

A Compilation of COVID-19 Pandemic Based Social Institutional Transformations: Challenges and Prospects

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Abstract

The COVID-19 pandemic created significant disruptions in the social organization of society globally, with far-reaching changes in all spheres of societal life. This paper aims to provide a comprehensive report on the impact of the pandemic on Ghanaian social institutions. A cross-sectional design was used. A sample of 30 males and females was purposively selected for the study. Data were collected through interviews and analyzed thematically. The findings disaggregated the impacts,

challenges, and prospects of the pandemic. The impacts encompass the undertaking of miniature political party campaigns in the 2020 elections and periodic state-led situational pandemic updates, financial insecurity, interruptions in work activities, the closure of schools, and markets, and family integration/bonding. Key challenges encountered were the reopening of schools, restrictions on social gatherings and movements, inadequate financial resources, abandonment of pandemic

death-related corpses, etc. The study revealed prospects at the individual (resort to digital modes of payment, relative adherence to rules and regulations), and institutional (local production of PPEs, e-preaching intensified), state (a paradigm shift in teaching and

learning – e-learning), and the facilitation of ad-hoc philanthropism at the individual and institutional levels. In conclusion, the pandemic is a dramatic source of social change that impacted social institutions in Ghana.

Keywords: Covid-19, social institutions, impact, challenges, prospects.

Compilação das Transformações Institucionais Sociais Decorrentes da Pandemia de COVID-19: Desafios e Perspetivas

Resumo

A pandemia de COVID-19 causou perturbações significativas na organização social da sociedade a nível global, com mudanças de grande alcance em todas as esferas da vida social. Este artigo tem como objetivo apresentar um relatório abrangente sobre o impacto da pandemia nas instituições sociais ganesas. Foi utilizado um desenho transversal. Uma amostra de 30 homens e mulheres foi selecionada intencionalmente para o estudo. Os dados foram recolhidos através de entrevistas e analisados tematicamente. Os resultados desagregaram os impactos, desafios e perspetivas da pandemia. Os impactos incluem a realização de campanhas políticas de pequena escala durante as eleições de 2020 e atualizações situacionais periódicas sobre a pandemia lideradas pelo estado, insegurança financeira, interrupções nas atividades laborais, o encer-

ramento de escolas e mercados e a integração e fortalecimento dos laços familiares. Os principais desafios encontrados foram a reabertura das escolas, as restrições a reuniões sociais e deslocações, os recursos financeiros inadequados e o abandono de cadáveres relacionados com mortes pela pandemia. O estudo revelou perspetivas a nível individual (recurso a métodos digitais de pagamento e a adesão relativa às regras e regulamentos), a nível institucional (produção local de equipamentos de proteção individual e a intensificação da pregação digital) e a nível estatal (mudança de paradigma no ensino e aprendizagem através do ensino à distância), assim como a facilitação do filantropismo ad-hoc a nível individual e institucional. Em conclusão, a pandemia foi uma fonte dramática de mudança social que impactou nas instituições sociais no Gana.

Palavras-chave: Covid-19, instituições sociais, impacto, desafios, perspetivas.

INTRODUCTION

The novel coronavirus is one of the most recent and deadliest global pandemics that affected both developed and developing countries (Kapata et al., 2020; Wang, 2023; World Health Organization (WHO), 2020). The World Health Organization officially announced on 12 January 2020 that the novel coronavirus first affected the inhabitants of Wuhan City, Hubei Province, China, in December 2019 (Maison et al., 2021; WHO, 2020; Yorke et al., 2022). Caused by the severe acute respiratory syndrome coronavirus (SARS-CoV-2) (Dovie et al., 2023; Wang, 2023; WHO, 2020), the WHO declared a public health emergency of international concern in January 2023 (Wang, 2023) with respect to the pandemic. As the COVID-19 pandemic deepened, economic and social stress, coupled with restricted movement(s) and social isolation measures, led to an exponential increase in gender-based violence across countries worldwide, including Ghana.

Many women were forced to “lock down” at home with their abusers while services to support survivors were being disrupted or made inaccessible. Notably, during such emergencies, social cohesion was already undermined, and institutional capacity and services were limited (Maison et al., 2021; United Nations, 2020). Compound economic impacts were especially felt by women and girls, who generally earn less, save less, and hold insecure jobs or live close to poverty. All these factors contribute to health-related social change. The rest of the paper is structured as follows: literature review, methodology, analysis and discussion of the results, and conclusion.

LITERATURE REVIEW

Social Change and Social Institutional Dynamics

Social change has been a factor of transformation in contemporary life worldwide, including in Africa and Ghana (Dovie, 2019; Nukunya, 2016). Social change is induced by a myriad of factors, including natural disasters. Such change in a given eco-

conomic setting may be due to modernization, industrialization, education, economic restructuring, as well as globalization (Wrigley-Asante, 2010). Social change refers to the significant alteration over time in human thought, behavior patterns, culture, and institutions of society (Nukunya, 2016). For example, any alteration in the structure or function of any part or parts leads to changes in the shape of the whole society (Addo-Fening, 2008; Parsons, 1951). Such alterations can be subtle and non-dramatic, thus giving the impression that society is stable. Social change in Ghana, and Africa as a whole, entails an interplay of traditional indigenous elements on one hand and the factors of colonialism on the other, resulting in a combination of both tradition and change.

Social change in countries occurs slowly. There is a sort of cultural inertia, especially in Ghana, that rarely confronts the status quo, even when the best interests of the people are not well served (Douglas, 2015). However, among other things, social change has several demerits, such as weakening the traditional family system, thereby making it ineffective as a reliable source of social support (Ayete-Nyampong, 2008; Doh et al., 2014).

Over the decades and at various times, Ghanaian social institutions have come under different influences, culminating in various changes. Some of these changes are due to internal factors such as civil wars, natural disasters, population growth, and pressure on available resources, whereas others are due to external factors such as foreign policies, the introduction of formal education, the monetization of the economy, Christianity/religion, and disease outbreaks, for example, COVID-19. The latter of these is the epitome of this article.

Among other things, social change affects social institutions in a variety of ways. Among those critical organs that enable society to experience cohesion and stability are social institutions. Social institutions have been created by humans from social relationships in society to meet basic needs such as stability, law and order, and clearly defined roles of authority and decision-making. Social institutions can broadly be defined as rules, policies, laws, conventions, shared expectations, and repeated practices that are instrumental in shaping human behavior (Kpessa-Whyte, 2018, p. 1). Chabal (2009) documents that in the 1980s, countries in sub-Saharan Africa witnessed transformations in institutions aimed at shaping the incentive structures for political actors and citizens. It is also worth noting that the COVID-19 pandemic has brought both positive and negative changes to social institutions, which the study seeks to explore.

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Regarding the COVID-19 pandemic, Marston et al. (2020) argue that in some instances, curfews have been implemented with the threat of fines and/or imprisonment for breaching those controls. It has been observed that placing citizens in lockdown may have had psychological effects on a usually highly mobile population (Marston et al., 2020; Onyeaka et al., 2021).

