



**AN EXPLORATION OF COMMUNITY RADIO, CULTURE AND
HEALTH COMMUNICATION AMONG RURAL AND SEMI-URBAN
DWELLERS IN THE CENTRAL REGION OF GHANA: A CASE STUDY
OF COVID-19 AND RADIO PEACE.**

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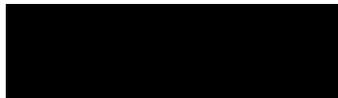
It is submitted in fulfilment of the requirements for the Doctor of Philosophy degree in the School of Human Sciences, Centre for Communication, Media and Society, at the University of KwaZulu-Natal, Durban.

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DECLARATION

I hereby declare that the work presented in this thesis entitled: An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region of Ghana: A case study of COVID-19 and Radio Peace was submitted at the Centre for Communication, Media and Society, at the University of KwaZulu-Natal from February 2020 to December 2022 under the supervision of Professor Eliza Govender. This work has not been submitted to any other institution. The work presented herein is solely my work unless specific references and acknowledgements, as taken from sources, have been provided.

Emmanuel Essel

Signature ...  Date ...5 Dec 2022.....

Professor Eliza Govender

Signature  Date ...5 Dec 2022.....

DEDICATION

Losing a sister was unexpected when I started this PhD journey. To Doris Sarpong. Fare thee well, blood.

Also, to another one I lost, Sandra Serwaa Bredu, rest well, dearie.

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ABSTRACT

The mainstream global COVID-19 communication for development and social change approaches, instituted by the neoliberal forces, hinge on information dissemination targeting individual behavioural change to halt the spread of the virus (Dutta et al., 2020). Ghana's public health communication about COVID-19 has primarily employed persuasive approaches using mainstream channels to share the WHO-approved non-pharmaceutical interventions (NPIs): personal hygiene, mass masking, social distancing and pharmaceutical measures. However, the adequacy of mainstream approaches to meet the COVID-19 communication needs among marginalised communities is unclear. This study focuses on pandemic responses and explores community participation through counter-discursive platforms like community radio. This thesis explores how local cultures influence the ability, modality and extent of community members' participation in the workings of community radio in promoting COVID-19 relevant health communication. This study uses qualitative data from three semi-urban and rural community radio host districts in Ghana collected between July and December 2021. Radio Peace, a community radio station in Winneba, Ghana's Central Region, serves as a single case study. Purposive sampling was employed to select participants from the Effutu Municipal, Awutu Senya West, and Gomoa West Districts, Ghana's Central Region. By using the culture-centred approach and participatory communication, eight (8) focus group discussions (FGDs) and eleven (11) in-depth interviews (IDIs) were conducted to understand how community radio attends to the communicative needs of marginalised people living within the selected communities. Data were analysed using reflexive thematic analysis. The findings suggest that community radio enhances the agency of marginalised people by providing an accessible public sphere for community-level dialogue concerning COVID-19 prevention using indigenous language. However, the involvement of marginalised people in Radio Peace's COVID-19 communication intervention was limited by structural factors. These include indecorous language during on-air discourses, economic challenges of batteries to power radio sets, irregular community visits by the station's staff, transmission challenges, and difficulty in calling into programmes due to jammed telephone lines. The study concludes that social, economic and cultural contexts significantly influence active listeners' ability to participate in community radio interventions that pertain to COVID-19 communication. It also considers that community radio effectively communicates COVID-19

prevention messages that offer active listeners opportunities to be involved meaningfully in the interventions. Thus, the study proposes the socio-cultural model for the future conception, design and implementation of COVID-19 communication interventions for community radio in a manner that allows for marginalised people's meaningful participation in such responses. Access, social capital and community participation are critical for effectively implementing the socio-cultural model for COVID-19 communication using community radio. The success of the socio-cultural model for COVID-19 communication hinges on a nuanced understanding of the beneficiary communities' local needs, values, structural factors and economic capabilities.

Keywords: Community radio, Communication for development and social change for COVID-19 prevention, Ghana, qualitative methodology, culture-centred approach, participatory approaches.

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ABBREVIATIONS AND ACRONYMS

| | | |
|----------|---|---|
| AIDS | : | Acquired Immunodeficiency Syndrome |
| AMARC | : | World Association of Community Radio Broadcasters |
| CAT | : | Community Audio Tower |
| CCA | : | Culture-centred approach |
| CCMS | : | Centre for Communication, Media and Society |
| CHPS | : | Community-based Health Planning and Services |
| COVID-19 | : | Coronavirus disease of 2019 |
| CPNRM | : | Community Participation in Natural Resource Management |
| CR | : | Community Radio |
| CSOs | : | Civil Society Organisations |
| DANIDA | : | Danish International Development Agency |
| DWA | : | Deutsche Welle Akademie |
| FAO | : | Food and Agriculture Organisation |
| GBC | : | Ghana Broadcasting Corporation |
| GCRN | : | Ghana Community Radio Network |
| GHS | : | Ghana Health Service |
| GSS | : | Ghana Statistical Service |
| HIV | : | Human Immunodeficiency Virus |
| ICS | : | Indigenous communication system |
| IK | : | Indigenous knowledge |
| IKCS | : | Indigenous knowledge communication systems |
| ISD | : | Information Service Department |
| MCE | : | Municipal Chief Executive |
| MoGCSP | : | Ministry of Gender, Children and Social Protection, Ghana |
| MoH | : | Ministry of Health |
| MP | : | Member of Parliament |
| MPI | : | Multidimensional poverty |
| NCA | : | National Communication Authority |
| NCCE | : | National Commission for Civic Education |
| NGOs | : | Non-governmental organisations |
| NPIs | : | Non-pharmaceutical interventions |
| TA | : | Thematic analysis |

UNICEF : United Nations Children’s Fund
UNESCO : United Nations Educational, Scientific and Cultural Organisation
USAID : United States Agency for International Development
WHO : World Health Organisation

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND TO THIS STUDY

Since 11 March 2020, the world has officially faced a health crisis, the COVID-19 pandemic [World Health Organisation (WHO), 2020a]. The WHO (2020b) reports that Coronavirus disease (COVID-19), previously known as the ‘2019 novel coronavirus’, is a highly infectious respiratory global health threat (disease) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The clinical symptoms of COVID-19 include fever, cough, fatigue, myalgia (muscle pains), dyspnoea (difficulty in breathing), loss of taste and smell and diarrhoea (WHO, 2020b). The devastating impact of the pandemic, which emerged in December 2019 from the Chinese city of Wuhan, has been felt in almost every part of the globe. In Africa, the first COVID-19 case was recorded in Egypt on 14 February 2020. Ghana confirmed her first two cases of COVID-19 on 12 March 2020. These first two cases were imported from Norway and Turkey [Ghana Health Service (GHS), 2020]. The WHO reports that there have been 624,235,272 confirmed COVID-19 cases globally, including 6,555,270 deaths as of 24 October 2022 (WHO, 2022a). The COVID-19 situation in Ghana stands at 170,573 confirmed cases, with 1,460 deaths as of 24 October 2022 (WHO, 2022b).

In response to the COVID-19 pandemic, the Ghanaian government has initiated several large-scale public health campaigns, mainly employing mainstream, social and digital media platforms (Anoff-Ntow & Tettey, 2022; Adu Gyamfi & Amankwah, 2021). These campaigns mostly use top-down information dissemination approaches to the WHO and GHS-approved non-pharmaceutical measures (NPIs) and pharmaceutical measures to stimulate individual behavioural change (Anoff-Ntow & Tettey, 2022; de-Graft Aikins, 2020; Thompson et al., 2020). The WHO approved NPIs of mass masking, personal hygiene practices, physical/social distancing, avoiding mass gatherings, and pharmaceutical measures such as vaccines (WHO, 2022b). In Africa, several of the continent’s governments have instituted additional measures, including the closure of schools and places of worship, travel bans, limits on large public gatherings, increased testing, tracing and treatment, and; country lockdowns (Ataguba, 2020). Similar steps have been taken by the Ghana government, with the significant distinction being the legislation on compulsory face masking in public, Executive Instrument (E.I. 164), passed on 15 June 2020. The E.I. 164 stipulates that offenders could face a jail term of between four and ten years or pay a fine of between 12,000 and 60,000 Ghana Cedis, or both. With E.I. 164, the Government of Ghana effectively declared COVID-19 a public health emergency.

The WHO-inspired NPIs and pharmaceutical measures have primarily served as the global template for public health campaigns, including Ghana. While these strategies have been seamlessly adopted to various degrees of success in many Global North countries, their effective integration into resource-limited settings in Global South communities is in doubt. This study contends that the WHO and GHS-approved COVID-19 prevention messages via mainstream platforms are not always responsive to marginalised communities' social, economic and cultural needs in Ghana, and therefore requires an exploration into other modalities of communication that can better facilitate health communication.

In Ghana, Government agencies, including the GHS and the Ministry of Information, have largely spearheaded public health communication campaigns to contain the spread of COVID-19 inspired by the WHO approved NPIs and pharmaceutical measures. However, pandemic responses in the Global South designed on universal global models with little regard for the local context are less effective, further marginalising those at the margins of the margins (Dutta et al., 2020). For example, Anoff-Ntow & Tettey (2022) aver that there is a disconnect between the lived experience of ordinary citizens and public health interventions that fail to recognise the complexities of managing the COVID-19 pandemic in Ghana. They further argue that in close-knit communities, autonomous individual agency is limited because the infrastructure of personal hygiene is non-existent or non-personalised. Again, the knowledge produced and circulated about the COVID-19 pandemic has tended to privilege specific contexts, the Global North, over others, the Global South (Dutta et al., 2020; Ndlovu-Gatsheni, 2020). Western knowledge systems have dominated the global and Ghana's COVID-19 national response by disseminating the WHO-approved NPIs and pharmaceutical measures. For instance, official and formal institutions counted reports of traditional COVID-19 cures in the Ghanaian media. Indeed the Ghana Medical Association publicly discouraged the general public from imposing their faith in non-Western treatment (Anoff-Ntow & Tettey, 2022). The absence of local voices, lack of agency and marginalisation that the rural and poor population in many Sub-Saharan African (SSA) countries encounter suggest that exclusively implementing these NPIs and pharmaceutical measures is insufficient to prevent COVID-19 infection (Dutta et al., 2020).

The seemingly prioritising one knowledge system over other potentially equal or more appropriate methods is tantamount to cultural arrogation. Several African scholars have called for the need for communication scholarship to be de-Westernise (Mare, 2020; Salawu, 2017; Nyamnjoh, 2011). De-westernising media requires a shift from the exclusive use of formal

mass media channels to an integrated approach where formal and informal media are seen as complimentary (Mare, 2020; Manyozo, 2018; Chadwick, 2013). Integrating the dominant formal communication systems with popular media enhances the effectiveness of communication interventions by allowing information to flow in all directions: upwards, downwards, and circular (Mare, 2020; Manyozo, 2018; Chadwick, 2017; Nyamnjoh, 2011). Unlike the mainstream approaches, a culture-centred approach (CCA) to COVID-19 health communication as advanced by Dutta et al. (2020) argues for alternative media to be utilised for sharing prevention messages. They further note that such alternative communicative platform allows for indigenous and inclusive solutions such as spiritual, emotional, counselling, herbal medicine, and survival strategies that are crucial to the COVID-19 response to be articulated.

Radio, and more so community radio (CR) is recognised as one of the tools to facilitate a shift from a dominant mainstream approach to more participatory development (Fox, 2019; Dutta, 2011; Rodríguez, 2011) specifically when addressing health issues. Despite technological advances in the 21st century, the enduring association of radio to development discourse, especially with the subaltern sectors of society, is widely acknowledged (Rodríguez, 2011; Manyozo, 2009; Tabing, 2002). In the period just after the second world war (WWII), some development scholars, mostly Western academics, assumed that mass media forms like radio and television possessed ‘magical’ effects (Gumucio-Dagron, 2008; Servaes, 2007; Fraser & Estrada, 2001). Mass media was thought to be capable of transforming ‘traditional’ African and Asian societies into ‘modern states’ by disseminating centrally designed development information (Rodgers, 1962; Rostow, 1960; Lerner, 1958). These rather unfounded claims have since been proven to be wildly off the mark (Gumucio-Dagron, 2008; Servaes, 2007; Fraser & Estrada, 2001). Despite this, persuasive top-down approaches dominated Ghana’s COVID-19 response. For instance, official COVID-19 prevention information was mainly shared via press releases, conferences and televised presidential addresses in Ghana (Anoff-Ntow & Tettey, 2022), usually in the official English language. Such information was mainly framed based on the WHO and GHS approved prevention messages mentioned above. However, using official languages to convey COVID-19 prevention messages to a predominantly illiterate audience is counter-productive (de-Graft Aikins, 2020; Thompson et al., 2020). Unlike, mainstream media, the normative nature of CR provides a dialogic platform for building consensus for action among marginalised communities and health-related duty-bearers (Manyozo, 2009; Bessette, 2004). In addition, CR is adept at meeting the linguistic needs of its target audience (Fox, 2019; Manyozo, 2009;

Salawu, 2006). A shift in paradigm and approach to development has since emerged, recognising the relevance of context and involvement of the primary beneficiaries in their transformation (Gumucio-Dagron, 2008; Servaes, 2007; Thomas, 2002; Fraser & Estrada, 2001).

It is reported that in many resource-poor countries, radio remains a valuable source of health information for the public due to its potential for extensive coverage and increased accessibility (James et al., 2019; Nyirenda et al., 2018; Knudsen & Antwi, 2010; Zeelen et al., 2010). Similarly, other studies have advanced that radio is an effective medium for health communication campaigns to enhance positive health behaviours and wellbeing among recipients (Pei et al., 2019; Hugelius et al., 2016; Karikari, 2000). This affirms the converging recognition by scholars from a top-down transmission tradition and those from a participatory bottom-up viewpoint that radio is a suitable medium for initiating and sustaining development. In particular, Tietaah et al. (2019) note that despite the proliferation of other forms of media, radio remains a relevant developmental tool in Africa. They further stated that radio's developmental value is due to the medium's inherent nature to: enhance democratic pluralism; engender social inclusion due to the use of local language for broadcast; and appropriate new technologies to aid audience participation.

Community radio in particular is useful for participatory-oriented health communication among marginalised communities (Srivastava, 2020; Sharma & Kashyap, 2015; Tyali & Tomaselli, 2015; Medeossi et al., 2014). For COVID-19 communication, the Ghana Community Radio Network (GCRN), (the association of all community broadcasting initiatives in Ghana) in partnership with the United Nations Children's Fund (UNICEF) launched the Community Radio facilitating Children's and Youth Wellbeing Amid COVID-19 (CR-CYW-COVID-19) programme as an emergency community-based response to the pandemic in Ghana (GCRN, 2020). The GCRN (2020) further reports that the initiative was fashioned on a participatory approach with the aim of empowering and sharing knowledge with local community stakeholders to prevent and respond to the COVID-19 pandemic.

Although community radio has been employed as a tool to communicate local health needs such as HIV/AIDS, malaria and adolescent reproductive health in Ghana (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000), the current literature reveals a dearth of studies on COVID-19 in the Ghanaian context. Currently, Radio Peace, Winneba, broadcast COVID-19 related discussion segment on the station's flagship morning programme, *Anopa hyewbo*. The station also runs COVID-19 relevant reports on its major news bulletins christened 'Reporting on social distancing' and other programmes. However, the adequacy of

such programmes in engendering positive health outcomes is unclear. This can be attributed to the fact that the intersection between COVID-19 related health communication and CR is still going through a process of maturation in Ghana. This raises questions about the essentiality of CR for COVID-19 communication. That said, Clemencia Rodríguez (2011) advocates for a focus of CR research on the unknown potential of the medium in the communication for social change space. This presents research lacuna to be investigated. Again, “studies into community radio must critically challenge and interrogate the participatory and alternative outcomes in order to reveal the form’s potential, as well as its limitations” (Fox: 2019: 37).

This study focused on providing a health communication perspective that explores the active involvement of the marginalised sectors of society in a local CR station’s effort to contain COVID-19 transmission. To this end, this thesis explores how CR’s discourses around COVID-19 could facilitate the presence of subaltern voices at the places of policy formulation and implementation toward containing the virus among marginalised communities. Radio Peace a CR station, located at Winneba, Ghana’s Central Region, was selected as the single case study for this thesis. The station’s catchment area includes the following districts: Ekumfi Municipal, Gomoa East, Gomoa West, Effutu Municipal, Agona East, Agona West, Kasoa Municipal, and Awutu Senya West (Radio Peace, 2019).

1.2 PROBLEM STATEMENT

COVID-19 public health communication has employed mostly mainstream channels like radio and television to disseminate centrally designed prevention messages in Ghana (Anoff-Ntow & Tettey, 2022; Aikins & Akoi-Jackson, 2020). While these interventions recognise the role of public health communication in achieving positive health outcomes, it is unclear how the peculiar COVID-19 related communication needs of Ghana’s relatively poor and marginalised semi-urban and rural areas have been catered for. Also, the one-way mainstream communication messages ignore important contextual social and cultural issues such as language, literacy levels, economic situation, health practitioners consulted, values and norms of the semi-urban and rural populace (Anoff-Ntow & Tettey, 2022; de-Graft Aikins, 2020; Thompson et al., 2020). There is a sense that such centrally coordinated communication approaches neglect the marginalised sectors whose normative media consumption habits fall outside mainstream platforms. Investigating this seemingly neglect of the COVID-19 related communication needs of marginalised communities is necessary since communicative marginalisation begets structural marginalisation (Dutta, 2011). There is a need to shift from the predominant use of mainstream media to communicate COVID-19 prevention messages,

to integrating local forms of communication like CR to enhance access to the marginalised in Ghana. Marginalised communities typically rely on alternative and interpersonal media forms in Ghana (Karikari, 2000; Ansu-Kyeremeh, 1998).

In contrast to mainstream media, alternative channels like CR can engender community information sharing, consensus building, and collective action (Backhaus, 2019; Rodríguez, 2011; Gumucio-Dagron, 2008). This study focuses on exploring the use of CR in facilitating COVID-19 communication among rural and semi-urban dwellers in Ghana's CR host communities. This is significant since, unlike mainstream approaches programme content for CR uses the voice of ordinary people collected from the field by producers who are typically locals (Fox, 2019; Ayedun-Aluma, 2011; Manyozo, 2009; Karikari, 2000). This could be escalated for COVID-19 communication among Ghana's marginalised CR host communities. Thus, "what appears to be required, then, is a form of information diffusion that is at once "mass", "face-to-face", and local. It should be effective, culturally engaging, interpersonal, and intergenerational, productive of affective social relationships while flowing through existing ones" (Frishkopf et al., 2016: 50). This thesis aims to provide a community radio-oriented perspective that explores the active involvement of the marginalised sectors of society in COVID-19 communication. This thesis expands on the discourses that integrating centralised global COVID-19 public health communication interventions into local structures for the marginalised will require more than information sharing. Expert-driven pandemic responses without community input foreground communicative inequalities and thus are inadequate in addressing the social, health and economic impact the virus has wreaked on those at the margins of society (Lewis et al., 2021; Dutta et al., 2020). I argue that alternative platforms like CR that acknowledge and work with the complexities of marginalised people's media consumption habits play an essential role in Ghana's COVID-19 public health communication interventions. The mediated platform of community radio amplifies alternative health narratives to what circulates on mainstream media (Dutta, 2011; Manyozo, 2009). For example, dedicated CR COVID-19 programming helped mitigate fake news and provided access to marginalised people to information resources in a similar resource-limited context of India (Laskar & Bhattacharyya, 2021).

This is consistent with the CCA, which prioritises marginalised people's capacity to be involved in COVID-19 interventions in a manner that is meaningful to them (Dutta et al., 2020). The CCA to mediated social change argues that the erased voices of the marginalised from the mainstream public spaces of knowledge production need to be reinstated (Dutta, 2011). Therefore, the central question this study seeks to address is: What is the nature and

extent of community members' engagement and experiences with Radio Peace, Winneba as a participatory medium for COVID-19-related health communication? The significance of this study stems from the assertion that the research process could help community members within the catchment areas of Radio Peace, Winneba, feel empowered enough to overcome perceived barriers to prevent COVID-19 transmission within their communities. This process may lead to further empowerment; hence, community members may subsequently feel they may be able to live healthier lives and improve their general wellbeing and quality of life.

From the above discussions, there seems to be a dearth in the literature on using CR for COVID-19 communication in Ghana. As such, there appears to be information paucity on the subject matter (COVID-19) in the Ghanaian context. This study aspires to contribute knowledge to the existing literature by exploring how CR could facilitate the involvement of marginalised people in designing context-specific COVID-19 interventions that meet local needs. Additionally, this study's pioneering nature, which provides insight into how CR could facilitate listener participation in COVID-19 communication meaningfully makes it significant. Thus, this study suggests a model that will assist in designing culturally and contextually relevant COVID-19 interventions for CR to support members of marginalised and poor communities in the Ghanaian context.

1.3 RESEARCH QUESTIONS

1.3.1 Main research question

How are local cultures influencing the ability, modality and extent of community members' participation in the workings of community radio in promoting COVID-19 relevant health communication?

1.3.2 Contributing questions

1. In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba?
2. What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?
3. How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas?

4. In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio?

1.4 AIMS AND OBJECTIVES OF THE STUDY

1.4.1 Main aim

To assess the ability, modality and extent of community members' participation in the activities of Radio Peace, Winneba, with particular reference to the case of COVID-19.

1.4.2 Objectives

- To ascertain the ability of community members within the various selected districts in Ghana to engage in voice and agency in participating in discussions and activities around COVID-19 through a local community radio station, Radio Peace, Winneba;
- To find out the modalities employed by a local community radio station for facilitating community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions;
- To assess how the COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas;
- To establish how marginalised people can participate meaningfully in community radio-based COVID-19 prevention communication interventions.

1.5 STRUCTURE OF THE THESIS

1.5.1 Chapter One: Introduction

This chapter introduces this study, presents the background, and frames the research topic on which the whole study is based. The chapter conceptualises the problem of integrating the WHO-approved COVID-19 prevention NPIs and pharmaceutical measures into marginalised CR host communities. This chapter signposts the study by explaining the research questions and the overall objective.

1.5.2 Chapter Two: Literature review

The relevant literature on how CR could be deployed for communicating COVID-19 prevention among marginalised communities is reviewed. The purpose is to contextualise this

study's problem of integrating the centralised WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into marginalised communities in the Ghanaian context. This chapter discusses the global response to the COVID-19 pandemic and how lessons from previous epidemics, like HIV/AIDS, could be extrapolated for effective COVID-19 prevention in resource-limited settings. This chapter demonstrates some of the social, economic and contextual factors that must be acknowledged and incorporated into the COVID-19 communication for marginalised people in Ghana's CR host communities.

1.5.3 Chapter Three: Theoretical framework

The focus of this chapter is the theoretical framework adopted for this study. The theories adopted for the study's theoretical framework were Mohan J. Dutta's CCA (2011) and participatory communication approaches (Bessette, 2004). The chapter expounds on the three constructs of the CCA: structure, culture and agency. The focus was on how these constructs provide a lens to understand the contextual factors that shape the participation of community members in CR's COVID-19 communication interventions. Also, this chapter discusses how participatory approaches help make sense of the mediated platform of CR as a tool to provide a voice to the hitherto marginalised people in conceptualising the problem and solutions to the COVID-19 pandemic.

1.5.4 Chapter Four: Research methodology

This chapter focuses on the qualitative explorative methodological approach adopted for this study. The social constructivism paradigm underpinning this study and the reasons for its choice as opposed to positivist approaches are espoused. The chapter also looks at the data collection and analysis methods and the participants' selection processes.

1.5.5 Chapter Five: Data presentation

This chapter presents the qualitative data collected for this study. Data from the focus group discussions and the in-depth interviews are thematically presented.

1.5.6 Chapters Six, Seven and Eight: Findings and analysis

These chapters are concerned with the analysis of qualitative data. The chapters provide a critical discussion and interpretation of this research's findings in relation to the theoretical framework and literature review.

1.5.7 Chapter Nine: Theory-building

The penultimate chapter gives an account of the unique knowledge contribution of this study to the field of community radio and health communication. It provides a contextually relevant approach to integrating the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into marginalised settings. The chapter proposes a theoretical model of how the integration process of the WHO and GHS-inspired COVID-19 prevention messages could be contextually relevant and culturally proximate for marginalised communities.

1.5.8 Chapter Ten: Conclusions

The final chapter summarises the study's key findings based on the research questions. It concludes by stating the theoretical and methodological contribution of the study. It also presents suggestions to improve COVID-19 communication via the mediated CR platform. Finally, the chapter recommends areas that future research could focus on.

1.6 CONTEXTUALISING TERMINOLOGIES

I offer an operational definition for some key terms for this thesis.

Communication channel refers to the means of communicating with others, including mass media and interpersonal networks.

Media channels depict Western technology-based mass communication platforms such as radio, television and newspaper.

Messages refer to the content of the communication.

Message sources indicate who is sharing the message, including individuals, institutions and communication channels.

Subaltern refers to rural and semi-urban people with limited access to mainstream mass media channels living within Ghana's CR host communities. For this study, the words subaltern and marginalised are used interchangeably.

Community members: people living within Radio Peace's host communities who may or may not be active listeners of the station's programmes but engage with the station directly or indirectly through the mediated CR platform or their social network.

CHAPTER 2

LITERATURE REVIEW

“Radio today is as indispensable to the existence, cohesion, and development of modern society as oxygen is to the survival of living beings” (Karikari, 1994: 1).

2.1 INTRODUCTION

This chapter foregrounds the relevant literature in health communication. It focuses on community radio (CR) and its potential for communicating health among poor and marginalised communities in Sub-Saharan Africa (SSA). The chapter reviews the relevant literature on radio, CR in Ghana, and health communication drawing from lessons from early approaches to HIV/AIDS communication in Africa. A central argument advanced in this chapter is that non-pharmaceutical interventions (NPI) and pharmaceutical measures to contain the COVID-19 pandemic need to be contextualised to meet the specific needs of the marginalised sectors of the Global South. Also, in this section, I argued that the mediated platform of CR could provide access and voice to marginalised communities in designing effective COVID-19 public health communication interventions. The role of health communication is discussed in relation to the WHO-inspired COVID-19 NPIs and pharmaceutical measures and how they can be integrated into local realities in rural and poor communities in SSA using CR.

2.2 RADIO

Radio is a popular medium of choice in Africa because it is pervasive, local, extensive, flexible, readily understood, personal, speedy, efficient, and radio receiving sets are cheaply available, portable, and run independently of electrical power (Nyareza & Dick, 2012; Manyozo, 2009). These features make the medium ubiquitous worldwide, transcending economic and geographical lines.

The notion of the powerful effect of radio is an unpopular sentiment in current development communication discourse (James et al., 2019; Tietaah et al., 2019; Fox, 2019; Rodríguez, 2011). Instead, radio is widely recognised as an effective and efficient channel for initiating and sustaining development from a participatory approach. For example, Jackson and James (2002) report that in communities of low literacy, such as Mongolia, where oral forms of communication are prioritised over other forms of media, radio becomes an ideal medium to initiate and sustain social change. Earlier, Karikari (1994: 23) expressed a similar sentiment

that “because of the development role assigned to radio, in Africa, radio is used, with varying degrees of success, as a development tool”.

Despite the widely accepted notion of radio as a platform capable of facilitating development, the medium has been fraught with challenges. For example, Nyareza and Dick (2012) note that radio is limited as a medium for development in Africa due to signal transmission problems, and batteries to power radio receiving sets can be expensive, especially for rural settlers. Also, the possibility of the radio reflecting the status quo due to the dominance of a few local and national elites can make the medium redundant and even dangerous to the wellbeing of ordinary people (Dutta et al., 2020; Conrad, 2014; Diedong & Naaikuur, 2012; Nyareza & Dick, 2012). In summation, radio can be a dutiful servant but a brutal master, depending on who has access to and control over the medium.

2.3 COMMUNITY RADIO

Community radio forms part of the broader group of channels variously termed ‘community’, ‘citizens’, ‘radical’, or ‘alternative’ media (Dutta, 2011; Rodríguez, 2011). Community media are non-profit, owned by or accountable to the community they seek to serve and are open to participation in programme production and management by listeners (Fox, 2019; Buckley, 2011; Dutta, 2011; Rodríguez, 2011). The driving force behind operating community media is passion and a conviction that the media can change people’s lives (Buckley, 2011). The sense of realisation by ordinary people to control and manage their development process is essential in community-initiated media forms. In other words, community media should be a site for the self-affirmation of grassroots people (Ayedun-Aluma, 2011). Again, Dutta (2011) notes that a key feature of community media is that its content must be different from mainstream media and advocate for some form of social change.

The concept of community can be rather tedious to describe since it means different things to different people. This study defines ‘community’ from a development communication perspective. Community expresses a construct of spatial or social parameters or both. Figueroa et al. (2002: 15), using location as a criterion, defined community as “a group of people who reside in the same locality” and as “a group of individuals who share a common interest”, from a social construct perspective. For Tabin (2002), ‘community’ can represent a group of people bound by a physical geographical area. He further asserts that ‘community’ can designate a ‘spatial group’ or ‘virtual group’ of people connected by a common interest, which may or may not be living in a physically defined geographical area. Also, from a listener’s viewpoint of what constitutes community, it “might be more imagined and symbolic rather than material”

(Fox, 2019: 30). The above discussion implies that a community's characteristics vary from one context to another. Thus, an operational explanation of what constitutes community in a particular context is essential. For this thesis, a spatial construct of a community guided the data collection.

According to Tabing (2002: 11), "community radio station is one that is operated in the community, for the community, about the community and by the community". Listener contribution in the form of the volunteer workforce, active listenership and financial assistance is vital to the sustainability of CR (Mitchell & Lewis, 2018; Diedong & Naaikuur, 2012; Ayedun-Aluma, 2011; Tabing, 2002; Fraser & Estrada, 2001). The characteristics that set CR apart from other forms of media include listeners: access, participation, self-management mandate, increased democratic involvement, greater equity, and accountability of the medium (Fox, 2019; Manyozo, 2009; Tabing, 2002).

Several studies affirm the participatory nature of CR (Bello & Wilkinson, 2017; Tyali & Tomaselli, 2015; Sharma & Kashyap, 2015; Balan & Norman, 2012; Diedong & Naaikuur, 2012; Al-hassan et al., 2011; Msibi & Penzhorn, 2010; Teer-Tomaselli, 2006; Olorunnisola, 2002). The local community should control the CR medium at all levels: programme production, management, and ownership (Fox, 2019; Tabing, 2002). Community radio is a medium for the commoner due to its inherent ability to transcend illiteracy, geographical barriers and poverty. For many scholars, the fact that the programming content of CR reflects the everyday lived realities of its listeners gives credence to the assertion that the best judge of CR programmes is the listener (Fox; 2019; Rodríguez, 2011; Fraser & Estrada, 2001). Thus, "the keys to community engagement, therefore, are communicative forms that enable active, grassroots participation: forms that are familiar, affective, and social" (Frishkopf et al., 2016: 49). Community radio is employed as a platform to foster sustainable social change in health communication, grassroots empowerment, and poverty eradication in many developing countries (da Costa, 2012; Nyareza & Dick, 2012). To achieve this, the host community must decide the systems of decorum, tact and circumspection during on-air discussions to ensure that decisions and consensus represent the entire community (Tabing, 2002).

The concept and practice of CR are conventional in many parts of Africa. In Anglophone West Africa, the three-tier mass media concepts of public and government, private and commercial, and community are well-established in the sub-region, including Ghana (Ayedun-Aluma, 2011; Karikari, 2000). Governmental policy enacts a multi-tier broadcasting system that includes public, commercial and community broadcasting in Ghana [National Communication Authority (NCA), 2021]. The NCA reports that it has authorised 684 FM

broadcasting stations in Ghana as of the Fourth Quarter of 2021 (NCA, 2021). These include 31 public radio stations, five (5) public (foreign) radio stations, 114 community radio (CR) stations, 24 campus radio stations, and 510 commercial radio stations (National Communication Authority, 2021). Legislations enshrined under the Constitution relating to broadcasting in Ghana include the Ghana Broadcasting Corporation Act, 1968 (NLCD 226), the National Media Commission Act, 1993 (Act 449), the National Communications Authority Act, 2008 (Act 769), the Electronic Communications Act 2008 (Act 775) and subsidiary legislation enacted under these laws (Ministry of Communications, Ghana, 2014). The Ghana Community Radio Network (GCRN) (2010) reports that Radio Ada, located at Big Ada, Ada East District, Greater Accra Region, went on air on February 1, 1998, ushering in the formal introduction of community broadcasting in Ghana. Member stations of the GCRN broadcast in different Ghanaian languages and dialects. These include Fanti, Awutu, Effutu, Ga, Adangme, Banda, Bono Twi, Asante Twi, Ewe, Akuapem Twi, Dagbani, and Moar Languages. Others include Mampruli, Gonja, Dagatti, Hanga, Frafra, Gurune, Buli, Kasem, Kantoosi, Ahanta, Sissale, Dagaare, Nankam, and Wassa Languages (GCRN, 2020a).

2.4 MODELS OF COMMUNITY RADIO IN AFRICA

The existing literature is littered with different models of CR in Africa inspired by the development of the medium around the globe. These are categorised based on economic sustainability models and the origin of the medium. The three (3) most common models in the African context, as noted by Manyozo (2009), are presented below.

The Sutatenza model: these stations are located within their primary communities' precincts and committed to local developmental needs. However, they are owned by local individuals or organisations due to sustainability constraints. It originated in Colombia, Latin America, in 1947 as a community development-oriented station (Gumucio-Dagron, 2001). Community ownership of the CR content is guaranteed through access to the station's programming activities and physical space (Manyozo, 2009). He further note that there is a trade-off between community control of all aspects of the medium and its financial sustainability.

In Ghana, the origin of some CR stations falls within the ambit of 'non-community initiated' projects. However, they operate on the CR principles discussed above. For example, private individuals initiated Ghana's first two CR stations, Radio Ada in Big Ada, Greater Accra Region and Radio Peace in Winneba, Central Region (GCRN, 2010). Karikari (2000) reports that some intergovernmental organisations, including UNESCO, provided equipment

to establish these stations. Moreover, Radio Progress in Wa, Ghana's Upper West Region, was initiated by a Christian group, the Catholic Diocese of Wa (GCRN, 2010).

Community-owned model: such CR stations are initiated, owned, financially sustained, and managed by communities typically marginalised from mainstream media. Historically, this model evolved from the network of miners' radio in Bolivia, Latin America, which was started in 1949 by local miners for solidarity and other developmental purposes (Gumucio-Dagron, 2001). Community-owned stations represent an ideal form of CR as it promotes greater democratisation and good governance (Manyozo, 2009; Jallof, 2005). The community-owned model inspired by the desire to provide a voice to 'blue' collar worker struggles in Bolivia for instance offers a greater guarantee of access and content ownership to active listeners as the medium is controlled by its initiators. Community radio-related organisations such as World Association of Community Radio Broadcasters (AMARC) and UNESCO recommend this model where practical. In Ghana, community-owned CR stations are a rarity.

However, this ideal model has not been replicated in the CR sector in many resource-limited settings, including Ghana due to financial sustainability challenges. Buttressing this view, Jallof (2005) noted that the capacity to form and manage partnerships with various organisations, including NGOs, commercial entities, government agencies, and international organisations, is crucial for CR's financial sustainability in resource-limited settings. As discussed above, CR initiatives in the Global South are usually donor funded or depended on external support for its sustainability, a situation that threatens the independence of such enterprises. Ayedun-Aluma (2011) regards CR initiatives with exogenous influences as prone to problems including difficulties in adapting to the socio-cultural and economic realities and the lived experience of the host communities, and incapacitating the target audience. He further asserts that the medium may be rejected by the host community in such circumstances.

Campus-based model: these CR stations are typically owned by educational institutions and primarily serve the school community. Radio producers and announcers are usually students (Manyozo, 2009).

In summation, although ownership of CR is critical, the functional role of the medium is of greater importance for serving the local needs of its primary community as opposed to its ideal ownership form (Manyozo, 2009; Karikari, 2000).

2.5 COMMUNITY RADIO AND HEALTH COMMUNICATION

This section considers the role of CR in sharing health messages directed at improving individual and community health outcomes. Many scholars have criticised the transmission

approaches to health communication. They argue that the over-emphasis on awareness creation is problematic since it is not enough to bring about health-related social change (Dutta et al., 2020; Campbell & Scott, 2012; Durden & Govender, 2012; Dutta, 2011; Airhihenbuwa & Obregon, 2000). However, the normative nature of CR provides a dialogic platform for building consensus among communities and health-related duty-bearers on community-specific health enablers and inhibitors (Manyozo, 2009; Bessette, 2004). An approach where powerful elites are willing to listen to the assertive voice of the marginalised is necessary for improving health outcomes (Campbell & Scott, 2012).

Numerous studies have established the role of CR in health communication in resource-limited settings. For instance, mixed-method research conducted by Sharma and Kashyap (2015) found that participatory CR programming effectively increased knowledge levels and identified the health-related information needs of purifying water, weaning food, immunisation, and HIV/AIDS among rural women in India. Another study concluded that health-based talk shows on two local CR stations, Jozi FM and Thetha FM, effectively: raised public awareness, improved local knowledge, and recruited trial participants for HIV-related biomedical research in South Africa (Medeossi et al., 2014). Their work further revealed that interactive radio health talk shows, via listeners' call-ins, stimulated intra-community dialogue on general local health issues and improved researcher-researched relationships. Also, Waters and colleagues' (2011) qualitative study found that CR's on-air and off-air activities were closely linked in Indonesia. To illustrate, while on-air activities focused on HIV/AIDS education, off-air interventions concentrated on developing economic projects to improve community welfare (Waters et al., 2011). These findings underline the need for synergistic strategies between the off-air and on-air activities of CR. This study seeks to explore this further.

