

The Impact of Covid-19 on the Socio-Economic Activities of Ordinary Ghanaians: A Case of the Ga East Municipal

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Abstract: The novel Corona virus disease which was discovered in 2019 posed a worldwide threat when WHO declared it as pandemic. This brought many woes to the people across the globe and Ghana was no exception. To ascertain the impact of the corona virus on the ordinary Ghanaians, secondary data was collected on the incidence of the virus on the Ghanaian economy and trend analysed. It was found that there was an exponential increase in incidence of the virus. Also, using a structured questionnaires data was collected from Ga East Municipal of the Greater Accra on the socioeconomic activities of the individuals and how the corona virus affected them. It was found out that the income levels of these people were both positively and negatively affected. Probit regression results shows that those who are educated and enlightened, male respondents, those with children and those who are self-employed had their income negatively affected by the COVID-19 pandemic. Only those who employed in a particular occupation and price of facemask had a positive effect on the income levels of these individuals. It is recommended that government and international agencies come to the aid of the people within this area and the nation at large to help alleviate this canker in order to avoid its further spread.

Keywords: coronavirus, Ghana, Ga East, pandemic incidence

I. INTRODUCTION

In late December 2019, a novel Corona Virus was identified as a pathogen that caused the outbreak of a SARS-like illness in the Chinese city of Wuhan, and this was officially named as COVID-19 by the World Health Organization (WHO). Prior to this, severe Acute Respiratory Syndrome by corona virus (SARS-CoV) emerged as a new human infection in South China in November 2002 and ended in July 2003. It infected more than 8000 people and caused to 800 deaths with an overall mortality rate of about 9.6%. Middle East Respiratory Syndrome (MERS-CoV), another highly pathogenic Corona Virus, first emerged in Saudi Arabia causing a total of 2494 laboratory- confirmed cases and 858 deaths from 27 countries since September 2012. (<http://www.who.int/emergencies/mers-cov/en/>).

From the beginning, clusters of cases of novel Corona virus infection were reported to be epi- demiologically linked to the Huanan Seafood Wholesale Market with evidence of human-to-human transmission of COVID-19 was further confirmed by the infection of 15 health- care practitioners after close

contact with once infected patient in a Wuhan hospital. As of February 9, 2020, COVID-19 has infected a total of 37,590 people from all over the world. (Han et al, 2020) with that more than 1000 patients diagnosed with Covid-19 from 552 hospitals in 30 provinces in mainland China.

According to (Talisuna et al.2020) analysis of the spatial and temporal distribution of infectious disease epidemics, disasters and other potential public health emergencies in the WHO Africa Region highlighted that 41 African countries had at least one epidemic and 21 countries had at least one epidemic annually. Due to the pandemic, most African healthcare practitioners have upgraded in the prevention, healthcare knowledge and advanced diagnostics. Over 20 African nations are now able to test for COVID-19. Several African countries have identified isolation and quarantine centres and Ghana among other African countries have rapidly dealt with suspected cases carrying out laboratory tests and placing them in quarantine while laboratory tests were performed (Kapata 2020).

It has been documented that, the epidemic and it subsequent quarantine has caused negative psychological effects including post-traumatic stress symptoms, confusion, and anger (Brooks et al 2020). Quarantine of infected patients has also caused avoidance behaviour. It is known that people who have gone through quarantine avoid other people who cough and sneeze.

Corona Virus in Ghana dates from the 12th March, 2020 when two cases were recorded. These were transported cases from a Norwegian Senior officer and a member of the UN staff who had returned from Turkey. With these two initial cases, the virus had spread from the Greater Accra Region to almost all the Regions in Ghana

1.1 Some literature review of COVID-19 pandemic

Several scholarly articles have been published on the COVID-19 pandemic since its emergence in late 2019 in Wuhan city of China. For example Wei-jie Guan *etal* (2019) studied the clinical characteristics of COVID-19 patients in China using laboratory confirmed cases of 1,099 patients. The samples were selected from 552 hospitals from 31 provinces in China .They found that the median age of the patients was 47.0 years

with 41.90% females. It was also ascertained that 1.2% of patients had wildlife contact and 31.0% had it from Wuhan. Also 71.80% had contact with people from Wuhan was discovered that 87.9% had fever and 67.7% had cough. They concluded that COVID-19 spreads very rapidly from human to human and that the severity of the disease includes oxygen saturation among patients.