Little did the world know that it was about to experience a bigger challenge, quite apart from those encountered as individual countries (Marston et al., 2020). This issue was not birthed from their respective shores but was imported from another context – the COVID-19 pandemic. This virus caused havoc and was not selective in whom it attached itself to, whether one was living in poverty, wealthy, a celebrity, an older adult, or a newborn child. However, the advice given and how individuals were able to protect themselves varied significantly based on wealth and, crucially, age. For many families, there was concern about how to entertain children while also keeping them up to date with schoolwork, managing their own work responsibilities, and dealing with financial worries. In essence, the pandemic had both individual and institutional-level effects (Maison et al., 2021; Owusu et al., 2023; Pokhrel & Chhetri, 2023). As a result, Maison et al. (2021) articulated that there remains a need for an in-depth understanding of the changes and challenges associated with COVID-19, including ways of coping with these challenges. It is this gap that the study sought to fill. Therefore, the objective of this study is to investigate the impacts of the COVID-19 pandemic on social institutions in Ghana.

METHODOLOGY

Study Setting and Design

The study was conducted in Accra and Tema in the Greater Accra Region of Ghana. It adopted interpretive phenomenology to investigate the lived experiences of individual Ghanaians during the COVID-19 pandemic regarding their views on the changes observed in social institutions induced by the pandemic. This phenomenological approach enabled the researchers to gain an in-depth understanding of the interconnections between participants' perceptions of social institutions and the impacts of the COVID-19 pandemic. Notably, the lived experiences are holistic and interrelated, making it sometimes difficult to delineate one experience from another.

Hence, this study presents findings that highlight the intersections between participants' perceptions regarding COVID-19-related social change impacts on Ghanaian social institutions.

Target Population and Sampling

The target population was ordinary Ghanaian citizens who were willing to participate in the study. Individuals who had experienced the COVID-19 pandemic were recruited for the research. The purpose of the study was explained to all participants, and those who volunteered and met the inclusion criteria were selected.

Study Participants

Thirty (30) participants were purposively recruited (15 women and 15 men) through purposive sampling (see Table 1). The ages of the study participants ranged from 18 to 60 years, while their educational backgrounds varied from no formal education to the master's degree level (see Table 1). As reflected in the table below, Ghanaian citizens with different work portfolios (e.g., public and civil servants, development strategists, IT specialists, entrepreneurs, lecturers/teachers, and students) took part in the study.

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Table 1

Participant demographics

Respondents	Gender	Age	Marital status	Education	Occupation
R1	Female	50	Married	Second degree	Business woman
R2	Male	32	Single	Pursuing first degree	Civil Servant
R3	Male	24	Single	Pursuing first degree	Not working
R4	Female	35	Married	Senior High School	Activist
R5	Female	35	Married	Pursuing first degree	Civil Servant
R6	Female	32	Single	Diploma	Teacher
R7	Male	30	Co-habiting	Pursuing first degree	Civil Servant
R8	Female	40	Divorced	Pursuing first degree	Secretary
R9	Male	35	Married	Pursuing first degree	IT Specialist
R10	Female	36	Married	Pursuing first degree	Public Servant
R11	Female	41	Married	Second degree	Lecturer
R12	Female	31	Married	Pursuing first degree	Public Servant
R13	Female	37	Married	Pursuing first degree	Public Servant
R14	Female	34	Single	First degree	Public Servant
R15	Female	39	Married	Second degree	Business woman
R16	Female	51	Widow	Diploma	Public Servant
R17	Male	31	Single	First degree	Development Specialist
R18	Female	42	Married	First degree	International Relations Officer
R19	Male	29	Single	First degree	Development Specialist
R20	Male	27	Single	First degree	IT specialist
R21	Male	26	Single	First degree	Development Specialist
R22	Female	31	Single	First degree	Research Assistant
R23	Male	31	Single	First degree	Research Assistant
R24	Male	55	Married	First degree	Business woman
R25	Male	49	Married	First degree	Trader
R26	Male	31	Single	First degree	Taxi driver
R27	Female	60	Married	First degree	Retiree
R28	Male	19	Single	Pursuing first degree	Development Expert
R29	Male	31	Single	First degree	Development Specialist
R30	Female	18	Single	Technical level	Not working

Source: Field data

Data Collection Procedures

The individual interviews were conducted in English and lasted for 40 to 45 minutes. To elicit free individual expressions, open-ended questions were posed. Additionally, probes were used to gain an in-depth understanding of the phenomenon under investigation. The authors, who are experienced in qualitative interviewing, collected all the data. The choice of location and time for the interviews were at the convenience of the participants. Thirty (30) interviews were audio-recorded with digital voice recorders, with the consent of the participants. These 30 semi-structured interviews were conducted between March and September 2020. The study took place at individual participants' homes and/or at chosen locations in Accra and Tema. The interviews explored the experiences of the participants before, during, and close to the end of the COVID-19 pandemic. The interviews were transcribed verbatim, and field notes were taken on context and non-verbal behavior during the interviews. Reflections on the theme of the study obtained during data collection were also included as part of the field notes to ensure that the views of the participants were duly represented. Informed consent was obtained from all participants, and rigor was ensured through prolonged engagement and member checking.

Data Management and Analysis

In this study, concurrent data analysis was undertaken following the processes of qualitative analysis proposed by Smith et al. (2009). The data analysis technique used in this study is Interpretative Phenomenological Analysis (IPA). The step-by-step approach to the analysis in IPA comprised the following: 1) Reading and re-reading, 2) Initial noting, 3a) Developing emergent themes (Smith et al., 2009), 3b) Attending to reflexive echoes (Goldspink & Engward, 2018), 4) Searching for connections across emergent themes, 5) Moving to the cases, and 6) Looking for patterns across cases (Smith et al., 2009). These steps were illustrated with a worked example from a study on the impact of the pandemic.

It is essential to remember that qualitative analysis is inevitably a personal process, and the analysis itself is the interpretative work that the investigators undertook at each of the stages. The process of data analysis began by looking in detail at the transcript of one interview before moving on to examine the others, case by case. In looking for themes in the first case, the transcript was read several times, with the

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left-hand margin used to annotate what was interesting or significant about what the participants indicated. The first stage of the analysis involved closely reading and re-reading the transcript to become as familiar as possible with the accounts. Each reading highlighted new insights. Some aspects of the interviews were richer than others and warranted more commentary. Some comments were attempts at summarizing and/or paraphrasing, while others were preliminary interpretations. For instance, there were comments on similarities and differences, echoes, amplifications, and contradictions in what the participants said.

