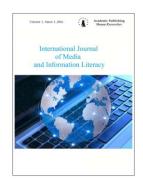


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Fear Experiences of Social Media Users in Ghana During the COVID-19 Pandemic-Lockdown: An Online Survey

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Abstract

The novel coronavirus (COVID-19) pandemic is known to place a burden of fear upon individuals in the affected communities. This is mainly due to the unregulated circulation of misinformation, conspiracy theories, and fear messages on social media. During a three-week partial lockdown of some cities in Ghana, with high rate of COVID-19 cases, many social media users were exposed to the global pandemic of COVID-19 misinformation. As there exists little empirical data on the topic, we used an online survey to explore the lived fear experiences of social media users in Ghana. To understand their experiences, data from 27 persons who lived in Accra, Tema, and Kumasi were collected via a qualitative online survey between 21st April and 10th May 2020. Using Colaizzi's 7-step analytical approach, we conducted a phenomenological analysis for participants' (29.6 % males and 70.4 % females) text data until we reached data saturation. We observed that respondents shared varied fear experiences during the lockdown. Participants' fears included (1) fear of risk for COVID-19 infection, (2) fear of using a health facility, (3) fear of impending scarcities of essential home commodities, (4) fear of economic crisis, and (5) fear of the unknown about the pandemic. We recommend that the government, regulatory bodies, and other stakeholders regulate the large volume of misinformation coming through social media platforms. Furthermore, much effort is needed by Ghana's Ministry of Health and Ghana Health Service to provide adequate health education on COVID-19 to promote public mental health.

Keywords: COVID-19 fear experiences, Ghana, lockdown, pandemic, social media users, media.

1. Introduction

Like most life-threatening disease outbreaks such as "a tsunami of misinformation, hate, scapegoating, and scare-mongering" by the United Nations Secretary-General, Antonio Guterres (Twitter.com, 2020). Caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), COVID-19 first started in Wuhan, China, in December 2019 (Rothan, Byrareddy, 2020). As it began to spread quickly across the globe, many countries including Ghana commenced several public health preventive measures in an attempt to fight the virus (Bamfo et al., 2020; Rothan, Byrareddy, 2020). The Government of Ghana instituted partial lockdown or restrictions on movement in cities with a high spread of the virus (Bamfo et al., 2020). Like most life-threatening pandemics such as the 2014 West African Ebola epidemic (Maffioli, 2020), there

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has been a spate of extreme misinformation, conspiracy theories, and fear messages about the COVID-19 pandemic on various social media platforms (Gao et al., 2020).

Before Ghana's first two imported cases of COVID-19 infection arrived from Norway and Turkey on 13th March 2020, the Government of Ghana announced several COVID-19 preparedness and response plans, as of 11th March 2020 (Ministry of Health, 2020; MyJoyOnline, 2020). On the 27th of March 2020, the President of Ghana, His Excellency Nana Akufo-Addo in a State Address on COVID-19, placed Accra, Tema, Kasoa, and Greater Kumasi (the four COVID-19 hotspot cities) under a 21-day partial-lockdown starting from 30th March 2020 (Essien, 2020). Since these cities under partial lockdown play critical roles in Ghana's socio-economic development, there were media reports of food scarcity, the privation of revenue, a surge in the prices of goods, and other essentials across the entire country (Knott, 2020). Coupled with the negative socioeconomic implications of the lockdown (Bamfo et al., 2020), some people took advantage of several media platforms to share messages that have the potential to arouse intense fear among people living in these cities.

Notwithstanding the media reports of the fears and worries of citizens in Ghana (Knott, 2020), the lived fear experiences among residents living in these particular cities under lockdown are scanty and ineptly explored by researchers. Therefore, we sought to explore the fear experiences of social media users who lived in Accra, Tema, and Greater Kumasi during the COVID-19-induced lockdown.

2. Materials and methods

We used a cross-sectional design to conduct a qualitative online study using Google Forms as a tool. This procedure is best suitable because of the existing nature of the pandemic, as the approach offers appropriate social distancing and excludes movements of researchers or participants (Gao et al., 2020; Geldsetzer, 2020). The study was carried out in Ghana and limited to people living in Accra, Tema, Kasoa, and Greater Kumasi. During the period of data collection, participants had experienced a range of seven and 21 days of city-lockdown as a result of the COVID-19 pandemic. Twenty-seven social media users, comprising 8 (29.6 %) males and 19 (70.4 %) females voluntarily participated in the study. We adopted both convenience and purposive sampling techniques to distribute the link of our online survey to participants mainly via social media platforms like Facebook and WhatsApp (See Table 1 for participants' details).

