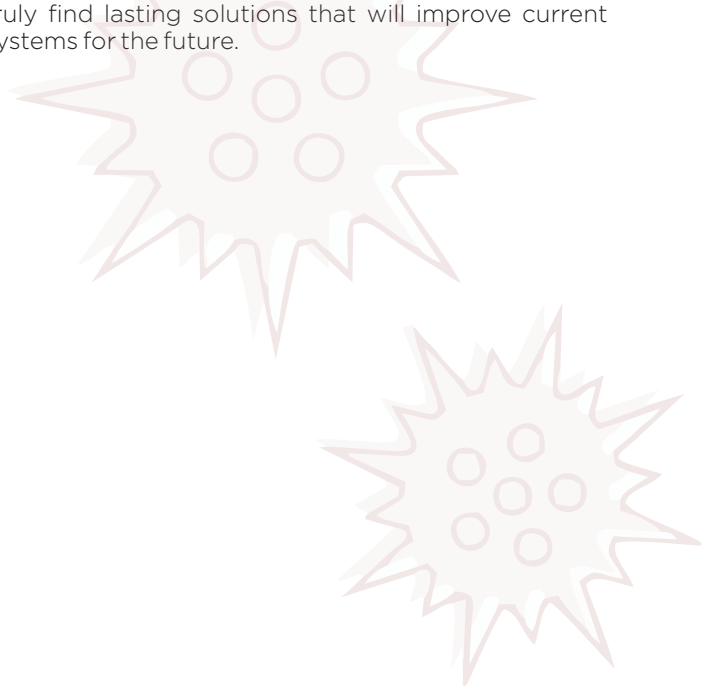
All countries who recorded COVID-19 cases took one measure or the other depending on the severity of the impact of the pandemic to reduce the cases of the virus in children. Tokyo used the shift system to accommodate all students to benefit from instructional hours without compromising on their safety. Germany did a routine free testing – twice a week for teachers and students.

For most children, the use of distance learning solutions has not been effective. Close to 89% say distance learning platforms have not been an effective way for them to learn than traditional classroom settings.

Interviews of selected children revealed that an overwhelming number are eager to return to school since the alternative of being at home has become agonizing.

Literacy activities have reduced drastically for these children due to school closure, and access to reading materials have become a great challenge.

In returning our society and children back to any semblance of normalcy, these alternate systems must be considered and specific solutions crafted to resolve the outstanding challenges discovered during the onslaught of the pandemic. By resolving these, we can truly find lasting solutions that will improve current systems for the future.





P. O. Box NT102, Accra
0302-418-404 0244-406-151
info@crighana.org www.crighana.org