GLADSTONE AMABLE

WELL-BEING DURING THE COVID-19 PANDEMIC? – PERCEPTIONS, BEHAVIORS, ECONOMIC AND HEALTH CONCERNS OF THE YOUTH POPULATION:

A COMPARATIVE STUDY OF GHANA AND PORTUGAL

Masters in Management(health Care)

Dissertation made under the supervision of: Professor Lara Noronha Ferreira

UNIVERSITY OF ALGARVE

FACULTY OF ECONOMICES

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Authorship and Copyrights Declaration

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Work Authorship Declaration

'I declare to be the author of this thesis, in its uniqueness and unprecedented nature. All Authors and works are duly and properly cited in the text and can also be found in the list of references'

GLADSTONE AMABLE

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Dedication and Acknowledgement

I would like to earnestly acknowledge my supervisor, Professor Lara Noronha Ferreira, for her support and guidance throughout the entire work, my family and friends, especially Miss Doreen Azipagrah for her immerse support and to my little girl Addilyn Animah Amable, who gave me a reason to go all out for the ultimate. Special thanks to all the respondents from both Ghana and Portugal for their massive love they showed to me in contributing massively to the success of the study.

I am dedicating this entire work to my late father, C/Insp. Retired of the Ghana Police Service, Clement Kwame Amable, who died in 2021 and whose dream it was to see his son achieve greater success in academia.

RESUMO

A pandemia de COVID-19 alterou a vida das pessoas de maneira inédita como resultado dos efeitos diretos e indiretos da doença. Estas alterações são susceptíveis de ter tido um efeito único sobre a saúde mental. Na verdade, cada governo deve desenvolver formas de mitigar o impacto da pandemia, incluindo programas que incluam iniciativas em termos de saúde ou comerciais, mas também a relativas à condição socioeconómica e à qualidade de vida da população em geral. Em Portugal, o sistema de saúde não foi totalmente equipado para lidar com a pandemia. O Governo tentou diversificar o fornecimento de equipamentos médicos, incentivando a indústria nacional, a aquisição de equipamento via União Europeia e contratos públicos, e a importação de equipamento.

Muitas empresas portuguesas mudaram o seu foco para a produção de material de proteção, sanitário e de equipamentos médicos, a fim de satisfazer a todos os públicos e a procura privada. Os jovens trabalhadores e que os indivíduos que auferiam salários mais baixos foram especialmente afetados, com os rendimentos familiares a descerem especialmente entre os trabalhadores com salários mais baixos. A esperada crise económica vai ter graves, consequências para a saúde, tanto a curto, como a longo prazo

Após o surto de COVID-19, um estudo constatou que 21,6 por cento dos residentes em Portugal já estavam em risco de cair na pobreza. É, também, de realçar que a pandemia levou a um aumento do consumo de bebidas alcoólicas, estimulantes, bebidas, drogas ilícitas, tendo também aumentado as prescrições de medicamento para tratar a ansiedade, a depressão e distúrbios do sono. É de esperar que estes novos hábitos levem a ao aumento da violência doméstica, doenças mentais, e uma diminuição da qualidade de vida.

Portugal está a enfrentar atualmente um dos maiores picos relativos às pandemia, onde o número de casos novos e de mortes relacionadas com a COVID-19 têm continuado a crescer de forma alarmante.

A forma como o Gana abordou os primeiros casos e tentou rastrear os novos casos, permitiu a rápida identificação de centenas de casos. A pandemia de COVI-19 teve um impacto substancial sobre a situação socioeconómica no Gana. Estima-se que cerca de 42.000 pessoas tenham perdido os seus empregos nos primeiros dois meses da pandemia A indústria turística perdeu

cerca de 169 milhões de euros, nos últimos três meses, tendo também tido uma influência desastrosa sobre as populações, os seus negócios e sobre a economia local. Cerca de 770.000 trabalhadores (de 25,7 por cento da força de trabalho total) viram os seus salários reduzidos e mais de 42.000 pessoas foram demitidas. A pandemia teve um efeito significativo sobre as empresas Ganesas, lavando a reduções de pessoal, ou lay-offs.

O bem-estar compreende o bem-estar mental, um alto nível de satisfação com a vida, um sentimento de propósito ou significado, e a capacidade para lidar com o stresse.

A literatura mostra que a felicidade das pessoas é influenciada pelas suas próprias circunstâncias e decisões de estilo de vida. O bem-estar económico ocorre quando o mercado de trabalho proporciona oportunidades de trabalho com remuneração adequada . Por outro lado, ter uma saúde boa e desfrutar de uma vida mais ativa é necessário para lidar com o stress.. Os cuidados pessoais e um estilo de vida equilibrado são também essenciais para o bem-estar físico.

Investigação recente mostrou (Chauke et al.,2021) que alguns jovens africanos têm mostrado sentimentos diferentes em relação ao vírus, com alguns a acreditar que é um e vírus criado pelo homem e com muitas dúvidas sobre a vacina. Outro estudo realizado por Silva et al. (2020) analisou a compreensão dos jovens nigerianos sobre a COVID-19, bem como as suas perceções sobre o sistema nacional de saúde.De acordo com os resultados, os jovens nigerianos têm uma impressão negativa do sistema de saúde e da forma como o governo está a gerira crise motivada pelo vírus.

Tendo em conta as diferenças existentes na forma como os governos geriram a crise pandémica e a forma como essa forma diferente poderá ter afetado o bem-estar das populações, considerou-se importante estudar e comparar a situação em dois países, um africano e outro europeu. Assim, este estudo visa investigar como o bem-estar da população jovem tem sido afetado pela pandemia de COVID-19. Tem ainda como objetivo estudar a perceção sobre a COVID-19, os comportamentos económicos e as preocupações com a saúde da população jovem ganesa em comparação com a portuguesa. Foi realizada uma pesquisa quantitativa, tendo sido selecionados, 655 indivíduos para o estudo, utilizando o método de amostragem de bola de neve.

A recolha de dados foi realizada utilizando um questionário, aplicado através da internet em fevereiro de 2022, tendo os dados sido analisados utilizando os softwares estatísticos SPSS (versão 26) e Stata 15.

Os resultados demonstram que a COVID-19 foi identificada como um vírus chinês por 48,9% dos entrevistados do Gana e por 52,6% dos entrevistados portugueses. A maioria dos entrevistados estão conscientes das ameaças. Em Portugal, quase metade (43.7%) dos entrevistados disseram que o vírus os ajudou a ficar mais fortes e saudáveis, enquanto uma percentagem baixa (14,6%) disse que as medidas tomadas pelos seus governos são boas. Os resultados mostram ainda que o caminho COVID-19 BWB produzido foi muito forte e positiva e estatisticamente significativo (Coef = 0.917; Z = 63.74; P > [z] = 0.000). O caminho COVID-19 HlthCon (estado de saúde), teve também uma relação forte positiva e significativa (coef = 0.829; Z = 39.87; P > [z] = 0.000). O caminho COVID-19 EWB (bem-estar económico) resulta numa relação positiva e estatisticamente significativa (coef = 0. 934; Z = 66.45; P > [z] = 0.000). Em contraste com Portugal, o Gana mostrou uma forte influência positiva da COVID-19 em relação ao bem-estar, aos comportamentos e à preocupação com a saúde.

O estudo concluiu que a COVID-19 foi considerada como um vírus chinês tanto pelos jovens ganenses, como pelos portugueses. A abordagem do Gana, em relação à preocupação com a saúde, o bem-estar económico e comportamental da população jovem são melhores do que as de Portugal, levando a que a juventude da população do Gana tenha uma melhor satisfação e bem-estar.

Palavras-chave: Covid-19, Pandemia, Perceção, Bem-estar,

ABSTRACT

The study tends to investigate how well-being of the youth population have been affected by COVID-19 pandemic and extends to determine the perception of COVID-19, the youth population behaviors, economic and Health concerns through a comparative study between Ghana and Portugal. A quantitative research method was utilized in this investigation. 655 respondents were selected for the study using the snowball sampling approach. Questionnaires were used to retrieve information from the respondents. The data was analyzed using statistical software from the statistical product and social science (SPSS) version 26 and Stata 15.

The study found out that COVID-19 was identified as a Chinese virus by 48.9 percent and 52.6 percent of respondents from Ghana and Portugal, respectively. Among Ghanaians and Portuguese, 71.3% and 71.7% representing majority of respondents respectively claimed they are aware of the threats. In Portugal, majority (43.7%) of the respondents said it has helped them to stay stronger and healthier while minority (14.6%) said the measures are good. The path COVID-19 → BWB (Behavorial Well-being) produced very strong positive and statistically significant path outcomes (Coeff = 0.917; Z = 63.74; P > [z] = 0.000). The path COVID-19 HlthCon (Health Condition) provided a strong positive and significant relationship (coeff = 0.829; Z = 39.87; P > [z] = 0.000). The path COVID-19 → EWB (Economic well-being) was positive and statistically significant (coeff = 0. 934; Z = 66.45; P > [z] = 0.000). In contrast to Portugal, Ghana exhibited a significantly stronger positive influence in relation to COVID-19 to behavioral well-being, COVID-19 to economic well-being and finally COVID-19 to health concern.

The study concludes that COVID-19 was perceived as a Chinese virus by Ghanaians and Portuguese. In Ghana, majority of the youth population has not taken the vaccine. The approach of Ghana in relation to the health concern, economic well-being and behavioral well-being of the youth population are better than the Portugal thus the youth population of Ghana have better satisfaction and well-being.

Keywords: Covid-19, Pandemic, Perception, Well-being,

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LIST OF ABBREVIATION

EWB, Economic Well-being

BWB, Behavioral Well-being

HlthCon, Health Concern

UNDESA, United Nations Department of Economic and Social Affairs

PHSMs, Public Health and Social Measures

Df, Difference

Sig, Significance

EFA, Exploratory Factor Analysis

PPE, Personal Protective Equipment

COV1-COV6, COVID-19 VARIABLE 1 TO 6

B1 – B5, Behavioral well-being variable 1 to 5

E1 – E6, Economic well-being variable 1 to 6

H1 – H7, Health concern variable 1 to 7

KMO, Kaiser-Meyer-Olkin

SEM, Structural Equation Model

HBM , Health Belief Model

CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

The coronavirus disease pandemic of 2019 (COVID-19) has altered people's lives in unprecedented ways as a result of the direct and indirect effects of sickness, physical isolation, and socioeconomic upheaval. These changes are likely to have had a wide-ranging, important, yet an impact on emotions and mental health (Pfefferbaum and North, 2020). Poverty-stricken individuals, the elderly, youth, and indigenous people are among the demographic groups most at risk of adverse consequences from the SARS-CoV-2 virus (UNDESA, 2020). Each government must develop impact mitigation programs that include not just healthcare or commercial initiatives, but also the socioeconomic condition and quality of life (QOL) of the overall population, particularly disadvantaged groups (Tran et al., 2020).

The COVID-19 pandemic and subsequent containment efforts have had catastrophic consequences, disturbing and overwhelming people's daily lives and views of the virus's threat. Numerous factors have conspired to make the COVID-19 situation a once-in-a-generation global catastrophe: The virus had a worldwide effect; it sprang out of nowhere and spread at a breakneck pace. It has already taken hundreds of thousands of lives and resulted in imprisonment, forced family and friend separation, and restrictions on mobility and personal freedom. (Flesia et al., 2020; Liu et al., 2020; Losada-Baltar et al., 2020; Orrù et al., 2020). This developing infectious disease pandemic has enormous clinical and public health consequences, as well as a considerable influence on economic patterns in practically all sectors. The pandemic-related measures that are being taken in almost every country are causing a huge disaster and a global recession (Ferreira et al., 2021).

As seems to be the situation in the majority of affluent countries, the health system was not fully equipped to deal with such a catastrophe. During the pandemic's first weeks, several health professionals expressed concern about a shortage of protective equipment. The Government attempted to diversify medical equipment supply sources by encouraging domestic manufacturing, procuring equipment via European Union public procurement, and importing equipment for more immediate requirements. In the meantime, many Portuguese enterprises

(especially those in the textile and beverage sectors) have turned their attention to protective, sanitary, and medical equipment to meet public and private demand. Many R&D consortia began developing internal capacity for ventilator and diagnostic test manufacturing with government support provided through collaborations with research institutes and the mobilization of European funds associated with Portugal 2020 (Europe 2020 Strategy cited in Mamede, Pereira, and Simes, 2020). Ghana, an expanding West African nation (with a growing sophisticated customer base and a stable political environment), witnessed some major changes in its social class structure, with an overall rise in the middle- to upper-income sectors (Anabila, Kumi and Anome, 2019).

A pandemic can have a range of economic consequences. Many people avoid places where they work and public gatherings because they are afraid, even though there are ways to protect them (Madhav et al., 2017). These changes in behavior, as well as the effects of taking steps to protect yourself are a big part of the reason for economic loss. COVID-19's effects have not been distributed evenly; the pandemic has revealed and worsened long-standing inequities in society (Champs Intelligence and Evidence Service, 2020). The pandemic of COVID-19 has reshaped almost every consumer category, driving new consumer habits, suffocating whole sectors and spurring development in others, including areas of the health sector (Chiquoine, 2020). As such, this study will focus on a comparison of how COVID-19 has influenced the well-being of Ghana's and Portugal's youth populations.

1.1 Statement of the Problem

According to Signal (2021), the pandemic has had a negative influence on people's health and has had a significant impact on companies all across the globe, affecting both small and large firms. The worldwide supply chain has been badly impacted by the ongoing lockdown and company closures. The time gap between demand and supply of commodities is widening. This is due to manufacturing closures and workforce redundancies caused by the unprecedented period. As a result, it will take time for the factories to reach their full potential. However, the emergence of another COVID strain, Omicron, has added to the economic instability, and we seem to be living in uncertain times once again (Tan, 2021).

Economically, the social distance and lockdown tactics have resulted in a rise in the number of individuals applying for Universal Credit and Jobseeker's Allowance payments in the United Kingdom. Young employees and low-wage earners have been especially hard hit, with family earnings falling significantly among the lowest earners. The anticipated economic slump will have severe short- and long-term health consequences (Champs Intelligence and Evidence Service, 2020). Globally, more than one in every six young people has lost their jobs since the COVID-19 crisis began, and in every crisis, recruits are the first to be laid off, according to the International Labor Organization (ILO). Businesses that have suffered financial losses are unable to retain as many workers, resulting in layoffs and pay reductions (Philstar, 2020).Portugal's total number of SARS-CoV coronavirus cases has risen to 3,791,744, with 22,162 deaths as of 27th April , 2022.. .As of April 27, 2022, 161,157 coronavirus cases recorded in Ghana, 1,445 deaths and 159,669 people have recovered (Worldometer, 2022). The shock created by the COVID-19 pandemic has had a significant effect on Ghanaian companies, causing many to reduce expenses via staff reductions, pay reductions, and in some instances, layoffs, with the majority of youngsters employed in these institutions being laid off (The World Bank, 2020). The disease's global scope and the use of traditional disease management methods like quarantine have limited people's mobility. These approaches, when combined with imposed isolation, can have a significant impact on health-related quality of life (HRQoL) and lead to anxiety and depression. Bishwajit et al., (2017) looked at the effects of physical activity on depression and found that a lower frequency of intensive physical exercise is linked to a higher likelihood of clinical depression. Other research has discovered a link between depressive symptoms and physical inactivity (Garimella, Sears and Gehi, 2016), as well as the importance of HRQoL and physical function in depression and anxiety (Sousa et al., 2017). Physical exercise is thus seen as critical for a healthy HRQoL, as evidenced by several researches (Abdelbasset et al., 2019; Halaweh et al., 2015; Stafrin et al., 2017). Other researchers have emphasized the relevance of job-related issues, particularly unemployment, as predictors and risk factors for mental health disorders (Ng, Agius and Zaman, 2013). According to available data, the mental health of young people has deteriorated significantly as a result of the pandemic. Opinions and Lifestyle Survey (OPN), which has been tracking the social impact of COVID-19 from its inception, has discovered that young people are more likely than other age groups to indicate that being on lockdown has exacerbated their mental health. According to an analysis conducted by the Association for

Young People's Health, 10 percent of young people between the ages of 10 and 24 feel frequently lonely, with the percentage decreasing as the age of the participants increased (Leavey, Eastaugh and Kane, 2020).

1.2 Objective of the Study

1.2.1 General Objective

The study tends to investigate how well-being of the youth population have been affected by COVID-19 pandemic and extends to determine the perception of COVID-19, the youth population behaviors, economic and Health concerns through a comparative study between Ghana and Portugal.