Srivastava's (2020) work revealed that CR helped raise awareness of myths and misconceptions around reproductive health and menstrual hygiene among female listeners in rural India. Her work further established that a medical doctor as the source of the message of radio health talk programmes instigated community-based discussion on a hitherto taboo issue like menstruation. However, this study reported that the partial use of the English Language and medical jargon in the radio talk programme was a barrier to communicating the message to the audience. This required research facilitators to explain programme content more straightforwardly to the study participants to enhance comprehension, implying that the broadcast language should be appropriate to the rural audience (Srivastava, 2020). Drawing on

these findings this study seeks to explore how the use of local language for Radio Peace's broadcast can influence participants' participation in the station's COVID-19 interventions.

From Racicot-Matta and colleagues' findings, using participatory radio drama around healthy nutrition and lifestyle, targeting the youth, proved successful in communicating health in a hamlet setting in Canada. Also, the participatory approach helped equip listeners with the skills and capacity to initiate further edutainment health communication interventions (Racicot-Matta et al., 2016). Creative message for COVID-19 prevention is a subject this thesis explores in line with the above findings. Tyali and Tomaselli's (2015) studied a CR station, X-K FM, based in Platfontein, Kimberley, South Africa. They found that through X-K FM's participatory programming listeners felt empowered in dealing with the challenges associated with adhering to HIV/AIDS prevention messages. However, they established the need to further engage listeners in circumventing some social determinants of health, such as poverty and alcohol abuse. To this end, audience feedback was encouraged through the station's outside broadcast activities. Inspired by these findings, this thesis seeks to draw insights into how Radio Peace can provide a mediated platform to its active listeners to negotiate the challenges to adhering to COVID-19 prevention messages.

Essandoh's (2006) study focused on local participation in CR using Radio Peace, Winneba, as a single case study in Ghana. The findings revealed that the station's listeners perceived it as theirs due to its proximity. The study found that the content of the station's programmes reflected local development issues, including health concerns such as family planning, HIV/AIDS and malaria. The study recommended that government should provide basic infrastructures such as good roads, clinics, potable water, and electricity within the catchment communities of Radio Peace, Winneba and the society at large. Further, Radio Peace, Winneba, has conducted numerous health campaigns to improve its host communities' health. These include Adolescent Reproductive Health and Rights, Happy and Savvy Adolescent and; Community Participation in Three Key Behaviours (handwashing, exclusive breastfeeding and sleeping under treated mosquito nets) between 2018 and 2019 (Radio Peace, 2019). The above examples demonstrate that CR can be deployed strategically for social change, including health within its catchment area. This could be escalated for COVID-19 communication, underlying the relevance of this thesis to explore this subject.

In most CR host communities in Ghana, group identity is resilient as communal living is the norm (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000). Health communication campaigns are likely to affect health behaviour when targeting social identity cues positively. However, official sources of COVID-19 prevention information has not been

responsive to marginalised community's needs (Anoff-Ntow & Tettey, 2022). The design and implementation of COVID-19 public health communication interventions targeting audiences in Ghana's CR host communities raise questions that must be explored to ensure community-level effectiveness. For example, what are the COVID-19 prevention messages CR offers its target audience? What are communication approaches employed by CR for COVID-19 public health communication to engender community participation? In pursuance of this, one of this thesis' research questions focuses on how the COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas. Thus, community radio-based interventions for COVID-19 prevention are crucial; further research is needed to establish how participation in such interventions among active listeners can be enhanced. The current study aims to provide insight into the possible preventive strategies in the study setting since COVID-19 interventions must be tailored to meet the particular local situation (Mehtar et al., 2020).

2.6 COMMUNITY RADIO-BASED STRATEGIES FOR HEALTH-RELATED SOCIAL CHANGE

The preceding paragraphs address strategies for promoting health and wellbeing among poor and marginalised communities using CR.

2.6.1 Training of community radio journalists and volunteers

Training programmes to improve the human resource of CR is necessary. Such initiatives should provide opportunities for trainees to understand the twin concepts of development and communication to equip them with the ability to live among and work with local people (Manyozo, 2009; Tabing, 2002). According to Jallof (2005), the training of CR operatives is vital for the technical sustainability of the medium. Such activity should include developing training manuals, intensive formal training courses, and recruiting local and national professionals and academics as facilitators (Jallof, 2005; Tabing, 2002). For Tabing (2002), managers, programme producers, and technicians need basic skills training. Programme development should be participatory and spearheaded by trained local editorial groups of volunteer programmers (Jallof, 2005).

Developing authentic local content for CR programmes is key to enhancing positive health behaviour.

2.6.2 Community mobilisation

Community mobilisation is central to achieving the ideal of a ‘health-enabling social environment’ (Campbell & Scott, 2012). From a health communication perspective, community mobilisation is defined in “terms of (1) the intertwined strategies of grassroots participation in health and social development efforts (participation) and (2) the building of alliances between communities and more powerful groups (partnerships)” (Campbell & Scott, 2012: 178).

2.6.2.1 Community participation

Many researchers have posited that beneficiary community’s involvement in identifying health problems, articulating challenges, and devising solutions through active participation in public debate is essential in improving health outcomes (Waisbord & Obregon, 2012; Campbell & Scott, 2012; Dutta, 2011; Figueroa et al., 2002). Social participation is inherently health-promoting. It links people with social networks such as voluntary associations, local civic and political groups, and informal networks of friends, neighbours, or family, providing opportunities for health-promoting forms of empowering communication (Campbell & Scott, 2012). They further attributed people’s sense of empowerment to renewed confidence in their abilities. Participatory dialogue can make hitherto marginalised people discover pre-existing strengths, skills, and capacities to engender social change (Campbell & Scott, 2012; Dutta, 2011).

Manyozo (2009) suggested that African governments enact policies legitimising development radio and institutionalise participation as a development policy. Buttressing this point, Campbell and Scott (2012) remarked that though the biomedical and technical information flows from experts to recipients, local people have the expertise on how such services resonate with the beneficiaries. Participatory approaches integrate local health knowledge into formal health systems. The integration of CR, a participatory platform that puts prominence on the agency and ability of the hitherto marginalised target audience, is essential for this thesis. This presents a lacuna to be researched. To this end, this thesis’s the first research question of this study explores the ability of local community members within the various selected districts in Ghana to engage in voice and agency in participating in the activities of a local CR station, Radio Peace, Winneba, and its COVID-19 discussions.

2.6.2.2 Partnership with social and community groups

Bessette (2004) observed that a critical success indicator of participatory initiatives is developing and nurturing local partnerships between and among identified stakeholders. The

nature of alliances depends on factors including diversity, level of interest, and the importance of stakeholders to the overall success of the interventions. Partnerships can be between: (1) Locals and powerful external groups and; (2) Communication facilitators and locally identified stakeholders.

Firstly, forming strategic alliances with external political and economic elites (for example, health professionals, political leaders and policy-makers, and economic actors) by marginalised people is an essential step in shaping the social setting that perpetuates health (Campbell & Scott, 2012). The community-external actors' partnership is akin to marginalised people standing on the shoulders of giants to reach heights where their capacity alone cannot take them. Thus, health communication intervention should involve external actors with the wherewithal to improve at-risk communities' wellbeing (Campbell & Scott, 2012).

Secondly, Campbell and Scott (2012) remarked that the primary role of health communicators is to provide alternative social spaces conducive for marginalised populations to seek social recognition. To achieve this, the current study's second research question concerns exploring the modalities the local CR station employs to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions.

They further explained that the facilitator-community partnership should equip the latter to enact their resistance against forms of social hierarchies responsible for health inequalities.

2.6.2.3 *Empowerment*

The ultimate goal of community participation and mobilisation efforts is empowerment. The Ministry of Gender, Children and Social Protection, Ghana (MoGCSP), in its 2015 National Gender Policy, described empowerment as "...the process and outcome of actions taken by men and women towards taking control of their lives [including] setting their agenda, gaining skills, increasing self-confidence, solving problems, and developing self-reliance" (MoGCSP, 2015: 50).

Campbell and Scott (2012) argued that grassroots participation and partnerships open up diverse opportunities that empower marginalised people to develop their collective attributes. They further ascribed the following as the outcome of the involvement and partnership of hitherto marginalised people in the social change process: (1) Heightened collective sense of efficacy; (2) Designing strategies to improve their welfare, including health; and (3) Fix themselves within the sphere of attention of influential external policy-makers.

Bessette (2004) voices similar sentiments that the involvement of people in social change interventions is self-empowering and accords participants the opportunity to transform their views into reality. Health communication strategies should target the transformation of structural drivers of ill health to improve the social setting.

2.6.3 Programme evaluation

As part of the capacity building of locals in radio for development programmes, collaborative pre-intervention and post-intervention evaluation should be undertaken (Manyozo, 2009). Writing in the middle 2000s, Jallof (2005) developed the ‘bare foot’ impact evaluation methodology, originally for the CR sector in Mozambique, to measure the developmental impact of the medium on its host communities. Jallof (2005) notes that impact assessment is a monitoring tool to ensure that a CR does not depart from its set objectives and aspirations. Community volunteer programme producers and coordinators should assess all facets of the medium periodically (Jallof, 2005; Tabing, 2002).

A summary of Jallof’s (2005) three-tier qualitative ‘bare foot’ impact assessment methodology is provided below:

1. Internal Assessment: This management tool deals with whether the CR operates on participatory principles and provides access to all listeners;
2. Assessment of the community’s capacity as programme producers: This deals with whether programmes meet the target community’s needs and aspirations. This is done via informal community interviews, listener phone-ins, and letters from the audience;
3. Overall objective: this level concerns the impact of CR activities in achieving the long-term social change goals of the community it serves. To this end, in-depth interviews and focus group discussions with community stakeholders should be carried out by operators.

However, Manyozo (2009) argues that despite the apparent usefulness of the ‘bare foot’ assessment, there remain unanswered questions. He questioned the absence of the external consultant and other national regulatory institution operatives; whose activities are crucial to sustaining the evaluation process from the ‘bare foot’ methodology. In addition, there are challenges that must be considered in integrating the CR sector into Ghana’s centrally coordinated COVID-19 public health communication campaigns.

2.7 CHALLENGES ASSOCIATED WITH USING COMMUNITY RADIO FOR HEALTH-RELATED DEVELOPMENT

This study is interested in the structural and cultural dynamics that influence the integration of the CR sector into Ghana's centrally coordinated COVID-19 public health communication campaigns. However, operating CR is fraught with challenges.

2.7.1 Financial sustainability challenges

Community radio operates as a non-profit, which somewhat challenges its economic sustainability, especially among stations located in rural areas in developing countries. As Myers (2011) explains, funding CR has five basic options. This includes:

Advertising: it remains a crucial funding source for CR (Fox, 2018; Myers, 2011; Tabing, 2002). However, in some countries, including Ghana, advertisements on CR stations are limited or prohibited by law. Generally, the poorer the primary audience, the less advertising revenue is (Myers, 2011).

Donor funding: some CR stations are initiated and maintained with external financial assistance (Myers, 2011). Typically, sources of donor funding include development organisations such as non-governmental organisations (NGOs), UNICEF, Food and Agriculture Organisation (FAO), the United States Agency for International Development (USAID), and UNESCO to cover airtime, new equipment, fuel, electricity, water, transportation and staff training costs (Manyozo, 2009).

However, the reliance on donor funding could render the medium susceptible to the monopolistic tendencies of a few individuals who share the ideology of the sources of financing (Conrad, 2014; Diedong & Naaikuur, 2012; Manyozo, 2009). This situation can lead to a lack of access, diversity, and local content in programming and difficulties adapting to the host communities' socio-economic and lived experiences (Myers, 2011; Ayedun-Aluma, 2011). Further, Myers (2011) notes that donor-funded CR stations are not sustainable, at least in theory, as such funds are expected to decline or cease after some time. Puppet-controlled CR is inconsistent with the Milan Declaration on Communication and Human Rights (1988) of AMARC. The Milan declaration states that "communications media have a responsibility to help sustain the diversity of the world's cultures and languages, which should be supported through legislative, administrative, and financial measures".

Community-based income-generation: such funding sources include radio audience members levy, benefit dances, social announcements (funerals, marriages and births), selling of radio receiver sets, music requests and birthday shout-outs, fund-raising, raffle draws, and

income from side-businesses such as internet café and photocopy services (Myers, 2011; Tabing, 2002). In-kind contributions include voluntary labour and material donations by individuals, institutions, and organisations (Myers, 2011; Tabing, 2002). However, community-based income sources are minimal in resource-poor communities (Myers, 2011; Manyozo, 2009).

Patronage: This is where individuals and groups register CR but effectively run them like rural or small commercial stations due to regulation enforcement inadequacies (Myers, 2011). She further notes that although this model may be financially ‘sustainable’, it rarely reflects diversity and local content and stifles trustworthy journalism.

State aid: government grant funding available to community broadcasting in some countries to encourage media diversity by taxing bigger commercial media houses (Myers, 2011). She added that the downside of official funding sources is that CR beneficiaries may lose their independence and fall within the state’s sphere of influence.

2.7.2 Ineffective enabling policies and regulations

The policy environment within which CR operates can be enabling or inhibitive. In many African countries, the policy environment has not been tuned to the specific needs of the development radio. Manyozo (2009) notes that the institutionalisation of the concept of development media in many African countries is lacking, leaving practitioners to experiment with various shades of listener involvement that is not always empowering. Such a situation raises questions about the functionality of CR as a development vehicle.

To illustrate, although membership of the GCRN is not mandatory, the norm is for all CR initiatives in Ghana to be members. There are twenty-four (24) member CR stations of GCRN (GCRN, 2020a), compared to the 114 reported by the NCA (NCA, 2021). Such discrepancies present a regulatory gap as there is anecdotal evidence that some licensed CR stations operate as rural commercial stations. The operations of such recalcitrant stations deviate entirely or in part from the core principles of the medium as non-profit organisations focusing on the development of their catchment communities.

2.8 OVERVIEW OF THE GLOBAL RESPONSES TO THE COVID-19 PANDEMIC

Enormous resources and efforts have been committed to containing the spread of COVID-19 disease globally. Governments have implemented community infection mitigation measures, including school closures, travel bans, limits on large social gatherings, closed playgrounds, closed shopping centres and lockdowns (Ataguba, 2020).

2.8.1 Biomedical, public health and behavioural science

The biomedical and pharmaceutical responses to the COVID-19 pandemic mainly consist of testing, screening, diagnosis, treatment, medication, contact tracing, epidemiology, vaccine development and rollout, and strict isolation of infected persons (Forni & Mantovani, 2021; Aliand Alharbi, 2020; Al-Quteimat & Amer, 2020; Heymann & Shindo, 2020; Kumar et al., 2021; Nkengasong et al., 2020; Yamey et al., 2020). COVID-19 vaccine hesitancy and uptake have become a global concern (Murphy et al., 2021; Hooper et al., 2021; Wiysonge et al., 2021; Dror et al., 2020). To improve COVID-19 vaccine uptake confidence, Chou and Budenz (2020) suggest that vaccine-related communication should be evidence-based. They further opined that vaccine communication should leverage positive and negative emotions such as fear, anxiety, and altruism.

Also, behavioural change approaches promote the WHO-approved NPIs: physical distancing, personal hygiene practices, and mass masking (Cheng et al., 2020; Ebrahim et al., 2020; Paakkari & Okan, 2020). These measures are a prevention paradox, meaning they confer moderate benefits to individuals but are magnified at the population level. Understanding individual risk perception, public trust, misinformation, knowledge, and different cues to action is the basis for changing behaviour (Betsch, 2020). To illustrate, Cheng et al. (2020) explain that mass masking provides mechanical source control of the COVID-19 virus and shows altruism and social solidarity. In congruence with this assertion, Paakkari & Okan (2020) opine that acting socially responsible by complying with public health measures creates an infection-free space and decreased infection risk, a social good for all, including free riders.

However, the danger with biomedical interventions is that there is a tendency to focus on the individual to neglect their social context and everyday realities. While it is critical that biomedical and pharmaceutical COVID-19 prevention interventions like vaccines, testing, tracing and screening are made amply available to the poor and marginalised, the social context within which such groups live must be understood.

2.8.2 Misinformation, disinformation and conspiracy theories associated with COVID-19 health communication

The COVID-19 health communication efforts have been fraught with facts, disinformation, misinformation, myths, half-truths, misconceptions, conspiracy and blatant falsehood. The novel nature of the pandemic and the great havoc it has wreaked on humankind has been a factor. The immediacy of the internet and social media platforms is another cause. The WHO (2020c: 1) notes that “coronavirus disease (COVID-19) is the first pandemic in

human history where technology and social media are being used on a massive scale to keep people safe, productive and connected while being physically apart”. Fuchs (2020) avers that due to the impact of the pandemic, mediated forms of communication such as telephone, social media, and video conferencing software (Zoom, Skype, WhatsApp, and Discord) had replaced everyday face-to-face communication.

Despite the utility of mediated forms of communication, it has also been the source of COVID-19 misinformation, disinformation and conspiracy theories that threaten to derail efforts to contain the infection. For instance, fifth (5th) generation mobile technology (5G) and the virus originating from a laboratory in Wuhan, China, for biowarfare was reported as the cause of the disease (Caulfield, 2020; Larson, 2020). Also, unproven cures such as cow urine, bleach, spinal adjustment, intravenous vitamin therapy, cocaine, and eating garlic, abound (Caulfield, 2020; Larson, 2020). Mainly, such scientifically unproven treatments and misinformation have been ‘marketed’ through social media platforms such as Twitter, Facebook, WeChat, Instagram, YouTube, Reddit, and Gab (Budhwani & Sun, 2020; Chan et al., 2020; Chen and Ferrara, 2020; Llewellyn, 2020). For example, Budhwani and Sun (2020) found that referencing the Coronavirus disease as the ‘Chinese virus’ or ‘China virus’ on Twitter is likely to perpetuate COVID-19 related stigma leading to fear and distrust in public health systems among marginalised groups. The lack of clarity and uncertainty surrounding COVID-19 prevention messages makes it difficult for people to decipher useful information from outrageous ones.

Similarly, Tabong and Segtub (2021) found that COVID-19 related misconceptions, misinformation and myths circulated on social media platforms (WhatsApp, Telegram, Instagram, Facebook, and Twitter) and offline settings in Ghana. These include COVID-19 immunity among black people, the disease as a form of biological weapon by developed economies, the 5G network as a cause, misreporting (over-reporting of the number of cases and deaths) of the COVID-19 situation by the Ghana Government for World Bank relief package and, Africa’s hot climate suppresses viral replication and infection. Other sources of misconceptions centred on unproven remedies and prophylaxis such as Neem tree (*Azadirachta indica*), eating garlic, drinking apple cider vinegar, hydroxychloroquine and locally brewed gin (*Akpeteshie*) (Tabong & Segtub, 2021).

There are many reasons for the motivation to spread misinformation on COVID-19 and people’s susceptibility to belief. Larson (2020) noted that governments’ suppression of freedom of expression might lead to the undesired result of creating fertile grounds for misinformation to fester. She further asserts that public mistrust of government heightens when

citizens regard official sources of COVID-19 information as unreliable. Trust between authorities and the populace is crucial in quelling rumours, confusion, and conspiracies (Larson, 2020). Also, Tabong and Segtub (2021) established that misconceptions and myths provide ‘mental comfort’ among people since they act as risk attenuators leading to low adherence to prevention measures among Ghanaians, especially the youth. Additionally, genuine ignorance, the challenge of verifying COVID-19 related information by ordinary people and the lack of credible information sources hindered containment efforts by Ghanaian public health authorities (Anoff-Ntow & Tettey, 2022; Tabong & Segtub, 2021).

Even though the intervention discussed above have been helpful, it is already evident that they will not be enough to halt the spread of the COVID-19 virus. From a health communication perspective, contextually relevant NPIs are needed in resource-limited settings to deal with the socio-cultural dimensions of the pandemic. Essentially, COVID-19 prevention must see a paradigmatic shift away from blanket recommending adherence to the WHO-inspired individualistic behavioural interventions. Instead, it must be acknowledged that COVID-19 prevention involves a complex array of drivers of contextual significance. Therefore, there is a need to re-assess interventions designed to contain the COVID-19 pandemic and consider why some may not be effective for settings not originally designed for. More needs to be done beyond monologic mainstream mass media prevention information dissemination that may be effective in resourceful settings but lacks efficacy in resource-limited environments.

2.9 HEALTH COMMUNICATION AND COVID-19 IN GHANA

Integrating centralised COVID-19 public health communication interventions targeting individuals into local structures for the marginalised will require more than information sharing. The health communication discipline offers a theoretical lens to explore contextual factors and understand how people make sense of health issues within their cultural contexts.

2.9.1 COVID-19 communication efforts in Ghana

Generally, health communication campaigns employ mass media (radio, television and newspaper), interpersonal and alternative media forms in Ghana. For example, a study found that Ghanaian women’s most popular sources for cervical cancer information were television, radio, friends, and family (Williams, 2014). He also found that the study participants preferred the messenger to be a medical doctor, friends and family or a cervical cancer survivor. Studies in Ghana on COVID-19 communication found that a mix of informal (largely spontaneous and

self-funded creative art forms) and formal public health communication strategies have drawn public attention to official prevention messages and general sentiments. The official sources of information were state institutions and their professionals. These include the President, the Ministry of Health (MoH), The Ghana Health Service (GHS), the Ministry of Information, the National Commission for Civic Education (NCCE), the Information Service Department (ISD) and auxiliary state agencies.

Ghana's national COVID-19 communication strategy was characterised by centralised communication through press conferences and televised addresses, controlled media settings, and deliberate deployment of scientists as mouthpieces to frame messages using science to gain credibility (Anoff-Ntow & Tettey, 2022). For example, the MoH, in a press release, was among the earliest official sources of COVID-19 information in February 2020, informing the public of the country's preparedness for the pandemic and actions to avoid infection, even before the first official case was announced in the country (Ministry of Health, 2020). Through a series of televised addresses in what has become affectionately known as 'fellow Ghanaians' due to his trademark use of the expression in his speeches, Ghana's President regularly updated the populace on the pandemic (Anoff-Ntow & Tettey, 2022; Gyamfi & Amankwah, 2021).

Previous research indicates that empathy, transparency, reliability, and caring help build trust between the public and health communicators, the media, and authorities during health emergencies (Sauer et al., 2021; Tabong & Segtub, 2021; Balog-Way & McComas, 2020; McGuire et al., 2020). Messages from authoritative figures or 'symbol-handlers' during acute health emergencies carry greater influence among the target audience and the media because of the presumption that they have access to accurate information (Anoff-Ntow & Tettey, 2022; Gibson, 2021). Authority figures' use of press conferences and official statement to communicate to the populace, coupled with their enhanced access to the media, creates a tendency for the mainstream media to privilege official sources of information over others (Anoff-Ntow & Tettey, 2022). Similarly, political leaders and public health figures in three Scandinavian countries, Sweden, Denmark and Norway, used solidarity rhetoric to justify the COVID-19 public health prevention measures (Bjørkdahl et al., 2021). They further report that whilst Sweden deployed technical and medical experts for its pandemic public health communication to build public trust, Denmark and Norway relied on political leaders.

A myriad of informal sources of COVID-19 information operates in Ghana. In particular, local artists have creatively endorsed the approved GHS and WHO COVID-19 NPIs and pharmaceutical measures via art forms, including comedy skits, cartoons, songs, textile designs, and public art (Aikins & Akoi-Jackson, 2020; Thompson et al., 2021). For instance,

Thompson et al.'s (2021) study found that self-initiated songs by local artists with lyrics in various indigenous (Ghanaian Pidgin English, Akan, Ga, and Dagbani) and the standard English languages helped create awareness of COVID-19 prevention measures in Ghana. Thus, the arts play the role of non-pharmaceutical community-based preventive interventions in Ghana. These characteristics relate to the assertion that:

The responses of Ghana's creative arts communities to COVID so far demonstrate the value of the arts in pandemic health communication. Like arts-based interventions for HIV/AIDS and Ebola, artists show how scientific information on COVID can be translated through local terminologies in ways that connect emotionally, create social awareness, and lay the foundation for public understanding (de Graft Aikins, 2020: 411).

The civil society organisations (CSOs) and individuals offered alternative narratives and critiques in a hyper-political COVID-19 public discourse context (Anoff-Ntow & Tettey, 2022). Satire was also a tool for expressing views by ordinary citizens. For instance, a popular tele-evangelist, Opambour Nation Prophet 1, in a widely shared YouTube video, made a mockery of people with foreign travel history that:

Returnees from abroad flaunt their achievement; why? They are 'borga' [slang term for returnees from advanced countries]. I have lived in London for thirty years, Germany and Italy too. All men and women listening to me should boldly declare they have lived abroad before...and dare the consequences. [...] once you declare that you have returned from America or Italy, what will Ghana's President Akuffo Ado do to you? He will quarantine you (Gh Culture, 2020).

2.9.2 Challenges to communicating COVID-19 in Ghana

Although Ghana's COVID-19 health communication landscape has recorded some positives, the literature is also littered with some barriers. Adu-Gyamfi and Amankwah's (2021) study found that though the President's public address sought to discourage COVID-19 related stigma, his references to travellers as the source of the virus may have implicitly encouraged the opposite. Official sources achieving the opposite intention of assisting the populace to avoid infection were regular features in Ghana's pandemic response. For instance, "at the onset of the pandemic, various officials spoke from their narrow vantage points, betraying a lack of strategic communication that anticipated the multiple dimensions of the crisis and their management within an integrated and mutually consistent framework" (Anoff-Ntow & Tettey, 2022: 127). They further reported that such inconsistent messaging and the absence of transparency caused confusion and a lack of trust among the populace leading to different versions of reality.

Also, some state-commissioned murals providing the ‘right information’ on prevention, such as hand washing, were didactic and detached from the socio-economic realities of water poverty and scarcity in Ghana (Aikins & Akoi-Jackson, 2020). They further warned against Ghanaian popular music using fear-based lyrics that contributed to conspiracies on the origins of COVID-19 and Western-based treatments. Thompson et al. (2021) argued that using official languages (English and French) to convey public health prevention messages during the pandemic is counter-productive. Another study found that healthcare workers, COVID-19-recovered patients, persons suspected of COVID-19, Asians, and persons with a travel history experienced various forms of stigma in Ghana (Adom et al., 2021). Again, COVID-19 has been a hot political issue in Ghana; sometimes, accurate prevention messages drown in the cacophony of voices. As Anoff-Ntow and Tettey (2022: 128) explained, “those with alternative views and/or partisan opposition factions, which perceive such reporting to be politically advantageous to the government, then seek space for themselves in the public sphere, with the goal of amplifying their own perspectives”.

2.9.3 Improving COVID-19 communication in Ghana

To improve COVID-19 health communication outcomes in Ghana, I contend that all public health campaigns should adopt participatory approaches during conception, planning, implementation and evaluation. This is because COVID-19 prevention messages that promote a sense of community through individual and collective responsibility could help mitigate stigma and better manage the pandemic (Adu-Gyamfi & Amankwah, 2021). Public health education on COVID-19 related stigma and its negative impacts by organisations such as the GHS and allied institutions could mitigate all stigma forms in Ghana (Adom et al., 2021). Songs, textiles, murals and cartoons focusing on the longer-term impact of the pandemic can contribute to public health efforts (Aikins & Akoi-Jackson, 2020). To avoid misinformation, artists such as musicians, poets and comedians should collaboratively work with public health experts to shape the content of the messages (Aikins & Akoi-Jackson, 2020; Thompson et al., 2021).

For Thompson et al. (2021), COVID-19 public health campaigners such as opinion leaders, the media, public health specialists, and politicians should explore using the local language instead of the official lingua franca. This is because culturally sensitive health communication messages that account for local perceptions are necessary to mitigate COVID-19 related misconceptions, myths and misinformation in Ghana (Tabong & Segtub, 2021). The

arts tend to appeal to both the masses and the elites. The Government of Ghana employed public disclosure of the COVID-19 status of high-ranking government officials after initial secrecy to elicit empathy, put a human face to the pandemic and regain the populace's trust (Anoff-Ntow & Tettey, 2022).

The above literature review shows a gap in studies exploring the social context within which people make COVID-19 related health decisions in Ghana. As the GHS and other state and non-state actors share prevention messages, it is essential to understand the social context in which centrally coordinated COVID-19 prevention messages will be integrated. The COVID-19 public health communication interventions must be culturally and contextually relevant to its beneficiary community. The current study explores how culture and social factors shape marginalised people's understanding, ability and willingness to be involved in integrating the WHO and GHS-approved COVID-19 prevention messages in rural and semi-urban communities in Ghana.

From the above discussions, there is a dearth of studies on the role of CR in COVID-19 related health communication in Ghana. However, CR has proven adept at meeting the health communication needs of people within its catchment areas in Ghana (Essandoh, 2006). There is a need to prioritise marginalised and poor people in rural and semi-urban settings in the COVID-19 prevention efforts. This thesis' research problem is premised on the understanding that for the WHO-approved COVID-19 prevention protocols to be effective, they must be integrated into target communities' existing health communication systems in culturally and socially relevant ways. I propose that CR has the potential to meet the COVID-19 health communication needs of community members within its catchment areas. The normative characteristics of CR are consistent with the advice of Frishkopf et al. (2016) that, for a channel to be effective in communicating health among people with a communal ethos, it must at once be local, mass, face-to-face, affective, culturally engaging, interpersonal, and intergenerational, and must use indigenous language for discussion. Therefore, developing community radio-based public health communication strategies to engage community members in CR host communities remains a priority in Ghana's current COVID-19 prevention efforts. In the next section, I discuss the socio-economic determinants of health to underline the assertion that health goes beyond the biomedical.

2.10 SOCIO-ECONOMIC DETERMINANTS OF HEALTH

This section looks into the importance of social determinants of health such as poverty, social capital, health literacy, culture (refer to theoretical framework chapter for a detailed

discussion on culture), and social identity to individual and community level wellbeing. These factors have been identified as influencing health outcomes among the most at-risk population, including women, children, the elderly, the poor, rural people, those of lower caste or social class, and the disabled.

2.10.1 The issue of poverty and health

According to Thomas (2002), conceptualising poverty determines the interventions to address it. He further explains that poverty could be conceptualised from four main dimensions: (1) A mindset; (2) Lack of resources; (3) Lack of access; and; (4) Lack of human rights. This thesis aligns with the latter three perspectives of poverty which deal with the environmental factors that perpetuate deprivation but oppose the blaming the victim approach as projected by the ‘poverty as a mindset’ school of thought. In its 2020 Multidimensional Poverty Index (MPI) report (which provides an insight into the deprivation of basic needs of survival, including access to health, education, shelter, food and clothing, as opposed to the economic conception of poverty), the Ghana Statistical Service (GSS) reported its findings that at least two out of every five Ghanaians (45.6%) are identified as multi-dimensionally poor. Consequently, close to half of the Ghanaian population lacks access to essential survival goods (GSS, 2020).

Poverty affects people’s health statuses. Numerous scholars contend that poverty affects the ability of poor people to access medical resources, clean water, and nutritious food (Schiavo, 2014; Dutta, 2011; Viswanath, 2008). Similarly, Lindström (2008) explained that income inequality might reduce access to material resources, increase biological stress, create less cohesive societies, and cause a rise in frustrations due to unfavourable social comparisons. Supporting this, Campbell and Scott (2012: 177) stated that “both globally and within particular countries and contexts, it is generally those with the most limited access to economic and political power who are the unhealthiest”. The irony is that though the socially marginalised have the least access to health information and healthcare services, they most need healthcare (Grabovschi et al.,2013; White et al.,2009).

The COVID-19 pandemic provided further proof of the negative impact of poverty on wellbeing. For example, in Ghana, the outbreak of the COVID-19 pandemic provided a rude reminder that it is the most disadvantaged who are most impacted negatively in times of crisis (GSS, 2020). Poverty has been identified as a cause of social atrophy. Commenting on this, Small (2004) warned that a by-product of poverty is the social reproduction of distrust, alienation, apathy, and social isolation. Thus, the context within which people live and work is an essential determinant of their health statuses, including COVID-19.

2.10.2 The role of social capital in health communication

According to Dutta (2011: 254), social capital is: “the degree of community participation, cohesiveness, and trust that exists within a community, and taps into the formal and informal participatory structures and networks that exist within a community”. It facilitates the actions of individuals in a social structure (Cook et al., 2015; Dutta, 2011; Kawachi et al., 2008; Viswanath, 2008; Coleman, 1988). Social capital is conceptualised as community-valued resources, including trust, reciprocity, obligations, expectations, consensus, information exchange, cohesion, and the application of sanctions (Cook et al., 2015; Kawachi et al., 2008; Viswanath, 2008). Such social network-based resources can take many forms, including material (for example: borrowing money), symbolic (for example: prestige and advice) and cultural or political (Carpiano, 2008; Kawachi et al., 2008).

2.10.2.1 Social capital and health

Social capital influences health outcomes by enforcing or reinforcing social norms (McConnell, 2016; Dutta, 2011; Kawachi et al., 2008; Lindström, 2008). This is because the collective exerts ‘contextual influences’ or social control on individuals to undertake positive health behaviours (Kawachi et al., 2008; Viswanath, 2008). There is a greater likelihood of reporting better health outcomes by persons who enjoy intimate relationships and supportive communities than those isolated and embedded in disintegrated communities (Cook et al., 2015; Dutta, 2011). As a result, while higher levels of social integration are associated with positive health outcomes, social marginalisation and isolation lead to adverse health outcomes (Dutta, 2011; Carpiano, 2008; Lindström, 2008).

On social capital and economic deprivation, Dutta (2011) argues that the former serves as a buffer to alleviate the negative impact of income inequality on health outcomes. In Ghana, Tutu and Busingye (2019) found that a healthy lifestyle enshrined in the culture of communities was due to higher levels of social capital. Communication is essential in integrating people into communities. According to Viswanath (2008: 268), “communication facilitates diffusion of new information, reinforces social norms, mobilises people for collective action and creates social support, thus providing the base for understanding how social capital may impact public health”. In particular, community media and interpersonal forms of communication are helpful for social integration and building stronger community ties (Dutta, 2011; Kawachi et al., 2008;

Viswanath, 2008). Social ties may influence people's health choices since they increase exposure to health information and serve as sources for others (Viswanath, 2008).

2.10.2.2 Challenges associated with social capital

Carpiano (2008) contends that, ironically, social capital can exclude specific individuals from a social group. He attributed this paradox to the differences among people concerning their network composition, degree of integration, and unequal access to network-based resources. Consequently, not all forms of social support may be beneficial. Again, social capital may confer benefits that all community members may access just by being residents in that neighbourhood (Carpiano, 2008; Kawachi et al., 2008). As a result, 'free-riding' (the situation where those who do not contribute their time and resources to community health-oriented initiatives still benefit from the actions of others) may be unwittingly encouraged, thereby putting more obligations and health-related risks on those who are more concerned (Carpiano, 2008; Kawachi et al., 2008).

Also, the network-based resources available to a community might not meet community health and wellbeing needs (Inaba, 2013; Carpiano, 2008). The input of external entities, including the government, must adequately address challenges such as inequality, gender and class. Despite these drawbacks, social capital confers wellbeing, better self-rated health status, and resilience. It ultimately enhances the quality of life of people who live in more integrated societies over time (Tutu & Busingye, 2019; Cook et al., 2015; Dutta, 2011; Kawachi et al., 2008; Viswanath, 2008).

2.10.3 The link between health literacy, faith and health outcomes

The importance of health literacy to health outcomes and wellbeing has been recognised by many scholars (Tutu & Busingye, 2019; WHO, 2015). The WHO defines health literacy as "the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health" (WHO, 2015:1).

In most African communities, diseases and wellbeing are conceptualised from biomedical and spiritual/ religious perspectives (Peprah et al., 2018; Honiball et al., 2014; Chukwuneke et al., 2012; Pokimica et al., 2012; Gyimah et al., 2006). For instance, some Ghanaian Christians linked the spread of the COVID-19 virus to Biblical end times, thereby ascribing religious rather than biomedical remedies to combating the pandemic (Tabong & Segtub, 2021). Earlier, Okyerefo and Fiavi (2017) noted that Ghanaians seek both biomedical

and spiritual care since they view religious methods as complementary rather than challenging or competing with biomedical healthcare models. They further found that the mentality that ‘doctors can treat certain conditions, but only God heals’ leads participants to believe that doctors could remedy physical diseases, but spiritual ailments require spiritual solutions. Similarly, Pastors and spiritual caregivers are valuable resources for improving people’s health in South Africa (De la Porte, 2016). Thus, recognition and integration of faith healing into the formal healthcare system should be considered by authorities in Ghana (Peprah et al., 2018).

About COVID-19, Paakkari and Okan (2020) opined that some health literacy campaigns assumed that individuals could acquire, understand and use prevention information on the virus in a sound and ethical manner. They, however, questioned the effectiveness of such approaches by intimating that, generally, the world faces the challenge of limited health literacy. Thus, the assumption that individuals and communities make informed health decisions is a faux pas. The bane to improving health literacy in Ghana is the lack of cultural sensitivity during health promotion campaigns (de-Graft Aikins, 2020). She questioned the neglect of local languages in national public health campaigns, favouring a somewhat didactic English-based approach.