Keisuke Kokubun (2020) in his study on social capital mediation between social distance and COVID-19 prevalence, analyzed the relationship between population density rate of infection and social capital. Analysis came out that, social capital has a negative correlation with infection rates when population effects density are controlled. When the mean age of the samples size was controlled, it was revealed that social capital correlates with infection rate more than population density. This shows that social distancing alone is not enough deterrent to coronavirus infection.

Mohamed and Dunya (2020) did a literature review to establish the visible and the hidden opportunities that COVID-19 crisis brought worldwide. From the reviewed literature the expected future role and subsequent pandemic with its associated viruses infection beyond the COVID-19 was predicted. The study developed a framework for sustained preparedness against coronavirus and the optimisation of its opportunities and future threats that needs to be combated.

WHO (2020) described four levels of COVID-19 transmission which are no cases reported, sporadic cases, clusters of cases and community transmission. Measures to arrest the situation may be done at local, regional and national level taking into consideration socioeconomic and other hidden factors according WHO (2020). It was suggested that Government support should be put in place as social and economic policies to inhibit short medium and long term economic impact of the disease.

Akesson et al (2020) conducted a study to shed more light on COVID-19 using 3610 participants from the US and UK as far as fatalism, beliefs, and behaviours during the COVID-19 pandemic are concerned. They found that, little is known about individual concerning the virus and those who knew overestimated the infectiousness compared to the expert's opinion. They also concluded that those who know how infectious the virus is the less they rather take social distancing measures which they called fatalism effects.

Torales (2020) used published articles related to mental health and COVID-19 pandemic and other related articles. They asserted that COVID-19 infection in Wuhan and its spread worldwide is impacting the global mental health. They concluded that the outbreak is leading to additional health problem including stress, anxiety, depression, anger, and fear among others.

Corona virus pandemic has led to restrictive measures to cut down the number of air travel globally. The impact of aviation losses have reduced GDP between 0.02% to 0.12% worldwide

and this could at the end of 2020 be as high as between 1.41–1.67% with associated job losses reaching between 25–30 million (Iacus et al 2020).

Nicola et al (2020) ascertained the socio-economic implications of COVID-19 pandemic by reviewing some articles. The COVID-19 pandemic according to their study has caused close to 300,000 deaths with more than 4,000,000 confirmed cases. It has consequently caused economic crisis and worldwide recession. Travel restrictions, self-isolation and social distancing have resulted in reduction in workforce globally and job losses. They concluded that all sectors in the global economy have been affected negatively by the pandemic.

Bonaccorsi et al (2020) performed analysis on Italian mobility data from Facebook to investigate the implication of lockdown strategies on economic conditions of individuals and local governments. They model the change in mobility as a natural disaster and found that lockdown is stronger in the municipalities with higher fiscal capacity. They concluded that a significant fiscal effort can be put in place for sustenance of the most fragile for mitigation induced by the lockdown.

According to Poudel & Subedi (2020) during the COVID-19 pandemic there was law imposed by the Government of Nepal to implement social distancing so as to reduce the possibilities of new infection from transfers. They reviewed Published articles related to psychosocial effects due to COVID-19 and other outbreaks and concluded that while many countries have good support for its citizenry other developing countries have unique challenges to respond to the pandemic.

Martin et al (2020) did a study on the impact of COVID-19 on socio-economic activities with reference to household consumption and poverty levels. To do this a microeconomic model was used to estimate the effect of social distancing on income, savings, consumption and poverty levels at the San Francisco Bay Area. They found that the impact of the COVID-19 is heterogeneous and that some communities were affected more than the others.