1.2.2 Specific Objectives

1. To examine the influence of COVID-19 pandemic on the behaviour of the youth population.
2. To examine the influence of COVID-19 pandemic on economic concerns of the youth population.
3. To examine the influence of COVID-19 pandemic on the health of the youth population.
4. To examine the perceptions of COVID-19 pandemic between the young people from Ghana and Portugal
5. To study the well-being of the youth population from Ghana and Portugal. Compare the young population from Ghana and Portugal in terms economic concerns, behaviour and health during the pandemic

1.3 Research Questions

1. What is the influence of COVID-19 pandemic on the behaviour of the youth population?
2. What is the influence of COVID-19 pandemic on economic concerns of the youth population?
3. What is the influence of COVID-19 pandemic on the health of the youth population?
4. What are the perceptions of COVID-19 pandemic between the young people?

5. How is the well-being of the youth population from Ghana and Portugal. Comparing the young population from Ghana and Portugal in terms of economic concerns, behaviour and health concerns during the pandemic?

1.4 Significance of the Study

Due to the paucity of research in this area, this study will also contribute to current information on the relationship between well-being and the COVID-19 pandemic. An emerging country's point of view on their behavior, economic benefit and health concerns in relation to the implementation of COVID-19 in their individual nations is provided by this research. The study methodology used enables for the empirical assessment of the connection between COVID-19 and behavior, as well as economic gain and health-related concerns.

One of the most important aspects of this research is that it will provide insight into how the nations (Ghana and Portugal) viewed the COVID-19, as well as the vaccine. According to the findings of the research, important strategic recommendations to practitioners, institutions, and nations participating in the study regarding how people viewed the COVID-19 pandemic and the vaccine would be made as a result of their findings.

According to the findings of the research, unique insights will be gained on how COVID-19 has influenced the behavior of adolescents, as well as their economic gain and health concerns. According to the results, it will be revealed if COVID-19 has had a good or bad impact on the individual.

Concisely speaking, these discoveries will offer Ghana and Portugal with the chance to concentrate their efforts in area of economic development. Both Ghana and Portugal will find out how the economic had been affected by the pandemic and how both countries are handling their economic issues.

Also, both countries will have a fair idea on the health concern of their citizens. The outcome of the study comparing the two countries will reveal which of the two countries youth population health concern is well catered for.

Finally, the study will highlight which country's youth population behavior has been enhanced and since the inception, which countries youth population behavior has not been hit. This will allow us to determine which countries are doing well and which countries are not performing well in terms of dealing with the COVID-19 pandemic.

1.5 Scope of the Study

From 2020 through 2022, this study looked into how COVID-19 pandemic have affected the youth population well-being. The study was limited to Ghana and Portugal and the youth population of the two countries was used as respondents for the study. The scope of well-being comprised: economic well-being, health concern and behavior well-being. In addition, the study was limited to only survey questionnaires.

1.6 Organization of the study

The study was grouped into six chapters

- Chapter 1: This introductory chapter provided the background of the study, statement of the problem, objective of the study, research question, significance of the study, the scope of the study, and organization of the study.
- Chapter 2 captured a comprehensive review of literature related to perceptions, behaviour, economic and health concerns during the COVID-19 pandemic.
- Chapter 3: this chapter highlighted the methodology, research design, sample, and sampling procedure adopted for the study
- Chapter 4 presented the findings of the study that is the results.
- Chapter 5 presented the discussion of the results and
- Chapter 6 presented the conclusion of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter two covers literatures on the overview of COVID-19, the concept of well-being, the health belief model, perception of the youth population, COVID-19 and the health concern of the youth population, COVID-19 and economic well-being of the youth population and finally COVID-19 and the behavior of the youth population.

2.1 Overview of COVID-19

COVID-19, a novel human coronavirus disease, has become the fifth recorded pandemic since the 1918 influenza pandemic. COVID-19 was found in Wuhan, China, and quickly spread over the globe. The coronavirus was formally named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses based on phylogenetic analysis. SARS-CoV-2 is likely to have started as a spillover from an animal coronavirus before evolving into a virus that spreads from person to person. The virus spreads swiftly and develops over time in people because it is extremely infectious (Yen-Chin, Rei-Lin and Shin-Ru Shih, 2020). COVID-19's spread has prompted widespread media attention, with the pandemic being the most searched phrase on the internet in 2020 and 2021. (World Health Organization, 2020; Aquino-Canchari et al., 2020).

Globally, SARS-CoV-2 transmission is being halted, with public health and social measures (PHSMs) being adopted to reduce COVID-19-related death and morbidity (World Health Organization, 2020). People should keep their distance from people who have the virus, such as by avoiding crowds and keeping their hands clean.

A number of major developments have occurred since the preceding considerations for implementing and amending public health and social policies in the framework of COVID-19 were released. First, multiple COVID-19 vaccines have been licensed by national regulatory agencies and the WHO's Emergency Use Listing (EUL)) (World Health Organization, 2021). Vaccination has begun in most countries, offering the prospect of additional reductions in severe

illness and mortality. Observational studies done after vaccinations were introduced show that vaccines may give protection against infection and a decrease in transmission, which, in combination with PHSMs, will help curb the virus's spread. Second, since December 2020, four WHO-classified variants of concern (VOCs) have emerged, some of which are more transmissible and may result in more severe disease and/or vaccine escape, necessitating potential response measures to account for their various characteristics, including their impact on vaccine effectiveness. A number of additional VOIs (variants of interest) are being monitored as well (Haas et al., 2021; Thompson, 2021; Hall, 2021).

From people to corporate action, the COVID-19 pandemic has touched all institutions and levels of society. COVID-19 has had a significant and unexpected influence on workplace and organizational processes (Carroll and Conboy, 2020). COVID-19 compelled most, if not all, employees throughout the world to change their work schedules (Davison, 2020; Richter, 2020). In reality, poor nations are far behind developed ones in terms of identifying, communicating, reacting to, and recovering from infectious virus and disease outbreaks (Kluberg et al., 2016).

Countries affected by the pandemic reacted at varying speeds and used different control strategies. Some had prior experience with SARS-CoV in 2002 and MERS-CoV in 2012, whereas others had to create administrative methods to the outbreak swiftly (Tabari, Amini, Moghadami, and Moosavi, 2020).

While the current COVID-19 epidemic is beginning to wane across the planet, the over 5 million deaths and close to 300 million recorded illnesses as of January 2022 cannot be forgotten (Worldometers, 2022). When faced with a danger like this, attempts to reduce the virus's, variants', and health and socioeconomic repercussions are largely focused on prevention. With this in mind, pharmaceutical companies like Pfizer-BioNTech, Moderna, Johnson & Johnson, and Oxford-AstraZeneca, as well as the federal and state governments, concentrated their efforts on developing effective and safe vaccinations to combat SARS-CoV-2 (Conte et al., 2020).

2.1.1 COVID-19 in Portugal

Portugal's government responded quickly to put health measures, disaster preparations, and political unification in place. On March 18, 2020, a nationwide state of emergency was

proclaimed, restricting some people's rights in order to carry out public health protection measures. Mandatory confinement at home, the building of sanitary fences, and the closing of businesses and schools were all done across the country (Peixoto et al., 2020). In the third wave, at the beginning of 2021, the health-care system in Portugal was on the point of collapsing. Hospitals in Lisbon's capital were overflowing, prompting authorities to advise residents to seek treatment at home. The country's vaccine program was in disarray, but just a few months later, Portugal was among the world's vaccination leaders, with around 86% of its 10.3 million inhabitants fully vaccinated (Santora & Minder, 2021). The Delta coronavirus variant is responsible for roughly 90% of infections in Portugal, with a significant increase in incidence in the northern regions. As of June 20, 2021, INSA has identified 66 more mutations in the "spike" protein among the total number of Delta variant it had already examined.

How it has affected the Portuguese population

The massive social and economic disparities that dominate the country, according to Alvarez (2021), are a contributing factor to poverty in Portugal. After the outbreak of COVID-19, a research issued by Agencia EFE Portugal found that 21.6 percent of Portugal's inhabitants were already at risk of falling into poverty. It is estimated that the pandemic has resulted in an increase of 400,000 destitute persons in Portugal, as well as a "9 percent rise in inequality." But the pandemic has brought more than just death and disease to Portugal, which is already one of the lowest income countries in Western Europe: several people who had to rely on charity to survive as a result of the pandemic. The pandemic, approximately 900,000 workers were laid off, furloughed, or had their wages reduced. The people waiting in line outside unemployment offices, food banks, and shelters across the country are those who have only recently fallen into financial difficulty and are not accustomed to relying on outside assistance (Fernández, 2020). Several significant changes have occurred in the Portuguese labor market as a result of the COVID-19 epidemic. Workers who had never previously teleworked have begun to do so, while others have had their employment contracts temporarily terminated, and still others have lost their jobs entirely. Even if economic activity has fallen by an unprecedented amount, the impact on employment has been kept lower than in other countries. Temporary workforce reduction programs and teleworking, which will continue to be important in curbing the growth in unemployment, are to thank for this (Duarte, 2020).

According to Fernandes et al., the COVID-19 pandemic increased the use of alcoholic drinks, stimulant beverages, illicit drugs, and prescriptions given to address anxiety, depression, and sleep disorders in the Portuguese population (2021). Domestic violence, mental illnesses, and a lower quality of life for families are all expected to get worse because of these new habits in Portugal (Ferreira et al., 2021).

COVID-19 cases in Portugal

There have been 3,332,200 confirmed cases of COVID-19 in Portugal, with 21,199 fatalities recorded to the World Health Organization between 3 January 2020 and 5:13pm CET on 7 March 2022. Vaccine doses have been provided in a total of 23,288,435 instances as of the 20th of February, 2022 (WHO, 2022).

Measures taken to curb COVID-19 in Portugal

Fundamental rights have been suspended to a greater extent. In the worst-affected municipalities, a broad movement prohibition and cordon sanitaires were imposed, and a long list of economic activities, including stores and cultural and athletic institutions, were shut down. This state of (administrative) disaster was replaced by a less severe lockdown of the whole country.

The limitation on mobility was replaced with a "civic obligation" of detention. Even so, the remaining constraints on basic rights are largely enforced through regulatory mechanisms that are not subject to legislative review or presidential approval. It became obvious when the first to third renewals of the state of disaster were announced (covering the period from 3 May to 28 June) that deconfinement was progressively taking place. The limitations were gradually but progressively lifted by the government. As infection rates rose after September 2020, the government was obliged to suspend its deconfinement programme. Restrictions on social gatherings, cultural activities, and restaurant and bar operating hours were reinstated. The wearing of masks or visors in public places became mandatory in October. The government also sought to make the Stay away Covid contact tracking smartphone app mandatory. Despite this, it was not able to get legislation passed because of constitutional concerns about privacy.

A new constitutional state of emergency was announced on November 6, 2020, with tighter limitations. In an attempt to "save Christmas," curfews were enforced from 11 p.m. to 5 a.m. on weekdays and from 1 p.m. to 5 a.m. on weekends during December. In accordance with the rest

of the EU, the COVID-19 immunization campaign began in late December. Following a failed end-of-year approach, the number of cases skyrocketed in early 2021, with Portugal being the country with the greatest number of infections per million people. A new lockout was implemented on January 15, 2021. As Portugal battles one of the world's greatest pandemic surges, the number of new cases and COVID-related deaths has continued to grow alarmingly, hitting 16,432 new daily cases and 303 additional daily fatalities on January 28th, breaking new national records.

According to Portobay (2022), the measures were updated in November/December 2021 and are now required when arriving in Portugal, including the presentation of a valid vaccination, test, or recovery EU Digital COVID Certificate, or a negative RT-PCR Test (or similar NAAT test)-72 hours before boarding, or a negative Laboratorial Rapid Antigen Test-24 hours before boarding, and children under the age of 12 are exempt. Additionally, all passengers must complete an online passenger locater form (individually) and wear masks in enclosed locations. Furthermore, the necessary negative test or recovery certificate is only required while visiting care and nursing homes and health facilities, and only for those who have already been inoculated with a booster dose of the vaccine for at least 14 days.

2.1.2 COVID-19 in Ghana

On March 12, 2020, the first official cases of COVID-19 in Ghana were reported. Ghana's Health Minister revealed the first two confirmed cases in Accra. As a result of the country's inability to control the reported instances after a few weeks, the number of cases increased from 2 to 566 as of April 12th, 2020. These imported cases spurred Ghana's first contact tracing approach, which allowed for the rapid identification of hundreds of cases. Following the discovery that the pandemic had already started to spread in Ghana, the government made efforts to stop the infection's local spread as well as any further viral importation into the nation (Afrane, 2021; Aduhene & Osei-Assibey, 2021).

How COVID-19 has affected the Ghana population

The coronavirus epidemic in Ghana, according to Aduhene and Osei-Assibey (2021), has had a substantial impact on the country's socioeconomic situation. While an estimated 42,000 individuals in Ghana lost their employment in the first two months of the epidemic, the country's tourist attraction industry lost $171 million in the last three months as a result of the partial lockdown and closure of tourism and hospitality facilities across the country. According to the conclusions of the Aduhene and Osei-Assibey (2021) investigation, Ghana's healthcare system has been overwhelmed by the escalating number of cases in the country, to the point that temporary structures are being employed as isolation and treatment facilities for pandemic patients.

Studies based on demographic surveys provide insight into the effects of the 2020 economic crisis, which disproportionately impacted people and families. The COVID-19 dilemma has a particularly negative impact on individuals who are poor. In half of Ghana's regions, the poverty rate is higher than the country's national average. The 2020 economic collapse would exacerbate poverty in places that are already trying to make ends meet (Rajamani, 2021). Ghana, like other countries in Sub-Saharan Africa, is one of the poorest areas in the world, having failed to meet the Sustainable Development Goals (SDGs) even before the COVID-19 crisis. The government has been seven years behind schedule in its efforts to help the poor because of the epidemic (Rajamani, 2021).

Loss of money, work, access to health care, and food has a detrimental impact on families. According to the Cogent study (quoted in Rajamani, 2021), around 58 percent of the population faced occasional food insecurity during the pandemic. At the same time, more than half of those asked said they had trouble getting clean water at different times throughout the study. Furthermore, according to the poll, access to gasoline, medicine, and cash income has been more difficult during COVID-19 than in prior years. Female-led families have been disproportionately affected by the crisis, with a 58 percent increase in poverty compared to a 54 percent increase in poverty for male-led households (Rajamani, 2021). COVID-19 has significant economic implications all around the world, but they are most severe in communities that are already disadvantaged (Rajamani, 2021).

The COVID-19 Business Tracker Survey was conducted by Ghana's Statistical Service (GSS) in collaboration with the United Nations Development Programme (UNDP) and the World Bank to gather information on business developments in the nation. According to the statistics, around 770,000 workers (25.7 percent of the total workforce) had their wages reduced and over 42,000 people were laid off as a result of the COVID-19 partial lockout. Furthermore, as a result of the epidemic, approximately 700,000 people had their working hours curtailed (World Bank, 2020).

COVID-19, has unquestionably had a disastrous influence on Ghana's home and business populations, as well as the country's local economy. Localities received various forms of assistance in response to the pandemic from a variety of individuals, institutions, and government agencies, with seven out of ten (71 percent) receiving some form of assistance, including food and personal protective equipment, as well as other forms of assistance. The Government and District Assemblies provided aid to more than half of the locations, with Members of Parliament being the most common source of assistance (UNDP, 2020). Mainly notable is the fact that many towns got support from non-governmental groups, particularly churches (41.5 percent) and philanthropists (40.8 percent) (UNDP, 2020).

In a RECOVR study conducted by Innovations for Poverty Action (IPA, 2020) in Ghana, 28 percent of those employed in February 2020 said that their companies or places of work had been temporarily or permanently closed because of concerns related to the COVID-19 epidemic. When comparing the week before the survey to the week before the pandemic, 30% of individuals who worked prior to the epidemic worked fewer or no hours, and 66% earned less or no pay. People in the 18–25 age groups who worked prior to the pandemic were more likely than those in older age groups to earn less now than they did before the epidemic. Women who were working before the epidemic were more likely than men to state that their places of employment were temporarily closed by government order and that they earned less or no money as a result of the outbreak. Employees in the education, retail and wholesale, and housing and food sectors were more likely than those in other businesses to report working fewer hours and earning less money before the pandemic.

COVID-19 cases in Ghana

At the beginning of 2022, the Omicron variant of the coronavirus has risen to become the most prevalent variety in terms of the number of cases reported in the nation. According to the World Health Organization, from 3 January 2020 to 4:31pm CET on 8 March 2022, there have been 160,028 confirmed cases of COVID-19 in Ghana, 1,442 fatalities and 12,511,697 vaccine doses on 25th February, 2022 (WHO, 2022).

