

Ghanaian Parents' Perspectives on Young Children's Play Experiences during the Coronavirus Pandemic

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Abstract: This study examined Ghanaian parents' perspectives on how their children's play experiences were influenced by the 2019 coronavirus pandemic. Purposive criterion sampling was used to select 15 parents (aged 20-50 years old) from three communities in the Cape Coast Metropolis in the Central Region of Ghana. The selection criteria were that potential parents had at least one child between the ages of four and eight years old, and that the child or children must be living with the parent(s) at the time of the study. Semi-structured interviews served as the primary source of data. Inductive data analysis strategies were employed to analyze the data. Results showed that children's play experiences changed during the pandemic in terms of play types, play places, play partners, play materials, frequency of play, and gender dynamics. The major factors that influenced children's play during the coronavirus outbreak were parents' personal factors and the availability of play materials. Additionally, children were active agents in their own play experiences. There needs to be a concerted effort among parents, schools, and other stakeholders aimed at providing developmentally appropriate play experiences for young children.

Keywords: COVID-19, Pandemic, Play, Young Children, Socioeconomic Status

1. Introduction

Play, not only is it synonymous with childhood, but that it has been regarded as a human right issue. Children's right to play has been highlighted in the Convention on the Rights of the Child of the United Nations Human Rights Office of the High Commissioner (1989). Play is important for children to develop decision-making, regulation of emotions (Gray, 2011), interact, make friends, and release stress (Wells & Evans, 2003). Child play has also been shown to promote social communicative skills and social competence (Mathieson & Banerjee, 2010). Furthermore, outdoor play provides the opportunity for children to engage in physical activity. This is consistent with the World Health Organization's recommendation that children and adolescents engage in daily physical activity of moderate to vigorous intensity at least an average of 60 minutes per week (Bull et al., 2020).

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The outbreak of the novel coronavirus disease (COVID-19) in December 2019 and its associated restrictions on social gathering and the social distancing protocol has had serious implications for children's play in many parts of the world. In Ghana where children's play involves outdoor group physical activities, children's play dynamics could be greatly altered because of the COVID-19 restrictions and protocols. Although the full impact of the COVID-19 outbreak on children and their play may not be fully understood at this stage, several research studies suggest that children's play globally, were disrupted resulting in a decrease in outdoor activities (de Lannoy et al., 2020; Medrano et al., 2021; Pombo, 2020).

In April 2020, the United Nations Committee on the Right of Children highlighting the importance of play during its COVID-19 statement, acknowledged that many children were gravely affected physically, emotionally, and psychologically due to the restrictions brought about by the mandatory lockdowns. Against this backdrop, many countries launched projects to support play at home. However, despite the efforts of governments and parents to provide children with play opportunities, the poor with limited access to physical space were disproportionately affected by the lockdown (Casey & McKendrick, 2022; Kourti et al., 2021).

Ghana's Early Childhood Care and Development Policy emphasizes play-based learning and methods in teaching and learning (Mpuangnan, 2020), consistent with the ideals of play being an integral part of the lives of the Ghanaian people. In his early work, Vygotsky believed that to understand the individual, it is essential to understand the cultural-historical context in which the individual resides (Fleer, 2009). This is the case with play in the Ghanaian context (as in many Sub-Saharan countries)—the Ghanaian cultural system heavily relies on collectivism, implying that child development occurs within the family and the community (Ogunyemi, & Henning, 2020). Thus, child play does not only involve children from the same family, but also those from the neighborhoods. The indigenous African games (such as *Ampe*, *Asoso* and *Charls kele*) that children play often include physical contact (Dzamesi, 2020). While children under the age of five frequently play in their homes and close to their parents, children older than five often play farther away from home. However, children in Africa, "... do not see a difference between playing, working and learning" (Michelet, 2016: 234) as they discover knowledge through play and active investigation (Jensen et al., 2021).