This process continued for the entirety of the first transcript. Second, the other margin was used to document emerging theme titles, transforming the initial notes into concise phrases. The objective was to capture the significant qualities of the findings in the text, resulting in expressions that allowed connections within and across cases. Third, the transformation of initial notes into themes continued throughout the whole transcript. At this stage, the entire transcript was treated as data. The number of emerging themes reflected the richness of the content. Fourth, the emergent themes (namely legal, political, religious, economic, marriage and family, education, health, socio-cultural impacts, humanitarianism) were listed, and connections between them were sought and articulated. In this case, the order provided was chronological, depending on the sequence in which they appeared in the transcript.

The fifth stage entailed a more analytical ordering, as the researchers tried to make sense of the connections between the emerging themes. Some themes were clustered together, for example, economic institutional impacts and research and development innovations. As the clustering of themes emerged, it was checked against the transcripts to ensure that the connections aligned with the actual words of the participants. This form of analysis was iterative and included a close interaction between readers and the text. The researchers drew on their interpretative resources to make sense of what the participants said while constantly checking their own sense-making against the participants' accounts. This was easily done with the cut-and-paste functions in a standard word processing package. The materials were printed to assist with clustering, and as the clustering developed, the extracted materials were moved, condensed, and edited.

The next stage encompassed producing a list of the themes, ordered coherently. The above process identified clusters of themes that captured the concerns of the participants regarding the study's theme. The clusters were named. Overall, the themes from the first case helped to orient subsequent analyses. The researchers discerned

repeating patterns but also acknowledged new issues emerging as they worked through the transcripts. Thus, convergences and divergences in the data were recognized, noting ways in which accounts from participants were similar yet different. The initial transcript informed the analysis of the other transcripts. Evidence of the superordinate themes—legal impact in the form of national legislation, political impact, religious impact, etc.—assisted in illuminating them further.

The final stage involved moving from the final themes to a write-up and final statement outlining the meanings inherent in the participants' experiences. Here, the concern was to translate the themes into a narrative account, wherein the analysis became expansive again as the themes were explained, illustrated, and nuanced. The narrative arguments were interspersed with verbatim extracts from the transcripts to support the case(s). The researchers were careful to distinguish between what the participants said and the researchers' interpretation or account of it. The presentation strategy ensured that the results section contained emergent thematic analysis, while a separate discussion linked that analysis to the extant literature.

It is worth noting that the authors, as well as two independent persons, coded the data independently. Differences were discussed to reach a consensus on the most appropriate code for a piece of data. Two sociologists from Accra and two from Tema were purposively recruited to develop the themes generated in the study. Further, the generated emergent themes and sub-themes were discussed, and discrepancies were resolved by revisiting the data to ensure that the themes and sub-themes accurately represented the participants' worldview. The data was managed using NVivo software, version 11.

Trustworthiness in this study was maintained through several processes. First, the authors collected all the data, ensuring that similar questioning techniques were used. The utilization of the concurrent analysis approach ensured that themes were fully developed. Member checking—asking participants follow-up questions—was undertaken as a way of confirming the themes and sub-themes generated during concurrent analysis. This ensured that any gaps in the data were filled, and the participants reviewed and confirmed the themes generated as a true representation of their worldviews. A detailed audit trail was carried out.

ANALYSIS AND DISCUSSION OF FINDINGS

Findings

The COVID-19 pandemic protocols in Ghana encompassed the mandatory washing of hands under running water for at least 20 seconds, the use of sanitizers every 15 minutes, wearing of face and nose masks, maintaining social/physical distancing, implementing partial lockdowns, avoiding handshakes, wearing gloves, isolating those infected with the disease, and quarantine, all aimed at preventing the spread of the disease.

A Profile of the Impacts of the COVID-19 Pandemic on Ghanaian Social Institutions

This study emphasized the health challenges of the COVID-19 pandemic as an external source of social change. The participants' responses to the question, "What are your views about COVID-19-induced social change?" are profiled below. Notably, these responses have been disaggregated into political and national legislation, religious, economic, marriage and family, education, health, socio-cultural, science and technology, entertainment, and humanitarian impacts. Generally, it has been observed that:

"COVID-19 can be considered as a social change because it has affected almost all institutional areas." (Female participant)

"COVID-19 was one issue that has affected the world at large and changed the normal life patterns of every society." (Male participant)

National legislation: The Lockdown

Several legislations were instituted during the pandemic. These included the imposition of the Restrictions Act, 2020 (ACT 1012) (Republic of Ghana, 2020a); section 169 of the Public Health Act (ACT 851) (Ministry of Health, 2016); the Declaration of Public Health Emergency - Coronavirus Disease (COVID-19) Pandemic Instrument 2020 (Executive Instrument Number 1) (Republic of Ghana, 2020b); the issuance of the Electronic Communications System Instrument, 2020 (EI 63) (Republic of Ghana, 2020c); and the Novel Coronavirus COVID-19 National Trust Fund Act, 2020 (ACT 1013) (Republic of Ghana, 2020d). The specific protocols included a ban on all public gatherings, closure of schools, churches, mosques, and other places of worship, closure of markets and food joints, a ban on entry for incoming travel-

ers to Ghana from countries with 200 confirmed cases, mandatory quarantine for all travelers who arrived in Ghana 48 hours prior to the closure of the nation's borders, closure of Ghana's borders, partial lockdown, social distancing, mandatory use of face masks, and use of sanitizers.

For instance, the Greater Accra Region, Kasoa in the Central Region, and the Ashanti Region were locked down due to the COVID-19 pandemic from March 30 to April 19, 2020. However, on April 19, 2020, the lockdown was lifted after three weeks of its existence. The President of the state, Nana Addo Danquah Akufo-Addo, explained that this decision was based on data from testing and contact tracing, as well as the treatment of confirmed cases, including the plight of the informal sector, which is a crucial part of the economy. He said: "We are also looking at the demography of the disease itself in terms of the sick and in terms of death... What we would like to do as decision-makers is to balance all these factors and conclude on a set of solutions that will benefit our people and, of course, protect the economy of our country. All these have been the basket of issues that have led us to take this decision" (Ghana Broadcasting Corporation (GBC) news live telecast at 9 PM).

Furthermore, Ghana risked embarrassment if cases of lockdown violations were not addressed, due to clashes between police and military personnel and civilians who had flaunted the lockdown directives, especially in Kasoa, where residents were ordered to do sit-ups for flouting the directives. Thus, the Commission for Human Rights and Administrative Justice (CHRAJ) advised the high command of the security services to take necessary steps to strengthen the professional standards and behavior of security personnel to ensure that they operate within the ambit of the Constitution of Ghana as well as international human rights instruments. While the reported excesses may not be widespread, the associated risks could lead to slippery grounds if they were not checked immediately by holding accountable those who indulged in actions that could culminate in embarrassment to the government and the state (Prime General News, 2020).