COVID-19 measures in Ghana

Ghana's government, according to the findings of Adu-Ababio, Darko Osei, Pirttilä, and Rattenhuber (2021), implemented a variety of discretionary measures, the most significant of which were personal income tax waivers for frontline and medical personnel, and waivers or reductions in utility tariffs for low-income households. Aside from the school closures, severe lockdown measures forced the closure of the country's most important social protection program, the school feeding program, for much of 2020. The total buffering effect of all efforts implemented to safeguard households was insufficient to completely counterbalance the detrimental impact of this policy change.

Another action taken was to keep the community's spread under control. To combat the pandemic, markets and transportation terminals around the country were fumigated. In response to complaints of community spread, the Imposition of Restrictions Act, 2020 [Act 1012] was passed on March 21, 2020. For two weeks, non-essential service employees were prohibited from leaving their residences, and the two most populated cities (Accra and Kumasi) were subjected to a limited mobility limitation. The purpose was to help scale up contact tracing of people who had come into contact with infected people so that they could be tested and, if necessary, isolated and confined until treatment could be delivered (The Presidency, 2020). Additionally, for four weeks, all public gatherings were restricted; this prohibition was later extended until May 31. This featured, among other things, conferences, funerals, festivals, and religious activities. Private funerals, on the other hand, can accommodate up to 25 people while maintaining a one-meter social distance between them. In addition, schools were given permission to shut down. People at all businesses, including supermarkets and restaurants, should follow the expanded COVID-19 hygiene rules.

The government created new isolation and treatment centers. The objective was to isolate suspected cases and infected people as quickly as possible to prevent the virus from spreading across the community. The private sector and other civil society organizations, such as the church, have backed the government's initiatives. The government is using the private sector to build a 100-bed facility for the isolation and treatment of patients infected with the COVID-19 virus that will be completed in six weeks (Ghana Web, 2020). Churches with multipurpose facilities have made them accessible for conversion and use as COVID-19 isolation and treatment centers. Furthermore, the "Ghana Emergency Preparedness and Response Project" received a US $100 million loan from the World Bank in order to give financial and social assistance, as well as free health care, to COVID-19 patients and their families who were placed in quarantine during the epidemic (World Bank, 2020).

Local invention and production of Personal Protective Equipment (PPEs), as well as the fabrication of test kits and the equipping of existing state-run industries and warehouses, are all being encouraged by the government. Since then, the Ministry of Trade and Industry has chosen a number of manufacturing companies to provide adequate PPE for the country's frontline health workers (Modern Ghana, 2020). With the help of the Bank of Ghana, commercial banks have since extended a GH3 billion credit facility and stimulus package to local businesses, particularly those in the pharmaceutical, health-care, services, and manufacturing industries, with the help of the Bank of Ghana, in order to cushion their production efforts and increase their competitiveness (The Presidency, 2020). In addition, an insurance package has been devised to protect any healthcare personnel who are on the front lines of the pandemic-fighting operation. For the next three months, all healthcare workers will be exempt from paying income taxes on their salary. In addition, during the length of their employment, all frontline health workers will receive a supplemental stipend equivalent to 50% of their base salary. Furthermore, the Ministry of Transportation is making free buses available to transport health workers to and from work along specific routes (The Presidency, 2020). According to the Ministry of Gender, Children, and Social Protection, Ghanaians have been taught how to make hand sanitizers at home (Ministry of Gender, Children, and Social Protection, 2020).

To mitigate the social and economic repercussions of the pandemic, the Coronavirus Alleviation Program law was developed as a resilience and recovery plan to boost businesses and

households. On March 26, 2020, the government announced that it would cover all Ghanaians' water expenditures for three months, as well as all lifeline users' electricity bills, and that all other customers would receive a 50% reduction. Furthermore, the government has postponed the tax filing date from April to June. Additionally, after discussions with the banks, an agreement was reached on a 2% interest rate cut by the banks, which will take effect in April 2020. Banks have also agreed to extend a six-month principal repayment moratorium to businesses in the aviation and hospitality industries, which include, among other things, hotels, restaurants, vehicle rentals, food merchants, and taxi operators (The Presidency, 2020). Micro, small, and medium-sized enterprises (MSMEs) in Ghana have also been given access to a soft credit scheme of GH600 million. According to plans, the system will have a one-year moratorium and a two-year payback period (Joy News 2020).

Ghana's government declared December, 2021 to be 'Vaccination Month,' signaling a significant shift in the country's COVID-19 vaccination program. More vaccine facilities were made more easily available, and security at Kotoka International Airport was tightened. The total number of dosages provided as of December 31st was 8,379,7768. H.E. President Nana Akufo-Addo announced on the 14th of December that all international travelers should be properly vaccinated. The European Investment Bank has authorized EUR 82.5 million for a facility to boost healthcare services, including the development of a National Vaccine Institute, according to the President (UNICEF, 2022).

2.2 The Concept of Well-being

Well-being is defined as a state of health, happiness, and wealth. It comprises mental well-being, a high level of life satisfaction, a feeling of meaning or purpose, and the ability to deal with stress (Tchiki, 2019). According to Seligman (2011), positive psychology is concerned with well-being and tries to promote optimum functioning and thriving. Our physical health, financial security, enjoyment of our daily activities, the quality of our relationships, and our ability to contribute to our communities are all variables in our happiness. Well-being is all about living a deliberate, meaningful life. And it manifests itself in different ways for different people. There are several definitions for the components of well-being, but they all try to capture the various variables that contribute to who we are and what we want to accomplish. In a Gallup survey of

individuals in more than 150 nations, researchers discovered five essential, interconnected aspects that shape our lives: physical well-being, financial well-being, professional well-being, social well-being, and community well-being (Baker, 2020).

However, among the various definitions of well-being, 'feeling well and working well' has emerged as a unifying trait. This broad term encompasses a person's own life experiences as well as a comparison of their situation to society norms and beliefs. As a result, there are two types of well-being: objective and subjective well-being. Objective well-being is a proxy measure based on assumptions about basic human needs and rights, such as access to sufficient food, physical health, education, and safety. To evaluate objective well-being, self-report (e.g., asking people if they have a specific health concern) or more objective indicators can be utilized (e.g. mortality rates and life expectancy). Subjective well-being (also known as personal well-being) is measured by directly asking people how they feel about their own well-being. It considers things like life satisfaction (evaluation), pleasant sensations (hedonic), and whether or not their life is meaningful (eudemonic)

Matos et al. (2017, 2018) investigated the relationship between the five C's of positive youth development (PYD) and a variety of psychosocial variables (i.e., resilience, self-regulation, anxiety, perception of academic abilities, goals, and expectations) in a sample of 2,700 young people with an average age of 21 years in two studies. In a sample of 2,700 young individuals with PYD, they observed that psychosocial factors had a substantial influence on the overall PYD and its five aspects (competence, caring, character, confidence, and connection). Nonetheless, in their study, Tomé et al. (2020) discovered that the five C's were often related with teenagers' mental health and well-being. Young people's well-being was influenced by their confidence, connection, and competence. On the other hand, adolescents who had higher levels of confidence, closeness, and competence were happier. As a result, promoting young people's achievement necessitates boosting their mental health and well-being.

2.2.1 Behavioral Well-being

The terminology "behavioral health" relates to your entire well-being and how it is influenced by your actions. People with behavioral health concerns can feel empowered by knowing that their own actions can prevent, treat, or reduce the symptoms of a number of behavioral health diseases (Tackett, 2021).

The connection between actions and the health and well-being of the body, mind, and spirit is characterized as behavioral health. Mental healthcare, psychiatric care, marriage and family therapy, substance addiction prevention, intervention, treatment, and recovery, and chronic disease management are all included in this category. Behavioral health, in its most basic form, is the relationship between our everyday habits (both good and negative) and their impact on our physical and mental health. In an ideal world, good habits (a balanced diet, exercise, and sleep schedules) result in the optimum mental and physical health. Poor habits, on the other hand, are often associated with varying degrees of mental and physical health (InSync Healthcare Solutions, 2018).

Behavioral health services are concerned with daily routines, behaviors, and activities that can have an impact on a patient's mental and/or physical well-being. When assessing a patient's behavioral health needs, a behavioral health professional could look at the patient's daily activity or eating habits to determine how these relate to their anxiety or depression levels. Many doctors consider behavioral health to be more holistic, referring to it as "better care and health for the whole individual" (www.oakstreethealth.com).

2.2.2 Economic Well-being

Economic well-being is defined as financial security both now and in the future. The current financial security of individuals, families, and communities refers to their ability to consistently meet their basic needs (such as food, housing, utilities, health care, transportation, education, child care, clothing, and paying taxes) while also maintaining control over their day-to-day finances. It also includes the capacity to make financial judgments and a sense of security, satisfaction, and fulfillment in one's personal finances and professional efforts. Future financial security is defined as the capacity to endure financial shocks, achieve financial goals, amass financial assets, and maintain an adequate income stream throughout one's lifetime. Individuals, families, and communities can attain economic well-being through enacting policies that allow for the development of financial knowledge and skills, as well as access to secure and affordable financial products and economic resources, as well as chances to earn money and build assets. It occurs in an environment of economic justice when labor markets provide opportunities for secure full-time work with appropriate compensation and benefits for all (Council on Social Work Education, 2016).

The key concepts associated with the economic welfare of people, families, or households are the economic resources available to sustain their material living situations as well as their control over these resources and conditions. People's happiness is influenced by their own circumstances and lifestyle decisions. Economic well-being also refers to the possibility of encountering financial challenges in times of need or unexpected costs, such as being unable to pay for basic necessities or obtaining funds in an emergency. The Australian Bureau of Statistics says that people may be physically, mentally, and emotionally stressed out because of these kinds of financial problems.

2.2.3 Health and Well-being

"Health is defined as a state of complete mental and bodily well-being. Healthcare exists to aid people in achieving and maintaining their best health. Good health is required for stress management as well as to enjoy a longer, more active life. In this post, we will cover the notion of good health, the various types of health that one should consider, and how to preserve good health (Felman, 2020). Health and well-being refer to the attainment and maintenance of physical fitness and mental stability. This is a positive portrayal of good health and happiness. It's worth noting that people's ideas of health and happiness might change over time and differ depending on their culture and stage of life (NHS Surrey Heartlands CCG, 2021).

Aspects of health and well-being include physical health, psychological and emotional stability, and social involvement. Self-care and a balanced lifestyle are essential for physical well-being. Emotional well-being refers to psychological well-being that comprises subjective experience and pleasant emotionality. A steady mood and mental peace are more effective in combating negative emotions and medical burnout. The importance of interpersonal and social interactions in social involvement cannot be overstated. Physician engagement is when a doctor is willing to learn and improve his or her skills in order to provide safe and high-quality patient care (Ninivaggi, 2020).

2.4 Perception of the Youth Population

Numerous studies have demonstrated the socio-demographic, psychological, and media aspects that may impact vaccine reluctance (with a particular focus on the transmission of

misinformation) (Abdulmoneim et al., 2021; Troiano & Nardi, 2021). Ethnicity and education, for example, were mentioned as socio-demographic characteristics that influenced people's decision not to get the vaccine. Individuals who were black or African-American, as well as those with a poor level of education, were found to have a lower incidence of vaccine acceptance (Troiano & Nardi, 2021).

Chauke et al. (2021) investigated the youth's perceptions of the new coronavirus (COVID-19) and vaccine use in South Africa. A qualitative research methodology, a phenomenological research design, and convenience and purposive sampling were employed in this study. The participants in the study were 14 rural teenagers ranging in age from 15 to 35 years old. Structured interviews, both face-to-face and over the phone, were used to collect data. Thematic content analysis was used to examine the data. COVID-19 had a significant impact on the planet and mankind; people, particularly young adults, were unable to socialize because they were afraid of getting the virus. This study found that, as a result of the many lives lost as a result of COVID-19, the kids have differing opinions about the virus. The survey found that youngsters have varied feelings regarding COVID-19, with some believing it is a man-made virus and others doubting the vaccine. However, the majority agreed that COVID-19 is a dangerous illness that might be prevented by vaccination.

According to Bailey et al. (2020), youths were aware of COVID-19's threat and its impact on the global economy. Youth living in poverty, on the other hand, held the belief that they would not contract COVID-19. Furthermore, those with a poor literacy level knew nothing about COVID-19 and how it differed from flu and other viruses. According to Czeisler et al. (2020), young people in rural areas of the United States believe that wearing a face mask and practicing social distancing will assist to prevent the spread of COVID-19. According to Hager et al. (2020), some individuals in several African nations, such as Nigeria and Egypt, believe that simple procedures like hand washing on a regular basis are sufficient to prevent COVID-19. People's trust in the World Health Organization (WHO) and certain government institutions, on the other hand, has eroded as a result of how the pandemic was handled.

According to Haftom et al. (2020), Ethiopians had an unfavorable view regarding COVID-19, resulting in a circumstance where people disobeyed government orders and attended a public assembly. Despite the bad perception of COVID-19, many individuals feel that the government

will be able to control its spread. The Algerians polled showed a good attitude toward combating COVID-19 and a clear grasp of how harmful the virus may be if people did not take the appropriate precautions. People were also looking forward to a new post-COVID-19 era and fresh opportunities (Madani & Boutebal, 2020).

Dada et al. (2020) looked at Nigerian youths' understanding of COVID-19, as well as their perceptions on COVID-19, the national health system, and socio-political rights. An online survey method was used to conduct a descriptive study. A Google form was utilized to collect responses from 225 Nigerian youths from across the country's six geopolitical zones. With a mean knowledge score of 9.52.6, almost every respondent (87.2%) had good understanding of the novel COVID-19. About a third of respondents (31.6%) said the Nigerian health system is too poor and that they want to leave the country; 84.9 percent said the federal government of Nigeria is not doing enough to deal with COVID-19; and 45.5 percent said Nigeria is not a safe place to be during a pandemic. According to the findings, Nigerian young have a negative impression of the health system and the government's management of the COVID-19.

While coronavirus is common in rural regions, there is little information on how people perceive and respond to the epidemic. Asare-Nuamah et al. (2022) employed qualitative descriptive phenomenology to investigate people's reactions to the coronavirus epidemic in a rural Ghanaian community. In addition to overt observation, posing and snowball selection procedures were utilized to choose 40 people for interviews. According to the data, participants were aware of the coronavirus, which they thought was spread by inter-human transmission. The coronavirus was assumed to be the cause of symptoms such as difficulty breathing, dyspnea, fever, sore throat, and dry cough. The epidemic has disrupted cultural traditions and rituals such as funerals and burials. According to the findings, the community has also adopted preventative measures such as wearing nasal masks, washing their hands regularly, and using hand sanitizer. Bathing with nyanya leaves (Momordica foetida), sniffing local snuff, and drinking a solution made from the bark and leaves of neem trees (Azadirachta indica), as well as drinking local alcohol, sobolo (Hibiscus sabdariffa), and a mixture of ginger, garlic, and lemon solution, have all been used in the past. The current study focused on young people's perceptions of COVID-19.

Youth aged 12–19 in Norway during the COVID-19 lockdown were surveyed on their perceptions of the effects of the lockdown on their daily lives, learning outcomes, family

relations, sleep issues, and concerns about infection and their futures. (Lehmann et al. 2021). The study found that, according on age, gender, socioeconomic class, and place of birth, people's perceptions of the consequences and their level of anxiety differed. The lockdown proved to be particularly challenging for girls, older youth, youth with lower socioeconomic level, and migrants from poor countries, which may have heightened the demand for supports in these groups.

The silent spread of the coronavirus disease 2019 (COVID-19) pandemic by asymptomatic youngsters in the United States is a persistent public health issue, especially considering their portrayal as unengaged with recommendations. US youths' knowledge, beliefs, and experiences of COVID-19 were examined as part of the study's mission to better understand this pandemic. The study found that a significant number of kids in the sample were actively involved in the COVID-19 epidemic, and that many felt educated, worried about the influence on others, and were exercising social distance (Waselewski, 2021).

2.5 COVID-19 and Health Concern of Youth Population

Trindade and Ferreira (2020) looked at the link between the COVID-19 pandemic's environmental characteristics and disease and psychosocial impacts. In an online survey performed in April 2020, 124 Portuguese patients with Crohn's disease or ulcerative colitis (85.48 percent of women) submitted self-reported measures. People who have the COVID-19 virus don't seem to be having problems with treatment, but they do seem to be having a big effect on their psychological well-being, according to the study.

COVID-19 has had psychological repercussions on the global population, particularly on young individuals who were already prone to mental health conditions including anxiety, despair, rage, and suicidal thoughts prior to the pandemic. (Alghamdi et al. 2022). Alghamdi et al. discussed COVID-19's psychological impacts on emerging adults aged 18–30 years in Saudi Arabia (2022). A cross-sectional survey was conducted in Saudi Arabia between July 2020 and May 2021 among a randomly selected population, using the DSM-5 Self-rated Level 1 Cross-Cutting Symptom Measure and the Ask Suicide Questionnaire. Logistic regression was used to assess participant characteristics connected to reporting symptoms of mental illness in each of the 13

categories that needed further investigation. The study discovered that over 91 percent of participants showed mental health symptoms, with young female students, those who had previously been diagnosed with a mental disorder, and those who had been diagnosed with or treated with COVID-19 being more likely.