The imposed restrictions in Ghana were welcomed by the middle class and the elite working in the formal sector (Akuoko, 2021). In contrast, many informal workers, up to 90% of women in Ghana (Ministry of Trade and Industry, 2019), ignored the restrictions (Mehtar et al., 2020) as they could not run their businesses from their homes. Many of the informal sector workers were artisans, petty traders, and vendors. They operated their businesses in open-air markets located in open urban spaces along streets, sidewalks, pavements, and transport stations (WIEGO, 2021)). The open-air trading markets where they work as vendors are in open urban spaces, often along streets, sidewalks, pavements, and transport stations (WIEGO, 2021). According to a recent study conducted in Ghana, more than half of the street vendors indicated no alternative care for their children. They brought them to the markets during the pandemic (WIEGO, 2021). Children from lower socio-economic families often have less sedentary play than children from wealthy families due to lack of resources such as books and devices (Hartas, 2010). For example, Quarshie (2012) reported that 33% of Ghanaian children from wealthy parents preferred digital

play over outdoor play and that 10% of the children who participated spent eleven hours or more a week using devices.

1.1 Theoretical Framework

The present study utilized the cultural-historical perspective to play as the theoretical framework. The child's play according to this perspective, is influenced by human activity, language of communication and artefacts of the play context (Ridgway et al., 2015). Thus, to attain optimal development, children's play needs to occur in a social and cultural context. From a cultural-historical perspective, children internalize their play as an imagination which is connected to social interactions in real life contexts (Vygotsky, 2004). Additionally, adult support is necessary for children to develop from their own experiences. This creates the environment that would establish a balance between child-directed play and adult-directed play (Cutter-Mackenzie & Edwards, 2013).

Another characteristic of the cultural-historical understanding of play (Fleer, 2021) is that children often create imaginary situations in the play. For example, playing the Ghanaian indigenous game 'Nana wo ho' children understand that 'Nana' represents title of honor and respect in the Ghanaian culture (Dzamesi, 2020). Regarding the importance of cultural context in children's play, Sofo et al. (2018) reported a positive correlation between the number of girls in class and Ghanaian basic teachers' play beliefs of traditional African play, but not Eurocentric play. The researchers explained that traditional play included African dances and that it was possible that teachers in their study made the connection with music and dance—a subject taught in basic schools in Ghana. They further noted that girls were more likely than boys to engage in dance as a play form (Sofo et al., 2018). As Li (2012) noted, parents' engagement in child's play provides an avenue for the child to internalize cultural knowledge, which in turn, may be utilized in other contexts such as the school. Relating to the current study, the cultural-historical framework would provide insight into parents' perspectives of their children's play during the coronavirus outbreak.

1.2 Purpose of the Study

With the first two confirmed cases of COVID-19 in Ghana reported on March 13, 2020, the President of Ghana urged residents to adhere to COVID-19 social etiquette to prevent the spread of the pandemic. Following the report, on March 15, 2020, an indefinite closure of universities, churches, schools, and public gatherings was subsequently imposed on the entire country. Approximately 9.2 million learners between pre-primary and secondary education levels were affected by the closure of schools (Karpoti, 2021). Additionally, 39.4% of households lacked access to essential tools like books and materials, while only 32% households received communication from the schools during the lockdown. (WIEGO, 2021). Thus, there was little evidence on programs that supported children's play during the period the schools were closed, or how children's play was affected during the pandemic. The purpose of the present study, therefore, was to examine parents' perspectives of their children's play during the coronavirus outbreak in Ghana and to explore the factors that influenced the way the children played during the COVID-19 outbreak. The study would contribute to the understanding of the impact of the pandemic on young children's play experiences in Ghana.

1.3 Research Questions

The study was guided by the following research questions:

1. How did young children play before the coronavirus outbreak in Ghana?
2. How did young children play during the coronavirus outbreak in Ghana?
3. What factors influenced the way young children played during the coronavirus outbreak in Ghana?