Raisi-Estabragh et al (2020) used 4510 COVID-19 patients from the UK Biobank to examine whether there is differences in the severity of COVID-19 infection amongst men and Black, Asian and Minority Ethnic individuals taking into consideration socio-economic factors among others. They found that sex and ethnicity differential pattern of COVID-19 were not adequately explained by variations in cardiometabolic factors, 25(OH)-vitamin D levels or socio-economic factors. They concluded that factors underlying ethnic differences in COVID-19 cannot be easily captured and therefore further investigation of alternative biological and other social and behavioural differences should be prioritised.

Gratz (2020) studied the relationship between two COVID-19 consequences scenarios using 500 adults who observed stay at home orders and those who lost their jobs to suicide risk

through thwarted belongingness, perceived burdensomeness, and loneliness. They found from their study that there was a significant indirect relation of stay-at-home order status to suicide risk through thwarted belongingness. Further there was a correlation between job loss and suicide risk. They concluded the potential benefits of interventions targeting thwarted belongingness and perceived burdensomeness to offset suicide risk in the COVID-19 pandemic

Bodrud-Doza et al (2020) conducted a study on perception-based analysis of people of Bangladesh to shed light on the psychosocial and socio-economic crisis with its possible associated environmental crisis, in the COVID-19 pandemic. Using 1,066 respondents, principal component and hierarchical cluster analyses were done. They found that there was significant association between fear of the COVID-19 pandemic with the struggling healthcare system ($p < 0.05$) of the country. They concluded that the partial lockdown in Bangladesh due to the COVID-19 pandemic worsened the situation in Bangladesh in terms of health care, economic burden, and GDP.

Hamadani et al (2020) did a study to determine the impact of COVID-19 lockdown orders on women and their families in rural Bangladesh using an interrupted time series data of 242 from families in Rupganjupazila, rural Bangladesh. They found that 96.0% of mothers reported a reduction in paid work for the family. Food insecurity increased from 5.6% to 36.5% and 99.9% were aware and adhere to the lockdown orders. They concluded that COVID-19 lockdowns posed a significant economic, psychosocial, and physical risk to the wellbeing of women and their families across economic strata in rural Bangladesh and therefore need intervention

In summary, COVID-19 is real and its pandemic nature has affected humanity and their socioeconomic activities globally. It has affected jobs, income levels, health status and has caused fear and panic. The woes of the pandemic heightened the negative effects on the socioeconomic activities when there was imposition of stay at home orders (lockdown) in most countries. The COVID-19 is still infecting and being transmitted among people.

Several researches have been done on COVID-19 with little on its socioeconomic impact. This study seeks to confirm or debunk some of the studies done on the COVID-19 pandemic and its effects on the socioeconomic activities with reference to individual Ghanaians. These ordinary individual Ghanaians survive mostly through menial jobs such as selling of items in the streets, in traffic lights, table tops, hawking in and around market centres. Most of these people are not employed in the Government sector and necessary have to go out to sell in order to make ends meet. The question is what has been the trend in the COVID-19 prevalence and survival methods adopted by people of Ghana during the three week stay at home order (lockdown) imposition? What has been the impact of COVID-19 pandemic on income levels of the ordinary Ghanaians?

The objectives of this study is to describe the trends/incidence rate, assess the impact of COVID-19 on the socioeconomic activities and analyse the factors affecting the income level of the ordinary Ghanaians during the pandemic using Ga-East as a case study.

II. METHODOLOGY

This section distils the methods engaged in the study. It describes the study area, the data collection method and approaches used to analyse and achieve the objectives set out in the study.