Characteristics		n (%)	Mean (Range)
Gender	Male	8 (29.6 %)	
	Female	19 (70.4 %)	-
Age			32 (20-58)
Education	Postgraduate	12 (44.4 %)	
	Undergraduate	14 (51.9 %)	
	Senior high school	1 (3.7 %)	-
Location	Accra	21 (77.8 %)	
	Kumasi	4 (14.8 %)	
	Tema	2 (7.4 %)	
Employment	Accounting and finance	1 (3.7 %)	
	Business and administration	3 (11.1 %)	
	Education sector worker	6 (22.3 %)	
	Healthcare worker	7 (25.9 %)	
	Mechanical engineer	1 (3.7 %)	
	Minister of religion	1 (3.7 %)	
	Publishing	1 (3.7 %)	
	Sports administrator	1 (3.7 %)	
	Student	4 (14.8 %)	

Table 1. Socio-demographic characteristics

	Writer	1 (3.7 %)	
	Unemployed	1 (3.7 %)	
No. of days in			21 (7-21)
lockdown			

The opening page of the Google Forms clearly stated that the survey was for Ghanaians who lived in Accra, Tema, Kasoa, and Greater Kumasi during the COVID-19 lockdown. And that, the individual must be 18 years or older to take part in the survey (as inclusion and exclusion criteria). Institutional Review Board of the University of Cape Coast, The Ghana (Ref UCCIRB/EXT/2020/10) granted the ethical clearance for the study. Additionally, the Google Forms containing the survey included a consent form which asked participants to click "yes" or "no" (to agree or disagree to take part in the survey) to fill the questionnaire. The consent form addressed the voluntary nature, confidentiality, and anonymity of the study. Besides, the project was done by observing the principles of the Declaration of Helsinki for human research (6th revision, 2008).

We developed and pretested an online survey using Google Forms, a semi-structured openended instrument to seek the participants' fear experiences. The online instrument consisted of two parts; Part A (demographic details) and Part B (COVID-19 lockdown experiences). Part A recorded participants' demographic information like gender, age, education, occupation, and the number of days spent under the lockdown. Additionally, Part B, comprising seven open-ended items included questions like "What are your fears regarding COVID-19 as you stay at home?", "Share some of your fears, worries, anxiety, panic, and other health issues" etc. We shared the link to the online survey via emails and social media platforms such as WhatsApp and Facebook between 21st April and 10th May 2020. Moreover, we pull down the survey at the expiration of the data collection period. This online survey approach has been used successfully and recommended during the pandemic by other researchers (Gao et al., 2020; Geldsetzer, 2020; Gupta et al., 2020).

Initially, we extracted the text responses into Microsoft Excel 2010. Subsequently, we systematically followed the 7-steps in Colaizi's phenomenological approach where we independently reviewed the text responses to summarize and extract meaningful statements into themes and subthemes (Edward, Welch, 2011). We used several approaches to increase the trustworthiness of the study's results. Specifically, the first author (JOS) did the initial coding where themes and subthemes emerged. Later, author two (EWA) crosschecked the emerged themes and subthemes with the transcripts. Subsequently, both authors discussed and resolved discrepancies that emerged from the analysis. We achieved credibility as participants at their convenience at home, typed their experiences online regarding fear associated with COVID-19 lockdown in Ghana. Furthermore, we shared and discussed the content of the themes to resolve inconsistent and contradictory interpretations. Our themes and subthemes were also cross-checked and validated by an independent counselling psychologist. Colaizzi's phenomenological analysis has recently been used to explore the experiences of participants in different health and psychosocial contexts (Edward, Welch, 2011, Joung, 2019; Sun et al., 2020).

3. Results

This study explored the experiences of people who lived in Ghana in cities which were under COVID-19 lockdown between 21st April and 10th May 2020. Five major themes emerged from the data: fear of risk for COVID-19 infection, fear of using health facilities, fear of impending scarcity of home commodities, fear of economic crisis, and the fear of the unknown. From the results, participants sensed a primary fear of risk for COVID-19 infection during the lockdown in Accra, Tema, and Greater Kumasi Metropolitan areas. This negative emotional distress was felt at both personal and external levels. This form of fear is consistent with the experiences of people living in China during the initial period of the pandemic (Li et al., 2020). Though natural for participants to develop this kind of fear when Ghana's COVID-19 cases began to increase during the lockdown, it is certain from their responses that their fears were rather escalated from reading fear and false messages online. Thus, the insurgence of misinformation and fear messages through social media seems to have doubled their perceived risk levels and fear (Xiang et al., 2020).