2. Methods

2.1 Participants

Participants for the study included 15 parents (12 mothers and three fathers) from three communities in the Cape Coast Metropolis in the Central Region of Ghana. Three of the researchers were familiar with these research sites. The parents were aged 20-50 years old. A purposive criterion sampling technique was used to select the participants. The parents together had 27 children aged four to eight years old. The selection criteria were that potential parents had at least one child between the ages of four and eight years old, and that the child or children must be living with the parent(s) at the time of the study.

Eight of the participants were of high socioeconomic status (HSE) and seven low economic status (LSE). We used the level of formal education attained, type of jobs, and place of residence to classify each participant as HSE or LSE. The HSE parents held a master's or bachelor's degree and worked in the formal sector with some in top management positions. The LSE parents all had the Basic Education Certificate Examination (the certificate issued to junior high school graduates) and worked in the informal sector as petty traders, hairdressers, and food vendors. Furthermore, participants in the HSE group resided in fenced or gated flats or houses, whereas those in LSE resided in compound houses that were shared with other families.

2.2 Interview Design

This study used a qualitative research approach to design a semi-structured interview guide to gather the perspectives of the participating parents. The 21 open-ended interview questions allowed the researchers to probe respondents' responses for details or clarification. The interview guide consisted of three sections that pertained to the research questions for the study: children's play before the COVID-19 outbreak, changes in children's play during the outbreak, and factors that explained the changes in children's play as a result COVID-19. The researchers also collected participants' biographical information relating to participants' age, educational level, number of children, marital status, accommodation type, job, and the type of family structure.

The interviews were conducted in convenient places that were agreed upon by the researchers and the participants. The participants were encouraged to communicate in a language that they felt comfortable speaking. Most of the residents in these communities spoke either Fante and/or Ewe (Ghanaian Languages) of which the first and second authors are native speakers. Other participants also spoke the English Language. Each interview session lasted between 20-45 minutes, over a period of two weeks. The interviews were audio recorded and transcribed verbatim. No identifying information was collected.

Interviews were conducted under strict observance of coronavirus protocols such as washing and regular sanitization of hands, and the wearing of nose masks. During the interviews, both the researchers and the participants maintained a physical distance of about one and half meters. To ensure anonymity, participants were assigned code names, for example, the first parent to be interviewed was coded as P1.

Approval to conduct the study was given by the Institutional Review Board at the first author's institution. In addition, each participant signed a consent form prior to participating in the interview.

3. Data Analysis and Results

The current study examined the perspectives of 15 Ghanaian parents on how their young children's play experiences were influenced by the outbreak of the coronavirus. The first and second authors conducted and transcribed the interviews verbatim. Inductive data analysis strategies were employed to analyze the data. The four authors independently read the transcripts and coded identified tentative themes. Finally, the authors resolved any differences in the tentative themes. Data were analyzed based upon the three research questions that guided the study.

3.1 Children's Play Before the Coronavirus Outbreak in Ghana

This first research question examined how the children played prior to the coronavirus outbreak. The following themes emerged: play types, partners, and places; play materials and gender dynamics. Extracts from the interviews are provided to support the claims made.

3.1.1 Play Types, Places, And Play Partners

Prior to the coronavirus outbreak, the children engaged in different types of play activities including running, jumping, dancing, chasing and throwing and catching objects, football, hide and seek, and traditional African games such as pilolo, Charl kele, and ampe. Parents from HSE backgrounds included technology in their children's play. They provided learning games and cartoons on flash drives and tablets to promote indoor play. Before the outbreak of the disease, it was found that the children played both indoors and outdoors. Among the children from HSE backgrounds, they played more indoors than they did outdoors, although from time to time they played on the compound of their houses and visited their friends to play with them. The parents noted that the children played in every corner of the rooms including the bedroom, living room, and under the dining table. A sample quote from a parent stated, "They have no boundaries... apart from the kitchen, they play in the hall, they play in the bedroom and most of the time they play in the parents' room; they come to our room to play. Even when we are busy working, you see them jumping on the bed" (P10). Another parent suggested the children would be engaged in pretend play in the following account, "They like playing under the dining table where they will spread the mat there and one will say "it is evening, let us sleep". So, they like to portray things that happen within the day. That is what they normally engage in" (P12). The parents admitted that the children preferred outdoor play to indoor ones. One parent noted, "They usually play indoors, but there are times they like to go downstairs to join our neighbour's children to play.... they enjoyed that [playing outdoors]" (P1).

