

GHANA INSTITUTE OF JOURNALISM

COMMUNICATION STRATEGIES EMPLOYED BY THE METHODIST CHURCH

GHANA IN THE FIGHT AGAINST COVID-19

By

ANASTASIA NANABA ACQUAH

MADC20084

NOVEMBER, 2021

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES AND
RESEARCH IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE AWARD
OF MASTER OF ART DEGREE IN DEVELOPMENT COMMUNICATION.**

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CANDIDATE'S DECLARATION

I, Anastasia Nanaba Acquah declare that this thesis is my own work and has not been presented in part or whole for the award of any degree elsewhere. All quotations and references contained in this thesis have been duly acknowledged.

SIGNATURE..........

DATE: 14TH DECEMBER, 2021

SUPERVISOR'S DECLARATION

I hereby certify that the preparation and presentation of this work was supervised in accordance with the guidelines of supervision laid down by the Ghana Institute of Journalism.

NAME OF SUPERVISOR: BISMARCK NANTOMAH, PhD

SIGNATURE:

A handwritten signature in black ink, enclosed within an oval shape. The signature is stylized and appears to be the initials 'BN'.

DATE: 14TH DECEMBER 2021

DEDICATION

I dedicate this work to my ever-supportive mother, Mrs. Monica Acquah and my lovely father, Very Rev Ishmael Acquah whose love, care and support has brought me this far. I cannot thank you enough for all the sacrifices you have made for me and all you continuously do for me.

Your wish for me has always been to attain the highest level of education and I know this is a step to that destination. I really appreciate your support and hope and pray that God grants you both long lives to enjoy the fruits of your labour. I love you both deeply.

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LIST OF ABBREVIATIONS

ARDS	-	Acute Respiratory Disease Syndrome
COVID-19	-	Coronavirus Disease
GDP	-	Gross Domestic Product
GHAMEC	-	Ghana Association of Methodist Choirs
GSS	-	Ghana Statistical Service
HBM	-	Health Belief Model
RNA	-	Ribonucleic Acid
SBC	-	Social and Behaviour Change
SMAC	-	Social Mobilization Action Consortium
TPB	-	Theory of Planned Behaviour
TRA	-	Theory of Reasoned Action
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNICEF	-	United Nations Children Fund
WHO	-	World Health Organization

ABSTRACT

COVID-19 pandemic has affected Ghanaian populace since March 2020. This has culminated to the use of several communication strategies by the government and other stakeholders to curtail the spread of the pandemic. Despite the deadly nature of the COVID-19 pandemic, little studies have been done on the communication strategies employed by religious institutions in the fight against the pandemic. This study therefore sought to assess the communication strategies the Methodist Church Ghana employed in the fight against COVID-19. Eleven lay leaders and four clergies located in the Accra, Northern Accra and Tema dioceses of the Methodist Church Ghana were selected for the study. A qualitative case study approach was used. Data was collected through in-depth interviews and analysed using thematic analysis. The findings revealed that awareness creation communication, social mobilization and education entertainment were the communication strategies the Methodist Church employed in fighting COVID-19 pandemic. The findings showed that the use of these communication strategies by the church reduced the anxiety levels of members thereby influencing the rate of church attendance. The study also revealed that the Methodist Church Ghana faced misconceptions, attitudinal and financial challenges in employing the communication strategies used in the fight against COVID-19 pandemic. The findings point to the need for further studies by researchers to focus on other churches or even other religions to ascertain if the dynamics may be different based on the different organisations.

CHAPTER ONE

INTRODUCTION

1.0 Background of Study

The world is grappling with a virus that some world leaders have rhetorically declared an “invisible” enemy (Cathey, 2020). Even though the world has experienced similar or worse cases than the Coronavirus disease (COVID-19), such as the influenza of 1919 (Harris and Jones, 2020), this virus has blown and undermined all the systems of the world. The COVID-19 disease has altered the day-to-day activities of all individuals and imposed on the world many restrictions (Asante and Mills, 2020). Many of the economies of the world are crushing and social and physical distancing are undermining one of the key features of the human being as social and gregarious (Prempeh, 2021). Even so, Prempeh (2021) suggests the severity of the effects of the coronavirus is such that it has not shown its destructive potential in entirety. According to Ataguba and Ataguba (2020), COVID-19 is expected to have short-term, medium-term, and long-term effect on economies especially those with weaker health systems.

COVID-19 is a highly infectious disease which originated from Wuhan, a city in China and was first reported on December 31, 2019 (Lone and Ahmed, 2020; World Health Organization [WHO], 2020). The COVID-19 disease was declared a pandemic in March 2020 by the WHO. By then, half a million people had contracted it with over 300,000 deaths. More than 2 million people had contracted the COVID-19 virus across 213 countries, just a month later making the infection rate high. Between April and May, 2020, the death toll had increased from 14,229 to 346,000. Exactly a year after May 16th, 2021, the world had recorded 162,177,376 cases with 3,364,178 deaths (WHO, 2021).

In the case of Ghana, just a day after WHO declared the virus as a pandemic on March 11th, 2021, two cases were imported from returning residents from the Norway and Turkey. By the end of the same month, 152 cases had been recorded with 10 deaths (WHO, 2020). This increase was overwhelming because the nation had through the National Disease Surveillance Department of the Ghana Health Service conducted a readiness assessment. In addition, orientations had been carried out at the Kotoka International Airport and other ports. Many health protocols were put in place by the government through the Ministry of Health to curtail the spread of the virus. The wearing of nose masks, the observance of physical and social distancing, regular and proper handwashing and the use of hand sanitizers were among the protocols instituted by the government (Ghana Medical Journal, 2020).

The government initiated responsive measures to minimize the spread of the virus such as closure of places of worship and schools and ban on social gatherings on March 16 as well as the ban on entry for people coming to Ghana from countries that had recorded more than 200 confirmed cases (ibid). The government on several occasions updated the nation on the spread of the virus. Several programs dubbed ‘meet the press’ was organized to keep the media updated on the COVID-19 situation in Ghana. The nation’s ports were closed and those who arrived before the closure were subjected to a compulsory 14 days quarantine (Boaheng, 2021). Boaheng 2021 suggests that regardless of the protocols put in place, the virus continued to exact a toll on the existence of human race. By March 30, a two-weeks partial lock-down had to be imposed on Kasoa, the Greater Accra and Greater Kumasi.

Prempeh (2021) suggests that this development required a strategy to curtail the spread of the virus as it had revealed the challenges besetting the health structures and infrastructures, and complex military-security relations in Ghana. As a result, religion was employed as a strategic resource to combat the virus (ibid). This is because most people in Ghana have hope and trust in

the church as an institution to give answers to questions regarding future occurrences (Boaheng, 2021). Religion is valued and a common feature of the Ghanaian community with 71% as Christians, 17% Muslims and 5% traditionalists (Ghana Statistical Service, 2012). Frei-Landau (2020) asserts that religious rituals can help relieve an individual's anxiety. Also, people make meaning of a pandemic through religion (ibid).

The Methodist Church Ghana and other Christian organisations in Ghana aside overseeing the spiritual welfare of their members, play pivotal roles in national development mostly through the provision of basic and social amenities such as schools, hospitals, prisons, water, sanitation resources as well helping in the implementation of national policies (Agyei-Mensah, 2016). The Methodist Church Ghana helps community members maintain a sense of belonging and provide a forum for public discourse as well as serve as change agents (Gebauer and Maio, 2012).

In some cases, faith healers and leaders become the first point of call for curing and preventing diseases (Peprah et al, 2018). As such, the church tends to be very influential especially during crisis situations where there is fear and panic among the populace, as in the case of the novel COVID-19. As a religious institution that is trusted, it became necessary for the church to adopt certain measures to complement efforts made by government in the fight against COVID-19. The church became an instrument for the fight against COVID-19. On April 1, 2020, the Methodist Church Ghana presented large quantities of hygiene materials and cheques totaling GHS200,000.00 to four institutions namely the Noguchi Memorial Research Institute, the Ghana Prison Service, the Ministry of Health and Methodists Health Facilities in rural areas (Prempeh, 2021). The church therefore adopted some communication strategies which were used in imploring citizens (congregants) to obey the COVID-19 protocols to ensure their safety. The church deployed the use of religious texts and narratives to encourage compliance to the COVID-19 protocols (Prempeh, 2021).

1.1 Problem Statement

It is no secret that religious organizations in Ghana play pivotal roles in national development. They are known for providing basic amenities such as schools and hospitals (Agyei-Mensah, 2016). In addition, they influence their societies and serve as hope in times of anxiety. Religious leaders are actively involved in the lives of their congregants (Osei-Tutu et al., 2021). They are the first people that congregants go to when faced with challenges (Osei-Tutu et al., 2019, 2020). This is so because religion is a lens through which many people in the world comprehend the root and causes of a pandemic (Cunningham, 2008). In addition, religious engagements serve as a protective barrier against psychological strain associated with COVID-19, improves human immune functioning and influences people to engage in healthy practices (Pirutinsky et al., 2020, Koenig and Cohen, 2002). In the case of COVID-19, religion became a crucial institution in curtailing the spread of the virus in Ghana as well as maintaining mental health.

Despite the contributions of religious organizations towards curtailing the spread of COVID-19 in Ghana, not much is known in terms of the communication strategies these religious organizations adopted in the fight against COVID-19. For instance, in a study by Osei-Tutu et al., (2021) Christian religious leaders admitted that they delivered health education on COVID-19. Notwithstanding, the study did not mention the communication strategies used. Therefore, this study assessed the communication strategies employed by the Methodist Church Ghana in fighting against COVID-19 pandemic.

1.2 Research Objectives

The aim of this study was to assess the communication strategies the Methodist Church Ghana employed in fighting against COVID-19 pandemic.

The specific objectives were to:

- 1 Assess the communication strategies used by the Methodist Church in the fight against COVID-19 pandemic.
- 2 Examine the effectiveness of the communication strategies applied by the Methodist Church in the fight against the COVID-19 pandemic.
- 3 Explore the challenges associated with the communication strategies utilized by the Methodist Church in the fight against COVID-19.

1.3 Research Questions

1. What are the communication strategies used by the Methodist Church in the fight against COVID-19 pandemic?
2. How effective are the communication strategies applied by the Methodist Church Ghana in the fight against the COVID-19 pandemic?
3. What are the challenges associated with the communication strategies utilized by the Methodist Church in the fight against COVID-19?

1.4 Significance of the Study

This study sought to offer relevant contributions to knowledge on the various communication strategies effective for crisis management. This study therefore serves as a reference to religious organisations in Ghana especially the Methodist Church. It also recommends the appropriate communication strategies to employ in times of crisis. This will further inform the decisions of government and other organizations in the future when such crisis reoccurs.

Within the Ghanaian context, there is no existing literature on the communication strategies employed by religion in the fight against COVID-19 particularly by the Methodist Church Ghana. It is therefore justifiable that a study is conducted to advance literature in this area. The

study provides a theoretical perspective for understanding communication strategies used in the fight against the COVID-19 generally and in the context of the Methodist Church Ghana. This study could provide insight into the importance of integrating the requisite communication strategies during crisis situations.

1.5 Scope and Limitations of the Study

This study examined communication strategies employed in the fight against COVID-19 by the Methodist Church in Ghana. The study also focused on the Greater Accra Region which has three different dioceses namely the Accra diocese, Northern Accra diocese and Tema diocese. This study further utilized both primary and secondary data. The primary data included the responses from the participants. The secondary data included all peer reviewed articles. The data collected were solely based on the communication strategies used in the fight against COVID-19 by limiting the study to the Methodist Church Ghana.

In terms of the study limitations, most of the participants were reluctant to share their ages and so the researcher improvised by giving age ranges which was well patronized by all the participants. Also, in most cases, the interviewees kept postponing the date and time for the interviews delaying the process.