The dynamics of health are several as expatiated in this sub-section. Effective health interventions must consider the biomedical and social, cultural, and economic factors. Thus, COVID-19 public health communication interventions must hinge on local factors and knowledge systems to be contextually relevant.

2.11 THE IMPORTANCE OF INDIGENOUS KNOWLEDGE AND INFORMAL COMMUNICATION SYSTEMS IN HEALTH COMMUNICATION

Having highlighted some of the successes and challenges of radio, a Western technology mass communication channel, this thesis is committed to spotlighting alternative forms of communication originating from non-Western societies. Oral history and traditions have been pervasive in many African cultures (Amoakohene, 2005) and remain effective communication forms (Adjaye, 2008).

2.11.1 Indigenous knowledge system

According to Manyozo (2018: 395), “indigenous knowledges are oral, written and performed texts that are created, modified, used and shared across the generations through a series of overt and covert communicative practices and performances known as indigenous knowledge communication systems (IKCS)”. For Awori et al. (2016), indigenous knowledge

(IK) is stored in people, place and practice (the three 'P's). Indigenous knowledge is expressed in both verbal and non-verbal forms. These include languages, artefacts, written, bodily movement, gesture, voice, dances, stories, performances, rituals, pitch, smell, texture, sound, ululations, silences, clicks, mime, and body and gestural movements (Bidwell, 2016; Awori et al., 2015; Sillitoe, 2002).

A co-knowledge production system, where alternative knowledge systems are viewed as complementary, is argued for since expertise in a prevention and healing system is not contingent on being trained in a Western scientific system. Manyozo (2009) argued that development journalists' understanding of the complexities and importance of indigenous knowledge is at the core of the social change process. This is because IK and Western knowledge do not stand opposite but are complementary (Awori et al., 2015; Sillitoe, 2002).

2.11.2 Indigenous communication systems

The extant literature revealed that the term 'informal' media is also referred to as: popular media, folk media, oramedia, traditional media, oral arts, indigenous media, alternative media, indigenous knowledge communication systems (IKCS), indigenous communication system (ICS), and indigenous forms of communication (Mare, 2020; Manyozo, 2018; Salawu, 2017; Adjaye, 2008; Ansu-Kyeremeh, 2005). This study uses these terms interchangeably due to their overlapping conceptual meanings. Ansu-Kyeremeh (1998: 3) defines folk media as "any form of endogenous communication system which by virtue of its origin from, and integration into a specific culture, serves as a channel for messages in a way and manner that requires the utilisation of the values, symbols, institutions, and ethos of the host culture through its unique qualities and attributes". Examples of 'informal' media in African societies include drumming, folk songs, drama, festivals, storytelling, poetry, traditional wears, artefacts, artworks, myths, proverbs, puppetry, visual art (clothes, carvings and paintings), role-play, concerts, gong beating, dirges, dancing and, cultural architecture (Salawu, 2017; Ansu-Kyeremeh, 2005; Panford et al., 2001; Ansu-Kyeremeh, 1998).

The tenet of 'communality' associated with ICS contrasts Western individualistic values since the latter confers social capital and straddles specialised and non-specialised knowledge (Manyozo, 2018; Adjaye, 2008). Also, the orality of ICS means that they are primarily carried by word-of-mouth and delivered through interpersonal communication networks and small groups (Manyozo, 2018; Adjaye, 2008). Moreover, ICS are also profoundly expressed in non-verbal forms, as shown by the examples above (Manyozo, 2018). Some scholars have explained that, unlike Western technology forms, ICS are second-nature

and do not require lifestyle changes before adoption among locals (Adjaye, 2008; Ansu-Kyeremeh, 2005). Again, since informal media are inexpensive and orally-based, they elicit universal audience participation, making them inclusive and interactive (Adjaye, 2008). He further explained that ICS helps educate locals on developmental issues, including health since they evoke greater community ownership than modern mass media-based forms. Thus, informal media can communicate social change messages among a particular cultural group (Salawu, 2017).

2.11.3 Informal media and health communication

According to Manyozo (2018), ICS are healing and medicinal knowledge repositories within a social system. Supporting this assertion, de-Graft Aikins (2020: 407) noted that “objects, artefacts, costumes, singing, drumming, and theatre have been incorporated into diagnostic and healing repertoires of Ghanaian herbalists and shrine priests for centuries”. Earlier, Panford et al. (2001) suggested that the use of local language, interpersonal nature, and group information dissemination qualities enhances the potential of folk media to achieve positive health outcomes among the rural audience in Ghana.

In particular, numerous scholars have emphasised the beneficial role of music in disease prevention and management in Africa. Music promotes and facilitates awareness, hope, resilience, organic sharing of sensitive information, buffer against anxiety and tension, solidarity and collective efforts and emotional comfort (Thompson et al., 2021; Aikins & Akoi-Jackson, 2020; Frishkopf et al., 2016; McConnell, 2016; Barz & Cohen, 2011; Bastien 2009). It also helps build trust between health professionals and the beneficiary community, generate social capital, sources of contextual information, de-stigmatising particular diseases and grassroots participation in public health interventions (Thompson et al., 2021; Aikins & Akoi-Jackson, 2020; Frishkopf et al., 2016; McConnell, 2016; Barz & Cohen, 2011; Bastien 2009). Among the Akan tribe of Ghana, Riley (2005: 156-157) found the following traditional media, messages and settings as having the capability to be adapted for health communication:

(1) *Adziwa*: the *Adziwa* are traditional women singing groups that perform during social events such as festivals and funerals. Their songs reinforce socially desirable behaviour, including responsibilities accompanying motherhood, such as new mothers regularly sending their babies to designated health centres for immunisation, weighing and nutritional advice.

(2) *Asafo*: the *Asafo* is the traditional male warrior group tasked to protect the people. Their current role, among other things, includes performing songs at social events. These songs

and gestures communicate desirable social values such as responsible fatherhood, child nutrition, and manageable family sizes.

Despite the enormous potential of IK in communicating health and development, the medium has not always been prioritised by central governments across the African continent. For instance, Nyamnjoh (2011) observed that in the quest to conform to Western-imposed liberal democratic principles, media practitioners in Africa are forced to ignore the unique cultural identities and the popular negotiation of personhood in the societies they are supposed to serve. Riley (2005: 154-155) reports the ineffectiveness of the Ministry of Health's centrally designed health education campaigns due to mistrust between Ghana's authorities and local cultural artists. She further contends that a reason attributed to this is the attitude of local government officers to "... equate local cultural forms with uncivilised activities, fetishism and paganism".

2.11.4 De-Westernisation of health communication

Several African scholars have called for the need for communication scholarship to be de-Westernised (Mare, 2020; Nyamnjoh, 2011; Salawu, 2017). De-westernising media requires shifting from the exclusive use of formal mass media channels to an integrated approach (Mare, 2020). Consistent with this position is Nyamnjoh's (2011: 20) assertion that Africans' creative skills in using media technologies in their daily lives allow for "modernising the indigenous and indigenising the modern with novel outcomes". In changing the broad range of factors that create unfavourable health conditions, communication interventions need to employ comprehensive, collective, and multi-actor strategies (Waisbord & Obregon, 2012).

Many scholars have argued for a hybrid media system where formal and informal media are integrated (Manyozo, 2018; Chadwick, 2017; Nyamnjoh, 2011). The hybrid media system is based on a philosophy of 'not only, but also' on flux, in-betweenness, inter-dependence, and adaptation, while paradoxically concentrating and diffusing power simultaneously among communication actors (Manyozo, 2018; Chadwick, 2017; Nyamnjoh, 2011). Supporting this assertion, Mare (2020) explains that treating informal and formal forms of communication as dichotomies has outlived its usefulness as they both feed into and off each other in a complex but enlightening manner. Consequently, indigenous knowledge for developmental purposes can be communicated among locals through their everyday media consumption channels.

2.11.5 Challenges associated with informal media for health communication

On the limiting side of popular media, some scholars have warned against the danger of developing a celebratory tone towards popular media without adequately scrutinising its potential to engage with Africa's democratic and developmental process meaningfully (Mare, 2020; Wasserman, 2011). Many Africans adopt modern communication forms over indigenous media for practicality, efficiency, effectiveness, or simply trendy reasons (Adjaye, 2008). Also, Awori et al. (2016) noted that prioritising the written literacy-focused formal educational system over the bodily and oral literacy-based indigenous knowledge system inevitably leads to the marginalisation of the latter. Consequently, western and indigenous knowledge systems are considered two dichotomies instead of a continuum in many African societies.

2.11.6 Relationship between informal media systems and community radio

Informal media forms and CR are bed-fellows, engaging with and reflecting on each other in more ways than one. In particular, Rodríguez (2011) regards alternative media forms such as CR as complimentary with other local forms of media. Also, Panford et al. (2001) observed that folk media such as storytelling, drama, poetry recitals, proverbs, and music are promoted and broadcast by local radio in Ghana. Community radio and indigenous media intersect with their inherent participatory nature. Riley (2005) explains that passivity is alien to indigenous media as it demands active audience participation in the communication process. Community media and indigenous forms of communication provide ready access to the poor and marginalised in a non-intrusive way, making them natural bedfellows. Regarding COVID-19 communication, Laskar & Bhattacharyya (2021) found that CR provided a platform for engaging listeners to verify fake news related to the pandemic using personalised storytelling and folk media in India.

At the conceptualisation level, Ayedun-Aluma (2011) stretches the idea of participation in community media to a deeper level and raises the critical question of how the community can control the creation and the choice of media technology utilised. For him, genuine participation should accord the host community the opportunity to use indigenous forms of communication alongside the modern mass media of CR. At its purest, community media should metamorphose from modern mass communication media to traditional ones (Ayedun-Aluma, 2011). As Riley (2005) puts it, ICS uses the local context's relevant idioms, making it easy for local people to comprehend. The host community's cultural values inform CR's operation (Dutta, 2011). I argue that CR is a culturally and linguistically appropriate medium capable of effectively communicating COVID-19 prevention messages to its audience in resource-limited settings.

Community radio-based COVID-19 intervention must advocate for some level of social change and address structural barriers by focusing on culturally and linguistically appropriate messages. Community radio is essential for this thesis due to its integrative potential to communicate COVID-19 prevention messages. One of this study's research questions explores ways communities can participate meaningfully in COVID-19 prevention communication using community radio.

2.11.7 Health-related value system in the Akan society of Ghana

The Akan people of southern Ghana are selected as a case study for this research of the health-related values of typical Ghanaian society. Since the use of local language is an essential component of the practice of CR, the depiction of health through everyday conversation among members of CR host communities, shaped in the form of proverbs and sayings, is presented in this section. This is because proverbs and idioms offer a storage place for health-related indigenous knowledge passed from generation to generation through oral communication and practices (Riley, 2005).

In her study of indigenous communication forms, such as proverbs by the Akan people of Winneba, Central Region, Ghana, to communicate health and wellbeing. Riley (2005: 150-151) reported their enormous resourcefulness in promoting health. According to her, proverbs are widely used and understood by the study community in everyday speech and practices offering negotiable meanings suitable for health communication. She provides some of these sayings and their relevance to health and wellbeing as follows:

1. 'Something may smell nice, but after tasting it you realise it is not good to eat'. [To wit] appearances can be deceptive. For example, a fat child is not always healthy and may need a diet supplement.
2. 'The reason two deer walk together is so one can remove the mote from the other's eye'. [To wit] ...the need for co-operation, mutual trust, and joint responsibility. [It] could be applied to various circumstances, including family planning practices and parenting.
3. 'The oracle is always consulted three times'. [To wit] If you don't succeed at first, try again. First-time efforts may not always be enough; for example, the first vaccination is useless unless another follows it, for some vaccine types.

Community radio operatives can incorporate some of the proverbs mentioned above in their COVID-19 relevant health communication activities. For instance, with the first proverb above, an alternative explanation is that with COVID-19, everybody is encouraged to boost the immune system with supplements to reduce our susceptibility to the disease. With the second

proverb, an alternative explanation can be solidarity, mutual trust, cooperation, and collective responsibility are needed to contain COVID-19. Lastly, Some COVID-19 approved vaccines, like The University of Oxford's AstraZeneca, require at least two doses by a person within a specific time frame to be effective. The third proverb above can remind people of the need to complete the vaccination process.

The use of local language for broadcast comes with inherent advantages. Indigenous languages provide readily available resources, including proverbs and idioms (Riley, 2005), that people can identify with and understand when integrated as part of the messaging of community radio-based COVID-19 health communication strategies. So, COVID-19 prevention interventions should not only be about reaching everyone with the 'right' prevention information but must be equipped with the means to ensure that marginalised communities accept and adhere to such messages sustainably.

2.12 LESSONS LEARNT FROM EARLY HIV/AIDS INTERVENTION STRATEGIES

Efforts to alleviate the COVID-19 pandemic worldwide have found that it is a complex issue with many influences from different levels. History of how other pandemics and epidemics were contained offers valuable insight that can be juxtaposed for COVID-19 prevention. Lessons from the early response to HIV/AIDS epidemic from an African perspective offers parallels and contrast for strategies employed to contain the COVID-19 pandemic on the continent. As explained by de-Graft Aikins (2020: 404), Ghana's response to the " ... COVID has been partially anchored in the HIV/AIDS pandemic of the 1980s, which is now considered in global health to be a mature mixed epidemic". He further noted that the dependence on donor funding for the national HIV/AIDS response consequently compromised equitable healthcare delivery due to weakened local health governance systems and a lack of investment in other local health problems in Ghana. African governments are again counting on donor support to combat the COVID-19 pandemic.

The African origin of the HIV has been a source of stigma to the black race (Iliffe, 2006). The COVID-19 pandemic originated in Wuhan, China, and has experienced a similar racial slur. The WHO (2020a) deliberately named the disease COVID-19 to avoid location or origin conflation to avoid such stigma. Also, early in the HIV/AIDS epidemic, stigma toward HIV/AIDS patients was rife even among hospital staff (Iliffe, 2006). Logie (2020) explained that lessons learnt from HIV/AIDS-related stigma offer valuable insight into handling COVID-19 related stigma. She further avers that understanding the specific context of COVID-19

stigma remains key to developing tailored strategies to combat this phenomenon. In its 2016 report, the Ghana AIDS suggested that communication campaigns should have persons living with HIV/AIDS (PLHIV) at the centre and involve the community and religious leaders to help reduce stigma (Ghana AIDS Commission, 2016).

Recent evidence suggests that the most effective approach to reducing HIV incidence is a synergistic combination of diverse approaches, including biomedical, behavioural, and structural interventions to reduce vulnerability and support prevention methods (Isbell et al., 2016). The responses to the HIV/AIDS epidemic offer insights into how to contain the COVID-19 pandemic in SSA societies. Therefore, effective COVID-19 interventions must consider the social, structural, cultural and economic determinants to enhance adherence to prevention options.

2.13 CHAPTER CONCLUSION

The chapter reviewed the literature on CR and health communication and related issues. It has provided insights into the relationship between culture and COVID-19 related health communication through the participatory medium of CR.

The next chapter presents the theoretical framework in response to how the COVID-19 pandemic can be communicated effectively to marginalised people in resource-limited settings.

CHAPTER 3

THEORETICAL FRAMEWORK

Culturally appropriate interventions aim to integrate “the form and content of intervention messages with the values, symbols, lifestyles, traditions, customs, and norms of the targeted population” (Bekalu & Eggermont, 2015: 441).

3.1 INTRODUCTION

This section presents the theoretical framework employed by this study. Mohan J. Dutta’s (2011) culture-centred approach (CCA) and participatory communication approach (Melkote & Steeves, 2015; Thomas, 2014; Tufte & Mefalopulos, 2009; Bessette, 2004; Freire, 1970) are adopted as the theories to underpin this thesis. Thus, at the chapter’s core is connecting these two approaches to formulate an adequate theoretical lens to understand community radio’s (CR) function and practice for COVID-19 communication. The use of these two theories as the primary sources of concepts to develop the present study’s theoretical framework stems from the advice of Fox (2019). She intimated that a multi-perspective approach to studying CR offers a holistic platform for understanding the medium potential for social change communication.

The present study explores the nature and extent of listeners’ involvement with local CR as participatory media for stimulating COVID-19 related information sharing and discussion. To this end, Radio Peace, Winneba, Central Region, Ghana, is selected as a single case study. An exploratory methodological approach is employed to provide a deep understanding of the phenomenon under study. As Zoller and Kline (2008) explain, the essence is that qualitative and critical approaches are better equipped to help provide a nuanced understanding of the social construction of health and wellbeing compared to positivist approaches.

The theoretical foundations of the CCA to health communication hinge on the tripartite concepts of structure, culture and agency (Dutta, 2011). From the perspective of the CCA, health communication interventions that are not sensitive to the culture of the target community are bound to make no significant impact. The view of the CCA of prioritising the agency of the subaltern sectors of society in negotiating dominant structures and opening up spaces for social change through the force of their cultural peculiarities (Dutta, 2011) is consistent with the phenomenon under study and the methodological approach adopted. Also, the chapter explores the concept of participatory approaches and how local CR’s health-oriented programmes could reflect their host communities’ peculiar health needs.

For this study, the subaltern refers to the poor and rural CR host Ghanaian communities whose voices have been strategically erased from the places of knowledge production and policy implementation concerning their health and wellbeing by hegemonic forces.

3.2 DEVELOPMENT COMMUNICATION

The conundrum of how communication can influence development is the concern of this section. Accordingly, I analyse the theoretical evolution of development communication. “Development is usually understood to mean the process by which societal conditions are improved” (Melkote & Steeves, 2015: 385). However, the form of improvement desired by the beneficiary community and its communication has been the subject of intense intellectual debate. Development communication employs communication as a tool to achieve social change (Melkote & Steeves, 2015; Mefalopulos, 2008; Servaes, 2007).

From a Eurocentric perspective, the need to inject a dose of Western-conceived portions of development into non-Western societies to develop them provided the theoretical underpinnings for the discipline of development communication (Melkote & Steeves, 2015; Esteva, 2009; Sachs, 2009; Mefalopulos, 2008). Despite its paternalistic origins, the current discourse within the theoretical and practical aspects of development communication has shifted to a more critical and participatory orientation (McAnany, 2012). Key concepts such as dialogic communication, information sharing, mutual agreement, mutual understanding and collective action, in the process of investigating issues before other forms of communication are employed, are influential in the current development communication dispensation (Dutta, 2015; Mefalopulos, 2008; Servaes, 2007; Figueroa et al., 2002).

However, this paradigm shift is still going through maturation as different and varied theoretical perspectives still circulate within the development communication space. For instance, the decolonial approaches to communication for development and social change (CDSC), a sub-field of development communication resist neoliberal frameworks laid on the bedrock of monolithic information dissemination through modern technology but seek structural transformation (Servaes, 2020; Manyozo, 2017; Dutta, 2015; Thomas, 2014; Wilkins et al., 2014; Manyozo, 2012; McAnany, 2012; Obregon & Mosquera, 2005). The decolonial perspective rejects the problematic representation of otherness as without agency (Manyozo, 2017) and considers people as the interpreters of their environment (Servaes, 2020). In contrast to the transmission models of communication, where outcomes are exclusively based on quantifiable indicators such as message recall and engagement, decolonial social change indicators are more nuanced (Figueroa et al., 2002). They further explained that the indicators

of change from a decolonial perspective include: leadership, degree and equity of participation, information equity, collective self-efficacy, sense of ownership, social cohesion, and social norms. The rationale underlining adopting a decolonial approach for this study is that conceptualising social change is integral to implementing sustainable initiatives and how these initiatives are evaluated and measured (Dutta, 2011).

Many scholars have commented on the distinctiveness of decolonial approaches to CDSC. For instance, the decolonial perspective acknowledges the primary beneficiaries as active agents who can critically pose questions throughout a developmental project, especially at the beginning (Fernández-Aballí Altamirano, 2020), in contrast to the paternalistic orientation of top-down models. Decolonial approaches consider interpersonal communication as the tool to transform unjust structural factors instead of mass communication forms (McAnany, 2012) as opposed to top-down persuasive mass communication models. The purpose of CDSC from a decolonial perspective is to achieve sustainable change through community dialogue and collective action (Manyozo, 2017; Dutta, 2015; Figueroa et al., 2002). Commenting on this, Dutta (2011: 169) stated that “dialogue offers a discursive opening for creating spaces of social change by transforming the structural inequities in the distribution of resources through the presence of subaltern voices in the discursive spaces”. Unlike dominant configurations, social change from a dialogic perspective recognises the voice and agency of hitherto marginalised communities to actively engage in the change process (Dutta, 2011; Figueroa et al., 2002). Dialogic communication acknowledges audiences as social groups rather than individuals as projected by linear communication models. Of essence to the dialogic process is listening to the other, especially to the voice of traditionally marginalised communities (Manyozo, 2016; Dutta, 2014; Dutta, 2011; Figueroa et al., 2002).

In a nutshell, Paulo Freire’s work provides the bedrock for critical approaches to the theory and praxis of development communication. Freire’s position is that the sources of knowledge creation must always emanate from people hitherto without voice and power (Fernández-Aballí Altamirano, 2020; McAnany, 2012). So, what is the link between participatory and critical cultural approaches to CDSC and health communication? For Lie and Servaes (2015), health communication is a practice-based sub-discipline of CDSC. From a subaltern perspective, there ought to be a shift in power relations underlying the design and implementation of health communication interventions to put lay people in control (Dutta, 2015; Dutta, 2011; Obregon & Mosquera, 2005). For this thesis, I critically analysed health communication frameworks underpinning the COVID-19 related public health communication campaigns in Ghana.

Community radio can evoke interpersonal communication and community-level dialogue among listeners through its off-air and on-air activities (Fox, 2019; Rodríguez, 2011). In this sense, the normative characteristics of CR align with the critical approaches to development communication. Thus, I take the position CR can be used for COVID-19 communication among marginalised rural communities in Ghana.

3.3 HEALTH COMMUNICATION

According to Waisbord and Obregon (2012), the conceptual underpinning of health communication is drawn from the family tree of development communication theories. As a standalone sub-division of the broader field development communication, health communication gained international recognition in the 1970s (Schiavo, 2007). The functionalist approaches characterised by the diffusion of centrally designed messages targeted at passive audiences dominated the field from its early years (Salmon & Poorisat, 2020; Lie & Servaes, 2015; Waisbord & Obregon, 2012; Schiavo, 2007). However, the cultural and critical approaches to health communication that recognise the beneficiary audience's agency and active participation in improving health outcomes are gaining popularity among scholars and practitioners (Discussed later in this chapter) (Dutta et al., 2020; Dutta, 2011; Airhihenbuwa, 1995; Lupton, 1994).

Schiavo (2007: 7) defines health communication as “a multifaceted and multi-disciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain behaviour, practice, or policy that will ultimately improve health outcomes”. The encompassing nature of this definition is not surprising, as health communication is a multi-disciplinary field with influences from various study areas, namely public health, marketing, psychology, communication, nursing, medicine, journalism, community development, sociology, and anthropology. The current study defines health communication as a multifaceted and multidisciplinary approach to reach different audiences, engender participation in articulating local health needs, and share context-specific COVID-19 relevant messages to advance positive individual and community health outcomes. This definition aligns with the explanation of health communication by other scholars, including Campbell and Scott (2012), Schiavo (2007), and Bernhardt (2004). The key concepts advanced by these definitions is the community approach to health communication to facilitate the meaningful involvement and

access to hitherto marginalised communities to health information resources, support and collective action, as opposed to top-down transmission approaches.

Bernhardt (2004) identifies three main approaches to health communication: (i) ecological, (ii) change orientation, and (iii) audience-centred perspectives. These approaches are explained below.

3.3.1 Change orientation

The change orientation approach maximises intervention strategies to achieve behavioural change among the target audience (Bernhardt, 2004). This approach hinges on the ladder of change models that influence change at various levels among individuals. The change levels include awareness, knowledge, attitude, and behavioural (AKAB ladder) (Bernhardt, 2004). With this model, the incidence of poor health is blamed on an individual's reluctance or inability to heed recommended health messages (Airhihenbuwa et al.,2014). Positive health choices are dependent on individual readiness (Paperny, 2011).

3.3.2 Audience-centred philosophy

The audience-centred approach is paternalistic, employing one-way transmission of 'expert-designed' messages to provoke health-related behavioural change (Bernhardt, 2004). The information dissemination nature of this model assumes that the audience is detached and passive (Brent, 2016). Feedback from the target audience is not encouraged; instead, 'experts' take an all-knowing position in bringing about health-related behavioural change among a relatively passive audience (Bernhardt, 2004).

3.3.3 Ecological perspective

The ecological or social-ecological model recognises the multi-stakeholder nature of health (Ahmed, 2012; Dutta, 2011; Abroms & Maibach, 2008; Bernhardt, 2004). This approach departs from the 'expert-designed' message strategies but prioritises the social-cultural environment within which health occurs (Airhihenbuwa et al.,2014; Dutta, 2011). For this model, the determinants of health are at various levels, namely: individual (attitude and beliefs), social network (friends, partners and family), organisational (workplace and church), neighbourhoods where people live, and distal places such as metropolitan places and transnational corporations (TNCs) whose policies and activities impact on the health of distant people (Ahmed, 2012; Abroms & Maibach, 2008; Bernhardt, 2004). For health programmes to be successful, strategies must encompass all levels of the determinants of population health.

Abroms and Maibach (2008) reported that health is a by-product of the interaction between individual attributes and the environment within which people live.

Also, the ecological approach recognises the concept of health equity. “Health equity is providing every person with the same opportunity to stay healthy or to effectively cope with disease and crisis, regardless of race, gender, age, economic conditions, social status, environment, and other socially determined factors” (Schiavo, 2014: 6). Health equity implies that marginalised people are not victimised for their poor health; rather, the circumstances within which health occurs are fingered. From an ecological perspective, I argue that CR health-oriented interventions should focus on changing the social environment, such as policy, access to health services and information, and support systems to engender community-level positive health outcomes.

3.4 MAPPING THE TERRAIN: CONTEXT AND THEORETICAL SYNTHESIS

This section provides an overview of the paradigms in the development communication field. As reported by Lie and Servaes (2015), the historical trajectory of development communication has followed three distinct theoretical paths: (1) Dominant/modernisation (Rogers, 1969; Inkeles, 1966; Rostow, 1960; Lerner, 1958); (2) Dependency/dissociation (Frank, 1969; Baran, 1967) and; (3) Multiplicity/Participatory (Gumucio-Dagron, 2008; Servaes, 2007; Thomas, 2002; Freire, 1970). Consequently, two quintessential models of communication on a continuum have emerged: top-down diffusion versus bottom-up participation (Servaes & Malikhao, 2020; Dutta, 2015; Lie & Servaes, 2015; Thomas, 2014; Servaes, 2007).

The modernisation paradigm assumed that Western-centric content through the mass media (for example: radio, television and newspaper) was the elixir to transform non-Western communities from ‘primitiveness’ to ‘modernity’ (Gumucio-Dagron, 2008; Servaes, 2007). For instance, development information predominantly flowed from ‘all-knowing and all-powerful’ state institutions to the people regarded as passive and ignorant in Ghana (Yankson & Thomi, 2006). The conception of health and wellbeing from a modernisation perspective contends that poor health is a consequence of an individual’s actions and inactions (Betsch et al., 2016; Airhihenbuwa et al., 2014; Lupton, 1994b). Regarding power and participation, the dominant models of health communication assume that the state and its institutions, medical experts and health communicators are knowledge authorities whose prescriptions of appropriate health behaviour must be followed by an ignorant, passive public or patients,

uncritically (Melkote & Steeves, 2015; Schiavo, 2014; Waisbord & Obregon, 2012; Obregon & Mosquera, 2005).

In relation to COVID-19 related health communication, the extended parallel process model (EPPM), a modernisation-inspired health communication theory is discussed. This model was developed by Witte (1992). He explains that “fear appeals are persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends” (Witte, 1992: 329). The EPPM is based on the three concepts of ‘fear’, ‘threat’ and ‘efficacy’. According to Witte (1992), a high threat perceived as significant and relevant to an individual (severity and susceptibility) coupled with a high level of perceived self-efficacy (ability to perform recommended action) and perceived response efficacy (belief by the individual that the response effectively prevents the threat), leads to the performance of the recommended behaviour promoted by health communication campaigns. He argues that the opposite scenario is true.

However, the health communication conceptualised from a modernisation perspective are simplistic and do not adequately cater for the complexities of the relationship between health and communication (Waisbord & Obregon, 2012). Another criticism is that dominant approaches lack community or group orientation aspects of health decision-making by disproportionately focusing on individual attributes (Melkote & Steeves, 2015; Waisbord & Obregon, 2012; Dutta, 2011; Airhihenbuwa & Obregon, 2000).

Dependency scholar argue for the dissociation of the Global South from the Global North (Servaes, 2007; Cardoso, 1972; Frank, 1969; Baran, 1967). On the media front, the mediascapes phenomenon is discussed. According to Dutta (2011: 280), “mediascape refers to the conglomeration of media entities that carry mediated information across borders, providing images that depend on several interests of global actors and playing out the functions of representing the interests of transnational global actors”. This phenomenon is pervasive in Ghana. To illustrate, the Despite Media Group and the Multimedia Group operate four (Despite Media Group, 2020) and six radio stations (Multimedia Group, 2019), all located in the capital, Accra and Kumasi, the second city of Ghana. These stations’ broadcasts are syndicated to other parts of the country where the country’s broadcast laws do not permit direct broadcasts.

3.5 PARTICIPATORY APPROACHES TO HEALTH COMMUNICATION

From the above discussions, the need for a new approach to development communication that prioritises a more equitable distribution of power and economic resources became paramount. Such necessity inspired critical Marxist liberation theories like

participatory approaches in the late 1960s (Melkote & Steeves, 2015; Thomas, 2014; McAnany, 2012; Tufte & Mefalopulos, 2009).

I argue that employing dominant approaches as a guiding principle of the COVID-19 related global response is flawed for the following reasons. Firstly, modernisation views the individual as capable of enacting behavioural change to contain the spread of COVID-19. Secondly, dominant approaches follow a Euro-centric individualistic view of the self rather than a social-oriented view of personhood (Shiavo, 2014; Waisbord & Obregon, 2012; Dutta, 2011; Obregon & Mosquera, 2005; Airhihenbuwa & Obregon, 2000). Accordingly, the dominant approaches to COVID-19 configure prevention messaging as an individual responsibility. However, I contend that the refusal or inability of community members in marginalised communities to abide by the WHO-approved COVID-9 prevention measures cast doubts about the effectiveness of top-down approaches to communicating the pandemic. Thus, I align with a participatory and culture-centred approach. Such strategies offer greater potential to understand the contextual peculiarities of people to know why and how individuals are unable or unwilling to practice recommended COVID-19 prevention behaviours. This position is consistent with the assertion of Airhihenbuwa et al. (2014), who argue that culture, not behaviour, should be the focus of development interventions to achieve meaningful outcomes.

The seminal work of the Brazilian Pedagogue Paulo Freire (1970), 'pedagogy of the oppressed', is widely acknowledged as introducing critical and participatory approaches into mainstream theory and praxis of development communication (Fernández-Aballí Altamirano, 2020). At the centre of the Freirean ideology of pedagogy is the thinking that the living conditions of people are socially constructed through a neoliberal system of domination and oppression (Freire, 1970). He further asserts that liberation in all forms of human endeavour, including a transformation in the thinking of the oppressed to realise that there ought to be a radical shift in the dominant unnatural structures, should be achieved. In another work, 'education for critical consciousness', Freire (1974) argued for cultural emancipation rooted in the concept of education as the practice of freedom, where people submerged in the culture of silence and monologue are encouraged to take control of their culture consciously. Accordingly, he adds, group-oriented reflective exercises through dialogue put people in authority to become transformative agents of their social reality. Freire's works call for the participation of all sectors of society to transform their life circumstances. From a Freirean perspective to development communication, anyone can generate knowledge so far as the person is conscious of the interplay between culture, power, and dialogue that shape their reality leading to transformation (Fernández-Aballí Altamirano, 2020; Obregon & Mosquera,

2005). This study expects active listeners to leverage the participatory medium of CR in contextualising the WHO-approved COVID-19 prevention protocols.

Unlike modernisation approaches to development, the participatory communication model “explicitly affirms that people’s participation in communication is vital to the success of any given project” (Thomas, 2002: 11). At the centre of the participatory approach is its principle of promoting dialogue, interpersonal communication, local decision-making, and networking on essential issues of community life such as culture, power and democracy (Fernández-Aballí Altamirano, 2020; Miller, 2014; Thomas, 2014; Carpentier, 2012; Dutta, 2011; Msibi & Penzhorn, 2010; Servaes, 2007). If people must be the architects of their development, they should also be responsible for their health. Through consensus, recipient communities should control the processes of health communication goal setting, planning, implementation, and monitoring (Obregon & Mosquera, 2005). To this end, the empowerment of ordinary people to actively find solutions to local problems is an integral part of the concept of participation (Fernández-Aballí Altamirano, 2020; Tufte & Mefalopulos, 2009; Sillitoe, 2002). A central argument of this study is that marginalised voices are critical in fashioning strategies to halt the spread of COVID-19 among Ghana’s community radio host communities. For instance, Anoff-Ntow and Tettey (2022) emphasised the essentiality of alternative voices in Ghana’s COVID-19 response.

The mediated CR platform provides the communicative space necessary to facilitate access to healthcare resources by marginalised communities (Dutta, 2011). Participation in the context of this study refers to key healthcare stakeholders (for example: the local community, healthcare practitioners, health communicators, the media, traditional authorities, policymakers, and governments) acknowledging and integrating indigenous knowledge with exogenous scientific understanding in the conception and implementation of COVID-19 interventions in marginalised communities. As such COVID-19 interventions from a Freirean sense should be based on reflexive planning, implementation and evaluation processes where all agents are subjects but not objects through dialogue. Therefore, a participatory lens is appropriate in answering the second research question of this thesis: What modalities are employed by the local community radio station to facilitate community members’ participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?

3.5.1 Significance of participatory communication approaches to this study

Bessette (2004) echoes Paulo Freire's stance that prioritising the agency of the marginalised and facilitating community ownership of the social change process is the way to successful and sustainable interventions. In this thesis, Guy Bessette's (2004: 36) ten-step planning and action model to involve the local community in the social change process is employed to identify the participatory elements of the activities of CR stations in rural and semi-urban communities in Ghana. Bessette's (2004) model and methodology provide a reflexive template for the participatory social change process. These steps include:

- Step 1:** Establishing a relationship with a local community and understanding the local Setting;
- Step 2:** Involving the community in the identification of a problem, its potential solutions, and the decision to carry out a concrete initiative;
- Step 3:** Identifying the different community groups and other stakeholders concerned with the identified problem (or goal) and initiative;
- Step 4:** Identifying communication needs, objectives and activities;
- Step 5:** Identifying appropriate communication tools;
- Step 6:** Preparing and pre-testing communication content and materials;
- Step 7:** Facilitating partnerships;
- Step 8:** Producing an implementation plan;
- Step 9:** Monitoring and evaluating the communication strategy and documenting the development or research process;
- Step 10:** Planning the sharing and utilisation of results.

The steps above are at variance with dominant top-down approaches to development communication, where so-called experts see the community as passive and needing intervention. Bessette (2004) explains that within the ten-step planning and action model, all the constructs have an interdependent relationship, implying that their application enhances the participatory nature of CR activities. Although CR may not apply all the steps in all their activities, some fit into some CR operations in Ghana. For example: with step one, Bessette (2004) explains that it is a continuous process of building a long-lasting working relationship between the local community and development communication facilitators. He further explained that the purpose is to understand the community's culture, build trust, and start initial information collection using participatory methods. In contrast to the dominant paradigm, participatory approaches recognise development communication practitioners as facilitators of the social change process but not knowledge experts, eliminating the subject-object dichotomy

of the former (Huesca, 2002). Step one involves using indigenous language for dialogue, which is at the centre of CR activities in Ghana. Using indigenous languages by CR operators allows locals to be involved in every step of the developmental process (Srivastava, 2020; Nyareza & Dick, 2012; Tabing, 2002; Karikari, 2000).

The second participatory step tilts the power and knowledge compass towards locals. It recognises them as the true experts in the “identification of a problem, its potential solutions, and the decision to carry out a concrete initiative” (Bessette, 2004: 36). Community radio facilitates the active audience’s involvement in developing interventions, including health. This is achieved through community seminars, FGD sessions, one-on-one discussions, meetings with key community stakeholders, and live programme phone-ins (Fox, 2019; McKay, 2009; Jallof, 2005). Also, the enhanced access of active listeners to both the physical and on-air spaces of CR ruptures the mainstream media practice of gatekeeping in Ghana. Such access levels allow any community member to utilise the local CR’s mediated platform to connect with duty-bearers and other community members to initiate dialogue (Fox, 2019; Manyozo, 2009). Step four identifies the beneficiary community’s communication needs, objectives, and activities (Bessette, 2004), allowing the most affected to own the social change process (Figueroa et al., 2002).

Again, with step seven, Bessette (2004: 57) stated that “the development of local partnerships is the key factor in the success of participatory communication activities”. Other scholars have reiterated the importance of partnership between development facilitators and local groups as integral to community mobilisation (Campbell & Scott, 2012; Manyozo, 2009) and improving audience satisfaction (Jallof, 2005). To illustrate, Radio Peace, Winneba partners with social groups such as *Hyewbo kuw* (the official social club of the station), the GCRN, district assemblies, the Ghana Health Service, and international organisations like UNICEF and UNAIDS in its health-related interventions. The steps discussed above affirm Ghana’s CR sector’s normative empowerment participatory nature.