The parents' explanations revealed that safety was the main reason for not allowing their children to play outdoors. For instance, according to a parent (P10), "... our building is by the roadside, there are cars

going up and down all the time. And it is not safe to allow our children to run around outside as much as we would want to.”

Play for children from LSE was mainly outdoors. They played on the compound of their homes, around car parks, and in the open spaces where their parents practiced their trade as petty traders, hairdressers and food vendors at car parks and community marketplaces. The children also moved around their neighborhoods to collect their play materials such as empty cans, metal pieces, plastic bottles and sticks. As P15 recounted, “They [children] play under the trees over there. Sometimes, they play under that coconut tree. Sometimes, he goes to sit on a motor bike and pretend [sic] to be driving it, voooon, voooooon.”

It was evident that prior to the coronavirus outbreak, a majority of the parents, particularly those from HSE backgrounds preferred that their children played indoors. On the contrary, the children from LSE backgrounds mostly played outdoors, in open spaces near the parents’ workplaces and in the neighborhoods. In both categories, the children’s play partners were determined by where they played; the indoor play was mostly done with siblings while outdoor play involved other children from the neighborhood.

Regarding play partners, it was noted that the children played with their siblings, friends, parents and or other children from their neighborhoods. From time to time the parents, particularly from HSE backgrounds took their children to their friends’ homes to play with them with their friends returning their visits.

3.1.2 Play Materials and Gender Dynamics

This theme reports the way play materials fostered play within and between the genders. It was clear that there was no difference in the way the children played with the materials in both categories. It was noted that the children were mostly either playing separately (thus, boys playing alone and girls playing alone); or playing together. It was mentioned that boys sometimes played female gender-specific play. One parent’s account supports this view, “Sometimes the girls use cans for their cooking. As for my child, he is ‘girlish’, so he also uses the can to cook. The boys play ball or pilolo” (P6). The type of play activity dictated whether both genders played together. This view was supported by this excerpt from a parent, “Before the covid, they played some games together. Mummy and daddy, hide and seek and cooking competition with sand but for football and other throwing and catching games, the boys played it without the girls” (P1).

3.2 Children’s Play During the Coronavirus Outbreak in Ghana

The second research question explored how the children’s play changed due to the coronavirus outbreak. The themes that emerged from the interviews were play types, places, partners, materials, and frequency. Extracts from the interviews are provided to support the claims made.

3.2.1 Play Types, Places, And Play Partners

The interview data suggest that the children’s play experiences in terms of types, places, and play partners

changed during the coronavirus outbreak. Regarding the place of play, some of the parents, particularly from HSE backgrounds indicated no changes. They mentioned that their children had always played indoors prior to the outbreak. It was noted that most of the children, played more with electronic devices such as computers, mobile phones, and tablets. The parents noted that their children were used to playing indoors even before the outbreak of the covid. As one HSE parent commented, "...when covid cropped up, I will say the major change was the restrictions in terms of not being able to go out as often as they used to, like going to school But I wouldn't say it changed the types of games they played because they were used to playing in the house" (P10).

Others on the other hand felt a huge change as their children could no more play on the compound of their own homes but were only restricted to their rooms. This restriction was intended to prevent the children from playing with other children. As one parent recounted, "...COVID-19 is one of their enemies because it didn't give them the opportunity to play outside like they used to do" (P3). The same parent added that, "They could have come out of their rooms to play because we live in our own house but immediately, they do, other children would like to come out from their houses to join them and so this made them hate COVID..." (P3).

