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ETHICAL PUBLIC HEALTH COMMUNICATION DURING THE COVID-19 PANDEMIC: ROLE OF THE MASS MEDIA IN GHANA

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DECLARATION

Candidate's Declaration

I, hereby declare that this project work 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.

…….. ……

Ernestina Kekeli Drayi Date

(MADC20086)

Supervisor's Declaration

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

…… ……..……

Dr. Obeng Baah Date

DEDICATION

I dedicate this thesis to my uncle Forster Gregory Drayi for the role he played in my upbringing especially in the foundation of my education.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Dr. Obeng Baah, for his professional guidance, advice, time, encouragement and the goodwill with which he has guided this work. Many thanks to some staff of the Ghana Health Service, particularly, Dr Khadel Mahama, a medical doctor at the 37 Military Hospital, who took time off their busy schedules to grant me interviews. I am also grateful to my family for their unflinching support throughout this work.

ABSTRACT

The study focused on the ethical public health communication during the COVID 19 pandemic and the role the media played in Ghana. The study employed the use of interview where information was collected from staff of the Ghana Health service in three hospitals located in the Greater Accra Region. These are the 37 military Hospital, Korle Bu Teaching Hospital and the Achimota hospital. In all, six (6) staff members; two each, were contacted from the 37 military Hospital, Korle Bu Teaching Hospital and the Achimota hospital. The interviews were recorded using an iPhone and were later retrieved and transcripted. The data were analysed qualitatively through the use of thematic analysis with emerging themes at the end.

The study found out that some of the ethical challenges the staff face during public health communication campaigns include communicating in such a way that the message is not affected by the knowledge gap eminent in heterogeneous societies. The second finding, related to the ways in which ethical challenges occur in public health communication in Ghana, saw responses themes such as the social environment within which the communication is being carried out; and economic challenges which affect regular campaigning and use of appropriate communication channels and materials. On the third objective, the study realised that the most effective medium of communicating during the pandemic was the used of television broadcast including education, advertisement and other social intervention strategies.

The study recommends that future studies must also look at the application of ethnographic design to this study, where they will be able to apply interviews, conversations and observations to see how the ethical issues manifest during the public health communications.

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CHAPTER ONE

BACKGROUND OF STUDY

1.0 Introduction

COVID-19 is a global infectious disease that emerged from the Chinese city of Wuhan in the Hubei Province in December, 2019. It has since spread to 195 countries throughout the world. The World Health Organization (WHO) declared it a pandemic on Jan 30, 2020, and raised international public health concerns for it (International Health Regulation, 2020). As of Jul 15, 2020, more than 13 million people have been infected with COVID-19. To date, over half a million deaths have been reported and the number continues to rise. It has proved far more fatal than other coronavirus family members, with a fatality ratio of 1.4% varying slightly among countries (Worldmeters, 2020). Between Dec 31, 2019, when the Chinese authorities declared their first case of pneumonia of unknown etiology to until Jan 3, 2020, a total of 44 cases were reported to WHO. However, the causal agent was not identified during this reported period. Subsequently, the novel coronavirus was identified on Jan 7, 2020, and its genomic sequence was shared with the world. WHO named the disease as 'COVID-19' and causative virus as 'SARS-CoV-2' on Feb 11, 2020 (Yan et al., 2016). It has been named due to its genetic resemblance to the coronavirus that caused the SARS outbreak of 2003. The other members of the family include SARS coronavirus SAR-CoV and MERS coronavirus MERS-CoV.

The World Health Organization (WHO) is leading and coordinating the global effort to respond to the coronavirus disease (COVID-19) outbreak, however, it is also fighting a second 'disease' – an infodemic (Zarocostas, 2020). An infodemic is an over-abundance of information, of which some is accurate and some is not, making it hard for people to find trustworthy and reliable guidance to make informed decisions (WHO, 2020). This adds to the natural difficulties in making decisions and adhering to recommendations, and may increase distress and the risks for common mental health disorders (Shultz, Baingana & Neria, 2014). Studies

conducted since the COVID-19 outbreak already show that the high prevalence of mental health problems, especially anxiety and depression among the general population, is associated with frequent social media exposure (Gao et al., 2020).

The 23rd of June 2020 marked exactly 100 days since the first cases of Covid-19 were reported in Ghana. Before the formal announcement (13th March 2020) of the first two cases in Ghana involving returning residents from Norway and Turkey, Ghanaians were already apprehensive given the awful news on Covid-19 around the globe. There was sustained pressure on the government to close Ghana's entry borders and institute measures to possibly avoid an incidence of Covid-19 or curtail any possible spread should a case be recorded. However, since recording the first few cases, the country has seen a sharp rise in infections across the country. The Greater Accra Region (capital – Accra), Ashanti Region (capital – Kumasi) and Central Region (capital – Cape Coast) have for some time been the hotspots of the pandemic in Ghana.

Ghana's health infrastructure has come under a serious review following the outbreak of Covid-19, with calls from health experts and the general public for the government to create more capacity to contain the spread of Covid-19. President Nana Akuffo Addo has announced what has been described as an ambitious project, that of building 88 hospitals within one year of commencement to boost the health infrastructure of the country. These hospitals will be situated in districts which do not currently have hospitals. Meanwhile, there are ongoing expansions of facilities in already existing health institutions in the interim (Sarpong & Obeng, 2021).

In the age of social media, the infodemic phenomenon is amplified, information spreads faster and further than the science (Zarocostas, 2020), leading even faster to information overload, including misinformation and myths. The COVID-19 pandemic is characterised by inconsistent, ambiguous, contradicting messages and absence of clear, actionable, credible and

inclusive information from authorities that people trust, leaving space for other actors to fill the void irresponsibly. Politicians, officials, media, celebrities and even heads of state, have been elevating disinformation, posing a risk to global health and safety (Kassam, 2020). It is therefore important to understand what sources of information and modes of communication are trusted and popular among the population and how communicators can tap into them to make sure their communication strategy is most effective.

Health communication is an essential tool for achieving public health objectives, including facilitating and supporting behaviour change and eliminating health discrepancies (Freimuth and Quinn, n.d.). Effective risk communication is crucial for enhancing understanding of health threats and to support the public in making informed decisions for mitigating the risks (Lowbridge & Leask, 2011). Poor communication is often a factor in enabling public concerns to escalate and groups to become polarised (Bennett et al., 2010). 'The public' may be accused of ignoring scientifically sounded and sensible advice and 'those in charge' may be perceived as untrustworthy and secretive (Bennett et al., 2010).

Due to excess demand for trustworthy and timely information about COVID-19, WHO has established the Information Network for Epidemics (EPI-WIN), which defined 'simplifying knowledge' as one of the strategic areas of work to respond to the infodemic - the challenge being to translate the knowledge into actionable and behavioural change messages (WHO, 2020). In this pandemic, massive and fast behavioural change is critical (Betsch, 2020) with the need to provide the public with actionable information for health protection (Heymann & Shindo, 2020), while taking into consideration the needs of vulnerable populations (Bista, 2020). Experience from previous pandemics may be helpful in understanding human behaviour in public health crises, but many things have changed including the virus and its spread, the ways people collect and search for information and the ways authorities such as WHO communicate with the public via social media (Betsch, 2020). In addition, pandemics like

COVID-19 are unique in the sense that face to face interactions are limited and people have to rely on remote platforms like social media and news outlets to gain information.

Thus, there is a need for enhanced communication guidelines and strategies that cut through the infodemic by better understanding human behaviours and motivations (Challenger, 2020) and that are: (1) accessible; (2) reliable; (3) useful; (4) actionable; (5) acceptable; (6) inclusive; (7) consistent; (8) understandable and (9) promote sustainable behaviour change to mitigate the impact of the virus.

1.1 Problem Statement

One of the major problems in healthcare today is the ineffective communication among hospital personnel, patients and their families, and the effect it has on patient safety. Communication, as a whole, is very com Throughout the healthcare field today, patient-centred care and patient safety seem to be major focal points. Unfortunately, ineffective communication can potentially cause patient harm and even death. The lack of communication, not just verbally but through documentation as well, and interdisciplinary collaboration were major factors that lead to the death of many (Bartleby, 2018).

Public health communication campaigns have been credited with helping raise awareness of risk from chronic illness and new infectious diseases and with helping promote the adoption of recommended treatment regimens. Yet many aspects of public health communication interventions have escaped the scrutiny of ethical discussions (Guttman & Salmon, 2004).

Health communication interventions may also have unintended adverse effects on the psychological well-being of individuals or groups (e.g., by inadvertently stigmatizing or labelling people who are used to portray a negative model) (Cho & Salmon, 2007). Further, health promotion communication interventions could have an effect on cultural aspects of

society (e.g., by idealizing particular lifestyles or turning health into a value) and raise concerns regarding democratic processes, citizens' consent to the intervention (Ayo, 2012), and the role that they place in the appropriation of the political, social, and moral realms of the public consciousness and discourse.

Despite the obvious role played by ethics in health promotion communication interventions, communication researchers note that they are seldom discussed in daily health communication practice and are mainly raised only after critical questions are raised by others (Bouman & Brown, 2010). For example, most studies on the COVID-19 pandemic in Ghana have concentrated on economic (Ken, 2020), education (UNICEF, 2020), investments (UNCTAD, 2020) and budget (Ken, 2020). Those that are related to the health workers concentrate on issues of health care infrastructure (Ken, 2020), preparedness of health care workers to deal with the COVID-19 pandemic (Afulani et al, 2020) and enhancing psychological needs to promote sustainable behaviour change during the pandemic (Porrat et al., 2020). No works have been conducted on the communicative aspect of the COVID-19, let alone to look at the ethical dimensions of disseminating such information. Therefore, practitioners and scholars concerned with ethical issues in health promotion note that it is imperative that ethical issues regarding the intervention should be identified and addressed already at the outset of the intervention, and that it could be assumed that additional ethical issues may emerge during the implementation (Brenkert, 2002). Again, there is a knowledge gap in the extant literature on the phenomenon in Ghana, of which this study seeks to fill.