The meaningful participation of locals in the COVID-19 related interventions of CR is a fundamental issue in the present study. This aims to help understand how CR can facilitate COVID-19 public health prevention communication among marginalised communities through dialogue. Participatory strategies engender empowerment of hitherto marginalised communities, thereby undermining top-down transmission ideologies (Dutta, 2011; Bessette, 2004; Figueroa et al., 2002).

3.5.2 Limits of participatory communication approaches

Some of the criticisms levelled against the participatory theory are discussed below. Some researchers warn against the ‘tokenism’ of participation by hegemonic forces as a tool to entrench the status quo (Dutta et al., 2020; Fox, 2019; Conrad, 2014; Fairchild, 2012; Dutta, 2011; Sandoval & Fuchs, 2010; Tufte & Mefalopulos, 2009). Again, commercialising people’s voices hinders participation (Fox, 2019; Thomas, 2014). Semujju (2014) found a similar occurrence in Uganda. He established that access to community media platforms, which were supposed to be free and tilted towards the welfare of its beneficiary communities, was highly commercialised, further alienating those at the margins of the margin. Therefore, the challenge of self-exclusion and unequal power relations due to CR access challenges among the medium’s host communities is real (Cornwall, 2008).

Again, people’s conditions, such as poverty, lack of infrastructure, and illiteracy, can limit participation (Tsarwe, 2014). For example, in Uganda, Semujju (2014) found that security concerns of studio personnel who have to go home late due to their on-air schedules at the local community media station linger. His study also found that the location of the local community media station hindered effective participation by people in distant places. This situation is accentuated by the fact that in many rural and semi-urban parts of Sub-Saharan Africa (SSA), there are challenges with transportation, street lighting at night, and un-driveable roads (Semujju, 2014). Abraham Maslow’s (1943) classic theory of human motivation (Hierarchy of human needs theory) outlines the basic physiological and safety human needs, including air, food, shelter, water, sleep, clothing, reproduction, personal security, health, employment, resources and property.

Despite the above criticism, participation approaches remain a concept with enormous potential to transform the lives of the marginalised by putting them in the driving seat of the social change process that matters to them (Fox, 2019; Thomas, 2014; Dutta, 2011; Bessette, 2004). The potential of dialogue to enhance social change hinges on local values and practices (Dutta, 2011). The role of culture in the effectiveness of health communication interventions is analysed next.

3.6 THE CULTURAL TURN IN THIS STUDY

This study concerns itself with exploring the experiences of community members of CR host communities to understand how COVID-19 interventions can be culturally relevant for the effective integration of universal prevention protocols into local realities. I contend that offering only biomedical, individual behavioural change, and top-down effects-centred

approaches to contain the spread of COVID-19 will not suffice. Still, interventions should be culturally relevant to the contextual peculiarities of marginalised communities. The central argument advanced in this thesis is that the sensitivity of campaign messages to cultural differences affects the understanding and effectiveness of COVID-19 health communication prevention messages.

Culture is a universal human attribute with fluid identities and multiple connotations. Culture is a collective sense of dynamic and structurally reinforced consciousness that can reveal itself silently or audibly through language and history (Airhihenbuwa & Liburd, 2006). Of all the determinants of life, culture provides the life context to deliver communication (Servaes, 2020; Dutta, 2015; Dutta, 2011; Riley, 2005). However, the dominant conception of health perceives the culture of people of so-called developing countries as pathogenic and in need of centrally designed health interventions (Dutta, 2011). Many scholars contest the individual Euro-centric view of culture. For instance, Martin-Baro (1996, cited in Miller, 2014: 22) argues that “there does not first exist a person, who then goes on to become socialised”. Rather, the “individual becomes an individual, a human person, by virtue of becoming socialised”. Supporting this, Bidwell (2016) explained that from an African philosophical perspective on personhood, the communal reality is primary while the individual’s experience is derived. Therefore, health stakeholders should adopt communally oriented approaches to communicating with traditional SSA societies.

The WHO and GHS approved COVID-19 non-pharmaceutical interventions (NPIs) of handwashing with soap, social and physical distancing, and masking in public, are universal and based on individual behavioural change models. The challenge with adopting the universal protocols is that they are devoid of local needs hence, stand the risk of failure. The stand taken by this study is that a blanket approach to COVID-19 communication is not appropriate for different contexts. To make sense of global media messages and incorporate them into their daily lives, people from a particular socio-economic context draw on their resources to appropriate global media products (Lie & Servaes, 2015). Riley (2005) suggests that culture holds the potential to offer valuable clues in health message design. Airhihenbuwa et al. (2014) share a similar view that culturally relevant health intervention, which conceptualises the behaviour of cultural participants as assets but not as a hindrance, is necessary to achieve changes in undesirable health behaviour. Again, other scholars aver that culture is central to improving health in societies where communal attributes such as norms and attitudes take precedence over the individual (Waisbord & Obregon, 2012; Dutta, 2011).

For health CR COVID-19 interventions to be successful, the culture and community context of the primary beneficiaries should be the basis of all analytical considerations. Thus, I content that CR health communication interventions should not be prescriptive based on external knowledge. Instead, health stakeholders should critically analyse the interplay between identities, values and structures influencing people's active health choices (Dutta, 2011). Understanding health interventions from a subaltern cultural perspective is contrasted with mainstream health communication praxis. For Dutta (2015: 132), "participation, grounded in local cultural understandings of human life and wellbeing, is situated in resistance to the dominant narrative of development and to mainstream development practices". Therefore, COVID-19 prevention is intrinsically socio-cultural, so the effectiveness of universal behavioural change prescriptions that do not acknowledge the cultural context within which people are located is in doubt.

For this thesis, culture includes the pattern of human behaviour and ways of living specific to people, including thoughts, language, social and religious norms, customs, aesthetics, actions, beliefs, and values. Participatory communication strategies acknowledge and incorporate the crucial role of culture (Dutta, 2011; Fox, 2019). In this way, there is a crossover of the theoretical tenets of the CCA and participatory approaches discussed earlier in this chapter. Obregon and Mosquera (2005) intimated that communication is needed to change health's contextual and social variables to facilitate changes towards healthy lifestyles. Such an orientation influences the methods of data collection and a shift away from dominant to contextual approaches to achieve sustainable social change (Diago, 2020; Servaes et al., 2012; Obregon & Mosquera, 2005). Dutta's CCA (2011) foregrounds culture by providing enlightenment on the participation of people at the margins of the margins in their health-related social change process.

3.7 CULTURE-CENTRED APPROACH TO HEALTH COMMUNICATION

The culture-centred approach responds to the historical marginalisation of people from the discursive spaces where health-related knowledge, policy, plans, and evaluation indicators are constituted. The CCA was advanced by Mohan J. Dutta (2008). It is a critical cultural framework inspired by a Marxist worldview for criticising the dominant health communication models. The works of scholars such as Lupton (1994), Airhihenbuwa (1995), and Dutta-Bergman (2005) interrogating the values of dominant approaches in the health communication field foregrounds the development of the CCA. Critical approaches view health as a social product of cultural practices and ideological processes in particular communities (Lupton,

1994b). Critical theory studies concern themselves with how the subaltern's life experiences can be constrained by structures (Dutta, 2008), eliciting numerous queries. Questions to be asked include: Who can set the public health agenda in society? What and whose values, beliefs, and knowledge systems are advanced in mainstream health communication discourses, and what others are neglected? How are health meanings created? What pre-existing beliefs and knowledge systems influence the creation of health meanings?

In answering these questions, the CCA emphasises the need to provide an intuitive platform for marginalised people to define their problems, suggest possible solutions, and participate in their implementation. Thus, the current study uses Dutta's CCA to conceptualise COVID-19 communication using CR. From a CCA perspective, the power asymmetry in society needs to be queried and ruptured if key health stakeholders desire community-level effectiveness in health interventions. The importance of a power relations theory like the CCA to this thesis is underscored by the less attention accorded power, subalternity, marginalisation, and how they impact health in theory and praxis. Commenting on the attention scholars have accorded the link between health communication, participation and power in the extant literature, Waisbord and Obregon (2012: 20) stated that "questions such as how power shapes health communication or how communication about health can transform power are notoriously absent". This calls for a paradigm shift in acknowledging the reflexive role of culture towards understanding health-related knowledge, attitudes, and behaviour to facilitate health interventions (Lupton, 1994). Also, the CCA approach is consistent with the social constructivist paradigm and qualitative explorative methodological approach that aims to provide a nuanced understanding of the phenomenon under study.

In contrast to dominant models to health communication, the CCA conceives human beings as cultural participants with an agency, in harmony with their environment to resist hegemonic structures and build spaces for community voices to be articulated (Dutta et al., 2020). Dutta (2011) counters the neo-liberal persuasive approaches by arguing that health should be communicated from a cultural perspective by privileging dialogue with and within marginalised segments of society. Dutta et al. (2020) explained that the CCA recognises the organising role of the marginalised communities as locations for identifying the deep-rooted structural inequities related to health and wellbeing and for co-creating community-led solutions to these challenges. The framework presented in this chapter argues that a culturally sensitive version of the WHO-approved COVID-19 NPIs and pharmaceutical interventions meaningful to local people is critical for their effective participation in such efforts via the mediated platform of CR. To extend the notion of CCA to health communication, Nota (2019)

proposed in her thesis that culturally competent healthcare services must be developed for young women as a key population in the HIV epidemic. In essence, she contends, culturally sensitive approaches create enabling spaces for access to oral pre-exposure prophylaxis (PrEP) integration in sexual and reproductive health (SRH) services that address young women's needs and are free of stigma.

The three-central constructs of the CCA: structure, culture and agency, are discussed next. Dutta eloquently describes the interdependence of these three concepts in achieving positive health outcomes among marginalised people. He stated that “the culture-centred approach to social change envisions the capacity of communicative processes to transform social structures, and in doing so, it attends to the agency of the subaltern sectors in bringing about social change” (Dutta, 2011: 39). Culture-sensitive health communication is defined as “the deliberate and evidence-informed adaptation of health communication to the recipients’ cultural background in order to increase knowledge and improve preparation for medical decision making and to enhance the persuasiveness of messages in health promotion” (Betsch et al., 2016: 811). The CCA ruptures the ‘expert’ tag of health communicators, redefining their role as facilitators of the community-led health-orientated social change process. To this end, dialogue between health communication academics and practitioners on one side, and the community on the other, where the former believes that their presence in the community is a right, is crucial to achieving sustainable positive health outcomes. Servaes (2007) intimated that culturally and socially relevant dialogue between development facilitators and beneficiary community and intra-group is a pre-requisite for the success of development initiatives.

Firstly, the CCA posits that *culture* and health are mutually dependent. Culture is the most influential component in understanding people's health-related behaviour. Dutta (2011: 40) states that “culture constitutes the local contexts where meanings are continuously negotiated”. For COVID-19 interventions to be meaningful, local factors that shape the communal health defining process need to be prioritised by health stakeholders. Culture plays a crucial role in health-related behaviour in the Ghanaian context (Sarfo, 2015; Williams, 2014; Dako-Gyeke et al., 2013). Concerning this, Gyasi et al. (2016) opine that the complex social-cultural nature of health in Ghana leads to unpredictable attributes, including the decision to resort to non-conventional means of therapy and prevention. For instance, religious and spiritual claims were rife as sources of remedy in containing or ending the COVID-19 pandemic in Ghana. Indeed, Ghana's President regularly used slogans such as ‘this too shall pass’ and ‘the battle is the Lord's’ to highlight the need for metaphysical intervention (Anoff-

Ntow & Tettey, 2022). Also, he appealed to the Ghanaian populace to observe a national day of fasting and prayers to contain the spread of COVID-19 (Citinewsroom, 2020).

Local perceptions, therefore, influence people's adherence to centrally designed recommended prevention behaviour. From the preceding discussion, I posit that in some rural and semi-urban Ghanaian societies, just like many African ones, the individual-based WHO-recommended COVID-19 NPIs and pharmaceutical measures are destined to be less effective. Consistent with this viewpoint, Airhihenbuwa and Obregon (2000) assert that individualistic tendencies are viewed as against societal values, and individual decisions reflect the more significant social norm in some non-Western communities. Therefore, the premise of this thesis is based on the idea that CR's COVID-19 communication interventions should be sensitive to local contextual peculiarities to enhance effectiveness and sustainability in the marginalised sectors of non-Western societies. In essence, "culture is both a carrier of traditions and a site of transformation" (Dutta, 2011: 280). Thus, the socio-cultural context within which health interventions occur is key to people's willingness to abide by or ignore recommended health behaviour.

Secondly, the CCA focuses on *structure*, explained as the distribution of health-related resources. Dutta (2011: 40) explains that structure is "the institutional roles, rules, practices, and ways of organising that constrain and enable access to resources". *Structure* encompasses how society is organised and functions through its organisations, systems and processes and social relations. For example, COVID-19 prevention *structures* in Ghana include policies, healthcare facilities, healthcare services (ambulance service, isolation centres, free voluntary testing and free medical care), healthcare practitioners, grass-roots organisations, NGOs and others. Some scholars contend that the distribution of health-related resources is socially determined, usually based on local political will and priorities (Schiavo, 2014; Dutta, 2011). Health-related resources include living, working, and ageing environments; access to health services and information; adequate transportation, policies, nutritious food, parks and recreational facilities; socio-economic opportunities; and social and peer support (Schiavo, 2014). The CCA provides a lens for understanding how these structures inhibit and allow access to health-related information resources from a subaltern perspective. For instance, COVID-19 public health policies may not account for local needs, creating structural barriers for marginalised people. This is exemplified by the Minister of Health stating that the ultra-modern newly built with taxpayers' money Bank of Ghana hospital is exclusively reserved for treating staff and so-called very important persons (VIPs) who contract COVID-19 but not ordinary Ghanaians (Citinewsroom, 2020). This distinction in access to treatment facilities

typifies the disconnect between policy-makers and the people they are supposed to serve (Anoff-Ntow & Tettey, 2022).

How is what marginalised communities believe is best for them integrated into the COVID-19 national response? How can community members challenge the structures that inhibit them from accessing health resources? In response to these questions, I argue that poor and marginalised communities should have a voice in policy formulation and allocating COVID-19 prevention resources. The mediated platform of CR can provide spaces for the voice of the marginalised to be articulated, as discussed below. The CCA suggests that by emphasising dialogue among community members, spaces are created for the marginalised to share how structures constrain or enact their agency (Dutta, 2011), thereby highlighting the limit of human action and creating opportunities for people's agency. In short, *structure* should inform and enhance agency, not limit it.

Thirdly, the CCA argues that enacting *agency* is vital in achieving positive health outcomes. Dutta (2011: 40) explains agency as “the capacity of individuals and collectives to enact their choices as they negotiate structure”. He further intimated that individuals enact their agency by expressing, interpreting, and re-interpreting culturally circulated meanings in a social system. Agency is the capacity of the marginalised to meaningfully engage with and negotiate the local structures that can hinder or facilitate their access to health resources (Dutta, 2008). Agency determines the ability of people to control their health-related choices, such as access to COVID-19 prevention information resources. In support of this position, Dutta (2011) pointed out that enacting *agency* is inextricably linked with the distribution of resources.

Within the CCA, dialogue facilitates the strategic involvement of hitherto marginalised communities in conceptualising, implementing, and evaluating health-related interventions. However, marginalised communities may lack the structures to provide avenues for dialogue. The subaltern is classified as subaltern because they face challenges in enacting their agency (Dutta, 2011). Being deprived of their voice means they cannot question the structures that inhibit their access to health-related information resources. For instance, Ghana's rural and semi-urban locations are pervasive with poverty, inadequate healthcare infrastructure, and limited healthcare resources (GSS, 2020). Community members in these contexts experience limited agency as they lack access to communication platforms to challenge the status quo. Community radio provides avenues for the voices of ordinary community members to be heard and for alternative rationalisations to be constructed among the marginalised in Ghana (Essandoh, 2006; Karikari, 2000). Bonye et al. (2013) noted that to promote community

wellbeing, the focus of government and NGO-led development activities should prop up community initiatives instead of reinventing the wheel in Ghana.

Moreover, I adopted Dutta's (2011) three qualities of the scholar engaged in subaltern studies as articulated by the CCA as a guiding principle: (1) Solidarity, (2) Reflexivity, and (3) Authenticity and commitment. In line with the epistemological position adopted for this study (see Chapter Four), I considered this study's participants as active co-creators of knowledge. As such, I turned the reflexivity lens on myself, seeing my academic researcher role as a privileged facilitator committed to listening to the voices of community members on the meanings they attach to their everyday realities concerning COVID-19 prevention activities. In solidarity with the subaltern actors, I was committed to the path of social change as a collaborator in challenging the ubiquitous structural inequalities that continually create health-related margins in Ghana's rural and semi-urban centres. Such an approach represents a departure from expert-driven persuasive COVID-19 communication strategies. Additionally, with qualitative studies, the methodological approach adopted for this study (see chapter four), the researcher takes on the role of a facilitator of the dialogic process, not as a disinterested spectator but actively directs the research process to answer critical questions.

The inter-dependent relationship between the tenets of the CCA: structure, culture and agency.

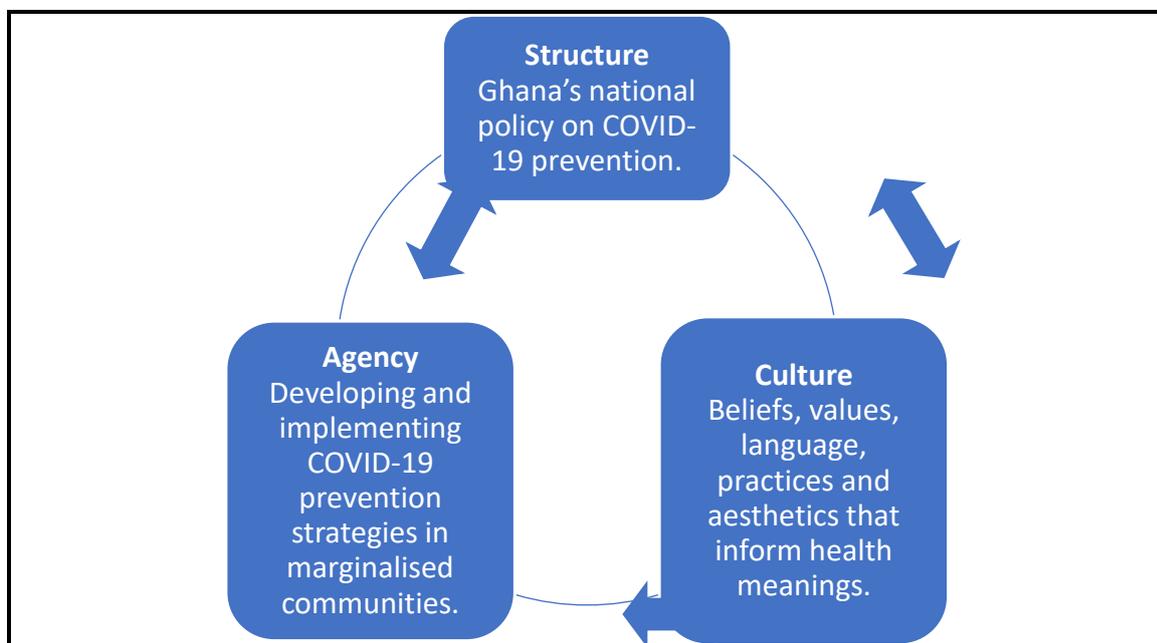


Figure 3-1: Relationship between structure, culture and agency. (Source: adapted from Dutta, 2011).

3.7.1 Culture-centred approach and pandemic communication

Drawing from the constructs of the CCA discussed above, this section focuses on the immediate and future challenges and strategies for health communication during a pandemic. The central argument advanced by the CCA concerning the devastating impact of COVID-19 on the health and wellbeing of the subaltern sectors is that “pandemics such as COVID-19 render visible the deep-rooted inequalities across and within societies” (Dutta et al., 2020: 1). Critical health communication approaches is required to address the dire situation of inequality, displacements, and expulsions produced by centrally-crafted policy responses to the COVID-19 pandemic (Dutta et al., 2020).

To this end, the CCA provides a framework that emphasises the community organising abilities of the subaltern to co-create dialogic infrastructure for democratic-oriented and socially just responses to the COVID-19 pandemic. Primary health resources are recognised as human rights but not commercial commodities (Dutta et al., 2020). From a CCA perspective to pandemic communication, the centrally designed top-down communicative approaches are counter-productive, potentially exacerbate existing structural inequalities and deepen the unhealthy and dire conditions within which those at the margins of society live (Dutta et al., 2020). Ghana’s COVID-19 national responses have adopted a predominantly top-down approach led by the executive arm of government. The Ghanaian context is unclear on how COVID-19 policymakers can be accountable to marginalised communities. The view advanced in this study is that universal protocols may not be practical to people whose worldview is that an individual’s health is intrinsically linked to the collective. In short, pandemic communication strategies should be accountable to the most affected subaltern. Figure 3.2 presents a schematically community-state interaction in generating a COVID-19 response.

The relationship between society, participation, and pandemic responses

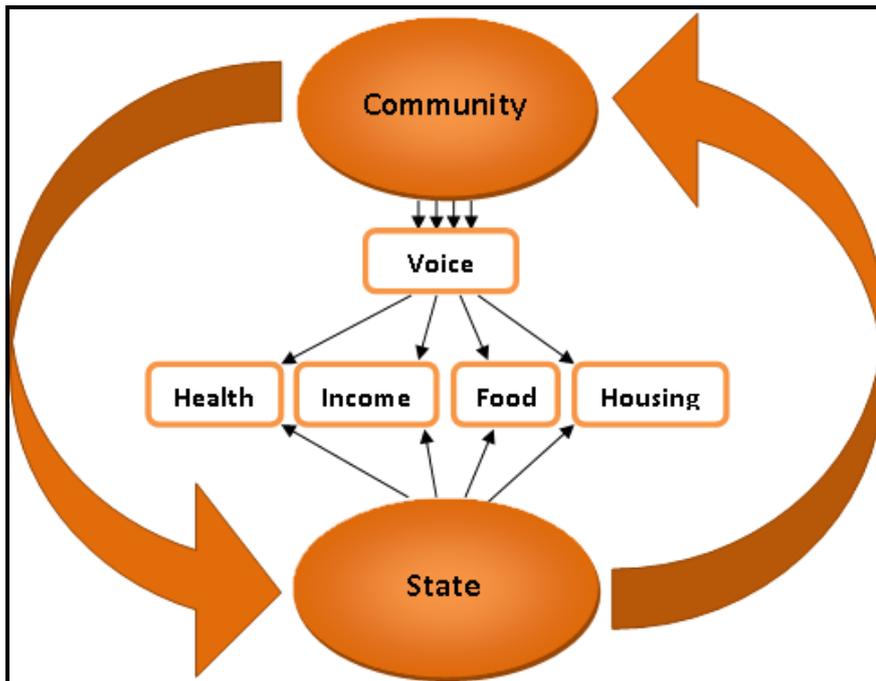


Figure 3-2: An illustration showing the relationship between society, participation (voice), and the state in generating the pandemic response. (Source: Adopted from Dutta et al., 2020).

3.7.2 Culture-centred approach and mediated social change communication

In this unit, how CR's mediated platform can facilitate dialogue and collective action is examined. Dutta (2011) explained that alternative media provides the subaltern with a distinct public sphere from the dominant mediated public spaces to answer the critical question: what are the functions and roles of the media in the politics of social change amidst the backdrop of resistance and control? The COVID-19 messages circulating in mainstream media spaces are designed at power centres far from where they are implemented and without meaningful input by supposed primary beneficiaries in Ghana (Anoff-Ntow & Tettey, 2022; Aikins & Akoi-Jackson, 2020). The CCA disrupts this practice by listening to community voices through dialogue (Dutta et al., 2020).

In contrast to mainstream media, listeners control the public sphere provided by CR. The normative nature of CR creates mediated participatory spaces that offer entry points for listening to subaltern voices in disrupting the hegemonic process of health-related knowledge production (Dutta, 2011). Community radio is an entry site of community participation, power, conscientisation and social change (Fox, 2019; Dutta, 2011; Rodríguez, 2011). In this way, the conceptual basis of CR converges with CCA to offer opportunities for mediated dialogue and enacting agency among beneficiary communities on the health issues that matter to them, such

as COVID-19. The mediated public sphere of CR facilitates intra-community dialogue among audiences (Manyozo, 2009), thereby improving interconnectedness and building networks of solidarity and social integration (McConnell, 2016; Dutta, 2011; Kawachi et al., 2008; Lindström, 2008). These attributes are vital for enhancing the COVID-19 related health outcomes for a community-oriented active audience. In summary, community media are sites for social transformation due to generating public support for social action by circulating information and images of contextual value (Dutta, 2011).

3.7.3 Significance of culture-centred approach to this study

The lack of meaningful participation of marginalised people in the health-related social change process that matters to them can impact their health outcomes (Dutta et al., 2020; Dutta-Bergman, 2005). The CCA states that the conception, implementation, evaluation, and possible integration of the WHO and GHS-approved COVID-19 prevention messages must be informed by the needs and values of the beneficiary community through dialogue (Dutta et al., 2020). This study aligns with this position. The CCA helps understand what motivates host community members to participate in the COVID-19 related activities of local CR stations.

This study contends that an ongoing dialogic reflexive process between beneficial community members and key healthcare stakeholders via CR's mediated platform provides opportunities for effective COVID-19 communication interventions. The CCA suggests that community-level evidence should inform and facilitate shared decision-making in social change communication interventions (Dutta, 2011). The CCA rejects the individualism, paternalistic and one-way transmission approaches to health communication. In the context of this study, the CCA is relevant to understanding the dialectic tensions from the contestation of access to the places of knowledge production between the subaltern and the status quo. The sources of such tension arise from the contestation between: (1) The possibilities of opening spaces for the subaltern to engage with the dominant structures towards structural transformation and the threat of minimising, devaluing and tokenism of the resistive politics of marginalised people; (2) Possibilities and impossibilities of listening to the heterogeneous voices of the subaltern; (3) The representation and erasure of marginalised voices in the mainstream policy discursive spaces (Dutta, 2011).

The preceding begs the question, how is the notion of power and control on one side and resistance on the other relevant here? For Dutta (2011), power can shape the dialogic process's nature, form, function, content, and outcome. This position implies that the ability of community members within the study area to engage in voice and agency concerning their

COVID-19 related health status is contingent on their access to the spaces for articulating health-related ideas. Several questions arise here: How can the marginalised challenge the dominant system of COVID-19 communication? Can the subaltern engage in authentic dialogue concerning COVID-19 communication? How much space is available for the others to activate their voice and agency concerning COVID-19 communication? In essence, genuine dialogue is a prerequisite for developing culturally appropriate and locally relevant health interventions related to local structural factors (Dutta et al., 2020; Dutta, 2011). Therefore, a case study approach holds promise in providing a nuanced understanding of how culturally relevant COVID-19 communication interventions may impact the health outcomes of marginalised communities in non-Western societies using CR. The CCA emphasises the role of the mediated platform of alternative media, such as CR, to provide opportunities for the meaningful participation of the marginalised in COVID-19 interventions. Thus, building local capacities to participate in evidence-based COVID-19 related decision-making at the community level is critical.

Further, the CCA posits that community voices are heterogeneous and so are their COVID-19 related communication needs (Dutta et al., 2020). This has wide-ranging consequences for the local, national and global COVID-19 response and the pre-existing notions of inequality. Also, the mistaken conception of the subaltern sector as homogenous grossly impact the quality of life of rural and semi-urban dwellers in developing countries. The CCA questions functionalist ideologies that view the subaltern as passive and without agency (Dutta, 2011). According to the CCA, a one-size-fits-all approach to COVID-19 prevention communication for different contexts is a faux pas (Dutta et al., 2020). This study focuses on the challenge of cultural location and the democratisation of decision-making concerning COVID-19 communication via CR. This study proposes integrating global approaches with local strategies for COVID-19 communication interventions to meet the needs and values of beneficiary communities using CR's mediated platform.

3.7.4 Limitations of the culture-centred approach

Even though the CCA offers a capable lens for understanding the role of culture in the social change process, it is not without criticism. As noted earlier, the celebratory tone associated with participatory approaches threatens its theoretical clarity (Thomas, 2014; Rodríguez, 2011; Dutta, 2011). In a way, the CCA is at risk of a similar fate.

Firstly, opponents of the culture-centred paradigm argue that there is a lack of clarity on the exact linkage between two of the basic concepts of this approach: 'audience-generated

meaning’ and ‘political economy’. Commenting on this, Real (2012: 40) pointed out that “...we still have a great deal yet to learn about the precise linkages between the meaning generated by audiences and the political economy that shapes the messages conveyed to them”. He further argued that the basic tenet of political economy projects contemporary media as instruments for furthering class domination and protecting the capitalist interest of the elite. It, therefore, begs the question, to what extent are the meanings generated by cultural participants of the media content they expose themselves to authentic or a mirror reflection of dominant conceptions of reality?

Also, in the view of Obregon and Mosquera (2005), the concept of ‘interculturality’ and how it affects the social production of health and disease is a significant challenge facing the culture-centred paradigm. Interculturality highlights issues concerning: health-related beliefs, healing, wellness, mediations, actors, and discourses that shape the construction of health meaning in society. Obregon and Mosquera (2005) contend that these factors vary among different cultures, and so are the health habits, behaviours, and attitudes they produce among cultural participants. They further maintain that an attendant challenge the forgoing discussion raises is the difficulty in evaluating health interventions, whether health gains are due to interventions or are created by cultural factors.

However, Dutta (2012) responds to such criticism by arguing that culture provides a critical entry point for those at the ‘margins of the margins’ to voice their ideas on the health issues that matter to them to challenge the status quo. The CCA is, therefore, appropriate for this study.

3.8 CONCLUSION

This chapter has established a theoretical framework to understand the role of CR in facilitating listeners’ involvement in COVID-19 communication. I aver that the concepts of the CCA, structure, culture and agency, and participatory approaches, need to be at the centre of CR COVID-19 communication interventions that seek to effectively halt the spread of the virus among marginalised communities. In this chapter, I have proposed that the normative characteristics of CR provide a platform for articulating alternative rationalisations concerning the COVID-19 pandemic. In addition, key health stakeholders such as policymakers, healthcare professionals, media personnel and researchers and the structures within which they function must be sensitive to the significant role of local people in facilitating COVID-19 related social change interventions.

The data presented in Chapter Five was collected under the guidance of the CCA and participatory approaches. Aside from this, these theories helped to explain this study's findings.

CHAPTER 4

METHODOLOGY

A methodology is plan for how research will proceed combining methods and theory. The methodology is what the researcher actually does once he or she has combined the different elements of research. The methodology is informed by the philosophical beliefs guiding the research, the selection of research methods, and the use of theory. One's attention to ethics and their corresponding values system also influences how a study is designed and how methods are employed (Leavy, 2014: 4).

4.1 INTRODUCTION

The study elicits the views of community members within the catchment area of a local community radio (CR) station in Ghana on their involvement in the COVID-19 prevention response. As such, this study's primary aim was to assess the ability, modality, and extent of audience participation in a local CR station's activity with particular reference to the case of COVID-19. Thus, the study explores how CR could be used for COVID-19 communication among rural and semi-urban dwellers in Ghana's Central Region.

This chapter outlines the methodology (explorative case study) and methods [focus group discussions (FGDs) and in-depth interviews (IDIs)] employed for this inquiry. The section begins by affirming the research philosophy that underpins the entire study. A single CR station, Radio Peace, Winneba and its catchment communities within Ghana's Central Region formed this study's focus. This section presents the selection of participants, the reasons for these choices, and the rigour and trustworthiness measures. To this end, I provide a detailed description of the background of the study and the systematic processes adopted for data collection, analysis and report writing.

To provide an understanding of how marginalised communities could be involved in the COVID-19 communication using CR, the study sought to answer the following questions:

1. In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba?
2. What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?
3. How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas?

4. In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio?

4.2 RESEARCH PARADIGMS

Research paradigms are philosophical beliefs used to study and interpret knowledge (Mertens, 2012). Selecting research methodologies is related to philosophical paradigms, underscoring the importance of paradigms in the research approach (Wimmer & Dominick, 2011). A paradigm is “an accepted set of theories, procedures, and assumptions about how researchers look at the world” (Wimmer & Dominick, 2011: 15). Thus, paradigms shape the choices of methods an Investigator selects based on a particular viewpoint or belief system (Guba & Lincoln, 1998). The three most widely used paradigms are pragmatism, interpretivism, and post-positivism (Crossan, 2003; Kim, 2003). The different paradigms offer different windows into the nature of knowledge (ontology) and how knowledge is acquired (epistemology). The chapter explains the methodological, ontological and epistemological positions adopted from a health communication perspective for this thesis.

For this study, the interpretivism and social constructivism paradigms are adopted to understand the nature, modality, and extent of active audiences’ engagement and experiences with Radio Peace, Winneba, and the link with COVID-19 relevant health communication. The selection of these two paradigms is justified as they engage with each other, although they differ. Creswell (2014) affirms this by noting that social constructivism is often combined with interpretivism because both are qualitative research approaches. As explained later in this chapter, this study’s choice of a qualitative approach to knowledge creation is underscored by its utility in enabling the experiences of marginalised people in the CR host communities to be understood. Also, it helps understand how the active listeners can strategically be involved in the COVID-19 prevention cascade that is meaningful to their peculiar realities. In the following paragraphs, I justified the choice of these two paradigms.

4.2.1 Interpretivist paradigm

This study sought the views of community members of CR host communities and how they could participate in COVID-19 prevention efforts through CR’s mediated platform. The level of access to the CR platform by marginalised people to express their views and what the current approaches to COVID-19 public health communication mean to them offers an opportunity to understand deeply the effectiveness of centrally designed prevention messages to contain the pandemic. This parallels the interpretative paradigm, making the research

process accessible and responsive to the study participants' immediate needs. Selecting the interpretive paradigm provides a more holistic and comprehensive understanding of the phenomenon under study. This opposes the positivist approach of treating respondents as subjects from which information needs to be extracted (Wimmer & Dominick, 2011).

In line with Lapan et al.'s (2012) assertion that there is no single, unitary reality outside peoples' perceptions, which is the polar opposite of positivist approaches, the interpretivism paradigm helps understand the meanings people create in their interaction with the world around them. Additionally, the interpretive paradigm provides a framework for understanding the multiple, varied, and subjective meanings individuals attach to their experiences of things or objects (Creswell, 2009). According to Croucher and Cronn-Mills (2015: 51), "the interpretive paradigm focuses on the belief that reality is constructed through subjective perceptions and interpretations of reality". Concerning this position, the interpretivism paradigm rejects the positivist paradigm notion of empiricism (the idea that only the observed can be researched scientifically). Instead, it aligns with the idea that the world around us can be learned and described through various means (Croucher & Cronn-Mills, 2015). For these reasons, this thesis adopted the interpretive approach since it allows knowledge to be generated through discourse, interactions and shared meanings based on people's everyday realities.

The interpretive approach is consistent with the epistemological position adopted by this study, which is a commitment to understanding the world in people's natural settings. Therefore, the interpretive paradigm aligns with qualitative researchers' use of observation (taking notes and compiling information about an event) and subjective interpretation (to make sense) of phenomena to understand the natural world (Creswell, 2009). To underscore the importance of the interpretive paradigm in helping develop a deeper understanding of the phenomenon under study, I highlight some of its characteristics in this paragraph. Lapan et al. (2012) note that with interpretive research, questions are not closed and structured as applied to the positivist paradigm. They further note that the Investigator asks open questions about participants' experience of reality while room is left for questions to emerge in the research process. Thus, the qualitative research process is fluid since the process focuses on the multiple constructions of meanings based on the evolving nature of people's emotions, feelings, and experiences they attach to objects or things. This position is consistent with Wimmer and Dominick's (2011) assertion that the interpretive paradigm aims to understand the constructed meaning and interpretation of the everyday events people experience in their natural settings or social context.

Unlike the positivist quantitative approaches, these interpretive characteristics equipped me to be an active co-creator of knowledge with participants as I immersed myself in the data collection, analysis and interpretation process (Denzin & Lincoln, 2005). The participants of this study were conceptualised as active, and their voices were projected as co-creators of knowledge, as advised by many scholars (Denzin & Lincoln, 2017; Croucher & Cronn-Mills, 2015; Creswell, 2009). This is because the interpretive paradigm makes room for multiple interpretations of social realities to be constructed by rural and semi-urban dwellers within the selected CR station's catchment areas based on their particular social context. Consequently, the position of this study was that the values, cultures, and social realities shape CR's listeners' ability to be involved in COVID-19 communication using CR, thus aligning with the interpretive paradigm.

4.2.2 Social constructivist paradigm

Scholars trace the second paradigm, social constructivism, as reported by Creswell (2014), to the works of researchers such as Berger and Luekmann (1967) and Lincoln and Guba (1985). The social constructivism paradigm is linked with the post-modern era in qualitative inquiry (Andrews, 2012). The application of the social constructivism paradigm to this study lies in the assertion that the meanings individuals develop of their experiences to generate an understanding of the world they live and work in are not objective but somewhat subjective (Creswell, 2014). He further asserts that "these meanings are varied, and multiple, leading the researcher to look for the complexity of views rather than narrowing meanings into a few categories or ideas" (Creswell, 2014: 37). The complexity of views is generated through interactions with others and is socially and historically negotiated (McKingley, 2015; Creswell, 2014; Andrews, 2012; Schwandt, 2003). An interesting tenet of social constructivism is that it straddles both objective and subjective realities of society, emphasising that all forms of meaning are generated through social interactions (Andrew, 2012).

