

**Ghana Institute of Journalism**

**An Examination of Communication Strategies for Covid-  
19 in Ghana.**

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**MADC 19102**

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## **DECLARATION**

### **Candidate's Declaration**

I hereby declare that this term paper is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature ..... Date: 02/10/2020

Name: Andrew Ofosu Bamfo

### **Supervisors' Declaration**

I hereby declare that the preparation and presentation of this project work were supervised in accordance with the guidelines on supervision of project work laid down by the Ghana Institute of Journalism.

Supervisor's Signature..... Date: .....

Name: Dr. Kodwo Jonas Anson Boateng

## **Abstract**

This term paper examined communication strategies used for creating awareness on COVID-19 in Ghana. COVID-19 presented itself as the greatest public health crisis of our time and the biggest threat we have faced since the Second World War due to its inception in December last year. However, the pandemic is much more than a health crisis, it is also an unparalleled socio-economic crisis. Little or no evidence is available on the perception and impact of communication strategies for COVID-19 on the behaviour of Ghanaians in response to the pandemic, in particular within the Ghanaian community. Can credible communication promote a desired behaviour change such as adherence to covid-19 preventive measures? This term paper highlighted the communication strategies used in addressing Covid-19 in Ghana. The Government's response to the pandemic and the perceptions and behavioural responses of the general public to the pandemic. Theories under review include, behaviour change communication (BCC), health belief model (HBM), and theory of planned behaviour (TPB). The theories and concepts are synergized and presented in a conceptual framework for the body of this term paper. Although majority of Ghanaians were fully aware of the COVID 19 pandemic. It is safe to conclude that communication strategies used for COVID 19 have been somewhat effective. However, some people in Northern Ghana held the belief that COVID 19 was a punishment from God. This requires an extensive and evidence-based education to build on the already existing awareness of the pandemic in most rural communities especially in the light of the new findings from investigations being carried out by scientists around the world.

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## **DEDICATION**

To God and my family.

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# CHAPTER ONE

## INTRODUCTION

### **Background to the study**

COVID-19 presented itself as the greatest public health crisis of our time and the biggest threat we have faced since the Second World War due to its inception in December last year. However, the pandemic is much more than a health crisis, it is also an unparalleled socio-economic crisis. Stressing each of the countries it affects, with its ability to produce catastrophic social, economic and political repercussions that leave deep and long-standing scars. This situation called for a rapid crisis management plan and an effective communication strategy. The primary aim of crisis management is to have a mechanism in place to efficiently address the need for a well-planned intervention, resources as well as both internal and external communication strategies during and after an event of crisis.

Prior to the outbreak of COVID-19, people in Ghana relied on social media to collect information, and since the outbreak of the virus in December 2019, people in many countries relied on social media to gain updates on the virus. With the emergence of social networks and its omnipresence, especially as a source of information in critical situations, the information environment has become significantly more complex since the last worldwide epidemic of H1N1 influenza. Today, people are faced with an abundance of information from various sources, many of them not credible, and the way key information is relayed to the public has become critical (The Lancet, 2020). Social media often plays a major role in mediating the sharing of

information about COVID-19. COVID-19 dominated the news and since the initial reports from China, traditional news media have played a key role in disseminating vital information to the public. As a result, broadcasters, such as CNN, BBC, VOA and others, noticed a significant increases in their online audiences. The COVID-19 pandemic centred particular attention on the negative position played by social media and the potential for misinformation.

As a result, senior officials from the World Health Organization (WHO) addressed the need to tackle not only the latest COVID-19 pandemic, but also the associated infodemics. This risk was acknowledged early by the World Health Organisation (WHO), who declared an infodemic; an outbreak of misinformation causing mass anxiety and uncertainty running in parallel to the viral pandemic. Social media is an information vacuum, it spreads both knowledge and information at an exponential rate, in turn creating opportunities for exaggeration, scapegoating, rumour, social vigilantism and xenophobia (Das, R. and Ahmed, W. 2020). Social media concerns are therefore heightened in times of crisis when public understanding and cooperation are at the heart of crisis response strategies. However, despite this negative press, COVID-19 also reveals the positive social role of social media and the way it has become increasingly central to the public dissemination and discussion of vital information about the pandemic.

A sense of community leadership prevailed on social media, as celebrities via social media reinforced the relevance of social distancing and stay at home campaigns as an essential part of crisis communication strategies. The role of the general public's adoption of preventive measures is pivotal in containing the spread of epidemics,

(Bults, M., Beaujean, D. J., Richardus, J. H., & Voeten, H. A., 2015). Existing research indicates that the perceived quantity and reliability of the information provided correlates to adherence to infection prevention behaviour; such, as regular hand washing, social distancing, etc. (Etingen, B., LaVela, S. L., Miskevics, S., & Goldstein, B., 2013). Which according to Sandman (2009) is crucial in fighting the spread of the disease. While social media can help with promoting healthy behavioural change. Alarmist framing and intensive reporting of mass media can, on the contrary, spark fear and even hysteria (Van den Bulck and Custers, 2009). These emotions can be further exacerbated by long exposure to negative news, although personal experience with the disease is limited (Lau, J. T. F., Griffiths, S., Au, D. W. H., & Choi, K. C., 2011). The level of trust in media sources also plays a key role in encouraging the commitment of the general public in adhering to Covid-19 preventive measures.

Although, the results may depend on the form of information, a higher degree of confidence in official government communication has been shown to result in higher self-efficacy and self-protective behaviours. In addition, the perceived credibility of the numerous sources of information often differs considerably from the point of view of the public (Chow, M. Y. K., King, C., Leask, J. A., & Wiley, K., 2018). Found that parents exhibited high levels of trust in doctors, and less so in the government during the H1N1 outbreak. In accordance with this, research on the H1N1 epidemic has shown that people were doubtful about recommendations made by the government (Teasdale, E., & Yardley, L., 2011). As government recommendations are a special form of health care communication, they are subject to harsh evaluation in terms of credibility, feasibility, and costs (Teasdale, E., & Yardley, L., 2011).