1.6. Organization of the Study

This study contains five chapters. Chapter one discusses the background of the study, statement of the problem, objectives, research questions, significance of the study, scope and limitations of the study and organisation of the study. The Chapter two reviews the relevant literature of the study. Chapter three focuses on the methods employed for the study. In this chapter, it describes the study approach, study design, study area, population of the study and sampling size, sampling technique, data collection tools, data collection process, ethical issues and data analysis. Chapter

four focuses on the findings and presentation of discussions; whilst Chapter five presents the summary of the study, summary of key findings, conclusions, recommendations and suggestions for further studies based on findings of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter Two focuses on review of theories, concepts and related studies. The theories reviewed are Theory of Planned Behaviour, Health Belief Model and Diffusion of Innovation theory. This chapter further presents on issues of COVID-19, the Methodist Church Ghana, communication and communication strategies. Finally, this chapter reviews related empirical literature.

2.1 Review of Theories

2.1.1 Theory of Planned Behaviour

The theory of planned behaviour (TPB) is an extension of the theory of reasoned action (TRA) (Ajzen, 2020). TPB is a social psychological theory that attempts to predict and understand why an individual may perform certain behaviours (Head and Noar, 2014). For some decades, the theory has become a framework for predicting behaviour (Ajzen, 2011). The TPB is grounded in self-interest and rational choice-based thought, reflecting largely on attitudes and perceived possibilities necessary to carry out a behaviour (Teo and Schaik, 2012). The theory serves a major function in explaining behavioural intention and is commonly used as a foundation for consumer marketing and consumer behaviour (Raygor, 2016).

The theory suggests that the key driver for a behaviour is an individual's intention to perform the behaviour. A basic precept of the TPB indicates that individuals are normally rational and make systematic use of the knowledge accessible to them (Ajzen, 2011). The underlying principle of the TPB demonstrates that behaviours are determined by behavioural intentions which are

largely influenced by intra-individual factors as well as extra-individual factors: belief measures consisting of behavioural beliefs, normative beliefs and control beliefs; direct measures consisting of perceived behavioural control or self-efficacy, perceived normative pressure and attitude towards behaviour (Ajzen, 2020). The key components of the TPB are Attitude, Subjective Norm, Perceived Behavioural Control and Intentions. These components as explained below would portray how the theory works in the context of this study.

Attitude in the context of TPB refers to a person's favorable or unfavorable appraisal of a behaviour. The attitude is shaped by one's positive or negative emotions or feelings toward a behaviour, a person, a concept, or an idea (Ajzen, 2020). Raygor (2016) therefore opines that attitude towards a behaviour is a person's beliefs of what will occur if one performs a behaviour. One's beliefs are however formed under the influence of background factors, such as demographic factors and perceived norms. There are two components of perceived norms: injunctive norms and descriptive norms. Injunctive norms are beliefs about what significant others feel one should do in relation to a behaviour; while descriptive norms are the beliefs about the extent significant others are actually performing a targeted behaviour (Ajzen, 2011). In the context of this study, when the individual has an unfavorable attitude towards COVID-19 vaccination, the chances of adopting the recommended behaviour will be low. However, the chances of adopting a recommended behaviour (wearing of nose masks) will be high when the individual's attitude is favorable to the recommended practice or behaviour.

The subjective norms refer to the perceived social pressure from other individuals to perform or not perform a behaviour (Fenson-Hood, 2011). In effect, subjective norms are the positive or negative opinions that professional organizations, families, friends, colleagues or other key influential people may have about a potential behaviour. For instance, "One will likely put on a nose mask when stepping out of home if the immediate family does so". Subjective norms are also influenced by normative beliefs, which refers to whether a person may think significant

others will approve or not of his or her behaviour. People look at the consequences of their actions on others before they take such action. If there is negative subjective norm, the individual is less likely to take the action. However, when there is positive subjective norm behind the individual, the more he or she is likely to take action positively towards the recommended behaviour (Fenson-Hood, 2011).

Furthermore, perceived behavioural control is directly related to the notion of perceived self-efficacy (Ajzen, 2020). Bandura (1991), defines perceived behaviour control as an individual's beliefs regarding the ability to execute the behaviour when faced with specific barriers to doing so. Perceived behavioural control according to the TPB, do influence a person in term of behaviour change. A behavioural intention can be articulated as a behaviour only if that behaviour is under the perceived control of the individual, meaning that the person sees himself or herself as having total control over deciding to perform that behaviour or not. For instance, a person may wish to perform a behaviour, but may not have the necessary opportunities or resources such as, knowledge, skills, abilities, information, time, money, equipment, and cooperation of others to actually perform it. In this case, if the individual has perceived control over a behaviour, the more likely he or she will adopt the recommended behaviour (Ajzen, 2020).

Intentions refer to the motivational factors that influence a person's behaviour. Intentions indicate how willing a person is to attempt behaviour, and how much effort he/she is likely to exert toward that behaviour (Ajzen, 2020). In general, the stronger the intention to perform a behaviour, the more likely a person is to perform that behaviour (ibid).

2.1.2 Health Belief Model

The health belief model (HBM) was first developed in the 1950's by US psychologists to understand and explain why people failed to engage in programs geared at preventing and detecting diseases (Rosenstock, 1974). The HBM is therefore used to predict why people will

take certain actions to screen, prevent or control specific health conditions. According to the theory, health behaviour change is possible only with one's readiness to take the required action, which is based on one's beliefs of the recommended behaviour (Rosenstock, 1974). The theory has six (6) constructs; perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy. It is asserted that the most influential of the six constructs is the perceived barriers (Strecher and Rosenstock, 1997).

Perceived susceptibility relates to people's perceptions about their chances of contracting an illness or condition. For example, a woman must believe there is a chance she will get breast cancer before she will consider getting a mammography (Champion and Skinner, 2008). In relation to this study, a person must believe he or she stands a high risk of contracting coronavirus before he or she will adopt the safety protocols.

Perceived severity refers to the alleged repercussions of contracting or failing to address a health ailment. Physical as well as psychosocial consequences may occur as a result of the consequences (Strecher and Rosenstock 1997). Individuals' views of physical pain, suffering, social constraints, and financial difficulties associated with diabetes, for example, will have an impact on their future behaviours. An example related to this study is, one's perceived effects of contracting COVID-19 will influence adherence to the safety protocols. The combination of susceptibility and severity is referred to as perceived threat (Champion and Skinner, 2008).

According to Strecher and Rosenstock (1997), even if a person feels personal susceptibility to a significant health condition, whether or not that impression leads to behaviour change is determined by the individual's ideas about perceived benefits of various health conditions. Individuals are unlikely to take action unless they believe their efforts will be effective, even if they perceive themselves to be sufficiently threatened by a health problem. As a result, the perceived benefits of their actions must surpass the expected costs. In congruence with this

study, a person must perceive COVID-19 vaccination as effective against the disease before one will likely go in for it.

In addition, perceived barriers are potential negative consequences of a health action. Perceived barriers could operate as a deterrent to engaging in recommended behaviours. Individuals perform an unconscious cost-benefit analysis in which they analyze the merits and demerits of various options (Champion and Skinner, 2008). Financial constraints, discomfort, and pain are examples of potential barriers (Strecher and Rosenstock 1997).

The last construct that relates to whether an individual will carry out an action is self-efficacy. According to Bandura (1997), the belief that one can effectively execute the action required to create the desired outcomes is known as self-efficacy. Bandura contrasted self-efficacy expectations from outcome expectations, which are described as a person's belief in their ability to succeed. Self-efficacy was not a construct of the HBM originally but was suggested to be incorporated into the theory as a separate construct by Rosenstock, Strecher and Becker (Champion and Skinner, 2008). Over the past few decades, the HBM has been applied in many different areas and have proven to be efficacious in predicting behaviour. For instance, in 1984, the theory was applied to breast cancer screening and in 1999 the theory was applied to mammography (ibid).

2.2 Theoretical Framework

This study adapted the diffusion of innovation theory to guide the work. The diffusion of innovation theory was propounded by Everett Rogers in 1962 (Rogers, 2003). The theory was first mentioned in 1903 by Gabriel Tarde and was later popularized by Everett Rogers in 1962 (Kaminski, 2011). The theory has been very influential and used for studying complex trends and patterns of innovation adoptions (Wainwright and Waring, 2007). The theory focuses on how an

innovation is transmitted through a set of communication channels to attain the desired change over time among members of a social system (Dearing, 2009). The unique character of diffusion is due to the novelty of the idea or innovation (Rogers, 2003). “Diffusion is a natural social phenomenon that happens with or without any particular theory to explain it. In fact, whether the innovation involves a new idea, new pattern of behaviour, or a new technology, it is also a natural physical phenomenon as well, one that describes the spread of an object in space and time” (Dearing, 2009).

The theory implies that the adoption of every innovation passes through five stages before its adoption: Knowledge, persuasion, decision, implementation and confirmation (Rogers 2003). The knowledge stage occurs when a decision-making unit gets exposed to an innovation and some level of understanding concerning how it functions. The individual then seeks for additional and in-depth information about the innovation at the persuasion stage. The individual is then persuaded when favourable or unfavourable attitudes are formed towards the innovation. Further, the individual decides to engage in activities that leads to either the adoption or rejection of the innovation which is referred to as the decision stage. Implementation of the decision occurs when the individual adopts and uses the innovation. Finally, at the confirmation stage, the individual decides to continue or discontinue the use of the innovation based on information available to the individual (Rogers, 2003)

According to Rogers (2003), there are four factors that influences the adoption of an innovation: Innovation, communication channels, a social system and time. The innovation is an idea, process or a technology that individuals in a particular social system perceive as new or unfamiliar (Zhang, Yu, Yan and Spil, 2015). The innovation is the new product or service and has attributes that influence its adoption or rejection. The attributes of an innovation that influence the adoption of the innovation are relative advantage, compatibility, complexity,

observability and triability. Relative advantage of an innovation is the level to which an innovation is seen as providing more benefits than its predecessors (Moore and Benbasat, 1991). Many studies have shown that relative advantage is significant to the adoption or rejection of an innovation (Teo and Tan, 2000; Premkumar and Ramamurthy, 1995). Compatibility refers to the degree to which an individual perceives an innovation to be consistent with his or her beliefs, values, habits, present and past experiences (Chen, 2014). Complexity is the degree to which an innovation is difficult to understand and apply. Premkumar and Ramamurthy (1995) found out that the more complex an innovation is, the more difficult it is to adopt. According to Rogers (2003), the observability of an innovation is how visible the use and benefits of an innovation is to the possible adopters. Triability is the ability to experiment with an innovation before adopting it (Peslak, Ceccucci and Sendall, 2010).

The second element of an innovation is the communication channel. A communication channel is a conduit by which communications are passed from one person to another. The conditions under which a source will or will not transmit the innovation to the receiver, as well as the consequence of the transfer, are determined by the nature of the information-exchange connection between the two individuals (Rogers, 2003). Zhang et al., (2015) sees the various media through which people get information about an innovation and its utility as communication channels. The channels include interpersonal and mass media. This implies that specific channels must be employed for specific innovations.

Rogers (2003) defined a social system as a set of interconnected units involved in joint problem solving to accomplish a shared goal. The way a social system is structured affects individual actions towards the innovation. The social system is the set of interrelated units that are devoted to joint problem-solving, to accomplish a common goal. Rogers (2003) characterized the individuals in the social system into five main categories: innovators, early adopters, early majority, late majority and laggards. Innovators are the first people to adopt an innovation and

they represent 2.5% of the total population in a social system. The innovators are the gatekeepers for the other adopter categories and consider themselves change agents who can cope with uncertainty. The early adopters adopt an innovation after the innovators have adopted it. They are mostly opinion leaders who are seen as role models and as such have influence on others in a given social system. The early majority makes the decision of adopting or rejecting an innovation based on the practicality and benefits of the innovation. The late majority are rather critical and only adopts an after the majority of people have already adopted the innovation. Lastly, the laggards are the last to adopt an innovation. They are likely to adopt an innovation only when forced or when there is no good alternative.