COVID-19 had a substantial effect on the elderly. By August, persons aged 65 and up accounted for 93 percent of COVID-19-related deaths in Belgium. Similar trends have been found in other countries. As a result, older people were labeled as a vulnerable group and subjected to a slew of government regulations. As a result, their mental health has become an issue. The impacts of the COVID-19 pandemic on adults aged 65 and older, as well as the characteristics that reduce this effect, were investigated using an online survey. Participants reported a considerable drop in activity, sleep quality, and well-being during the COVID-19 pandemic. Depression was found to be linked to decreased exercise, sleep quality, overall well-being, and cognitive performance. The COVID-19 pandemic has a major impact on the mental health of older persons, according to the findings. As a result, governments and healthcare institutions must pay special attention to this vulnerable population (De Pue et al. 2021). Instead of looking at the elderly, the present study concentrated on the well-being of young people in terms of their health, behavior, and financial gain.

"Well-being of Younger Workers and Working Women were Hit Hard," according to a report published in Security Magazine (2020). Employees under the age of 40 had a 23 percent increase in sleep disorders, while older workers experienced a 1% increase, according to the survey. Employees under the age of 40 have lost 45 percent of their motivation, while those over the age of 40 have lost 14 percent. Between December 2019 and June 2020, the younger group's burnout risk increased by 19 percent, while the older group's burnout risk decreased by 3 percent. As a result of the multiple strains they confront, working women incur a disproportionate occupational load, which has increased during COVID-19. According to the survey, women's job stress grew by over 20%, while men's job stress climbed by only 1.6 percent. Women reported having a much higher rate of low morale (31%) than men, in addition to job stress (21 percent). The current study examined two countries in terms of how the COVID-19 pandemic has affected their youth populations.

According to a survey done by IPSOS in collaboration with the World Economic Forum (WEF), 53% of South Africans said they would use the COVID-19 vaccination once it became accessible. The remaining respondents stated that they would like to stick to the health regimens. The study also revealed the following attitudes among people all across the world on the use of vaccines to combat COVID-19: France (40 percent) and Russia (43 percent), Brazil (78 percent), Mexico (77 percent), the United Kingdom (77 percent), Australia (75 percent), South Korea (75 percent), and Canada (71 percent) are the countries with the highest percentages (Theunisen, 2020). Choi (2020) suggests that clinics be prepared to explain the COVID19 vaccine's effects on patients and encourage them to trust the process. According to Malani et al. (2020), 58 percent of older persons stated they would be likely to acquire a COVID-19 vaccine, 28 percent said they were unlikely, and 14 percent said they were doubtful or didn't know.

COVID-19 has both direct and indirect effects on mental health, in particular. To analyze the immediate psychological impact of COVID-19, we conducted an online poll in Portugal (24–27 March 2020). The Impact of Event Scale-Revised (IES-R) and the Depression, Anxiety, and Stress Scale were utilized in the study (DASS-21). 83.4 percent of the 10,529 participants (M = 31.33; SD = 9.73) were women, with a mean age of 31.2 years and 70.9 percent working. Depression, anxiety, and stress were all rated as moderate to severe in 11.7%, 16.9%, and 5.6% of the group, respectively. In addition, 49.2 percent of people stated that the epidemic had a significant or severe psychological impact on them. Women, the unemployed, those with a lower level of education, those living in rural areas, and those suffering from flu-like symptoms or chronic conditions were all at risk. More study is needed to identify vulnerable groups in order to properly educate and improve mental health policies and services (Paulino et al. 2021).

2.6 COVID-19 and Economic Well-being of the Youth Population

The COVID-19 pandemic has had a considerable influence on the workplace, offering a variety of new issues for leaders and employees owing to the high level of uncertainty in the labor market. The COVID-19 epidemic has had a huge impact on society and industry on a worldwide scale. Almost every business and/or organization's activities and operations have been impacted by the epidemic, notably in the organizational sectors (McKibbin and Fernando, 2020). Businesses are facing financial danger as a result of the global crisis, which has instilled feelings

of job uncertainty in employees and harmed their productivity and psychological well-being (Hamouche, 2020). As a result, different changes in workers' daily work lives have happened, which not only worsen work demands but also stress the need to supply and/or obtain organizational and job resources, which can contribute to their sense of job insecurity.

Dos Santos et al. (2022) evaluated the influence of organizational and job resources in predicting workers' job insecurity during the first wave of the COVID-19 epidemic using the mediating role of work engagement. There were 207 Portuguese employees polled (mean age of 45, SD 9.92), with women accounting for 64.7 percent of the total. An online survey was used to collect self-reported measures of organizational resources (perceived organizational support), job resources (performance feedback and job autonomy), job insecurity, and work engagement. It was shown that job and organizational resources have a negative influence on job insecurity. Work involvement was also discovered to be an important mediator of the association between job instability and performance feedback (a component of job resources). The findings suggest that investing in job and organizational resources might assist in alleviating job insecurity sentiments. Leaders can also promote employee participation in the workplace to help people balance the link between these resources and job insecurity, particularly during times of crisis. Overall, this study applies a unique, previously unexplored method to understanding the link between organizational and job resources, job insecurity, and work engagement during times of great uncertainty, such as the COVID-19 pandemic.

The worldwide COVID-19 epidemic has caused havoc on all enterprises (Jung et al., 2021). Many countries, particularly in Europe, were in the midst of their second or third lockdown in less than a year, with economies struggling to keep afloat. As a result of the COVID-19 health and economic crisis, the number of people who are unable to manage their current medical illnesses as well as other worries such as alcohol, uncertainty, and job instability has grown (Ramkissoon, 2020, 2021).

Melugbo et al. (2020) investigated how young Nigerian potential entrepreneurs perceived their preparation, engagement, motivations, and limitations in beginning a business during COVID-19. A total of 1,067 young individuals between the ages of 18 and 35 were polled via a web-based survey. According to the findings, despite having great entrepreneurial readiness and ambitions, the young adults in the sample did not engage in entrepreneurial activities during the

COVID-19 epidemic. Gender and past entrepreneurial experience have a substantial impact on young adults' perceived entrepreneurial readiness during COVID 19. The impact of demographic characteristics on entrepreneurial activity among young adults was shown to be reduced by views of the COVID-19 pandemic's effects on businesses. While it was known that young people aren't able to start businesses because of social, cultural, and institutional barriers, their educational level and age group gave unique insights into the COVID-19 era's entrepreneurial results.

According to Bordeleau et al. (2020), COVID-19 is a public health and economic calamity, since the epidemic has aggravated obstacles that young African entrepreneurs were already facing. According to Osakwe, an award-winning entrepreneur, small enterprises (which account for more than 80% of the work force in Nigeria) have been left alone to navigate these challenging times (CNBC Africa, 2020). Despite the fact that there are numerous programs and funding opportunities aimed at empowering youth through skill acquisition (e.g., Federal Government Presidential Youth Empowerment Scheme [P-YES 2019]; Bank of Industry [BOI], etc.), they have had little impact on youth participation in entrepreneurial activities (Melugbo, 2019). There is a good chance that the COVID-19 epidemic has made things even more difficult for young people who start businesses.

Gama et al. (2021) investigated the socioeconomic and mental health characteristics of individuals working in the workplace who were thus at increased risk of COVID-19 exposure, as well as individual income losses resulting from the pandemic across socioeconomic subgroups of the working population, during the first confinement in Portugal. Over a third of those polled indicated they worked in the workplace throughout their first period of incarceration. This was also linked to lower income [AOR = 2.93 (2.64-3.25)], poorer education [AOR = 3.17 (3.04-3.30), and working as an employee [AOR = 1.09 (1.04-1.15)]. Working at a workplace was associated with frequent feelings of agitation, anxiety, or sadness [AOR = 1.14 (1.09–1.20)] as well as a considerable risk of infection [AOR = 11.06 (10.53–11.61)]. Around 43% of respondents asked indicated they had lost money as a result of the outbreak. Individuals who were at higher risk of COVID-19 exposure, such as those with less education [AOR = 1.36 (1.19–1.56)] and lower income [AOR = 3.13 (2.47–3.96)], had more severe economic consequences.

Wuqi Qui et al. discovered that the 2003 Severe Acute Respiratory Syndrome (SARS) pandemic reduced average annual household revenue to US $175.44, 22.36 percent less than predicted; however, the H7N9 pandemic was less severe than SARS (Wuqi et al., 2018). The Ebola pandemic, which mostly affected Africa, was reported to have caused huge economic losses in several African countries. This scenario has resulted in a considerable loss of household income in just 6 months in Liberia (35.13 percent) and Sierra Leone (29.67 percent), with rates of reporting a decline in family income of 66 percent (Mercy Corps, 2019) and 55.5 percent (UNDP, 2014; Michael et al., 2017). According to a recent study done in late March 2020 with 7,005 participants from G7 nations, 31 percent of respondents claimed "coronavirus has already damaged my family income," while 39 percent answered "coronavirus has not yet impacted my household income, but I expect it will in the future" (Duffin, 2020). The proportion of Indians reporting a decrease in income increased from 9% in late February to 45.6 percent in mid-April 2020 (Keelery, 2020).

2.7 Covid-19 and Behavioral Well-being of the Youth Population

Mido et al., (2022) conducted research in Portugal to see how COVID-19 affects adherence behavior. Between March 1 and April 3, 2021, a cross-sectional online poll was conducted. Univariable and multivariable regression models, as well as descriptive statistics, were used. A total of 476 people were chosen from the 1202 who were taking at least one medicine prescribed by their doctor. Females made up 78.2 percent of the group, with an average age of 40.3179 years. Seventy-four percent were classed as "very adherent." During the pandemic, 8.2 percent of individuals reported improved adherence, while 5.9 percent reported worsening adherence. Widowers were three times more likely than single people to be less religious (OR: 3.390 [1.106–10.390], p = 0.033). Patients with comorbid conditions were 1.8 times more likely to be less adherent (OR: 1.824 [1.155–2.881], p = 0.010). Participants who said COVID-19 affected their adherence negatively were 5.6 times more likely to be less adherent than those who said nothing changed (OR: 5.576 [2.420–12.847], p 0.001). None of the other characteristics were found to be connected with pharmaceutical adherence in any way.

According to Perrotta et al. (2020), study on people's reactions to COVID-19 showed that women, unlike males, feared COVID-19 and saw it as one of the most serious pandemics of the

twenty-first century, and that taking essential safeguards was the only option they had. According to Moya et al. (2020), in the absence of a COVID-19 vaccine, governments around the world should focus on behavioral modification, which is tough.

Kollamparambil and Oyenubi (2021) investigated COVID-19 preventive behavior as well as socioeconomic variables that impact health-response behavior. The study employed the first and second waves of South Africa's nationally representative National Income Dynamics Study (NIDS)—Coronavirus Rapid Mobile Survey (CRAM). Wave 1 of the nationally representative panel data has a sample size of 7073 people, whereas Wave 2 has a sample size of 5676. The study employs bivariate statistics, concentration indices, and multivariate estimating approaches ranging from a probit, control-function approach, special-regressor method, and seemingly unrelated regression to account for endogeneity while finding the causes of response behavior. People are increasingly responsive to COVID-19, and preventative behavior is evolving; the use of a face mask has replaced handwashing as the most frequently utilized preventive method. The study verified the health-belief model by revealing perceived risk, self-efficacy, perceived awareness, and obstacles to preventive method adoption as significant drivers of health-response behavior. People who are rich and well-educated are more likely to keep their social distance, avoid personal touch, and use sanitizers than people who are poor and don't know how to read.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The current chapter entails the research approach, population, sample size and sampling technique, data collection and instrument, data analysis and finally model specification assessment.

3.1 Research Approach

A quantitative research method was utilized in this investigation. According to the International University of Management (2010), quantitative methods encompass the collection and analysis of data, the testing of empirical theories and hypotheses, and the formulation of rational business recommendations and decisions using mathematical and statistical tools, techniques, and models. It will assist in developing and evaluating research hypotheses.

3.2 Population

The current population of Portugal and Ghana is 10,148,221 and 32,129,679 respectively as of Saturday, February 19, 2022, based on Worldometer elaboration of the latest United Nations data (Worldometer, 2022). Therefore the study used the young population of Ghana and Portugal for the study.

3.3 Sample Size and Sampling Technique

To calculate representative samples for large populations, the conventional formula proposed by Snedecor and Cochran (1967, p. 75) will be used. The calculation yields a sample size of 385, which is characteristic of large populations, assuming a confidence level of 95% ($z = 1.965$), a variability of 0.5, and a precision of 5%.

The formula is given as:

no = z2pqe2

Where:

n0 – sample size

z –confidence level

p – variability in population

q – 1 -p

e – level of precision

As a result, a sample size of 385 was suitable for the study. The sample size was expanded by 70% to meet the final sample size and to allow for incorrect completion and non-return of the questionnaire. As a result, 655 questionnaires were delivered in order to increase response rates. According to Hair et al. (2014), the sample size for a quantitative study should be more than 300 and above to be considered fit for a structural equation modeling analysis.

The 655 respondents for the study were chosen using the snowball sampling approach. Snowball sampling is a non-probability sampling method in which current research participants assist in the recruitment of future study respondents (Simkus, 2022). The snowball sampling helped to select a handful people from Ghana and Portugal. These individuals acted as ambassadors for the project, eventually recruited others to partake in the study.

3.4 Data Collection

The data was collected in the month of February, 2022. Before the data collection, individuals from Ghana and Portugal were contacted to assist in the data collection. The questionnaire was designed first in word and later into google form to help with the data collection. The google form was sent to the individuals contacted to share it to help share it with their Whatsapp groups and most importantly seeks the approval of the group's members to respond to the questionnaire sent to them.

Eligibility criteria; Individuals who were from the age range of 18 years to 34 years were eligible for the study, however, individuals below 18 years and those above 34 years were not eligible for the study. The study was only limited to individuals from only Ghana and Portugal.

3.5. Questionnaire

The primary source of data was utilized in gathering information from people. Questionnaires were used to retrieve data from the main source. Primary data was collected by the use of structured questionnaires which was prepared and designed in google form and finally administered to respondents to extract the necessary information for the study. The questionnaire was firstly written in English and translated into Portuguese.. Likert scale with point 5 was employed with 1- Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree and 5-Strongly agree. The questionnaire contains 36 questions in which it was divided into three sections. Section A capitalized on the demographic profile of the respondents, section B covered questions on the youth population perception on COVID-19 and finally section C covered questions on the well-being of the youth population during the pandemic. Respondents spent 20 mins responding to the questionnaire.

Variables and their references

Variable	**Items**	**Reference**
Health Concern	Having high-quality patient care	Ninivaggi (2020)
	Gaining emotional stability,	Ninivaggi (2020)
	Having a balanced lifestyle.	Ninivaggi (2020)
	Reporting mental health symptoms	Alghamdi et al. (2022)
	Sometimes feel depress	Security Magazine (2020).
	Having sleep disorders	Security Magazine (2020).
	A serious breakdown in health service	Paulino et al. (2021).
Economic well-being	Having the ability to withstand financial shocks	Council on Social Work Education, (2016)
	Achieving financial goals	Council on Social Work Education, (2016)
	Constantly meeting basic needs	Council on Social Work Education, (2016)
	Ability to make economic decisions	Council on Social Work

		Education, (2016)
	Unable to pay for essentials	Council on Social Work Education, (2016)
	Have the opportunities to earning money and creating assets	Council on Social Work Education, (2016)
Behavioral Well-being	Eating a balanced diet	InSync Healthcare Solutions, (2018
	Exercising regularly	InSync Healthcare Solutions, (2018)
	Having a good sleeping schedule	InSync Healthcare Solutions, (2018).
	I am very receptive to Covid-19 protocols	Kollamparambil and Oyenubi (2021
	Visiting the hospital when not feeling well	InSync Healthcare Solutions, (2018
C0VID-19	Wearing of nose masks	World Health Organization, 2020
	Social distances	World Health Organization, 2020
	Going into lockdown	World Health Organization, 2020
	Covid-19 vaccine, a drug to boost immune system	World Health Organization, 2020
	Avoiding intimate contact	World Health Organization, 2020
	Using sanitizer and washing of hands frequently	World Health Organization, 2020

Source: Researcher's Work, 2022

3.5 Data Analysis

Following data collection, descriptive and inferential statistics was employed to examine the information. The data was analyzed using statistical software from the statistical product and social science (SPSS) version 26 and Stata 15 to investigate how well-being of the youth population have been affected by COVID-19 pandemic and extends to determine the perception of COVID-19, the youth population behaviors, economic and health concerns through a comparative study between Ghana and Portugal. Structural Equation Method (SEM) was used to investigate how the COVID-19 pandemic has influence the well-being of the youth population an descriptive statistics was used to examined the perceptions of COVID-19 pandemic between the young people from Ghana and Portugal.