For trend/incidence rate analysis, secondary data was collected from the Ghana Health Service Repository website with the aid of Google search. Data on the infection rate by regions and national including incidence and recovery rates were collected and trend described. Data on trends, incidence rate as well as recovery rate were tabulated. Confirmed cases of COVID-19 and treatment outcomes in Ghana as at August 2020 with number of cases, recovered/discharge, severe, critical, dead and active data were also collected. Positivity rate by surveillance type for samples tested in Ghana from March-August 2020 information was collected. Information on surveillance type, total number of individual tested, total number of positive cases with positivity rate were also collected. This information was tabulated and then described accordingly.

For factors affecting the income levels of the ordinary Ghanaians during the pandemic, probit regression approach was used. In this, change in income levels during the COVID-19 pandemic was regressed on the socioeconomic factors among others of the individuals concerned.

The probit is a probability model that has a dichotomous dependent variable, in this case, whether individuals' incomes have been affected or not, this variable has $y = 1$ if individuals' incomes are affected and $y = 0$ if not. Assuming a variable y is binary with two possible outcomes which we will denote as 1 and 0. For example, where y represents the income effect of COVID-19. The vector of independent variables x , is assumed to influence y , the model takes the form:

$$\Pr(y=1|x) = \Theta(x^t \alpha + \varepsilon) \quad (1)$$

Where \Pr is probability, Θ is the cumulative distribution function of the standard normal distribution. The parameters α are typically estimated by maximum likelihood.

Data on the socioeconomic activities was collected using a structured questionnaire designed to collect variables such as sex, age, marital status, education, COVID-19 protocols among others that have been affected by the outbreak of the disease.

2.1 The study area

The study was conducted in Ga East municipal of Ghana. This area was chosen because it has the national COVID-19

treatment centre. It has also seen some part of its areas recording positive cases apart from the outside cases which are brought to the hospital for treatment. The Ga East Municipal is one of the ten (10) municipals in the Greater Accra Region of Ghana. Its capital is Abokobi. The current population of this municipal is 182,183. Ga East Municipal is bordered to the north by the Akuapim South District in the Eastern Region, to the west by the Ga West District, to the south Accra Metropolis District and to the east by the Tema Metropolis District. The towns in this municipality include, Dome, Madina, Taifa, Ashongman, Boi, Ayi Mensa, Haatso, Kwabenya, Oyarifa and Pantang. The national COVID-19 treatment centre is located in Kwabenya close to the Ghana Atomic Energy Commission.

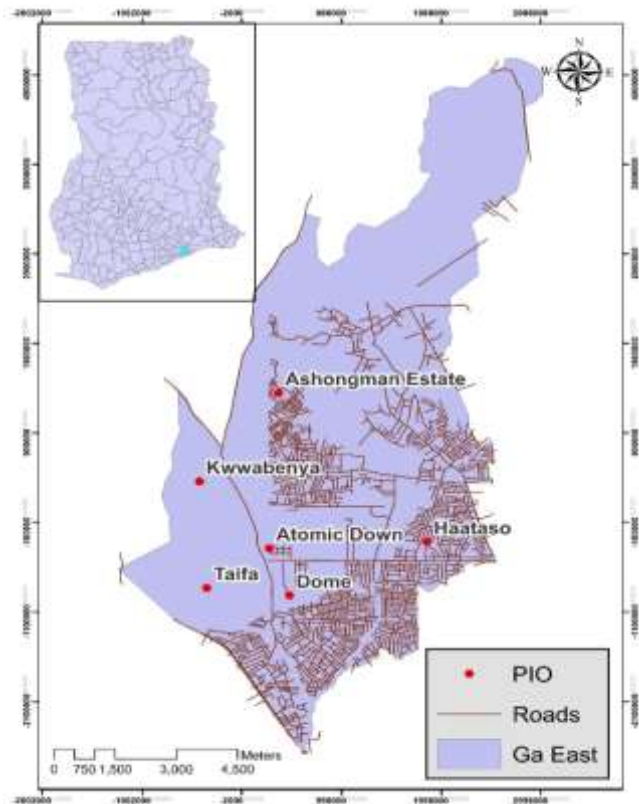


Fig 1 A map showing the study area

2.1.1 Data collection

Data was collected from respondents from the towns within the Ga-East Municipal.