1.2 Research Objectives

The objectives of the study are as follows:

1. To explore the ethical issues in public health communication in Ghana during the covid-19 pandemic

2. To find out the ways in which ethical issues occurred in the public health communication in Ghana during the covid-19 pandemic

3. To examine the channels of communication during the covid-19 pandemic

1.3 Research Questions

Questions that are considered for the study, and drawn from the objectives are as follows:

1. What ethical challenges were faced in public health communication in Ghana during the covid-19 pandemic?

2. In what ways do ethical challenges occur in the public health communication in Ghana during the covid-19 pandemic?

3. How were the channels of mass communication applied during the covid-19 pandemic?

1.4 Significance of the Study

This study is significant from the perspective that it contributes to the literature on public health communication, covid-19 and ethics. It explores the connections between ethical challenges and public health communication. The study also explores the ways in which the communication channels were used. It gives insight into the practice of public health communication in Ghana and juxtaposes that to other global context for standardisations as well as differences to be acknowledged. Not only that, the study also contributes to the extant literature in the field and forms a Ghanaian perspective of the concept of ethics and public health communication.

1.5 Scope of the Study

The study is limited to events that happened from March 2020 to September 2021 during the COVID-19 pandemic. It is limited to the issues of ethics that arose as a result of health communication in relation to the COVID-19 pandemic in Ghana. In terms of boundary, the scope of the study is limited to only health workers in the public health section of the Ghana Health Service. It is also limited to their activities, campaigns and work materials employed in the dissemination of OVID-19 pandemic information. In some districts, the Information Department helps the public health department to work. In such districts, then, the Information Services Department staff will also be considered as part of the scope. The study does not concentrate on other issues outside that of Ghana. The people that will be involved in the study are drawn from the Ghana Health Service only.

1.6 Limitations of the study

The perceived limitations of the study, momentarily will be time and access to documentation. Time is very limited to do a thorough investigation especially when dealing with managers of an organisation due to the busy schedules they have. At times, corporations are stingy when giving out their strategies for studies. This could be a limiting factor to the content of the study.

1.7 Structure of the Study

This study is organized as follows:

Chapter one entails introduction comprising the background, statement of the problem, objectives, significance, scope and organization of the report of the study.

Chapter two covers the theoretical framework and empirical literature on the ethical challenges of public health communication. Chapter three consists of description of methodology used in

collecting data. The description covers the research design, research population, sample size and sampling techniques, sources of data and instrument used, data collection procedure and data presentation and analysis. It also looks at ethical considerations made when conducting this research.

Chapter four is made up of the presentation and analysis of the primary data collected from respondents and discussion of results. Dimensions of ethical challenges to public health communication in Ghana are considered and findings discussed within the literature and the various variables of ethical challenges in public health.

Chapter five comprises the summary of the study, limitations and conclusion. It also gave recommendations on what accounts for ethical public health challenges, the ways in which the challenges occur and how these ethical challenges affect the general practice of public health communication in Ghana.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

Public health and ethics as fields of study have received considerable attention by scholars, leading to concepts and theories designed to have a better appreciation of the intersection between ethics and public health. This chapter starts by conducting empirical review of the concept of health communication and COVID-19. Then, it follows up with a theoretical review of the theories that relate to the concepts, how the concepts work, and to a review of the related literature in the field.

2.1 Empirical Review

This section of the study reviews the related literature in public health ethics. The review was done using the thematic areas in the objectives. The review is divided into three sections comprising ethical challenges in public health communication, mode of ethical challenges and effects of ethical challenges in public health communication.

2.1.1. Ethical Challenges in Public Health Communication

Upshur (2002) conducted a review of the literature and reported the principles relevant to the ethical justification for public health interventions published to date. Upshur began by pointing out the substantive differences between clinical and public health practice, including the locus of "care" as the state versus the clinician, the focus on the community or population versus the individual, the lack of an analogous fiduciary role as that played by physicians, and the fact that populations are diverse and require pluralistic approaches to problem solving. He argued

that a set of principles for public health professionals might be useful as they reflect on ethical issues, as the principles are heuristic in nature and serve to bring clarity to a broad range of decisions required in public health practice. These principles, he argued, would not represent a full articulation of a theory for public health ethics, rather they would relate to whether or when a particular public health action is justified. The principles are based on empirical observations of the needs of public health practitioners and their decision-making via a literature review. Upshur did not make explicit the underlying values of the principles, but within the description of each, he intimates the importance of autonomy, non-discrimination/social justice, social duty, honesty, and truthfulness. The four principles Upshur (2002) found in the literature in the early 2000s included the harm principle, the principle of least restrictive or coercive means, the reciprocity principle, and the transparency principle. The harm principle, stemming from the philosopher Stuart-Mill (2005), was described by Upshur as the foundational principle and dictates that the only justification for imposing power over an individual member of society against his will is to prevent harm to others. The principle of least restrictive or coercive means dictates that despite the availability of a variety of methods to reach a public health goal, the first used must be that which restricts personal liberty the least. The reciprocity principle states that there is an obligation on the part of the public to comply with public health requests once they are warranted and an ethical decision for action has been made. Finally, the transparency principle requires stakeholder involvement in decision-making, as well as a clear and account-able process that is free of diversion by groups or persons with interfering special interests. Upshur (2002) called for integration of ethical reasoning into public health decision-making as well as evaluation of the utility of the principles outlined above.

In 2006, following the global SARS epidemic and while preparing for pandemic influenza, Upshur (2006) worked with colleagues in Toronto to further develop the ethical framework he proposed in 2002. Thompson, et al (2006) proposed a more developed model in the context of

pandemic preparedness and based the applied ethical framework (Callahan & Jennings, 2002) on Norman Daniels's framework of deliberative prioritization in health care (Daniels, 2000). They outlined ten foundational values and five operating principles that should drive public health decision-making, especially in urgent or emergent circumstances. The values subsumed those intimated in Upshur's earlier formulation and included others that pertain to public health emergencies.

The ten values made explicit in the 2006 framework were the following:

(1) the duty to provide care, which requires health professionals to respond to those suffering;

(2) equity, which ensures that, all else equal, all persons have equal claim to care;

(3) individual liberty, which requires respect for personal autonomy and limiting restrictions on individual liberty to the extent possible;

(4) privacy, which emphasizes the need to respect the privacy of individuals by allowing disclosure of private identifiable information only when there is no less intrusive means to protect public health;

(5) proportionality, which requires that any restrictions to liberty do not exceed that which is necessary to the level of risk or need of the community;

(6) protection from harm, which is public health ethic's foundational principle — the obligation to protect the public from serious harm;

(7) reciprocity, which requires the public to comply with legitimate public health measures to support those who face a disproportionate burden;

(8) solidarity, which emphasizes the need for systematic collaboration across institutional boundaries to support public health measures;

(9) stewardship, which requires those entrusted with governance of limited resources to act in a trustworthy and ethical manner; and

(10) trust, which is an overriding component at all levels of the health system and takes time to build with various stakeholders.

Swain et al. (2008) returned to the topic of public health ethics in the context of preparedness, reviewing the different underlying values of medical and public health ethics and their application to public health preparedness. The model suggested using underlying values based on those outlined by Thomas (2012) which include interdependence, or achieving health in a way that respects individuals while recognizing that health often depends on others; community trust, or developing and maintaining trust through transparency, confidentiality, cultural sensitivity, and obtaining community consent for interventions; fundamentality, or staying focused on the primary causes of disease in both the physical and social environment; and justice, or ensuring that conditions for health are equally accessible to all. With these values in mind, the authors suggested the use of Kass's (2001) six-point framework to assess the ethical implications of proposed public health actions. They added two additional questions to Kass's six, including whether the program focuses on fundamental causes of disease and whether there has been adequate community collaboration, participation, and ultimately consent. The authors pieced together an approach based on existing approaches with an emphasis on the needs of a community during a public health emergency.

Jaffe and Tony (2010), like Swain (2008), also proposed re-use and adaptation of an existing ethical framework for public health ethics. In response to a specific proposal to test and treat persons with HIV in order to reduce transmission to others (Granich et al., 2009), the authors drew parallels to the ethical framework of medical research based on the fact that both research

and this intervention present a situation where a treatment that might be harmful to the individual yields benefits to others. Research participants agree to take on potential risks in order to move medical science closer to good outcomes for persons other than themselves. In some public health interventions, specifically in the one suggested by Granich et al. (2009) where initiating antiretroviral treatment might not be medically indicated for the individual patient, but is required to reduce one's viral load and hence the ability to transmit to others, the person involved in the intervention takes on risk or discomfort in order to benefit others. These similarities between research and some community-level HIV interventions led Jaffe and Hope to outline a framework consisting of underlying values based on a number of national and international guidance documents (Belmont Report, 1979; CIOMS, 2012) and similar to those underlying research ethics; those values include respect for persons (autonomy), beneficence, non-maleficence, and justice. The six necessary operating principles include (1) ensuring a valid consent procedure is in place; (2) ensuring that the risk of harm to individuals is low or negligible (in cases where participants are unable to provide individual consent); (3) affirming that the public health benefit cannot be produced by alternative means; (4) affirming that the public health benefit outweighs and justifies the risk of harm to individuals; (5) collecting additional data so risk and harm estimates can be improved; and (6) ensuring proper scrutiny of the intervention by an independent and qualified body. The authors conclude that of the three types of public health interventions — those that clearly benefit the individual recipients, those that are required to prevent serious harm such that coercive measures like laws are put into place, and those where it is unclear if there is benefit to the individual and there exists the possibility for harm, but the benefit of the greater good is clear — it is the latter for which their proposed framework is most appropriate.

Challenging three bioethical philosophies — utilitarianism, rights-based theories, and communitarianism — in 2002, Roberts and Reich (2002) outlined an approach to analysis of

ethical questions in public health that they describe as ethics-of-care feminism. Ethics-of-care feminism understands caring relationships as fundamentally unequal. Relationships are not impartial, impersonal, or equal, which means that one cannot care for all persons equally. To change health policy, the authors argue, family life must not be ignored; family relationships and responsibilities must be taken seriously and understood as central to the human experience. More supportive policies would be developed if an ethics-of-care perspective was understood, perhaps by asking policymakers to put themselves in the shoes as every patient's mother. The ethics-of-care approach is limited in scope given the breadth of public health activities and obligations. It provides the public health practitioner with a specific perspective for approaching policy development, but has not yet offered tools with which a practitioner can confront ethical dilemmas of daily practice.