Political Institutional Impacts

The year 2020 was one of Ghana's election years; thus, the processes regarding preparations for the elections were hampered due to the pandemic. Prior to the outbreak of the COVID-19 pandemic, political supporters followed their respective parties in large numbers when their political leaders went on campaign trails. This practice was not adhered to, as it provided a comfortable environment for the vi-

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rus to spread. Political manifestos were launched and propagated under stringent COVID-19 safety measures. Consequently, political parties in Ghana adopted and intensified house-to-house campaigns or miniature campaigns to propagate their messages. This meant that politicians dedicated more time to party activities. It also implied that parties that did not engage their members closely saw a substantial portion of their support diminish. In other words, political parties were seen conducting mini campaigns in relation to their performance, as they had to forgo large outdoor campaigns. It was observed that:

“COVID-19 affected all the institutions in the world today. Political parties were not able to conduct their mass campaigns.” (Male participant)

“There were weekly information releases or announcements by the government regarding the COVID-19 pandemic, providing various updates on the situational status and requisite interventions”. (Male participant)

The situation described above could not have been avoided, given the pandemic’s impact(s).

Religious Institutional Impacts

The religious dimension addresses issues such as restrictions on the organization of religious activities. More specifically, the findings show that churches for instance encountered financial challenges, engaged in the utilization of technological devices for preaching, used mobile money as a medium for the collection of church offerings and tithes, and faced restrictions on movement(s). These points are clearly articulated in the quotes below:

“Church services were stipulated to last for only one hour, with a maximum of one hundred (100) people in the building at each gathering. Handwashing bowls, water, and sanitizers were provided at the entrances of the church buildings. Members wore PPEs to prevent any transmissions.” (Female participant)

“Religiously, people were restricted by law from meeting to fellowship, as their religious freedoms had been taken from them due to the pandemic’s restrictions.” (Female participant)

“Churches used technological devices to broadcast and telecast their preaching and messages. They also turned to mobile money for the collection of offerings and tithes.” (Female participant)

“There was the resort to mobile money and other electronic means of dispensing cash at church.” (Male participant)

In essence, these measures assisted the church in coping with the COVID-19 pandemic-associated restrictions, which, in turn, elicited compliance from the general population.

Economic Institutional Impacts

During the period of the lockdown, workplaces, and offices were closed, markets were empty for the *kayeyei* (or head porters), and the roads were devoid of hawkers; traffic was minimal, and shops and chop bars were closed to their attendants. All these circumstances implied starvation for the affected groups. Correspondingly, there were the homeless—hawkers, track pushers, *kayeyei*, among others—whose next meal depended on the next day's sales. Before the lockdown, when Ghana recorded its first COVID-19 cases, the inter-city transport businesses dwindled.

The Ghanaian president once said, "We know how to bring the economy back. What we do not know how to do is to bring people back to life" (Ministry of Finance, 2022). This statement was echoed by the voices of the study participants, highlighting the fact that COVID-19 induced financial insecurity, increased prices of goods and services, non-payment of salaries, layoffs of employees, and disruptions in the production and distribution of goods and services. For example:

"Those of us who work on a part-time basis or as casuals are going financially bankrupt because if you do not go to work, you will not be paid." (Male participant)

"For some time now, we have not been paid, and with the pandemic, the situation was even worse. We managed to get by during such extraordinary times, but to no avail. My employers failed miserably in this case by not paying us." (Female participant)

"The government could no longer engage in international trade, only local trade, and this has also boosted confidence in local industries." (Male participant)

"Cinemas, chop bars, and other recreational centers were not allowed to operate." (Male participant)

"Economically, all production, distribution, services, and other forms of economic activities were halted, as companies and even homes spent more than they produced for economic benefits." (Female participant)

The statements above have implications for the availability of funds for the daily upkeep of individual households.

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Innovations

The above notwithstanding, there were innovation within the economic institution such as the production of PPEs (including face masks, nose masks, gloves, etc.), rubbing alcohol, and sanitizers. The Ghana Standards Authority granted production certification for a solar-powered automated handwashing machine manufactured by Richard Kwarteng to encourage safe handwashing practices under running water without touching the tap or the knob of the water receptacle (Graphic, 2020).

On this note, the participants were of the perception that:

“The shortage of sanitizers and nose masks induced innovations in the local production of these items by Kasapreko Industries and Givers Herbal Centre, to mention but a few (Male participant).

“McDan of McDan Shipping Company funded the production of hand sanitizers” (Female participant).

During the pandemic, such innovations at the local and national levels were necessitated by a desperate situation that warranted the institution of urgent measures as remedies.

Marriage and Family Institutional Impacts

In this context, it was observed that babies were born, particularly in bathtubs filled with water, as well as at home to avoid contracting the coronavirus. This implies a somewhat reversion to home births, including a resort to the services of traditional birth attendants. This also entailed the early return home of spouses, particularly males, some of whom assisted with household chores, reduced invitations to marriage ceremonies, and an increase in domestic violence. The participants stated that:

“My husband used to come home from work late, so he does not see his children before they go to bed and sometimes not even in the mornings since they leave for school at 6:00 am. As we speak, he is at home with them.” (Female participant)

“My husband is now at home, and he assists me with household chores.” (Female participant)

“The COVID-19 pandemic has led to an increase in domestic violence.” (Female participant)

“The number of people invited to marriage ceremonies was reduced to a total of 25 persons, resulting in a reduction in the cost of marrying.” (Male participant)

The impacts of the pandemic were both positive and negative. The positive aspect relates to parents, especially fathers, being at home, interacting with and socializing

their children while supporting with household chores. The negative aspect pertains to domestic violence.

Education Institutional Impacts

The government of Ghana, on the advice of the Ghana Health Service, closed all educational institutions (schools) in the country to stop further spread of the virus. As a result, schools had to switch to virtual learning (via Zoom, Sakai, Moodle, WhatsApp, etc.). Students across the country were not comfortable with this new order due to the challenges that accompanied it (such as high data costs and poor internet connectivity). However, today, the academic world has come to appreciate technology and has made virtual teaching and learning, a supplementary mode of learning implemented and/or extensively resorted to. Some schools resorted to learning platforms as a matter of urgency, while the internet data provided included those from MTN and Vodafone. The data illuminates the fact that:

“Before COVID-19, education was more classroom-based and characterized by face-to-face interactions between teachers and students. However, due to COVID-19, teaching and learning were primarily conducted online with limited contact between students and teachers” (Female participant).

“At Valley View University, for instance, what we term the e-learning system has facilitated teaching and learning since the government closed all schools in the country. Tuition took place via Zoom technology, WhatsApp, voice conference calls, among others. The school has conducted its examinations through the platforms mentioned above, yielding positive results” (Male participant).

“My university had a Memorandum of Understanding (MOU) with MTN/Vodafone regarding the free usage of mobile data for teaching and learning purposes on Zoom and Sakai platforms” (Female participant).

Some student participants were torn between using their limited financial resources for daily basic needs during the pandemic or for paying school fees arrears. A participant shared the following:

“They told us to pay the rest of our fees via MTN MoMo [mobile money]” (Male participant).

The change that emerged from the pandemic resulted in a shift to online teaching and learning. This also included an increased usage of mobile money transfers, even for the payment of school fees. Indeed, this expansion has extended to online seminars, webinars, workshops, and conferences, including hybrid formats that combine

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in-person and online versions. This highlights the fact that the pandemic has brought about a paradigm shift in Ghana's educational system.