Nevertheless, in the case of a health threat, it is important for citizens to obey government protocols. At the same time, in situations where information received by public health authorities is deemed less credible, people turn to online news, interpersonal networks and social media for updates on an outbreak. These sources may be less credible and loaded with inaccurate details.

## **Problem Statement**

The Government of Ghana responded quickly to the COVID pandemic in good time but its' communication strategy has been criticized by some authors as being top down, elite-centred centralized and unresponsive to local needs. An investigative journalist Manasseh Azure Awuni has blamed the failure of some persons to obey precautionary measures aimed at containing the novel coronavirus on poor communication strategy on the part of the Government of Ghana (GoG), Ministries Departments and Agencies pointing out that the communication mainly targets the well-educated while the grassroots are ignored.

On the other hand, the non-use or limited use of Ghanaian languages to explain the nature of the virus and how to take precaution against contracting and subsequently spreading it has been a huge minus in Government's communication on the pandemic, adding that resource-constrained agencies like the Information Services Department (ISD) and the National Commission for Civic Education ( NCCE) have failed to educate the grassroots in languages that people easily understand as was once the case decades ago. In the respect, weak - inter agency collaboration accounts in part for the communication gap.

According to Azure Awuni (2020), Ghana's communication strategy has been faulty from day one. It targeted the elite and ignored the grassroots. He incessantly pointed out shortcomings in communication on the pandemic, he also blamed the government of Ghana for choosing to communicate in a soothing and euphemistic language instead of communicating bluntly so that people can appreciate the real extent of the raging nature of the pandemic, maintaining that chastisement of those who tried to be blunt has not helped in fighting the pandemic. Furthermore, the communication approach used for disseminating of information during the pandemic is perceived to be lagging behind the spread of the Covid-19 virus, instead of being proactive it is at best reactive.

Covid-19 initially emerged as a health problem but it is more than that. It is a developmental issue which affects not only the health of people but the socioeconomic, environmental, governance and business aspect of the society (UNDP Accra 2020). This pandemic has affected lives and livelihood. So far the communication strategies used appears not to be effective, unfortunately people are not adhering to the safety prevention measures. Inevitably, it is difficult to manage the authenticity and communication of democratized content. However, social media platforms are increasingly playing a role in disseminating fake news. In spite of this a certain behaviour change is required hence the need to reinforce the communication strategies in an attempt to facilitate behaviour and developmental change. There is the need to assess the development communication strategies used in creating awareness and the behaviour change required to mitigate the spread.

There are identified gaps in the awareness of the population with respect to the Covid-19 pandemic and its preparedness, particularly where there are differences in the distribution of information and access to the media. It appears that there is an infodemic running parallel with the pandemic. Which has resulted in the negligence of Covid-19 prevention methods for example, failure to comply with wearing face masks and observing social distancing by some part of the general public. This has also created fear and hysteria to a large extent among other members of the general public who acknowledge the severity of the pandemic.

The public's health awareness, knowledge and attitudes concerning Covid-19 is inadequate and not sufficient enough to protect them from the spread of the pandemic. Therefore providing health information during the outbreak of a pandemic is a key component of an outbreak control strategy. Although there is no cure or vaccine for the pandemic. The absence of standard procedures for ensuring strict adherence to the Covid-19 protocols, disinformation by influential people via the media might have adversely contributed to the disregard of safety protocols which might have led to a spike in the increase of reported cases.

However, little or no evidence is available on the perception and impact of social media during this pandemic, in particular within the Ghanaian community. Can credible communication promote a desired behaviour change such as adherence to covid-19 preventive measures? From the above, this term paper intends to discuss the communication strategies used in addressing Covid-19 in Ghana. The Government's response to the pandemic, the perceptions and behavioural responses of the general public during the pandemic.

## **Objectives of the study**

The general objective of the study is to examine communication strategies used to create awareness about covid-19 in Ghana.

- To analyse the communication strategies government has put in place to inform the public on Covid-19.
- To discuss government's response to halt the spread of pandemic.
- Examine the people's awareness, attitudes and behaviour in response to Covid-19.

## **Research Questions**

- How effective are the communication strategies used to inform the public on the pandemic?
- What measures has the government of Ghana put in place to address the pandemic?
- To what extent has the people's awareness, attitudes, and behaviour affected their response to the pandemic?

## **Significance of the study**

The term paper aims at creating awareness on the pandemic and identifying key communication strategies which can be implemented to help mitigate the spread of the virus. Furthermore, content from this term paper will contribute to the existing literature on pandemics.

# **Chapter Two**

## **Literature Review**

### **Overview**

The COVID 19 pandemic took the globe by surprise, without any early warning signs or caution. This chapter highlights a critical and an analytical review of both theoretical and empirical literature relevant to the paper to analyse communication strategies established to create awareness on Covid-19 in Ghana. Theories under review include, behaviour change communication (BCC), health belief model (HBM), and theory of planned behaviour (TPB). The theories and concepts are synergized and presented in a conceptual framework for the body of this term paper.

### **Communication Strategies for Development Communication**

Communication is a process of transmitting ideas and information. For grassroots initiatives or community-based interventions, it means conveying to the community the true essence of the behaviour change message, the problems it deals with, and its objectives. Communication occurs in many forms such as verbal, non-verbal and visual communication. A communication strategy is a strategic plan to achieve the desired communication objectives. Planning is an effective way to coordinate activities that contribute to the achievement of the desired objectives. The primary objective in this case is to raise awareness on COVID 19 and the benefits of COVID 19 precaution measures for the community. Development communication

involves the strategic use of communication for the alleviation of social problems in evolving societies and the advent of a crisis situation.