Descriptive Statistics

Descriptive statistics is the process of using statistical techniques to describe or summarize a set of data. As one of the major types of data analysis, descriptive analysis is popular for its ability to generate accessible insights from otherwise uninterpreted data (Bush, 2020).

SEM

SEM estimates a sequence of discrete but interrelated variables, as Hair et al. (2014) pointed out. The hypothesized relationship of a model is usually based on theory and past experience, and then these variables are translated into a sequence of structural equations for each dependent variable. SEM is distinguished by the fact that just one relationship exists between the dependent and independent variables. SEM may also include latent variables in the analysis and offers a measurement model that outlines the rules of correspondence between measured and latent variables. It can also help with statistical estimates, theoretical framework representation, and measurement error detection.

3.6 Model specification assessment

3.6.1 Reliability

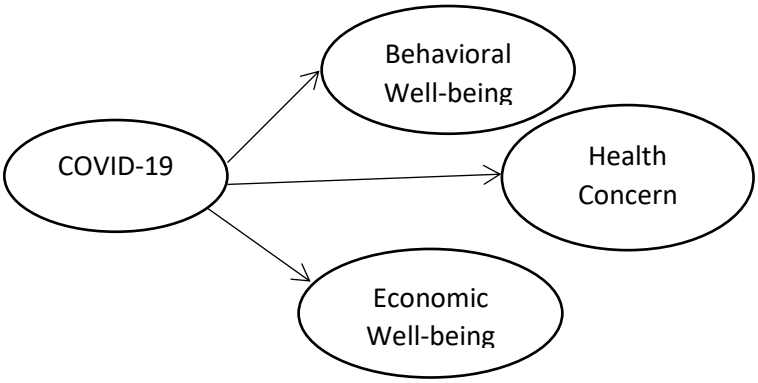
The ability to measure internal consistency will be one of the most important criteria in determining a reliable scale. In a measurement scale, it relates to the consistency of answers across the items on the scale (Kline 2015). The reliability of the scale may have an impact on the quality of the data as well as the ability to analyze the scale's complicated nature (De Vaus 2013). Differing academics argue for different acceptable upper and lower limits for Cronbach's alpha, which is a measure of reliability. Several researchers, including Hair et al. (2010) and De Vaus (2013), have suggested that a Cronbach's alpha value greater than 0.6 is acceptable; however, Kline (2015) has argued that a value greater than 0.7 is acceptable, greater than 0.8 is considered good, and greater than 0.9 is considered excellent.

3.6.2 Validity

The validity test will be performed to determine whether or not the variables are legitimate and whether or not they should be included in the SEM. The validity of the variables will be tested using the communality test, which will be used in this study. Communality is defined as the extent to which one item is connected to all other objects of interest. The extent to which one item connects with all other objects is referred to as communality. The higher the communality, the better. If a variable's communalities are low, that variable may struggle to load considerably on any component (Train, 2020).

3.6.3 Research Model

Figure 1, Research Model



Researcher Construct, 2022

The theoretical framework underpinning the research model is the health belief model (HBM). One of the most often utilized ideas in health literacy is the health belief model (Glanz & Bishop, 2010). Scientists utilize the HBM to attempt to predict health behaviors. It was first created in the 1950s and then upgraded in the 1980s. The approach is founded on the idea that a person's willingness to change their health practices is largely determined by their views of their own health (Boskey, 2022). The HBM provides a framework for analyzing how people deal with and react to perceived health concerns. It is predicated on knowledge of the link between motivation and health behaviors. The HBM's ultimate goal is to develop and deliver community-based support from health practitioners in order to favorably influence health behaviors and, as a result, health outcomes (Houlden, Hodson, Veletsianos, et al., 2021).

A pandemic can disrupt the economy in a variety of ways. Aside from the influence of mitigation measures, human behavioral changes such as fear-induced aversion to places of work and public gatherings are a major cause of economic damage (Madhav et al., 2017). The application of the HBM will focus on how the youth populations in Ghana and Portugal have seen the COVID-19, and how COVID-19 have influenced the economic well-being, behavioral well-being and the health concern of the youth population.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the main results of the study. First, we describe the demographic characteristics of the respondents, followed by the presentation of the perception of Ghanaians and Portuguese on COVID-19. Next, the descriptive statistics of the youth population well-being is presented. Finally, we assessed the measurement of the variable using reliability test, KMO and Bartlett's test of sphericity and communality test to check whether the variables are reliable and valid for applying a SEM. This is then followed by the results of the SEM assessments as well as the structural path and the comparison of Ghana and Portugal COVID-19 pandemic in relation to the youth population health concern, economic well-being and behavioral well-being.

4.2 Demographic Profile of Respondents

Respondents in Ghana and Portugal completed questionnaires that were delivered online. There were a total of 655 questionnaires administered, and none of them were returned, indicating that all respondents were fully engaged in the study. Table 1 presents the findings of the study as well as the demographics of the respondents from Ghana and Portugal who took part in the survey.

In table 1, it can be seen that males constituted the vast majority of respondents in both countries: Ghana had 52.2% of males and 47.8% of females, whilst Portugal had 51.8% of males and 48.2% of females.

In terms of age, 49.3% of those who responded to the survey questions were aged 22-25 years, while 12.5% were from 30-34 years, representing the minority age range in Ghana. With regards

to the age range in Portugal, the majority (40.1 percent) were aged 26–29, while the minority (13.0%) were aged 30–34 years of age.

In terms of education, it can be seen that bachelor's degree holders and other certificate holders made up the majority and minority of respondents in both countries, with Ghana having 40.9% of respondents with bachelor's degrees and 8.3% holding other certificates. Portugal had 39.7% of holders of bachelor's degrees, while 6.9% were holders of other certificates.

With regards to the occupation of respondents, table 1 indicated that the majority (38.2% and 40.1%) of respondents from Ghana and Portugal, respectively, are self-employed, while a minority (23.8% and 21.1%) of the respondents from Ghana and Portugal, respectively, worked in government or private institutions.

Table 1- Demographic profile of the respondents

Information		**Ghana Total Sample = 408**		**Portugal Total Sample = 247**	
		N	**%**	**N**	**%**
Gender	Male	213	52.2	128	51.8
	Female	195	47.8	119	48.2
Age	18-21	64	15.7	45	18.2
	22-25	201	49.3	71	28.7
	26-29	92	22.5	99	40.1
	30-34	51	12.5	32	13.0
Educational Qualification	Diploma / High School	58	14.2	35	14.2
	Bachelor’s Degree	167	40.9	98	39.7

	Master's Degree	114	27.9	73	29.6
	PHD	35	8.6	24	9.7
	Other	34	8.3	17	6.9
Occupation	Work in government/ private institution	97	23.8	52	21.1
	Self employed	156	38.2	99	40.1
	Unemployed	155	38.0	96	38.9

Source: Researcher's Work, 2022

4.3 Youth Population perception of COVID-19 in Ghana and Portugal

Table 2 - youth Population Perception on COVID-19

	Ghana		**Portugal**	
	N	**%**	**N**	**%**
How do see COVID-19				
It is a China's virus	203	49.8	130	52.6
It is a man-made virus	130	31.9	75	30.4
It is an inter-human transmitted virus	75	18.4	42	17.0
Are you aware of COVID-19 threats				
Yes	291	71.3	177	71.7
No	117	28.7	70	28.3

Has COVID-19 destroyed the existence of man				
Yes	292	71.6	177	71.7
No	116	28.4	70	28.3
How do you perceive the COVID-19 measures in your country				
It is good	63	15.4	36	14.6
It has destroyed my business	112	27.5	66	26.7
It has slowed down my business	181	44.4	37	15.0
It has helped me to stay strong and healthy	52	12.7	108	43.7
Do you believe you might contract COVID-19?				
Yes	271	66.4	165	66.8
No	129	31.6	78	31.6
Have you already contracted it?				
Yes	144	35.3	154	62.3
No	264	64.7	93	37.7
How do you perceive the vaccine on COVID-19?				
It is demonic	40	9.8	26	10.5
It is a drug to help us fight COVID-19	232	56.9	142	57.5
A drug that will cause harm to people	128	31.4	75	30.4

Have you taken the vaccine?

Yes	183	44.9	144	58.3
No	225	55.1	103	41.7

Source: Researcher's Work, 2022

Table 2 shows the results of one of the, the study's goal: to learn how respondents saw COVID-19 in their own words. COVID-19 was identified as a Chinese virus by 48.9 percent and 52.6 percent of respondents from Ghana and Portugal, respectively, whereas 18.4% and 17% of the minority respondents from Ghana and Portugal, respectively, identified COVID-19 as an inter-human transmitted virus (IHTV).

The study asked respondents whether they are aware of COVID-19 threats. Among Ghanaians and Portuguese, 71.3% and 71.7% representing majority of respondents respectively claimed they are aware, whereas 28.7% and 28.4% of Ghanaians and Portuguese respectively in the minority stated they are not aware.

Respondents were asked if COVID-19 had destroyed the existence of man. More than two-thirds of Ghanaians and Portuguese (71.6% and 71.7%), respectively, believed that COVID-19 had destroyed the existence of man, however 28.4% and 28.3% of Ghanaians and Portuguese stated that COVID-19 had not.

Respondents were also asked how they perceive the COVID-19 measures in their country. In Ghana, a greater percentage (44.4%) said it has slow down their business while a smaller percentage (12.7%) said it has helped them to stay stronger and healthier. In Portugal, majority (43.7%) of the respondents said it has helped them to stay stronger and healthier while minority (14.6%) said the measures are good.

Respondents were questioned whether they believe they might contract COVID-19. 66.4% claimed they might, while just 31.6% said they might not, in Ghana. Many (66.8%) of those polled in Portugal responded they might, while a minority (31.6%) said they might not.

When asked on "Have you already contracted it" 64.7% of Ghanaians claimed they have not contracted it. However, in Portugal, 62.3% said they have already contracted the COVID-19.

Respondents were asked how they perceived the COVID-19 vaccine. As presented in table 2, 56.9 percent and 57.5% representing a higher percentage of respondents in Ghana and Portugal respectively said it is a drug to help them fight COVID-19 while 9.8% and 10.5% representing a lower percentage of respondents from Ghana and Portugal respectively said it is demonic.

Respondents were also inquired whether they have been vaccinated. Among Ghanaians 71.3% and 55.1% representing majority of respondents claimed they have not been vaccinated, whereas 44.9% said they have been vaccinated. Among Portuguese a higher percentage (58.1%) said they have been vaccinated while a lower percentage (41.7%) said they have not been vaccinated.

4.4. Well-being of the youth population

Descriptive statistics was used to find out the well-being of the youth population are concerned about mostly. Using the descriptive statistics, the highest mean with its corresponding standard deviation indicates the type of well-being the youth populations are concerned about.

Table 3 - Descriptive statistics of the youth population well-being

	Mean	Std. Deviation
Health Concern	3.5175	.7809
Behavioral Well-being	3.2037	.9125
Economic Well-being	3.2368	.9103

Source: Researcher's Work, 2022

Table 3 revealed that Health concern had a mean value of 3.5175 and a standard deviation of 0.7809. Behavioral well-being had a mean value of 3.2037 with it standard deviation being 0.9125. Economic well-being also had a mean value of 3.2368 and a standard deviation of 0.9103. Health concern had the highest mean which implies that the youth populations are very concern about their health.

4.5 Influence of COVID-19 on the youth population using SEM

4.5.1 Reliability Test

Table 4 revealed that health concern has a cronbach alpha value of 0.755, economic well-being cronbach alpha value of 0.801, behavioral well-being has a value of 0.826 and covid-19 had a value of 0.803. This means that the valuesm are greater than 0.7 and are consistent with Kline (2015) who argued that a value greater than 0.7 is acceptable, greater than 0.8 is considered good, and greater than 0.9 is considered excellent.

Table 4 - Reliability Test

Variable	Number of Items	Cronbach Alpha
Health Concern	7	0.755
Economic Well-being	6	0.801
Behavioral Well-being	5	0.826
COVID-19	6	0.803

Source: Researcher's Work, 2022

4.5.2 KMO and Bartlett's test of sphericity

In order to determine the determine the degree of partial correlation (how the components explain one another) between the variables, KMO and Bartlett Tests are employed. Before running the SEM, Kaiser-Meyer-Olkin (KMO) and Bartlett's tests were used. This test was used to assess if the variables were valid and should be included in the SEM or discarded from it.

Table 5 - KMO and Bartlett's Test

		HlthCon	EWB	BWB	COV19
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.776	.807	.819	0.780
Bartlett's Test of Sphericity	Approx. Chi-Square	1331.129	1349.544	1298.880	1172.108
	Df	21	15	10	15
	Sig.	.000	.000	.000	.000

Source: Researcher's Work, 2022

KMO values closer to 1.0 are regarded desirable, while values less than 0.5 are deemed unsuitable. A p-value less than 0.05 is regarded strong indication that the variances are not equal across the variables when Bartlett's test of sphericity is employed prior to extraction or factor construction (Zack, 2019: Analysis INN, 2020). According to table 5, Kaiser-Meyer-Olkin (KMO) values for HlthCon, EWB, BWB and COVID-19 were 0.776, 0.807, 0.819 and 0.780, respectively. The variables passed the Bartlett's test of sphericity ($p<0.05$). As a result, the sample is appropriate for further examination because the KMO value is close to 1.0 and the significant value is less than 0.05 and consistent with Zack, 2019 and Analysis INN, 2020 study on KMO and Bartlett's test of sphericity.

4.5.3 Communalities

Osborne, Costello, and Kellow (2008) claim that communalities larger than 0.4 are acceptable when doing EFA with Promax rotation utilizing Principal Axis Factoring. This indicates that any variables with a value less than 0.4 must be omitted from the study.

Table 6 - Health Concern Communality

	Initial	Extraction
H1	.429	.560
H2	.436	.525
H3	.423	.492
H4	.534	.574
H5	.324	.524
H6	.310	.345

H7	.168	.205

Extraction Method: Principal Axis Factoring.

Source: Researcher's Work, 2022

According to table 6, the permissible values for variables range from 0.492 to 0.574. The table demonstrated that the values of H1, H2, H3, H4 and H5 satisfied Osborne et al. (2008) cut-off of 0.4 communalities, indicating that the Health Concern variable is suitable for the SEM.

Table 7- Communality for Economic Well-being

	Initial	Extraction
E1	.341	.413
E2	.389	.684
E3	.588	.695
E4	.511	.586
E5	.485	.560
E6	.125	.200

Extraction Method: Principal Axis Factoring.

Source: Researcher's Work, 2022

According to table 7, the permissible values for variables range from 0.413 to 0.695. The table demonstrated that the values of E1, E2, E3, E4 and E5 satisfied Osborne et al. (2008) cut-off of 0.4 communalities, indicating that the Economic Well-being variable is suitable for the SEM.

Table 8 -Communality for Behavioral Well-being

	Initial	Extraction
B1	.168	.172
B2	.547	.617
B3	.532	.617
B4	.505	.601
B5	.505	.586

Extraction Method: Principal Axis Factoring.

Source: Researcher's Work, 2022

According to table 8, the permissible values for variables range from 0.586 to 0.617. The table demonstrated that the values of B2, B3, B4 and B5 satisfied Osborne et al. (2008) cut-off of 0.4 communalities, indicating that the Behavioral Well-being variable is suitable for the SEM.