Rogers (2003) also defined time as the length of time it takes an innovation to diffuse in a social system. There are three factors that influence time: innovation decision process, features of adopter, and adopter categories. The innovation decision process is the stage an individual passes from the initial stage of awareness of an innovation to the adoption or rejection of the innovation. The process by which a person moves from early awareness of an innovation to adoption or rejection is known as the innovation-decision process. The characteristics of the adopters include communication behaviours, socioeconomic status and personal values. Lastly, the adopter categories include innovators, early adopters, early majority, late majority and laggards (Rogers, 2004).

Recent studies show that diffusion of innovation is suitable for predicting the adoption of health-related ideas or behaviours (Greenhalgh et al., 2008 and Zhang et al., 2015). For instance, Zhang et al., (2015) used the diffusion of innovation to study the patronage of internet healthcare services by physicians of families. Helitzer et al. (2003) also used the diffusion of innovation theory to predict the adoption of a telehealth program in Mexico. These are in sync with Dearing's (2009) assertion that diffusion concepts can be infused in projects through

communication strategies such as entertainment-education to affect the rate of adoption. Dearing (2009) believes that the theory can through communication strategies to bridge the gap between the adopter categories. These studies show that diffusion of innovation theory is useful in the spread and adoption of health-related ideas or behaviours.

This theory was therefore adapted for the study as it provides a framework to comprehend how the COVID-19 protocols were adopted and adhered to over time. These protocols include wearing of nose masks, vaccination, handwashing and physical distancing. Also, this theory was used as the theoretical framework because it has proven to be instrumental in the adoption of new behaviours which became a necessity at the outbreak of the COVID-19 pandemic (Dearing, 2009).

2.3 Overview of COVID-19 Pandemic

The COVID-19 disease is a novel respiratory disease caused by severe acute respiratory syndrome coronavirus (SARS-CoV-2) (Cao, 2020). The outbreak of the coronavirus disease was first discovered in Wuhan, Hubei Province in China in December 2019 (Ciotti et al, 2020; Zhu et al. 2020 and Wu et al. 2020). By 30th January, 2020, it was declared a public health emergency of international concern and a pandemic on 11th March 2020 (Yezli and Khan, 2020).

Since the outbreak of the disease, it has spread across all borders such that by March 25, 2020, 196 countries across the globe had cases of the disease (Zhu et al., 2020). This situation has caused momentous health encumbrance in most parts of the world (Ma et al., 2020). This development can be attributed to the interconnected systems of modernity and the fact that today, the world has become one global village (Sastry and Dutta, 2012 and Ungar, 2020).

The source of the virus was epidemiologically traced to the Human Seafood Wholesale Market in Wuhan. This virus belongs to the Coronaviridae family and are positive single stranded ribonucleic acid (RNA) viruses surrounded by an envelope. These viruses come in four main

groups: Alpha-, Beta-, Gamma- and Deltacoronavirus. The Betacoronavirus comprises of SARS-CoV-2 which is the cause of the COVID-19 pandemic. The estimated incubation period for the virus is 5.1 days and 11.5 days for about 97% of infected persons to show symptoms. It is therefore assumed that 101 persons out of 100,000 infected persons develop symptoms of the disease after 14days (Ciotti et al, 2020).

The early symptoms of the disease include fever, respiratory disorder, coughing and shortness of breath while at the acute stage, it can lead to death (Holshue et al., 2020, Perlman 2020 and Tosepu et al., 2020). The common mode of transmission of the coronavirus is via bio-aerosols, large droplets or direct contact with secretions alike to the influenza virus (Wei et al., 2020). Even though most of the people who contract the disease portray mild to moderate symptoms, about 15% cases progress to severe pneumonia with approximately 5% eventually developing acute respiratory disease syndrome (ARDS), septic shock and or multiple organ failure (Ciotti, 2020).

Early medical studies show that older people who are 60 years and above are likely to experience severe symptoms or death while younger people are likely to be asymptomatic (Guan et al., 2020). Utych and Fowler (2020) suggest that younger individuals may be the main agents in the spread of the virus if they do not adhere to the preventive measures. For instance, in Italy, younger people have been seen as likely to adhere to some preventive measures such as handwashing and physical distancing (Barari et al., 2020). The fast spread of the virus prompted many governments to institute strict measures (Yezli and Khan, 2020). These strict measures included lockdowns, ban on social gatherings, travel restrictions and social distancing (Ebrahim et al., 2020). The key preventive measure however is the social distancing as it reduces the possibility of contact among infected persons or others who are uninfected (Wilder-Smith and Freedman, 2020). A health education was thus done throughout the world. The health education

was based on the health and hygiene protocols of handwashing, social distancing and sanitizing (Bender, 2020; WHO, 2020).

The COVID-19 pandemic has affected many countries in the world (Singal 2020) of which Ghana is a part. The first COVID-19 cases in Ghana were recorded on the 12th March 2020 from two returning residents from the Norway and Turkey. After two months of recording the first cases, Ghana had recorded 5735 cases with 29 deaths as of 17 May 2020. By then, the Ghana Health Service had already scaled up contact tracing and testing of potential cases (Ghana Health Service, 2020). Like the other countries in the world, the government of Ghana instituted health measures with the goal of controlling death and infection rates.

President Akufo-Addo conducted a nationwide Prayer Breakfast Meeting on March 19, 2020, with selected ministers of God who prayed fervently for divine intervention alongside other Christians. Following that, Vice-President organized another National Prayer Meeting for imams (Osei-Tutu et al, 2021).

2.4 Overview of the Methodist Church Ghana

The Methodist Church Ghana is one of the country's largest and oldest protestant denominations over the past 10 decades. The church traces its origin to Rev. Joseph Dunwell and Rev. Thomas Birch Freeman's arrival in Cape Coast, Ghana on 1st January, 1835 and 3rd January, 1838 respectively. Rev. Thomas Birch Freeman is credited with founding Methodism in West Africa, spreading the Christian word beyond Cape Coast to the Ashanti Kingdom, Nigeria, and other regions of the African continent. The church was later established in Ghana with the help of the Wesleyan Methodist Missionary Society and a group of local Christians (Edusa-Eyison, 2011).

The Methodist Church Ghana gained complete independence on Jubilee Day, after serving as a district in the British Methodist Conference (Agyei-Mensah, 2016). The Methodist Church

Ghana later adopted the Biblical system of episcopacy for its church governance in 1999 during its annual church conference in Koforidua. In the year 2000, a proclamation service was held at the Wesley Cathedral in Accra. The proclamation came with certain substantial modifications in the church's organization. Methodist Dioceses have replaced former districts. The cathedrals are now the most important chapels in each diocese. The President of the Methodist Church was elevated to the position of Presiding Bishop and has been given the title of Most Rev. The Chairman of a diocese of the Methodist Church, who is also the Diocesan Bishop, is given the title Right Reverend. The superintendent minister has a new title, Very Rev and all other ministers are referred to as Reverend. There were also some alterations in the way vestments are worn: The bishops are dressed in purple and mauve. Superintendents are all dressed in green. Other ministers dress in shades of black, gray/ash, and off-white. Ordained Ministers must wear the preaching robe and bands, as well as the appropriate stoles for the occasion of preaching. Cassocks, rather than suits, are the official attire for religious services (Edusa-Eyison, 2011).

The church currently has 21 dioceses in the connexion (nation) with 4,934 societies and a total membership of 874,326. The largest diocese in the connexion is the Kumasi diocese with 137,432 members and Nkawkaw diocese as the smallest with 7,025 members (Methodist Church conference agenda, 2021). The church aside its missions and structure relate well with all the other Christian bodies both home and abroad. The Methodist Church is a member of Christian bodies including the Ghana Christian Council, the Methodist Church in West Africa Council, the All-Africa Conference of Churches, the World Methodist Council, and the World Council of Churches. The Methodist Church Ghana faithfully fulfills her responsibilities as a member of various entities.

2.4.1 The Methodist Church Ghana and COVID-19

The Methodist Church Ghana is a church that takes interest in the welfare of society especially in terms of education and health. According to Agyei-Mensah (2016), the church has established over 200 schools ranging from basic level to the tertiary level across the country. The church has over 5 health centers in the country and continues to contribute towards the wellbeing of society. The church therefore put in measures to help curb the spread of the coronavirus after its outbreak in March 2020. The prohibition of large gatherings was one of the measures implemented to limit transmission (Ahmed and Memish, 2020; Ebrahim and Memish, 2020). This is because religious meetings were identified as hotspots for the transmission of the COVID-19 disease as well as mass gatherings. The virus placed restrictions on vocation of religious leaders and religious practices, as many of their responsibilities necessitate face-to-face contact. The pandemic disrupted the tasks of the church such as visiting sick congregants and face-to-face religious worship, as well as modifications to rites like Holy Communion, mass public prayers, wedding and burial ceremonies (Asamoah-Gyadu et al., 2020; Greene et al., 2020).

As part of the national effort, the church became an instrument in the fight against COVID-19. The church had the responsibility of ensuring the safety of its members. This necessitated the institution of some measures. First, the church hierarchy instructed the Ghana Association of Methodist Choirs (GHAMEC) to avoid robing, processing and recessing during divine services. For the preliminary stages of the pandemic, soloists and singing groups were discouraged to sing at services. Bible readings were reduced from four (4) to one (1). The preacher read the scripture and led the liturgy as well. Instead of the administration of communion by the clergy, members were asked to pick the wafers and the communion wine themselves (Boaheng, 2021). To be better equipped to deal with future unforeseen circumstances, the Methodist Church Ghana at its 2020 conference resolved that each society and organisation in the church is to set aside a

percentage of its income (ibid). On April 1, 2020, the Methodist Church Ghana presented large quantities of hygiene materials and cheques totaling GHS200,000.00 to four institutions namely the Noguchi Memorial Research Institute, the Ghana Prison Service, the Ministry of Health and Methodists Health Facilities in rural areas (Dapatem, 2020). The church adopted some communication strategies which they used in imploring citizens (congregants) to obey the COVID-19 protocols to ensure their safety.

2.5 Communication

Kelvin-Iloafu (2017) contends that communication is a critical instrument for organizational development and pervades every aspect of business. O'Sullivan et al., (1994:50) view communication as a process of "negotiation and exchange of meaning, in which messages, 'people-in cultures,' and 'reality' interact so as to enable meaning to be produced or understanding to occur". It is an important tool for social interactions and a medium for the formation and maintenance of all relationships. The word "communication" comes from the Latin word "Communis", which means "to share" (Ezezue, 2008:65). Sharing is a social action because it denotes "participating" and "cooperating," but there is no communication unless a common understanding is reached through the transfer of symbols (verbal or nonverbal) (Donnelly, Gibson and Ivancerich, 1984:34). While effective communication is critical for achieving corporate goals, ineffective communication in the workplace can lead to uncertainty, apprehension, and unhappiness, which leads to decreased productivity (Kelvin-Iloafu, 2017). As a result, it is essential to communicate effectively.

2.6 Communication Strategies

Mazzei and Scuppa, (2006) define communication strategies as comprehensive set of coherent communication activities aimed at achieving a project's objectives. According to Osrti (2012), communication strategies are plans for communicating information about a given subject, event,

scenario, or audience and serves as models for interacting with the general public, stakeholders, and even coworkers. A communication strategy can take on diverse forms, extending from a person-to-person interaction to a universal operation (Cook, Lally, McCarthy and Mischelr, 2007). Lally et al. (2007), opine that communication strategies are generally used since all organizations need some form of communication to convey their fundamental message to the community or their beneficiaries. A communication strategy must explicitly portray what one seeks to achieve and how to get them achieved (Cook et al, 2007). Communication strategies helps an organisation map out series of activities and programmes that helps them to engage with key stakeholders in an effective streamlined way (Partnership in Statistic for Development in the 21st Century, 2019).