This study adopted the social constructivist approach to reach the study objective of comprehensively understanding how local community radio can influence the participation of community members in the station's COVID-19 prevention communication interventions. This is consistent with the assertion of Andrew (2012) that social constructivist-oriented studies focus on the social rather than the individual and emphasise that knowledge is socially created. Another dimension of social constructivism is that it aids in creating social identities (Spencer et al., 2014). This is important because social identities influence society's subjective reality through socialisation (Andrew, 2012). In this way, this paradigm engages with participatory

approaches and the culture centred-approach (CCA), the theoretical framework adopted for this study, presented in Chapter Three. It also projects people's culture and identity as the basis of the meanings attached to their world (Dutta, 2011). Social constructivism was deemed appropriate for studying CR's COVID-19 communication activities. Firstly, the medium offers a mediated platform for listeners to connect (Manyozo, 2009), facilitating socialisation. Secondly, in CR host communities in Ghana, group identity is resilient as communal living is the norm (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000).

The understanding, interpretation and decision to adhere to COVID-19 prevention messages by community members within the Effutu Municipal, Awutu Senya West, and Gomoa West District, Central Region, Ghana, was created through their reality, social interactions, relationships, and experiences (Spencer et al., 2014). In essence, my identity as a researcher regarding my gender, social status, ethnicity, nationality and other considerations were brought to bear in this study.

4.2.3 Paradigmatic wars: Converging worlds, yet distinct

The social constructivism and interpretivism paradigms subscribe to the notion that people's lived experiences provide them with the background to create and negotiate knowledge. However, social constructivism is distinct from interpretivism because the former conceptualises language and human interaction as mediators of meaning creation (McKingley, 2015; Schwandt, 2003). This position is bolstered by Andrews (2012), who notes that thought and concepts are made possible by language, which is used as a vehicle for social interactions, thereby mediating others' meanings in a social setting. In this study, CR's participatory medium projects indigenous language as the tool for both on-air and off-air interactions among community members within the station's catchment area. Therefore, deploying a social constructivism approach for this study was justified to understand what involvement means in responding to the COVID-19 pandemic from the active listeners' viewpoint.

Also, the study participants are traditionally marginalised. The redistribution of power and the subaltern sector's voice in knowledge generation, policy formulation, implementation, and evaluation are essential for achieving positive health outcomes (Dutta, 2011). The mediated platform of CR offers people at the margins of society an opportunity to activate their agency and express their voice, thereby disrupting dominant conceptions of health and introducing alternative concepts (Fox, 2019; Dutta, 2011; Rodríguez, 2011). In this way, the present study also engages with critical inquiry. Wimmer and Dominick (2011) explained that researchers concern themselves with political ideology and power distribution in society with

critical inquiry. Consistent with this, Dimock (2015) opined that the critical approach to communication engages with matters on the exercise of power and oppression that privileges one person or a particular group over others and strives to identify ways to overcome power and ensure equity. In a liberal democratic environment like Ghana, power is expected to be decentralised to give impetus to bottom-up approaches to social change interventions. However, it appears that this has not been the case, as the dominant COVID-19 health communication interventions were centrally conceived and disseminated via mainstream mass media channels and digital platforms in the country (Anoff-Ntow & Tettey, 2022; Adu Gyamfi & Amankwah, 2021). Therefore, this study's approach arises from three different realities, albeit with interpretivism and social constructivism paradigms as the two prominent worldviews of influence.

Next, the ontological and epistemological positions for this thesis, two critical aspects of the research philosophy, are discussed. However, it is essential to note that social constructivism claims only epistemology but not ontology (Andrews, 2012).

4.2.4 Ontology

Ontology as a research philosophy can be traced to the work of scholars such as Lincoln and Guba (1989). In a later work, they posed the classic question: “what is the form and nature of reality and, therefore, what is there that can be known about it?” (Guba & Lincoln, 1998: 201). Ontology concerns the nature of reality and what there is to know about the world (Leavy, 2014; Ormston et al., 2014; Spencer et al., 2014). Many scholars explain that ontology shapes the viewpoint of researchers about the existence of reality. On one end of the spectrum, quantitative researchers believe that objective, singular and verifiable reality exists independently of the researcher, presenting a universal truth. This is the positivist approach to reality, the belief in realism (Creswell, 2014; Spencer et al., 2014; Ormston et al., 2014; Wimmera & Dominick, 2011; Rubin & Rubin, 2011). On the other hand, qualitative researchers subscribe to the belief of shared and multiple existences of truth, which is dependent on the researcher's subjectivity, thus making reality contextual. This latter position is the subjective and interpretive approach to reality, the belief in idealism (Creswell, 2014; Spencer et al., 2014; Ormston et al., 2014; Wimmera & Dominick, 2011; Rubin & Rubin, 2011).

This study adopts the latter ontological position, a subjective view of reality and rejects the former in line with the plethora of arguments advanced to question the possibility of objective reality by many scholars. Firstly, interpretivists argue that objective research

independent of the researcher is impossible since the research process influences reality (Ormston et al., 2014; Spencer et al., 2014; Lincoln et al., 2011). Secondly, scholars of interpretive persuasion aver that because the social world is not governed by strict natural laws but rather through human agency and meaning mediated by social interactions, it is inappropriate to utilise natural sciences methods for studying it (Ormston et al., 2014; Spencer et al., 2014; Lincoln et al., 2011). Thirdly, due to the different and possibly competing perceptions and understandings in the social world, it is impossible to represent or capture them accurately. Knowledge is, therefore, provisional though researchers strive to be as faithful to participants' meanings as possible (Ormston et al., 2014; Spencer et al., 2014; Lincoln et al., 2011).

The important ontological question that this study grapples with is whether reality exists outside the researcher or depends on social interactions and interpretations. In response to this debate and taking an unwavering position, the meanings CR active listeners attach to COVID-19 prevention messages they are exposed to are only knowable through interactions with them to understand the socially and contextually generated meanings (Ormston et al., 2014). This means that human beings have choice and agency, a position consistent with the CCA and participatory approach discussed in chapter three. From a CCA perspective, the researcher and the participants co-create knowledge through dialogue (Dutta, 2011). In summary, from a qualitative perspective, this study conceives reality as subjective and contextual.

4.2.5 Epistemology

Epistemology studies the knowing process or how we know what we know (Staller & Chen, 2022). In other words, it is about how researchers gain knowledge of their existence, the relationship between them and the world, and what forms the basis of the researcher's knowledge (Leavy, 2014; Ormston et al., 2014; Spencer et al., 2014). An important epistemological debate within social research is the relationship between the 'researcher' and the 'researched' and its impact on study outcomes. From a positivist, quantitative view, the researcher and participants are viewed as independent. The knower avoids bias and enhances objectivity in the knowing process. The researcher remains objective and can be considered value-free (Spencer et al., 2014; Ormston et al., 2014). However, from an interpretive lens, the researcher and the participants are viewed as co-constructors of knowledge exerting mutual influence on one another. Thus, the interaction between the researcher and participants is prioritised; therefore, the former cannot be neutral, and the findings are value-mediated through the researcher (Spencer et al., 2014; Ormston et al., 2014).

This study aligns with the latter view. An iterative approach was adopted during data collection, analysis, and interpretation. I immersed myself in projecting the contextual experiences of the study participants. This position is buttressed by the assertion that with an interpretive epistemological stand to research, “the goal here is not to eliminate bias because that would be futile but rather to enhance the trustworthiness of the findings by including and documenting multiple perspectives on the focus of the inquiry” (Spencer et al., 2014: 83). Consistent with the qualitative approach, I adopted a reflexive process for this study, asking participants questions such as ‘what’ ‘why’ and ‘how’ rather than typical positivists’ questions like ‘how many’ to generate data (Ormston et al., 2014). Thus, this study adopted an inductive approach to data collection, analysis and interpretation.

Another issue this research contended with was what it means to accept a specific claim as ‘true’ or accurate. The two epistemological dichotomies related to this are discussed. In the natural sciences, a claim is accepted as accurate or ‘true’ if there is a match between observations or readings and an independent reality in the natural world (Ormston et al., 2014). However, the coherence theory of truth, proposed as more appropriate for studying the social world, contends that ‘independent’ reality can only be generated based on consensus but not through absoluteness (Ormston et al., 2014). They further buttressed the latter view by reporting that a claim can be considered ‘true’ if multiple reports confirm it since reality is socially constructed. As a qualitative study within the coherence theory of truth framework, this study’s epistemological position is one of the multiple voices expressing a social reality.

From an epistemological perspective, knowledge’s multiple and contextual nature aligns with the social constructivism paradigm (Spencer et al., 2014). The epistemology position adopted for this thesis impacted how I collected data and analysed the findings since making meaning of data depends on how the researcher utilises and interprets it (Spencer et al., 2014). This study adopted a conversational approach for data collection (Denzin & Lincoln, 2017) with community members within the selected study districts. The aim was to provide “an in-depth and interpreted understanding of the social world of research participants by learning about the sense they make of their social and material circumstances, their experiences, perspectives and histories” (Ormston et al., 2014: 55).

Table 4.1 presents the categories of characteristics of the social constructivism paradigm employed by this study: the purpose of the study, ontology (inquiring about the nature of reality and what it means to exist), epistemology (inquiring about knowledge and how knowledge is acquired), and methods as adapted from Lincoln and Guba (1989).

Table 4-1: Characteristics of the social constructivism paradigm

| Feature | Description | Relevance to the study |
|-----------------------|--|--|
| Purpose of the study. | To explore how local cultures influence the ability, modality, and extent of community members' participation in CR workings in promoting COVID-19 relevant health communication. | To develop a culturally sensitive COVID-19 prevention communication framework meaningful to local people. |
| Ontology | <ul style="list-style-type: none"> • Reality is multiple and based on individual construction. • Reality is contextual and based on shared constructions and meaning-making among individuals with a shared identity. • For this study, the ontological position is that reality depends on the meaning-making or construction of the individual. | Based on this ontological position, I interacted with and guided the research process while allowing participants to construct their understanding of reality. Reality is, therefore, conceptualised by the current study as dependent on the observer and expressed through people's lived experiences. |
| Epistemology | <ul style="list-style-type: none"> • Subjectivity influences the methods of knowing as meanings are cognitive and interpreted by individuals. • The epistemological position adopted for this study was built on collecting subjective information based on the interaction between myself and the participants. | <ol style="list-style-type: none"> 1. For this study, the epistemological position adopted influenced the selection of in-depth interviews (IDIs) and focus group discussions (FGDs) as the data collection methods since they allowed for a conversational approach where participants could express themselves freely. 2. Due to the epistemological position adopted, participants are conceived as active co-creators of knowledge with the researcher. 3. From this epistemological position, this study's analysis section adopts an active voice |

| Feature | Description | Relevance to the study |
|---------|--|---|
| | | approach. The researcher is heard in the write-up since he is considered a co-creator of knowledge. |
| Methods | <ul style="list-style-type: none"> • In-depth interviews. • Focus group discussions. | <p>1. For this study, IDIs assisted in developing a nuanced understanding of the COVID-19 lived experience of individuals whose positions and everyday activities are related to the study CR station.</p> <p>2. The FGDs equipped me to understand the community-level factors that affect the collective response to COVID-19 prevention messages among rural and semi-urban dwellers in Ghana.</p> |

Source: Investigator's illustration, adapted from Lincoln and Guba (1989).

4.3 RESEARCH DESIGN

According to Creswell (2011: 3), “research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis”. This study is positioned within the explorative case study method of inquiry. Moore et al. (2012: 243) define case study research as “an investigative approach used to thoroughly describe complex phenomena, such as recent events, important issues, or programmes, in ways to unearth new and deeper understanding of these phenomena”. For Blatter (2008: 68), a case study approach allows one or a few instances of a phenomenon or unit of analysis to be studied in-depth using ‘thick description’ and ‘process tracing’. This study used a case study design to gain an in-depth and multi-faceted understanding of how CR could be employed for COVID-19 prevention communication. This was achieved by describing active listeners’ experiences and meanings of the phenomenon under study.

The case study's choice was to provide active listeners and other stakeholders related to Radio Peace, Winneba, with a detailed description of the vital aspects of the COVID-19 communication activities of the station. Moore et al. (2012) explained that case study research findings provide stakeholders and other interested parties with rich details about key aspects of the event, issue, or programme. This study is positioned within the case study approach to understanding CR host community members' involvement in the station's COVID-19 communication efforts. For instance, a case study approach to the CR station's workings, Highway Radio, Pinetown, KwaZulu-Natal (KZN), South Africa, established that this strategy is appropriate for exploring the medium's participatory nature (Mjwacu, 2002). Also, Tyali and Tomaselli's (2015) article studied how a CR station offers access to community-based dialogue to listeners on HIV/AIDS using the case of X-K FM based in Platfontein, Kimberley, South Africa. They found that this approach was appropriate in establishing CR's ability to provide access to programming, empower and activate the voice of active listeners.

From the preceding discussion, case study approaches to assessing CR's participatory nature are well-established. For the current study, the choice of a case study approach is premised on the assertion that it allows the Investigator to describe and interpret data on how participants act and construct the meaning of social phenomena within their natural setting. Lastly, Denzin and Lincoln (2017) noted that the case study allows multiple methods of collecting data, such as IDIs and FGDs. To explore the phenomenon under investigation, this thesis data was collected from the participants using IDIs and FGDs.

4.4 RESEARCH APPROACH: THE QUALITATIVE WINDOW TO KNOWLEDGE PRODUCTION

This is an interpretative study located within the qualitative research paradigm. A qualitative approach was adopted for this study to understand the multiple meanings active listeners and other stakeholders attach to their experiences with Radio Peace, Winneba, regarding the station's COVID-19 communication activities. The purpose was to interpret the experience of community members within CR host communities in responding to the COVID-19 pandemic. This was to explore ways marginalised people in Ghana can meaningfully and strategically be involved in COVID-19 communication using CR. The interpretive paradigm underpins qualitative approaches (Croucher & Cronn-Mills, 2015; Mertens, 2012; Wimmer & Dominick, 2011; Creswell, 2009).

Denzin and Lincoln (2017: 43) define a qualitative approach as "a situated activity that locates the observer in the world". This means that qualitative research aims to study things in

their natural setting and offer interpretations or make sense of phenomena based on people's meanings (Denzin & Lincoln, 2017; Leavy, 2014; Wimmer & Dominick, 2011; Creswell, 2009). Qualitative approaches make sense of the social world using words or expressions subjectively expressed verbally or written instead of quantitative measurements in numbers (Denzin & Lincoln, 2017; Wimmer & Dominick, 2011; Creswell, 2009). In qualitative inquiry, the epistemological position of the researcher is disavowing the traditional stance of neutrality and objectivity but subjectively "acknowledge how their personal, professional, and political commitments influence all aspects of their research" (Leavy, 2014: 3). She further noted that qualitative research aims to build contextual truth where hierarchical power dynamics between the 'researcher' and the 'researched' are rejected, favouring a position where participants are seen as knowledgeable and co-creators of knowledge through a reflexive process. The qualitative approach to inquiry focuses on exploring and understanding the meaning individuals or groups ascribe to a social or human problem. This is achieved through a research process that involves emerging questions and procedures and attaches importance to rendering the complexity of a situation (Creswell, 2009).

However, postmodernists (including post-structuralists and deconstructionists) question what can be known about the world. All meanings are a product of time and place; thus, they are not fixed (Ormston et al., 2014). They further question claims to an independent objective reality, the certainty of knowing and the belief that language represents assertion outside of itself. This position implies that researchers cannot claim to represent the inner feelings, meanings and assertions of the 'researched' because there is no clear window to study an individual's inner life (Ormston et al., 2014). Consequently, postmodernists argue that 'facts' in the social world are only socially constructed in specific contexts, such as "within the conditions of the world today and in the multiple perspectives of class, race, gender and other group affiliations" (Creswell, 2013: 27).

For this reason, this study is situated in a qualitative social constructivist framework. Table 4.2 presents the differences between quantitative and qualitative approaches to research.

Table 4-2: Differences between quantitative and qualitative approaches to research

| | Qualitative research | Quantitative research |
|---|---|--|
| 1 | A means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. | A means for testing objective theories by examining the relationship among variables. |
| 2 | Meanings are expressed in verbal or written forms and are analysed using words. | Variables are measured typically on instruments, so that numbered data can be analysed using statistical procedures. |
| 3 | Data is typically collected in participants' natural settings. | Data is collected everywhere. |
| 4 | Data analysis is inductive. | Data analysis is deductive. |
| 5 | Researchers adopt a subjective approach immersing themselves in the research process. | Researchers adopt an objective approach and guard against bias during the research process. |
| 6 | Researchers build from particulars to general themes and interpret the meaning of the data. | Researchers test theories and provide control for alternative explanations to generalise and replicate the findings. |
| 7 | Flexible research process. | Structured research process. |

Source: Adapted from Creswell (2009).

The characteristics of qualitative research outlined above are significant as they align with the ontological (subjective reality) and epistemological (researcher and participants as co-creator of knowledge) positions of this study. This thesis employed multiple methods to collect data during the research process in line with the case study approach. Case study research uses many data sources to help researchers satisfy a need to understand or explain a phenomenon (Wimmer & Dominick, 2011). The research questions outlined above align with the naturalistic perspective to inquiry, thereby aligning with this study's ontological and epistemological positions. The purpose for asking these questions was a commitment to making sense of the experiences of community members in CR host communities in terms of COVID-19 communication. The methodology is consistent with the CCA and participatory approaches to health communication, discussed in Chapter Three. Also, the WHO and GHS-approved

COVID-19 prevention messages were centrally conceived and implemented globally, marginalising poor and rural people in resource-limited settings. The principles of qualitative research are at variance with such approaches. Instead, qualitative methods provide an in-depth and nuanced understanding of the social world of individuals and groups hitherto conceived as passive by learning about their context: their experiences, perspectives and histories (Denzin & Lincoln, 2017; Leavy, 2014; Wimmer & Dominick, 2011; Creswell, 2009). This is consistent with this thesis's objective of exploring people's lived experiences, which is only possible through qualitative inquiry.

The experiences people attach to their health, such as COVID-19, are not an event but a process defined by time and social context. Therefore, health outcomes result from people's interaction with their environment. Padgett (2008) noted that qualitative evaluation assesses a programme's effectiveness by examining the process and outcomes. Also, Creswell (2009) observed that the merits of qualitative research are in its exploratory nature. Thus, it is appropriate to be utilised if a concept or phenomenon needs to be understood because little research has been done. For Wimmer and Dominick (2011), qualitative methods allow for richer and in-depth data, providing a deeper understanding of the phenomenon than the descriptive data of quantitative approaches. In this study, Radio Peace, Winneba's role in facilitating participatory COVID-19 communication within its host communities is still undergoing a maturation process.

The current study elicits views from community members within CR host communities to obtain a more profound and nuanced understanding of what participation in COVID-19 communication activities means to them. It is also to understand their attitudes and perceptions about current participation in COVID-19 communication interventions through the CR's mediated platform. Using dialogic approaches to information sharing by CR aligns with the qualitative methodology that knowledge and understanding are socially created through human interactions. Qualitative methods allow authentic conversation between the Investigator and the participants in their natural setting to generate data. Therefore, the qualitative approach provides opportunities for Radio Peace's COVID-19 communication interventions to be explored in detail. This provides a platform for further research. Lapan et al. (2012) explained that qualitative approaches typically explore new phenomena and capture individuals' and groups' thoughts, feelings, and interpretations.

This study aimed to generate data from marginalised rural and semi-urban dwellers within the Effutu Municipal, Awutu Senya West, and Gomoa West Districts, Ghana's Central Region. Their voices are typically erased from mainstream media platforms in determining

their health needs. The emphasis on providing an avenue for marginalised community members' voices to be heard regarding their COVID-19 related health needs and outcomes is consistent with the qualitative approach. Thus, qualitative methods hold the potential for marginalised groups to have more say on the issue under study since it provides participants greater access to the research process (Jordan, 2008). He further observed that qualitative approaches produce a thick description of complex social processes because they provide a more rounded and holistic perspective from participants. I recognise that individual health outcomes are not a function of personal decisions. It is the product of a complex interaction between the individual, the family, and the social system or environment within which a person operates. Therefore, the determinants of COVID-19 related health outcomes were expected to be situated in a complex social process, justifying qualitative approaches to understanding this phenomenon.

4.5 STUDY SETTING

The study's setting consists of a single CR station, Radio Peace, located at Winneba, about 80 Km east of Cape Coast, the capital of Ghana's Central Region, and the selected administrative districts, Effutu Municipal, Awutu Senya West and Gomoa West Districts.

4.5.1 Radio Peace, Winneba

As a member of the GCRN, Radio Peace was chosen because its operating principles are typical of CR as a medium for participatory social change communication in Ghana. Also, the station's programming reflects a community development orientation. Additionally, the station uses *Akan* (The dominant language spoken by most people in the southern part of Ghana, comprising three main dialects: Fante, Asante, and Akuapem) as the predominant language of broadcast. The station, therefore, serves as a model for contemporary community broadcast initiatives in Ghana.

Radio Peace was initiated by David Ghartey-Tagoe, a former UNESCO broadcast expert, former university Lecturer, and former Director-General of Ghana Broadcasting Corporation (GBC). The station broadcasts on the frequency 88.9 MHz, mainly in three local languages: Fanti (80%), Effutu (10%), and Awutu (10%), and also relays some programmes from the public broadcaster GBC in the English Language (10%). The station operates on a 24-hour broadcast schedule, with the main broadcast between 5.30 am-9.30 pm and music running between 9.30 pm-5.30 am (Radio Peace, 2012). The station's mission is to reduce illiteracy and ignorance, squalor and disease, hunger, and poverty, thus promoting a more fulfilling

higher standard of life among disadvantaged communities within the station's catchment areas (Radio Peace, 2012).

Kwesi Ghartey-Tagoe, a co-founder, heads the station, and a five-member management team supports him at the governance level. The station employs a regular number of 20 people (Radio Peace, 2019). They are complemented by 20 volunteer personnel. A nine-member Executive Council does policy formulations. The station is an independent venture that relies heavily on community volunteers. The station's funding is mainly through the limited commercial advertisement permitted by the National Communication Authority, Ghana (NCA), donations, and grants from international organisations like UNESCO (Radio Peace, 2019).

Radio Peace is primarily concerned with airing community and individual development-oriented programmes. On-air programmes of the station are put together using participatory methods that integrate community research and engagement at the local level. They are produced by locals, including farmers, fishermen and other occupational groups, using the contributors' mother tongue on several issues. For example, it was on Radio Peace that the Awutu and Effutu languages were heard for the first time on the airwaves in Ghana (Radio Peace, 2012).

Radio Peace is associated with an official listener social club, *Hyewbo kuw*. Membership is exclusively for residents and indigenes (residing elsewhere) from the station's catchment areas. The association, established on 25 May 2005, is an offshoot of Radio Peace's morning programme, *Anopa Hyewbo* (Radio Peace, 2019). Members of this club are accorded extended access to the station's physical location and on-air programmes. For instance, group members are accorded up to one hour to phone in and discuss various social concerns between 6:30 am, and 7:30 am daily on the station's flagship morning show which runs from Mondays to Friday between 6:30 a.m. and 10:00 a.m. Non-members are allowed to phone-in during this time though. The *Hyewbo kuw* is headed by a Chairperson who coordinates each catchment district's various smaller groups' activities. Social club members regularly hold meetings with the General Manager and staff of Radio Peace on various contemporary developmental issues and collaboratively develop strategies for addressing them. The *Hyewbo kuw* activities are essential to engender critical participation in Radio Peace activities in determining matters of relevance to traditionally marginalised communities' wellbeing. Fox (2019) asserts that CR can enhance community solidarity groups' endogenous development through on-air and off-air facilitated connections among listeners. It was expected that members of the official social club of Radio Peace were more likely to be involved in the on-air and off-air activities of the

station, volunteer on health initiatives and have more opportunities to participate in the management and sustainability of the station.

4.5.2 Study location

Ghana is a West African country bordered by Togo, Burkina Faso and Cote d'Ivoire to the east, north and west, respectively. The Gulf of Guinea lines the country's coast. The Central Region, located in the middle coastal part of Ghana, is bounded by the Atlantic Ocean (Gulf of Guinea) in the south. The region shares boundaries with the Greater Accra, Ashanti, Eastern, Western, and Western North Regions of Ghana. Cape Coast is the administrative capital of the Region. The 2021 population and housing census (PHC) of Ghana report the country's population as 30,832,019. The Central Region's population is at 2,859,821, that is 9.3% of the country's population, with 1,390,987 males and 1,468,834 females (GSS, 2021). The Region covers an area of 9,826 square kilometres, representing about 4.1% of Ghana's total land area.

In its 2020 report, the GSS stated that out of the country's ten administrative regions (now sixteen), the Central Region is described as relatively poor, with an MPI incidence of 0.239 compared to the Greater Accra, Ashanti, Western and Eastern Regions (MPI of 0.102, 0.147, 0.235 and 0.217 respectively) (GSS, 2020). The 2021 PHC, Ghana reports that 95.4% of households in the region have access to clean water, which drops to 90.4% for rural households compared to 99.0% for urban households (GSS, 2022).

The Central Region consists of twenty-two (22) administrative districts (Ghana Districts, 2020). Effutu Municipal is situated in the eastern part of the Central Region and covers an area of 82 square kilometres (Ghana Districts, 2021a). Winneba is the Municipal's administrative capital. The Municipality shares a common boundary with the Gomoa East District to the west, north and east and the Gulf of Guinea to the south (Ghana Districts, 2021a). Ghana's 2021 PHC reports the Municipality population at 107,798, with 54,723 males and 53,075 females (GSS, 2021).

The Gomoa West District is located in the eastern part of the Central Region, with Apam as its administrative capital. The District covers a land area of 465 square kilometres (Ghana Districts, 2021b). The Gomoa West District shares a common boundary with Gomoa East District, Mfantseman Municipal, and Effutu Municipal to the north, west, and east (Ghana Districts, 2021b). The Gulf of Guinea borders the Gomoa West District to the south. Ghana's 2021 PHC reports the district's population at 129,512, with 59,420 males and 70,092 females (GSS, 2021).

The Awutu Senya West District is located in the eastern part of the Central Region, with Awutu Breku as its administrative capital (Ghana Districts, 2021c). The District covers an area of 237sq. Km (Ghana Districts, 2021c). It is bordered by the Awutu Senya East Municipal and Ga South Municipal to the east; Effutu Municipal and the Gulf of Guinea to the south; the West Akim Municipal to the north; Agona East and Birim South Districts to the north-west, Agona West Municipal to the west, and the Gomoa East District to the south (Ghana Districts, 2021c). Ghana’s 2021 PHC reports the District’s population at 161,460, with 78,219 males and 83,241 females (GSS, 2021). Figure 4.1 presents Central Region’s map.

Central Region Map, Ghana.

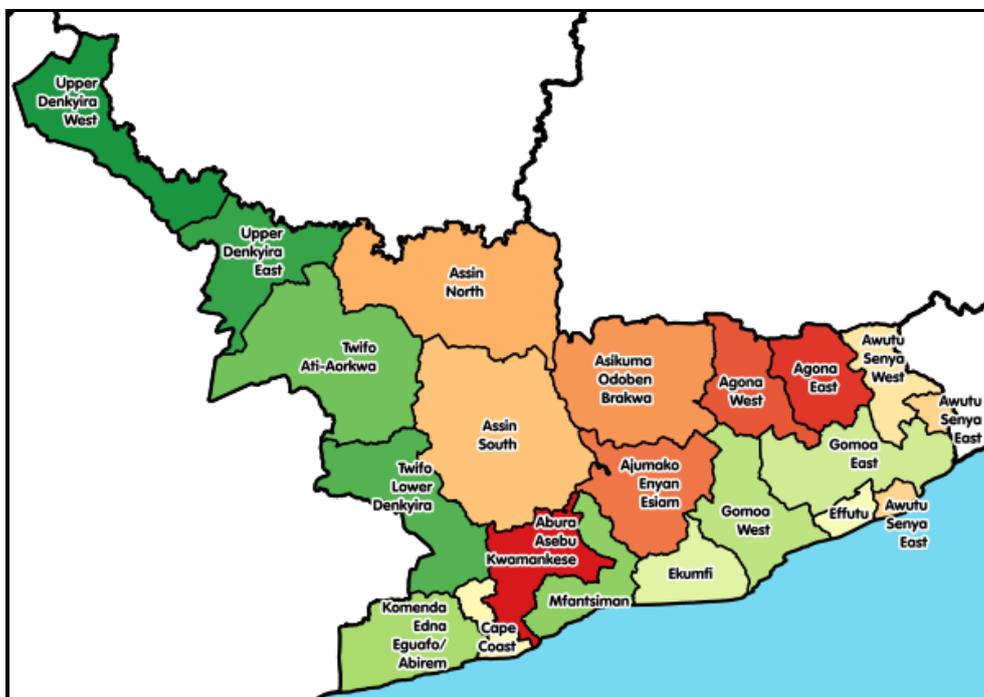


Figure 4-1: Map of the Central Region, Ghana.

Source: Local Government Service, Ghana (2015).

4.6 SOURCES OF DATA

Primary qualitative data was generated using qualitative data techniques: focus group discussions (FGDs) and semi-structured interviews (IDIs). The decision to use multiple data collection techniques was based on the advice of Cook (2008) that semi-structured interviews provide limited interpretation opportunities to the Investigator and should be combined with other forms of data collection techniques to allow for a full investigation. Also, field notes were made on the data collection process to give the Investigator a comprehensive understanding of

Radio Peace's activities. Brodsky (2008) remarked that field notes serve as a quality control measure that shapes multiple data collection points because it provides a repository of events, people, and places the Investigator observes. For this study, notes were made on participants' voices and intonation to offer the Investigator an indication of their mood during the data collection process.

In addition to the primary data sources, secondary data sources included books, seminars, published thesis, peer-reviewed journals and documents of organisations such as GCRN, World Association of Community Radio Broadcasters (AMARC), and WHO.

4.7 PARTICIPANTS SELECTION

To achieve the research objectives, IDIs and FGDs were conducted with stakeholders of Radio Peace. The selected CR station, Radio Peace and its catchment communities formed a single case for this study. Therefore, Radio Peace's stakeholders were intentionally selected as respondents. Based on personal experience, I deliberately chose the study participants. The purpose was to critically understand (a) the perspectives of community members living in Radio Peace's catchment area on what participation in the COVID-19 response means to them; (b) the nature of their participation via CR's mediated platform, and; (c) provide an interpretive meaning of community members' experiences in ways that could facilitate their meaningful and strategic involvement in social change communication for COVID-19 prevention.

The purposive sampling technique was employed to select this study's participants. Wimmer and Dominick (2011) explain that the participants (sample) are deliberately and non-randomly selected based on specific characteristics or qualities with purposive sampling. They further stated that those who fail to meet the inclusion criteria are excluded. Similarly, Quartaroli (2012) notes that people who can best answer each question or have the most information are actively sought in case study research. Purposive sampling techniques are consistent with qualitative approaches (Denzin & Lincoln, 2017; Leavy, 2014; Spencer et al., 2014; Ormston et al., 2014; Wimmer & Dominick, 2011; Creswell, 2009).

This study generated data from different people within the catchment areas of Radio Peace, Winneba. These include community members, on-air presenters, programme producers, reporters, and the station manager. They were selected based on their responsibility and position in the everyday activities of Radio Peace, Winneba. With the study participants' diverse experiences and social context, it was expected that they had different perspectives and understanding of how Radio Peace, Winneba should facilitate the participation of community members concerning the station's COVID-19 communication activities. Therefore, I explored

participants' knowledge and meanings attached to the COVID-19 prevention messages shared by Radio Peace. To this end, FGDs and IDIs were conducted to capture participants' reality in their natural settings. These data collection techniques were justified since methods such as FGD and IDIs allow individuals or groups to be heard in their own words within their natural social context (Padgett, 2008).

4.8 SAMPLING TECHNIQUE

Two research techniques, IDIs and FGDs, were employed to collect data from Radio Peace's staff and people whose daily activities are connected with CR activities in Ghana. Data was also collected from people within Radio Peace's catchment area. Consequently, the purposive sampling technique was employed to select respondents for the IDIs and FGDs. I conducted interviews in English and Akan based on the interviewees' preferences at locations chosen by the participants, including homes, offices and public places. The processes of data collection are discussed in the paragraphs below. It must be noted that the data collection process, including participant recruitment, was influenced by my reflexivity and positionality as a researcher, two interrelated concepts discussed later in this chapter.

To add to the believability of this study, I committed myself to listening carefully to the narration of the participants for a more thoughtful and nuanced understanding of their experiences, as Rubin and Rubin (2011) advised. The IDIs and FGDs were long enough to allow for clarifications, probing, and follow-up questions, adding to the rigour and trustworthiness of the study. Rubin and Rubin (2011) explained that intense listening during the qualitative interview process is essential for the Investigator to clarify issues concerning the phenomenon under study.

4.8.1 Semi-structured interviews

Semi-structured or in-depth interviews are discussions in which participants are free to elaborate on the topic and are encouraged by the researcher's use of open-ended questions (Cook, 2008). Open-ended questions are based on significant domains or themes for discussion. In semi-structured interviews, though the researcher does not strictly require participants to respond to a list of preconceived questions or topics, the Investigator retains some control of the interview direction. This is achieved by the researcher introducing issues under investigation or focussing the conversation on relevant topics, followed by the participants' accounts (Brinkman, 2017; Cook, 2008). The purpose of semi-structured interviews is to produce knowledge about the life-world of the participants through concrete descriptions of

their everyday reality (Brinkman, 2017). He further asserted that the essence is for the researcher to interpret their experiences.

For the IDIs, purposive sampling was employed to select eleven (11) participants whose everyday lifestyles were linked to Radio Peace's activities. The inclusion criteria for participants for the one-on-one interviews were influenced by expert knowledge, position, and responsibility concerning Radio Peace. The participants included (1) the station manager, (2) a presenter, (3) a programme producer, and (4) the in-house health volunteer (resource person for all health-related programmes). Other participants included (5) the Effutu Municipal community correspondent, (6) the Gomoa West District community correspondent, (7) one COVID-19 community health volunteer, Effutu Municipal; (8) a COVID-19 community health volunteer, Gomoa West District, (9) the chairperson, *Hyewbo kuw*, (10) the founder, *Hyewbo kuw*, and (11) a Project Focal Person, GCRN (Refer to table 5.2, chapter five for details of IDI participants). Therefore, the participants were representative of Radio Peace's stakeholders. The IDIs data were collected using semi-structured interview schedules (See appendices three to seven for the IDI interview guides).

To achieve the study objectives, initial contact was made with the station manager, Radio Peace, via telephone to inform him about the nature, purpose, and how data were to be collected. This initial contact also asked permission to use the institution as the study CR station and book an interview. Also, initial contact was made with the other participants via telephone for preliminary discussions. The purpose was to inform participants of the study's nature, gain their permission to participate, and schedule an appointment for individual interviews. Personal contact was mainly used to interact with respondents for the IDIs. All semi-structured interviews were conducted face-to-face. The interviews with the community health volunteers were arranged through a community guide recruited for this purpose.

Once interview schedules had been arranged separately with each participant, IDIs were conducted and audio-recorded, with the consent of the participants. Consent of participation was based on the assurance of anonymity, confidentiality, voluntary nature of participation, participants not at risk of harm, and participants' right to withdraw their involvement during the data collection process. Interviews lasted between thirty (30) and seventy-two (72) minutes. The interviews took place at offices, public areas and interviewees' homes based on their preferences. Six interviews were conducted at the Radio Peace's office, three at participants' homes, and one at the workplace and in a public place.

4.8.2 Focus group discussions

This study employed FGDs to provide directed discussions on the COVID-19 related experiences of members of the selected communities concerning the facilitation activities of Radio Peace, whose broadcast serves them. Radio Peace, as a CR station, is expected to employ participatory approaches in its COVID-19 communication activities. This is for members of its host communities to own the process of stimulating COVID-19 related information sharing and discussion. As such, the FGDs helped me to develop a deep understanding of the nature and extent of the COVID-19 relevant experiences of members of Radio Peace's host communities. This is a prerequisite for the health-related social change process.

Wimmer and Dominick (2011) pointed out that FGDs allow simultaneous, relatively unstructured group interviews (between 6-12 participants) with a moderator to understand people's attitudes and behaviour. Focus group discussions are also qualitative interviews that use a researcher-led group discussion to generate data for description and interpretation purposes (Croucher & Cronn-Mills, 2015; Morgan, 2008). The group dynamics of interpretation and re-interpretation during FGD sessions allow for the community-level generation of meanings of the phenomenon in their everyday lived experiences. Finally, the choice of FGDs to collect data is consistent with Amoakohene's (2005) assertion that most African communities' communal and informal nature makes FGDs a very culturally appropriate method in such societies.