The most significant change in children's play was noted among the children from LSE backgrounds. The parents indicated that they stopped their children from playing altogether. They did not allow the children to collect empty cans, plastic bottles, and sticks for their play as they used to do for fear of the children contracting the virus through contact with these materials. The children were sometimes compelled to watch television for extended periods of time, something they did not do before the pandemic. This statement reflected the parents' actions, "...they don't play again. I have asked them to stop because you see, they have to go [sic] around picking the empty cans, so I have stopped them from playing. Even, when I see some of the empty cans, I throw them away" (P13).

3.2.2 Play Materials and Frequency of Play

In relation to how often the children played during the coronavirus outbreak, it was clear that the children from HSE background had more time to play. The parents noted that because the children did not go to school, they played more often than before. A parent (P11) stated, "I think the COVID made them play more. Because they were not going to school, I was also not stressing them so much. ...In fact, they can play till 12 midnight."

On the contrary, the children from LSE backgrounds did not seem to play at all because they were used to playing outdoors. As one parent commented, "They don't play at all. Because the disease is around so we don't allow them to go out and play if not they will get the disease ... So, playing during this time of Covid is not allowed" (P6).

3.2.3 Play Materials and Gender Dynamics

The parents reported some gender dynamics in the children's play during the outbreak. It was observed especially, among the HSE children that the girls enjoyed their play more during the COVID-19 outbreak than the boys since the girls preferred playing indoors. The boys on the other hand missed out on the outdoors physical play they typically participated in. Sometimes there was disagreement over the types of

play to engage in and that made the girls cry. For instance, “The girls actually enjoyed the covid time kind of games because they prefer to be inside and also to be together with the whole family, but the boys don’t enjoy that because they are missing their running around and football games” (P5). In contrast, “The boys are often interested in something different from the girls and so sometimes there are quarrels among the boys and the girls as to what to play with” (P3). On the contrary, the children from LSE experienced drastic changes in terms of their play partners, play types and play places. They did not have the opportunity to play outdoors with friends but rather were compelled to watch television indoors. Something they did not do prior to the coronavirus outbreak. This is a complete deviation from the way the children played before the coronavirus outbreak.

3.3 Factors that Influenced Children’s Play During Coronavirus Outbreak in Ghana

The third research question examined the factors that influenced the way the children played during the coronavirus outbreak. It was found that children’s play was influenced by parents’ personal preferences, availability of play materials, and children’s agency.

3.3.1 Parents’ Personal Factors

This theme explores factors that pertained solely to parents for who they were as persons and not because of their socioeconomic status. It was noted that participant 10 (P10), prior to the outbreak provided a lot of toys for her children and ensured the children only played indoors. However, during the coronavirus outbreak, she regularly took the children outdoors to play, “... from time to time, I do take them out to ... a place not far from our house, near the university catering center. There is an open park over there. It is private property but most of the time not many people are there. So, I take them there and they run around, and round around a little and we come back.” From this illustration, it could be seen that, although there was the availability of a park for the parents to take their children for play during the outbreak it was only one parent that took the initiative to ensure her children played outdoors. This shows that parents’ personal factors are important determinants of young children’s play during a pandemic.

3.3.2 Parents’ Understanding of Mass Media Coronavirus Education

One factor that determined whether the children’s played during the coronavirus outbreak was parents’ understanding of the coronavirus education on mass media. For example, some parents attributed their decision not to allow their children to play outdoors due to the education they received from mass media about the disease. The explanation they provided to their children made them agree not to play outdoors. For example, one parent (P1) stated that, “... they did not understand why we didn’t allow them to go out until we explained to them how serious the covid situation is through the national commercials on covid shown on the televisions.”. Another parent recounted seeing an infected person on TV and “I ask my children to turn their heads aside. You know children when they are playing and someone coughs, they do not know what is up, whether it is for good or not. I did not want them to go out because even I do not go out myself” (P9).