An early and strong influence on the philosophical development of the field of public health ethics is Bruce Jennings. His most recent treatment of the philosophical underpinnings of public health ethics as a separate and distinct field from bioethics is highly influenced political philosophy, emphasizing the political and legal foundations of public health. He proposed a move away from liberalism toward civic republicanism (Jennings, 2007), arguing that four foundational values of civic republicanism best serve public health. The first two values, freedom as life in the absence of arbitrary power and relationships of mutuality and reciprocity, respect diversity in our modern day pluralistic society and provide a framework where persons can claim equal membership and standing. The other two foundational values, civic virtue and concept of public, point to the common good, citizenship, and creation of the public space. Civic virtue, or a way of being in the political world in which we all live, is excellence in citizenship and pursuit of the common, or "public," good. Jennings argues for political theory to undergird public health ethics, as he defines "a public" as a durable structure, comprising more than simply the aggregate of individuals, but a combination of its people, customs, norms,

and traditions. The public, then, has shared purposes and shared problems that are different than individual purposes and problems and need civic orientation for resolution. The foundational values proposed by civic republicanism in the service of public health ethics might have operating principles for use by public health practitioners. Jennings (2007) describes tapping into the population's latent civic virtue and education as efforts that might yield a positive response, but the answer to the question, "What should the public health practitioner do?" is not well developed.

Carlo Petrini and Sabina Gainotti echo earlier concerns that public health is too broad for a simple set of unifying principles such as the four with which bioethics is familiar (Beauchamp and Childress's (2009) autonomy, beneficence, nonmaleficence, and justice) & After arguing convincingly that codes of ethics are relevant but inadequate for resolving public health ethics dilemmas, the authors consider three often cited philosophical theories associated with bio- and public health ethics — utilitarianism, Kantian theories, and communitarianism. Each of these theories is incomplete in its application to the breadth of public health and is missing a key concept: a clear definition of the concept and value of the human person, which plays a primary role in their proposed theory, personalism. As defined by the authors, personalism is based upon our common shared human nature. It takes as its primary ethical principle that all human beings deserve respect (Beauchamp & Childress, 2009) Originating in health ethics and sharing common themes with the health and human rights movement (Dawson, 2006), personalism emphasizes the protection of the weak and sick, dignity as inalienable, and measures our moral worth as a reflection of the well-being and dignity of others. As such, it obligates us toward positive efforts. The underlying values associated with personalism derive from respect of the person and include autonomy, confidentiality, equity, and equal opportunity in the allocation of health resources. Personalism has a blend of communitarianism, in its value of sociality and solidarity, and Rawlsian perspectives, in its belief that the individual's good is the basis for the

common good (Talisse, 2001). The authors provided little operational guidance for implementing the personalist approach, but conclude that it is critical to answer philosophical questions about the value of human health if we are to find solutions through legislation.

In the United Kingdom in 2007, public health ethics was receiving national attention in the form of the Nuffield Council on Bioethics report, *Public Health: Ethical Issues* (Nuffield Council on Bioethics, 2012), which outlined a model for public health ethics called the stewardship model. Attentive to an inclusive process (Nuffield Council on Bioethics, 2012), the Council comprised experts in a diverse set of specialties, including medicine, public health, ethics, philosophy, economics, social and behavioural science, pharmacology, and law. The Council considered multiple theories while attempting to find the best set of ethical underpinnings for public health practice.

2.1.2 Effects of Ethical Challenges in Public Health Communication

Practice-based frameworks for public health ethics emerged from the observation that ethical frameworks used in clinical settings were inadequate for resolving ethical dilemmas faced by public health practitioners. Stemming primarily from principle-based bioethics frameworks, these approaches outline foundational values and provide operating principles that direct a course of thoughtful action (or series of considerations) for practitioners faced with ethical quandaries in the public health sphere. Practice-based frameworks do not attempt to provide a comprehensive philosophical approach; however, they do derive in part from implicit or explicit normative perspectives (Lee, 2012).

One of the American pioneers of thinking about public health ethics as a discipline separate from bioethics or research ethics is Nancy Kass of Johns Hopkins University. She wrote one of the earliest ethical frameworks for public health, published in the American Journal of Public

Health in 2001 (Kass, 2001). For the first time, a framework that focused on the practical nature of public health was outlined in a practitioner's journal, aimed at public health professionals rather than philosophers. Kass, like others before and after her, discussed the inadequacy of the bioethics model to support the needs of public health ethics and proposed a framework based on two key values — rights (both negative and positive) and social justice. She described several principles supporting what she termed "a code of restraint" balanced with the "affirmative obligation to improve the public's health" and reduce health inequities. The key principles in the framework include ensuring the minimal level of interference to improve population health in order to preserve the negative rights of the citizenry, identifying and minimizing harms and burdens to the maximum extent possible while not greatly reducing program effectiveness, reducing social inequities and health disparities, and providing evidence of program benefits. Kass was one of the first to urge public health practitioners to engage in thoughtful ethical analysis using the framework in order to make us "meticulous in our reasoning, requiring us to advocate interventions on the basis of facts and not merely belief."

Childress et al. (2002) attempted to conceptualize the terrain of public health ethics as it existed in 2002. The authors outlined the quintessential problem for population medicine as it relates to clinical medicine. Three concepts of "public" undergird their belief that the bioethical model is a poor fit for public health ethics: the meaning of "public" as population; the execution of "public" health as an inherently governmental activity that must be well-rooted in moral reasoning expected by the public that the government represents; and third, the definition of "public" in its broadest sense to include all social action, both public and private, that affects health. The authors outlined three goals of public health, including production of benefits, prevention of harms, and maximization of utility. The general ethical and moral considerations for achieving these goals, they state, do not entail a commitment to any particular theory or method.

Principle-based frameworks for ethical decision-making have been criticized based on claims that they lack a common moral imperative to guide behaviour (Clouser, 1995), offer only simple standards for behaviour, which are inadequate for resolving complex ethical problems (Petrini & Gainotti, 2008), or create an untenable collection of "whatever works" from a variety of philosophical theories (Petrini, 2007). These deficits, critics argue, leave an unanchored set of mid-level moral principles that are open to interpretation; they justify behaviour rather than informing it. Moral decisions should stem from a unifying, impartial system that reduces the amount of harm in the world and applies to all persons equally and publicly, including those espousing it (Clouser, 1995). Developers of frameworks for public health ethics based on specific philosophical underpinnings carefully describe the fundamental unifying theoretical basis from which all ethical decisions can be derived (DeGrazia, 1992).

In the mid-1990s, when the HIV epidemic had devastated many countries, Jonathan Mann offered a human rights framework as an alternative to the traditional biomedical approach for dealing with modern public health challenges (Mann, 1996). He argued that human rights are critical determinants of health — more so than clinical medicine in many cases — and that governments have an obligation to ensure that all persons have a minimum set of rights in order to ensure health. These foundational values, bolstered by human rights theory, translate into the operating principle that public health practitioners must commit to linking human rights with public health. Further direction on how to incorporate these ideas into ethical decision-making during the practice of public health is lacking, in part due to Dr. Mann's untimely death in 1998.

2.1.3 Health Communication

Health Communication was developed as a distinct area of study in the 1980s (Lederman, Kreps & Roberto, 2017) even though some scholars have studied communication within the

context of health many years before that (Atkin & Marshall; 1996; Rogers, 1996). Thompson (2005) is of the opinion that it was Korsch and Negrete's (1972) paper in the Scientific America was the first distinct publication of health communication. This area developed into academia with the establishing of journals to take care of the phenomenon. These journals included Health Communication in 1989 and Journal of Health Communication in 1996 (Kreps, 2003).

According to Atkin & Marshall (1996), the area of health communication focused on issues happening in real life as against everyday communication. The field was developed in America following two strands of knowledge. The first strand, looks at health communication from the perspective of communication the interpersonal communication that takes place between medical officials and patients in hospitals and clinics; whilst the second strand looks at the mass communication channels used in promoting public health campaigns (Kreps, Bonaguro & Query, 1998; Thompson, 2006). Though this study aligns with the latter strand, other fields within the area have decided to look at the phenomenon within the context of other demographics such as the age of the patient, gender, race, culture, family and previous medical experience (Lederman, Kreps & Roberto, 2017).

The field of health communication has also devoted time to understanding concepts such as illness, sickness, well-being, among others, and what these concepts mean to both patients and doctors (Sharf & Vanderford, 2003). Because of the growing number of concerns that became part of health communication, the field often draws from different areas of human communication, such as interpersonal, group, and organisational communication theory. It also draws on research in many other disciplines, sajj uch as public health, medical sociology, health economics and epidemiology (Lederman, Kreps & Roberto, 2017). As an example, in doctor-patient communication, researchers have considered patient satisfaction with medical treatment (Ruben, 1993). In health campaigns, too, research is frequently done by teams working with practitioners attempting to address or prevent a health issue, such as alcohol use (Lederman et

al., 2003) or the role of storytelling and personal narratives in recovery from addiction (Lederman & Managatos, 2011).

Health communication has had an impact on health campaigns and health promotion from the beginning of the study of communication and campaigns. Health campaigns are defined as public campaigns in which the subject matter is health and the purpose of the health messages is to influence health-related attitudes and behaviours (Atkin & Wallack, 1990). The driving force behind health campaigns and health promotion tends to be problem-solving: addressing a particular health issue in order to prevent its occurrence (Rice & Atkin, 2001; Salmon & Murray-Johnson, 2001; Snyder, 2001). An important landmark in the development of a theoretical perspective on health campaigns is Lapinski and Witte's piece (1998) in which they divide the theories underlying these campaigns into macro-level and micro-level theories of change. Fishbein and Yzer (2003) also provided a theoretical lens through which to view health campaigns. Despite the difference of the many theories, what is most important is that all are concerned with how and why campaigns are effective or ineffective in influencing health attitudes and behaviours (Lederman, Kreps & Roberto, 2017).