In addition, there are five elements that must be seen in every communication strategy namely; objectives, communication activities, indicators of achievement and resources (Bekerman, 2020). According to Bekerman (2020), the objective includes the overall communication objectives, target groups and the specific objectives to be achieved. The communication activities also comprise of the main activities to be undertaken, the appropriate communication tools to be used and the time schedules. The indicators of achievement element of a communication strategy must include innovation, methods of evaluation and provision of feedback and the resource element must capture the communication budget and the human resources required. A communication strategy according to Lally et al. (2007) has three main features with each feature having sub features. Figure 1.0 shows an overview of essential elements in a communication strategy.

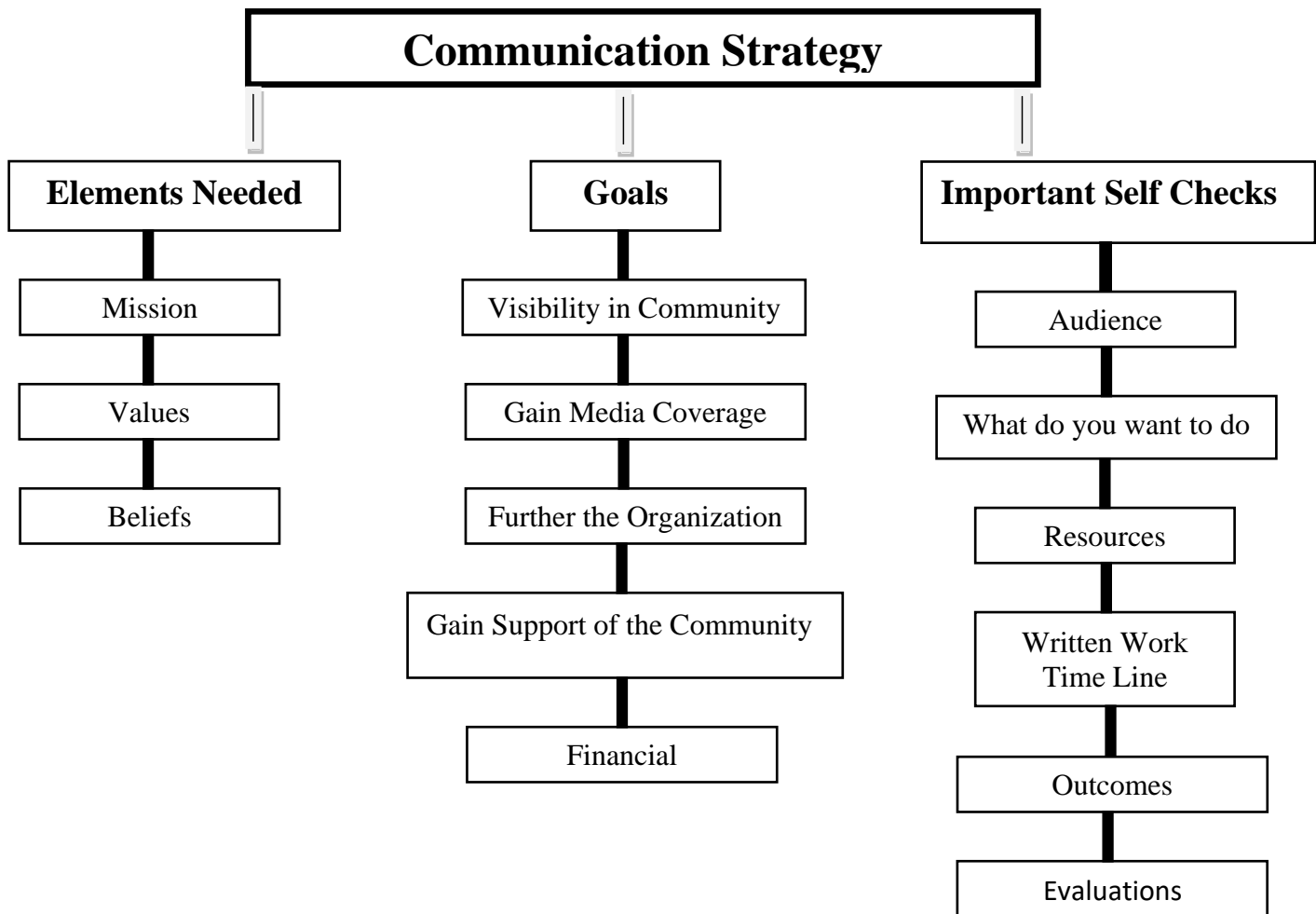


Figure 1.0. Overview of essential elements in a communication strategy

Source: Lally et al., 2007

From figure 1.0 above, every organization must establish a mission to decide what it will attempt to do for its audiences or beneficiaries. The values and beliefs of an organization must be visible to both its internal and external audiences. According to Lally et al. (2007), the goals and self-checks elements are interconnected and yet independent. An organization's goals are a collection of ideas that are reviewed on a regular basis in relation to business or intervention outcomes. For the self-checks, it is very important to fully understand the audiences that one is attempting to reach, as communicating to the wrong target demographic will be unsuccessful. The self-checks are therefore requirements that are for the implementation of any communication strategy. Some

of the communication strategies relevant to this study includes social marketing, advocacy communication, awareness creation communication, participatory communication and social mobilization.

2.6.1 Social Marketing

The term social marketing can be traced to Kotler and Zaltman's article titled "Social Marketing: An Approach to Planned Social Change" (Andreason, 2021). Kotler and Zaltman (1971) assert that social marketing, like generic marketing, is not a theory, rather, it is a framework or structure that draws from many other bodies of knowledge such as psychology, sociology, anthropology and communications theory to understand how to influence people's behaviour. Social marketing was consequently defined as "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research (Kotler & Zaltman, 1971: p5). Kotler and Zaltman (1971) opined that social marketing involved the application of marketing principles and techniques to influence a specific targeted group to optionally accept, reject or modify a behaviour for the benefit of individuals, groups or society as a whole with the intent of effecting positive social change.

Even though, the contributions of social marketing to the adoption or rejection of recommended behaviours are evident, there has not been consensus on the process for carrying out social marketing. In Serrat's (2017) view, there are five stages in the social marketing process; scope, develop, implement, evaluate and follow-up. In his view, the most important step is the scoping while the rest follow the generic marketing stages. Kotler and Lee (2009) also emphasized some stages in their attempt to apply social marketing to global poverty. The stages include, identifying potential market segments, evaluating target priorities, defining desired behaviour

changes, understanding the barriers, gains, the aimed positioning and the strategic marketing mix.

Regardless of the process used, the important thing in social marketing is achieving behavioural change. According to Kotler and Keller (2008), the basic objective of social marketers is to achieve society's goal of enhancing the quality of life. For instance, MacFadyen, Stead and Hastings (1999) posits that social marketing provides a mechanism for tackling problems such as the spread of AIDS, traffic accidents and unwanted pregnancies among others, all which are the result of everyday, voluntary human activity. Similarly, Peto (1994) pointed out that many social and health problems have behavioural causes: the most dramatic example of this is tobacco use, which kills one in two smokers. Therefore, social marketing was used to encourage people to adopt healthier lifestyles.

In relation to COVID-19, this research argues that if social marketing were successful in promoting pro-social behaviours of people, it could have helped promote effective adoption of COVID-19 preventive measures such as proper handwashing, physical distancing, hand sanitizing, wearing of nose masks and vaccination.

2.6.2 Advocacy Communication

Advocacy communication focuses on activities aimed at influencing policies through mobilizing direct support as well as diverting the standardized social support for social change. This communication strategy differs from other communication strategies such as social marketing and entertainment-education. This is because while social marketing focuses on individual behaviour change, advocacy communication focuses on policy change (Wilkins, Tufte and Obregon, 2014). According to Malikhao (2012), advocacy is an important term in development discourses aimed at fostering public policies that are supportive of the solution of a problem. The overall goal of every advocacy communication is to change policies (Dutta 2011; Servaes and

Mlikhao 2012). Advocacy communication involves influencing the hearts and minds of policy makers. Successful advocacy strategies aim to influence decision makers at all levels; international, regional, national or district levels depending on the intervention in view (Reach Key Decision Makers, 2015). Possible results from an advocacy intervention can be targeted at leaders such that it builds the capacity of leaders to become advocates themselves.

2.6.3 Awareness Creation Communication

According to the United Nations Educational, Scientific and Cultural Organization [UNESCO] (UNESCO, 2006), awareness creation is an ambiguous term implying the efforts in making visible and credible something which is either good, bad or indifferent within a community. Creating or raising awareness about an issue means attempting to inform the attitudes, behaviours and beliefs of a group of people (UNESCO, 2006). The primary purpose of awareness creation is to keep people informed. Schmeltz (2012) postulates that creating awareness of issues in a social system is one of the biggest challenges for organizations. According to Servaes and Tamayo (2013), high level of awareness of an organization's efforts are seen to have an encouraging consequence on organization's value and vice versa.

2.6.4 Participatory Communication

Participatory communication approach emerged to serve as a rebuttal to the modernisation and dependency paradigm in the 1970s (Tufte and Mefalopulos, 2009). Currently, this approach has been regarded as the new paradigm for communication for development (Yutainten, 2013). Participatory communication is used as a tool to empower people by using their own culture and intellect to make a change within their communities. Servaes (1996) stated that everyone can be a student and tutor because everyone has something vital and interesting to share with each other.

Participatory communication is based on dialogue which permits the impartation of information, perception and experiences (Tufte and Mefalopulos, 2009). It uses two-way communication approach. It requires a consistent dialogue with stakeholders when engaging in a project that would affect them. One benefit of participatory communication is, it increases conscientization (Yutainten, 2013). The essence of participatory communication according to Pederson (2006) as cited by Olkkonen (2019) “is to build relationships with stakeholders” which is crucial in the success of every intervention.

2.6.5 Social Mobilization

Social or community mobilisation is a participatory strategy mostly adopted in various interventions especially in health care (McFarlane, Racelis and Muli-Muslime, 2000). It is a very important component of disease control and surveillance (Ndiaye, Quick, Sanda and Niandou, 2003). According to United Nations Children’s Fund [UNICEF] (UNICEF 2003), “social mobilization is a broad scale movement to engage people’s participation in achieving a specific development goal through self-reliant efforts.” Khadka (2014) also defines it as “a process that engages and motivates a wide range of community members to raise awareness of and demand for particular development activities through face-to-face dialogue.” Social mobilisation highlights the participation of the beneficiaries in defining and meeting their own needs. According to Action for the Rights of Children (2004), community mobilisation is meticulously connected with the notions of participation and flexibility. Community mobilisation is a basis for community participation. Community participation should be in response to community interest, help the organization identify community needs apart from it being a requirement to meet its statutory obligations. Social mobilization will acknowledge the need for the target communities to recognize with any initiative or project and contribute towards it.

Community mobilization also involves important processes like raising community awareness and building commitment. Raising awareness in this case will not only be on the COVID-19 and its preventive measures, but also raise awareness to the various stakeholders on what people consider as necessary for the combating of the virus. According to the Social Mobilization Action Consortium [SMAC] (SMAC, 2014), mostly, communities and their cultural practices are seen as the problem rather than as part of the solution. It is useful to ensure that powerful people and organizations, village chiefs, civil and religious leaders and parents are kept well-informed of intervention activities and are referred to for advice and support. Alternative media outlets like the local radio, newspapers, and other media are useful for community mobilization. According to the WHO, successful social mobilization depends on partners having shared goals and maintaining communication (WHO, 2011).

2.6.6 Entertainment Education

Entertainment education is a technique for behaviour al and social change (Khalid and Ahmed 2014). Entertainment education is a programming paradigm that incorporates both instructional and entertaining programming elements (Rogers, Snyder and Rego, 2021). Entertainment education is also defined by Frank and Falzone (2021) as a way of social and behaviour change (SBC) that uses stories and media as a weapon to cause change in the world. Khalid and Ahmed (2014) suggest entertainment education is a method of consciously designing and constructing a media message that will both entertain and educate people in the audience in order to increase audience knowledge about a certain educational issue, foster positive attitudes, shift societal standards, and change outward behaviour

Entertainment education originated as a storytelling health technique and has since grown to include a wide range of issues, genres, and forms (Sood, Riley and Alarcon, 2017). For example, after COVID-19 was declared a global pandemic, multiple multinational entertainment education

activities were launched (Riley, Sangalang, Critchlow, Brown, Mitra and Nesme, 2020). According to Frank and Falzone (2021) instead of telling the public what to do, entertainment education is a proven technique for attracting large audiences and encouraging people to adopt healthy habits. It works best when it serves as an example of positive acts and highlights positive outcomes. Entertainment education combines both fiction and nonfiction into its design. Entertainment education employs television, radio, theater, literature, and other media to affect consumers' attitudes and actions in desirable ways by incorporating persuasive messages into the tale (Murrar and Brauer 2018).