A key process in development communication is the design and implementation of an effective communication strategy. Communication strategies may address problems located on a variety of conceptual levels, ranging from global and national macro-structural concerns, to a more community and individual level issues. It is prerequisite to address extensively the components of a communication strategy in order to implement an effective communication strategy to address concerns. A communication strategy has four major components: communication goal, target audience, communication plan and communication channels.

Communication goals are the desired end results of a program of communication. These goals are regarded as the first step in the communication strategy. This term paper intends to highlight the communication strategies used for COVID 19. The main goal of the communication strategies implemented in this paper aims at creating awareness on COVID 19. A target audience is anyone you seek to communicate with as part of your communication strategy. The target audience are the people of Ghana, more specifically Ghanaian citizens living in rural communities. A communication plan outlines how a communication strategy, including a timeline of tasks, can be accomplished. A clear cut communication plan should be people centred ensuring long-term beneficial impacts on the target audience. The communication channel is the mechanism by which a message is transmitted to the intended audience. Community interventions such as creating awareness on COVID 19, rely on traditional

media, radio, community radio, mobile vans and local chiefs as channels of communication.

Communication serves an instrumental role that helps one acquire knowledge as well as also fulfilling ritualistic function, one that reflects humans as members of a social community (WHO, 2009). Communication strategies implemented in the fight against COVID 19 in Ghana were informed by recommendations made by WHO. WHO advised reducing chances of being infected or spreading COVID-19 by taking the simple precautions outlined as follows, regularly and thoroughly wash hands with soap and water or clean hands an alcohol based hand sanitiser. Washing hands with soap and water or using alcohol-based hand sanitisers kill viruses that might have come into contact with hands.

Practicing social distancing by maintaining at least 1 metre or 3 feet distance between from people and avoiding crowded places. The corona virus is transmitted through invisible air droplets. Hence it's safe to practice social distancing in order to avoid coming into contact with virus in the air from an infected person when they cough or sneeze. WHO urged governments to encourage the use of nose masks in situations and events where social distancing could not be practiced. Nose masks are a key tool in a comprehensive approach to the fight against COVID-19. Furthermore, WHO recommended staying at home and self-isolating when experiencing minor symptoms such as cough, headache and mild fever until recovery.

However if symptoms persist and individuals experience difficulty in breathing they should contact local health authorities via phone to schedule an appointment and receive directives. Calling in advance will allows health care providers to quickly

direct individuals to the right health facility. This aids in protecting individuals and helps prevent spread of viruses and other infections. WHO also urged citizens worldwide to keep up to date with the latest information on COVID 19 from trusted sources, such as WHO or local and national health authorities.

### **Behaviour Change Communication (BCC)**

Behaviour Change Communication (BCC) presently known as Social and Behaviour Change (SBCC) is the strategic use of communication methods to facilitate improvements in knowledge, attitudes, norms, beliefs and behaviours. The terms BCC and SBCC are interchangeable. They both refer to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy. Behaviour is a dynamic phenomenon, affected by influences within and beyond an individual. The Social Ecological Model, informed by Bronfenbrenner's 1979 seminal work, recognizes four levels of influence that interact to affect behaviour: individual, family and peer networks, community and social/structural (Glanz and Bishop, 2010).

At the individual level, behaviour is affected by intrinsic factors which include knowledge, attitudes, skills, emotions and beliefs. During a pandemic, for individuals to practice the desired behaviours, they need to know the risks of transmission and how to prevent it, they need to feel that they are at risk of transmission, and they need the skills to practice protective behaviours. Furthermore, with regards to family and peer networks. Individual behaviour is affected by a person's close social and family circle. This includes influence from peers, spouse, partner, family and social support.

Individuals will be more likely to practice desired behaviours if their family and friends believe these are important, are supportive of the desired behaviours and vulnerable populations, have knowledge and skills, and are already practicing them.

In addition, Community refers to influences from the situational context in which the individual lives and in which social relationships are nested. The characteristics of the context are associated with risk and protective factors and include leadership, access to information, service provision, social capital and collective efficacy. The social or structural level refers to a broader, macro-level environment that can either encourage or discourage behaviours. Examples include leadership, health systems, infrastructure and programs, regulations, guidelines and protocols, social and cultural values, media and technology, gender equality and income equity.

At each of these four levels of influence there are factors that affect behaviour in positive ways known as facilitators and factors that affect behaviour in negative ways known as barriers. Successful BCC strategies should aim at creating messages and activities that influence all four levels of the Social-Ecological Model, optimizing facilitators and reducing barriers. Specific measures are needed for the prevention, containment and control of affected communities during a pandemic. Communities need to be educated, empowered and trained to exercise the necessary protective behaviour, and this can be done by successful BCC programming.

## **Theories Informing Health Communication Strategies.**

### **Health Belief Model (HBM)**

The Health Belief Model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement, or lack of engagement in health-promoting behaviour (Rosenstock, 1974). The Health Belief Model is widely known as one of the first theories developed to explain the process of change in relation to health behaviour. The underlying assumptions of the HBM is that to engage in healthy behaviours, intended audiences should be aware of their risks for severe or fatal diseases and recognize that the benefits of behaviour change outweigh probable barriers or other negative aspects of the recommended actions. The HBM was developed by social psychologists; Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal in the United States Public Health Service in the 1950s and remains one of the best known and most widely used theories in health behaviour research (Carpenter, 2010).

The theoretical constructs found in the HBM originate from theories in Cognitive psychology. In the early twentieth century, cognitive psychologists claimed that reinforcements worked by influencing beliefs rather than directly affecting actions (Lewin, 1951). Mental processes are severe constitutes of cognitive theories that are regarded as expectancy-value models, because they propose that behaviour is a function of the degree to which people value a result and their evaluation of the expectation, that a certain action will lead that result (Lewin, 1944). The benefit of HBM in terms of health-related practices is to prevent illness with the notion that any health intervention will prevent people from thinking that they could be at risk.

