

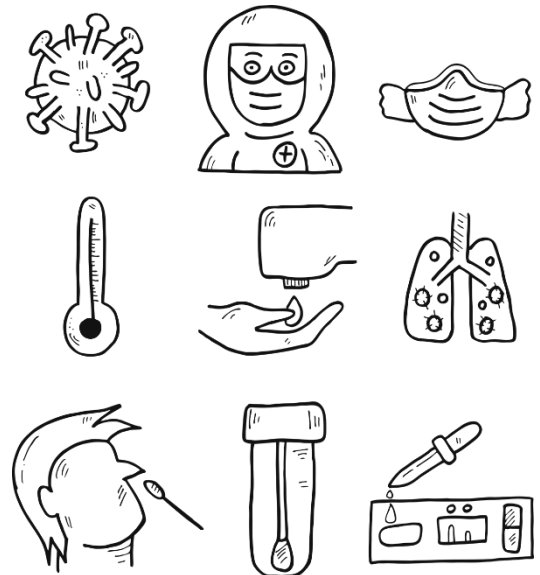
## Safety Vs. Comfort: Control of COVID-19 in Ghana

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The COVID-19 pandemic has exposed vulnerabilities within the health research and health service delivery in Ghana. The disease is caused by SARS-CoV-2 virus, a respiratory virus. Since March 2020, when the first cases of the virus were recorded in the country, the Government of Ghana has activated many measures to limit the spread of the disease.

With the aid of the security services, the country enforced lockdowns, restrictions on public events, closure of public places, closure of borders, closure of airports and the mandatory wearing of facemasks. These measures ensured that the rate of spread of the virus was significantly reduced by [statistics provided by the Ghana Health Service](#). The government adopted an aggressive contact tracing and treatment policy that focused resources on identifying prospective cases even before they tested positive or showed symptoms. The active cases, as reported on the GHS website within that period, reduced significantly. With this significant reduction, the government was convinced that a gradual relaxing was crucial to ensuring that citizens could conduct daily activities. Though gradual, the government continued to enforce some preventive measures such as wearing of facemasks, social distancing and handwashing in all institutions including bus terminals in the country.

The number of active cases of the disease reduced with a marked increase in advocacy and policies that enforce COVID-19 preventive measures in public places. However, the sporadic increase in active cases as observed in recent times has triggered fear and panic among stakeholders of COVID-19 disease control in the country. Clinicians and public health experts resent these sporadic increases and their impacts on COVID-19 programme response and overall health service delivery in the country. One such expert is Professor Abraham Kwabena Anang, Director for the Noguchi Memorial Institute for Medical Research (NMIMR), the largest medical research institute in Ghana, who fears the neglect of safety precautions could lead to the increase in active cases and in effect trigger another round of lockdown in the country.



With the reopening of schools in January, the government has put in place measures that will ensure the safety of students. Some of these measures include the disinfection of all schools and distribution of personal protective equipment (PPE). Other measures include using a shift system to reduce class sizes so as to enforce social distancing in classrooms and dormitories and reducing contact hours for students to minimize exposure. The schools are also required to have designated isolation rooms for suspected cases and health posts equipped with staff trained on sample taking, managing positive cases and leading referrals to designated health facilities. Although these measures are quite commendable, there is still some level scepticism among clinicians, health researchers and patients regarding

the vigorous enforcement of these measures. Their fear lies in the fact that students at lower levels (basic, primary and JHS) are adventurous, sociable and lively and hence more likely to disregard safety precautions compared to their colleagues in higher educational institutions. Teachers at this level have to be extra vigilant and ensure strict adherence to these new regulations.



Wearing of facemasks is one of the recommended preventive measures against COVID-19. It has been demonstrated that [face masks can help to prevent person to person virus transmission of](#)

[SARS-CoV-2 via large respiratory droplets](#). On the streets of Accra, one can identify around 5 different types of facemasks with different level of protection and different prices. These include N95 facemask, surgical mask, sponge mask, cotton/cloth mask and cone mask. These masks are abundant in the country due to government policy to support of local factories to manufacture PPE to meet rising demands and expediting of shipping of PPE into the country. Hence, physical accessibility of facemask for purposes of COVID -19 prevention is assured. However, the bane of the issues of facemask lies within the realm of its application.

In a recent study by Nuru-Ahmed et al (in review), a data collection exercise was conducted to assess adaptation of health staff and community members to COVID-19 in Schistosomiasis endemic communities. It was observed that most of the participants interviewed had worn their facemasks incorrectly. Some wore it on their chins, others on their mouth alone, others on one ear with the other strap loosely hanging. Informal conversations revealed that they wanted to protect themselves from the virus, however they lamented at the uncomfortable nature of the facemask after wearing it the right way for long hours. They also lamented the lack of orientation on the application and storage of the face masks. A woman at the market said:

***“They tell us to wear nose mask but they didn’t teach us how to wear it, how to store it and safely dispose of it.”***

Another lady purchasing vegetables in the market also said:

***“Wearing the nose mask for long hours is very uncomfortable. Sometimes I go home with sore ears and have trouble breathing sometimes in it”.***

Others wore it to satisfy requirements for coming out of the house as demanded by the police and other enforcers. A lady said:

***“I always wear it like this to remind myself to pull it up when I see a police officer. If I don’t have it, they may ask me to go back home”***

In all these interactions, one thing was evident; people were compromising safety for comfort and the inadequacy of education on right application of face mask and its storage supported this compromise. This compromise is not only identified with COVID-19 preventive measures, but with other public health preventive measures that have been advocated to ensure protection from a disease. For example, long lasting insecticide treated bed nets meant to be used for malaria prevention are not used as often as they should because people say the nets make them feel warm. Another example is the wearing of condoms for the prevention of HIV/AIDS- a common perception is that it takes away the pleasure of sex. A lot more examples can be given to support the concept that people will often choose comfort over safety when it comes to public health. An effective public health intervention should thus either strike a balance between comfort and safety or at least ensure that people are equipped with all the information and training they need in order to maintain a recommend behaviour.

As the country continues to relax COVID-19 restrictions, it is crucial that people are adequately educated on all aspects of preventive behaviour to ensure that the “new normal” has a positive impact on the spread of the disease. All stakeholders must play an active role in collaborative manner to ensure that there is a strict enforcement of the rules in order to mitigate spread of the disease. As for the decision between safety and comfort, it is evident that comfort will often be preferred, with a low level of knowledge and poor enforcement of regulations supporting this compromise.