Another area within the public health literature is the dissemination of health messages through public education campaigns that seek to change the social climate to encourage healthy behaviours, create awareness, change attitudes, and motivate individuals to adopt recommended behaviours (Atkin & Wallack, 1990; Backer, Rogers & Sopory, 1992; Maibach & Parrot, 1995). At the onset of the field, these campaigns relied on mass communication channels. Guttman (1997) concerned herself with an awareness of the power of the strategies used in influencing attitudes and behaviours and the inherent responsibilities implied by the knowledge we have of what moves people in the direction of change. This is of particular concern as campaigns began to integrate mass media techniques with community-based programs. Examples of these include the usage of social marketing techniques or social

norming messages (Lederman & Stewart, 2005); public health campaigns (Atkin & Wallack, 1990; Gutman, 1997); the construction of public health messages and campaigns (Backer, Rogers & Sopory, 1992; Witte, 1992); and images of health in the mass media and the culture (Lederman, Lederman & Kully, 2004; Slater, Karan, Rouner & Walters, 2002).

Much of the research in health communication rests on theories that explain communicative phenomena, not just health communication behaviour. Considerable evidence also shows an increasing trend in health campaigns and promotion toward theory testing. While there is less evidence of new theory development, there are campaigns that help in the development of communication theory. Lederman and Stewart (2005), in their work on college drinking, have advanced a conceptual framework consisting of socially-situated experiential learning that provides a conceptual basis and grounded theory approach to the ways in which learning takes place around a health issue with implications for many issues beyond college drinking.

Other studies have taken a critical and cultural approach to health campaigns. Examples include plain language websites for parents of deaf children, studies that look at pro-eating disorder websites, interactive safer-sex websites, drug resistance strategies, recall of anti-drug public service announcements, media literacy and smoking in adolescents, Sever Acute Respiratory Syndrome (SARS) in the media, telemedicine, and wording in health internet sites (Thompson, 2005).

One of the ways in which communication theory and practice has influenced public health campaigns is in the research that indicates that effective health promotion and communication initiatives adopt an audience-centred perspective. In applying fundamental persuasion theories to the analysis of public education campaigns, health communication scholars brought to public health campaigns conceptualisations developed by individuals with specific knowledge of the audience to whom those messages were addressed, the relevant attitudinal, behavioural and

cultural characteristics of those audiences as well as their media use patterns (Signorielli & Staples, 1997).

Research targeting specific segments of the population and tailoring messages for individual use are exemplified in Harrison (2003) which examined how exposure to mediated images of men and women influenced how people perceive the size and weight of their own bodies. She illustrated ideal-body media and their relationship to risky health practices like plastic surgery or extreme dieting. Lederman, Lederman and Kully (2004) explored the impact of the media on health issues by examining the ways in which media often perpetuate myths about social norms, particularly those related to health practices and outcomes. The authors focused particularly on the role of television in portraying a health issue, and how the impact is a product of both the medium and the minds of its users. Brodie, Kjellson, Hoff and Parker (1999) explored the ways in which there is a need for accurate and effective mass media coverage of health topics and concerns for racially and ethnically diverse audiences. Pfau, Von Bockern and Kang (1992) drew upon inoculation theory as a strategy to prevent children from beginning to smoke. As health messages move from curative focus to a preventative one, strategies like inoculation have proven most beneficial for reaching adolescents with low self-esteem. Miller-Day and Barnett (2004) examined the need for better drug prevention campaign by examining ethnic identity and the perception of cultural norms that may be linked to drug use and the attitudes and beliefs about it (Allman, 1998; Buckman, 1984; Miranda & Brody, 1992).

2.2 Theoretical Framework

2.2.1 Theories of Public Health Communication

Since the 1990s, the increasing importance of ethical issues in the debates about public health policies has become evident in different cultural contexts. Examples in francophone countries include the Ethics and Public Health (Éthique et santé publique) Conference that took place in

Nantes on March 13-14, 1997 (Ethics and Public Health Conference, 1997) and the National Public Health Priorities (Priorités nationales de santé publique) Conference that took place in Montréal on November 18-19, 1997 (National Public Health Priorities, 1998). Many aspects of public health ethics have been extensively developed in Anglophone countries. Among others, one example is the ethics of infectious diseases (Selgelid, Battin & Smith, 2006): Dawson and Verweij (2006) have provided important contributions to this field.

2.2.2 The Utilitarian Roots of Public Health and the Conflicts between Individual and Social Interests

Several authors have also pointed out that great importance has been afforded to autonomy—and therefore to issues such as informed consent, confidentiality, and so forth—in contemporary bioethics, to the point that it has become at least a primus inter pares if not a clearly superseding principle. The principle of autonomy has tended to dominate healthcare ethics especially in North America (Clouser & Gert, 1990). On the contrary, however, public health is based predominantly on population-level utility, making it more attentive to issues such as epidemics, social determinants of health, and cost-effective decision making: a "pervasive utilitarian component" in public health is thereby "undeniable" (Levy, 1998).

This utilitarian approach is often connected to the question of an alleged paternalism in public health: many philosophers have seen the principal issue of public health as that of paternalism, or the intrusion of the State upon individual liberty in order to promote health and safety. Consequently, most ethical problems in public health are characterized by tension between private or individual interests and public or social interests. The main challenge lies embedded in the relationship between individual and population health (Onyebuchi, 2009). Many authors have highlighted important features that differentiate public health ethics from bioethics,

especially public health's emphasis on population health rather than issues of individual health (Baum, Gollust, Goold & Jacobson, 2007).

The utilitarian approach underlying public health, however, is not necessarily synonymous with a lack of attention to individual needs. According to Mackenbach (2005), the large-scale altruism of public health has to be balanced with the value of individual autonomy, and some degree of dreaming of a better and healthier world is indispensable for further progress in public health. The ethical foundations of public health are not always self-evident, and critical reflection on these foundations was, is, and will always be necessary (Mackenbach, Kos & Dresden, 2005). Unfortunately, Mackenbach's cherished approach is an inherently idealistic one (Hense, 2005).

In the introduction to the book Public Health Policy and Ethics, Boylan describes the tension between private and public interests and identifies a distinction between prudential grounds and moral grounds for public health. The prudential model is based upon a principle of selfish egoism and extended egoism (the political expression of selfish egoism), and suggests that moral grounds for public health are more certain because they give a clear and intersubjective foundation (Boylan, 2004).

2.2.3. Models for Public Health Ethics

Classical utilitarianism was formulated in the 19th century by Bentham (2005) and Stuart-Mill (2005). According to utilitarianism, actions are right insofar as they tend to promote the greatest happiness for the greatest number, and wrong as they tend to promote the opposite (Lyon, 2001). Utilitarianism is therefore a form of consequentialism: not all consequentialists are utilitarians, but all utilitarians are consequentialists. Utilitarianism is a maximizing theory: right actions and policies are those that achieve the greatest happiness possible.

The problem of sentience is important in every ethical theory. It is of particular importance in the utilitarian model since most utilitarians consider the ability to experience pain and pleasure an important element for assessing utility.

Many contemporary ethicists and philosophers are in line with utilitarian theories: utilitarian theories seem to be an effective way of maximizing benefits for the greatest number of people. Nevertheless, there are many situations in which maximizing happiness could conflict with other values, namely justice, fairness, and honesty. Objections against utilitarianism point to its intrinsic injustice, since this theory only considers the amount of good but not the way in which it is distributed. Moreover, all benefits cannot be measured according to a single standard, especially where money is involved. For example, improvements in health conditions cannot be measured in the same way as saving or extending life.

According to the deontological theories, the good is known by its consistency with moral rules and principles. Kant's theory is the best-known example of deontological theories. Kant emphasizes the connection between reason and morality. Reason, according to Kant (2005), is what separates human beings form the rest of the animals and what makes man subject to the moral law; since man is a moral agent, he is responsible for his actions. Kantian ethics objects to consequentialism; however, this does not mean consequences can or should be ignored (O'Neil, 2005). Consequences become relevant only if the proposed actions are morally permissible: actions are intrinsically right or wrong regardless of their consequences. When we want to know if a proposed action is morally permissible, the question we must therefore ask ourselves is not about the likely consequences of doing the act; rather, the guiding principle of action should be to "act only on the maxim of an action that you consistently will universally (Kant, 1993).

Communitarian ethics rejects the notion of timeless, universal, ethical truths based on reason (Encyclopaedia of Ethics, 2001). According to communitarian theories, morality is a cultural rather than abstract concept. Communitarians maintain that our moral thinking has its origins in the historical traditions of particular communities. Communities are not simply collections of individuals: they are groups of individuals who share values, customs, institutions, and interests. Communitarian ethics seeks to promote the "common good" in terms of shared values, ideals, and goals. In the communitarian perspective, the health of the public is one of those shared values: reducing disease, saving lives, and promoting good health are shared values (Bella, 1998; Etzioni, 1998).

Communitarian ethics has been criticized on both practical and moral grounds. One of the problems with communitarian ethics, like utilitarianism, is that the vision of what constitutes a "good life" may differ: therefore, there is an inherent risk of a "tyranny of the majority." Community health programs may involve selection of benefit structures that favour some citizens over others. Taken to its extreme, the communitarian viewpoint—by making even universal values subject to a community filter—could threaten the sense of a common humanity and undermine political and social cooperation.

Egalitarian theories typically stress equal access to certain goods, but not equal sharing of all possible social benefits. John Rawls explains his theory of equal opportunities with the metaphor of how a rational agent behind an objective veil of ignorance would choose principles of justice (Rawls, 1971). Rawls applied his theories of justice to health care only in later works (Rawls, 1971). Other authors, however, and especially Daniels (1985), have employed his theories to propose public health models providing equal opportunities. This approach emphasizes the need for fair procedures to be used in solving problems of rationing and conflicts between individual and social interests in public health.