The sample size of 200 was based on the study communities using the formula:

$$n = \frac{N}{[1+(N)\gamma^2]} \tag{2}$$

By Yamane (1967), where n = Sample size; N = size of the population in the study communities; γ = significance level (0.05 for this study). The selected communities have a total

population size of close to nine hundred and fifty(950).Data was collected from Atomic, Kwabenya, Ashongman, Dome, Estates, Madina and Taifa using simple random selection based of the population size and the willingness of individuals to be interviewed. Data on socio-demographic factors such as age, sex, marital status, education, income, and issues regarding COVID-19 were collected and analysed. These were analysed using descriptive statistics. These include means, frequencies, percentages and graphs. Also data was modelled to ascertain the relationship between changes in income levels during the COVID-19 pandemic and factors contributing to it.

III. RESULTS

3.1 Trend in COVID-19 pandemic in Ghana

By 18th March, the number of cases has risen to nine. This prompted the President of Ghana, Nana Addo Dankwa Akuffo-Addo to announce a ban on all social gatherings including meetings, church activities, conferences, funerals, political rallies and workshops. On the 19th March, 2020, the Kumasi Centre for Collaborative Research (KCCR) confirmed two new cases in Kumasi in the Ashanti Region. By 23rd March, 2020, six new cases was recorded binging total confirmed cases to Twenty seven. This caused the government through the local government Ministry to disinfect about seventeen markets centres in the Greater Accra Region and the closing of all beaches. On 24th March, 2020 there was a total of fifty-two confirmed cases with 2 recorded deaths. By 27th March, 2020, the total number of confirmed cases had risen to one hundred and twenty seven with the first case recorded in Wa. The president addressed the nation with the information of locking down partially the Metro- cities of Accra and Kumasi. On 30th March, the partial lock down of Accra and Kumasi took effect with no new cases recorded.

3.1.1 Incidence Rate after Lockdown

The incidence rate of the corona virus has increased exponentially from March to August 2020. It was recorded that by 20th May 2020, a total of 6,096 cases was diagnosed with 6.3% increase in infections and about 31 deaths. This increase by 3.5% in 22nd May 2020 and to 4.3% in 29th May 2020 bringing the total to 7616. About 24,988 people were infected with 130 deaths recorded on 12th June 2020. As of 15 July, 2020 there was a total of 25, 252 confirmed cases, 21,397 recoveries and 139 deaths with the active cases being 3716. The Greater Accra Region recorded the highest with a total 13, 869 and the North East with the minimum record of 9. The total number of infected patients who are males comprises 58% and 42% are females. By 20th July 2020, in Ghana a total of 27,060 cases has been recorded with about 145 deaths and 23,044 recovered cases. Globally, 14,507, 491 cases has been recorded with 606,173 deaths and 8,133,663 recoveries. See Tables 1-3.

Table 1 Confirmed cases of COVID-19 and Treatment Outcomes, Ghana as at Aug 2020

Category	Number of cases	Recovered/ discharged	Severe	Critical	Dead	Active
Routine surveillance	16255	39320	18	5	223	2029
Enhanced contact Testing	25317					
Total	41572	39320	18	5	223	2029

Table 2 Positivity rate by surveillance type for samples tested in Ghana March-August 2020

Surveillance type	Total no. Tested	Total no. positive	Positivity rate
Routine surveillance	152427	16255	10.7
Enhanced contact Tracing	265901	25317	9.5
Total	418328	41572	9.9