Perceived susceptibility, perceived severity, perceived benefits, perceived barriers, modifying variables, cues to action and self-efficacy are the constructs of the health belief model.

The HBM has been used to develop successful approaches to improve health-related behaviours by focusing on different aspects of the core constructs of the model. HBM based interventions can seek to increase perceived susceptibility and perceived seriousness of the health condition by providing education on the prevalence and incidence of disease, perceived risks, and information on the consequences of disease for example; medical, economical, and social consequences. Interventions may be implemented at a personal level by providing training in particular health-promoting behaviours that are intended to improve self-efficiency and reduce risk of contracting a chronic health condition or disease. Although HBM seeks to predict health-related behaviours by taking into account individual differences in beliefs and attitudes. It does not account for other factors that have an impact on health behaviour. For example, persistent health-related behaviours, such as smoking, can become relatively independent of conscious decision-making processes related to health. Furthermore, the HBM does not consider the impact of emotions on health-related behaviour. Evidence indicates that fear can be a key factor in predicting health-related actions (Glanz. K., Rimer, B. K., & Viswanath, K., 2008).

### **Theory of Planned Behaviour**

Theory of Planned Behaviour (TPB) initially started as the Theory of Reasoned Action (TRA) in 1980 to predict an individual's willingness to engage in a behaviour

at a given time and location. Theory of Reasoned Action was later modified by Icek Ajzen (1985), who proposed the Theory of Planned Behaviour (TPB). The central theory of TPB is that the best way to predict and perceive a person's actions is through the person's behavioural intentions. The theory was designed to explain behaviours which people had the potential to practice self-control over. The underlying principle of this model is behavioural intent; behavioural intentions are influenced by the probability that the desired behaviour will have the intended outcome and the subjective assessment of the costs and benefits of the outcome.

A behavioural intention represents an individual's commitment to act and is itself the outcome of a combination of several variables. According to the TPB, the factors that directly influence intentions to engage in a health behaviour include the person's attitudes toward the behaviour, the person's perception of subjective group norms concerning the behaviour, and the extent to which the person perceives him or herself to have control concerning the behaviour (Fishbein, 2002). The Theory of Planned Behaviour (TPB) postulates that the probability of an individual engaging in a health behaviour, such as frequent hand washing, is associated with the intensity of his or her intention to engage in activity. TPB proposes that individuals tend to behave rationally and systematically utilize information that is available to them when making decisions. People's decisions are motivated by conscious thought processes and not by unconscious motives, people consider the repercussions of their behaviour before they decide to act on it or not. TPB claims that behavioural achievement depends on motivation (intention) and ability (behavioural control). It distinguishes between three types of beliefs; behavioural, normative, and control. The theory comprises of six

constructs; attitudes, behavioural intention, subjective norms, social norms, perceived power and perceived behavioural control that collectively represent a person's actual control over the behaviour.

Although TPB is currently one of the most prominent health communication theories, it is vital to exercise some caution in concluding that the intention of adopting a certain behaviour always translates in actual behavioural performance. Communication however, can play an important role in supporting behavioural intentions and increasing the likelihood that they would become actual behaviours. This requires the development of adequate tools that would facilitate and make it easy for people to try, adopt, and integrate new health behaviours in their lifestyle. This theory is mainly useful in analysing and identifying reasons for action and messages that can change people's attitudes. It is a good tool in profiling primary audiences; the people whom the program seeks to influence more directly and who would primarily benefit from change and secondary audiences; individuals and groups who can have an influence on the primary audience. In summary, TPB proposes that; individuals are likely to follow a particular health action if they believe that the behaviour will lead to particular outcomes which they value, if they believe that people whose views they value think they should carry out the behaviour, and if they feel that they have the necessary resources and opportunities to perform the behaviour.

# Chapter 3

## Findings and Discussions

### Communication Strategies Used In the Pandemic

Covid-19 has centred attention on the significance of behavioural change. However, behavioural change is not just a matter of presenting information; it requires interventions to ensure that people pay attention and have the desire to improve their behaviour. To accomplish this, behavioural change interactions need to be exciting and trigger actions to be re-evaluated in such a way that individuals are inspired to act. Although strategic planning is difficult in the event of a pandemic, it is possible, can be swift and can pay off in terms of program effectiveness. Most countries around the world have seen cases of COVID-19 and many are experiencing outbreaks.

Authorities in China and some other countries have succeeded in slowing their outbreaks. However, the situation is unpredictable as there is no known cure or vaccine. Dr Tedros Adhanom Ghebreyesus in a press conference on 7<sup>th</sup> September 2020 stated that COVID-19 is teaching all of us many lessons. One of them is that health is not a luxury item for those who can afford it; it is a necessity and a human right. Public health is the foundation of social, economic and political stability. This will not be the last pandemic. History teaches us that outbreaks and pandemics are a fact of life but when the next pandemic comes the world must be ready, more ready than it was this time.

The outbreak of COVID-19 and the containment measures are having a serious impact on health, education, safety of children and women, economy and the overall development trajectory of Ghana. In coordination with the UN Country team in Ghana, a risk communication strategy has been drafted and is currently being implemented, prioritizing hygiene and sanitation, and preventative measures. UNICEF has established resources, including short films for online and television purposes; appropriate and frequently updated content on websites and social media channels; posters and flyers designed to match the Ghana context as well as promoted social media influencers who contributed by running the #SafeHands Challenge online to create awareness on frequent hand washing and using alcohol based hand sanitizers as part of the Covid-19 prevention protocols.