Health Institutional Impacts.

The pandemic resulted in adherence to COVID-19 legislation, including measures and protocols such as social distancing. This situation brought to light the strengths and weaknesses of Ghana's health system and institutions. It also led to the deaths of some patients. The following excerpts highlight the health-related impacts:

"Doctors also practiced social distancing with patients. Now, they do not see us in their consulting rooms; rather, they talk to us from another room through the phone." (Male participant)

"Healthwise, people were quarantined and isolated in designated health facilities." (Female participant)

"We take a lot of glasses of water combined with lemon, slices of garlic, and ginger each morning as a preventive measure against contracting COVID-19." (Female participant)

"A prisoner suffered an asthma crisis and went to the hospital. The nurses mistook her for a COVID-19 patient and left her to die without attending to her. However, her autopsy report showed that she did not suffer from coronavirus but from asthma." (Female participant)

"It really exposed the strengths and weaknesses of our health institutions and homes." (Male participant)

The issues raised above highlight situational contexts in which people may die from causes other than coronavirus. However, such deaths may be attributed to COVID-19 if due diligence is ignored. Interestingly, certain measures (e.g., lemon, slices of garlic, and ginger concoctions) were instituted by individuals as a means of protecting themselves from the virus. These were observed in addition to the COVID-19 protocols.

Socio-cultural Impacts

The socio-cultural issues revealed in this context were diverse. They included fewer people at funerals, reduced costs of burying the dead, and the wearing of face masks, which was not previously the cultural norm but was adopted due to COVID-19. The socio-cultural observations include the following:

"A befitting burial is normally accorded dignity and respect when large numbers attend such funerals." (Female participant)

“Limited numbers of individuals attended funerals while observing social distancing” (Female participant).

“The main aspect that affected culture was the wearing of face masks and the regular washing of hands. Additionally, overspending in the organization of funerals has reduced.” (Male participant)

“Some people also took advantage of this situation to bury their deceased family members quietly, without incurring significant costs.” (Female participant)

It is also worth reiterating the fact that the burial policy and/or protocol for COVID-19-related deaths involved the corpse being prepared by the government through the health facilities where the deceased died, supervised by environmental health officers. The family, however, decided whether they or the government would bury their dead. However, COVID-19 death-related corpses, were buried without the presence of family members, which implies that their graves may not be known to their relatives who could visit them later. Additionally, the pandemic led to a reduction in the number of people who attended funerals, resulting in somewhat lower costs, which has not been the usual norm; but a necessary adaptation to the situation became necessary.

Humanitarian Impacts

During the peak period of the COVID-19 pandemic in Ghana, the humanitarian actions discussed in this paper included those from the government, organizations such as Sikkens and the Amadia Foundation, the Centre for Ageing Studies, and individuals (e.g., John Dumelo, an actor and political aspirant; Togbe Afede XIV of Ho; Yusif Chibсах, etc.), (See Table 2 for details). This intimation is reminiscent of the pandemic’s prospects at multi-levels albeit state, organization/institutional, and individual levels.

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Table 2

Donations for the vulnerable in society during COVID-19 pandemic

Item #	Date	Individual/organization	Area/city	Items	Source
1.	18/04/2020	John Dumelo	Ayawaso West Wuogon	Rice, cooking oil & other assorted items	
2.	13/04/2020	Sikkens	Kwahu Obomeng Community	200 bags of rice, 50 boxes of sardines, 50 bags of tin tomatoes, sacket water, boxes of water	Nana Kwame Andoh
3.	19/04/2020	Government of Ghana	Circle Dubai & Osu Presby Church	Rice, tin tomatoes, tubers of yam	Kasapafm
4.	12/04/2020	Yusif Chibsah	Zongo Community at Old Tafo	Bags of rice, canned foods & others	Ghana Premier League
5.	15/04/2020	Amadia Foundation	Tema	Rice, oil, tin tomatoes, water & hand sanitizers	News-Watch in Ghana (2020)
6.	26/03/2020	Togbui Afede XIV	Ho Teaching & Municipal Hospitals	100, 000.00 Ghana cedis	Kafui Kanyi

Compiled by authors, 2020

The above reflects the fact that the emergence of the COVID-19 pandemic fostered philanthropy in the Ghanaian society and worldwide. This was evident in donations, both in cash and in kind. In addition, the participants indicated that:

“The pandemic unearthed the spirit of philanthropy in ordinary Ghanaians, politicians, and others who made various donations, both financial and non-financial.” (Male participant)

“The government undertook free distributions of food items and health equipment to people living in poverty and vulnerable communities.” (Female participant)

These myriads of philanthropic displays are indicative of empathetic expressions and actions.

Effects of the Impacts of the Pandemic

The effects of the impacts of the pandemic are depicted in the article through science and technology, entertainment, creative arts industry and sports activities, and social protection measures discussed below.

Science and Technology

The corporate world could not halt its activities, as doing so could weaken the economy and push organizations into bankruptcy. Hence, actors in the corporate world, on the advice of health experts and the president, continued to work from their various homes through technological means. For instance, His Excellency Nana Addo Danquah Akufo-Addo held a virtual cabinet meeting while in self-isolation (quarantine). The media and other organizations granted interviews and held business meetings via Zoom. Additionally, markets were extensively established on social media platforms such as Facebook, WhatsApp, Instagram, Twitter, and Telegram. This aided the continuity of the smooth running of economic activities in Ghana.

Entertainment, Creative Art Industry, and Sports

On August 28, 2020, the Vodafone Ghana Music Awards (VGMA) held its 21st music awards ceremony for actors in the industry virtually. While watching the occasion from home, it was observed that the panache and euphoria typically seen and felt in previous VGMA awards were low or virtually non-existent. Actors in this industry have had to resort to virtual concerts to entertain their fans. This indicates that this has become the new order to facilitate the progress of all activities across various industries. Participants were required to observe certain protocols during these unusual times to ensure their safety. Additionally, the Ghana Football Association (GFA) suspended all leagues to enable it to strategize properly for operations. Event organizers suffered significant financial losses due to the pandemic.

Social Protection Measures

The COVID-19 pandemic elicited social protection measures instituted by the government, which included free water for three months and free electricity for three months, though conditions applied (i.e., disaggregated based on income levels). Business buffers in terms of credit facilities were made available to selected businesses.

“For instance, children were all at home, leading to an increase in expenditures related to utility bills, food, and other necessities. Fortunately, the government’s in-

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tervention regarding water and electricity bills helped to some extent.” (Male participant)

“The government’s interventions also included reduced petrol prices and the absorption of water and electricity bills.” (Male participant)

“COVID-19-related social protection measures encompassed 600 million Ghana cedis for businesses.” (Female participant)

“Yes, I think almost everyone in Ghana benefited from these measures instituted by the government” (Female participant).