3.3.3 Availability of Play Materials

The data revealed that the types of play materials available, and parents’ ability to improvise, influenced

children's play during the coronavirus outbreak. Some children were able to play indoors during the pandemic because their parents could provide them [children] with toys and electronic devices such as tablets, computer, mobile phones and other materials. The excerpt from P10 exemplifies this theme, "We make sure they have enough toys inside the house... we have balls, Legos, toy cars, the things that they can play with indoors and enjoy themselves." Another parent added that, "They were always indoors and so played with their toys and their tablets. I could tell that it was boring for them [children] but they didn't have a choice" (P2). In contrast, children from less privileged homes had to improvise their own play materials from empty cans, sticks, empty plastic bottles, and sand from the environment. A quote from one less privileged parent states, "They use sticks and tires to construct a bicycle and be running [sic] around with it in the house. That is what they usually do. I don't allow them to go out to play" (P9)

3.3.4 Children's Agency

The interview data provided evidence that supports the claim that the children were active in contributing to their play experiences during the coronavirus outbreak. The children tried to resist their parents' decisions that prevented them from playing the way they used to play before the outbreak of the coronavirus. For example, P12 and her friend at the beginning of the outbreak agreed to have their children play in their individual homes, they did not want to allow the children to visit each other's homes to play. But it only took the continuous shouting and calling out of the children to each other that made the parents allow the children to play together. "But later, what I realized was that my friend's son will be shouting and calling my daughter that she should come. So, unless I allow her to go, he will not stop shouting." (P9). Another parent (P15) reported that, "if you put him in the room, he will come out. The older one can stay in the room and watch cartoons but this one, wouldn't do that. Once he hears other children playing, he will come outside." That is, the children actively demanded the opportunity to play and did not want to be kept in their rooms away from playing, especially outdoors. This agency was reported among children from both socioeconomic categories.

4. Discussion and Conclusions

This study explored 15 Ghanaian parents' perspectives on how the coronavirus restrictions impacted their young children's play. The first research question investigated children's play dynamics prior to the outbreak of the disease. It was noted that the children had access to a variety of play spaces and engaged in both outdoor and indoor play; they had permission to play for long hours without interruption especially on weekends and school holidays. During school days, the children only had to do their homework after which they could play as much as they wanted. The children played with different materials including already made toys and those they could find in their environment. Their play partners included their siblings and children from the neighborhoods. The children even had the opportunity to visit and be visited by their friends to play. The diversities and enormous play opportunities, particularly outdoor play have been found to improve children's language, social skills, psychosocial health as well as physical fitness. That is, more playful engagement such as free play and exploration produced health benefits as well as environmental awareness (Gill, 2014). The children in the current study, particularly those from low socioeconomic backgrounds explored their environment, identifying and collecting play materials such as sticks, plastics, leaves and pieces of metals for their play (Ogunyemi, 2016). Engaging in such play has also been found to have socio-emotional benefit for children. Through play, children develop positive

attachment with others, places, and hence help them to develop the ability to create and strengthen friendship. These friends collectively, in turn, serve as a protective tool against stress (Lester & Russell, 2010).

During the coronavirus outbreak, the children's play dynamics changed in different ways including how often they played; the places and the partners with whom they played. It was noted that the children from affluent families played mostly indoors and with electronic devices during the period. Although the children indicated their preference for outdoor play, the parents insisted the children only played indoors. Apart from the increased screen time and reduced physical activity, two other issues emerged. (1) The inability to play outdoors affected the boys more than the girls. The reason was that the girls typically played indoors, while the boys preferred outdoor play. (2) The children were compelled to play with only their siblings, which sometimes resulted in frustrations and arguments regarding which play activities to engage in. The boys and girls did not always agree on the play that were selected by the other.