UNICEF leveraged existing media platforms such as U-Report, and the interactive voice response platform Agoo, to engage young people with accurate information. UNICEF has also been collaborating with key community influencers, including politicians and traditional leaders, community organizations, women and youth organizations, health workers and community volunteers, to develop their capacity to raise awareness, encourage safe practices and counter stigma and prejudice against survivors of COVID-19. Furthermore, UNICEF aims to work with national authorities in order to monitor and respond to misinformation and ensure that pregnant women, children and their families know how to prevent COVID-19.

The World Bank's Community-Driven Development team consulted Amplio senior program manager, Ryan Forbes Morris on ideas and communication strategies for a COVID-19 response in remote regions where there may not have access to

internet. Ryan Morris proposed the following recommendations in an attempt to strengthen outreach, prevent the spread of Covid-19, as well as address emerging public health issues that may impact vulnerable populations in rural areas in Ghana. Morris recommended leveraging existing communication channels. He suggested working with community radio partners and local experts to create and disseminate content.

Community radio is a radio service offering a third model of radio broadcasting in addition to commercial and public broadcasting. Community radio serves geographic communities, communities of interest and addresses issues of concern to the people living in the community. Furthermore, community radio works in many parts of the world as a medium for the private and voluntary sector, civil society, organizations, NGOs and residents to work in collaboration to promote the development of the community, in addition to broadcasting. The government collaborated with community radio partners, local experts and sponsors in conjunction with leveraging existing communication channels via using existing health hotlines, Short Messaging Service (SMS) or Interactive Voice Response (IVR) channels to address concerns and deliver sensitized information about the pandemic.

Amplio partnered with Literacy Bridge Ghana (LBG), Ghana Health Services (GHS) and UNICEF Ghana to share lifesaving information to reach rural remote communities in the Upper West Region, Ghana. UNICEF selected the Talking Book as a digital social and behaviour change communication (SBCC) strategy for its Communication for Development initiative in Upper West Region. The Talking Book exchanged targeted messages and knowledge with low-literate adults and adolescents

in rural communities. Content was produced in the form of songs, dramas, interviews, and endorsements in four local dialects; Dagaare, Lambussie Sissali, Funsu Sissali, and Dagbani.

Hygiene and sanitation topics included messages on open defecation, hand washing, and menstrual hygiene, as well as latrine construction, how to build a tippy tap, and how to make soap from ash which became very instrumental in creating awareness on Covid-19 in the community. Participants listened to Talking Book messages in Village Savings and Loans (VSLA) meetings, individually, and with their families. LBG also used Talking Books to facilitate multi-stakeholder community dialogues and debate. Adults and youth came together to discuss new information, find solutions to hygiene and sanitation challenges, and commit to healthy behaviours.

The ability of Amplio's talking book technology to collect user data and feedback allowed LBG to monitor group interactions, identify issues and trends, share insights with UNICEF, and periodically update and enhance content for greater effect. With the built-in microphone of the Talking Book, listeners could record their questions, feedback and provide significant insights in their own words and voices. This feature effectively closed the community feedback loop that program managers often struggle with. Amplio in partnership with other government ministries, and local influencers in the same communities such as, district health directors, assemblymen, tribal chiefs, and religious leaders aligned key Covid-19 response messages for dissemination via talking book.

There's a ton of information and misinformation going on, so it's crucial to link people to reliable sources. Local media outlets can often find it difficult to access

reputable sources to inform their creation of content. Consequently, UNICEF Ghana worked with the Government of Ghana and the private sector to develop the Agoo mobile platform to educate people about Cholera and Ebola outbreaks. The multilingual platform offers three distinct services: a call centre with trained agents responding to callers; an Interactive Voice Response (IVR) and Short Messaging Service (SMS). All services were provided in all of Ghana's main languages. This platform became instrumental in addressing COVID-19, The World Health Organization is now sending COVID-19 messages through WhatsApp. Launched by WHO in partnership with WhatsApp and Facebook, which provides news and information on coronavirus, government's health workers, and communities. WhatsApp provides the latest situation reports and real-time numbers. The service is accessed through a WhatsApp link. Where users send 'Hi' to prompt a menu of options on COVID-19. This served as examples of credible sources of information available on widespread platforms.

Amplio went the extra mile to reach vulnerable populations by implementing music as a tool for Social and Behaviour Change Communication (SBCC). Amplio's partners and affiliates used Talking Books to share hours of audio content, including social and behaviour change communication (SBCC) messaging to promote health and well-being. Similar to radio, Talking Book content is produced in the form of songs, dramas, interviews, and endorsements. Fidelis Da-Uri, senior content manager at Literacy Bridge Ghana, said that music can be a powerful SBCC tool. According to Da-Uri, songs are part of our everyday life here in northern Ghana. Da-Uri highlighted ways by which music strengthen SBCC messages for Talking Book Programs.

He added that popular artists serve as role models and appeal to target audience. Selecting artists who appeal to different groups grabs the attention of target audiences and helps boost attention and attendance at Talking Book meetings. In northern Ghana, people sing motivational songs while undertaking farm activities and other tasks. Traditionally, songs are also used to critique bad behaviours and promote positive ones, Da-Uri says. Turning SBCC messages into songs that people enjoy hearing and singing is an effective way of promoting behaviour change.

UNICEF Ghana's Communication for Development program used Talking Books to deliver targeted messaging in northern Ghana. Updated quarterly, content addressed key family practices, from birth registration to water, hygiene and sanitation (WASH.) Launched in 2013, the program reached 100 communities in Jirapa, Tolon, and Karaga districts and came to a close in December 2019. However, a related project with Ghana Health Services is using Talking Books to strengthen health education and services at 15 community health posts in Jirapa. The World Bank highlighted the Talking Book as one of the simple and effective technologies for social inclusion and communication around COVID-19.