In entertainment education projects, a continuous narrative with interactions among a cast of actors can be found (Rogers, Snyder and Rego, 2021). Sood, Riley and Alarcon (2017) posit that throughout oral traditions, morality stories, storytelling, oral-message, and performing arts cultures have all employed entertaining and educational elements to understand the meaning of life, share knowledge, and transmit important messages.

2.5 Empirical Review

Several researchers have studied communication strategies employed in addressing the COVID-19 situation. Chesser, Ham and Woods (2020) conducted a study to assess COVID-19 knowledge among university students and the implications it has for future risk communication strategies. The results of the study showed that the media massively used awareness and education communication strategy to inform the publics about COVID-19. The results also showed there is the need for increased public health presence in the media and educating community members about the COVID-19 myths.

Ataguba and Ataguba (2020) in a study on social determinants of health: the role of effective communication in the COVID-19 pandemic in developing countries, argued that the effectiveness of social determinants of health in reducing the burden of COVID-19 hinges on

effective risk and crisis communication strategies. They also argued that effective risk communication leads to trust building, credibility, honesty, transparency and accountability which are requisite in the fight against the COVID-19 pandemic especially in developing countries where the health systems are weak to contain the many COVID-19 cases.

Utych and Fowler (2020) in a recent qualitative experimental study on age-based messaging strategies for communication about COVID-19, established a benchmark regarding the type of communications that induces the most behaviour change among people during the COVID-19 crisis. The researchers admit that it became necessary for governments and other institutions to share messages to achieve massive and sudden shifts in behaviours due to the COVID-19. The study found that tailored messages on the risks associated with COVID-19, induced behaviour change especially for messages that targeted the younger adults and older adults other than other messages directed at only older adults.

In Boaheng's (2021) study on Christianity and the COVID-19: a pastoral and theological reflection from the Ghanaian context, he identified prayer and calculated actions as the answers to limiting the spread of the COVID-19 pandemic. Boaheng (2021) posits that like other pandemics that the world has experienced, the solution to the crisis is praying to God and taking actions as responsible citizens. These responsible actions are strategies the government and religious organizations especially are taking to mitigate the spread of the virus and they include; wearing of nose masks, ban on social activities, physical distancing (Boaheng, 2021).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

Research methodology indicates the logic of development of the process used to generate theory that is procedural framework within which the research is conducted (Remenyi et al. 1998). This section discusses the research methodology for the study. It describes the research approach, research design, study area, population of the study and sampling size, sampling technique, data collection tools, data collection processes, ethical issues and data analysis.

3.2 Research Approach

Research is a methodical, planned, empirical, and critical exploration of conceptual prepositions concerning presumed relationships among natural phenomena (Raheem, 2014). Research approaches are research programs and procedures that span the steps from broad to specific assumptions to specific data gathering, analysis, and interpretation methods (Creswell, 2014). There are three methods of research; quantitative, qualitative and mixed methods (Creswell, 2014). For this study, the qualitative method of research was used.

Qualitative research according to Shank (2002:5) is “a form of systematic empirical inquiry into meaning”. “This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them”, (Lincoln 2000:3). It is sometimes called the field research, because it is typically a research strategy in which behaviours and events are recorded in their natural settings. It is based on words, feelings, emotions, sounds and other non-numerical and unquantifiable element. It has been noted that information is considered qualitative in nature if it cannot be analyzed by the means of mathematical techniques (Coldwell and Herbst, 2004).

3.3 Research Design

Research design is an exhaustive plan or technique for obtaining data scientifically (Schaefer, 2004). The design for every study is based on the type of research, research problem and questions as well as the personal experiences of the researcher (Creswell, 2014).

This study used a qualitative case study design particularly the single case with embedded units. Case studies entail the methodical gathering of data about a single person, a group, or an entire community. Single case with embedded units implies that there is more than a subunit of analysis (Kocdar, Okur and Bozkurt, 2017). Embedded case studies consider multiple units or objects of analysis that focus on distinct parts of the case (Budiyanto, Prananto and Tan, 2019). In single case with embedded units' studies, the researcher is able to explore the main case within different units or contexts and make a cross case analysis. Single cases with embedded units also allow the researcher to; analyze data on subunits differently, analyze data between the different units and analyze data across all subunits (Yin, 2003). Though the study centered on the Greater Accra Region, inferences were made from the three dioceses namely; Accra, Northern Accra and Tema.

3.4 Study Area

The three dioceses of the Methodist Church in the Greater Accra region form the study area. All the dioceses are located in the Greater Accra region of Ghana. According to the Ghana Statistical Service [GSS] (GSS, 2021), the Greater Accra region is the most populous region in the country with a population of 5,446,237 people. The region is about 90% urban well above the national average of 45% (Oduro-Mensah et al., 2013). According to the World Bank (2017), the region is situated in the southern portion of Ghana, along the Atlantic coast of West Africa, and spans 3,245 square kilometers. It has a shoreline measuring around 225 kilometers in length and extending from Kokrobite in the west to Ada in the east. The region falls within the equatorial

dry coastal climatic zone with temperature ranging from 20⁰C to 30⁰C with a yearly rainfall of 635mm.

The region is estimated to be contributing 25% of the national gross domestic product (GDP).

The region is the least poor in the country with 5.6% lower than the 24.2% national average. The main hazards in the region include flooding, fire outbreaks, cholera, earthquake and building collapse. Social issues prevalent in the region include unemployment, land and chieftaincy disputes, water scarcity and poor and waste management (World Bank, 2017). Figure 2.0 shows the map of the Greater Accra region showing the study dioceses.

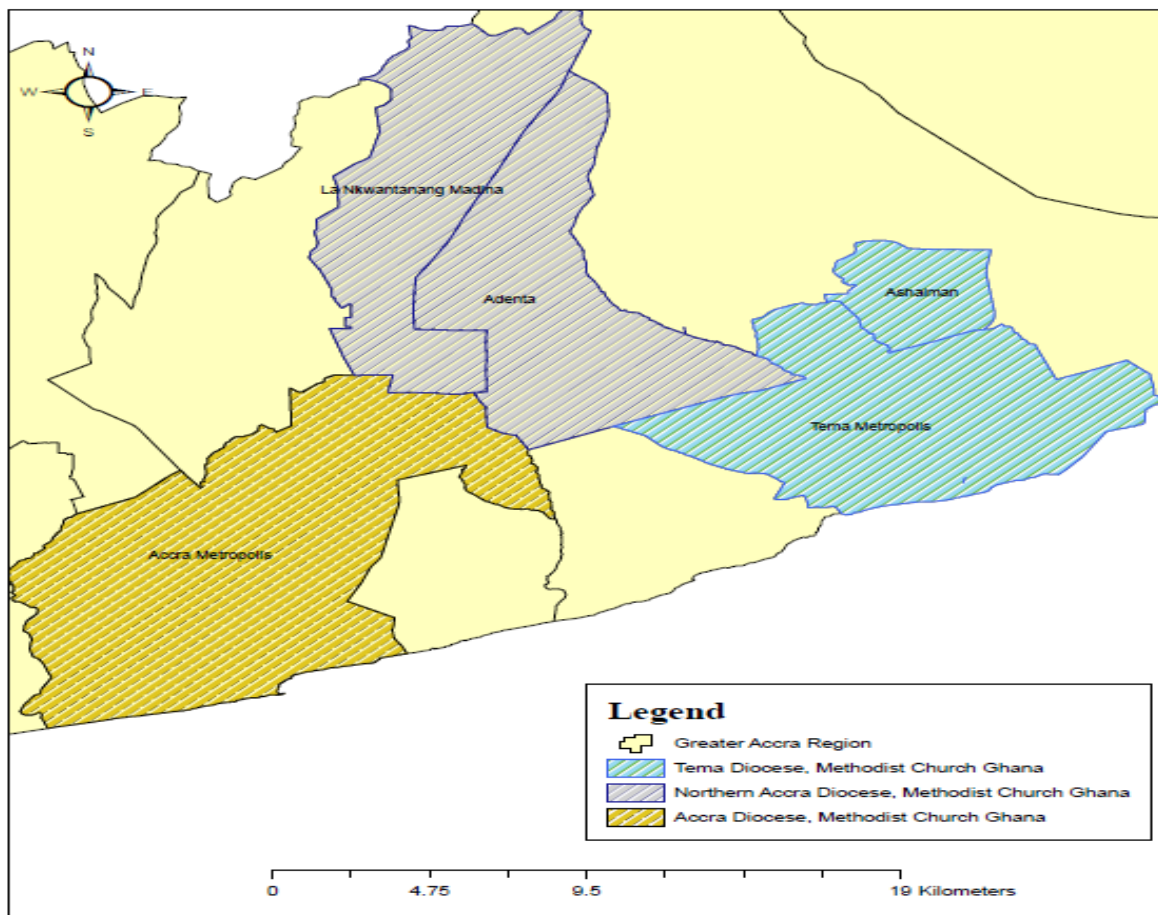


Figure 2.0 A map of the Greater Accra region showing the study dioceses

Source: Centre for Remote Sensing and Geographic Information Studies (CERSGIS) of the Department of Geography and Resource Development, University of Ghana (2021).

3.5 Population of the Study and Sample Size

According to Nyang and Ongisa (2007), population is a group of individuals, objects or items from which samples are taken for research purposes. The population of the study included Accra, Northern Accra and Tema dioceses of the Methodist Church Ghana. The Accra diocese has a membership of 54, 768, Northern Accra diocese 43, 647 members and Tema diocese has 44,136 making the total population for this study 142,551 (Methodist Church conference agenda, 2021).

In terms of sample size, 15 clergy and lay leaders of the church were purposively selected in the Accra, Northern Accra and Tema Dioceses. The clergy is made up of individuals who are commissioned and or ordained by the Methodist Church Ghana and are set apart for the proclamation of the gospel and administering of sacrament (Constitution and Standing Orders of the Methodist Church Ghana, 2000). Lay leaders include all members of the church who hold positions such as stewards, lay preachers, lay readers, liturgists and organizational heads (ibid). In each of the diocese, 5 respondents will be selected. Four (4) of the participants were clergy and eleven (11) were lay leaders. Among the 15 targeted respondents, eleven (11) of them were males whilst four (4) were be females. The disparity in the number of males and females is based on the fact that the targeted respondents are mostly males.

3.6 Sampling Technique

According to Trochim (2005), sampling is the process of selecting units from a population of interest so that by studying the sample, a fair generalization of results can be made based on the population from which they were chosen. A good sampling technique allows the researcher to make efficient contact with social phenomena while wasting as little time as possible. (Lindlof and Taylor, 2002). The purpose of sampling is to enhance data collection that we use for research analysis when the population being studied is larger.

For this study, purposive sampling technique was used. Purposive sampling also known as judgmental, subjective or selective sampling is a non-probability sampling method that relies solely on the judgement of the researcher in selecting the units for a study. Purposive sampling allows the researcher to hand pick the sample based on the characteristics of the population (Rai and Thapa, 2015). The researcher visited the head office of the Methodist Church Ghana in Accra to recruit participants within the required category. The researcher then called members recruited to know if they were interested in participating in the research.