Table 3 Summary of Recoveries by Regions, March-August 2020

Region	Cases	Recovered/ Discharged	%Recovered/ Discharged	Active Cases
Ahafo	463	436	94.2	27
Ashanti	10393	9769	94.0	538
Bono	439	436	99.3	3
Bono East	689	648	94.0	38
Central	1749	1497	85.6	242
Eastern	1972	1732	87.8	228
Greater Accra	20749	19986	95.9	766
North East	9	8	88.9	0
Northern	545	415	91.4	34
Oti	211	194	91.9	16
Savannah	62	61	98.9	0
Upper East	282	279	96.6	0
Upper West	88	85	96.6	0
Volta	626	605	95.4	12
Western	2818	2717	96.4	99
Western North	568	542	95.4	26
Total	41572	39320	94.6	2029

3.1.2 Socioeconomic backgrounds of respondents

The responses of the people in the Ga East municipal of Ghana in term of the socioeconomic activities factors are as follows.

3.1.3 Education levels, Residence and Occupation of Respondents

The education levels of the respondents range from Middle school to Tertiary level. A total of 4(2.6%) respondents had completed Middle school, 107(40.1%) respondents had completed Junior High School, 21 (7.9%) have primary

school education, 72 (27%) have Senior High School background and 60 (22.5%) completed tertiary school. Since most of the respondents had some Basic level education and as such had good understanding of the COVID -19 pandemic and its menace. This made the answers to the questions credible and well informed.

Ashongman Estates, Atomic down, Dome, Kwabenya, Madina and Taifaare some of the towns in the Ga-East Municipal Assembly of Ghana. Questionnaires were distributed across these areas.

Among those interviewed, 29.6% resides in Atomic Down, 3.7% in Dome, 23.2% live in Ashongman Estates and 10.5% from Kwabenya based on the sampling technique adopted for data collection.

Different people with different occupations were interviewed. Majority of respondents, 86.9% were seamstress, Hairdressers were 4.9 % of the respondents. Security men and shoe makers were 7 representing 2.6%, with 2.6% who are teachers.

3.1.4 Knowledge about the virus

People had different perceptions on the existence of the viral disease. From the study, 8.6% of the study population were of the view that the virus is deadly and fearful and accepted it was a pandemic, 8.2 % were of the view that the disease was real and in existence, 46.4% believed it was not real but a deadly disease, 2.6% also said they know that it originated from abroad and 28.9 % believed that the disease is a real viral disease.

3.1.5 Effect on income

Income is one of the important socio-economic factors that affects livelihood behaviour of the ordinary people, its change has a huge impact on the lifestyle of the individual. From the study conducted, only 2.6% of the respondents believed that the outbreak of the corona virus and subsequent lockdown had no effect on their income levels while 97.4% of the respondents were of the view that the disease has had severe negative impact on their income levels. They said due to the lockdown, private workers had their customers reduced drastically because of the fear of contracting the virus. Some workers also stop temporarily and some also refused to work at all. Some according to them also tried to work from home which obscures business as usual thereby reducing income levels.

3.1.6 Changes in income levels

From the interview conducted, 51.7% agreed that sowing of nose mask has brought additional income to them while 37.5% said it has not added anything to their income status. About 21.3% of respondents said they were making at least GH¢50.00 per week, 3.4% said they were making at least GH¢100.00 per week with 3.0 % making GH¢200.00 per week. Also 7.9% said they were making at least GH¢40.00 a week. 3.0% and 10.9% were making GH¢30.00 and GH¢20.00 respectively with 2.6% making at least GH¢10.00 a

week. For income losses 2.6% said they made GH¢240.00 and GH¢250.00 losses each week, 2.6% were making GH¢1800.0 and GH¢2000.00 losses every month, 3.0% said they have made a loss of GH¢7,000 and GH¢3, 000 since the outbreak of the corona virus and the introduction on the ban of mass gathering. Among these, 7% said they have made a loss of about GH¢3,000. Only 3.0 % of the respondents interviewed said they have not experienced much losses.