From a practical perspective, critics consider this model insufficient to address the need for efficiency, willingness to pay, and other problems. From a theoretical perspective, the model does not seem to adequately determine goods from which no one can be excluded and values other than equity. Other concerns about the equal opportunity model include the exclusive focus on means and resources, thereby neglecting ends, and its inattention to individual differences and social peculiarities (Kukathas & Rawls, 2001).

Liberalism stresses equal access to rights and free-market based approaches. The predominant values espoused are therefore individual freedom and autonomy. According to liberalists, the role of public authorities is to protect individual rights, and the state should maintain a neutral position with respect to the various understandings of good (Steiner, 2001). Unlike the libertarians, liberalists claim that human well-being requires a certain amount of positive rights and corresponding duties. Critiques of liberalism stress that health care is different from economics and is not able support the conditions for market allocation (Steiner, 2001).

Contractualist theories consider fair and morally right decisions to be based on procedural justice and open processes whereby citizens are involved in the deliberations. This approach requires criteria for decision making to be clearly settled in advance (Emanuel, 1991). Several critiques of this models have been expounded. Some authors indicate how theories of just processes ignore deeper and more fundamental moral questions. Moreover, contractualists theories can never be universal or unbounded by culture (Bronaugh, 2001).

Personalism considers the individual to be the core value and tries to achieve the common good by promoting and enhancing the good of the individual. The main values proposed by personalism include respect for life (public health actions are aimed at protecting and promoting human life and health), sociality and solidarity (social solidarity means and involves a commitment to bridge the gap between the different sectors of society and to integrate them

into a community), and responsibility (the responsibility to prevent and protect against avoidable diseases, the duty not to create irresponsible burdens for the society, and responsibility for people in need) (Durand, 2005; Taboada, 2002). Personalism has been criticized since terms "person" and 'personalism' have myriad uses: there are atheistic, idealistic, Christian and other 'personalisms' (Yandell, 2005).

In casuistry, decision making takes place at the level of the particulars of the case itself. Evaluations are not referred to a particular theory; rather, maxims are identified that have a bearing on the case. Maxims are simply rules such as "tell the truth" or "be compassionate." Casuistry requires clearly expounding the facts. Decisions are then made on the basis of the most appropriate maxims for the specific circumstances (Johnson, 1995).

Other classifications of the models are also possible. For example, Häyry (2006) suggests three major ethicopolitical approaches to all public activities. He summarizes the various models into three categories: welfare liberalism, traditional communitarianism, and radical libertarianism. The author identifies a list of words that highlight the main concepts of each approach. For welfare liberalism, they include autonomy, non-maleficence, beneficence, justice, privacy, consent, confidentiality, and others. For traditional communitarianism, they include integrity, vulnerability, solidarity, subsidiarity, social democracy, honesty, respect, and others. For radical libertarianism, they include liberty, general happiness, non-violation of rights, voluntariness, other people's interests, non-interference, contract and compensation, and others. According to the author, however, it seems that public health arguments do not deal with all the concerns that people have (Hayry, 2006).

Many philosophers have seen the principal issue of public health as that of paternalism, or the intrusion of the state upon individual liberty in order to promote health. These ethical models show that the dispute is far more extensive than the debate over paternalism (Nys, 2008).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methods and processes engaged in collecting and examining the data pertaining to the ethical challenges in public health communication in Ghana. The chapter contains information on the research design, sampling technique and the data collection and analysis procedures. Essentially, this chapter presents a discussion the principles that underlie the choice of methods employed for the data collection and a further explanation of the procedures used in analysing the data in order to respond to the research questions.

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3.1 Research Approach

An in-depth understanding of the ethical challenges in the public health sector requires the adoption of a qualitative approach. Employing a qualitative research approach helps the researcher gain better understanding of social realities and draws attention to processes, meaning patterns and structural features of a phenomenon (Flick, Kardorff & Steinke, 2004). This implies that using the qualitative approach is helpful in obtaining detailed information about the ethical challenges faced by GHS staff during public health campaigns. In relation to this, Daymon and Holloway (2011) affirm that qualitative research is a powerful means of gaining in-depth, holistic understanding of issues. Therefore, studying the ethical challenges of public health communication in Ghana provides an in depth understanding of the experiences of workers of the Ghana Health Service pertaining to ethical public health communication.

On the basis of the above explanations, this study sought to investigate and describe the experiences and the ethical challenges in public health communication that confront Ghana Health Service workers at the various hospitals in Accra during the COVID-19 pandemic.

Lindlof and Taylor (2002) give the indication that qualitative researchers seek to examine the situated form, content and experience of social action, in words rather than subjecting it to mathematical transformations. The anticipated outcome of the study makes it important to the researcher that the issue of ethical challenges in Ghana's public health sector during the COVID-19 pandemic perpetrated via the understanding of the staff are subjected to interpretive or descriptive analysis and not just statistical manipulations. This idea is affirmed by Amaratunga et al. (2002) and Willis (2008) as they argue that the qualitative approach concentrates mainly on words and observations to express reality, and tries to describe people and research phenomena in natural situations instead of statistical testing of variables.

Delport and De Vos (2011) also affirm that "qualitative study is concerned with non-statistical methods and small samples, often purposively selected" (p. 65). This approach helped the researcher to deduce the latent meanings behind the understandings of the staff and also thematise the issues discussed in the literature.

Drawing from these instances, the researcher finds it imperative that the current study investigate the challenges that GHS staff face during public health campaigns on the COVID-19 pandemic. An approach which collects data from participants and analyses data inductively, building from particular to general themes and the researcher making interpretations of the meanings of the data.

3.2 Research Design

A research design focuses on the processes to achieve the required outcome for a study. Welman, Kruger & Mitchell (2005) indicate that the research design constitutes the overall plan according to which the respondents of a proposed study are selected, as well as the means of data collection or generation. According to Creswell (2014), the research design is the

strategy, plan and structure of conducting a research work. Amoani (2005) explains deeper by stating that research design involves the arrangement of conditions for collecting and analysing data relevant to the research in the most economical manner. This is determined by the sample size, sampling technique, the type of data and the means of data collection as well as the method of data analysis (Amoani, 2005). It must be emphasised that the selection of a research design is mostly dependent on the nature of the research problem, the researcher's personal experiences, and the type of audience for the study as asserted by Creswell (2014).

Centred on Creswell's (2014) assertion, the researcher collected data in the field at the site where participants experience the issue under study. For that reason, the day-to-day activities of the GHS staff during the COVID-19 pandemic, as phenomena, are best understood through a phenomenology analysis of the field. Hence, this study employed a phenomenological design to qualitatively investigate the ethical challenges that confront public health communication in Ghana.

Phenomenology allows for gathering information from multiple sources by using different methods such as interviews, direct observations, documents and reports (Creswell, 2013), and even surveys can be incorporated (Bower & Courtright, 1984). However, this study employs the interview technique.

3.3 Sampling Strategy

The essential principle of gaining rich, in-depth information guides the sampling strategies of qualitative researchers (Daymon & Holloway, 2011). According to Bryman and Bell (2003), sampling is the segment of the population that is selected for investigation; it is a subset of the population. Sampling also refers to the process of picking a subgroup for a study (Kusi, 2012).

Kusi explained that sampling is necessary because it is usually impracticable to examine the entire population in a study (Kusi, 2012).

Six staff of the public health department of the GHS at the Ga South Municipal Assembly and the Korley Klotey Municipal Assembly were purposively selected for the study. They were staff who engage the public on the COVID-19 pandemic. It is important to also note that in phenomenological study, researchers generally use purposeful sampling. This means that, according to the purpose of the study, I chose a specific group and setting for my research, and then used a set of criteria to select who and what will be studied (Daymon & Holloway, 2011).

3.4 Sample Size

The phenomenon of interest was centred on the participants who were staff working within the GHS. So, the selection of a sample size was crucial to the investigations in this study. In order to analyse the potential of studying the ethical challenges within the public health communication, it is important to deal with a sample that reflects the opinions of staff.

On the basis of Miles, Huberbman and Saldana's (2014) assertion that in qualitative research, sampling relies on small numbers with the intention of studying the phenomenon in depth and in detail, six (6) staff of the GHS were chosen for the study. Wolcott (1994) also adds that, rather than a large sample size enhancing qualitative research, a large sample may actually harm it as the research is likely to lack the depth and richness of a smaller sample.

Daymon and Holloway (2011) emphasised that a small sample allows the researcher to capture participants' specific responses and individual interpretations. In considering Baum's (2002) views on how there are no closely defined rules for sample size in qualitative research, I sampled a total of six (6) participants in anticipation for obtaining a rich data set and a diverse interpretation for my study.

3.5 Data Collection Instrument

The data collection tools employed was recommended based on the phenomenology research. This required participants or non-participant observations, semi-structured interviews, research diaries among others, in order to obtain rich data and descriptions. Inherently, time constraints of the study only allowed for interviews to be conducted since it adopts phenomenology data techniques (Kozinets, 2015).

3.5.1 Interviews

Interviews were conducted to gather data on the experiences of participants on the ethical challenges they face during the dissemination of information on the COVID-19. The interviews served as a means to explore the perspectives and perceptions of the participants. Through this means, I was able to gather data to investigate the communication challenges and ethics within the GHS.

To Lindlof and Taylor (2002), qualitative interview involves a situation where one person, who is known as the interviewer, emboldens others (interviewees) to talk about their interests and experiences without any kind of restrain. Again, Creswell (2014) explains interviews as a means through which the researcher conducts face-to-face interviews with participants, interviews participants by telephone, on the Internet, or engages in focus group interviews with six to eight interviewees in each group. In light of the above, the act of interviewing entails inquiry through asking questions and listening of responses and reactions of the interviewee/s. This process helps to appreciate the phenomenon under study from the interviewees' viewpoints.

For the study, semi-structured interview was employed. This approach to interviews required the researcher to prepare an interview guide before the interview (Braun & Clarke, 2011). However, I was flexible with the kind of questions he asked from the interview guide and did

not rigidly adhere to the order in which the questions were arranged (Braun & Clarke, 2011). The questions were precise in wording and devoid of ambiguities such that the kind of data being elicited was adequately accessed.