Table 9 - Communality for COVID-19

	Initial	Extraction
COV1	.432	.522
COV2	.350	.339
COV3	.275	.204
COV4	.489	.527
COV5	.472	.523
COV6	.321	.369

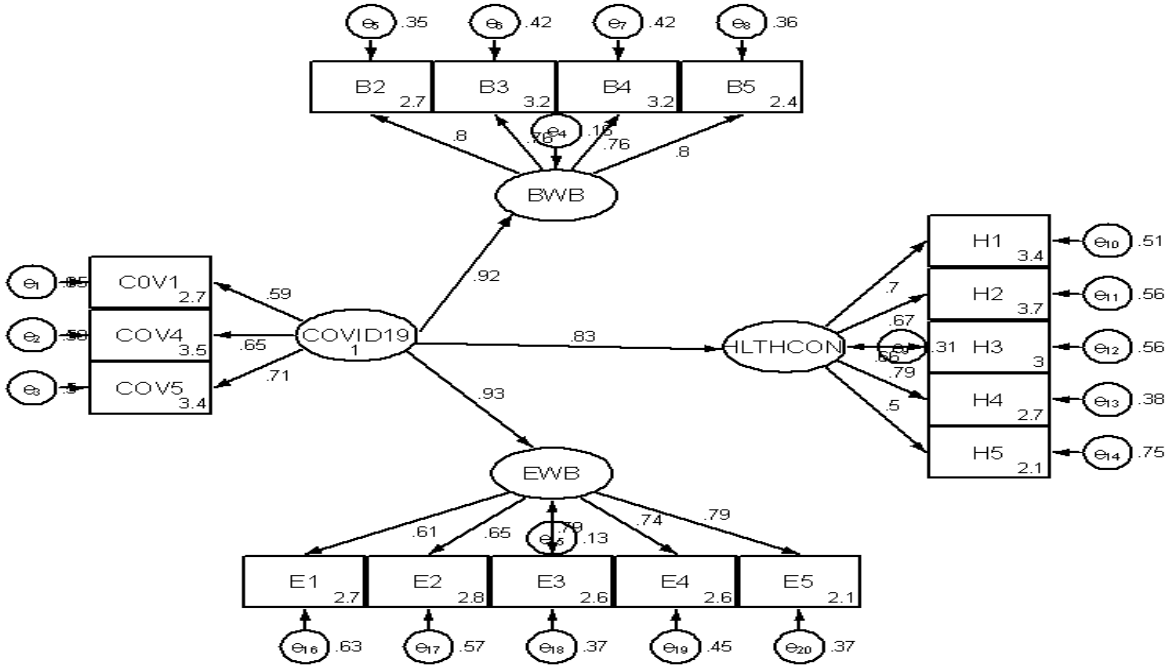
Extraction Method: Principal Axis Factoring.of

Source: Researcher's Work, 2022

The acceptable values for variables range from 0.523 to 0.527. The table demonstrated that the values of COV1, COV4 and COV5 satisfied Osborne et al. (2008) cut-off of 0.4 communalities, indicating that the COVID-19 variable is suitable for the SEM.

4.6 Assessment of Structural Equation Model (SEM)

Figure 2- Path Diagram of the influence of COVID-19 on youth population well-being



Source: Researcher's Work, 2022

Table 10 - Structural Path

	Coeff	Z	P>z
COVID-19 →BWB	0.917	63.74	0.000
COVID-19 → HlthCon	0.829	39.87	0.000
COVID-19 → EWB	0.934	66.49	0.000

Source: Researcher's Work, 2022

In Table 10, you can see that the path COVID-19 →BWB produced very strong positive and statistically significant path outcomes (Coeff = 0.917; Z = 63.74; P > [z] = 0.000). In practice, a one percent variation or change in COVID-19 is likely to result in 91.7 percent increase in the behavioral well-being of citizens (Coeff = 0.039). A p-value of 0.000 less than 0.05 indicates that

there is a statistically significant association between COVID-19 and behavioral concern or well-being of citizens.

From Table 10, the path COVID-19 → HlthCon provided a strong positive and significant relationship (coeff = 0.829; Z = 39.87; P > [z] = 0.000). In summary, a 1% variation or change in COVID-19 is likely to lead to 82.9% concern in health issues of the citizens. Furthermore, a p-value (0.000<0.05), deduces a positive significant relationship between COVID-19 and Health and well-being.

The standardised path coefficient (β) of COVID-19 is 0.934, with a Z value of 66.45 as shown in Table 8 above. This result means the path estimated of COVID-19 to economic well-being is statistically significant at the p > [Z] is 0.000 levels. It can, therefore, be concluded that COVID-19 has a positive significant influence on economic well-being of the youth population. As such, it can be predicted that a unit change in COVID-19 will possibly lead to 93.4% increase in the youth population economic well-being.

Table 11- Statistical Difference

	Ghana			Portugal		
	Coeff	Z	P>z	Coeff	z	P>z
COVID-19 →BWB	0.962	138.32	0.000	0.822	24.99	0.000
COVID-19 → HlthCon	0.859	43.32	0.000	0.802	21.15	0.000
COVID-19 → EWB	0.957	82.97	0.000	0.671	16.97	0.000

Source: Researcher's Work, 2022

In both Ghana and Portugal, the connection between COVID-19 and behavioral well-being has been found to be favorably affected. In contrast to Portugal (Coeff = 0.822), Ghana exhibited a significantly stronger positive influence (Coeff = 0.962). Furthermore, the empirical evidence indicates that the relationship between COVID-19 and behavioral well-being in Ghana (p-value 0.000<0.05) and Portugal (p-value 0.000<0.05) was statistically significant in both countries.

Because of this, there is a statistical difference between COVID-19 in Ghana and COVID-19 in Portugal (see table 11).

COVID-19 and health concern or well-being were shown to be positively associated in both nations, with the finding that COVID-19 health condition in Ghana was favorably significant (Coeff = 0.859: p > [Z] =0.000). In addition, the Portugal COVID-19→HlthCon was found to be statistically significant (Coeff = 0.802, p > [Z] = 0.000). Even though there was a big difference between COVID-19-related issues in Ghana and Portugal, Ghana had a greater influence on health issue than Portugal.

As shown in Table 11, the relationship between COVID-19 and EWB is positive in Ghana (Coeff = 0.957) and Portugal (Coeff = 0.671), indicating that the two variables are related. A statistically significant difference existed between Ghana (COVID-19 → EWB) and Portugal (COVID-19 → EWB) when the significance threshold was set at 0.05. Both countries were statistically significant (p-value 0.000<0.05) at this level of significance. This means that there was a statistically significant difference between Ghana and Portugal, with more pleasure being seen in Ghana than in Portugal.

And the SEM estimated the sequence of discrete but interrelated variables and it helped with the statistical estimates of the information gathered from the respondents.

CHAPTER FIVE

DISCUSSION

The discussion focuses on the perception of Ghanaians and Portuguese on COVID-19 and also discusses the influence of COVID-19 on health, economic and behaviour well-being of the youth population of Ghana and Portugal. We used health concern, behavioural well-being, economic well-being and COVID-19 variables to construct the SEM.

5.1 Influence of COVID-19 pandemic on the behavior of the youth population

The study examined the influence of COVID-19 pandemic on the behaviour of the youth population. The findings revealed that COVID-19 pandemic has a significant positive influence on the behavior of the youth population. With coefficient value of Coeff = 0.917 and p-value 000, the path showed a positive and significant relationship. More specifically, the result of the analysis suggests that when COVID-19 cases keep on rises and there is strict adherence to the COVID-19 measures which will lead to a shift of the behavior of the youth population by adhering to safety protocols and measures.

According to Perrotta et al. (2020), study on people's reactions to COVID-19 showed that women, unlike males, feared COVID-19 and saw it as one of the most serious pandemics of the twenty-first century, and that taking essential safeguards was the only option they had. According to Moya et al. (2020), in the absence of a COVID-19 vaccine, governments around the world should focus on behavioral modification, which is tough. which is in line with our findings.

5.2 Influence of COVID-19 pandemic on economic concerns of the youth population

Another aim of the study was to examine the influence of COVID-19 pandemic on economic concerns of the youth population. According to the findings, the COVID-19 pandemic has a statistically significant influence on the economic concern of the youth population. The path

demonstrated a positive and statistically significant link with a coefficient value of Coeff = 0.934 and a p-value of 0.000.

This means that an increase in COVID-19 pandemic cases, causing the government and authority to impose strict measures to the citizens, resulting in an increase in the economic concern of the youth population causing the Government and organizational leaders to support the citizens to meet their basic needs. In support of the study result, the COVID-19 pandemic has had a significant impact on the workplace, posing various new problems for leaders and employees. On a global scale, the COVID-19 pandemic has had a tremendous influence on society and business.

Almost every business and/or organization's activities and operations have been affected by the pandemic, notably in the organizational sectors (McKibbin and Fernando, 2020). Dos Santos et al. (2022) evaluated the influence of organizational and job resources in predicting workers' job insecurity during the first wave of the COVID-19 epidemic using the mediating role of work engagement. The association between job instability and performance feedback was shown to be significantly mediated by work engagement (a component of job resources). The findings suggest that investing in job and organizational resources might assist in alleviating job insecurity sentiments. Leaders can also promote employee participation in the workplace to help people balance the link between these resources and job insecurity, particularly during times of crisis.

5.3 Influence of COVID-19 pandemic on the health of the youth population

The third objective of the study was to examine the influence of COVID-19 pandemic on the health of the youth population. The study found out that COVID-19 pandemic has a strong positive and significant relationship (coeff = 0.829; P > [z] = 0.000). The result implies that when the cases of COVID-19 increases in the various countries, it will cause a shake-up in the health of the youth population and most people especially the youth will face a lot of health implication thereby forcing authorities to tackle the health issues in order to enhance the well-being of the youth population. According to a survey done by IPSOS in collaboration with the World Economic Forum (WEF), 53% of South Africans said they would use the COVID-19

vaccination once it became accessible. The remaining respondents stated that they would like to stick to the health regimens. The study also revealed the following attitudes among people all across the world on the use of vaccines to combat COVID-19: France (40 percent) and Russia (43 percent), Brazil (78 percent), Mexico (77 percent), the United Kingdom (77 percent), Australia (75 percent), South Korea (75 percent), and Canada (71 percent) are the countries with the highest percentages (Theunisen, 2020). Choi (2020) suggests that clinics be prepared to explain the COVID-19 vaccine's effects on patients and encourage them to trust the process which is consistent with the study findings.

5.4 The perceptions of COVID-19 pandemic between the young people from Ghana and Portugal

Chauke et al. (2021) revealed in a study that youngsters have varied feelings regarding COVID-19, with some believing it is a man-made virus and others doubting the vaccine. However, in the current study, COVID-19 was perceived as a Chinese virus by majority of Ghanaians and Portuguese. Both Ghanaians and Portuguese also believed that the COVID-19 had destroyed the existence of man. Chauke et al. (2021) investigated the youth's perceptions of the new coronavirus (COVID-19) and vaccine use in South Africa. COVID-19 had a significant impact on the planet and mankind; people, particularly young adults, were unable to socialize because they were afraid of getting the virus. The study also found that, as a result of the many lives lost through COVID-19, the kids have differing opinions about the virus.

In Ghana, a greater percentage said COVID-19 measures have slow down their business, however, in Portugal; the youth population are of the view that the measures imposed on them by the government has helped them to stay stronger and healthier. According to Haftom et al. (2020), Ethiopians had an unfavorable view regarding COVID-19, resulting in a circumstance where people disobeyed government orders and attended a public assembly. Despite the bad perception of COVID-19, many individuals feel that the government will be able to control its spread which is consistent with the study findings.

Both the youth population from Ghana and Portugal believe they might contract COVID-19; however, many Portuguese have contracted COVID-19 as compared to Ghana. According to

Bailey et al. (2020), youths were aware of COVID-19's threat and its impact on the global economy. Youth living in poverty, on the other hand, held the belief that they would not contract COVID-19 and this is in support of the study findings.

A high percentage from Ghana and Portugal said vaccine is a drug to help them fight COVID-19. Chauke et al. (2021) investigated the youth's perceptions of the new coronavirus (COVID-19) and vaccine use in South Africa. The study found out that majority agreed that COVID-19 is a dangerous illness that might be prevented by vaccination. In Ghana majority of the youth population has not taken the vaccine as compare to a higher percentage of the youth population in Portugal who have taken the vaccine.

This means that the Africans especially Ghanaian youth population does not regard the vaccine as a drug to help them combat the COVID-19 but the Europeans especially the Portuguese youth population have taken the vaccine very serious and most are taking it. Numerous studies have demonstrated the socio-demographic, psychological, and media aspects that may impact vaccine reluctance (with a particular focus on the transmission of misinformation) (Abdulmoneim et al., 2021; Troiano & Nardi, 2021).

Ethnicity and education, for example, were mentioned as socio-demographic characteristics that influenced people's decision not to get the vaccine. Individuals who were black or African-American, as well as those with a poor level of education, were found to have a lower incidence of vaccine acceptance (Troiano & Nardi, 2021) which supports the study findings.

5.5 Comparing the youth population of Ghana and Portugal in relation to COVID-19

The fifth objective is to compare the young population from Ghana and Portugal in terms economic concerns, behavior and health during the pandemic. The result of the empirical findings reveals that there is a higher difference between Ghana and Portugal in relation to the well-beings of the youth population.

In both Ghana and Portugal, the connection between COVID-19 and behavioral well-being has been found to be favorably affected. In contrast to Portugal, Ghana exhibited a significantly stronger positive influence. There is a statistical difference between COVID-19 in Ghana and COVID-19 in Portugal, according to the data. This means that in Ghana, a rise in COVID-19

cases causes the youth population to exhibit a positive behavior not to contract the illness as compared to Portugal. It has been reported that COVID-19 pandemic resulted in an increase in the consumption of alcoholic beverages, stimulant beverages, illegal substances, and pharmaceuticals prescribed to treat anxiety, depression, and sleep disturbances in the Portuguese population, according to Fernandes et al. (2021).

Several significant changes have occurred in the Portuguese labor market as a result of the COVID-19 pandemic. Workers who had never previously teleworked have begun to do so, while others have had their employment contracts temporarily terminated, and still others have lost their jobs entirely (Duarte, 2020). However, in Ghana according to Asare-Nuamah et al. (2022), the pandemic has thrown the community's societal norms and practices off, including funerals and burials.

The community has also embraced preventative measures such as wearing nasal masks, washing hands regularly, and using hand sanitizer, according to the findings. Traditional remedies have also been used, such as bathing with nyanya leaves (Momordica foetida), sniffing local snuff, and drinking a solution made from the bark and leaves of neem trees (Azadirachta indica), as well as drinking local alcohol, sobolo (Hibiscus sabdariffa), and a mixture of ginger, garlic, and lemon solutions. This also means that Ghana youth population has gone the extra miles of not just drinking alcohol but bathing with nyanya leaves and drinking other solution as compared to the youth population of Portugal, thus the Ghanaians are experiencing improvement in their well-being than the Portuguese.

COVID-19 and health concern were shown to be positively associated in both nations, with the finding that COVID-19 health condition in Ghana was favorably significant. Even though there was a big difference between COVID-19-related issues in Ghana and Portugal, Ghana had a greater influence on health issues than Portugal. Ghana's government, according to the findings of Adu-Ababio et al. (2021), implemented a variety of discretionary measures, the most significant of which were personal income tax waivers for frontline and medical personnel, and waivers or reductions in utility tariffs for low-income households. Aside from the school closures, severe lockdown measures forced the closure of the country’s most important social protection program, the school feeding program, for much of 2020. The total buffering effect of

all efforts implemented to safeguard households was insufficient to completely counterbalance the detrimental impact of this policy change.

Portugal's government, on the other hand, acted quickly to put health measures, contingency preparations, and political unification in place. On March 18, 2020, a nationwide state of emergency was proclaimed, restricting some people's liberties so that public health measures could be implemented. Compulsory confinement at home, sanitary fence installation, and the closure of commercial and educational facilities were among the measures undertaken around the country (Peixoto et al., 2020). In comparison to Portugal, Ghana's government handled the COVID-19 pandemic's health-related difficulties better. In contrast to the Portuguese youth population, the Ghana's youth population reported an increase in their overall well-being. .

The study sought to find out how COVID-19 has influence the economic concern of the youth population in Ghana and Portugal. The empirical study indicates that the relationship between COVID-19 and Economic concern is positive in Ghana and Portugal. However, there was a statistically significant difference between Ghana and Portugal, with more pleasure being seen in Ghana youth population than in Portugal's youth population.

The massive social and economic disparities that dominate the country, according to Alvarez (2021), are a contributing factor to poverty in Portugal. After the outbreak of COVID-19, a research issued by Agencia EFE Portugal found that 21.6 percent of Portugal's inhabitants were already at risk of falling into poverty. It is estimated that the pandemic has resulted in an increase of 400,000 destitute persons in Portugal, as well as a "9 percent rise in inequality." According to Aduhene and Osei-Assibey (2021), the coronavirus pandemic in Ghana has had a substantial impact on the country's socioeconomic situation. While an estimated 42,000 individuals in Ghana lost their employment in the first two months of the epidemic, the country's tourist attraction industry lost $171 million in the last three months as a result of the partial lockdown and closure of tourism and hospitality facilities across the country. The COVID-19 dilemma has a particularly negative impact on individuals who are poor.

The economic collapse of 2020 will further entrench poverty in communities that are already struggling to survive. Ghana, along with other nations in Sub-Saharan Africa, is one of the world's most poor regions. The pandemic has caused the government to fall behind schedule in its efforts to eradicate poverty (Rajamani, 2021). COVID-19, according to Professor Samuel

Kobina Annim, the Government Statistician, has unquestionably had a disastrous influence on Ghana's home and business populations, as well as the country's local economy.