3.1.7 Material use and type of nose mask

During the pandemic, one of the main protective means against the spread and transfer of the disease is by wearing of nose mask. The material used in preparation of this mask plays a very significant role in the health status of the individuals who use them. From the survey, majority 72.7% of nose mask producers used cotton materials and 27.3% were making production from other non-cotton materials. Among those interviewed, 2.6 % of the respondents who were into nose mask production did not lined their products because they did not have an initial idea for standards for a quality nose mask until the Food and Drug Authority(FDA) came up with standardization. As it is now most of the nose mask producers are aware of the dangerous effect of unlined mask and therefore have taken caution against this. Most of them are now lining their masks with white cotton material. Majority of nose mask producers were mainly using coloured clothes such as tie and dye, and others which were harmful to human health when inhaled especially Asthmatic patients. Among the people interviewed, 8.2 % did not know of the dangerous consequences of unlined nose mask. However, majority of them, about 81.3 % knew of the negative repercussions of using coloured unlined materials for mask production. About 80% of the respondents said upon learning of the consequences of using coloured/ dyed clothes for sowing nose mask, they started lining their mask with cotton. Close to 11% of respondents said they did interfacing of their mask produced. That is multiple lining of mask and 5.2% of the respondents used quality and thick lining for the nose mask rendering it effective for use.

3.1.8 Effects of lockdown

Due to the outbreak coupled with World Health Organisation (WHO) declaration of the corona virus as pandemic, the president of the republic of Ghana also declared a partial lockdown for its two major cities among other. These are Accra and some parts of Central region and Kumasi metropolitan areas. As to the effect of the partial lockdown on the people in these areas 90% said they were uncomfortable, 6% were very uncomfortable during the lockdown and wish they were free to go about their normal duties, 2% said they were neutral and did not feel so concerned, 1% said they were idle and uncomfortable and only 1% said they were comfortable and wish to enjoy extension of it.

3.1.9 How they survive lockdown

Those within areas which were lockdown developed strategies to cope with it. Among these respondents, 89.5% said they managed from stocked of food they had, 6.5% managed from savings and 3% said they managed because they were prepared for it. Also 1.2% had to cut down some expenses and 0.8% of respondents said they had worked from home and lived on little earnings they saved before the lockdown.

3.2.0 Knowledge of social distancing and observation

Almost all respondents that is 92.1% had knowledge and understood social distancing, hence were observing it with about 7.9% finding it difficult to practice the social distancing due to unclear understanding. Furthermore, 30.6% of the respondents said they understood the general idea of social distancing to mean distancing yourself from other people when chatting with them. Also 65.4% explained social distancing as keeping a specified distance away between you and others. Only 3% had a detailed understanding of social distancing to mean staying at least a distance of one meter apart when interacting with another. Understanding of social distance and practice which led to people carefully observing basic health protocol led to a positive shift in income for some respondents who are mostly artisans (seamstresses and tailors) and could work from home and continue selling nose mask for income even after the partial lockdown.

3.2.1 Need additional lockdown

For an additional lockdown, 71.2% said this was not needed while 28.8.0 % said additional lockdown was necessary to reduce the spread of the disease.

3.2.2 Effect of COVID-19 on income

The Table below summarises the probit regression results of the effect to which the pandemic had on the ordinary Ghanaians. The dependent variable is dummy of changes in the income of the individuals due to the pandemic and people who had completed at least senior high school, gender, number of children, self-employed, years in occupation and cost of facemask are independent variables.