The interview session lasted between 25 and 27 minutes for each participant interrogated on the questions (see Appendix) which implored responses relating to ethical challenges in public health communication on COVID-19 pandemic in Ghana.

The questions that were asked during the interview were aided by a semi-structed interview guide and based on the research questions of the study. The course of interview was conversational which enabled the interviewees to elaborate and freely express their experiences of the phenomenon. I had the chance to clarify the term ethical challenges and the various constituents of the term and other terms whenever it appeared the participant had difficulty understanding a specific question (Lindlof & Taylor, 2002).

I had the opportunity of conducting face-to-face interviews with the participants in their offices, with COVID-19 protocols adhered to. Before proceeding to the interview with the participants, I had several telephone conversations with them in order to get a suitable date on which they would be free to be interviewed for the study. Through that period, I introduced myself, my purpose to the participant and also briefed them about how the interview was going to be carried out. This was to create rapport between myself and the participants as was explained the purpose of the study to them (Lindlof & Taylor, 2002).

3.6 Data Collection Procedure

The data collection procedure looks at the means through which the researcher utilises the various data collection instruments to gather data for a study. The study sought to investigate the phenomenon of ethical challenges in the dissemination of information on the COVID-19 pandemic in Accra.

I had face-to-face interviews with the participants. Once the interviewees accepted to be interviewed, a convenient date was scheduled for that purpose. On the day of the interview, I placed calls to the participants to record their locations. Their offices were best placed since there was little noise there and because phenomenological studies require going to the person's workplace. The interviews were recorded using my iPhone and were later retrieved. The semi-structured interview guide was used to direct the flow of the interview with the participant, with focus on the participants' experiences and perceptions of the phenomenon under study. Nonetheless, new ideas which were outside the guide were allowed. The in-depth interviews with the six participants, conducted using an interview guide, lasted a total of 1 hour 32 minutes. To ensure participants' anonymity, I inquired if they would want to maintain their identity when using the extracts of their interviews in the study, they agreed to using codes to identify them instead. The recorded interviews were transcribed and analysed.

The data were analysed qualitatively through the use of thematic analysis with emerging themes at the end. A pattern subsequently emerged from the coding process and the coded data were categorised thematically. Themes were later developed out of the listed categories as some of them were similar in character.

3.7 Method of Data Analysis

To begin the process, I employed the use of thematic analysis for the interviews (Julien, 2008). Bowen (2009) sheds more light on this approach by observing that thematic analysis technique

was best suitable for examining data collated through the analysis of documents. And documents obtained from the data were in the form of texts and transcribed interviews. These ideas or messages were then sorted out into different categories according to some set of classification criteria (Rosenberry & Vicker, 2009).

A close reading of the text was done, paying attention to issues that centre on what accounts for ethical challenges, the ways in which ethical challenges occur and how ethical issues challenge public health communication in Ghana. The dominant issues identified were collapsed into themes, and the themes were used for the analysis.

In order to minimise subjectivity and researcher bias, the researcher bracketed herself during the investigation. Bracketing, according to Bertelsen (2005), involves the researcher creating a distance from previously held assumptions or theories and basing interpretations solely on immediate insight into the phenomenon itself. In interpreting the findings and discussing the data, I drew meanings on the basis of the theories used for the research and direct quotations were to support the various findings from the research and to help analyse effectively.

3.8 Ethical Issues

Arnould (1998) affirms that ethical concerns arise due to the structure of phenomenology research. In relation to all this, there was the need to follow an ethical guideline in conducting this phenomenology study.

For the study, I ensured the confidentiality and anonymity of the participants by using codes. I also engaged the participants, informing them through written letters, in order to interview them for the study. The interviews were done personally by the researcher, and this enabled the researcher to explain the essence of the study to participants and to assure them that their responses were purely for academic purposes. Respondents were not coerced to respond to any

question and were free to end their participation in the study whenever they wished to. The protection of the participant's right of privacy was also adhered to and participants were treated with the needed respect.

3.9 Summary

This chapter discussed the methods that were employed in arriving at the data for the study. It was important that the selected researcher design was appropriate in investigating the perspectives of participants on ethical challenges to public health communication on the COVID-19 pandemic in Ghana. In view of this, a phenomenology design was used. Through interviews, and the analysis of relevant documents, I gathered my data from staff of the GHS at the Ga South and Klotey Korley Municipal Assemblies. Ultimately, this chapter dealt with critical areas of concern in ethical issues, which is ensuring consent and confidentiality of participants to ensure the trustworthiness of the data.

CHAPTER FOUR

FINDINGS AND ANALYSIS

4.0 Introduction

This chapter presents detailed discussions of findings from the data collected through the face-to-face interviews. The interviews involved six (6) staff from the Ghana Health Service and have had an appreciable number of years in public health campaigns. The staff gave responses based on the three research questions for the study. The data gathered was thematically analysed for easy interpretations and simplified thematic units. The analysis was also done in sync with the literature review. By comparing the analysis to the literature, it helped the researcher to find out the points of convergence and/or divergence between literature and practice. It also gave a Ghanaian context to the study. The research questions of the study were as follows:

1. What ethical challenges were faced in public health communication in Ghana during the covid-19 pandemic?
2. In what ways do ethical challenges occur in the public health communication in Ghana during the covid-19 pandemic?
3. How were the channels of mass communication applied during the covid-19 pandemic?

The analysis is grouped into three sections, with each section tackling a specific research question. The first section looks at the ethical challenges within the public health services in Ghana during the pandemic, the second is on the ways the ethical challenges occurred during the pandemic, whilst the third concentrated on the channels of mass communication that were effective during the covid-19 pandemic in Ghana.

4.1 Section one: Ethical challenges in public health communication during the COVID-19 Pandemic

Before proceeding with the interviews, interviewees were requested to indicate whether they had faced ethical challenges during public health communications on the covid-19 pandemic. This was to enable the researcher to deal with interviewees who have experienced the phenomenon under study. This was to also help get rich responses from them. All the six (6) interviewees shared that they have often faced ethical challenges as part of public health campaigns in Ghana. The covid-19 pandemic was not an exception since they have been working with issues of cholera and measles. The only difference is the novelty of the Covid-19 pandemic. As a measure to make their responses confidential, each interviewee was given a code. These codes were 37M1m, 37M1f, KBT1f, Achi1m, 37M2f, and KBT1m. Interpreting the code, 37M stands for the 37 Military Hospital where the interviewees work; 1and 2 indicates the assigned number for interviewee; 'm' represents male whilst 'f' represents female. KBT stands for Korle-Bu Teaching Hospital and Achi is for Achimota. By projection, the study involved three males and three (3) females.

The second question under this section was to find out some of the ethical challenges the GHS staff face during the covid-19 pandemic. Garner (2014) is of the view that health promotion is an important element within the public health practice, yet it has a controversial understanding among practitioners. Health promotion goes beyond the individual behaviour towards a wide range of social and environmental interventions (WHO, 2013). In the bid to promote public health among a people, many controversial ethical questions are raised which includes the appropriate method to use in engaging the public (Dawson & Grill, 2012). Many projects aiming to change people's behaviour and lifestyle to enhance health have been tried. Coercive, top-down, legislative interventions, such as the requirement to wear seatbelts, nose masks and

crash helmets, and socially distance one's self have often succeeded (Pellmer & Wramner, 2009), as have some fiscal policies, such as taxing alcohol highly, as in the Nordic countries (Babor, Caetano & Casswell, 2003). But the results of lifestyle projects are mixed; some have succeeded, or partly succeeded (Glanz, Rimer & Viswanath, 2008), while others have failed (Gardner, 2014).

Some of the ethical challenges faced by the staff during public health campaigns included the following:

4.1.1 Health Knowledge Gap

One thing the interviewees mentioned as a major concern is the fact that there are some people who have enough knowledge about the pandemic more than others in the communities. They recounted this often happens when embarking public health campaigns in areas such as Accra central and Osu. Over here, there are different people with different knowledge gaps which need to be considered. According to 37Mf1,

> '… in areas like Osu and Accra, there are many people with various educational background. So, health promoters become cautious because you do not want some people to feel you are giving them too basic information whilst others might also think the information you are giving them is too high. So you have to find a way to tell the people about the disease or prevention methods so that they all feel the information is relevant to them'.

KBT1m also opined that 'our work in the public deals with a lot of people from different workplaces. This makes us to face many ethical obstacles when the disadvantaged groups in the society rather do not get to hear about the communication put out there'.

Communication scholars point to research findings that indicate that despite the promise that mass media campaigns could disseminate health promotion materials more equitably, such campaigns in fact were found to increase social gaps. This gap has been referred to as "the knowledge gap," and its occurrence has been found regarding various health issues, including

cancer, heart disease, and breastfeeding (Kulkla, 2006; Viswanath et al., 2006). Consequently, health promotion interventions may inadvertently serve to reinforce existing social disparities. The emphasis on justice is particularly relevant because less economically well-off groups are typically more severely affected by chronic and infectious diseases than the well off because they are less economically equipped to prevent or control them (Lee et al., 2008).

4.1.2 Ethical issue of gaining public consent

The staff indicated that gaining the consent of the public is often difficult, though that is what they should be doing before enrolling out their messages. They argued that often, the public health communications are designed without the people and consultations do not go far to involve the people for whom the messages are targeting. In the words of Achi1m, 'the people are not involved when embarking on campaigns. We do not take their consent as it is done in private consultations'. 37Mf3 justified the concern of Achi1m by saying that the people are not consulted 'because they are in a group. So, it is only the group leaders like the Assembly men and the chiefs that are consulted'. Adding to that, KBT1m argued that gaining public consent is an ethical challenge they face. He said:

> Public health activities are often viewed as relatively unobtrusive or educational, and because they are mainly implemented in the context of populations or through the media, the question of whether informed consent is required is often not even considered. Health promotion interventions are a result of the initiatives of government agencies or not-for-profit organizations that aim to promote the health of the public. So, it is often taken for granted whether the public approves of them or not.