A total of eight (8) focus group sessions of 6-11 members per session were held. Four FGDs were conducted in the Effutu Municipal, one in the Awutu Senya West District, and three in the Gomoa West District. This reflected the rural and semi-urban perspectives on CR use for COVID-19 communication. Within the selected districts, two semi-urban and five rural settings were chosen to reflect the semi-urban-rural dimensions of Radio Peace's catchment area. For Effutu Municipal, Winneba was selected to represent the semi-urban population, and Woara Beba and Osibonpanyin were chosen for their rural dimension. Apam and Gomoa Dawurampong were selected to represent the semi-urban and rural dimensions of the Gomoa West District, respectively. However, the practicalities of the field meant that Nyarkokwa, a rural community in the Awutu Senya West District, Central Region, was included in the study. Therefore, there were six study communities from the three selected districts. The FGD sessions lasted between fifty-eight (58) and one hundred and ten (110) minutes. Seven of the FGDs were conducted at a quiet public place chosen by the participants, with one session at one of the participant's houses after a consensus by all the panel members. The FGD data were collected using semi-structured interview schedules (See appendix eight for members of the

official social club interview guide; appendix nine for non-social club community members interview guide). Before actual data collection started, the data collection instruments - interview guides - were pre-tested with a comparable FGD panel to assess their suitability and corrections and modifications made in two communities: Silvakrom, Effutu Municipal and Gomoa Onyazi, Gomoa West District, all in Ghana's Central Region. Insights from the FGD pre-test sessions helped the researcher refine the IDI interview guides further.

With the respondents' selection, the inclusion criteria were based on the participants' level of access or official connection to Radio Peace. As such, membership or otherwise of the official social club of Radio Peace, *Hyewbo kuw*, in the five selected communities formed the basis for inclusion and exclusion in the FGD sessions. Although all community members have access and may willingly participate in Radio Peace's activities, comparatively, members of the *Hyewbo kuw* have enhanced access to both the physical offices, off-air, and on-air activities of Radio Peace.

Thus, participants in each FGD group were purposively selected to reflect a common social-demographic attribute (membership of the official social club of Radio Peace or otherwise). Characteristics such as access and involvement in Radio Peace's activities by the officially affiliated and non-affiliated groups and individuals are vital. Also, an improved level of access (physically and conceptually) to CR is essential to deepen a sense of belonging and greater participation among listeners (Fox, 2019). Additionally, Manyozo (2012) contends that improved access to community media platforms is a prerequisite for community participation and achieving community health engagement of empowerment and social capital value.

In Effutu Municipal, four FGD sessions were conducted: two in Winneba and one each in Woara Beba and Osibonpanyin. For the Winneba sessions, one of the FGD panels consisted of the Winneba local *Hyewbo kuw* only. The second FGD session participants were non-members of the *Hyewbo kuw* exclusively. For the other communities in the Municipality, Woara Beba hosted a non-members FGD session, while Osibonpanyin was the site for a *Hyewbo kuw* members-only FGD panel.

In Gomoa West District, three (3) FGD sessions were conducted: two in Apam and one in Gomoa Dawurampong. For Apam, participants of one of the sessions were exclusively made up of members of the local *Hyewbo kuw*. The other FGD panel consisted of community members who were not members of the *Hyewbo kuw*. The Gomoa Dawurampong session was for non-social club members only. An FGD session with the members of *Hyewbo kuw* was held in Nyarkokwa, Awutu Senya West District. Since the FGD sessions were conducted in the Akan language, participants preferred discussion language was considered in the selection

process. The importance of this consideration is reflected in Wimmer and Dominick’s (2011: 134) assertion that participants need to feel like bona fide members of a group and that they are not in the minority to eliminate the potential problem of a respondent “who does not wish to offer an opinion” or contribute meaningfully to the discussion. Participants in all sessions were mutually exclusive from each other.

To recruit participants for all the FGD sessions, initial contact was made with the General Manager of Radio Peace for assistance in recruiting the services of a community entry guide among the staff and volunteers of the station. Radio Peace’s staff and volunteers have an established relationship with community members within its catchment area. Therefore, their assistance was vital in building rapport with the gatekeepers and opinion leaders in seeking permission to conduct the study in their communities. This was to satisfy the tradition of community entry in rural and semi-urban Ghanaian societies. After consultation, one of the staff members agreed to serve in this role. Once this was achieved, the recruiting process for the FGD participants and subsequent interviewing commenced. Table 4.3 summarises the inclusion criteria for the IDI and FGD participants.

Table 4-3: Inclusion and exclusion criteria of participants

| | Inclusion Criteria | Exclusion Criteria |
|---|---|---|
| 1 | The participant must be an adult above 18 years of age, be of sound mind, and be able to narrate their lived experiences with COVID-19. | The participant must not be below the legal age of adulthood in Ghana, 18 years, and must not be mentally challenged. |
| 2 | For all the FGD sessions, participants must speak the Akan Language. | Participants were excluded if they could not speak the Akan Language. |
| 3 | For the members of the official social club of Radio Peace FGD sessions, participants must be verified members of the association. | Participants were excluded if they were not verified members of the official social club of Radio Peace. |
| 4 | Participants must be verified as not belonging to this group for the non-members of the official social club of Radio Peace FGD sessions. | The participant was excluded if they were verified as a member of the official social club of Radio Peace. |

| | | |
|---|---|--|
| 5 | The participants must be residents of the Effutu Municipality, Awutu Senya West, and Gomoa West Districts, Central Region, Ghana, for a minimum period of one year irrespective of their ethnic, marital, and socioeconomic background since the research is targeted at the COVID-19 lived experience of the community members of which Ghana recorded its first case in March 2020. | The participant was excluded if they lived outside the Effutu Municipality Awutu Senya West and the Gomoa West Districts, Ghana’s Central Region, or had not permanently lived in these areas for a minimum of one year. |
| 6 | The participants must either speak English or Akan Languages for the in-depth interviews. | Participants who did not speak English or Akan languages were excluded. |

With *Hyewbo kuw* members’ FGD sessions, the assistance of the community guide was required to make initial contact with the association’s chairperson, to ask permission to conduct the interviews and require him to officially inform members of the purpose of the study and the visit of the Investigator to their official meeting. Once this was achieved, I was invited to attend one of the general meetings of the *Hyewbo kuw*. The chairperson permitted me to explain the study’s purpose and the FGD sessions’ modalities at the meeting. Also, I sought consent to participate from the members present. After a brief question and answer session to clarify issues surrounding members’ participation in the study, the executive body of the *Hyewbo kuw* permitted me to proceed with the interviews. The association’s chairperson appointed a contact person in each selected community to mobilise all interested local *Hyewbo kuw* members for the FGD sessions. I was in constant touch with each local contact person via telephone for updates on members’ willingness to participate and to schedule the date and time for the FGD sessions. The community guide recruited for this purpose coordinated all meetings and constantly updated me.

The date and time for the first community’s FGD session were then scheduled, considering the participants’ convenience. Once in the community, after explaining and answering questions, those who consented to participate in the FGD sessions were issued the printed informed consent form to complete or were assisted by myself and the community guide if required. All participants were assured of their anonymity, confidentiality, right to withdraw participation during the process, and the non-harmful nature of the study. All

participants were screened to authenticate their membership of *Hyewbo kuw* before the FGD session was conducted. This process was repeated to recruit between 6-12 members of the local *Hyewbo kuw* for the three other localities. The FGD sessions were conducted for each community once the panel had been achieved. All FGD sessions were conducted face-to-face and audio-recorded with the consent of participants.

Moreover, with the non-members of *Hyewbo kuw* FGD sessions, participants for all selected communities were recruited with the assistance of local community contact persons, explicitly engaged for this purpose. The community guide from Radio Peace coordinated the local contact person's recruitment. There was one contact person per community. An official announcement was broadcast on Radio Peace, Winneba, to inform potential participants of the study objectives. The contact persons were then tasked to obtain an initial list of residents who were not members of the *Hyewbo kuw*. The contact persons were further required to explain the purpose and seek all potential participants' initial consent before the initial list of between 6-12 participants for each community was drawn. Once this was achieved, the community guide and the local contact person coordinated a date, time, and venue within the community for the actual sessions to be held. Once in each community, an initial in-person meeting was held between myself and the participants of each FGD panel with the community guide and local contact person's assistance. The aim was to explain further the purpose of the study, the FGD sessions' modalities, and seek their consent to participate. All participants were assured of their anonymity, confidentiality, their right to withdraw participation during the process, and the non-harmful nature of the study. All participants were screened to authenticate their non-membership of *Hyewbo kuw* before the FGD session was conducted. Those who willingly consented to participate in the FGD sessions were issued the printed informed consent form to complete or were assisted in completing it by the Investigator and the community guide.

All eight (8) FGD sessions were separately conducted as planned with the participants' agreement for that particular panel in each community. All FGD sessions were conducted face-to-face and audio-recorded (Refer to table 5.1, Chapter Five for details of FGD participants).

Table 4-4: Summary of data generating techniques

| Research question | Data collection technique and instruments | Participants | Rationale | Limitations |
|---|--|--|---|---|
| <p>1. In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba?</p> | <p>FGDs IDIs Audio recorder</p> | <p>1. Community members. 2. <i>Hyewbo kuw</i>'s chairperson and founder. 3. Community health volunteers.</p> | <p>To obtain knowledge of the communication approaches and strategies employed by Radio Peace and how these meet catchment community members' communication needs or otherwise.</p> | <p>1. Participants may exaggerate their COVID-19 related health communication needs during the FGD sessions. Mutual trust was built to mitigate this risk. 2. With the IDIs, participants may overplay the community dialogue facilitation abilities of Radio Peace. Therefore, mutual trust was built between myself and them to mitigate this risk.</p> |

| Research question | Data collection technique and instruments | Participants | Rationale | Limitations |
|--|---|--|--|--|
| <p>2. What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?</p> | <p>FGDs IDIs Audio recorder</p> | <ol style="list-style-type: none"> 1. Community members. 2. <i>Hyewbo kuw's</i> chairperson and founder. 3. Radio Peace's staff and volunteers. 4. Project Focal Person, GCRN. | <p>To obtain knowledge of how community shared identity and collective understanding of health meanings are generated.</p> | <ol style="list-style-type: none"> 1. For the FGDs, community members may feel inadequate to provide information. Rapport was built to mitigate this challenge. 2. With the IDIs, participants may overplay the community dialogue facilitation abilities of Radio Peace. Therefore, mutual trust was built between myself and them to mitigate this risk. |

| Research question | Data collection technique and instruments | Participants | Rationale | Limitations |
|--|--|--|---|---|
| <p>3. How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas?</p> | <p>FGDs IDIs Audio recorder</p> | <p>1. Community members 2. Radio Peace's staff and volunteers 3. Community health volunteers 4. <i>Hyewbo kuw's</i> chairperson and founder.</p> | <p>1. To obtain first-hand information to link community health communication needs and COVID-19 related programme production and presentation by Radio Peace, Winneba. 2. To gain knowledge of the factors considered in designing COVID-19 related strategies and approaches by Radio Peace, Winneba.</p> | <p>1. Participants may try to withhold information they deem may put their competence into question. I assured them there was no right or wrong response and that the process was not an evaluation of their competence. 2. For the FGDs, community members may feel inadequate to provide information. Rapport was built between myself and them to mitigate this challenge.</p> |

| Research question | Data collection technique and instruments | Participants | Rationale | Limitations |
|--|--|---|---|--|
| 4. In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio? | FGDs IDIs Audio recorder | 1. Community members 2. Radio Peace’s staff and volunteers 3. Community health volunteers 4. <i>Hyewbo kuw</i> ’s chairperson and founder. | To understand alternative COVID-19 related sources of knowledge and how this can be integrated into the WHO and GHS-approved approaches to COVID-19 prevention. | 1. With FGD sessions, participants may feel that indigenous knowledge is inherently inferior to Western sources of expertise. Trust was built between myself and them to assuage this challenge. 2. With the IDIs, participants may exaggerate their experiences of indigenous knowledge about the study subject. I assured them there is no right or wrong response and that the process is not an evaluation of their competence. |

4.9 DATA ANALYSIS

This section presents how qualitative data was analysed using text or words instead of numbers, as found in quantitative approaches. Schreiber (2008: 185) stated that “the term data refers to a collection of information”. There are three basic types of qualitative data: text, images and sound (Guest et al., 2011). Data analysis enables the Investigator to connect the study’s findings with the reviewed literature and the theoretical framework to draw conclusions. According to Creswell (2009: 183), with qualitative data, “the process of data analysis involves making sense out of text and image data”. The qualitative data collection and analysis process is a recursive one. In other words, data collection and analysis co-occur. Thus, there is a constant interaction between the data analysis and the collection process (Braun & Clarke, 2020; van den Hoonaard & van den Hoonaard, 2008). The utility of this process is that insight gained from initial data analysis informed further data collection in terms of direction and even the nature of questions or the kinds of respondents to be interviewed. All qualitative data collected for this study were analysed using thematic analysis. Also, qualitative interpretative analysis was used to understand further how members of CR host communities make sense of health and wellbeing issues, such as COVID-19 through the medium’s mediated participatory platform.

The theoretical approaches adopted for this study, the CCA and participatory theory, are consistent with the analytical framework stated above. At the core of the CCA is privileging culture by exploring the possibilities of creating entry points for subaltern voices in the health-oriented social change processes that matter to them (Dutta, 2011). Alternative media’s mediated platforms provide such entry points to marginalised people (Fox, 2019; Dutta, 2011). To this end, the CCA explores questions such as: How can culturally appropriate and locally-relevant health prevention and management interventions be developed in relation to local structural factors? What is the ability of community members to engage in voice and agency in participating in a local community radio station’s activities and health discourses? What modalities are local community radio stations employing to facilitate cultural participants’ involvement in the communicative processes of developing health-relevant social and behavioural change interventions? This thesis prioritises the contextual realities of the participants consistent with the CCA and the participatory approaches’ inclination to qualitative methods. The current study employs the qualitative social constructivism approach to understand the processes of taking ownership of pandemic communicative responses from

local communities' purview and making hegemonic actors accountable to them (Dutta et al., 2020).

According to Guest and colleagues (2011), there are two main approaches to qualitative data analysis: (1) confirmatory and (2) inductive, exploratory analysis, which this study adopts. They further explained the difference between these two approaches.

The main difference between the two approaches is that for an exploratory study, the researcher carefully reads and rereads the data, looking for keywords, trends, themes, or ideas that will help outline the analysis before any analysis takes place. By contrast, a confirmatory, hypothesis-driven study is guided by specific ideas or hypotheses the researcher wants to assess. The researcher may still closely read the data before analysis, but his analysis categories have been determined a priori without consideration of the data (Guest et al., 2011: 6).

Using theory as a driver of the research process is vital for exploratory data analysis studies. Consistent with this, the current study was set on a firm theoretical basis by employing the CCA and participatory theory to give direction to what was examined and how this was achieved (Guest et al., 2011). Table 4.5 summarises the differences between the two main data analysis approaches.

Table 4-5: Summary of differences between exploratory and confirmatory approaches to qualitative data analysis

| Exploratory (content-driven) | Confirmatory (hypothesis-driven) |
|---|---|
| For example, asks: 'What do x people think about y?' | For instance, hypothesis: 'x people think z about y'. |
| Specific codes/analytic categories are not predetermined. | Specific codes/analytic categories are predetermined. |
| Codes derived from the data. | Codes are generated from hypotheses. |
| Data is usually generated. | Typically uses existing data. |
| Most often uses purposive sampling. | Generally, it employs random sampling. |
| More common approach. | Less common approach. |

Source: Adopted from Guest et al. (2011).

4.9.1 Using inductive reasoning

This thesis adopted an inductive approach to data analysis and interpretation. As Guest et al. (2011) explained, the essence is that inductive data analysis is consistent with a descriptive and exploratory orientation. The first data analysis stage was transcribing the audio-

recorded data (Braun & Clarke, 2006). Transcribing the data allowed me to immerse myself in the data to form initial ideas since I did it myself (Braun & Clarke, 2020; Nowell et al., 2017; Braun & Clarke, 2006). To add to the rigour and accuracy of the data, the recorded interviews were played back and forth several times during the transcription process for confirmation. The Investigator must intimately examine the raw data to generate codes with thematic analysis as themes emerge inductively from the transcripts (Neuendorf, 2018). Therefore, the primary data collected through the IDIs and FGDs from the current study's participants were inductively explored. According to Bernard (2011: 7), "inductive research involves the search for pattern from observation and the development of explanation theories for those patterns through a series of hypotheses". Consistent with this position, Nowell et al. (2017: 8) noted that "inductive analysis is a process of coding the data without trying to fit it into a pre-existing coding frame or the researcher's analytic preconceptions".

For the current study, the inductive approach was used to generate meaning from the data collected from participants whose daily activities, positions and responsibilities are linked with the activities of a local CR concerning COVID-19 prevention communication. It was also to identify patterns and meanings created from the data. This informed my understanding of utilising the mediated platform of CR to develop culturally appropriate and locally-relevant COVID-19 prevention interventions in relation to local structural factors. As stated above, the CCA and participatory theories guided the data analysis process.

4.9.2 Using reflexive thematic analysis

Thematic analysis (TA) was employed to organise and interpret qualitative data collected from the IDI and FDG sessions. The utility of using TA was to provide a nuanced and deeper understanding of the meanings CR active listeners attach to the station's COVID-19 prevention messages. Braun and Clarke's (2020) reflexive thematic analysis approach was used to ensure quality in the qualitative data analysis process to examine this study's findings. They further explain that reflexive qualitative analysis's procedural guidelines serve as starting points but not a rigid jacket. Instead, it helps to facilitate a fluid, contextual and contingent process (Braun & Clarke, 2020). According to Braun and Clarke (2006), as applied to qualitative data, thematic analysis is an analytic method for identifying and analysing the pattern of meanings (themes). The analysis process follows a systematic approach. This analytical approach is consistent with the CCA, and participatory theory as both approaches prioritise interactions between the researcher and participants to capture people's experiences within their life context.

Qualitative data analysis involves steps that are not entirely sequential but may overlap at some point. With reflexive TA, the subjective skills of the researcher are brought to bear on the process and incorporate open and organic coding resulting in themes as the outcome (Braun & Clarke, 2020). Earlier, they noted that the values of TA in qualitative research should be creative, reflexive and subjective, with researcher subjectivity considered a resource for knowledge production but not a threat (Braun & Clarke, 2019). They further added that themes are iteratively developed from data coding. The context of the data collected is prioritised in interpreting the study's embedded meaning and findings. As explained in Chapter Three, effective social change interventions are centred on cultural attributes such as social expectations, norms, and attitudes which define rationality, making it a context-specific construct (Betsch et al., 2016; Schiavo, 2014; Waisbord & Obregon, 2012; Dutta, 2008). The statement below typifies Braun and Clarke's conception of reflexive TA:

Demonstrating coding reliability and the avoidance of 'bias' is illogical, incoherent and ultimately meaningless in a qualitative paradigm and in reflexive TA, because meaning and knowledge are understood as situated and contextual, and researcher subjectivity is conceptualised as a resource for knowledge production, which inevitably sculpts the knowledge produced, rather than a must-be-contained threat to credibility (Braun and Clarke, 2020: 7-8).

For example, Braun and Clarke (2020) outline an iterative six-step qualitative data analysis process. These six steps are summarised in table 4.6.

Table 4-6: Steps in thematic analysis

| | Steps | Description |
|---|--|---|
| 1 | Familiarising oneself with the data and writing notes. | Transcribing data and initial transcripts reading to identify potential items of interest. Initial ideas are noted. |
| 2 | Generating initial codes systematically. | Coding is the act of reducing data size into themes across the entire data set. Coded data typically relates to the research objectives or research questions by identifying important features of the data relevant to answering these questions. |
| 3 | Initial theme generation from coded and collated data. | Examining the codes to identify broader patterns of meaning and collate them into potential themes. Themes are groups of meaningful categories or analytical units based on the empirical or conceptual evidence found in the data. |
| 4 | Developing and revision of themes. | A deeper reading of the data to acquire more insight. At this stage, the preliminary codes are checked to see if they align with coded extracts (Level 1) and the entire data set (Level 2) and whether they answer the research questions. Themes may be further refined, split, combined, or discarded. |
| 5 | Defining, refining and naming themes. | A detailed analysis of each theme is developed to see if they tell a convincing story. Names and definitions of each theme are generated. |
| 6 | Report writing | A report of the analytical narrative that situates the final themes created into the extant literature to form concepts is produced. |

Source: Adapted from Clark and Braun (2014).

Figure 4.2 presents the flow chart of the procedure for thematic data analysis as depicted by Clark and Braun (2014).

Thematic analysis process

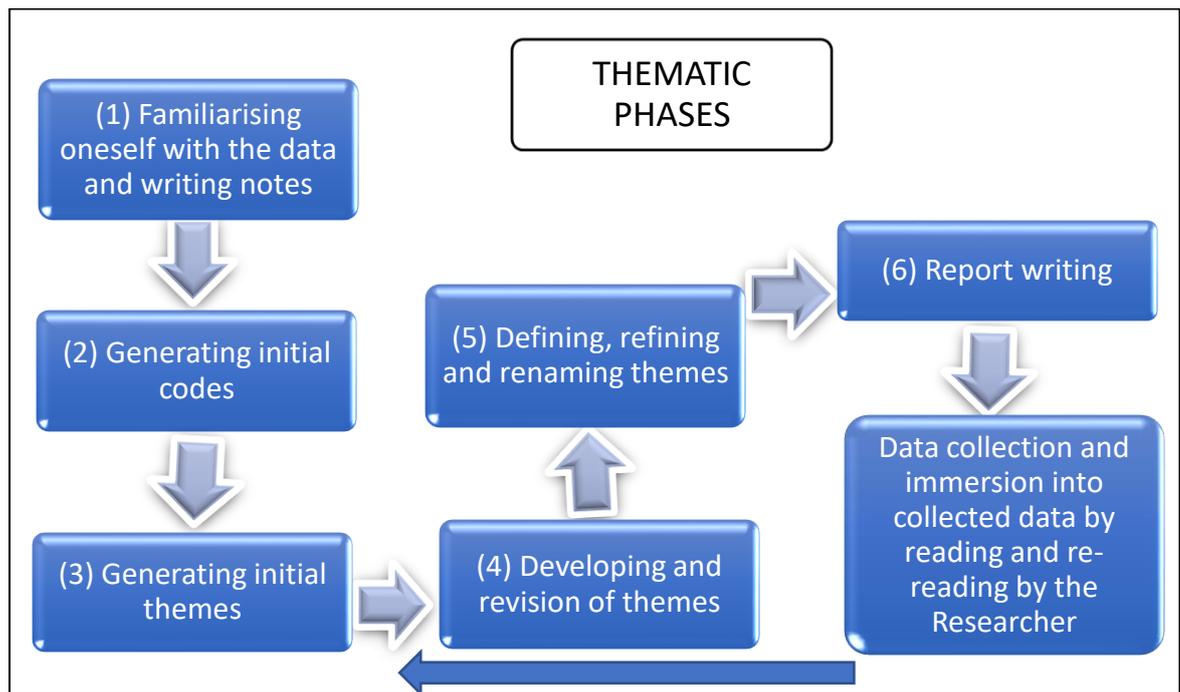


Figure 4-2: Flow chart of the phases of thematic analysis.

Source: Adapted from Clark and Braun (2014).

The final IDI and FGD raw data for this thesis was subjected to Braun and Clarke's (2020) six (non-sequential but sometimes overlapping) step thematic analysis process. It is important to note that though these six steps are reported in a linear format, the reality is that it is an iterative process that constantly goes back and forth where data collection and analysis are not always distinct steps (Braun & Clarke, 2020; Nowell et al., 2017). The phases of the reflexive thematic analysis process are discussed below.

To begin with, all the recorded verbal data (audio) of the IDI and FGD sessions were imported into a computer and transcribed verbatim. Firstly, transcription was done in the Akan language (the language of discussion for all FGD and some in-depth interview sessions) before I translated the data into English. I am a native speaker of the Akan Language. Next, an expert engaged for this purpose back-translated the original Akan language to the English language. The goal was to help me assess the accuracy of the forward translation. I then reconciled the two English versions after discussing them with the professional translator to clarify the intention for using particular wording and what they meant. The verbatim transcripts of all IDI and FGD sessions consisted of the raw data for this study. The transcription process allowed me to gain initial insight into the data. As Morse (2017) explained, the essence of the researcher's involvement in the transcription process is to avoid taking the participants' views

at face value but rather to understand them in the context of the study by taking cognisance of the emotions and intonations in their language. I then read several times through the English transcripts to familiarise myself with the data and made initial notes.

In step two, I generated preliminary codes manually based on patterns identified from the data. Coding “involves immersion in the data, reading, reflecting, questioning, imagining, wondering, writing, retreating, returning” (Braun & Clarke, 2020: 5). Coding allows the researcher to simplify and focus on specific and essential data characteristics by labelling to index them (Nowell et al., 2017). The codes were based on interesting points, the frequency of ideas, and the relationships among themes. These codes were produced in line with the study objectives, research questions, and the CCA and participatory theory, which serve as the theoretical framework underpinning this study. I did an in-depth and systematic reading of the transcribed data to aid in assigning codes by using different colour shades to mark similar patterns. Also, some participants were contacted via telephone to validate their original comments, where clarity was needed to satisfy quality requirements. This process was iterative as it took a more conversational form. The iterative nature of qualitative data collection and analysis means a constant interaction between the analysis and the data collection process.

In the third step, codes were examined further, and initial themes were generated. Braun and Clarke (2020: 4) conceptualise “...themes as patterns of shared meaning, cohering around a central concept”. Based on Braun and Clarke’s (2020) advice on reflexive TA, I created themes by critically engaging in and interpreting the data. Relevant data related to each theme was gathered. In step four, I further and critically read the preliminary themes generated to revise and refine them into cogent themes. This review process ensured that all codes were appropriately categorised into the appropriate themes and that no theme had not been categorised. A thorough examination of all themes was done to ensure that every theme and sub-theme was defined, assigned, and labelled. Also, the review process enabled me to understand broader patterns of meaning embedded in the data.

The fifth step was defining and renaming the final themes that formed the basis for the findings. The final themes were situated in the study’s context based on the objectives, research questions, and the adopted theoretical framework. Descriptions and interpretations of CR as a participatory medium for COVID-19 communication were offered. Also, I concisely and critically analysed themes to provide a coherent flow of thought. Quotes (verbatim) were provided to give colour, depth, and detail to specific phenomena. Lastly, a report of findings containing the structure of codes and themes was produced.

4.10 VALIDITY AND RIGOUR

The rigour and validity of qualitative research are akin to dependability and reliability in quantitative approaches. Achieving rigour and validity is vital to ensuring the integrity of the research process. To attain the validity and rigour of this study, the following principles, as suggested by Guba and Lincoln (1989), were adopted: credibility, transferability, dependability, confirmability, and authenticity.

- i. **Credibility:** this is akin to internal validity in quantitative research (the quality that the research instrument measures what it sets out to measure). In qualitative studies, credibility is achieved through the following: the use of multiple data sources (method triangulation); the Investigator spending sustained time in the study setting; memoing; peer debriefing and; validation of results with study participants. This study enhanced credibility by employing multiple data collection methods, including semi-structured interviews and FGDs. I spent a minimum of seventeen weeks on the data collection process to familiarise myself with the study settings and kept a memo of personal perceptions during the data collection and analysis process. Lastly, initial results were shared with the study participants for confirmation or otherwise.
- ii. **Transferability:** this is analogous to external validity in quantitative studies (the quality of generalisability of study results beyond the research participants). This is achieved by providing comprehensive data about the study settings and participants. To ensure this, I provided an in-depth description of the data collection process and the study setting (Radio Peace, Winneba, and its catchment areas) to the audience of the study report.
- iii. **Dependability:** this is the equivalent of reliability (the quality that measurements are consistent) in quantitative studies. This was achieved by me noting points of measurement departure. Since qualitative data requires multiple constructions of meaning by participants within a social context, analysis of preliminary data collected informed the direction of further data collection. Points of departure are reported to ensure dependability.
- iv. **Confirmability:** this is parallel to objectivity (the quality of the researcher removing his personal bias from the research process) in quantitative approaches. This hinges on the provision of enough evidence by the researcher. To achieve confirmability, I refused to impose my opinion on the participants during the data collection process. I guided participants to construct the meanings of their experiences to meet the study objectives.

- v. Authenticity: this involves being fair and balanced to all participants in writing the study report. Authenticity was achieved by not privileging one voice over others in the data collection, analysis, and report writing.

4.11 POSITIONALITY AND REFLEXIVITY

This section outlines my positionality as a researcher and how it influenced participants' recruitment, data collection, analysis, and interpretation of the findings. Reflexivity and subjectivity are considered crucial quality measures in qualitative research (Braun & Clarke, 2019; Berger, 2015). Reflexivity helps the researcher acknowledge the active self and allows one to monitor personal biases, beliefs, and experiences and how they impact the knowledge-production process (Berger, 2015). I tracked my positionality in this study by keeping a reflective journal, as Watt (2007) advised.

My work with CR started in 2015 during the research for my master's thesis in Development Communication, which I obtained that same year. The study aimed to discover the role of the study CR station, Radio Peace, Winneba, Ghana's Central Region, in developing the communities within its catchment area. My access and trust by both community members and the staff were facilitated by my acquaintance with the station's general manager, who was an old classmate. In 2017, I was offered a faculty position at the African University College of Communications, Accra, Ghana, to teach Development Communication courses. This position allowed me to be further involved in CR. Firstly, I made arrangements for educational annual field trips for my students to the catchment area of Radio Peace in collaboration with the station. Secondly, I instituted a yearly health communication seminar where the head of training, GCRN, has been a regular resource person to share how CR communicates HIV/AIDS. Indeed, I have become intimately involved with Radio Peace over the years. For instance, in early 2021, the station's official social club, *Hyewbo kuw* invited me as a guest speaker at the association's anniversary celebration.

The station's morning show host agreed to serve as my community guide during data collection for this study. He made the participant's recruitment and data collection process more straightforward than it could have possibly been. His presence helped establish a sense of comfort and rapport between myself and the participants. In qualitative research, establishing a good relationship between the 'researcher' and the 'researched' tends for the latter to be reasonably truthful or tell the whole story of their experiences (Rubin & Rubin, 2011).

Finally, my hometown is within Radio Peace's catchment area, although I don't reside there. This shared background meant I was familiar with certain expressions and understood their nuanced meanings. This equipped me to probe specific responses further and know how to ask certain questions having at the back of my mind likely sensitivities. So, I moved from an outsider to an insider during data collection. My overriding ethical consideration was that the study participants wouldn't feel used and discarded but would be left better off at the end of the research process, as Rubin & Rubin (2011) advised.

In summation, by accepting who I am in the research process, I could liberate myself to pay attention to the layered meanings of the phenomenon under study (Berger, 2015). However, my deep connection with CR and its listeners meant that I could no longer claim objectivity but be subjectively immersed in this study's data collection and analysis process.

4.12 DELIMITATION OF THE STUDY

Like any research, this study had some limitations. The study was limited to only the CR sector in the Ghanaian context and was not extended to other Sub-Saharan African (SSA) countries. Therefore, variations in cultural, economic, and social contexts between the CR host communities in different SSA countries were not captured.

Lastly, this study employed a qualitative approach, so a relatively small sample was selected. This situation raises questions about the generalisability (transferability) of the study findings to populations beyond the study participants and setting. However, the study is believed to add to existing knowledge despite these limitations.

4.13 ETHICAL CONSIDERATION

The ethical policy of UKZN was adhered to. As a result, the gatekeeper's letter was obtained from Radio Peace, Winneba, the study CR station, which was then used to apply for ethical clearance from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of KwaZulu-Natal. To this end, written informed consent was sought and obtained from all participants. I explained to all participants the purpose of the study, their role as participants, and their rights as the first step in seeking their consent. The confidentiality, voluntary nature of participation, risk, benefits and the right to discontinue participation at any point of the data collection process by all participants were assured during the research process.

Also, participants have assured anonymity by using pseudonyms instead of their actual names. I maintained the trust and respect of all participants by being ethically mindful during

all interactions with them before, during and after the research process. Participants signed or thumb-printed the informed consent on the day of the interview, moments before the start of data collection. Lastly, to ensure the moral obligation of protecting all participants' wellbeing, all interview recordings were handed over to the principal supervisor to be stored in a repository for five years at the Centre for Communication, Media and Society (CCMS) office, UKZN. They would be disposed of after this period.

4.14 CHAPTER CONCLUSION

This chapter discussed how I employed purposive sampling to recruit participants and collect data. The recruitment strategy was explained by acknowledging my reflexivity and positionality, which was also key in the data analysis, interpretation and report writing chapters. The procedures and locations for collecting qualitative data were explained. This study collected data using IDIs and FGDs from Radio Peace's stakeholders and the CR sector in Ghana. These included community members within the catchment area of the study CR station, Radio Peace, Winneba, Central Region, Ghana. Participants were also drawn from the station's staff, volunteers, and GCRN. The next chapter presents the data collected for this study.

CHAPTER 5

DATA PRESENTATION

For us qualitative research is about meaning and meaning-making, and viewing these as always context-bound, positioned and situated, and qualitative data analysis is about telling 'stories', about interpreting, and creating, not discovering and finding the 'truth' that is either 'out there' and findable from, or buried deep within, the data (Braun & Clarke, 2019: 591).

5.1 INTRODUCTION

This chapter discusses how I analysed the in-depth interviews (IDIs) and focus group discussions (FGDs) data. Data collection for this study was between 3 July and 2 December 2021 (refer to table 4.3 in Chapter Four for the data collection table). The IDI and FGD data are presented and analysed in an integrated manner according to the themes generated. Braun and Clarke's (2020) six-phase reflexive process for data engagement, coding and theme development in qualitative research was used to analyse the collected data. Some qualitative scholars assert that thematic analysis is used to generate patterns, make sense of the data, link, and interpret the data as they relate to the phenomenon under study (Braun & Clarke, 2020; Braun & Clarke, 2019; Maguire & Delahunt, 2017; Nowell et al., 2017). This approach was helpful in this study because although Ghana's national response to the COVID-19 pandemic recognises the role of public health communication in achieving positive health outcomes, it is unclear how the peculiar COVID-19 related health communication needs and support systems of the relatively poor and marginalised semi-urban and rural areas of Ghana have been catered for. Though community radio has been employed as a tool to communicate local health needs such as HIV/AIDS, malaria and adolescent reproductive health in Ghana (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000), the current literature reveals a dearth of studies on COVID-19 in the Ghanaian context. As argued in Chapter One, little was known about this area. This can be attributed to the position that the intersection between COVID-19 related health communication and the community radio sector is still going through an ongoing development process in Ghana.

In this chapter, I tabulated how the data were addressed thematically. The thematised data is arranged to address the constructs in the theoretical framework adopted for this thesis. It must be noted that the quotes (evidence) supporting the final themes and sub-themes are incorporated in the analysis chapters.

5.2 THEMATIC ANALYSIS

As described in Chapter Four, reflexive thematic analysis (TA) was employed to examine this study's auditable triangulated primary qualitative data. It is important to note that thematic analysis is a bona fide method (Braun & Clarke, 2020; Braun & Clarke, 2019; Nowell et al., 2017). The values and philosophy of reflexive TA recognise the researcher's subjectivity and contextual knowledge (Braun & Clarke, 2020). As a co-creator of knowledge, I was actively involved in the data collection process. As explained in Chapter Four, unlike other approaches to TA (Example: coding reliability and codebook, see Braun & Clark, 2020), I subjectively and iteratively interpreted the collected data based on my understanding, personal experiences, notes, and observations from the field. Based on my experience as a facilitator, insights from the initial data analysis prompted new lines of inquiry in subsequent data collection activities.

The final themes I generated were inspired by the advice of Braun and Clarke (2019: 591) that "for us, the final analysis is the product of deep and prolonged data immersion, thoughtfulness and reflection, something that is active and generative". Despite the enormous advantages of thematic analysis, Nowell et al. (2017) argue that its seeming lack of methodological rigidity and copious extant literature on the how-to compared to others like grounded theory, ethnography, and phenomenology is problematic. This position can be challenged. However, despite this criticism, Braun and Clarke's (2020) work is beneficial for studies in development communication as it allows fluidity and flexibility in research processes when working with communities.

As discussed in Chapter One, the main research questions below informed the prompting questions for the IDIs and the FGDs data collection sessions:

1. In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba?
2. What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?
3. How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas?
4. In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio?

The interview schedules were pre-tested to refine them. Details of the research instruments that guided the data collection processes are provided in the appendices. See Appendix 3 (In-depth interview guide for staff members/volunteers of Radio Peace); Appendix 4 (In-depth interview guide for the chairperson of Radio Peace's official social club); Appendix 5 (In-depth interview guide for the founder of Radio Peace's official social club); Appendix 6 (In-depth interview guide for community health volunteers); Appendix 7 [In-depth interview guide for Project Focal Person, Ghana Community Radio Network (GCRN)]; Appendix 8 (FGD guide for community member (members of *Hyewbo kuw*) and; Appendix 9 (FGD guide for community members (non-members of the official social club).

5.3 PRESENTATION OF IN-DEPTH INTERVIEWS AND FOCUS GROUP DISCUSSION DATA

This section presents interview data from the IDIs and FGDs. Eleven (11) IDIs were conducted. These included six (6) staff and volunteers from Radio Peace: The general manager, presenter, producer, resident health volunteer, and two community reporters, one from the Effutu Municipal and the other from Gomoa West District. Other IDI participants included the chairman of the official social club of the station, *Hyewbo kuw*, the founder of *Hyewbo kuw*, and the Project Focal Person from the GCRN. Two community health volunteers from Effutu Municipal and Gomoa West District were interviewed. Eight FGDs were conducted.