Localities received various forms of assistance in response to the pandemic from a variety of individuals, institutions, and government agencies, 71 percent receiving some form of assistance, including food and personal protection equipment, as well as other forms of assistance (PPEs). The Government and District Assemblies provided aid to more than half of the locations, with members of parliament being the most common source of assistance. Mainly notable is the fact that many towns got support from non-governmental groups, particularly churches (41.5%) and philanthropists (40.8%) (UNDP, 2020). As a result, Ghana youth population reported an improvement in their well-being than the youth population of Portugal.

CHAPTER SIX

CONCLUSION

6.1 Conclusion

The study revealed substantial findings on the economic well-being, health concern and behavioral well-being of the youth population and the path relationship of COVID-19 in explaining economic well-being, health concern and behavioral well-being and further revealed a major finding on the perception of COVID-19 between Ghana and Portugal and also comparison of Ghana and Portugal in connection to COVID-19 pandemic and the satisfaction and the well-being the youth population are experiencing. This quantitative study involved 655 youth respondents sampled from Ghana and Portugal to investigate how the well-being of the youth population have been affected by COVID-19 pandemic and extends to determine the perception of COVID-19, the youth population behaviors, economic and Health concerns through a comparative study between Ghana and Portugal

The study revealed that COVID-19 pandemic has a significant positive influence on the behavior, economic and health concern of the youth population. The study established that COVID-19 was perceived as a Chinese virus by Ghanaians and Portuguese. Both Ghanaians and Portuguese also believed that the COVID-19 had destroyed the existence of man. In Ghana, a greater percentage said COVID-19 measures have slow down their business, however, in Portugal; the youth population are of the view that the measures imposed on them by the government has helped them to stay stronger and healthier. Both the youth population from Ghana and Portugal believes they might contract COVID-19; however, many Portuguese have contracted COVID-19 as compare to Ghanaians. Ghanaians and Portuguese perceived the vaccine as a drug to help fight COVID-19.

In Ghana, the majority of the youth population has not taken the vaccine as compare to a higher percentage of the youth population in Portugal who has taken the vaccine. The study concludes that the approach of Ghana in relation to the health concern, economic well-being and behavioral well-being are better than Portugal. As a result Ghana youth population reported a better well-being than the youth Population of Portugal.

6.2 Recommendation

The study recommends that the governments of Ghana and Portugal, in collaboration with the World Health Organization and health organizations, educate the young about the COVID-19 and, more significantly, about the vaccination. When this is accomplished and the youth are able to have a better understanding of the vaccination, the youth population will be compelled to receive the vaccine.

In addition, the governments of Ghana and Portugal should try to prevent the collapse of the enterprises owned by the youth population in their countries. This effort will assist the youth population in remaining economically sound throughout the pandemic and, as a result, enabling them to carry out their day-to-day activities without experiencing hardship.

Aside from that, many health facilities should be constructed in order to relieve the strain that COVID-19 has placed on existing institutions in Ghana and Portugal. This program will assist COVID-19 patients in receiving appropriate care, therefore improving their overall well-being.

In addition, the study recommends that more research be conducted into COVID-19-related concerns, with a particular emphasis on the effect of vaccines and herbal treatments on the cure of COVID-19. This research will assist people, health organizations, and governments in being properly informed about the vaccination and herbal medication.

REFERENCE

Abdulmoneim, S. A., Aboelsaad, I. A. F., Hafez, D. M. H., Almaghraby, A., Alnagar, A., Shaaban, R., ... & Elrewany, E., (2021). Systematic Review and Meta-analysis on COVID-19 Vaccine Hesitancy. *medRxiv*.

Abuosi, A. A., (2015). Patients versus healthcare providers' perceptions of quality of care: Establishing the gaps for policy action. *Clinical Governance: An International Journal*.

Adu-Ababio, K., Osei, R. D., Pirttilä, J., & Rattenhuber, P., (2021). WIDER Policy Brief 4/2021-Distributional effects of the COVID-19 pandemic in Ghana. *United Nations University World Institute for Development Economics Research.* https://policycommons.net/artifacts/1908800/wider-policy-brief-42021/2659977/

Aduhene, D. T. & Osei-Assibey, E., (2021). Socio-economic impact of COVID-19 on Ghana's economy: challenges and prospects. *International Journal of Social Economics 48* (4), 543-556.

Afrane, A. Y., (2021). *The COVID-19 situation in Ghana. Royal Society of Tropical Medicine & Hygiene.* https://rstmh.org/news-blog/news/the-covid-19-situation-in-ghana#:~:text=In%20Ghana%2C%20the%20first%20official,country%20from%20Norway%20and%20Turkey.

Ahorlu, C. S., Okyere, D., Pi-Bansa, S., Otchere, J., Marfo, B., Asemanyi-Mensah, K., ... & de Souza, D. K., (2022). COVID-19 related perception among some community members and frontline healthcare providers for NTD control in Ghana. *BMC Infectious Diseases 22* (1), 1-12.

Alghamdi, F., Ashour, A., Adeyemi, L., Bamidele, P., Nwambo-Logan, B., Alsharif, M., ... &

Binmadi, N., (2022). The Psychological Impacts of COVID-19 Pandemic among Emerging Adults: An Observational Cross-Sectional Study. *International Journal of Environmental Research and Public Health 19* (3), 1445.

Álvarez-Maya, I., & Acevedo-Sánchez, G., (2021). Analysis of chronic diseases associated to SARS-CoV-2 infection in children and young people in Mexico. *Mexican Journal of Phytopathology.*

Anabila, P., Kumi, D. K., & Anome, J., (2019). Patients' perceptions of healthcare quality in Ghana: A review of public and private hospitals. *International journal of health care quality assurance.*

Annoh, A., (2021). *Ghana, Omicron Variant Cases in Ghana Rise to 41*. https://allafrica.com/stories/202112140602.html

Aquino-Canchari, C. R., Chávez-Bustamante, S. G., & Caira-Chuquineyra, B. S., (2020). Exploratory analysis of internet search trends during the COVID-19 outbreak. *Revista Cubana de Información en Ciencias de la Salud, 31* (3), 1631

Asare-Nuamah, P., Onumah, J. A., Dick-Sagoe, C., & Kessie, K. O., (2022). Perceptions and Coping Strategies to COVID-19 in a Rural Ghanaian Community. *In Socioeconomic Dynamics of the COVID-19 Crisis*, 403-421. Springer, Cham.

Bailey, S.C., Serper, M., Opsasnick, L., Persell, S.D., O'Conor, R., Curtis, L.M., & Benavente, J. Y., (2020). Changes in COVID-19 Knowledge, Beliefs, Behaviors, and Preparedness Among High-Risk Adults from the Onset to the Acceleration Phase of the US Outbreak. *J Gen Intern Med 35* (11), 3285- 3292. DOI: 10.1007/s11606-020-05980-2.

Baker, K., (2020). *The 5 Elements of Well-being*. https://www.mpi.org/blog/article/the-5-elements-of-well-being

Baldwin, D. S., (2020). What is the role of a psychiatrist in the COVID-19 pandemic?. *Medicine, 48* (11), 685.

Bordeleau, M., Kazimierczuk, A., & van Wijk, K., (2020, June). *Covid-19 as an amplifier of youth employment challenges: implications for research.* https://includeplatform.net/news/covid-19-as-an-amplifier-of-youth-employmentchallenges-in-africa-implications-for-research/

Boskey, E., (2022). What Is the Health Belief Model? https://www.verywellmind.com/health-belief-model-3132721

Braquehais, M. D. et al., (2020). The impact of the COVID-19 pandemic on the mental health of healthcare professionals. *QJM*, https://doi.org/10.1093/qjmed/ hcaa207.

Champs Intelligence and Evidence Service, (2020). Direct and indirect impacts of COVID-19 on health and well-being. *Rapid evidence review*

Chauke, T. A., Obadire, O. S., & Malatji, K. S., (2021). Exploring the Perceptions of Youth About Covid-19 and the Use of Vaccine in South Africa. *Gender and Behaviour*, *19*(1), 17099-17115.

Chiquoine, J., (2020). *Staying Healthy at Home: How COVID-19 Is Changing the Wellness Industry.* https://www.uschamber.com/co/good-company/launch-pad/pandemic-is-changing-wellness-industry

Choi, K. R., (2020). A Nursing Researcher's Experience in a COVID-19 Vaccine Trial. *JAMA Intern Med*. doi:10.1001/jamainternmed.2020.7087.

Citi Newsroom, (2022). *Omicron now most dominant COVID-19 variant in Ghana – WACCBIP*. https://citinewsroom.com/2022/01/omicron-now-most-dominant-covid-19-variant-in-ghana-waccbip/

CNBC Africa, (2020, June). *The entrepreneur who feels Nigeria has left small business to navigate COVID-19 alone.* https://www.cnbcafrica.com/opinion/2020/06/23/theentrepreneur-who-feels-nigeria-has-left-small-business-to-navigate-covid-19-alone/

Compton, W. & Hoffman, E., (2019). *Positive Psychology: The Science of Happiness and Flourishing*, 3rd edition. Thousand Oaks, CA: Sage

Costa, C. A., (2020). *Registada Primeira Morte por Novo Coronavírus em Portugal*. https://www. sabado.pt/portugal/detalhe/confirmada-a-primeira-morte-por-novo-coronavirus-em-portugal

Council on Social Work Education, (2016). *Working Definition of Economic Well-Being.* https://www.cswe.org/Centers-Initiatives/Initiatives/Clearinghouse-for-Economic-Well-Being/Working-Definition-of-Economic-Well-Being#:~:text=Economic%20well%2Dbeing%20is%20defined,present%20and%20future%20financial%20security.&text=It%20also%20includes%20the%20ability,personal%20finances%20and%20employment%20pursuits.

Czeisler, M.É., Tynan, M.A. and Howard, M.E., (2020). Public Attitudes, Behaviors, and Beliefs Related to COVID-19COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance — United States, New York City, and Los Angeles. *MMWR Morb Mortal Wkly Rep; 69*: 751–758.

Dada, S., Oniya, O., & Hussain, O., (2020). COVID-19 pandemic: Nigerians' perception about the national health system and socio-political rights. *International Journal of Research in Medical Sciences*, *8*(12), 4174.

Davis, T., (2019). *What Is Well-Being? Definition, Types, and Well-Being Skills*.

https://www.psychologytoday.com/us/blog/click-here-happiness/201901/what-is-well-being-definition-types-and-well-being-skills#:~:text=Well%2Dbeing%20is%20the%20experience,level%20of%20well%2Dbeing.)

De Pue, S., Gillebert, C., Dierckx, E. *et al.*, (2021) The impact of the COVID-19 pandemic on well-being and cognitive functioning of older adults. *Sci Rep* 11, 4636.

dos Santos, J. V., Gonçalves, S. P., Silva, I. S., Veloso, A., Moura, R., & Brandão, C., (2022). Organizational and job resources on employees' job insecurity during the first wave of COVID-19: the mediating effect of work engagement. *Front. Psychol*. 12:733050

Euractiv, (2020). *Portugal's coronavirus cases grow, half a million workers at risk of lay off.* https://www.euractiv.com/section/economy-jobs/news/portugals-coronavirus-cases-grow-half-a-million-workers-at-risk-of-lay-off/

Europe 2020 Strategy.

Expresso, (2020). *Ministra Confirma Primeiro Caso Positivo de Coronavírus em Portugal*. https://expresso.pt/sociedade/2020-03-02-Ministra-confirma-primeiro-caso-positivo-de-coronavirusem-Portugal.

Felman, A., (2020). *What is good health?* https://www.medicalnewstoday.com/articles/150999

Fleri (2021) *COVID-19 Update in Ghana, Delta Variant*. https://joinfleri.com/covid-19-update-in-ghana-delta-variant/

Flesia, L., Fietta, V., Colicino, E., Segatto, B., & Monaro, M., (2020). Stable psychological traits predict perceived stress related to the COVID-19 outbreak. *PsyAiXiv*. doi: 10.31234/osf.io/yb2h8

Gama, A., Alves, J., Costa, D., Laires, P. A., Soares, P., Pedro, A. R., ... & Dias, S., (2021).

Double jeopardy from the COVID-19 pandemic: risk of exposure and income loss in Portugal. *International journal for equity in health, 20* (1), 1-9.

Ghana Web. (2020). *Ghana COVID-19 private sector fund construct 100-bed isolation and Treatment facility*. https://www.ghanaweb.com/GhanaHomePage/business/Health-Ministry-Armed-Forces-to-build-100-bed-facility-for-Ga-East-Municipal-hospital-921847.

Haas, E. J., Angulo, F. J., McLaughlin, J. M., Anis, E., Singer, S. R., Khan, F, et al., (2021). Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalisations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data. *The Lancet*. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00947-8/abstract

Haftom, M., Petrucka, P., Gemechu, K., Mamo, H., Tsegay, T., Amare, E., Kahsay, H. & Gebremariam, A., (2020) Knowledge, Attitudes, and Practices towards COVID-19 Pandemic among Quarantined Adults in Tigrai Region, Ethiopia. *Infect Drug Resist; 13*: 3727-3737 https://doi.org/10.2147/IDR.S275744.

Hager, E., Odetokun, I.A., Bolarinwa, O., Zainab, A., Okechukwu, O. & Al-Mustapha, A.I., (2020). Knowledge, attitude, and perceptions towards the 2019 Coronavirus Pandemic: A bi-national survey in Africa. *PLoS ONE, 15*(7): e0236918. https://doi. org/10.1371/journal.pone.0236918

Hall, V. J., Foulkes, S., Saei, A., Andrews, N., Oguti, B., Charlett, A., et al., (2021). COVID-19 vaccine coverage in health-care workers in England and effectiveness of BNT162b2 mRNA vaccine against infection (SIREN): a prospective, multicentre, cohort study. *The Lancet.*

Hamouche, S., (2020). COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. *Emerald Open Res. 2*:15. doi: 10.35241/emeraldopenres.13550.1

Houlden, S., Hodson, J., Veletsianos, G., Reid, D. & Thompson-Wagner, C., (2021). The health belief model: How public health can address the misinformation crisis beyond COVID-19. *Public Health in Practice 2*

https://www.oakstreethealth.com/what-is-behavioral-health-446277

Innovations for Poverty Action (IPA), (2020). The Effects of COVID-19 on Business and Employment in Ghana. *RECOVR Policy Analysis Series*

InSync Healthcare Solutions, (2018). *What is behavioral health and mental health?* https://www.insynchcs.com/blog/behavioral-health-vs.-mental-health

Joy News, (2020). *The government rolls out GH¢600m soft loan scheme for SMEs.* https://www.myjoyonline.com/business/economy/government-rolls-out-gh%C2%A2600m-soft-loan-scheme-for-smes/

Jung, H., Jung, Y., & Yoon, H., (2021). COVID-19: the effects of job insecurity on the job engagement and turnover intent of deluxe hotel employees and the moderating role of generational characteristics. *Int. J. Hosp. Manag. 92*:102703. doi: 10.1016/j.ijhm.2020.102703

Kisely, S. et al., (2020). Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ 369*, m1642

Kokutse, F., (2021). *Ghana Says It Has Detected Omicron Variant in at Airport.* https://www.usnews.com/news/world/articles/2021-12-01/ghana-says-it-has-detected-

omicron-variant-in-at-airport

Kollamparambil, U., & Oyenubi, A., (2021). Behavioural response to the Covid-19 pandemic in South Africa. *Plos one 16* (4), e0250269.

Liu, N., Zhang, F., Wei, C., Jia, Y., Shang, Z., Sun, L., et al., (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: gender differences matter. *Psychiatry Res.* 287:112921. doi: 10.1016/j.psychres.2020.112921

Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. D. S., Fernandes-Pires, J., & Márquez-González, M., (2020). We're staying at home. Association of self-perceptions of aging, personal and family resources and loneliness with Psychological distress during the lock-down period of COVID-19. *J. Gerontol.* 13:gbaa048.

Madani, A. & Boutebal, S. E., (2020). Impact of the COVID-19 pandemic on attitudes towards the lifting of confinement through the Algerian people. *Research Square*, DOI: https://doi.org/10.21203/rs.3.rs-41206/v1.

Madhav, K. C., Sherchand, S. P., & Sherchan, S., (2017). Association between screen time and depression among US adults. *Preventive Medicine Reports 8*, 67-71.