In the medical care context, it has become an ethical and often a legal requirement to obtain people's consent to perform a medical intervention on them or on their dependents and to inform them about the procedures and possible risks or adverse consequences (Olufowote, 2008). The study's finding also agrees with view of Eagle & National Social Marketing Centre (2009) who contend that health promotion interventions, by definition,

intervene in people's lives, and their topics are often chosen by the government or influential public and commercial organizations. This raises the question of what should and could be the standards or procedures to ensure that informed consent is obtained on behalf of diverse populations. On a national scale, health promotion may reflect policies formulated as a result of a political democratic process, but on the local or organizational level, the question might be raised as to who represents the community residents (Guttman, 2017).

4.1.3 Privacy and Manipulation

Another theme that was gathered was that of the privacy of the people and their ability to make choices freely without been manipulated by public health campaigners. Over here, the staff said at times there are issues of manipulation through the use of communication materials that exaggerate the communication simply to make the people to change from certain lifestyles. According to 37Mf3, 'in communities where people are relatively uneducated, we at times exaggerate the issues so that they take them seriously. But should not be the case'. Inasmuch as the staff think manipulating communication materials simply to make people change, the literature holds diverse opinions to this regard. Ethical issues associated with respect for autonomy and privacy typically concern the use of persuasive arguments that might be considered manipulative, or the use of graphic material such as mutilated bodies or human suffering that might offend people or expose them to issues or sights to which they do not want to be exposed (Hastings, Stead, & Webb, 2004). In the case of the covid-19, there were various manipulative messages such as not getting into contact with animals, and others spoke about 5G networks causing the diseases.

One of the main criticisms of ethical frameworks that prioritize the importance of autonomy is that it represents mainly a Western approach to the conception of moral issues, draws too much on assumptions of individualism and universalism, and does not reflect diversity in moral

reasoning (Makau & Arnett, 1997). Another criticism, which has particular relevance to health promotion ethics, is that an emphasis on persuasion and manipulation as threats to people's autonomy presents a narrow conception of autonomy that does not take into consideration the social and relational context of human choices and behaviour (Bouman & Brown, 2010; Owens & Cribb, 2013).

4.1.4 Beneficence

The interviewees agreed that an important ethical issue that arose during the peak of the COVID-19 pandemic was that of beneficence. They said this act of 'doing good' is captured as part of their professional code of conduct.

> Campaigns must be beneficial to the community you are engaging. Other than that, there is no need such campaigns. Yet, during social marketing campaigns, we realise that over time, the campaigns end up harming the people. For example, when we were talking about baby formula's to contribute to the health of babies, we realised that with time, mothers rather relied on baby formulas to do the magic for them instead of breastfeeding the babies. So at times, the campaigns are for the good of the people but end up creating more problems for them (37M1m).

On the issue of COVID-19, KBT1f opined that 'wearing of nose masks was encouraged. Little did we know that non-medical nose masks without triple layers were all over the market. People kept reusing disposable nose masks without properly keeping them disinfected. This ended up creating more cases than before'.

Beauchamp (1996) is of the view that health professionals have the obligation of doing no harm to the community by actively pursuing means to help individuals and communities to reach a positive state of health or by preventing them from being endangered by risks and potential harm. The obligation could involve the protection and promotion of people's health on the individual level, as well as the family, community, and societal levels (Beauchamp, 1996). Numerous dilemmas emerge when interventions aim to do good, but other factors might be

involved that raise concerns regarding the means applied in the intervention. For example, to reach male youth who are typically uninterested in health information, health promoters might seek to employ computer video games. However, in order for these games to be attractive to the youth, they might consider using images that are violent or sexist (Guttman, 2017).

4.1.5 Doing No Harm

Closely tied to beneficence is the theme of doing no harm. Though this and beneficence may be the same, this looks at not harming people physically, socially and psychologically during social campaigns. One important obligation is that when one aims to better people's health one needs to avoid doing them harm (Beauchamp, 1996). This moral obligation is considered by some ethicists as the foremost ethical maxim for healthcare providers since the days of Hippocrates. The obligation to "do no harm" causes ethical concerns when an intervention of any kind, including a communicative activity, might directly or indirectly harm individuals or communities, whether on a physiological, psychological, social, or cultural level. For example, as a result of health promotion interventions, some individuals might become particularly anxious because of certain risk messages, or communication interventions might inadvertently stigmatize certain populations by using a derogatory depiction of their medical condition.

According to Achi1m, there are times when the communication affects some communities or people within the community. For example,

> When the Coronavirus came to Ghana and we needed to embark on the campaign, we faced various challenges. In the Kwahu and Afram Plains, some people thought we were speaking against eating bush meat entirely. And they ask us what we want them to eat as protein when all the have is the bush meat and they don't also have money to buy meat or fish from cold stores. So, they felt left out and segregated (Achi1m).

Guttman (2017) also mentions weight management campaigns as one which people who are obese feel insulted and less respected. Health promotion interventions aimed at body weight

are associated with ethical concerns because people's identities are influenced by their body image, and thus messages about their bodies essentially concern their self-image and personal worth (Guttman, 2017). People might also be affected by such interventions by viewing themselves more negatively, by having others see them in a more negative way, such as by being blamed for their presumed lack of willpower or character, regardless of economic, social, genetic, or psychological factors that affect their body weight and food consumption (Carter et al., 2011).

4.1.6 The end justifies the means

The application of utilitarian principles to public health communication was gathered. The staff indicated that often, some health campaigns are not effectively and efficiently promoted. There is the need for designing and implementing health promotion interventions so that they will benefit most people and will be conducted in the most efficient and effective way of using public resources. This approach is associated with utilitarianism that assesses the worth of actions on what was or will be the most beneficial to most people or society as a whole, and by doing so with a consideration of effectiveness (Hiller, 1987). One of the underlying premises for this type of justification is also that society has limited resources, which should be utilized to maximize their effectiveness. This obligation can influence decisions about how to choose the intended population for a health promotion intervention by drawing on a utilitarian basis rather than needs (Christians, 2007).

4.1.7 Digital literacy

The staff also mentioned that digitalisation also possess challenges to ethical issues in public health communication.

> At times, due to the nature of a diseases, it is important to use other mass media means to circulate information before the community health centres can also do so using health information vans. However, you realise that some people may not have the needed gadgets or knowledge to access such information. This makes them to be left out in most instances (KBT1m).

37M1m also argued that,

> 'the rural communities and people who are less endowed financially to acquire media equipment such as televisions, radio and smart phones. They are unable to access immediate public health communications. This does not help in this age and time, and where government does not give us the necessary resources .

This finding agrees with most of the literature which argue that it is necessary for people to have easier access to public health communications to save lives. Digital media offer opportunities to widely disseminate health promotion information in various formats and have become the main source of health information for many people. However, their use also raises ethical concerns regarding equity and the so-called digital divide (Hargittai, 2002). People with limited digital literacy or who lack physical access to computing facilities, as well as relevant skills and competencies, are less able to access or use health information distributed online (Viswanath & Kreuter, 2007). One example is the information gap that occurs in public health emergencies that use digital media channels to reach the public. In such situations, some of the most vulnerable groups in society, including the aged, the homeless, recent immigrants, rural residents, and the poor, are more likely to be at risk if digital media serve as the main route for information provision (Lee et al., 2008). To meet the obligation of equity, various health promotion programs seek to develop ways to increase access and enhance digital literacy among populations for whom the use of digital media for the purpose of health promotion is less accessible (Ginossar & Nelson, 2010; Kreps, 2005).

4.1.8 Strategic Segmentation and Targeting

The final theme under this section is segmentation of the population and targeting of public health communications. The staff said the lack of resources and personnel makes it difficult to segment the population so that specific campaign messages could be directed to the segments. This challenge actually creates some of the challenges which have been outlined earlier (Guttman, 2017). This is because with appropriate segmentation, issues of digital divide, privacy and not doing harm could be avoided. According to 37Mf1, 'we often segment people into communities, but not in terms of interests or other biological demographics'. KBT1m agrees to this when he opined that 'it is difficult to target messages to people in Ghana. This is because the communities are more heterogeneous than homogenous.'

Designing health promotion programs to focus on particular segments of the population is accepted as both a practical and ethical strategic approach in health promotion. It is considered a more ethical and effective approach because it requires the provision of equivalent but culturally appropriate messages to populations with different sociocultural backgrounds and levels of literacy (Hornik & Ramirez, 2006). It is also considered efficient because interventions that are developed according to the social norms and values of the particular population, and which draw on metaphors and symbols that they are familiar with or prefer, will likely be more effective in reaching its health promotion goals.

Decisions regarding "targeting" are often made on the basis of utilitarian or efficiency considerations. For example, it might be recommended by social marketing professionals to "target" those who are already in a state of readiness to adopt the recommended health practice by contemplating or engaging in it (Lee & Kotler, 2015). Alternatively, it may be decided to focus the efforts on those with the greatest need, who are considered "hard to reach" and less likely to adopt the recommendations, thus raising concerns associated with utility and the

inefficient use of limited resources that are available to health promotion, as well as not addressing the needs of other groups (Newton, Newton, Turk, & Ewing, 2013).

4.2 Section two: Ways in which ethical challenges occur in the public health communication in Ghana during the Pandemic

The second section of the chapter looks at the ways in which the ethical challenges discussed in the first section occurs in public health communication in Ghana.

The interviews revealed that the ways in which ethical challenges about the covid-19 are presented in Ghana's public health communication include both the social communicative and economic contexts.

4.2.1 Social communicative context

In a paternalistic environment like Ghana, is it difficult to deal with issues without facing ethical issues. The relationships within the social context become avenues for covid-19 ethical challenges for public health communicators. For example, the interviewees indicated that campaigns such as breastfeeding and menstrual hygiene often face problems in communities where it is seen as a taboo to speak of such things in the public. In this case, they are torn between the right of the female being to know and the social context which prevents that right. According to 37M1m, 'many a times, it is difficult to talk about menstrual hygiene or sexual issues because the society looks down on such issues. This makes our work difficult'. Achi1f also argued that campaigns on breastfeeding are not taken seriously in paternalistic environments where they think it is the female's responsibility to breastfeed. She argued that,

> '…most men think breastfeeding is a female thing and would not want to hear such messages. But breastfeeding should be both male and female issues. But often times, the society thinks that certain information should not be shared because they do not believe in them'.