It is worth noting that although the government of Ghana provided the aforementioned social protection measures as freebies—such as the absorption of electricity and water bills targeted at people living in poverty and vulnerable groups of Ghanaians—there was a COVID-19 levy of 1% across board. This may imply that there is nothing for ‘mahala’ (i.e., for free). The former served as a buffer against high utility expenditures due to families spending more time at home. This included the provision of business capital to entrepreneurs to help sustain their businesses. These measures also entailed frequent reductions in fuel prices.

Challenges

The COVID-19 pandemic has led to new and far-reaching changes, as the discussions have shown, like the impacts of colonial rule. From a religious viewpoint, there was a reduced rate of cash inflows to the church because services could not be held in person. For instance:

“Ever since COVID-19 emerged, we have faced issues with church finances because there were no church services, and so the funds were not coming in as they used to.” (Male participant)

The above statement is a reflection of the lack of savings in the church, as church services are typically organized weekly to avoid a lack of funds—a situation exacerbated by the pandemic and is reflective of the savings behavior of the Ghanaian society generally. This has implications for both short-term and long-term savings behavior within the church and the larger Ghanaian citizenry. Such a situation necessitates awareness creation regarding savings, including fostering a positive change in behavior toward saving on a larger scale. This is a critical issue that needs to be addressed with future benefits in focus. Another challenge pertains to the abandonment of corpses during the pandemic, which left morgues overwhelmed with the management of spaces for corpses.

The data shows that the challenges encountered because of COVID-19 are diverse. Challenges associated with the lockdown were varied. One of the significant challenges involved the reopening of schools at that time, which required accommodating student numbers through monitoring and evaluation, providing requisite resources (e.g., Veronica buckets in all basic schools), and supplying PPEs where needed. Second, the switch from traditional learning mode to e-teaching and learning exposes teachers and learners to the challenge of frequent light-offs and inaccessibility to the internet or slow internet connectivity along with technological savviness or otherwise with implications for academic performance. This finding is in line with those of Adedoyin and Soykan (2020). Third, restrictions in terms of direct contact with significant others, and restrictions on movements (e.g., that reflected in the abhorrence for social gatherings including churches, mosques, restaurants /eateries, markets, the streets, marriage ceremonies, funerals). Fourth, the reopening of schools, fifth, travel ban, sixth, alterations to active styles of life due to the lockdown, seventh, exposure to excessive heat, eighth, hunger and/or starvation, ninth, the defiance of some churches in organizing services, and 10 tenth, increased electricity and water usage, among others.

There were also significant financial resources needed to continue these efforts, along with concerns about the potential for the disease to spread even further. In confirmation, existing studies outline the following challenges from the COVID-19 pandemic: limitations of direct contact with people, restrictions on movement and travel, change in active lifestyle (Anaman et al., 2024; Maison et al., 2021), uncertainty about the future (Maison et al., 2021); digital transformation of instructional delivery came with several logistical challenges and attitudinal modifications (Ribeiro, 2020), socio-economic challenges of self-quarantine (lack of access to essential goods and services, loss of income, and poor housing conditions), (Anaman et al., 2024), health-related challenges (non-supply of essential PPEs such as face masks, development of oedema and weight gain), (Anaman et al., 2024), and psychological challenges (loneliness, boredom, and anxiety), (Anaman et al., 2024; Maison et al., 2021).

Overall, the COVID-19 pandemic precipitated two issues in the Ghanaian context: a health crisis and a hunger crisis. Whereas the wealthy feared the health crisis, people living in poverty were more concerned about the hunger crisis. The wealthy fear the virus, while people living in poverty fear hunger more than the virus. Put differently, the wealthy (i.e., the politicians) urged people living in poverty to stay at home, believing that this would save the situation; conversely, the people living in

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poverty felt compelled to survive, knowing they might die of hunger rather than from the virus. Each group is therefore fighting for survival, but in different ways.

Therefore, the COVID-19 pandemic represented a significant alteration in the structure and function of various social institutions, leading to changes in the overall shape of society. Thus far, the pandemic has had profound effects on social institutions to a greater extent.

Prospects of the COVID-19 Pandemic

The reduction in petrol prices did not see a commensurate or corresponding reduction in the prices of goods and services; rather, the reverse occurred, with prices rising, perhaps facilitated by the COVID-19 pandemic. Idly, there should have been a corresponding reduction in prices. It is worth noting that, unlike in other parts of the world, especially in Western societies, a reduction in fuel prices typically warrants an attendant reduction in the prices of goods and services. However, this has never happened in the annals of Ghana. Therefore, the reduction in fuel prices during the era of the COVID-19 pandemic may be the first of its kind, but as exemplified elsewhere in the world, this trend must continue even after the pandemic, along with a corresponding reduction in the prices of goods and services.

There was a possibility that people created artificial shortages under such circumstances, and with the increasing demand, they raised prices of goods and services to make more profit, thereby creating price hikes. As a result, instead of the COVID-19 pandemic eliciting empathy from businesspeople of all walks of life, it led to unusual and exorbitant profiteering. Second, the reliance on virtual teaching and learning modes was one of the key prospects of the pandemic, as mentioned earlier.

The prospects also included government-level incentives, such as the state absorbing utility bills and a drastic decline in worldwide crime rates. Another dimension of the prospects of the pandemic relates to the organization of mass burials, private burials, or double funeral activities—namely, burial first and funeral later. In certain parts of Ghana, this did not go well, unlike among the Ashantis.

DISCUSSION

The objective of this paper is to investigate the impacts of the COVID-19 pandemic on social institutions. Social change is induced by a myriad of factors, including natural disasters, health challenges, and diseases, whether imported or not. This factor of social change, in the form of COVID-19, impacted social institutions in diverse ways. COVID-19 originated in another country but spread to almost all parts of the world, changing human lifestyles due to the safety precautions implemented. It can be considered as one of the greatest impacts on social institutions, altering the daily routines of individuals. Onyeaka et al. (2021) confirm that the impacts of the pandemic entail changes in the accessibility and structure of education delivery to students, food insecurity due to unavailability and fluctuation in prices, the depression of the global economy, increase in mental health challenges, wellbeing and quality of life amongst others.

The COVID-19 pandemic has transformed how societies function. It had negatively affected international trade, leading to the closure of country borders. COVID-19 is an external source of social change since it originated outside Ghana—from the Asian continent, particularly China, far from Ghana—and it is a global pandemic.

The COVID-19 virus is a type of virus that attacks the respiratory system and has caused deadly repercussions for many people (Mugisha, 2020). The seriousness of the pandemic prompted the government and the private sector to collaborate in educating, informing, and reducing the spread of the virus. The President of Ghana, through legislation and with support from various governmental agencies including other non-governmental organizations, issued a series of directives or protocols regarding the fight against the pandemic. These measures brought about various changes in social institutions in the country, particularly in the areas of family, education, sports, the economy, and religious institutions. This led to conformity to rules and regulations to a large extent in the context of the lockdown. As mentioned above, the pandemic facilitated a variety of innovations namely the production of PPEs locally as well as philanthropism at both the institutional and individual levels.