### **President's Address to the Nation.**

On 12 March 2020, the day after COVID 19 was declared a pandemic by the World Health Organization (WHO), the President of Ghana delivered to the entire nation the very first of what was to be a series of regular public addresses and updates on the responses of the government to the COVID-19 outbreak. He addressed the readiness of the country and added that, among other measures, the Government of Ghana plans to spend one hundred million dollars on interventions such as

development of infrastructure, procurement of equipment and supplies, and public education. He urged the population to avoid as much international travel as possible, assuring that all entry points, including land borders and airports, were ready to screen all incoming travellers. The President addressed the nation once again on 13 March 2020 to repeat an earlier report by the Minister of Health, together with the Minister of Information, on the first two confirmed COVID 19 cases. He emphasized the need for the general public to adhere to the prevention measures of COVID 19 in order to mitigate the spread. He stressed that the battle against COVID 19 is not only a government issue, but needs all stakeholders to get on board and work with the government.

The President also announced the provision of free water supply and a fifty percent waiver on electricity use for citizens from April to June 2020 during his fifth addresses to the nation on 5th April 2020. He further added that In partnership with the National Board for Small Scale Industries ( NBSSI), Industry & Trade Associations and selected Commercial and Rural Banks, the government will introduce a soft loan scheme of up to six hundred million Ghana cedis, with a one-year moratorium and a two-year repayment period for micro, small and medium-sized enterprises. He urged Ghanaians to protect the lives of frontline health workers who, fight the corona virus whiles risking their lives daily. He added that procurement of personal protective equipment (PPEs) for them is of high priority to the government. For this purpose, the government actively engaged with local manufacturing companies to assist them in the domestic production of PPEs.

During the President's address to the nation on 19th April 2020, President Akufo-Addo lifted the lockdown imposed on the areas of Greater Accra and Greater Kumasi and encouraged the wearing of facial masks in all public places. At this point the COVID 19 statistics was; 641 positive cases out of 50,719 persons tested. Although the statistics had risen dramatically since the last report, the government of Ghana indicated that the timing was good since an intensive contact tracing had been conducted and all residents at risk had their samples taken, though some samples were yet to be tested. The President added that science was the foundation of his decision. He acknowledged and sympathized with the need for Ghanaians to start working as they needed to make a living. Therefore, he urged Ghanaians to be vigilant and comply with all safety precautions, including the mandatory wearing of face masks in public places. However, this decision was met with mixed reactions, with some saying that it was premature and others suggesting that the economy was the strongest. Though the lockdown was lifted, other restrictions remained in place.

Although the number of COVID 19 cases in Ghana continued to increase due to enhanced testing, some restrictions on public gathering were lifted by the President of Ghana during its 10th update to the nation on 31st May 2020. Public Schools and Universities were reopened for only final year students to complete their studies and write their respective examinations. Churches and mosques were to resume but limited to 100 people at a time and not exceeding a duration of 1 hour. Other activities like conferences, weddings, workshops, private burial, and restaurant operations were to open but restricted to a maximum of 100 persons at a time. Public institutions like the Electoral Commission and National Commission for Civic Education were to resume

their duties bearing in mind all the safety protocols. However, all other bans were to remain. At that time, the COVID 19 situation stood at 218,425 tests completed, 8,070 confirmed cases, 2,947 recoveries and 36 deaths. While the President attributed government's decision to expert advice and multi-stakeholder consultation, a portion of the public continued to doubt the motive of government behind these choices.

As at 23rd September 2020, Ghana's active cases stood at 529 with 46,116 confirmed cases, 54 new cases, 297 deaths and 45, 290 recoveries. Ghana has witnessed a steady decrease in the number of infections since March. As compared to a very high rise in recoveries with a current recovery rate pegged at 95.1 percent, the mortality rate remains low at 0.5 percent. In the battle against the threatening virus, His Excellency, Nana Addo Dankwa Akufo-Addo demonstrated harmony and tranquillity as he invited representatives from the different political parties to discuss how they could work together to tackle the virus successfully. His presidential addresses aimed at offering updates on cases as well as legislated directives with regards to the COVID 19 pandemic in Ghana.

### **Government of Ghana's Response to Covid-19.**

The use of strategic communication has been essential to enhance accountability in the management of Ghana's response efforts. Upon documenting the first cases of COVID-19 in the country, Ghana's Government outlined steps to achieve five main objectives in its response to COVID-19. The objectives were to stop the importation of the virus; to detect and contain cases; to provide adequate healthcare for those infected; to minimise the impact of virus on socio-economic life and to transform the challenges caused by pandemic. Intensive public education across

various outlets and diverse languages and formats was instrumental in educating the general public on prevention and management interventions. Key correspondence from well-known and respected elected officials; including the president, traditional and religious leaders helped to drive home these messages.

As the pandemic escalated, a partial lockdown was enforced in the most affected regions of the country; the Greater Accra Region, including Kasoa and Tema, and the Greater Kumasi Region to break the transmission chain, contain the virus, and provide enhanced surveillance. Ghana's air, sea and land borders were also shut to human traffic on 21st March, 2020. The government's two-week mandatory quarantine for the last group of passengers arriving on the eve of the lockdown proved to be crucial, as a large number tested positive. The Government of Ghana in attempt to minimize transmission of the virus adopted and promoted WHO recommendations which included avoiding or limiting physical contact, including handshakes and other normal forms of touch, social distancing, regular hand-washing with soap under running water, rubbing of hands with alcohol-based sanitizers with 70 percent alcohol strength, and reducing or restricting large gatherings among others.

The government also advised the public to cough into their elbow or tissue and quickly dispose of it in a bin. Preventive behavioural change messages have been developed and disseminated through various media including radio, community radio, television, social media, and print media across the country. Since the discovery of Covid-19 in Ghana, individuals, churches, the private sector, the aviation industry, political parties, especially the leading opposition party, the National Democratic Congress and various organizations from all parts of the country made charitable

donations in cash and kind to the less fortunate and vulnerable during the lockdown. Some of these donations were made directly to hospitals, research centres, inmates and destitute individuals, while others were made to the government.