3.7 Data Collection Tools

The data collection tools used were in-depth interview guide, audio recorder and notebook. An in-depth interview guide covers the questions that will be asked during the interview. The in-depth interview guide is a list of general issues. It helps to elicit information from interviewees (Taylor, 2005). According to Guion, Diehl and McDonald (2011), an in-depth interview guide has three main parts, the facesheet, interview questions and post interview comment sheet. The fact sheet is used in recording the date, time, place, interviewee demographics and any special circumstances that may affect the interview. The interview questions also direct the line of conversation and the post interview comment sheet is used to take notes from the interview. Notes were also taken especially for non-verbal cues that could not be recorded with an audio recorder. The recorder was used to record all interviews and later transcribed for analysis.

The in-depth interview guide had an introduction and four main sections. The introductory part introduced the researcher to the participants as well as the purpose of the study. Section one of the in-depth interview guide concentrated on the demographics of the participants. Section two was based on communication strategies employed by the Methodist Church Ghana in the fight against COVID-19. Section three focused on the effectiveness of the communication strategies employed by the Methodist Church Ghana and the fourth section focused on the challenges faced

by the Methodist Church Ghana in employing the communication strategies used in the fight against COVID-19.

3.8. Data Collection Process

According to Creswell (2013), data collection is not limited to the actual forms of data and techniques but also obtaining a sufficient sample size, recording materials, and anticipating ethical difficulties. The primary data collection method for this study was in-depth interviews. The choice of in-depth interviews according to Creswell (2013) is based on the fact that they are mostly employed in qualitative studies. Zaykowski (2014) asserts that the use of in-depth interview is essential because it offers a systematic way to gain knowledge and insight into a topic.

There are three types of interview approaches; structured, semi-structured and unstructured interview (Creswell, 2007). However, the most used is the semi-structured (Creswell, 2007), which was employed in this study. This approach allows for flexibility in the composition and process of interviewing (Gall, Gall & Borg, 2003). Semi-structured interview is suitable for studying specific situations and working with a small sample (LaForest & Bouchard, 2009). It allows for flexibility on both the interviewer and interviewee's part (Braun & Clark, 2011). The follow-up questions will allow the participants to provide exhaustive answers to the questions asked. This implies that the interviewees gave in-depth information about their feelings, thoughts and experiences in relation to the communication strategies their Societies and Circuits employed in fighting COVID-19.

The processes involved in data collection are the ways and means through which the data collection instruments can be used to gather data for the study. With an introductory letter from the Ghana Institute of Journalism, the researcher contacted the interviewees and scheduled a face-to-face meeting. After scheduling the meeting, the participants were briefed about the study

and the need for their participation. Once they agreed, the interviews were scheduled at the convenience of the respondents and on the day of the interview, the researcher contacted the interviewees 10 minutes before time to remind them of the interview. A semi-structured interview guide with only open-ended questions was used for the interviews. Averagely, each interview lasted between 20 – 40 minutes. The interviews were recorded and later transcribed. The data was collected from 27th September to 10th October, 2021

3.9 Ethical Issues

According to Halai (2006), good research is a moral and ethical task, and the researcher should be concerned about ensuring that the study's participants' interests are not compromised. This is because, in any research, the protection of human subjects or participants is essential (Orb, Eisenhauer, & Wynaden, 2001). In line with this, Halai (2006) proposes three essential ethical problems that researchers must follow during their research; informed and voluntary consent, confidentiality of information shared and anonymity of research participants.

In consonance with informed and voluntary consent, the researcher informed the various participants about the study and its purpose. Participants signed a consent form to show their willingness to engage in the study. In addition, participants were assured of the confidentiality of information provided and their anonymity.

To eliminate or minimize any potential harm to participants, the researcher made sure they were properly informed about any potential dangers that might develop during the study. The researcher informed participants about the possibility of lengthy interviews and follow-up interviews. The researcher acknowledged all sources utilized in the research through in-text citations and references. Page numbers were also assigned to quotations from relevant sources.

3.10 Data Analysis

According to Emory and Cooper (2003), raw data obtained from research is useless unless it is transformed for the purpose of decision making. Data analysis usually involves reducing the raw data into a manageable size and developing summaries.

As part of the study, the qualitative data collected from the field were first transcribed before analyzing using thematic analysis. Transcription is the process of converting sound or an image from recordings to text (). The researcher played the audios from the interviews and transcribed verbatim. After this, the researcher corrected the grammatical errors and began analysis. Thematic analysis is “a search for themes that emerge as being important to the description of the phenomenon” (Fereday and Muir-Cochrane, 2006, p.82). It is used to analyze groupings and present patterns that relate to the data. Thematic analysis present data in great detail and deals with varied subjects through interpretations (Boyatzis, 1998). Thematic analysis also yields and presents data more efficiently, reflecting the reality of the data collected (Miles and Huberman 1994; Creswell 2009; Hayes, 1997).

The analysis for this study followed the phases of thematic analysis by Braun and Clarke (2006). First, the researcher familiarized with the transcribed in-depth interview. The researcher then read, reread and listened to the interview while making notes to identify similarities and key issues. After this, the researcher generated initial codes. The codes were employed to provide label to the features of the data for the study. Every sentence from the interviews were coded to indicate relevance and irrelevance. The codes enhanced the searching of themes. Themes “captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun and Clarke, 2006, p. 82). Further, the researcher drew out potential themes. Here, the researcher considered the themes in relation to the codes and also reread the entire data to ensure that the themes captured

all data sets in relation to the research questions. The researcher then defined and named themes which were further used in reporting the findings from the study.

Finally, in reporting the findings, Creswell (2013) opines researchers must respect the anonymity and privacy of all research participants. As such, in order to ensure the anonymity of all participants and in line with Creswell's (2013) view, the researcher ascribed codes to the in-depth interview of participants. Each participant was ascribed with a different code. All participants were identified as IP (Interview participant) together with a number distinguishing the 15 participants. The numbers were assigned in the order that the interviews were conducted. The final codes were IP1, IP2, IP3, IP4, IP5, IP6, IP7, IP8, IP9, IP10, IP11, IP12, IP13, IP14 and IP15.

CHAPTER FOUR
FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents and discusses the findings of the study. To be able to expatiate the research questions adequately, it was imperative to first present some basic demographics of the respondents (Table 1.0). Table 1.0 shows the demographics of the respondents. Out of the 15 respondents, five each were from Accra, Northern Accra and Tema dioceses. Ten (67%) of the participants were males and five (33%) females. Four (27%) of the participants were clergies, one (7%) was a ministerial student and the other ten (67%) were lay leaders. Majority (87%) of the participants were aged 30 – 50 and only two (13%) respondents being below 30 years.

Table 1.0: Demographics of the Respondents

Name/ Initial	Sex	Age in Years	Marital Status	Diocese	Position
IP1	Male	40-45	Married	Northern Accra	Clergy
IP2	Male	46-50	Married	Northern Accra	Clergy
IP3	Male	40-45	Married	Accra	Evangelist
IP4	Male	36-40	Married	Tema	Clergy
IP5	Male	40-45	Married	Tema	Clergy
IP6	Male	30-35	Single	Tema	Steward
IP7	Male	40-45	Married	Tema	Circuit Lay Chairman
IP8	Female	30-35	Married	Tema	Organizational head
IP9	Male	25-29	Single	Accra	Organizational head

IP10	Female	25-29	Single	Accra	Organizational head
IP11	Female	40-45	Married	Northern Accra	Lay Preacher
IP12	Male	30-35	Single	Accra	Ministerial Student
IP13	Female	40-45	Married	Accra	Lay Preacher
IP14	Male	30-35	Married	Northern Accra	Lay Preacher
IP15	Female	30-35	Married	Northern Accra	Lay Preacher

Source: Field Survey, 2021

4.1 Communication strategies employed in the fight against the COVID-19 pandemic

Communication strategies are specific actions created and conducted to attain set objectives (UNICEF, 2019). Communication strategies can be used to tackle problems at all levels; structural, society and individual levels (ibid). Communication strategies are comprehensive set of coherent communication activities aimed at achieving a project's objectives (Mazzei and Scuppa, 2006). Table 2.0 shows the communication strategies used by the Methodist Church Ghana in the fight against the COVID-19 pandemic. This study found that some communication strategies including awareness creation, entertainment-education and social mobilization were employed by the Methodist Church Ghana in creating awareness about the COVID-19 pandemic.

4.1.1 Awareness Creation

The analysis showed that all participants acknowledged that awareness creation was one of the communication strategies used by the church. The awareness creation was in three phases: information about the COVID-19, COVID-19 preventive measures and COVID-19 vaccination. On information about the COVID-19 pandemic for instance, one of the respondents noted that:

What we did was that in fact we are still doing, initially it was quite intensive, every week we were giving a slot to the medical team to speak to the church members about covid then but now we do it once a month. The medical team

inform members about the COVID-19, where it came from and all. You know from the start of the pandemic, many people formed conspiracy theories about the disease. So, the medical team used the opportunity to inform members about the truth (A steward aged between 30-35, IDI, Tema diocese).

In the same light, another respondent stated that:

In my church, I made sure every Sunday, the stewards announced that the covid was still in the system (An evangelist aged between 40-45, IDI, Accra diocese).

On COVID-19 preventive measures, a participant noted that:

We always caution members to put on their nose masks and follow all the protocols before entering the church. We tell them every Sunday, during society meetings and anytime we have revivals to be cautious (A lay preacher aged 30-35, IDI, Accra diocese).

Another participant asserted that:

We taught them to know how to protect themselves from getting COVID-19 disease by following the principles given by the authorities or if I may say the government. The principles include washing of hands, wearing of nose mask, social distancing and the use of hand sanitizer and so on and so forth (An organizational head aged between 25-29, IDI, Accra diocese).

On vaccination, some of the participants asserted that the church members were informed and encouraged to go in for the vaccines.

A participant indicated that:

Largely, the church has encouraged members to take the vaccines. Ministers who have taken the vaccine have made it known to the congregation to encourage members go in for the vaccines. Many will be like ok, if my minister has taken the jab then there is nothing wrong in taking it. In some cases, some of the churches have given their facility to host the vaccination team and so the vaccines are administered at the compound of the church as well (A clergy aged between 40-45, IDI, Northern Accra diocese).

Another participant stated that:

Well, right from the horse's own mouth I mean the presiding bishop, he showed us the route. He has gone for the vaccine himself and has channeled it through us so that whenever we mounted the podium, we spoke about it and we speak about it and we have been telling people that do not listen to what two or three people will say. I mean the presumed disadvantages that the thing will bring but you just go there. There might be symptoms here and there that is why the doctors are there (An evangelist aged between 40-45, IDI, Accra diocese).

One discovery made from the analysis indicates that most of the awareness creation was done based on information provided to the diocese by the Connexional office. This means the Connexional office was periodically sending information and directives about COVID-19 to the various dioceses to be further disseminated to the circuits and societies respectively. For instance, one participant stated:

I think we depended on information coming from the Wesley house. So, we were not able to act as individual societies as far as communication is concern. So normally, when the communiques come from the Wesley house, then we

break it down and share it with societies and church organizations (A circuit lay chairman aged between 40-45, IDI, Tema diocese).

Another participant in the same light added that:

You know, the Methodist Church does everything methodically and what you see at one society, you will likely see same at other societies. We received pastoral letters giving instructions to the dioceses and those are exactly what we followed. It must be stated that these directives were always in sync with the national directives (A lay preacher aged between 40-45, IDI, Accra diocese).

Another discovery made from the analysis was that while most of the awareness were done during church services, interpersonal and social media channels were also employed in creating awareness about the COVID-19 pandemic.

On communication during church services, a participant asserted:

When we mount the podium, we normally speak about the COVID-19 and alert them that this is what is happening in the system by alerting them to know that there is this disease called COVID-19 (A lay preacher aged between 30-35, IDI, Northern Accra diocese).

On the use of interpersonal and social media, one of the participants stated:

After the president declared a ban on all social gatherings on the 15th March, 2020, the church took it up to reach its members. We used calls, WhatsApp and Facebook to inform members about the situation since there were no physical meetings. (A lay preacher aged between 40-45, IDI, Northern Accra diocese).