COVID-19 AND SOCIAL INSTITUTIONAL TRANSFORMATIONS

Politically, the government was in a risky position as the 2020 election approached. This highlighted the capacity for making tough policy choices and the implementation thereof. Such policy choices and the associated measures were taken to restrict public gatherings, international travels, use of face masks and social distance. Studies have shown that if such measures are adopted, the deaths caused by coronavirus will decrease (Anderson et al., 2020; Ferguson et al., 2020). Since there may be variations in the measures and the timing across countries, adherence and implementation of protective measures are dependent on institutional and behavioral factors. Storopoli et al. (2020) investigated factors associated with the adoption of such measures in a large sample of the Brazilian population and found that the effect of perceived vulnerability depends on the values of self-confidence and confidence in social institutions.

Religiously, the findings exposed the lax savings attitudes of the church during the COVID-19 pandemic including other aspects of the Ghanaian society. The use of technological devices for organizing services, including a cashless economic system of operation, were evident. It is well-known that cities, towns, and villages revolve around various activities, from attending weekly church services to organizing and attending funerals, and patronage of pubs, and cinemas, among others (Marston et al., 2020). These leisure activities were often the only connection individuals had with like-minded people, and which provided a means of socialization (Dovie et al., 2019).

Economically, the pandemic threatened the livelihoods of individuals and households on the one hand. Coincidentally, the youth bore a heavy economic burden during the pandemic, as most of them held casual jobs in sectors that were severely affected, such as the hospitality industry. On the other hand, there were innovations in PPEs, relating to the local production of masks and sanitizers and the manufacture of automatic water dispensers. Such innovations suggest that every misfortune can be a blessing in disguise. The lockdown had effects in terms of fighting the pandemic and restricted social relationships. Independent businesses were also negatively impacted, with significant effects on individuals' futures and, on health and social care services. In addition, Gössling et al. (2020) observed that the pandemic impacted the world economically from the viewpoint of tourism and the related restrictions imposed on it by the pandemic, whilst Drewes et al. (2021) emphasized the sports economic impact dimension of the pandemic. A key impact of the pandemic has

to do with a relative reduction in environmental pollution, which appeared to be a blessing in disguise (Muhammad et al., 2020).

The COVID-19 pandemic left individuals with three options regarding marriage: first, to marry amid fewer witnesses — about 10 persons or less (i.e., the couple, two parents or representatives from both sides, the officiating personnel, best man, and maid of honor), particularly those dressed in African print fabric; second, to have a virtual marriage that hosted the couple and officiating personnel online; and lastly, to postpone the marriage until after the pandemic. The latter reflects the biblical saying that love is patient, highlighting how those who wished to marry before the pandemic had their patience tested by pandemic-related restrictions and lockdowns. Given these multifaceted experiences, one might wonder if there is a possibility of a post-COVID-19 baby boom. Interestingly, Rotnem (2020) notes that there was a discussion among certain friends on Facebook regarding this prospect. Noteworthy is that if such a situation existed in reality, what would this cohort be called? Several suggestions were made, including ‘Coronials’ and ‘Quaranteens’ (Marston et al., 2020; Shoichet, 2021; *The Economic Times*, 2020).

In terms of education, young people’s education was disrupted due to truncation in the academic calendar, graduation periods, and delays in certification across the pre-primary, primary, lower, and upper secondary, and tertiary levels of education. Useful lessons included the promotion of technology in teaching and learning, which also sped up court proceedings and reduced congestion in the courts. During the COVID-19 pandemic, schools had to switch to online education, aligning with the findings of (Ferrer et al., 2022; Onyeaka et al., 2021; Pokhrel & Chhetri, 2023). However, some pupils and students could not access computers, the internet, or smartphones, placing some at an advantage and others at a disadvantage. Consequently, some students who performed well in a traditional classroom setting struggled with distance learning, which impacted their academic performance(s). This calls for massive orientation in technological savviness for citizens. Additionally, Eaton (2020) asserted that the pandemic also impacted research activities/work since students and postdoctoral fellows were engaged in minimal research efforts based on what could be done based on restrictions on laboratory access, and on fieldwork, while they adhered to state and university social distancing measures.

The Ghanaian government’s COVID-19 response strategies were aimed at stopping the importation of cases into the country by closing the nation’s borders; containing cases and slowing the spread of the virus; caring for those who tested positive;

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minimizing the pandemic's financial impacts through support from the Ministry for Gender, Children and Social Protection (MGCSP); and boosting domestic production capacity for PPEs as stated above. Regarding social distancing, there were instances where directives to stay at home and maintain social distance were not adhered to at the community level, reflecting uncoordinated governance. Further, Power (2020) intimated that there was an increase in the care burden of women and families at large. UNFPA (2020) argued that the pandemic impacted its iconic aims such as family planning and ending gender-based violence, female genital mutilation as well as child marriages.

The UN (2020) documented that while early reports indicated that more men were dying from COVID-19, the health of women was generally adversely affected due to the reallocation of resources and priorities, including sexual and reproductive health services. Further, prospective mental health issues arising from the pandemic (Ahor-su et al., 2022; Marston et al., 2020; Mukhtar, 2020; Onyeaka et al., 2021; Thompson et al., 2024), for example in Pakistan (Mukhtar, 2020). This if not adequately addressed, affects not only those with pre-existing diagnoses but also those who enjoyed going to work and whose only contact was with colleagues (Marston et al. 2020). Similarly, Pappa et al. (2020) found that during the pandemic, depression, anxiety including insomnia prevailed among healthcare workers. Thompson et al., (2024) reported on access to healthcare, revealing worse access levels due to the pandemic and noting key barriers to care.

Funerals involve a value chain of activities, including services from undertakers, caterers, drinks and water sellers, and renters of canopies, tables and chairs. These were all economically affected due to restrictions on social gatherings, also known as social distancing. The COVID-19 pandemic elicited cultural adaptations in burial practices, requiring minimal social gatherings, which is not the norm in the Ghanaian context, where funerals are often mediums for celebration and displays of wealth or love for the deceased. During burial services, attendees were required to wear PPEs, and services were limited to one hour, similar to church services. Burials were conducted in the short term, with traditional funerals postponed for later dates. This represented a significant change in Ghana's funeral practices culturally. This potentially reduced the costs associated with organizing funerals and possibly leading to a scenario where funerals become less elaborate for some groups due to the substantial changes brought about by the pandemic. In furtherance to the direct deaths, Israfil Bhuiyan et al. (2020) observed that COVID-19 related deaths

included those induced through suicide as well as economic factors, for example in Bangladesh that is quite indirect.

Other studies found that control strategies implemented during the COVID-19 pandemic have put pressure on the weak mortuary services in African, that altered the traditional modes of observing burial rites, mourning, and grieving (Nejati-Zar-naa et al., 2021; Omonisi, 2020; Takyiakwa et al., 2023). It also withheld the respect and rights of the dead (Omonisi, 2020).