In order to provide a coordinated and transparent approach to the collection and disbursement of donations and funds, the President of Ghana inaugurated a Board of Trustees to administer the Ghana Covid-19 Trust Fund's affairs on 29 March 2020. The Board of Trustees, chaired by former Chief Justice Sophia Akuffo, will receive contributions and donations from the public to support the welfare of the poor and destitute. President Akufo-Addo had noticed that, since the outbreak of corona virus in Ghana, organizations and individuals had made donations, with others trying to figure out how they could also contribute to the cause. During the inauguration ceremony, he claimed that the best way to resolve the issues was to create a public trust administered by an independent trustee body to ensure accountability. President Akuffo-Addo and his Vice pledged to donate their 3-month salaries from April-June to the fund. Some parliamentarians also donated 50 percent of theirs to the fund. The President added that the work of the Board will complement the efforts being made by the State in catering for the poor and vulnerable.

The Ministry of Gender and Social Protection in collaboration with National Disaster Management Organisation (NADMO), Metropolitan, Municipal and District Chief Executives (MMDCEs) and Faith based Organisations have been involved in the distribution of food and other supplies to the underprivileged during the lockdown period. Since the inception of COVID 19 in Ghana, the Government of Ghana (GoG) has interacted with faith-based organizations, traditional rulers, market women, public

transport owners, pharmaceutical manufacturers and companies, leadership of parliament and others on how best they can partner government and use their multiple platforms to aid in public education, expansion of infrastructure and local manufacture of Personal Protection Equipment (PPEs) and other materials needed. Periodic press conferences led by the Minister of Information in partnership with the media, served as a medium for the flow of information and feedback from the Government to the general public. The President met with the leadership of the opposition political parties to discuss how they could jointly combat the Covid-19 pandemic. Although the current public education strategy is all-encompassing, the demands of life make adherence to the Covid-19 prevention measures almost impossible for the destitute in society.

In response to the conspiracy theories that a segment of the media spun around during the pandemic, the President held a meeting with the National Media Commission, journalists and media houses, among others, on 26 April 2020. He reprimanded reporters to allow science do the talking and avoid the dissemination of fake news. The Ghana Health Service (GHS) has been at the frontline of the fight against Covid-19 and has guided the government in decision-making in the battle against the COVID 19 pandemic. GHS was responsible for the implementation of health related national policies under the jurisdiction of the Ministry of Health, and the Ghana Medical Association. Telecommunication companies in Ghana aided with providing GHS with the requisite data for successful contact tracing. The Ghana Health Service (GHS) operates a real-time online monitoring system for COVID 19 in Ghana.

In response to the President's order, the Minister of Local Government and Regional Development began disinfecting all open spaces, markets and lorry stations

in the country. Although the Noguchi Institute of Medical Research and the Kumasi Centre for Collaborative Research were designated as COVID 19 testing institutions from the outset, the increase in demand for more testing as the days went by led to the establishment of eight additional testing facilities across the country to support the situation. It is gratifying to note that the pandemic of COVID 19 and its challenges have prompted the government to pay more attention to the health sector. The President confirmed this in his address on 26 April 2020, where he revealed plans to start constructing eighty-eight new district hospitals. He added that there were also regional hospitals to be established in the country's six newly formed regions.

The foundation of human life has been rocked by the COVID 19 pandemic and countries have found themselves running after the pandemic instead of having a plan to face it head-on. The initiatives outlined here illustrate what the government of Ghana did for the benefit of the general public.

### **Perceptions and Behavioural Response of the General Public during COVID 19**

Since the outbreak of COVID 19, there has been a lot of misconceptions and false information about the pandemic. Among Africans the first misconception was the fact that the SARS-CoV-2 was susceptible to the high temperatures of the tropics and thus, Africans would be free from the deadly pandemic. On March 12, 2020, Ghana announced the first two confirmed cases of COVID-19. Since then, in the early phase of the COVID-19 outbreak in Ghana, the number of cases has steadily increased alongside local transmission, this generated fear and panic among the general public of Ghana. Consequently there have been many attempts by the government, the private

sector, communities and individuals to help the less fortunate in society since the first diagnosis of the disease in Ghana.

However, deliberate attempts have not been made to determine how various grassroots and destitute classes of people are dealing with the proposed COVID 19 prevention initiatives. This chapter reviews studies that sought to investigate the awareness, perceptions and attitudes of Ghanaian citizens towards the pandemic. Although it has been recommended that authentic information on COVID 19 is sought from official websites of health authorities due to myriads of false information flooding the internet (Hernández-García and Giménez-Júlvez, 2020). Unfortunately, most rural communities have no or limited access to the internet in Ghana. In addition, rural communities do not have the resources to request information on disease prevention and control, or to ask questions about the disease in order to be better educated. Moreover, culture and religious beliefs of the people may also play a crucial role in accepting preventive measures taken to curb the spread of diseases (Spittel, Maier, and Kraus, 2019).

According to a quick online cross-sectional survey by (Dorcas, S., Lamptey, E., Appiah, B. A., Senkyire, E. K., & Ameyaw, J. K., 2020) to assess knowledge, attitudes and practices among Ghanaians towards COVID-19. The survey recorded an average level of knowledge of COVID 19 from its study population in Accra. Despite the average level of knowledge reported, most participants knew that COVID-19 was a viral infection that originated from China and described the most common symptoms of COVID-19 as fever, cough and breathing difficulties. Moreover, most of the participants had correct information that there is no first-line treatment for COVID-19

although there is a vaccine available. The study further revealed that COVID-19 awareness was strongly correlated with the level of education, age, jobs and healthcare related occupation of the participants. People who are informed are more likely to read about the COVID-19 outbreak from many online journals, newsletters and other viral sources online.