Another participant stated:

Often times, the WhatsApp, Wesleyan TV and Thy Kingdom Come Facebook pages were used to teach and address issues concerning COVID-19 (A ministerial student aged 30-35, IDI, Accra diocese).

These findings on awareness creation are in tandem with UNESCO's (2006) view that the definition of awareness creation is equivocal and thus it includes all activities and efforts aimed at making something good or bad which in this case is COVID-19 and its safety protocols visible within specific a community. To UNESCO (2006), attempting to enlighten the attitudes, behaviours, and beliefs of a group of people is what creating or increasing awareness about an issue entail. Also, awareness creation is the basis for all other communication strategies (ibid).

4.1.2 Entertainment Education

Analysis showed that entertainment education was a communication strategy the Methodist Church employed in the fight against the COVID-19 pandemic. Participants admitted that there were instances where videos were posted on the various platforms of the church which were based on plays and films on COVID-19. This means that the church made a conscious effort in making and sharing with members contents that do not only entertain but also provides COVID-19 education. For instance, one participant noted:

During the children's services day, the children performed a chorography on COVID-19. Sometimes, they act out plays or dramas to educate all of us including the children themselves and I believe that seeing is believing. When you see the reality of the issue it is there that you have a good perception about what is happening. It is also gives you information on the right thing to do or what is not expected to be done. Sometimes, we do film showing to other people to see the reality of the disease (An evangelist aged between 40-45, IDI, Accra diocese).

In the same light, another participant said:

I remember very well that during that period, anytime there was a program, there was a drama group that acted out somethings related to COVID-19. In fact, for our bishop, he believes in using chorography and drama to tell stories and he particularly utilized that during the COVID-19 period (A lay preacher aged between 40-45, IDI, Northern Accra).

In addition, a participant stated:

There are many things the church did. For instance, people posted videos on our platforms often. In addition to the videos, there were plays at church about COVID-19. In fact, they were very educative and I think many people's attention were grabbed this way than when the steward talks about COVID-19 during the announcement (A lay preacher aged between 30-35, IDI, Northern Accra).

The findings from the analysis supports Dearing's (2004) assertion that diffusion concepts can be infused in projects through communication strategies such as entertainment-education to affect the rate of adoption of an idea. The findings are also in line with the assertion by Khalid and Ahmed (2014) that entertainment education is a method of consciously designing and constructing a media message that will both entertain and educate people in order to increase audience knowledge about a certain educational issue. In addition, entertainment education fosters positive attitudes, shifts societal standards, and changes outward behaviours towards a particular issue (ibid).

4.1.3 Social Mobilization

One theme or communication strategy that emerged from the analysis is the social mobilization strategy. The analysis revealed that social mobilization was a key strategy used at all levels of the church in the fight against COVID-19. This implies that the fight against the COVID-19 pandemic was done through collective action at all levels of the church. For instance, at the Connexional and diocesan level, a participant posits:

We had a lot of deliberations and the connexion sent us regulations as to what we should do in every society across the connexion. The regulations included the registration of members and the formation of a taskforce.; the taskforce included health professionals or those in charge of health issues, and those who ensured people who came to church followed the protocols. In fact, when we started using face mask as well as social distancing, we had to hold multiple services. I remember at Emmanuel we had to run three services a day (A clergy aged 40-45, IDI, Northern Accra diocese).

At the society level, another participant asserted:

Before we resumed church fully, we met as leaders and we formed a taskforce committee which we call the COVID-19 taskforce. They ensure that all these things are in place like taking records of people who enter the church and we also got some of the nurses in the church. We made them be on standby in case maybe taking the temperature we record some high temperatures so we setup a small place for them to take care of patients in the case where maybe there's a higher temperature. For members who come to church here but for the time we resumed church fully and now, we have never recorded, we will never record

any high temperature (A lay preacher aged between 30-35, IDI, Northern Accra, diocese)

In addition, one participant stated:

Even though many directions came from the circuit and diocese, the society had to hold several meetings before resuming church. We needed to plan on acquiring the washing basins, thermometer guns and even personnel to help ensure all protocols were observed. In fact, it was a hectic period but it was worth it (An organizational head aged between 25-29, IDI, Accra diocese).

The study revealed that in addition to the directives that the government gave, the Methodist community at all levels put in place measures to help minimise the spread of the virus. Each society instituted measures that were most suitable for the society without disregard for the standard protocols of handwashing, wearing of nose masks, social distancing and the use of hand sanitizer.

The findings are first in line with McFarlane, Racelis and Muli-Muslime's (2000) assertion that social mobilization is mostly used for matters concerning health. In establishing the importance of social mobilization in the fight against COVID-19, it is key to note that social mobilization unites communities around a single issue which in this case is COVID-19 to create social change as desired by the said community (Greenberg, Davis, Tutt and Katcher, 2017).

Finally, awareness creation, social mobilization and entertainment-education as identified as communication strategies used by the church is supported by Prempeh's (2021) claim that the Methodist Church deployed the use of religious texts, narratives and communication strategies to encourage compliance to the COVID-19 protocols (Prempeh, 2021).

4.2 Effectiveness of the communication strategies applied by the Methodist Church Ghana in the fight against the COVID-19 pandemic

The effectiveness of every communication strategy is seen in the elements of communication strategies: objectives, communication activities, indicators of achievement and resources (Bekerman, 2020). The objective of the communication strategies used by the Methodist Church Ghana was to mitigate or reduce the spread of the COVID-19 disease.

Four themes that are crucial in measuring the effectiveness of the communication strategies were generated: directives and protocols instituted, adherence to the protocols, impact of the communication strategies and the performance of the church in fighting COVID-19.

4.2.1 Directives and protocols instituted by the church about COVID-19

The analysis indicate that the Methodist church hierarchy gave specific directives to the various dioceses and further to the circuits and societies on COVID-19.

One of the participants stated:

So, we have the Bishop call for a meeting and draw out protocols to be followed. So, all societies that do not have sanitizers were asked to have it. It could be the wall type or the bottle type. Societies were to make sure that they reduced the number of people who came to church. Assuming in cathedral there are about 700 people coming to church, we had to space out the pew to carry three to four people so that the space will be the one they prescribed for us. The members had to be reduced, so the society that had one service will have two or three services. The directive was to use thermometer gun to make sure we check the temperature of every individual that comes to the church premises. Also, for the less privileged societies who could not afford the

thermometer gun, we mobilized funds to make sure we bought some for them. This was to ensure that could also check the temperature of the members. The diocese also made sure that the ministers did not share microphones if it is possible and the finances are there, if not when you use the mic you sanitize it (A clergy aged between 40-45, IDI, Tema diocese).

Another participant added:

The directives given were that a protocol team should be set up. The protocol team takes the registration or maintains the details so should there be a COVID case we can trace where you sat and whom you sat closer to, then we can trace from there. So, the protocol team was across the diocese and is in place till date. We had to stop robing. We were previously sharing the choir robes, people come and wear them at first service and the other person has to come and wear so we stop robing for a longer time. Also, you know our services, you know the methodical way of service sometimes it drags a lot of time. It was restructured to one hour and later it was restructured to two hours and the connexion had to bring out a revised liturgy for us. So, we have a new liturgy not like new but a COVID liturgy. It is quite short so with time so you know this is five minutes this is two minutes. So, we are going strictly according to it and these are few measures put in place aside those ones I might have forgotten (A clergy aged between 36-40, IDI, Tema diocese).

The findings showed that the Methodist Church hierarchy gave specific directives about the COVID-19 pandemic. The directives included adherence to safety protocols, suspension of robing and the reconstruction of the liturgy. This is supported by Boaheng's (2021) assertion that the church hierarchy instructed the choirs to avoid robing, processing and recessing during divine

services. For the preliminary stages of the pandemic, soloists and singing groups were discouraged to sing at services. Bible readings were reduced from four (4) to one (1).

The findings further support the assertion by Bekerman (2020) that a good communication strategy should have specific objectives and communication activities. According to Bekerman (2020), the objective comprises of the overall communication objectives, target groups and the specific objectives to be achieved. The communication activities also comprise of the main activities to be undertaken, the appropriate communication tools to be used and the time schedules.

4.2.2 Adherence to the COVID-19 protocols

According to Bekerman (2020), one critical part of a communication strategy is the provision of feedback, since feedback informs future actions. On the adherence of the COVID-19, majority of the participants believe the safety protocols such as wearing of nose mask, handwashing, hand sanitizing and social distancing are still in place and are strictly adhered to.

One participant indicated that:

When you are coming to church, they have a crew in front of the church building that walks you through those processes. You see a veronica bucket, soap and all that. You wash your hands. From there, you check your temperature and then your contact and residence details are taken. Then we type it on a computer or write it on paper. From there you turn to where the ushers are, then the ushers will direct you to where you will sit by accepting the social distancing protocol. We make sure everybody puts on the face mask or the nose masks. There is no way for one to skip any (A lay preacher aged between 30-35, IDI, Northern Accra diocese).

Similarly, another participant stated:

I could say the church was really paying attention to the protocol because even if you visit other churches other than Methodist Churches such as Pentecost, Catholic and so on, you observed the same protocols. If you observe, you see that everybody likes to obey the protocol at church (A lay preacher aged between 40-45, IDI, Accra diocese).

Interestingly, two of the participants were of the view that even though the protocols were strictly followed at the peak of the pandemic, same cannot be said of now (*at the time of the interview*). One of the two participants asserted:

The set protocols were so strict maybe I won't say so strict now but it was so strict especially last year considering the washing of hands sanitizing, using the thermometer, the physical distancing. I'm saying that not now because I think the washing is still done, the taking of temperature is still done and the sanitizer is still done but the spacing I mean has reduced. I remember in our church we used to be two people on a pew but now it's three (A steward aged between 30-35, IDI, Tema diocese).

The other participant stated that:

Honestly, we started adhering to COVID-19 protocols more strictly at the outbreak of the disease. Along the lines, we relaxed a lot but (laughs), that is part of human society. This is not to say that we stopped following the protocols. The church obeyed it but there were instances where you could see members lower their nose masks during services (An organizational head aged between 25-29, IDI, Accra diocese).

The two participants who opined that the adherence to the protocols were relaxed at a point agreed that the church is still adhering to the COVID-19 safety protocols.

4.2.3 Impact and performance of the communication strategies used by the Methodist Church

The study revealed that the communication strategies the Methodist Church used in the fight against the COVID-19 pandemic resulted in the increment of attendance levels of members and reduction of anxiety levels of members.

On the increment in attendance levels, one participant said:

The impact I have seen is that they are coming to church these days unlike the previously that they didn't want to come because of the COVID-19. As a church, we do everything according to the two hours given to us, and we see members are happy with it. We come in time, close on time, after which everybody leaves and it has helped us to keep our time than before (An evangelist aged between 40-45, IDI, Accra diocese).

For the reduction in anxiety levels, a participant had this to say:

The impact that I have realized or see is that at the outbreak of the diocese, people were scared but because of the effort we put out, now they are fine. When they are coming to church, they come in with confidence but initially people don't want to come when you even call them, they will see but don't answer (A lay preacher aged between 40-45, IDI, Northern Accra diocese).

In terms of performance, majority of the participants (67%) posited that the church performed satisfactorily in ensuring the safety of members. Few of the participants credited the church's performance above satisfactory.

One of the participants stated:

The church performed quite satisfactorily; we are humans, we can't be perfect we are trying to do everything possible to adhere to the directives. We are a

human institution; people will definitely disobey the rules once a while so I will say the church performed satisfactorily, very satisfactory, very, very satisfactory (laughs,) (A clergy aged between 36-40, IDI, Tema diocese).

Another participant remarked:

If you ask me to give a mark maybe I can say 70/100. Yes, to my personal view I can say 70/100 and we are still moving ahead. I don't want to give excellence so that I will be swollen headed that is why I'm giving 70 percent so that we do more (A circuit lay chairman aged between 40-45, IDI, Tema diocese).