The final themes were theoretically derived based on the theoretical framework adopted for this study, participatory and culture-centred approaches. In both the IDI and FGD data presented below, the themes developed overlapped as participants discussed more than one theme at a point, underlying the intuitive nature of the data collection process. Nevertheless, the data was divided into discrete themes to present systematic data. Below, I discussed how I utilised Braun and Clarke's (2020) six-phase reflexive process for data collection and analysis for this study. Figure 5.1 illustrates the iterative data analysis process.

The reflexive thematic analysis process

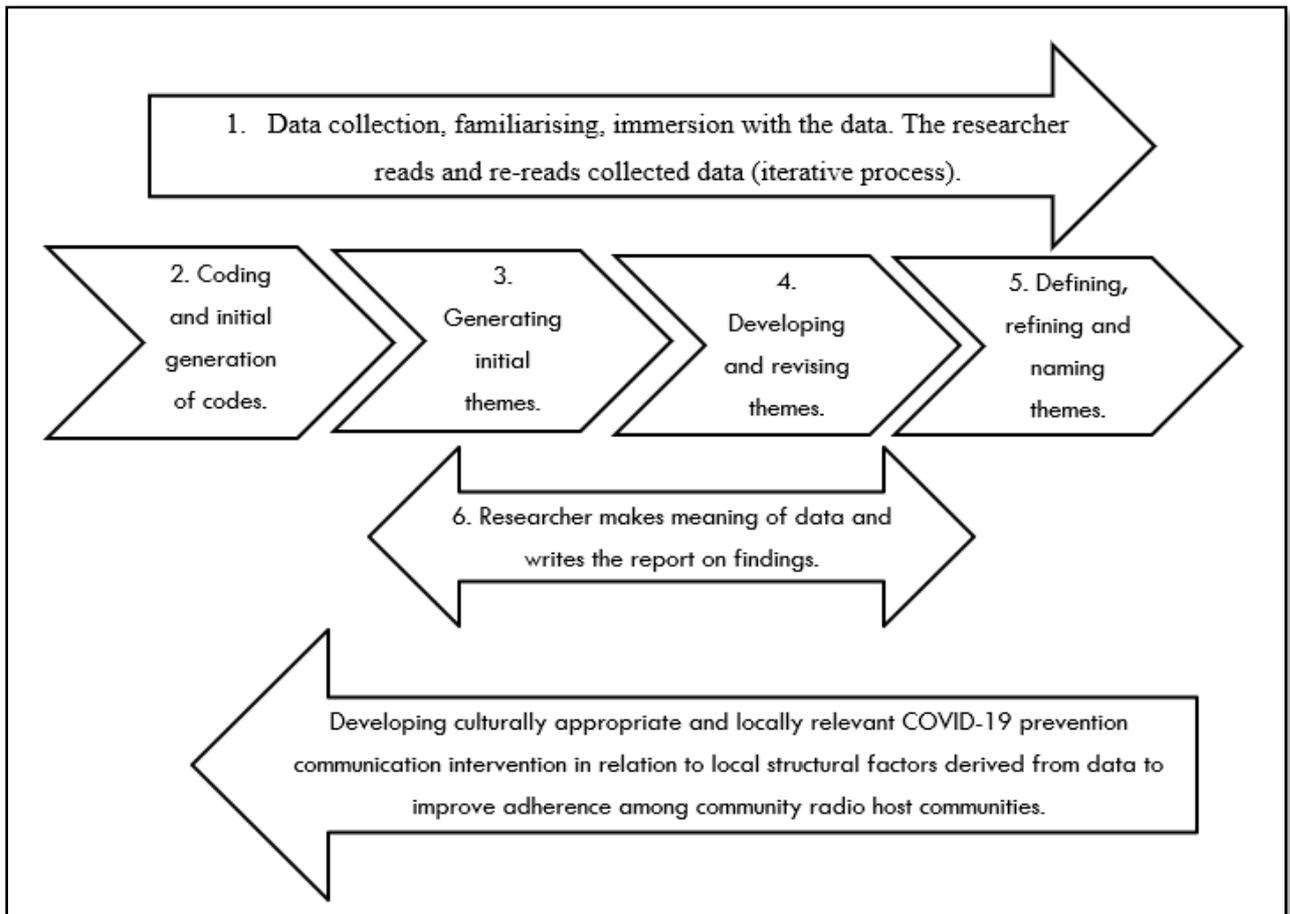


Figure 5-1: Braun and Clarke's (2020) six-step reflexive data analysis process.

5.3.1 Step one: Familiarising oneself with the data and writing notes

Step one of data analysis starts with researchers familiarising themselves with the collected data's depth and breadth by reading, re-reading, and making notes of nascent meanings (Braun & Clarke, 2020; Nowell et al., 2017; Braun & Clarke, 2006). Data analysis for this thesis started concurrently with the data collection. This was in line with the advice of Creswell (2007) that the data collection, analysis, and report writing processes in qualitative research are interrelated and occur simultaneously and thus are not always discrete steps. I immersed myself in the IDI and FGD data collected by actively reading the transcripts of the early data collected, repeatedly searching for meaning, patterns and linkages (Nowell et al., 2017; Braun & Clarke, 2006). This step was to make notes of my initial thoughts on preliminary

codes and potential themes (Nowell et al., 2017). This was done repeatedly for the data collected early and that gathered later. I also began to keep a reflexive journal at this stage.

For this study, I transcribed the IDI and FGD data collected in the Akan language since I am a native speaker and then translated it into English within a few days of collecting the data. The data collected in the English language was transcribed verbatim by the Researcher. At this point, the services of a professional translator were acquired to separately translate the original Akan language transcripts into English, as discussed in Chapter Four. The purpose was to help me assess the accuracy of my original English translation. After consulting with the professional translator, I reconciled the two English versions to clarify the intention for using particular wording and its meaning. Transcribing and translation continued after the preliminary fieldwork phase from December 2021 to January 2022 to produce the final IDI and FGD transcripts. As I typed it up, the data was analysed for nascent ideas and findings. Further reading and re-reading of the transcripts and analysis continued over many months.

5.3.2 Reflecting on data and initial ideas

As part of familiarising myself with the data, I began to thoughtfully engage and reflect on the data and how it related to the literature review, as Braun and Clarke (2020) advised. To this end, I wrote copious notes in track changes in the Microsoft Office Word document margins of the IDI and FGD transcripts, indicating ideas and linkages in the data as they occurred to me. This is illustrated in the screengrab in Figure 5.2 below. Some of the notes were revisited in developing codes and themes later in the analysis process. These notes were crucial in writing the final report as they served as discussion points in relation to the theoretical framework and the extant literature. This was consistent with the advice of Braun and Clarke (2006) that writing down notes, observations and analyses during the early stages provides valuable resources for writing up the later stages, including the findings where detailed analyses and associations are made.

Screengrab of initial notes

| | |
|---|--|
| <p>CAN YOU EXPLAIN YOUR ROLE AS A STAFF MEMBER OF RADIO PEACE?</p> <p>I am a presenter. I host some of our programmes, youth programme. Also, I am a news editor and news broadcaster. I am also part of the community reporting group. It is an assignment for a group of people. When we are ready for community visits, equipment and logistics set, then we inform the community of our visit so they will be expectant of us. We are able to start the programme once we get to the community due to their readiness. Every community visit has a purpose. For instance, we may want to know the needs of the community or the particular reason that sent us there from our initial engagement with the community.</p> <p>WHAT INFLUENCED YOUR DECISION TO BECOME A STAFF MEMBER OF RADIO PEACE, WINNEBA?</p> <p>With Radio Peace, I have an interest in journalism. I wanted to be an anchor on Tv in future so that especially my father can watch me. So, there was a day I told my father that I wanted to be like a particular female news broadcaster on television. On what brought me to Radio Peace, I attended the station's training school. So, after my training, they decided to give me a platform to exhibit my abilities. Initially, I didn't know about the community radio model, I only came to understand the community radio concept when I started working here. The thing with community radio is that they accord you the opportunity to practice which is not the case with</p> | <p>EE Emmanuel Essel (220103222) Due to the sustainability challenges of community radio in resource-limited settings, volunteers must play multiple roles and serve in different capacities to ensure the continued existence of the medium.</p> <p>EE Emmanuel Essel (220103222) Following community entry processes are critical in firstly, the availability of community members and secondly, their full participation in community visits by CR operatives in Ghana.</p> <p>EE Emmanuel Essel (220103222) Training of community radio operatives is essential for the content sustainability of the medium. Also, it is necessary to imbibe the principles of CR such as non-profit, non-sectarian, and community development mandate into Journalists and other operatives.</p> <p>EE Emmanuel Essel (220103222)</p> |
|---|--|

Figure 5-2: Preliminary reading of transcripts, annotation, and data analysis.

Biographical information of the participants of the FGD and IDI sessions is presented in tables 5.1 and 5.2, respectively. The essence is to provide context and a greater understanding of the data collected.

| FOCUS GROUP DISCUSSION DEMOGRAPHIC DATA | | | | | | | |
|---|---------------------------------------|--------------------|-------------------|------------------------|-------------|-------------------|-----|
| | Number | Place of Interview | Date of Interview | Respondent's Pseudonym | Age | Employment Status | Sex |
| FGD#1 (Community members) | Gomoa Dawurampon, Gomoa West District | 13/08/2021 | P1 | 43 | Driver | Male | |
| | | | P2 | 26 | Hairdresser | Female | |
| | | | P3 | 23 | Hairdresser | Female | |
| | | | P4 | 19 | Unemployed | Female | |
| | | | P5 | 30 | Driver | Male | |
| | | | P6 | 31 | Tailor | Male | |
| | | | P7 | 28 | Hairdresser | Female | |
| | | | P8 | 44 | Seamstress | Female | |

| FOCUS GROUP DISCUSSION DEMOGRAPHIC DATA | | | | | | | |
|---|------------------------------|-------------------|------------------------|-----|-------------------|--------|--|
| Number | Place of Interview | Date of Interview | Respondent's Pseudonym | Age | Employment Status | Sex | |
| | | | P9 | 30 | Seamstress | Female | |
| | | | P10 | 40 | Public servant | Male | |
| | | | P11 | 42 | Unemployed | Male | |
| FGD#2 (Community members) | Winneba, Effutu Municipal | 13/08/2021 | P1 | 57 | Carpenter | Male | |
| | | | P2 | 33 | Lotto Seller | Male | |
| | | | P3 | 62 | Retired | Male | |
| | | | P4 | 51 | Carpenter | Male | |
| | | | P5 | 57 | Carpenter | Male | |
| | | | P6 | 45 | Electrician | Male | |
| FGD#3 (Social club) | Winneba, Effutu Municipal | 18/08/2021 | P1 | 71 | Retired | Male | |
| | | | P2 | 29 | Teacher | Male | |
| | | | P3 | 49 | Farmer | Male | |
| | | | P4 | 44 | Businessman | Male | |
| | | | P5 | 53 | Electrician | Male | |
| | | | P6 | 35 | Secretary | Female | |
| FGD#4 (Community members) | Woara Beba, Effutu Municipal | 07/09/2021 | P1 | 39 | Artisan | Male | |
| | | | P2 | 27 | Trader | Female | |
| | | | P3 | 38 | Trader | Female | |
| | | | P4 | 25 | Trader | Female | |
| | | | P5 | 32 | Trader | Female | |
| | | | P6 | 22 | Artisan | Male | |
| | | | P7 | 23 | Trader | Female | |
| | | | P8 | 38 | Fisherman | Male | |
| | | | P9 | 26 | Fisherman | Male | |
| | | | P10 | 24 | Fisherman | Male | |
| FGD#5 (Community members) | Apam, Gomoa West District | 14/09/2021 | P1 | 31 | Artisan | Male | |
| | | | P2 | 37 | Fisherman | Male | |

| FOCUS GROUP DISCUSSION DEMOGRAPHIC DATA | | | | | | | |
|---|--------------------------------------|-------------------|------------------------|-----|-------------------|--------|--|
| Number | Place of Interview | Date of Interview | Respondent's Pseudonym | Age | Employment Status | Sex | |
| | | | P3 | 32 | Fisherman | Male | |
| | | | P4 | 47 | Barber | Male | |
| | | | P5 | 25 | Artisan | Male | |
| | | | P6 | 59 | Artisan | Male | |
| | | | P7 | 70 | Unemployed | Female | |
| | | | P8 | 21 | Cleaner | Female | |
| | | | P9 | 40 | Health Officer | Male | |
| | | | P10 | 49 | Cleaner | Female | |
| FGD#6 (Social club members) | Nyarkokwa, Awutu Senya West District | 17/09/2021 | P1 | 63 | Farmer | Male | |
| | | | P2 | 50 | Farmer | Male | |
| | | | P3 | 60 | Farmer | Male | |
| | | | P4 | 60 | Farmer | Male | |
| | | | P5 | 70 | Farmer | Female | |
| | | | P6 | 65 | Farmer | Female | |
| | | | P7 | 65 | Farmer | Female | |
| FGD#7 (Social club member) | Apam, Gomoa West District | 21/09/2021 | P1 | 80 | Retired | Female | |
| | | | P2 | 76 | Retired | Female | |
| | | | P3 | 31 | Artisan | Male | |
| | | | P4 | 42 | Trader | Male | |
| | | | P5 | 40 | Artisan | Male | |
| | | | P6 | 44 | Teacher | Male | |
| FGD#8 (Social club member) | Osibonpanyin, Effutu Municipal | 21/10/2021 | P1 | 32 | Pastor | Female | |
| | | | P2 | 42 | Electrician | Male | |
| | | | P3 | 37 | Farmer | Male | |
| | | | P4 | 40 | Artisan | Male | |
| | | | P5 | 40 | Artisan | Male | |
| | | | P6 | 36 | Storekeeper | Male | |

Table 5-1: Biographical information of focus group discussion participants: community members within the catchment areas of Radio Peace, Winneba

All the FGD participants were located in a rural or semi-urban setting within the catchment area of Radio Peace, Winneba. As Chapter Three mentions, Ghana's rural and semi-urban locations are pervasive with poverty, inadequate healthcare infrastructure, and limited healthcare resources (GSS, 2020). The age of the participants ranged between 19 and 80 years. Regarding employment status, most participants were employed in the informal sector, with only three being unemployed and seven formal sector workers during the study period. Also,

four of the participants were retired. The community members who participated in this study can be characterised as marginalised due to their rural and semi-urban location, employment status, and the informality of their occupation. These factors may contribute to their inaccessibility to health resources and messages, resulting in community members' inability or failure to adhere to centrally designed COVID-19 prevention messages. From Table 5.1, many of the official social club members were 60 years and above. The legal retirement age from active formal employment in Ghana is 60 years. An implication of this is that most of them may not be physically active or more vulnerable to the risk of COVID-19 infection. As discussed below, this assertion was confirmed by the relatively young (44-year-old male) Chairman of *Hyewbo Kuw* (FGD 3, P4), who stated:

They [Hyewbo kuw members] understand that I am youthful but serve as the leader of such an association. One of the challenges is that the association's membership comprises about 80% of senior citizens, people above 70 years and pensioners. So, it is difficult for most of them to be physically present in some of our activities. This is a very big challenge for me (P3, IDI participant, Effutu Municipal, 30 July 2021).

On the surface it may appear that the majority male demography of the FGD participants may have impacted on the power-dynamics during the discussions. However, I found this to be purely coincidental as all active listeners of Radio Peace were given the opportunity to participate in this study. The selection of the participants was based on voluntary commitment of the participants and did not necessary reflect any local power dynamics. Also, any semblance of male domination of the discourse around Radio Peace's COVID-19 communication interventions may be balance out by the influential positions of some women who participated in the IDIs sections as presented in table 5.2. For instance, the founder of Radio Peace's official social club, *Hyewbo kuw* is a female (P10, table 5.2). She remains an influential voice on the activities of the association. Also, Radio Peace's resident health volunteer is a female (P4, table 5.2). Per a her role as the presenter and a member of the production team of the health programmes (including COVID-19) on Radio Peace, she meaningfully contributes to the decisions about the content of the station's health shows. In sum, the participatory ideal of Radio Peace may assuage local gender dynamics in a meaningful way. Thus, gender dynamics did not seems to influence the discourses on COVID-19 during the FGD sessions.

| IN-DEPTH INTERVIEWS DEMOGRAPHIC DATA | | | | | | |
|---|---------------------------|--------------------------|-------------------------------|------------|---------------------|------------|
| | Place of Interview | Date of Interview | Respondent's Pseudonym | Age | Position | Sex |
| 1 | Winneba, Effutu Municipal | 3/07/2021 | P1 | 31 | Community Reporter, | Female |

| IN-DEPTH INTERVIEWS DEMOGRAPHIC DATA | | | | | | |
|--------------------------------------|-----------------------------|-------------------|------------------------|-----|---|--------|
| | Place of Interview | Date of Interview | Respondent's Pseudonym | Age | Position | Sex |
| | | | | | Radio Peace, Effutu Municipal | |
| 2 | Silvakrom, Effutu Municipal | 15/07/2021 | P2 | 68 | Community Health Volunteer | Male |
| 3 | Winneba, Effutu Municipal | 30/07/2021 | P3 | 44 | Chairperson, official social club (<i>Hyewbo kuw</i>) | Male |
| 4 | Winneba, Effutu Municipal | 30/07/2021 | P4 | 56 | Resident Health Volunteer, Radio Peace | Female |
| 5 | Winneba, Effutu Municipal | 30/07/2021 | P5 | 45 | Presenter, Radio Peace | Male |
| 6 | Winneba, Effutu Municipal | 7/09/2021 | P6 | 40 | Community Reporter, Radio Peace, Gomoa West | Male |
| 7 | Apam, Gomoa West District | 21/09/2021 | P7 | 26 | Community Health Volunteer, Gomoa West | Male |
| 8 | Winneba, Effutu Municipal | 16/10/2021 | P8 | 43 | Producer, Radio Peace | Male |
| 9 | Winneba, Effutu Municipal | 21/10/2021 | P9 | 62 | General Manager, Radio Peace. | Male |
| 10 | Winneba, Effutu Municipal | 21/10/2021 | P10 | 82 | Founder, Official Social club (<i>Hyewbo kuw</i>) | Female |
| 11 | Accra, Accra Metropolitan | 02/12/2021 | P11 | 33 | Project Focal Person, GCRN. | Female |

Table 5-2: Biographical information of in-depth interview participants

5.3.3 Step two: Generating initial codes systematically

Phase two involves generating initial codes from the data. It starts after researchers have familiarised themselves with the data (Braun & Clarke, 2020; Nowell et al., 2017; Braun &

Clarke, 2006). This phase was an iterative process based on the assertion that “the coding process requires a continual bending back on oneself, questioning and querying the assumptions we are making in interpreting and coding the data” (Braun & Clarke, 2020: 594). For this study, coding was done manually by the Investigator. I coded data using different colour highlighters to indicate potential patterns on printed copies of the transcripts. I used a Microsoft Office Excel spreadsheet to log codes with the data extract that indicates the code (Braun & Clarke, 2006). The initial codes were organised into different Microsoft Office Excel pages dedicated to each theoretical construct. Consequently, only codes related to particular theoretical constructs were logged in specific Microsoft Office Excel pages.

Coding allows the researcher to note participants’ words and phrases from the interview transcripts that highlight the study’s issues of interest or importance (Allan, 2003). The coding process allowed me to focus on a specific data characteristic that captures its qualitative richness to simplify participants’ thoughts (Nowell et al., 2017). Codes included keywords and phrases, verbatim short sentences and axiomatic paraphrases. The criteria for generating codes were not about the ubiquitousness of particular words and phrases but the latent meanings and interpretative richness they capture (Braun & Clarke, 2006; Allan, 2003). The interpretative richness of the codes in this phase formed the basis for further analysis in phase three, where initial themes were generated. All codes were included irrespective of how ‘outlier’ they seemed, as they offered the basis for a nuanced analysis in the subsequent phases since the process was done with an open mind (Braun & Clarke, 2006; Allan, 2003). It is important to note that there were instances where multiple codes were generated from the same text (Allan, 2003). Table 5.3 presents an abridged version of the initial codes in relation to the theoretical pillars (Appendix 13 presents the full version of the initial codes of this study).

| INITIAL THEORY-DRIVEN CODES | | |
|---|---|---|
| Agency | Participation | Structure |
| CODES | CODES | CODES |
| NGOs Ghana Health Service officials Nurses Doctors Hospital Health professionals Community radio Radio and TV Radio Peace | Managing activities of the station Executive council COVID-19 has instigated Radio Peace’s managerial efficiency Follow-up with duty-bearers Community visits ‘Awareness we created on Radio has helped’ | Police enforcement of protocols COVID-19 cases statistics announcement Ambulance Isolation centres Quarantine Extension of signal reach Lack of access to potable water |

| | | |
|--|---|---|
| Proximity of community radio People listen to Radio Peace Newspapers Radio presenters Community Audio Towers President of Ghana/Nana Addo Chiefs and traditional leaders Social media Facebook/ Instagram/YouTube/ WhatsApp Ghana Health Service Media persons/Journalist/ Radio presenter mobile vans NCCE MPs Friends and family Community health volunteers Priests Church elders Church vaccines Delta variant COVID-19 virus mutates quickly Second phase of infection ‘It has come to stay with us’ Wearing face mask Handwashing with soap Use of hand sanitiser Basic sanitation practices Avoid exchanging handshakes Avoid hugging Cover the mouth with tissue paper when coughing Social distancing Avoid public places | Community demonstration of prevention protocols Off-air one-on-one community feedback Engaging duty-bearers for donations Sharing goodies by Radio Peace Focus groups discussions Listeners as actors for drama jingles Age-specific messages Community-level COVID-19 prevention messaging Messages based on local happenings Messages based on Ghana Health Service statistics Listener phone-ins Vox pops ‘Responsibility of all of us’ Message acceptance by listeners Scepticism about COVID-19 Adherence to prevention messages In-studio education by health personnel Frequent message broadcast Local language Health programme broadcast Partnership with CATs Live outside broadcasting Different broadcasting times Training of community radio journalist | Availability/unavailability of vaccines Inadequate security at health centres Provision of COVID-19 related services Power outages Inaccessible roads Erratic power supply No health centres ‘It is better people are disciplined rather than the police enforcing adherence to the protocols’ COVID-19 has been disruptive Physical closeness required for economic activity Lack of trust in messengers Herbalist/Local medicine practitioners Local cure Gossips/rumour Funerals ‘Family members that bathe the corpse’ Rift between the living and the dead Ministry of Health Ghana Health Service Municipal District Health Office Healthcare workers/ Medical doctors/ Nurses Priests/ Pastors Traditional leaders/ Chiefs NGOs President of Ghana |
|--|---|---|

Table 5-3: Coding for preliminary themes.

5.3.4 Step three: Generating initial themes from coded and collated data

Step three involves the active and creative generation of tentative themes based on the researcher’s ability to make linkages among the initial list of codes from his understanding of the data (Braun & Clarke, 2020; Nowell et al., 2017; Braun & Clarke, 2006). Themes provide

meaning to fragments of ideas that are meaningless on their own but capture the essence and nature of experiences concerning the overall research question when linked together (Braun & Clarke, 2006). This thesis employed an inductive approach, as explained in Chapter Four. As a result, some of the broad themes I generated, though related to the raw data itself, had little resemblance to the specific questions posed to the participants of this study (Nowell et al., 2017). The theoretical framework drove the process of developing the themes. I read and re-read the original FGD and IDI transcripts and iteratively compared them to the initial codes and data extracts to synthesise how codes related cogently. I shuffled around codes from the Microsoft Office Excel spreadsheet logbook by cutting and pasting based on identified patterns to organise them into sub-themes and themes. At this point, I started conceptualising the link between codes, the initial themes and the sub-themes (Braun & Clarke, 2020; Braun & Clarke, 2006). The sub-themes helped me categorise how other codes related at a lower and narrower level. This made it easy to link developing ideas to the broad themes and helped me make sense of the initial codes.

The end product of this phase was a Microsoft Office Excel spreadsheet logbook with initial themes, sub-themes and well-labelled data extracts from the data set coded in relation to them. Table 5.4 is an example of how the sub-themes were used to categorise the initial broad themes based on codes that shared a related idea. The initial themes were:

1. Sources of COVID-19 information accessed by community members;
2. COVID-19 related media content identified by community members;
3. COVID-19 related prevention efforts offered by Radio Peace to community members;
4. Structural issues that drive/hinder COVID-19 prevention and adherence efforts;
5. Social and cultural issues that drive COVID-19 infection in community radio host communities and hamper prevention and adherence efforts;
6. Trusted sources of influence in terms of communicating social change and COVID-19 prevention information to members of community radio host communities;
7. Social capital issues.

| INITIAL THEMES | |
|---|---|
| 1. THEME: Sources of COVID-19 information accessed by community members | |
| Codes | Sub-themes |
| Ghana Health Service officials Nurses CHPS compound Doctors Hospital Health professionals | Primary health care facilities as sources of COVID-19 information. |
| Community radio Radio and TV Radio Peace Nice FM Newspapers Radio presenters Kasapa FM, Accra | Mass media as sources of COVID-19 information. |
| Facebook Instagram YouTube WhatsApp | Social media as sources of COVID-19 information. |
| 2. THEME: COVID-19 related media content identified by community members | |
| Codes | Sub-themes |
| New variant Delta variant COVID-19 virus mutates quickly Second phase of infection 'We have seen an improvement in the situation' | Awareness of evolving COVID-19 pandemic situation by the target audience. |
| Wearing face mask Handwashing with soap Use of hand sanitiser Avoid exchanging handshakes Avoid hugging Avoid public places | COVID-19 prevention measure/ NPIs identified by the target audience. |
| African hot weather protects from COVID-19 infection Busking in the sun offers protection from COVID-19 infection Drinking local gin [Akpeteshie] offers protection from COVID-19 infection COVID-19 is a hoax | Myths and misconceptions surrounding COVID-19 infection. |
| 3. THEME: COVID-19 related prevention efforts offered by Radio Peace to community members | |
| Codes | Sub-themes |
| Follow-up with duty-bearers Community visits Sharing goodies by Radio Peace Focus group discussions | Off-air COVID-19 interventions by Radio Peace. |

| | |
|--|---|
| Age-specific messages Listener phone-ins Vox pops Frequent broadcast of COVID-19 messages | On-air COVID-19 interventions by Radio Peace. |
| 'Put us in a position to be able to contact people' Both HIV and COVID-19 are life-threatening Training of community radio journalist On-air anti-stigma campaigns Off-air anti-stigma campaigns | Lessons from previous pandemic communication for COVID-19 interventions by Radio Peace. |
| 4. THEME: Structural issues that drive/hinder COVID-19 prevention and adherence efforts | |
| Codes | Sub-themes |
| Police enforcement of protocols Ambulance Isolation centres Quarantine | Regulatory and policy factors that drive/inhibit COVID-19 infection and prevention. |
| Lack of access to potable water Power outages Inadequate security at health centres | Public service delivery factors that drive/inhibit COVID-19 infection and prevention. |
| 5. THEME: Social and cultural issues that drive COVID-19 infection in community radio host communities and hamper prevention and adherence efforts. | |
| Codes | Sub-themes |
| Funerals 'Family members that bathe the corpse' Local cure Reporting bad news | Cultural practices driving/inhibiting COVID-19 prevention efforts |
| Rumour/gossip Local cure Herbalist/Traditional medicine practitioners | Cultural practices driving/inhibiting COVID-19 prevention efforts |
| 6. THEME: Trusted sources of influence in terms of communicating social change and COVID-19 prevention information to members of community radio host communities. | |
| Codes | Sub-themes |
| Healthcare workers Medical doctors Nurses | Primary healthcare sources of influence for COVID-19 prevention. |
| Family and friends Relatives of COVID-19 survivors COVID-19 survivor | Interpersonal sources of influence for COVID-19 prevention. |
| Journalists/ Community radio journalist CATs/Radio Television stations Community radio stations | Mass media sources of influence for COVID-19 prevention. |
| 7. THEME: Social capital issues. | |
| Codes | Sub-themes |

| | |
|--|---|
| ‘They know we are truthful’ Consistency of interventions ‘The mission of the station is not for commercial benefits’ | Community indicators of trust of Radio Peace according to staff/volunteers. |
| ‘They are from our community’ Follow-up on community developmental concerns Audience off-air access to Radio Peace | Indicators of trust of Radio Peace according to the target audience. |

Table 5-4: Generating initial themes from codes

5.3.5 Step four: Developing and revision of themes

This phase concerns refining the initially generated themes by combining, separating or discarding some (Braun & Clarke, 2020; Braun & Clarke, 2006). To proceed with the data presentation, I made repeated references to the IDI and FGD Microsoft Word document transcripts, where I have written copious notes. Other information sources included the codes, sub-themes and the initial data extracts. All these sources were analysed for underlining meanings and patterned coherence. The aim was to achieve a more nuanced understanding of the data and identify latent patterns.

From the preceding stage, broad themes were generated. However, the themes were still fuzzy and needed further refining. Also, some codes did not ‘perfectly’ fit into the initial broad themes. Consequently, I needed to narrow the initial themes to make them more distinct. Further theme refinement was achieved with the help of coloured sticky notes pinned in my study space. All themes and related sub-themes were listed on these colour stick notes, and since they were in my constant gaze, I was able to shuffle, whittle and merge some of them into narrower themes over many weeks. The narrowed themes were generated by constantly referencing the original transcripts, notes made at their margins, and the collated data extracts for each theme. The key to generating the revised themes was re-reading the data extracts from the IDI and FGD Microsoft Word document transcripts assigned to the initial themes and, often, the entire data set to refine the initial codes, as Braun and Clarke (20) advised.

These processes helped me create new themes, discard some potential themes and find a better fit for some of the extracts in the data set. The revised themes were still too broad, however, requiring further refinement. The next phase of data analysis, step five, captures the final themes of this study.

5.3.6 Step five: Defining, refining and naming themes.

During the penultimate stage, researchers define, further refine themes, determine what aspect of the data each theme captures, and identify what is of interest and why (Braun & Clarke, 2020; Braun & Clarke, 2006). Based on this, I further analysed the themes generated in stage four to understand underlying patterns and shared meaning. This helped me combine some of them into final themes. The final themes encapsulated richer and more complex outputs with multiple meanings of participants' experiences (Braun & Clarke, 2020).

Further theme refinement was achieved with the help of the coloured sticky notes pinned in my study space, as discussed in the preceding step. Since the listed themes on these coloured stick notes were in my constant gaze over many months, I could shuffle, whittle, merge and refine them into final themes. The final themes were generated by constantly referencing the original transcripts and notes made at their margins of IDI and FGD transcript and the collated data extracts for each theme. The final themes were captured in the Microsoft Office Excel spreadsheet logbook with well-labelled excerpts from the data set coded in relation to them. This primed me to write the findings coherently and tell a more holistic story reflective of the entire data set. Also, this enabled me to write the subsequent chapters efficiently, as the logbook provided a readily available repository to fetch verbatim quotes and related ideas to support the findings.

The end product of phase five was the final themes and their related sub-themes, as depicted in tables 5.5, 5.6 and 5.7. A detailed discussion of the findings in light of the reviewed literature in Chapter Two and the theoretical framework in Chapter Three, step six, report writing of Braun and Clarke's (2020) six-step reflexive TA process, is presented in the following chapters. The final themes are categorised by the constructs of the theoretical framework adopted for this study in the next section.

5.4 CATEGORISING DATA BY THE THEORETICAL FRAMEWORK

The collected data is categorised by the theoretical pillars using a table with the aligning research question in the following pages. The CCA framework has three constructs: structure, culture and agency. Also, Bessette's (2004) ten steps in involving the target community in participatory interventions were used to categorise the collected data. Community participation is the glue that bonds the CCA's tripartite constructs of culture, structure and agency using the instrumentality of community radio.

Firstly, the findings in table 5.5 are grouped according to the first research question and the third construct within the CCA, *agency* with the aligning sub-themes. This was because the

meanings I made from the data potentially impacted participants' ability to enact choice concerning their involvement in COVID-19 communication interventions. The themes developed are: (1) Sharing COVID-19 information: official vs alternative sources; (2) Communicating COVID-19: the content is the message; (3) Improving COVID-19 adherence among the marginalised: a Sisyphean task? ; (4) Potential drivers for effective COVID-19 related public health communication; (5) Community radio: a breath of fresh air or business as usual? ; (6) Community radio and COVID-19 communication: 'and there was light'.

| FINAL AGENCY THEMES | |
|--|--|
| AGENCY | |
| Research Q1: In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba? | |
| Themes | Sub-themes |
| 1. Sharing COVID-19 information: official vs alternative sources. | <ul style="list-style-type: none"> i) Common sources of COVID-19 information; ii) Curating the narrative: official COVID-19 information sources; iii) Building trust: alternative sources of COVID-19 information. |
| 2. Communicating COVID-19: the content is the message. | <ul style="list-style-type: none"> i) Awareness of COVID-19 infection in Ghana; ii) Awareness of COVID-19 infection: from the local to the global; iii) COVID-19 NPIs: state response, awareness and applicability; iv) COVID-19 vaccine: an alternative or complementary to NPIs? |
| 3. Improving COVID-19 adherence among the marginalised: a Sisyphean task? | <ul style="list-style-type: none"> i) Conformity, local leadership and COVID-19 prevention adherence; ii) Infodemiology and COVID-19 realness: a clash of worldviews?; iii) Communicating COVID-19: fear, message clarity and adherence; |

| | |
|--|--|
| | <ul style="list-style-type: none"> iv) Politicising science: state vs contrarian COVID-19 narratives; v) From the familiar to the unfamiliar: drawing lessons from previous epidemics; vi) Containing the pandemic: state responses vs citizens' reactions; vii) Faith, culture and COVID-19 prevention adherence. |
| 4. Potential drivers for effective COVID-19 related communication for development and social change. | <ul style="list-style-type: none"> i) Structural issues for improving COVID-19 public health communication; ii) Socio-cultural and behavioural issues for improving COVID-19 public health communication; iii) Communication issues for improving COVID-19 public health communication. |
| 5. Community radio: a breadth of fresh air or business as usual? | <ul style="list-style-type: none"> i) Community radio: content, access and agency; ii) Community radio: benefits of broadcasting in the local language; iii) Factors for Improving active listenership of Radio Peace identified by the target audience. |
| 6. Community radio and COVID-19 communication: 'and there was light'. | <ul style="list-style-type: none"> i) Radio Peace's strategies to contain COVID-19; ii) Dimming the light: Community radio COVID-19 communication challenges; iii) Community radio and COVID-19: The light, possibility and reality check. |

Table 5-5: Comprehensive summary of themes related to agency

Secondly, the findings in Table 5.6 are grouped according to the second research question and Guy Bessette's (2004) approach to *community participation* with the related sub-themes. This was because the meanings I made from the data potentially impacted Radio Peace's strategies to enhance participants' meaningful participation in the station's COVID-19 interventions. The refined themes identified through this process are: (1) Listeners'

involvement in community radio activities: on-air and off-air opportunities; (2) Improving COVID-19 prevention: community radio and creative messaging; (3) Community contribution to the sustainability of Radio Peace’s COVID-19 programming; and (4) Listener involvement in community radio programming: challenges from within and without.

| FINAL PARTICIPATION THEMES | |
|---|---|
| COMMUNITY PARTICIPATION | |
| Research Q2: What modalities are employed by the local community radio station to facilitate community members’ participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions? | |
| Themes | Sub-themes |
| 1. Listeners’ involvement in community radio activities: on-air and off-air opportunities. | i) Radio Peace’s on-air activities and listener involvement; ii) Radio Peace’s off-air activities and listener involvement; iii) Radio Peace’s off-air strategies to improve adherence to its COVID-19 prevention messages. |
| 2. Improving COVID-19 prevention: community radio and creative messaging. | i) Topics and content considerations for COVID-19 creative messaging by Radio Peace; ii) Benefits of creative messaging for COVID-19 prevention; iii) Forms of COVID-19 creative content broadcast by Radio Peace; |
| 3. Listener ownership of the community radio content: the responsibility of the official social club? | i) Radio Peace’s official social club’s involvement and programme content sustainability; ii) Inter-group tensions: derailing the wheel of progress among marginalised communities? |
| 4. Community contribution to the sustainability of Radio Peace’s COVID-19 programming. | i) Human resource sustainability: Intrinsic and extrinsic motivations and a commitment to the wellbeing of the other; |

| | |
|---|--|
| | ii) COVID-19 programming content sustainability: sources of material resources. |
| 5. Listener involvement in community radio programming: challenges from within and without. | i) General challenges that derail Radio Peace's operations; ii) COVID-19 specific programme challenges; iii) Community radio: Competition and shrinking listenership base. |

Table 5-6: Comprehensive summary of themes related to community participation

Thirdly, the findings in table 5.7 are grouped according to the third research question and the second construct within the CCA, *structure* with the aligning sub-themes. This was because the meanings I made from the data potentially impacted structural barriers and enhancers to participants' meaningful involvement in Radio Peace's COVID-19 communication interventions. The themes developed are (1) Beyond prevention messages: how do policies, public service and infrastructure influence COVID-19 infection?; (2) Community radio, social capital and COVID-19 communication; (3) Is COVID-19 a hoax? Trusted sources of COVID-19 prevention information; and (4) Improving information choices: community health volunteers, community radio and COVID-19 communication.

| FINAL STRUCTURE THEMES | |
|--|--|
| STRUCTURE | |
| Research Q3: How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas? | |
| Themes | Sub-themes |
| 1. Beyond prevention messages: how do policies, public service and infrastructure influence COVID-19 prevention? | i) Public service, infrastructure and COVID-19 communication; ii) 'It is better for people to be disciplined than police enforcement': absence of COVID-19 prevention countermeasures among marginalised communities; |

| | |
|---|--|
| | <ul style="list-style-type: none"> iii) COVID-19 prevention policies: ambulance service, isolation and testing centres, and stigma; iv) Mitigating COVID-19 related stigma: is community radio the solution? |
| 2. Community radio, social capital and COVID-19 communication. | <ul style="list-style-type: none"> i) Radio Peace and COVID-19 communication: efforts towards leveraging social capital to improve health outcomes; ii) Building community radio-listener relationships through social values. |
| 3. Is COVID-19 a hoax? Trusted sources of covid-19 prevention information | <ul style="list-style-type: none"> i) COVID-19 survivors and international travellers are important prevention information sources; ii) Trusted sources: Mass media vs interpersonal sources of influence. |
| 4. Improving information choices: community health volunteers, community radio and COVID-19 communication | <ul style="list-style-type: none"> i) Filling the information gaps: community health volunteers, interpersonal communication and COVID-19 prevention. |

Table 5-7: Comprehensive summary of themes related to structure

5.5 CHAPTER CONCLUSION

This chapter presented the IDI and FGD data collected from community members, local community radio staff, volunteers and related professionals, and local community health volunteers. The data was presented in line with the pillars in the theoretical framework adopted for the study, CCA and participatory theory. Again, the initial findings from the data analysis were linked to the methodological approach and the epistemological position discussed in Chapter Four (Braun & Clarke, 2020; Braun & Clarke, 2006). Data collection and analysis occurred concurrently and iteratively, which helped me document nascent findings and ideas as advised by many scholars (Nowell et al., 2017; Braun & Clarke, 2020; Braun & Clarke, 2006; Creswell, 2007). To ensure rigour, I developed a systematic approach for further data analysis.