Madhav, N., Oppenheim, B., Gallivan, M., Mulembakani, P., Rubin, E., & Wolfe, N., (2017). *"Pandemics: risks, impacts, and mitigation," in Disease Control Priorities: Improving Health and Reducing Poverty, 3rd Edn, eds D. T. Jamison, H. Gelband, S. Horton, P. Jha, R. Laxminarayan, C. N. Mock, et al. (Washington DC: The International Bank for Reconstruction and Development).* doi: 10.1596/978-1-4648-0527-1_ch17

Malani, P.N., Solway, E. & Kullgren, J.T., (2020). Older Adults' Perspectives on a COVID19COVID-19 Vaccine. *JAMA Health Forum*.

doi:10.1001/jamahealthforum.1539.

Mamede, R. P., Pereira, M. & Simões, A., (2020). Portugal: Rapid assessment of the impact of COVID-19 on the economy and labour market. *International Labour Organization*

Matos, M. G. D., & Social, E. A., (2018). A saúde dos adolescentes após a recessão-Dados nacionais do estudo HBSC de 2018 *Equipa Aventura Social*. http://aventurasocial.com/publicacoes/publicacao_1545534554.pdf

Matos, M. G., Santos, T., & Reis, M., (2017). *Be Positive Project: Positive Youth Development (PYD) in Adolescents. Portuguese Report*, ed. Lambert, Academic Publishing Saarbrucken: Lambert, Academic Publishing.

McKibbin, W. J., & Fernando, R., (2020). The global macroeconomic impacts of COVID-19: seven scenarios. *Asian Econ. Pap. 20*, 1–30. doi: 10.1162/asep_a_ 00796

Melugbo, D. U., Ogbuakanne, M. U., & Jemisenia, J. O., (2020). Entrepreneurial potential self-assessment in times of COVID-19: Assessing readiness, engagement, motivations and limitations among young adults in Nigeria. *Ianna Journal of Interdisciplinary Studies 2*(1), 12-28.

Midão, L., Almada, M., Carrilho, J., Sampaio, R., & Costa, E., (2022). Pharmacological Adherence Behavior Changes during COVID-19 Outbreak in a Portugal Patient Cohort. *International Journal of Environmental Research and Public Health 19*(3), 1135.

Ministry of Gender, Children, and social protection, (2020). *Demo on the preparation of Homemade Hand Sanitizers at MoGCSP*. http://www.mogcsp.gov.gh/index.php/practical-demonstration-on-the-preparation-of-homemade-hand-sanitizers-at-mogcsp/

Modern Ghana (2020) *COVID-19: local production of PPEs in Ghana.* https://www.modernghana.com/news/995097/covid-19-local-production-of-ppes-in-ghana-photo.html

Moen, O., (2015). Hedonism before Bentham. *Journal of Bentham Studies 17* (1), 1– 18.

Moya, C., Cruz, Y., Celis, P. P., Kline, M. A. & Smaldino, P. E., (2020). Dynamics of behavior change in the COVID world. *American journal of human biology: the official journal of the Human Biology Council 32* (5), 23485. https://doi.org/10.1002/ajhb.23485.

National Cancer Institute (U.S.)., (2005). *Thezry at a Glance: A Guide for Health Promotion Practice,* U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, Baltimore, MD, 2005.

NHS Surrey Heartlands CCG., (2021). *Health and Well-being.* https://www.surreyheartlandsccg.nhs.uk/your-health/health-well-being

Ninivaggi, J. F. (2020) Physician Wellness. *Learned Mindfulness.* https://www.sciencedirect.com/topics/psychology/health-and-well-being

O'Brien, T. & Guiney, D., (2021). Well-being: How we make sense of it and what this means for teachers. *Support for Learning 36* (3), 342-355.

Orion Market Research., (2020). *Impact of COVID-19 on Portugal Economy Size, Share, Growth and Forecast 2025.* https://www.openpr.com/news/2027456/impact-of-covid-19-on-portugal-economy-size-share-growth.

Orrù, G., Ciacchini, R., Gemignani, A., & Conversano, C., (2020). Psychological intervention measures during the COVID-19 pandemic. *Clin. Neuropsychiatry 17*, 76–79.

Osei-Tutu, A., Affram, A. A., Mensah-Sarbah, C., Dzokoto, V. A., & Adams, G., (2021). The

impact of COVID-19 and religious restrictions on the well-being of Ghanaian Christians: The perspectives of religious leaders. *Journal of religion and health 60* (4), 2232-2249.

Paulino, M., Dumas-Diniz, R., Brissos, S., Brites, R., Alho, L., Simões, M. R., & Silva, C. F., (2021). COVID-19 in Portugal: exploring the immediate psychological impact on the general population. *Psychology, Health & Medicine 26* (1), 44-55.

Peixoto, V. R., Vieira, A., Aguiar, P., Carvalho, C., Thomas, D., & Abrantes, A., (2020). Rapid assessment of the impact of lockdown on the COVID-19 epidemic in Portugal. *medRxiv*

Peres, D., Monteiro, J., Almeida, M. A., & Ladeira, R., (2020). Risk perception of COVID-19 among Portuguese healthcare professionals and the general population. *Journal of Hospital Infection 105* (3), 434-437.

Perrotta, D., Grow, A., Rampazzo, F., Cimentada, J., Del Fava, E., Gil-Clavel, S., & Zagheni, E., (2021). Behaviours and attitudes in response to the COVID-19 pandemic: insights from a cross-national Facebook survey. *EPJ data science 10* (1), 17.

Pfefferbaum, B. & North, C. S., (2020). Mental health and the COVID-19 pandemic. *N. Engl. J. Med.* 383, 510–512.

Philstar (2020) *Youth, especially young workers, most vulnerable during COVID-19 pandemic—experts.* https://www.philstar.com/lifestyle/health-and-family/2020/09/10/2041431/youth-especially-young-workers-most-vulnerable-during-covid-19-pandemic-experts

Rajamani, M. (2021) *The Economic Impacts of COVID-19 in Ghana*. https://www.borgenmagazine.com/impacts-of-covid-19-in-ghana/

Ramkissoon, H., (2020). COVID-19 Place confinement, pro-social, proenvironmental behaviors, and residents' well-being: A new conceptual framework. *Front. Psychol. 11*:2248. doi: 10.3389/fpsyg.2020.02248

Ramkissoon, H., (2021). Place Affect Interventions During and After the COVID19 Pandemic. *Front. Psychol*, 3864. doi: 10.3389/fpsyg.2021.726685

Santora, M. & Minder, R., (2021). *In Portugal, There Is Virtually No One Left to Vaccinate*. https://www.nytimes.com/2021/10/01/world/europe/portugal-vaccination-rate.html

Security Magazine., (2020). *The impact of COVID-19 has devastated workers' mental well-being;*

which types of jobs are most affected and what can employers do?

https://www.securitymagazine.com/articles/93484-the-impact-of-covid-19-has-

Seligman, M. E., (2011). *Flourish: a visionary new understanding of happiness and well-being*. William Heinamann, Sydney

Seligman, M. E. & Csikszentmihalyi, M., (2014). *Positive Psychology: An Introduction in Flow and the Foundations of Positive Psychology.* Dordrecht: Springer.

Sheldon, K. M., (2016). Putting Eudaimonia in Its Place: On the predictor, not the outcome, side of the equation. *In: Vitterso, J. (Ed.) Handbook of Eudaimonic Well- Being*. Springer International

Simkus, J., (2022). *Snowball Sampling: Definition, Method and Examples*. https://www.simplypsychology.org/snowball-sampling.html#:~:text=By%20Julia%20Simkus%2C%20published%20Jan%2010%2C%202022%20Snowball,name%20others%20in%20their%20community%20who%20are%20influential.

Simons, G. & Baldwin, D. S., (2020). COVID-19: doctors must take control of their well-being. *BMJ* 369, m1725.

Singh, S. K., & Park, J. H., (2022). CoVAC: A P2P Smart Contract-based Intelligent Smart City

Architecture for Vaccine Manufacturing. *Computers & Industrial Engineering*, 107967.

Spoorthy, M. S., Pratapa, S. K. & Mahant, S., (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic-a review. *Asian J. Psychiatr*. 51, 102119

Tabari, P., Amini, M., Moghadami, M., & Moosavi, M., (2020). Nations' responses and control measures in confrontation with the novel coronavirus disease (COVID-19) outbreak*: a rapid review*. 2020:2020030328. https://doi.org/10.20944/preprints202003.0328.v1

Tackett, B., (2021). *What is Behavioral Health?* https://projectknow.com/drug-addiction/behavioral-health/

Tenkorang, E. Y., (2016). Health provider characteristics and choice of health care facility among Ghanaian health seekers. *Health Systems & Reform 2* (2), 160-170.

The Portugal News., (2021). *COVID 19: Portugal Update, 16 September - The Portugal News.* https://www.theportugalnews.com/news/covid-19-portugal-update-16-september/55755

The Presidency, (Ghana)., (2020). *President Akufo-Addo's May Day celebration speech*. http://presidency.gov.gh/index.php/briefing-room/speeches/1578-president-akufo-addo-s-may-day-celebration-speech

The Presidency, (Ghana)., (2020). *Address to the Nation.* http://presidency.gov.gh/index.php/briefing-room/speeches/1555-address-to-the nation-by-president-akufo-addo-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic

The Presidency, (Ghana)., (2020). *Address to the Nation*. http://presidency.gov.gh/index.php/briefing-room/speeches/1555-address-to-the-nation-by-president-akufo-addo-on-updates-to-ghana-s-enhanced-response-to-the-

coronavirus-pandemic

The Presidency, (Ghana)., (2020). *Address to the nation*. http://www.presidency.gov.gh/index.php/briefing-room/speeches/1546-president-akufo-addo-addresses-nation-on-updates-to-ghana-s-enhanced-response-to-the-coronavirus-pandemic

Theunisen, G. (2020) *Nearly 50% of South Africans are leery about getting a COVID-19 vaccine, says Ipsos-WEF survey.* Business Day, Pretoria, Gauteng.

Thompson, M. G., (2021). Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, *MMWR Morb Mortal Wkly Rep*. https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e3.htm

Tomé, G., Matos, M. G., Reis, M., Gomez-Baya, D., Cerqueira, A., & Wiium, N., (2020). Positive youth development and mental health among portuguese adolescents. *Eur. Rev. Appl. Psychol.*

Tran, B. X., Nguyen, H. T., Le, H. T., Latkin, C. A., Pham, H. Q., Vu, L. G., & Ho, R. C., (2020). Impact of COVID-19 on economic well-being and quality of life of the Vietnamese during the National social distancing. *Frontiers in psychology*, *11*.

Trindade, I. A. & Ferreira, N. B., (2020). COVID-19 Pandemic's Effects on Disease and Psychological Outcomes of People with Inflammatory Bowel Disease in Portugal: A Preliminary Research. *Inflamm. Bowel Dis.*

Troiano, G. & Nardi, A., (2021). Vaccine hesitancy in the era of COVID-19. *Public Health, 194*

UNDP., (2020). *COVID-19 had economic and social effects on localities, but non-state actors complement mitigating efforts, reveals Local Economies Tracker.* https://www.gh.undp.org/content/ghana/en/home/presscenter/pressreleases/2020/covid-19-had-economic-and-social-effects-on-localities--but-non-.html?utm_source=EN&utm_medium=GSR&utm_content=US_UNDP_PaidSearch_Brand_English&utm_campaign=CENTRAL&c_src=CENTRAL&c_src2=GSR&gclid=Cj0KCQiAmpyRBhC-ARIsABs2EAouTd97N6An7ArHcvBDfY-Av4jdkOoCMGBBNaeZjH3L6FS9k6jH6XgaAsr6EALw_wcB

UNICEF., (2022). *UNICEF Ghana Humanitarian Situation Report No. 25, 1-31 December 2021.* https://reliefweb.int/report/ghana/unicef-ghana-humanitarian-situation-report-no-25-1-31-December-2021.

WHO., (2020). *Director-General's Opening Remarks at the Media Briefing on COVID-19—11 March 2020.* https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mediabriefing-on-covid-19---11-march-2020.

World Bank., (2020). *COVID-19 forced businesses in Ghana to reduce wages for over 770,000 workers, and caused about 42,000 layoffs - research reveals.* https://www.worldbank.org/en/news/press-release/2020/08/03/covid-19-forced-businesses-in-ghana-to-reduce-wages-for-over-770000-workers-and-caused-about-42000-layoffs-research-reveals.

World Bank., (2020). *World Bank supports Ghana's COVID-19 response.* https://www.worldbank.org/en/news/press-release/2020/04/02/world-bank-group-supports-ghanas-covid-19-response.

World Health Organization, (2020). *Considerations for implementing and adjusting public health and social measures in the context of COVID-19: interim guidance*, Geneva: World Health Organization, https://apps.who.int/iris/handle/10665/336374.

World Health Organization, (2020). *Critical preparedness, readiness and response actions for COVID-19: interim guidance.* Geneva: World Health Organization. https://apps.who.int/iris/handle/10665/331422.

World Health Organization, (2020). *COVID-19 Situation Report.* https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200330-sitrep-70-covid-19.pdf?sfvrsn=7e0fe3f8_4

World Health Organization, (2021). *COVID-19 vaccines.* https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines.

Worldometer, (2022). *Portugal Population.* https://www.worldometers.info/world-population/portugal-population/.

Yen-Chin, L., Rei-Lin, K., & Shin-Ru, S., (2020). COVID-19 The first documented coronavirus pandemic in history: *Biomedical Journal (43)* 4, 328-333.

APPENDIX

RESEARCH QUESTIONNAIRE

"Well-Being during the Covid-19 Pandemic? – Perceptions, Behaviors, Economic and Health Concerns of the Youth Population: A Comparative study of Ghana and Portugal".

This questionnaire is designed to help the researcher collect data on the topic, "Well-Being during the Covid-19 Pandemic? – Perceptions, Behaviors, Economic and Health Concerns of the Youth Population: A Comparative study of Ghana and Portugal". It is solely for academic purposes and your confidentiality is assured in the collection and analysis of the data. Your candid opinion is therefore kindly requested. Thank you for your cooperation.

SECTION A: DEMOGRAPHIC PROFILE OF RESPONDENTS

Please tick [√] your answer as may be required

1. Gender
   - [ ] Male
   - [ ] Female
2. Age
   - [ ] 18-23
   - [ ] 23-28
   - [ ] 29-34
   - [ ] 35-40
3. Educational Qualification
   - [ ] Diploma / High School
   - [ ] Bachelor's Degree
   - [ ] Master's Degree
   - [ ] PHD
   - [ ] Other
4. Occupation
   - [ ] Work in government/ private institution
   - [ ] Self employed
   - [ ] Unemployed

SECTION B: YOUTH POPULATION PERCEPTION ON COVID-19

Please tick [√] your answer as may be required

5. How do see COVID-19?

    [ ] It is a China's virus

    [ ] It is a man-made virus

    [ ] It is an inter-human transmitted virus

6. Are you aware of COVID-19 threats?

    [ ] Yes

    [ ] No

7. Has COVID-19 destroyed the existence of man?

    [ ] Yes

    [ ] No

8. How do you perceive the COVID-19 measures in this country?

    [ ] It is good

    [ ] It has destroyed my business

    [ ] Slow down my business

    [ ] Has helped me to stay strong and healthy

9. Do you believe you might contract COVID-19?

    [ ] Yes

    [ ] No

10. Have you already contracted it?

    [ ] Yes

[ ] No

11. How do you perceive the vaccine?

[ ] It is demonic

[ ] It is a drug to help us fight COVID-19

[ ] A drug that will cause harm to people

12. Have you taken the COVID-19 vaccine?

[ ] Yes

[ ] No

SECTION C: WELL-BEING OF THE YOUTH POPULATION DURING THE PANDEMIC

Please tick (√) for the most appropriate responses in respect of the statements made. Judge how each statement fits you during the COVID-19 pandemic.

1—Strongly Agree 2—Agree 3—Do not agree, nor disagree 4—Disagree

5—Strongly Disagree

	1	2	3	4	5
Health Concern					
13. Having high-quality patient care					
14. Gaining emotional stability,					
15. Having a balanced lifestyle.					
16. Reporting mental health symptoms					
17. Sometimes feel depress					
18. Having sleep disorders					
19. A serious breakdown in health service					
Economic well-being					
20. Having the ability to withstand financial shocks					

21. Achieving financial goals					
22. Constantly meeting basic needs					
23. Ability to make economic decisions					
24. Unable to pay for essentials					
25. Have the opportunities to earning money and creating assets					
Behavioral Well-being					
26. Eating a balanced diet					
27. Exercising regularly					
28. Having a good sleeping schedule					
29. I am very receptive to Covid-19 protocols					
30. Visiting the hospital when not feeling well					
COVID-19					
31. Wearing of nose masks					
32. Social distances					
33. Going into lockdown					
34. Covid-19 vaccine, a drug to boost immune system					
35. Avoiding intimate contact					
36. Using sanitizer and washing of hands frequently					

THANK YOU