Although the least educated members of the population had poor knowledge of the COVID-19 pandemic. A finding of significant concern, is that the majority of the educated received information through the internet (social media), as similarly stated by (Zhong et al., 2020). The danger is that the vast variety of information available on the internet, including unverified malicious conspiracy theories, could spread rapidly and mislead the public. There is currently a broad variety of information on social media, including unverified malicious conspiracy theories resulting in misinformation which WHO termed as an infodemic running parallel with the pandemic. In general, most Ghanaians had a high-risk perception of COVID-19. Consequently most Ghanaians ended up living in fear and panic with the death tolls rising and borders being shut down due to the COVID-19 pandemic.

Regarding the public's preparedness to prevent COVID-19 infection. Well educated members of the public adhered exclusively to the prevention measures of COVID 19. This degree of preparedness may be due to the awareness of the residents regarding the high infectivity of the corona virus that can be easily transmitted through invisible respiratory droplets between individuals. However, the least educated about the pandemic were reluctant to adhering to the preventive measures of COVID 19.

Such people were probably reluctant due to updates on the number of recovery cases confirmed in Ghana which seemed delightful.

According to a similar study conducted in Northern Ghana by Courage Kosi Setsoafia Saba. The people of Northern Ghana were fully aware of COVID 19. Despite the difference in numbers of those who had formal education from those without, as observed in the study conducted in Northern Ghana, the use of multiple media channels and local languages besides English in the creation of awareness and education of the Ghanaian population about the pandemic ensured that all population groups were informed. Despite the fact that COVID-19 broke out in Wuhan in December 2019, a fraction of Ghana's population was not aware of its spread until it was announced as a pandemic on March 11 and local cases were registered. The response of the Government to the pandemic by initiating a two week mandatory lockdown of some major parts of the country brought massive awareness in all parts of Ghana.

Despite the full awareness of COVID-19 among all Northern Ghanaian communities, the perception or belief of COVID-19 may be somewhat unscientific. The belief that COVID-19, as stated by the people in Northern Ghana, is a punishment from God is quite interesting. They expressed the firm belief that witches or wizards were not responsible for the pandemic. It is possible that this public belief could have been caused by the prejudice of the people being religious individuals. Although some Ghanaians were convinced that COVID 19 was a disease for rich people, others believed that COVID 19 could not harm or kill people living in rural communities. In local, national and international efforts towards COVID-19 management, the popularization of such perceptions is definitely a problem.

Whether divine or normal, it was well known among the majority of people that the virus could affect anyone of any race or economic strata, regardless of the origin of COVID-19. Moreover, the mode of transmission, by contact, droplets from cough and sneeze that could be picked up in public gatherings and from contaminated surfaces were also well understood. However, majority of people in Northern Ghana and some parts of Accra did not adhere to the COVID 19 prevention measures which involved social distancing, wearing of face masks or the frequent use of hand sanitizers.

## Chapter 4

### Conclusion

In Ghana, the threats posed by COVID-19 are unparalleled. The government of Ghana reacted to this pandemic with a remarkable swiftness that is worthy of applaud. The Government did well in maintaining consistency in communication to ensure transparency and accountability in the decision making process and clarity in policies implemented for the sake of Ghanaians. The fight against the COVID 19 pandemic has demonstrated the resilience of Ghanaians in adversity and has also exposed the loop holes in society and the urgency to tackle them. It is an undeniable fact that science and technology played a key role in the fight against COVID 19 in Ghana. The Ghana COVID 19 tracker app for instance aided in contact tracing in Ghana. The use of Amplio's Talking Book in rural areas in Northern Ghana played an instrumental role in creating awareness. The World Bank highlighted the Talking Book as one of the simple and effective technologies for social inclusion and communication around COVID-19.

According to Azure Awuni's remarks on the Government's approach to COVID 19. He accused the government's communication strategy of being faulty from day one as it targeted the elite and ignored the grassroots. However the Government's partnership with Literacy Bridge Ghana, Ghana Health Service, UNICEF and Amplio to implement the use of Talking Books as a tool for communication in Northern Ghana defeated his claims as Amplio's Talking Book targeted the grassroots living in rural communities with no access to the internet. Messages via Amplio's Talking Book

technology were tailored in the local dialect of the people of Northern Ghana to create awareness on COVID 19.

As a result, majority of the people in Northern Ghana were fully aware of the COVID 19 pandemic. It is safe to conclude that the communication strategies used have been somewhat effective. However, some held the belief that COVID 19 was a punishment from God. This requires an extensive and evidence-based education to build on the already existing awareness of the pandemic in most rural communities especially in the light of the new findings from investigations being carried out by scientists around the world. Similar studies should also be conducted in other parts of Ghana and sub-Saharan Africa in order to understand the level of awareness, perception and attitudes of people about COVID-19.

Since the virus is widely viewed as a form of punishment from God, religious leaders would have a very important role to play in disseminating relevant information concerning the pandemic. Community sensitization and evidence-based information would be crucial to reducing the spread of the disease in the communities. Governments around the world also need to contribute to the creation of a National Research Fund to support basic and applied research. Even though the case management efforts have resulted in a low fatality rate, one of the lessons identified from Ghana's management of COVID-19 is the need for a national strategy on pandemics.

His Excellency, Nana Addo Dankwa Akufo-Addo demonstrated peace and unity in the fight against the menacing virus as he invited leaders from the various political parties for discussions on how they could collectively work together to tackle

the virus. His commendable leadership, combined with his strategic management of the virus, is one that is considered to resonate profoundly within the minds and hearts of Ghanaians and many others around the world as they understood and appreciated that the President's decisive, courageous and optimistic leadership was required to push the country out of the stormy waters brought on by the terrifying coronavirus.

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