Ghanaians live in a communitarian society, embodying an “all for each and each for all” ethos. The Ghanaian people are inherently caring and hospitable, often exchanging pleasantries through handshakes and hugs. Particularly in urban centers, where entertainment is an integral part of life (e.g., nightclubs, street jams, beach activities), wherein men and women regularly meet with loved ones to socialize. Due to the pandemic, these socio-cultural activities changed while the Ghanaian people tried to embrace the changes. Handshakes evolved into elbow contacts, which were not a perfect substitute. The general populace had to wear face masks and shields in public spaces, a practice that was quite alien to the Ghanaian culture, although it was adopted and adapted for safety.

Thus, the COVID-19 pandemic served as a harsh stress test for institutional and individual health and social care activities. Institutionally, the health and care sectors relied heavily on adult family members (Hadley, 2015). Consequently, core social institutions such as marriage and family, socialization and child-rearing, the economy, chieftaincy, law and order, health facilities, leisure, and entertainment (Assimeng, 2014) have all been profoundly influenced by COVID-19. Other studies show that for example in Bangladesh and Somalia, NGO staff noted altered or absent services due to COVID-19 in multiple FCAS, comprising interrupted vaccine services for polio and measles, and suspension of new-born care (Rodo et al., 2022; Thompson et al., 2024). In Uganda, attrition in TB and HIV services for refugees was reported (Palattiyil et al., 2022; Thompson et al., 2024). In addition, Zambrano-Barragan et al. (2021) document that in Venezuela, refugees reported that the quality of health services they accessed had worsened during the pandemic.

Arguably, social change brings with it the need for social protection. Social protection involves the provision of goods and services, such as potable water and electricity, whether formal or informal, to reduce the risks and vulnerabilities faced by people (Doh et al., 2014; Gerard et al., 2020). The Ghanaian government instituted several social protection interventions, such as providing free water and electrici-

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ty from March to December 2020, as measures to manage the COVID-19 pandemic and its associated issues. According to existing studies, a comprehensive social protection should consist of an emergency safety net that has an extensive coverage utilizing a broader patchwork of solutions through expansion in social insurance systems, building on existing social assistance programs, involving local governments and non-state institutions (Gerard et al., 2020), building state capacity (Muralidharan et al., 2016), cash transfers and community participation in public affairs (Orkin & Walker, 2020; Rutkowski et al., 2020).

As Douglas (2015) articulated those small improvements in public health, including access to clean water, electricity, transportation, and sanitation, can significantly reduce morbidity and mortality. These improvements, in turn, stimulate economic and social development while ensuring political stability. This implies that the government must recognize that human development is continually dependent on improved health status as a matter of national security.

The humanitarian dimension of the prospects of the pandemic refers to provisions made for vulnerable groups in the society, such as older adults, people living in poverty, orphans, abandoned individuals, and children, people living with disabilities, and those with long-term health conditions like diabetes, cancer, and chronic lung disease, including those without nearby families. At global, national, and local levels, numerous organizations—such as Feeding America, No Kid Hungry, Meals on Wheels, the Seattle Foundation, the CDC Foundation, NYC Organizations, and Save the Children—worked to ensure that food, aid, and medical supplies were provided to those in need during the COVID-19 era (Singu et al., 2020). Notably, the nutritional requirements of individuals vary across different stages of life, including during pandemic periods (Illich & Brownbill, 2010). For example, adult nutrition focuses on a balanced diet and a conducive lifestyle to prevent disease and maintain good health. Humanitarian actions discussed in this paper include those from the state government, organizations such as Sikkens and Amadia Foundation, and individuals. In other words, during the pandemic, the prospects of humanitarianism in the Ghana context occurred at the state, (other) institutional, and individual levels.

Existing empirical evidence reveals that pandemic preparedness had not been central to humanitarian and/or development narratives before the emergence of COVID-19, despite the known risks of an impending global health emergency. As a result, it has been intimated that humanitarian organizations should ensure that epidemics and pandemics are included in preparedness plans as a standard (Kerkvliet et al., 2024).

CONCLUSION

The objective of this paper is to investigate the impacts of the COVID-19 pandemic on social institutions. A cross-sectional design was used, along with interviews to generate data from a sample of 30 purposively selected participants, and interpretive phenomenological analysis was conducted. There are three main dimensions to the results -impacts, challenges and prospects.

First, regarding national legislation, the impacts included low-key political party campaigns without the engagement of large masses of people, restrictions on religious activities, brief interruptions in work activities, employee layoffs, increases in the prices of goods and services, and the closure of schools, restaurants, and markets. From the perspective of marriage and family, an increased reliance on traditional birth attendants and births in bathtubs pretained. The pandemic also strengthened bonding between parents and their children. The closure of schools led to disruption in the academic calendar and related adaptations. The COVID-19 pandemic originated in the health sector, from which it affected other social institutions in myriad ways. Indeed, the pandemic significantly transformed Ghanaian social institutions such as national legislation, politics, religion, the economy, marriage and family, education, health, and science and technology in distinct and uncommon ways. In other words, the pandemic began in the health sector and had a ripple effect on all other institutions discussed in this paper.

Second, the challenges included financial insufficiency related to daily sustenance and school fee payments at the individual and institutional levels. Another challenge was the abandonment of corpses during the pandemic, which was a significant source of grief. Third, the prospects encompassed the use of digital devices for preaching, the use of mobile money to secure church offerings from members, local production of PPEs, a shift to online teaching and learning modes, and an increased emphasis on humanitarian efforts.

In conclusion, this paper is a multi-level study that contributes to mapping various socio-economic parameters impacted by the pandemic.

CONTRIBUTIONS AND LIMITATIONS OF THE STUDY

The study, and therefore this article, delves into various dimensions of the COVID-19 pandemic and its impacts from a social institutional perspective, observed across multiple areas of society, namely legal, political, religious, economic, research development, and innovation, marriage and family, educational, health, socio-cultural, humanitarian, science and technology, entertainment, creative arts, and sports, as well as social protection dimensions. In essence, the findings highlight the multiple impacts of the pandemic, including both prospects and challenges. The results enhance the knowledge related to the influence of the pandemic in a comparative manner from a phenomenological research perspective.

However, despite the numerous benefits of phenomenological research, it does have its downsides. This research tool does not solve all issues by gaining insights from study participants alone. First, the small sample size yielded limited data, making it difficult for the researchers to draw complete conclusions about the phenomenon studied. Second, researcher bias is difficult to avoid, as the researchers attempted to remove their own experiences and prejudices from the analysis. Such bias could have contaminated the entire outcome of the study. Third, it was challenging to summarize and present the findings due to the qualitative nature of the research. Finally, the study was time-consuming.

It is suggested that future research should focus on targeting women and children in all efforts to address the socio-economic impact of COVID-19, using a larger sample size to allow for the generalization of findings to the larger population.

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