The study revealed that the Methodist Church Ghana gave specific directives about the COVID-19 pandemic. The directives included the ban on robing, reconstruction of the liturgy, social distancing, wearing of nose mask and the registration of members. These protocols were adhered to the latter especially at the peak of the pandemic. As such, majority of the participants credited the Methodist Church Ghana as having performed satisfactorily in the fight against the COVID-19 pandemic. The assessment of the communication strategies by the church fulfils the Lally et al.'s (2007) evaluation component of communication strategies. They assert that a communication strategy must be evaluated. Evaluation of performance is also key element in the five elements of communication strategies suggested by Bekerman (2020) also. Buhmann and Likely (2018), assert that the basis of effective strategic communication in any intervention is evaluation. Evaluation serves as the foundation for determining whether and not an organization's intentional use of communication helps in the achievement of its mission, objectives and goals.

4.3 Challenges faced in using the communication strategies

There are challenges associated with the implementation of every communication strategy (Pereira, Duraó and Santos, 2019). These challenges according to Duraó (2017) are mostly

related to culture, structure, people, communication, control, and expected results showed that there were some challenges the Methodist Church faced employing the various communication strategies and these were issues concerning attitudes, financial constraints and misconceptions.

On the challenge of attitude, one participant said:

There are a lot of attitude issues that were the main problem. When they come to church sometimes, they want to skip hand washing, writing of their names and they are cold to you and all that. Sometimes they get angry and in no time, they will laugh about it. It was purely attitude and some people will want to jump the queue, so it was purely attitudinal. Yeah. Some won't even mind you and I won't let you enter so misunderstanding will come but as Christinas we do it gently so we manage ourselves not to be busting out for the people to see that oh na asormba so ommu kun ntokwa an se dyin (even church members are fighting) but we manage (An evangelist aged between 40-45, IDI Accra diocese)

On the same issue, another participant stated:

We faced some of the challenges, like somebody will come and say)noa (sibling) COVID no like ay3 normal enti (has become normal so) he can like people try to be stubborn. They will not put on the nose mask and those things and I remember there was a time we do protocol at the church car park here somebody came without a nose mask. He said if because of that he will just go home and the person left. Yeah, so for the some of these petty, petty challenges we had them (A circuit lay chairman aged between 40-45, IDI, Tema diocese).

On the financial constraints, a participant remarked:

One of the challenges was financial constraints on the members because some churches do not have enough money to procure the PPE's but they have to and they got it any way. But in the beginning, it was a challenge looking at the cost, especially the thermometer gun which was quite expensive and the rest, hand sanitizer, hand washing basins, some of them were expensive especially the automated ones but the ones that they had to, were not too expensive but the price hypes largely in terms of the implementation (A clergy aged between 40-45, IDI, Northern Accra diocese).

The analysis also indicated that there were several misconceptions, myths and conspiracy theories which became a challenge to the use of communication strategies by the church. For instance, a participant stated:

Well, the challenge we faced was with regards to the misconceptions. People heard all kinds of stories, so when you have to convince people to take the vaccines, it takes a little bit of time because they have heard too many negative things and so you need to talk to them more about it. That was the only challenge (An organizational head aged between 30-35, IDI, Tema diocese).

Another participant stated:

Their doubt is the challenge definitely, people doubt there is COVID-19 and a lot of people relate this COVID-19 disease to biblical end occurrence (A lay preacher aged between 40-45, IDI, Northern Accra diocese).

The analysis showed that the church faced some challenges in relation to employing the communication strategies in the fight against COVID-19. This is in sync with Boaheng's (2021) findings that many Christians had many misconceptions about the

COVID-19. Among the misconceptions included the fact the COVID-19 pandemic is a tool of the antichrist, sign of the end-time and a curse.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the study, summary of main findings, conclusions, and recommendations.

5.1 Summary of the Study

The main objective of the study was to assess the communication strategies the Methodist Church Ghana employed in fighting against COVID-19 pandemic. The specific objectives of the study were to:

- 1 Assess the communication strategies used by the Methodist Church in the fight against COVID-19 pandemic.
- 2 Examine the effectiveness of the communication strategies applied by the Methodist Church in the fight against the COVID-19 pandemic.
- 3 Explore the challenges associated with the communication strategies utilized by the Methodist Church in the fight against COVID-19.

The study adapted the diffusion of innovation theory as the theoretical framework. The theory is crucial in investigating multidimensional trends and patterns in innovation acceptance (Wainwright and Waring, 2007). The idea focuses on how an invention is transferred to members of a social system through a series of communication channels to achieve the desired change over time (Dearing, 2009). This framework was used to assess how the COVID-19 safety protocols (Wearing of nose masks, handwashing, hand sanitizing and social distancing) were adapted by members of the Methodist Church.

The study employed the qualitative research approach in gathering data. Specifically, the qualitative case study design was employed for this study. The study employed the purposive sampling technique where the participants were chosen based on their status in the church (Clergy and lay leaders). Fifteen (15) participants were recruited, five (5) each from the Accra, Northern Accra and Tema dioceses. Four (4) of the participants were clergies and eleven (11) were lay leaders. In-depth interviews were conducted with the aid of an audio recorder eliciting information the respondents. The data was collected from 27th September to 10th October, 2021. Thematic analysis was employed in the data analysis.

5.2 Summary of Main Findings

It emerged from the study that the communication strategies used by the Methodist Church in the fight against COVID-19 pandemic were awareness creation communication, social mobilization, and entertainment-education. Awareness creation strategy was one of the key strategies employed by the church. Based on creating awareness, it was discovered that three main media were used and these included interpersonal channels, social media, and mass services. Social mobilization varied and was used at all levels of the church. At the Connexional level, a COVID-19 response team was set up and was replicated at the diocesan, circuit and society levels. Majority of participants admitted receiving video contents on COVID-19 on some of the church's social media platforms.

The study discovered that the communication strategies applied by the Methodist Church Ghana in the fight against the COVID-19 pandemic were effective. The effectiveness of the communication strategies was based on the directives given by the church, impact of the communication strategies and performance of the church and finally the adherence to the COVID-19 protocols. Majority of participants mentioned that the church hierarchy from the Connexional level stipulated measures to be adhered to at all levels. The measures included;

social distancing at church, installation of hand washing basins and hand sanitizers, the ban on robing, the reconstruction of the liturgy and the wearing of nose masks. The communication strategies employed by the church reduced the anxiety levels of members and increased the level of attendance of members to services. For many of the participants, the church performed satisfactorily in fighting against the COVID-19 pandemic. Participants attributed the impacts and performance of the church to the strict adherence of the COVID-19 protocols at church.

It also emerged from the study that the main challenges the Methodist Church faced in employing the communication strategies were attitudinal issues, financial constraints and misconceptions. Many of the participants pointed towards misconceptions about COVID-19 especially during the vaccination process as a main challenge the church faced in employing the communication strategies. Another prevalent challenge identified from the study is church members attitudes towards the COVID-19 protocols and the COVID-19 response teams. Participants indicated that some church members intentionally ignored the protocols and when called to order, they left the church premises. Most churches had difficulty acquiring all the equipment and materials needed to follow the protocols to the latter due to financial constraints.

5.4 Conclusion

The following conclusions were drawn based on the outcome of the study;

The study concludes that the Methodist Church Ghana employed awareness creation communication, entertainment education and social mobilization communication strategies in fighting the novel COVID-19 pandemic in Ghana. These strategies were crucial in the church's efforts to minimize the spread of the Coronavirus.

The study concludes that the communication strategies employed by the Methodist Church Ghana in the fight against the COVID-19 pandemic were effective. The strategies used has enhanced adherence to the COVID-19 protocols and reduced the anxiety levels of members at all

levels of the church. However, it appears that the adherence to the COVID-19 protocols in the church is gradually relapsing due to complacency. While the efforts by the church to minimize the virus is satisfactory, a relapse will affect the impact of the communication strategies used by the church.

The study also concludes that the church is battling with financial constraints and some negative attitudes of members in their effort to fight the COVID-19 pandemic. Even though these challenges were impediments to the use of the communication strategies, it did not negate the efforts of the church in fighting the Coronavirus.

5.5 Recommendations

The following recommendations are made based on the research findings in the area of the communication strategies employed by the Methodist Church Ghana in the fight against COVID-19.

First, the church should implement a financial strategy at all levels of the church for future unforeseen circumstances such as the novel Coronavirus. This is due to the financial challenges faced by the church in implementing the communication strategies. From the study, it came to light that most societies and circuits faced financial constraints in acquiring the necessary equipment for the fight against COVID-19. It is therefore recommended that a fund is kept at all levels of the church for emergency situations.

In order for the church to be well prepared for future health emergencies, it is recommended that the church documents the strategies it employed in the fight against COVID-19, the challenges faced and the successes. This will better inform the church on the decisions and strategies to use when a similar situation is encountered.

The study also recommends that the church should not relent in its strive to fight the COVID-19 pandemic. From the study, it was discovered that some of the protocols are not being observed strictly. The church should therefore continuously encourage members to adhere to the protocols religiously.

5.6 Suggestions for Further Study

Future researchers can broaden the scope of the study by looking at other churches or even other religions to ascertain if the dynamics may be different based on the different organisations.

Also, a study can be done on the best communication strategies for faith selling in times of crisis.

Finally, researchers can apply different research approaches; quantitative and mixed methods to ascertain if the same results will be obtained.

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APPENDIX

IN-DEPTH INTERVIEW GUIDE

I am Anastasia Nanaba Acquah, a student of the Ghana Institute of Journalism, carrying out a study on the “Communication strategies employed by the Methodist Church in the fight against COVID-19 pandemic”. This interview focuses on all activities and measures put in place by the Methodist Church that have a direct link to the COVID-19 pandemic.

I kindly ask that I record our conversation. This will help me have the facts and detailed answers given and also have an attentive session with you. This interview is for research purposes only and so I assure you that the conversation will be confidential.

I am grateful for your participation.

DEMOGRAPHICS

1. If it is okay with you, may I know your age?
2. What is your marital status?
3. Which diocese of the Methodist Church do you fellowship?
4. How long have you fellowshipped in the diocese?
5. What position(s) do you hold in the church and for how long?

SECTION ONE

1. What are the communication strategies used by the Methodist Church in the fight against COVID-19 pandemic? Probe more on the communication strategies used.
2. What actions are taken by the church to create awareness about the COVID-19 pandemic? Probe more on the actions.
3. How often are these actions to create awareness about COVID-19 undertaken? Probe more.
4. How was the COVID-19 awareness creation done by your society? Probe more.

5. What measures are put in place to prevent the spread and contraction of the COVID-19 virus? Probe more.
6. How long has the preventive measures been rolled out? Probe more.
7. Who are in-charge of rolling out the preventive measures? Probe more.
8. What measures are put in place to ensure adherence to the preventive measures? Probe more.
9. What actions are undertaken by the church to promote COVID-19 vaccination? Probe more.
10. How often are members encouraged to vaccinate against COVID-19? Probe more.

SECTION TWO

1. How effective are the communication strategies applied by the Methodist Church Ghana in the fight against the COVID-19 pandemic? Probe more.
2. What directives are given to the churches by the diocese in relation to the COVID-19 pandemic? Probe more.
3. Tell me about the impact of the awareness creation and education undertaken by the church? Probe more.
4. What impact do you think the preventive measures has had on the church? Probe more.
5. Kindly tell me how the vaccination campaign has influenced church members? Probe more.
6. What measures are put in place to ensure churches create awareness, roll out preventive measures and promote vaccination against COVID-19 by the diocese? Probe more.
7. Are there established consequences for the circuits and societies that defy these directives? Probe more.
8. How will you describe the efforts by the diocese to reduce the spread of the COVID-19 virus?

SECTION THREE

1. What are the challenges associated with the communication strategies utilized by the Methodist Church in the fight against COVID-19? Probe more.
2. Are you aware of any challenges the church faces in creating awareness about COVID-19? Probe more.
3. What are the challenges the church faces in rolling out COVID-19 preventive measures? Probe more.
4. What challenges is the church facing in promoting COVID-19 vaccination? Probe more