Probit regression	Number of obs =	146
LR chi2(7)	=	49.70
Prob > chi2	=	0.0000
Log likelihood = -76.335661	Pseudo R2 =	0.2456

Table 4 Probit Results

Incomedummy	Coef.	Std. Err.	Z	P>z
Age	-0.054	0.029	-1.83	0.067
SSgraduate dummy	-0.966	0.296	-3.26	0.001
Genderdummy	-0.547	0.250	-2.19	0.029
No of Children	-0.006	0.124	-0.05	0.959
Self-employed dummy	-1.790	0.354	-5.05	0.000

Occupation years	0.118	0.031	3.69	0.000
Retail cost of facemask	0.048	0.051	0.94	0.349
_cons	2.5911	0.740	3.5	0.000

COVID-19 pandemic on the people in the Ga East Municipal. To ascertain this, changes in income was regressed on, people who had completed at least senior high school, gender, number of children, self-employed, years in occupation and cost of facemask. The results show that all these factors had negative impact except experience/years in occupation and cost of face mask had a positive effect on the changes in income levels of the respondents. This shows that those who are educated and enlightened, male respondents, those with children and those who are self-employed had their income negatively affected by the COVID-19 pandemic. But those people who are in the government sector and those doing nose mask business during COVID-19 pandemic had windfall effect on their livelihood due to the money they made from selling of COVID-19 products. This was shown in the price of nose mask.

IV. DISCUSSION

From the general comments 81.6% shared their views on the need for Ghanaians to take all precautionary measures and to observe all the safety protocols outlined by the government. Furthermore, 72.7% said continuation of lockdown would have been the best for us but it is rather too expensive for government to bear. Close to 68% shared the view that government must not lift ban on schools but ban on churches, 78.7% said more awareness creation and safety protocols must be adhered to, 92.1% commented that government must ensure the strict adherence to the observation of the safety protocols to prevent the spread of the disease and 2.6% have come to understand that the corona virus has come to stay with humanity and Government must put in the necessary measures to enable individuals and ordinary Ghanaians to stay save.

Corona Virus discovered on 12th March, 2020 when two cases were recorded. The president addressed the nation with the information of locking down partially the Metro- cities of Accra and Kumasi. The total number of infected patients who are males comprises 58% and 42% are females. By 20th July 2020, in Ghana a total of 27,060 cases has been recorded with about 145 deaths and 23,044 recovered cases. Globally, 14,507, 491 cases has been recorded with 606,173 deaths and 8,133,663 recoveries

Most of the respondents in the study area has some Basic level education and as such had good understanding of the COVID -19 pandemic and its menace. This made the answers to the questions credible and well informed with different people in different occupations but majority were seamstress.

The outbreak of the corona virus had severe negative impact on their income levels. The lockdown, caused a drastic

reduction in the number of customers and some stopped work for fear of contracting the virus. However some also nose mask producers made some income gains from the pandemic.

Most of the respondents initially did not use lined nose mask until they were advised by Food and drug Authority (FDA) to produce standard materials.

Almost all the respondents who were partially lockdown were uncomfortable (Gratz., 2020 and Hamadaniet al.,2020) with most of them managing with stock of food they kept, majority said they don't recommend additional lockdown.

Probit results shows that COVID-19 affected the income levels of the educated, male respondents, those with children and those who are self-employed negatively, but those on government pay roll and those doing nose mask business had income windfall which supports (Martin et al 2020, Hamadani et al 2020 and Bodrud-Doza et al 2020) who found that, COVID-19 pandemic had some effect of the socioeconomic activities of the individuals concerned.

V. CONCLUSION

From the data and the research done, it can be concluded that the corona virus has impacted on the socioeconomic activities of the Ghanaian economy especially the income levels of the ordinary people. Also, the incidence rate has been high exponentially especially in the early days of its discovery but has been controlled to some extent under the leadership of the president of Ghana and the powers that be.

V. RECOMMENDATIONS

Based on the above results it is recommended that all safety protocols including social distancing, washing of hands, and avoidance of social gathering be strictly adhered to avoid further spread of the disease.

Health workers and other paramedics should be incentivised in order for them to be more committed to handle patients with the virus.

Government should also aid an artisans and craft worker who designs and manufacture containers, container holders among other so that they can do more.

Government and international bodies should also come to the aid of those who have been affected negatively by the pandemic so as to restore them to normalcy. This can be done through the issuance of COVID-19 pandemic alleviation fund and aid to these affected people.

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