The difference in parents' socioeconomic status was only evident in the play spaces of the children. The children from HSE backgrounds were mostly playing indoors, however, the parents confessed their children preferred outdoor play. Although, the literature shows that parents' ability to provide their children with electronic devices and other play materials to play with was the reason children from HSE backgrounds play indoors (Karakara, 2019; Quarshie, 2012), the current study provides evidence that supports parent's concern regarding their children's safety outdoor.

The children from the LSE background were mostly playing outdoors because they had to gather their play materials including, empty cans, plastic bottles, sticks, sand and leaves from the environment (Hartas, 2010). A plausible reason for the play dynamics among the LSE background children could be attributed to the fact that their parents worked mostly in open spaces where there were other children. While the parents are busy doing their business, their children explored the surrounding, identifying, collecting and transforming any available materials into play materials to support their play. This way of playing does not only enhance children's imagination (Fleer, 2021), but also provides an avenue for extending their network of friends and social interactions (Oberle et al., 2021).

During the outbreak of the coronavirus, both the children from HSE and LSE backgrounds were affected. First, with the children from HSE backgrounds, although they normally did not play outdoors, at least they played on the compounds of their homes together with children from other families. It is customary in the Ghanaian society for a child to go to another child's home to join in the play of that child. The parents would not be alarmed because they knew their children would return home safe. During the coronavirus outbreak however, children did not have this play opportunity. And the restrictions on their play experiences could have serious implications for their physical and mental health (Graber et. al., 2021), as during crisis, play helps children to cope better with stress, trauma and anxiety (Chatterjee, (2018). Furthermore, there is evidence indicating that increased levels of physical activity significantly reduce psychological distress and emotional disturbance in children. (Ahn & Fedewa, 2011).

Another major finding of the current study is that children in the study were active in contributing to their own play experiences during the coronavirus outbreak. The children actively resisted their parents' decision to prevent them from playing the way they used to play before the outbreak of the coronavirus.

It was found that, the children showed resistance to their parents' decisions to keep them indoors and not allow them to play with their friends outdoors. The parents were concerned about the children's safety and their (parents') businesses when they restricted children's play to their homes. As Karpati et al. (2021) noted, over 50% of children lived in households where the main income earner stopped working because of the coronavirus, while approximately 80% of children lived in households with reduced incomes. Children from HSE backgrounds who lived near their friends would often call out to their friends to the point where their parents changed their minds and allowed the friends to visit and play with them. Similarly, children from LSE backgrounds were reported to have left their rooms to play against their parents' decision to keep them indoors when they heard other children playing outdoors. This suggests that the children were actively contributing to their own play experiences. Those who resisted their parents' decisions experienced outdoor play with their friends and neighbors, despite their parents' fear of them contracting the virus.

Four conclusions can be drawn from the findings of the study. First, the inability to play outdoors during the pandemic affected the boys more than the girls, because the girls typically played indoors, while the boys preferred outdoor play. Second, the children were restricted to playing with their siblings only, as the lockdown did not permit contact with other children in the neighborhood. Third, the restrictions affected children from LSE more than those from HSE families in terms of play places. While children from LSE families played mostly outdoors before the outbreak of the disease, their HSE counterparts often played indoors. Finally, rather than being passive participants in their play, the children were active agents in their own play experiences. There is a need for a concerted effort among parents, schools, and other stakeholders aimed at providing developmentally appropriate play experiences for young children.

The current study utilized semi-structured interviews for examining parents' perspectives of their children's play experiences. Future research should observe children in their natural play environments to gain first-hand information on their (children's) play experiences. Second, the present study was limited to one metropolis; future researchers would do well to include participants from rural and sub-urban settings to get a bigger picture of children's experiences. Finally, the use of questionnaires would allow for a larger sample size that would more likely be representative of the Ghanaian population.

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