Socially, 37Mf1 recounts that weight management campaigns are also avenues where the social context plays a role. According to her, 'calling someone *obolo* has many negative meanings. This makes campaigns on weight management a bit tricky for us since we do not want to offend anyone'. This theme has been thoroughly discussed within the literature. According to Azevedo and Vartnian (2015), the social environment comprises not only the immediate interactions that people have with family and friends, but also the information that is communicated by the media and the wider global community (Azevedo & Vartanian, 2015). Interventions that utilize communicative tools, including public service announcements, must be cautious so as not to encourage negative social attitudes toward individuals. Public service announcements such as the anti-obesity advertisement 'A lifetime of bad choices' (Community Health Assessments, 2014) have the potential to reinforce negative stereotypes of individuals with obesity, which can in turn increase prejudice toward those individuals. In contemporary society, obese individuals are evaluated less favourably than are other socially stigmatized groups such as homeless people and people with mental illness (Vartanian, 2010), and stigmatizing media representations only serve to increase those negative evaluations (Pearl, Puhl & Brownell, 2012). Importantly, weight stigma can be harmful to the individual's mental state and physical health and can create barriers for obese individuals to use medical services (Puhl & Heuer, 2009). Furthermore, there is evidence that stigmatizing messages are not very motivating (Puhl, Peterson & Luedicke, 2013). Overall, then, these stigmatizing public health campaigns are unlikely to have the intended positive benefits and may even have unintended negative effects arising from the stigmatization.

4.2.2 Economic context

Within the economic context, the staff argued the lack of logistics, trained personnel and communication materials, all as a result of the lack of funds posed as an ethical challenge

during the peak of the pandemic. They argued that when there are no incentives for the workers, they go to the community and say things anyhow simply because they are not being paid. At times too, the working materials are not there so they resort to inappropriate means of communicating to the people.

> 'I remember one time when I was talking to mothers about the importance of maintaining social distance, I did not have a material to show the adverse effects of maintaining a meter gap and how the virus travels in the air (37Mf2).

At times, the economic conditions of the people also do not allow them to fully participate in the public health campaigns. According to 37M1m,

> '…it is not that people don't know what is right and wrong. At times, their economic conditions affect their lifestyles. So in communicating in poor communities requires that you do not speak in such a way that preludes to the fact that the people are stubborn or do not know that to do without considering their economic statuses. Some people do not have money to buy face masks, alcohols or be in their homes practicing lockdown.'

4.3 Section three: Effectiveness of channels of communication during the pandemic

The third and final section of the chapter seek to find out which communication channels were mostly effective in disseminating information on the covid-19 pandemic in Ghana. Marshall McLuhan is of the view that the channel is the message. This implies that a communicative message is as good as the channel that is used to disseminate it. In development studies, Lerner opines that communication is essential in bringing about development by getting the desired responses from people. As more people begin to have exposure to communication, it creates an empathy in them to do things in ways that the general and elite groups in societies do to promote better health habits. In this regard, the interviewees listed various communication

channels that they employ. Using the ordinal scale, the channels were ranked in order of effectiveness.

Many channels were employed during the covid-19 pandemic. These channels included all online, broadcast and publication. Some other channels employed were the information vans, community engagements and texting. Interviewees ranked these channels in order of how they think they are effective. The following presents the order of importance from the most effective to the least effective communication channel. According to the media systems dependency theory, increased dependence on media to meet individual needs is directly proportional to greater perceived media importance in one's life and subsequently stronger media effects in one's attitude and behaviour. This dependency behaviour intensifies during uncertain times (Heliyon, 2021). According to Fraser (2013), effectiveness is a measure of the match between stated goals and their achievement. In the context of usage of social media platforms, effectiveness of a platform is the height to which a desired result is produced successfully from the particular media channel. Indicators of effectiveness of social media platforms focus on measuring the changes in outcomes that reflect the purpose of the usage or the goal intended by the user to be achieved.

It is argued that the media play a vital role in prevention and sustainability of healthy behaviour which makes society aw are of health hazards. USAID (2017) explains that high assessment of health care system is achieved through effective health communication through the media. The utilization of behaviour changes communication activities by media in communicating health issues increases the awareness about covid-19 pandemic and motivates individuals to seek services and help them successfully apply the preventive measures. The Centre for Diseases Control (2018) also argues that health communication through media increases the audience knowledge and awareness of any health-related issues.

This also applies to the covid-19 pandemic. Public broadcasting services are regular press conferences of high-profiled politicians announcing and explaining measures to the audiences. In the case of Ghana, the MoH, Information Ministry and the Presidency constantly briefed the public on the state of the Nation during the pandemic using various television platforms. These are usually supplemented by press briefings with experts from public health authorities who explain details on the epidemiological situation and outbreak severity.

Both information vans and community engagement as a means of communicating about the COVID-19 pandemic were helpful. The use of information vans and community engagement was popularly employed across the country. These two channels were the main sources of information in communities without electricity and where poverty levels are high. People that are unable to buy television or radio resort to picking information from the vans and the community health workers who move round to explain the causes and preventive measures of the covid-19 pandemic to the communities.

The third most effective channel that was employed was through online. Online media included online news portals and that of social media. Any other means that used the internet to access information is regarded as online in this study.

Although there were increased radio broadcasts, the participants said issues of health are best described when there is graphical representation of which most people have not mastered the art of painting images in people's minds. According to KBT1m, 'radio is not an effective means of communicating about pandemics. It can inform the population but it is not effective in showing how diseases spread and demonstrate how one can prevent such diseases when compared to television.'

Publications (newspapers, sign boards, magazines and books) were the least effective means of communicating about the covid-19 pandemic according to the respondents. 'When we post

items on notice boards and bill boards, people hardly look at them' according to 37M2f. There are a lot of published content on covid-19 in the newspapers and on bill boards in town. However, people do not pay much attention to them as they would to the other channels of communication. This also becomes a barrier to those who cannot read and write. If the pictures are not self-explanatory, such people are left out of the message. This makes publications the least effective means of communicating about the covid-19 pandemic.

4.4 Summary

The chapter analysed the findings gathered. The chapter analysed results related to the ethical challenges in public health communication during the covid-19 pandemic, the ways in which these ethical challenges occurred and the effectiveness of communication channels employed during the pandemic.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This final chapter of the study summarised the important issues raised in the study and drew conclusions on the study. Again, the chapter presented recommendations for both academia and practice on ethics and public health communication in Ghana. The chapter also discussed the limitations of the study and made proposals for future research works in the field.

5.1 Summary

Ineffective communication has been seen as one of the major problems faced by health workers. Worst of this issue is the ethical communication challenges that underlie the activities of public health workers in Ghana. Ineffective and ethical communication has been noted to cause various injuries to patients and the health workers alike. Raising awareness about diseases and other health-related issues has become a place of concern due to the numerous ethical issues that come up. Despite the obvious role played by ethics in health promotion communication interventions, communication researchers note that they are seldom discussed in daily health communication practice and are mainly raised only after critical questions are raised by others. More importantly, there is the lack of such studies within the Ghanaian context. As a result, the study was undertaken to find out how ethical challenges affected public health communication on the covid-19 in Ghana through three objectives. The objectives were to explore the ethical challenges in the public health communication, the ways in which such challenges occurred during the pandemic and the effectiveness of the communication channels employed. The concepts of health communication, health campaigns and advocating health behaviour and theories of public health communication were used to understand the theoretical framework that shaped the study. Various empirical reviews were also conducted under each

objective of the study. The study was done within a qualitative research approach so as to gain in-depth and holistic understanding of the issues of public health communication through the experiences of the health workers drawn from the 37 military hospital, Achimota Hospital and the Korle-Bu Teaching Hospital. Because the study wanted to know the lived experiences of workers, the study employed the phenomenological research design. A convenience sampling was used to sample six health workers at the various hospitals. Interviews were used to gather data from the respondents.

5.2 Main Findings

The study found out that some of the ethical challenges the staff face during public health communication campaigns include communicating in such a way that the message is not affected by the knowledge gap eminent in heterogeneous societies; whether to gain the public's consent before embarking on health campaigns; issues of manipulation and invasion of the privacy of people; whether they are working for the general good or the interest of the general public or they are doing so just to increase the patronage of a certain drug; whether the messages can cause emotional and psychological injury or harm to community members; whether to apply utilitarian principles to campaigns; digital literacy; and issues of segmentation and targeting of groups for public health messages.

The second finding, related to the ways in which ethical challenges occur in public health communication in Ghana, saw recurring responses and themes such as the social environment within which the communication is being carried out; and economic challenges which affect regular campaigning and use of appropriate communication channels and materials.

On the third objective, the study realised that the most effective means of communicating during the pandemic was the used of television. This was closely followed by information vans and community health engagements. The third most effective communication channel was

through online media platforms whilst radio was the fourth most effective. The least most effective means was that of publications.

5.3 Limitation

The study was limited in the following ways:

The sample size was small and limited to only three hospital whose staff are members of the Ghana Health Service. Because the public health communication is often done in groups, their experiences seemed similar. Hence, a diversified sample size, which included other hospitals from outside Greater Accra, would have greatly contributed to the study. However, the study mitigated this limitation through asking in-depth questions which resulted in a saturated and rich data. According to Almusharuf (2012), when a study meets a saturated stage then there is no need having further interviewees because they may end up repeating already made statements.

The study was also limited to only interviews, with data gathering done within two weeks. This did not allow the researcher to observe how the public health communications are done during a specific campaign.

5.4 Recommendations for Further Studies

The scanty literature on ethical challenges and public health communication during pandemics in Ghana calls for more studies to be conducted. Future studies could look at applying an ethnographic design to this study, where they will be able to apply interviews, conversations and observations to see how the ethical issues manifest during the public health communications. Again, future studies should also consider having a sample size that

represents several hospitals and other clinical and social settings so that the conclusions can be more statistically robust enough to make generalisations of the phenomenon in Ghana.

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