Furthermore, it emerged from the findings that participants were afraid of attending a healthcare facility or seeking medical care during the COVID-19 lockdown period. As a result, some of them reported that they had developed medical care avoidance behaviour due to this perceived fear. Critically examining participants' basis for this fear, we realised that their fear centred around the fact that they are either likely to be infected with the virus when they visit these local healthcare facilities or might get quarantined as suspected COVID-19 cases. This perceived fear can have debilitating consequences on persons with life-threatening conditions. A recent study indicated that patients with acute coronary syndrome avoided medical care due to their fear of being infected (Moroni et al., 2020).

Additionally, we observed that some of the participants shared their fear regarding impending scarcities of essential home commodities like food, water, and medicine. This perceived scarcity effect has been linked with excessive panic buying behaviour (Arafat et al., 2020). Likewise, this perceived fear of scarcity was linked to the fear of the unknown as most of the participants wished they knew the day the pandemic will be over. Furthermore, the fear of perceived economic crisis seems to have increased their fear regarding impending scarcities of essential household commodities. Though the Government of Ghana has put in place several measures to safeguard the economic stability of the country, it had been forecasted by experts that the COVID-19 pandemic will have some serious socio-economic implications on the general Ghanaian public, especially among individuals with very little financial opportunities and resources (Wong et al., 2020). As a possible consequence, participants' perceived fear fuelled by social media misinformation and uncertainty could lead to future mental and physical disorders and other health problems.

4. Discussion

We explored the lived fear experiences of 27 social media users who experienced COVID-19 induced lockdown in Ghana, using phenomenological methods. They admitted that they spend between 2 and 6 hours of their day on social media. Five main themes immerged from the data, i.e., fear of risk for COVID-19 infection, fear of seeking medical care, fear of impending scarcity of essential home commodities, fear of economic crisis, and fear of the unknown. Table 2 shows a summary of the themes with their subthemes and respective exemplar quotes.

Themes	Sub-themes	Sample quotations
1. Fear of risk for	Self	"fake news on some social media platforms is crazy I'm
COVID-19		scared of being infected" (female, 31 years old)
infection		" I fear I may contract the disease" (Female, 29 years old)
	Others	"People are not adhering to the safety protocols regarding the
		Pandemic. My fear is the disease will escalate" (Male, 20
		years old)
		"I worry about the increasing cases of COVID-19 and the rate at which people are being infected in this country"
		(Male, 43 years old)
		"afraid because my little girl can't stay indoors at all"
		(Female, 32 years old)
2. Fear of		"I had a dental problem but feared to go to the hospital"
seeking medical		(Female, 24 years old)
care		
3. Fear of		" <i>fear of running out of food</i> " (Female, 24 years old)
impending		
scarcity of		
essential home		
commodities		

Table 2. Themes identified from the respondents' transcripts

4. Fear of	Personal	"money running out" (Male, 41 years old)	
economic crises		"I worry about my unemployed status I'm afraid it will	
		hinder my chances of getting employed if COVID-19 continues	
		(Female, 37 years old)	
	National	"national economic implications of COVID -19 has been my	
		concern" (Female, 30 years old)	
5. Fear of the		"My fear is not knowing when it would end for life to return to	
unknown		normal" (Female, 31 years old)	
		"not knowing my COVID-19 status as the day passes"	
		(Female, 46 years old)	
		"not knowing how long the lockdown will last"	
		(Female, 31 years old)	

Limitations

Our sample size may not be representative of the people living in cities under lockdown although we reached data saturation. Thus, our results should be interpreted with respect to our scope. Besides, the type of qualitative design we adopted could not permit face-to-face interviews because of the restrictions on movement, as a COVID-19 prevention measure. Therefore, our study is limited to online self-report, which has some challenges of omitting some details like gestures and mannerisms in reporting. Nonetheless, our study offers an in-depth analysis of the nature of fear-experienced by persons who live in Accra, Tema, and Grater Kumasi Ghana, during the COVID-19 induced lockdown.

5. Conclusion

We used a phenomenological approach to explore the fear experiences of social media users during the COVID-19-induced 21-day lockdown in Ghana. We found that people who lived in these cities during the COVID-19 lockdown shared various forms of fear experiences. These fear experiences ranged from risk for infection, fear towards seeking medical care, impending scarcities, economic crisis, and fear of the unknown. Though Ghana's period of lockdown had ended, there is a need for public health interventions by the Ministry of Health and Ghana Health Service to address participants' fears and negative related behaviours like medical care avoidance.

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