CHAPTER 6

COMMUNICATING COVID-19 VIA COMMUNITY RADIO: FACTORS INFLUENCING MARGINALISED PEOPLE'S AGENCY

6.1 INTRODUCTION

In Chapter Five, data from the IDI and FGDs were presented thematically. In this chapter, I analysed and interpreted the specific findings from the culture centred approach (CCA) perspective that relates to the *agency* pillar, which also aligns with the first research question of this study. The first research question of this thesis explored: In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio (CR) station, Radio Peace, Winneba? This chapter described how community members could activate their agency and voice for COVID-19 communication through the mediated community radio platform from the participants' perspective. The analytical findings were based on the thematically coded data presented in Chapter Five (See table 5.5). For this chapter, I take the position that only when community members are mobilised to understand their ability to utilise their voice and agency in CR's COVID-19 communication interventions can there be an improvement in the responses to specific contexts. This is achieved through dialogue and consensus building for action towards sustainable change (Fernández-Aballí Altamirano, 2020; Servaes, 2020; McAnany, 2012).

The findings discussed below affirm this study's position that universal approaches to halt the spread of COVID-19 will not suffice in marginalised communities in the Ghanaian context. There is a need for universal approaches to be contextualised to meet local realities. It also largely authenticates the assertion that the mediated CR platform provides marginalised communities with the communicative space necessary to facilitate access to healthcare resources (Tyali & Tomaselli, 2015; Manyozo, 2009; Essandoh, 2006). The chapter offers suggestions on how the agency and voice of marginalised people can be enhanced. The essence is to enhance their involvement in CR's COVID-19 communication interventions. To this end, the CCA provides a framework for understanding the phenomenon under study. This thesis aims to add knowledge to this area.

The following themes are discussed below: (1) Sharing COVID-19 information: official vs alternative sources; (2) Communicating COVID-19: the content is the message; (3) Community radio: a breath of fresh air or business as usual? ; (4) Improving COVID-19

adherence among the marginalised: a Sisyphean task? ; and (5) Community radio and COVID-19 communication: ‘and there was light’.

6.2 SHARING COVID-19 INFORMATION: OFFICIAL VS ALTERNATIVE SOURCES

This section analysed official and alternative sources of COVID-19 information and how the former is reinforced or contradicted by the non-official sources. The following sub-themes were discussed in this section: (1) Common sources of COVID-19 information; (2) Curating the narrative: official COVID-19 information sources; and (3) Building trust: alternative sources of COVID-19 information.

6.2.1 Common sources of COVID-19 information

Widely sharing messages and raising awareness of the biological causes of the disease, mode of transmission and prevention actions is a vital first step in designing effective COVID-19 communication interventions for marginalised communities. As discussed in Chapter Three, primary health resources are recognised as human rights but not commercial commodities (Dutta et al., 2020). The participants shared that they were exposed to COVID-19 information from numerous sources, including mass media (radio, television, newspaper, community audio towers, and community radio), civil society organisations (CSOs) (NGOs and churches), primary health care facilities [National Community Health Planning and Services (CHPS) compound, and hospitals], social media (Facebook, Instagram, YouTube and WhatsApp) and other individuals, institutions and groups [Information Service Department, Ghana (ISD) and National Commission for Civic Education, Ghana (NCCE)]. A participant stated that: *“even when the government announced the protocols, it was the media that shared such information. Messages are shared mainly on the radio and television. Apart from that, you can also get messages on Facebook and Twitter”* (Badu, Male, FGD#1 Participant, Gomoa West District, 13 August 2021). Some of the extant literature discussed in Chapter Two was replete with similar examples of health information sources to the subaltern. Indeed, participants shared that COVID-19 information was ubiquitous and widely shared, as depicted by the following statement: *“to help contain the spread of the virus, prevention messages were distributed on-air very widely to the extent that they reached some of us in rural areas so we could know what to do to avoid infection”* (P3, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

6.2.2 Curating the narrative: official COVID-19 information sources

Ghana's President, Nana Addo Dankwa Akufo-Addo, through his televised public addresses affectionately christened 'Fellow Ghanaians', was a prominent thread running through the sources of COVID-19 information shared by participants. A participant stated: "*...the President [of Ghana] gave us regular updates on the number of cases, how to protect ourselves from infection, how to stay safe to contain the spread of the virus or prevent ourselves from infection*" (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021). The finding of the President as a common source of information is not surprising since messages from authoritative figures or 'symbol-handlers' during acute health emergencies carry more significant influence among the recipients and the media (Anoff-Ntow & Tettey, 2022; Bjørkdahl et al., 2021; Gavaravarapu & Vemula, 2021; Gibson, 2021). People's heightened trust in authority figures is because of the presumption that they have access to accurate information (Anoff-Ntow & Tettey, 2022; Gibson, 2021). This study's findings revealed that beyond televised addresses, official sources of COVID-19 information were also brought to recipients' doorsteps through mobile information vans. An FGD participant stated that: "*...vans moved from place to place to share messages on the fact that the disease is real, so people should protect themselves and other things. So, we received messages from television stations, radio stations and the NCCE vans*" (P1, male, FGD#2 participant, Effutu Municipal, 13 August 2021). The use of information vans to distribute information is an acknowledgement by health authorities that mainstream radio and television channels may not suffice to meet the information needs of marginalised people in rural communities.

The uncritical acceptance of official sources of information during emergencies is an accepted expectation (Anoff-Ntow & Tettey, 2022). However, this study's findings were mixed. While some participants took official sources unquestionably, others relied on alternative sources for information and authentication. The reasons expressed by respondents for relying on alternative sources of information included trust, broadcast in the local language, familiarity, proximity, and political neutrality, which contrasted sharply with mainstream sources. From the participant's narration, it became evident that trust was a significant determinant of the choice of COVID-19 information sources. Trust between authorities and the populace is crucial in quelling rumours, confusion, and conspiracies during public health emergencies (Larson, 2020). Whilst some participants shared that they trusted official sources of COVID-19 information, which was expected (Anoff-Ntow & Tettey, 2022), others mistrusted such sources. Indeed, Bjørkdahl et al. (2021) report that communicating COVID-19 prevention messages via political figures and public health experts engendered trust and

solidarity among the populace in Norway, Sweden and Denmark. However, public mistrust of the government heightens when citizens regard official sources of COVID-19 related information as unreliable (Anoff-Ntow & Tettey, 2022; Larson, 2020). Again, the findings align with the literature asserting that people living in poor socioeconomic context breeds distrust, apathy, and alienation toward authorities (Small, 2004). The danger with such a situation of mistrust is that it provides fertile ground for (dis)misinformation to fester (Larson, 2020). The excerpt below paints a picture of how inconsistent messaging breeds distrust of official sources among participants:

Why has the president [of Ghana] stopped his usual public addresses on COVID-19? It implies that it seems COVID-19 is no longer a threat; the reason he has also stopped his public updates. As we speak, most people do not mask up in public. If indeed COVID-19 was still a threat, I am sure the authorities would have ensured that people adhere to the prevention protocols... (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

6.2.3 Building trust: alternative sources of COVID-19 prevention messages

Participants expressed relative trust in CSOs as COVID-19 information sources. In particular, NGOs and the church were popular among participants because these sources mainly employed interpersonal communication. Interpersonal communication breeds trust since it is personal and dialogic, and people can identify with it, thus effectively communicating health information among marginalised people (Frishkopf et al., 2016; Panford et al., 2001). For instance, an FGD participant stated: “*Child Right International [NGO] regularly visits our community to share messages with us. ...these education sources have been useful to us*” (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021). Participants’ relative trust of alternative sources means they are perceived as offering credible narratives on the pandemic and may knowingly or unknowingly be de-legitimising or reinforcing official information. Subaltern pandemic versions stand a greater chance of being projected on alternative channels.

These alternate sources of COVID-19 information did not just regurgitate ‘official’ information. They sometimes reinterpreted it before resharing it to the recipients within their ambit of influence coloured by their understanding, biases, inclinations and cultural values. The result is the difficulty for ordinary people to verify the integrity of COVID-19 information (Anoff-Ntow & Tettey, 2022) and may lead to blind faith in such sources justifiably or unjustifiably. Therefore, alternative sources may compromise or re-package official information shared with marginalised people. Whichever way, marginalised people may have to develop a critical lens for receiving and sharing COVID-19 information. Further, this study

found that participants trusted the local CR, Radio Peace and the associated journalists. When participants were asked about why the choice of the station as a source of COVID-19 information, one of them had this to say:

It [Radio Peace's broadcast] has helped because the messages are comprehensively broken down to the level of understanding of everyone, including the aged and even people who do not speak and understand the English and Effutu languages. So, everyone, including senior citizens, truly understands the nature of the disease and what to do to avoid infection (P6, female, FGD#3 participant, Effutu Municipal, 18 August 2021).

Understanding the centrality of agency to influence access to reliable health information by the subaltern is integral to health-related communication interventions (Dutta, 2011), suggesting that its absence may lead to information paucity among the marginalised. The above findings mean reliable information cannot be privileged or weaponised in health emergencies. As discussed in Chapter Three, COVID-19 prevention information should be readily available to marginalised communities to meet their everyday media habits. Dutta (2011) pointed out that the enactment of agency within the CCA is inextricably linked with the distribution of health information resources. This is inconsistent with the Ghana government's public health communication approach of centralised information sources and broadcasts from controlled media settings (Anoff-Ntow & Tettey, 2022).

From the above discussions, efforts to share COVID-19 prevention messages with marginalised communities could be enhanced by adopting a decentralised and integrated communication approach that includes alternative channels like CR and interpersonal communication sources. This gap could be filled by community health volunteers and CR journalists. This idea was supported by participants' narration that:

I think there should be field officers tasked to visit households to distribute COVID-19 messages, just like during immunisation exercises. For instance, in my case, I leave for the farm first thing in the morning. So, if I don't get information from another person or listen to Radio Peace or other stations, I won't get to know about the disease. Should I contract the disease, I wouldn't even know. However, should field officers visit my home and share what I need to do to avoid infection, I am sure I will adhere to their advice (P5, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

The above finding is a tried and tested approach to health communication for childhood immunisation by the Ghana Health Service (GHS) in Ghana. It could therefore be escalated for COVID-19 communication using CR in Ghana. Community health volunteers of the GHS interviewed for this study stated that: “we do house-to-house visits to engage community members. We visit people's households to have discussions with them” (P7, IDI Participant,

Gomoa West District, 21 September 2021). This finding is worth considering in designing contextually proximate COVID-19 communication interventions for marginalised communities. Such strategic approaches can potentially provide marginalised communities with adequate and reliable information about COVID-19 infection prevention. These alternative communication channels are to re-echo, contextualise and offer critical perspectives on the WHO and GHS-approved COVID-19 non-pharmaceutical interventions (NPIs) and pharmaceutical measures usually shared through mainstream mass media channels.

The choice of communication channels for sharing COVID-19 prevention messages by health communicators and health-related duty-bearers depicts power and control. This is because marginalised populations' level and ease of access to such platforms may inhibit or enhance their agency. Communication channels that are less accessible to vulnerable people contribute to the erasure of these groups from public discourses about COVID-19 prevention and thus diminish their agency. However, participatory communication channels like CR, as discussed in Chapter Two and interpersonal networks enhance marginalised people's ability to access information resources on COVID-19 prevention. This heightens their agency to contribute meaningfully to public discourses about containing the pandemic. Communication channels employed for COVID-19 communication must narrow the access divide between marginalised and privileged populations.

6.3 COMMUNICATING COVID-19: THE CONTENT IS THE MESSAGE

Many participants who contributed to this study indicated that their choice of COVID-19 information sources was influenced by the content that circulates on particular communication channels. Coherent and consistent messages that equip people with verifiable information during health emergencies are a vital response strategy. The analysis in this section highlights the COVID-19 prevention messages identified by participants. The following sub-themes were discussed in this section: (1) Awareness of COVID-19 infection in Ghana; (2) Awareness of COVID-19 infection: from the local to the global; (3) COVID-19 NPIs: state response, awareness and applicability and; (4) COVID-19 vaccine: an alternative or complementary to NPIs?

6.3.1 Awareness of COVID-19 infection in Ghana

The clinical signs of COVID-19 include fever, cough, fatigue, myalgia (muscle pains), dyspnoea (difficulty in breathing) and diarrhoea (WHO, 2020a). Awareness and knowledge of COVID-19 symptoms signal informed recipients. According to the extant literature,

COVID-19 related awareness creation lays the foundation for public understanding (Aikins & Akoi-Jackson, 2020) and potential adherence to the prevention messages. This study's data suggests that most study participants were aware of COVID-19 infection in the Ghanaian context. This position is exemplified by statements such as, "*what I know about COVID-19 is that it is a very infectious disease and can be transmitted from one person to another*" (P1, female, FGD#8 participant, Effutu Municipal, 21 October 2021). Others stated that: "*we were educated on the mode of transmission of the disease. People should quickly visit the medical centre once they experience symptoms such as coughing, sneezing, or severe fever so they can test for COVID-19*" (P1, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

Participants explained that the dynamic nature of the pandemic caused an emotional rollercoaster as new variants which were more virulent emerged, potentially further disrupting their lives or making an already dire situation worse. This implies that the fluid nature of the pandemic impacted people's ability or intention to adhere to the prevention messages. Comments, such as the one below, sum up this emotional see-sawing and adherence intentions:

When the second errr variant came, Delta, they were afraid, so when they closed from church which is quite close to me, everybody was wearing something [face mask]. Now go and stand there and see how many people but I have; where are they? (P10, IDI participant, Effutu Municipal, 21 October 2021).

These findings suggest an enhanced agency by the respondents to access information and the cognitive ability to make sense of it within their contextual realities. However, awareness of COVID-19 and making sense of messages cannot be created in a vacuum. Making sense of COVID-19 information was viewed against the backdrop of the other in a communal context, suggesting that centrally designed messages can only be appropriated into people's daily lives based on the collective resources available to them (Dutta et al., 2020). Indeed, local NPIs lexicon like 'nose mask' within the selected communities instead of the more consistent term 'face mask' underlines the importance of tailor-made COVID-19 prevention messages. This position is supported by statements such as, "*... also we need to go check your COVID-19 status if you are experiencing headache and fever. It may be that you have contracted the disease, and you may unknowingly spread it to others*" (P1, Male, FGD#4 Participant, Effutu Municipal, 7 September 2021). Discussion in Chapter Three, which supports this finding, elucidated that collective attributes such as norms and attitudes weigh individual health behaviour in settings with communal ethos (Dutta et al., 2020; Waisbord & Obregon, 2012). While widely sharing COVID-19 information is vital, building a more supportive and

empowering environment among the marginalised is key to improving awareness and, ultimately, improving their agency to make decisions concerning adherence to COVID-19 prevention messages. This position illustrates that health is a socio-cultural product (Dutta, 2011; Airhihenbuwa, 1995; Lupton, 1994b).

6.3.2 Awareness of COVID-19 infection: from the local to the global

Comprehensive knowledge about pandemics should dovetail into a sense of a global threat or awareness of its occurrence beyond the shores of one's community. Participants in this study cited the existence of COVID-19 in other countries and the virus' origins, suggestive of its pandemic status. Participants played the victim, blaming other countries for visiting the deadly virus on the rest of the world. A participant explicitly shared that the virus originated in China, "*what we know is that the '19' attached to the name of the disease tells us that it emerged in 2019 from China before spreading to Africa*" (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021). This finding is at variance with the aim of the WHO to limit the location or origin conflation of the virus to avoid negative emotions such as stigma and racial slurs (WHO, 2020a). The accepted alien origin of the disease necessarily influences collective and individual: risk perception, beliefs, convictions, mode of spread, how to avoid infection, and treatment of COVID-19. The origin conflation of COVID-19 invariably fuelled the expression of stigma towards people perceived to have foreign links either by nationality, travel history or association (issues of stigma are discussed in detail in Chapter Eight). However, it is essential to single out this point for discussion in this sub-section. Asked whether voluntary public COVID-19 status disclosure should be encouraged vis-à-vis stigma, some respondents admitted they would keep their status private to avoid being ostracised by others in their community. An FGD participant explained:

In this community, people will stigmatise and discriminate against such persons. I say this because my brother-in-law returned from Nigeria during this COVID-19 period. Because he had been away for a long time, I hugged him when I saw him. Afterwards, all my acquaintances shun my company, insisting that I should go test for COVID-19. So, I prayed to God to spare me from infection even if he was infected (P3, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

The above quote illustrates that foreigners, and locals with a travel history and their close ones, were assumed to be spreaders of the virus, implying that they were a public health threat and, therefore, not welcomed. The irony of the finding of stigma towards community members with visceral foreign connections is that in Akan societies, Westerners, Orientals and locals known to have travelled to *abrokyire* [foreign land] are highly regarded. It was a source

of social prestige to such persons, especially locals from deprived communities who have had such an opportunity. Public health emergency overriding long-established cultural norms was an interesting finding of this study. Indeed, at the height of COVID-19 infection in Ghana, a popular tele-evangelist affectionately known as Opambour Nation Prophet 1, in a widely shared YouTube video, remarked in the Akan language that:

To wit: ... returnees from abroad flaunt their achievement; why? They are 'borga' [slang term for returnees from advanced countries]. I have lived in London for thirty years, in Germany and Italy too. All men and women listening to me should boldly declare they have lived abroad before...and dare the consequences...once you declare that you have returned from America or Italy, what will Ghana's President Akuffo Addo do to you? He will quarantine you... (Gh Culture, 2020).

This remark of ostensibly undervaluing a previously prestigious social achievement underlines the satirical alternative narratives associated with the pandemic (Anoff-Ntow & Tettey, 2022), yet a significant tectonic shift of social values amid a pandemic, albeit it been ephemeral as knowledge about the disease evolves and deepens. The presumption of innocence and mental comfort may have contributed to the negative attitude of stigma and discrimination towards those perceived to be spreaders of the virus. This study suggests that people with foreign travel history, whether viscerally or actual, may socially be placed at the margins' margins, translating into less social support. Consequently, they will exercise less agency in avoiding infection.

Furthermore, participants raise an essential issue of evaluating local COVID-19 policy interventions relative to other countries. The natural penchant for looking to what the other is doing amid a general risk fuelled criticism of the Ghana government's COVID-19 policy interventions. The quote below depicts this point:

Suppose you compare the COVID-19 situation in Ghana to other countries like Italy. In that case, you will realise our leaders are not being truthful to us because, in those countries, the statistics on the number of infected and the dead are known, and there were lockdowns (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021).

This finding suggests that *global* influences affect how the effectiveness of local prevention interventions is perceived. The above discussions illustrate that public health policy interventions in a globalised world should comprehensively consider local, national and global factors. The domino effect of health-related international happenings and policies invariably impacts public health even in the remotest corners of marginalised communities, placing such groups at heightened risk of infection and limiting their agency in avoiding infection. Within the CCA, the impact of global happenings on the wellbeing of the subaltern has affirmed that

“pandemics such as COVID-19 render visible the deep-rooted inequalities across and within societies” (Dutta et al., 2020: 1).

6.3.3 COVID-19 NPIs: state response, awareness and applicability

Community members who form part of this study identified the COVID-19 prevention messages they frequently exposed themselves to. Exposure to accurate, adequate and timely prevention information during acute health emergencies is a prerequisite for the active recipients to avoid infection or seek treatment. Some of the extant literature discussed in Chapters Two and Three highlights the WHO-approved COVID-19 NPIs. Several participants explicitly shared that they exposed themselves to similar prevention messages. One of them stated that: *“to avoid infection, we were told not to hug each other, we shouldn’t exchange handshakes, and to avoid public gatherings”* (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021). Another stated that:

So, the most important things are for us to wash our hands with soap under running water and also wear nose [face] masks in public places like when travelling or in the market always. We should also wear our masks at church and sanitise our hands as well (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

Participants’ unconscious use of plural pronouns, even though I asked them for their individual opinions on their knowledge of COVID-19 infection during the FGD sessions, highlights their role as social actors in a society with a communal ethos. Thus, the idea of social control could be incorporated into pandemic communication efforts.

Unlike the dominant paradigm-inspired persuasive health communication models that emphasise individual responsibility towards behavioural change (Salmon & Poorisat, 2020; Lie & Servaes, 2015; Waisbord & Obregon, 2012; Schiavo, 2007), critical cultural approaches like the CCA and participatory theory to health communication prioritise the communal or group influences over individual attributes (Airhihenbuwa et al., 2014; Dutta, 2011; Airhihenbuwa, 1995; Lupton, 1994). The latter approach acknowledges the agency of the marginalised people and their participation in improving health outcomes based on their contextual peculiarities. Consequently, improving COVID-19 related health outcomes among marginalised communities should go beyond message distribution. Instead, it should be founded on the meaningful involvement of the subaltern to shape messages that have socio-cultural significance. From the preceding, health-related behaviour among marginalised communities in Ghana is a complex social-cultural issue. This is consistent with previous studies in the Ghanaian context (see Gyasi et al., 2016; Sarfo, 2015; Williams, 2014; Dako-

Gyeke et al., 2013). In affirming the health-related value system of community members within the catchment area of Radio Peace, a participant spoke powerfully about how information distribution alone was not enough to improve adherence to the WHO and GHS-approved NPIs. Indeed, an already dire situation was made worse by the government's failed attempt to use heavy-handedness to push rather than pull people into adherence. He stated that:

The reason for the low adherence was the involvement of the police in enforcing adherence to the prevention protocols. Rather what authorities should have done was to have educated us by showing us evidence of people we know who have contracted the disease, recovered, or died; that way, we would have accepted that COVID-19 exists. So, just the distribution of information on COVID-19 statistics means nothing (P5, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

This finding suggests that the WHO and GHS-approved COVID-19 prevention NPIs need to be integrated into local realities instead of a one-size-fits-all approach. The continual marginalisation of communities from the discursive spaces where COVID-19 health-related knowledge, policy, plans, and evaluation indicators are constituted would be detrimental to efforts to contain the pandemic. This finding elucidates that community or group support for the WHO and GHS-approved COVID-19 NPIs would be missing among people with communal ethos, translating to a limited agency to adhere to prevention messages among the marginalised.

6.3.4 COVID-19 vaccine: an alternative or complementary to non-pharmaceutical interventions?

Though vaccines are not considered NPIs, issues concerning vaccines were inevitably raised by respondents during data collection. The COVID-19 vaccine became available in Ghana in February 2021, a few months before data collection for this study started. At the time of data collection, there were no known cures for COVID-19. Since the vaccines offered some form of protection against infection and severe sickness, respondents' interest was piqued.

Participants expressed that the COVID-19 vaccines complement the NPIs but do not replace them as the pandemic response evolves.

Although the disease is infectious, these are the ways to prevent infection. Otherwise, maybe it is the medicines [vaccine] that the government has imported to protect us if we can access it. Even with that, after receiving the shot, we still need to practice the protocols (P2, IDI participant, Effutu Municipal, 15 July 2021).

This finding illustrates that clear communication strengthens people's agency to make informed choices towards avoiding infection. Participants' ability to choose from the gamut of

COVID-19 prevention strategies, that is, NPIs, pharmaceuticals or both, highlights active rather than passive listeners. This finding aligns with the CCA that pandemic responses should not be paternalistic but rather facilitate choice (Dutta et al., 2020).

However, other participants expressed that they were oblivious to the availability of vaccines in their community. An FGD respondent stated: “*me, I haven’t heard anything about the vaccines*” (P8, male, FGD#4 participant, Effutu Municipal, 7 September 2021), implying inadequate information sharing. This situation leads to decreased available COVID-19 prevention choices among such people. This finding illustrates the limitation of the blanket approach of mainstream information dissemination interventions with little consideration for specific recipients’ contexts. Perhaps this indicates the warped but widely accepted dictum in broadcasting in Ghana: ‘once information is shared on radio and television [usually commercial], it will reach everyone eventually’, an indication of the influence of the dominant approaches to public communication in the country.

These contrasting findings on vaccine awareness and knowledge elucidate that lack of vaccine demand and hesitancy may not always be linked to people being anti-vaxxers. It may be attributed to a mixture of genuine ignorance, unaddressed concerns, the difficulty for ordinary people to verify information (Anoff-Ntow & Tettey, 2022), lack of clarity on vaccine benefits, side effects and counterstrategies, unavailability, and structural hindrances to vaccine access. For instance, health communicators’ failure to explain vaccine side-effects may mean that the community members often had to exclude vaccines from their prevention choices. People in such a situation may feel like they have fewer alternatives to avoid COVID-19 infection. The excerpt below paints a picture of this:

So, because of the fear created around these vaccines, even if the government makes them readily accessible today, many people will be reluctant to take them. This is because the rumour around the vaccines always portrays the negative aspects but not its benefits (P1, male, FGD#4 participant, Effutu Municipal, 7 September 2021).

The finding on lack of clarity on communicating vaccine side-effects added another weapon to the repertoire of people who already doubted the aetiology of COVID-19 infection. Ignoring such beliefs may put unvaccinated people and others at heightened risk of infection. This delicate situation may create a COVID-19 prevention ‘free-riding’ condition, where unvaccinated people put more obligations and health-related risks on vaccinated people. This is consistent with previous works on ‘free-riding’ among networked communities (see Carpiano, 2008; Kawachi et al., 2008). It is important to note here that COVID-19 communication should highlight alternatives, acknowledge people’s preferences for specific

options and deny others as they see fit. This position opposes top-down mainstream persuasive approaches to communicating COVID-19 prevention. It can be deduced from the above finding that COVID-19 communication in Ghana has failed to adequately discuss challenges and counter-measures to help people circumvent prevention adherence hindrances. As discussed above, the goal of COVID-19 communication should help members of beneficiary communities make informed choices. The absence of alternatives and the paternalistic insistence on particular options over others may limit marginalised people's agency. Such dominant approaches may create a situation where the subaltern descends into a state of passivity, trusting in blind hope to avoid infection. For Dutta (2011), contextual factors should enhance agency but not restrict it.

Participants suggested effective communication to dispel misconceptions surrounding the side effects to improve vaccine confidence and uptake. The following statement buttresses this position: *“So, we are asking for a comprehensive education on the vaccines so we can rest assured that the rumours are false”* (P1, male, FGD#4 participant, Effutu Municipal, 7 September 2021). Policy implementation must consider a culturally appropriate COVID-19 communication strategy that acknowledges the limitations of persuasive information dissemination approaches but empowers marginalised people.

The above findings suggest that COVID-19 NPIs cannot be communicated in isolation but must be seen as part of a cascade, including pharmaceutical measures. Therefore, the umbilical cord of COVID-19 communication about NPIs and pharmaceutical interventions is inextricably linked. Understanding this is vital for the content of COVID-19 communication to merge NPIs and pharmaceutical information to marginalised communities. Integrating NPIs and pharmaceutical measures should be done in ways that acknowledge the advantages, limits, counter-measures and complementary nature of the two. Participatory and critical approaches to COVID-19 communication provide a frame for such conceptualisation (Dutta et al., 2020). As discussed in Chapters Two and Three, community radio is a participatory-oriented tool for communicating interventions as it tilts the power balance to the subaltern (Fox, 2019; Rodríguez, 2011; Dutta, 2011). For example, community radio effectively communicates local health needs, such as adolescent health, HIV/AIDS and malaria in Ghana (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000). Community radio could be used for effective COVID-19 communication for marginalised communities.

6.4 COMMUNITY RADIO: A BREATH OF FRESH AIR OR BUSINESS AS USUAL?

As intimated above, the limits of the mainstream information dissemination approach to communicating COVID-19 prevention messages mean that the spotlight is shifted to alternative platforms like CR that are better able to meet the needs of its active listeners. This section's analysis highlights findings on CR and its access to the subaltern in enacting their voice. This section discussed these sub-themes: (1) Community radio: content, access and agency; and (2) Community radio: benefits of broadcasting in the local language.

6.4.1 Community radio: content, access and agency

It was found that community members generally prefer radio content on happenings in their communities compared to elsewhere. Local information on CR is counter-hegemonic (Fox, 2019; Rodríguez, 2011), implying that it enhances the agency of the subaltern. The findings revealed that though participants were exposed to media content from other sources, the content on the local CR, Radio Peace, was considered more local and relevant. The normative characteristic of CR aligns with the point of offering programme content that is local and different from what circulates on mainstream hegemonic platforms (Fox, 2019; Rodríguez, 2011). This indicates that the medium serves local interests and needs (Tabing, 2002; Karikari, 2000). The statement below highlights this finding:

Their programming has contributed to the progress of our community, so as good citizens, it is incumbent on us to support institutions like that. This is what influences our leaders to moot the idea of members of the association contributing to assist Radio Peace financially. So, our motivation for supporting Radio Peace financially is because their programming is relevant to listeners (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

For CR to remain a medium that advocates for social change, there must be some key considerations in its programming (Fox, 2019; Dutta, 2011; Rodríguez, 2011; Tabing, 2002). This study's participants raised the point that Radio Peace's programmes projected the listeners as active architects of their social change process. An FGD participant emphasised the point of community input on CR's social change programming:

This is important because it is the community members who really know the developmental challenges their localities face but not the distant government officials from their offices, who may be oblivious to local developmental realities. So, it is our duty to draw their attention to, for instance, erm, malfunctioning street lights, unmotorable roads, [and] burst pipelines (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

The above finding contrasts the hegemonic platforms' orientation of perceiving recipients as passive. This study found that Radio Peace provided a mediated platform for active listeners and duty-bearers to connect. The quote below depicts this point:

Institutions like the NCCE frequently educate the public via radio Peace, same as the Fire Service [Department] that also uses Radio Peace's platform to educate the public on fire safety. The Information Service department also does the same. So, previously ineffective institutions have been brought to life through Radio Peace. Also, the nurses utilise Radio Peace, I think, on Tuesday to educate the public on health issues, not only on COVID-19 but various other health issues (P4, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

Indeed, participants expressed the need for community members to utilise CR's mediated platform to demand accountability from duty-bearers: "so, it is incumbent upon us to call into the programmes and express our opinion and draw the attention of duty-bearers to certain happenings in our locality once the topic of the day is announced" (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021). In particular, the participants shared that the extended allocated listener call-in time on the *Hyewbo* and *Woso kabi* programmes on Radio Peace, provided them with opportunities to activate their voice on local issues of concern, "they have introduced two main programmes which accord listeners extensive time to phone in, one is *Hyewbo*, and the other is *Woso kabi*. Everyone can call to express their opinion" (P1, male, FGD#3 participant, Effutu Municipal, 18 August 2021). Every community member's access to express their views to the rest of the active listeners means that the CR aligns with the idea of participatory approaches of tilting the power and knowledge compass towards locals (Bessette, 2004). This contradicts the mainstream practice of providing access to so-called experts and journalists as information gatekeepers.

These findings highlight the potential of CR to accord hitherto marginalised people opportunities to hold duty-bearers accountable on issues concerning their welfare and wellbeing (Diedong & Naaikur, 2012; Al-hassan et al., 2011; Manyozo, 2009). Also, participants' ability to express their developmental concerns and demand accountability from duty-bearers increases their democratic involvement in the developmental issues that matter to them (Manyozo, 2009), making them feel empowered (da Costa, 2012; Nyareza & Dick, 2012). This power position by active listeners further adds to the advantages of CR, making it likely to be validated by people within its host communities.

6.4.2 Community radio: benefits of broadcasting in the local language

Furthermore, this study found the relevance of CR's programming content in local languages, including Fante, Effutu and Awutu. This implies that the medium departs from the

predominant use of the official language, English, the dominant broadcast lingua franca on some mainstream platforms in Ghana. This gives active listeners the advantage of understanding the station's broadcast. The staff of Radio Peace affirmed the local language consideration. One of them shared that:

We have the Effutu, the typical language of the Winnebarians [people of Winneba] and the Fante. Some of them, if you go [to] them, they don't even understand the Fante, so you have to talk to them in the local traditional dialect, that is, the Effutu dialect (P4, IDI participant, Effutu Municipal, 30 July 2021).

However, access to CR programming does not imply an unaccountable highway where anarchy prevails. The CR medium must apply specific ground rules for access to remain a social good (Tabing, 2002). The participants shared that decorum on air was a way to protect the medium's relevance. A member of the official social club of the station, *Hyewbo kuw* stated that:

It is our duty to ensure that opinions expressed on the radio are devoid of aspersions and are not vexatious because it is one of the things we stand against as an association. So, all offenders of inappropriate talk on the radio are invited and disciplined (P1, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

In affirming the centrality of decorum, another participant expressed, "...should someone speak inappropriately on air; I call Adu [host of the *Hyewbo* programme] to draw his attention privately. So, it helps to curate public speaking" (P1, female, FGD#7 participant, Gomoa West District, 21 September 2021).

Access to programming, CR journalists, and community input means that the information sources, the radio announcer and the names involved in the programme broadcast are familiar to the active listeners. Community radio programmes are accessible to everyone within the station's catchment area and are critical to their access to information resources about COVID-19 prevention. Community radio contributes to narrowing the power imbalance between marginalised communities with low access to mainstream media content and those less constrained. Community radio is a significant source of COVID-19 prevention information to community members living within Ghana's CR host communities, thereby enhancing their agency.

6.5 IMPROVING COVID-19 ADHERENCE AMONG THE MARGINALISED: A SISYPHEAN TASK?

As merely sharing information is no guarantee of improving COVID-19 prevention adherence among marginalised communities (Dutta et al., 2020), it becomes necessary to

establish how adherence can be improved. Discussions in this section focus on factors that hinder or drive COVID-19 infection among marginalised communities. The following sub-themes were discussed: (1) Conformity, local leadership and COVID-19 prevention adherence; (2) Infodemiology and COVID-19 realness: a clash of worldviews?; (3) Communicating COVID-19: fear, message clarity and adherence; (4) Politicising science: state vs contrarian COVID-19 narratives; (5) From the familiar to the unfamiliar: drawing lessons from previous epidemics; (6) Containing the pandemic: state responses vs citizens' reactions and; (7) Faith, culture and COVID-19 prevention adherence.

6.5.1 Conformity, local leadership and COVID-19 prevention adherence

Previous studies established that in most CR host communities in Ghana, group identity is resilient as communal living is the norm (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000). Within this communal living, people's agency is enhanced and limited by the influences of opinion leaders revered as custodians of culture. This study found that opinion leaders influence people's intentions to adhere to COVID-19 prevention messages. The statement below illustrates this situation:

I heard on Radio that the Chief of Aponkyekrom, which is a small community, was urging his subjects not to take the vaccines [...] So, for instance, here at Woara Beba, if we witness our chiefs getting vaccinated in public, then the community members will be motivated to take the vaccines. People will have no faith in the vaccines should a chief tell them not to vaccinate or the chiefs refuse to get the vaccines (P3, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

The above narrative suggests that health intentions and behaviour by individuals are not always personal decisions but are heavily limited by social and cultural influences (Melkote & Steeves, 2015; Waisbord & Obregon, 2012; Dutta, 2011; Airhihenbuwa & Obregon, 2000). The desire to conform and not be seen as an outcast is a strong social force in societies with communal ethos (Airhihenbuwa & Obregon, 2000; Airhihenbuwa, 1995). As such, centrally designed COVID-19 communication interventions targeting individual behavioural change may not be effective among the communities within the catchment area of Radio Peace. Opinion leaders need to be adequately informed on the aetiology, prevention measures, adherence challenges, counter-strategies and the consequences of non-adherence to COVID-19 prevention messages.

6.5.2 Infodemiology and COVID-19 realness: a clash of worldviews?

This study's findings revealed numerous myths and misconceptions surrounding the COVID-19 infection from a Western knowledge perspective. While participants shared many

influences on their COVID-19 adherence intentions, the contention of whether COVID-19 was a hoax or a confirmed public health threat was significant. The following statements underline these opposing views:

With COVID-19, most people believe it is a hoax. For us, in the coastal communities, there are things we don't believe in. Because there is the perception that our relatively cool climate protects us from infection, so it is people who are living in hotter climates who are at risk. So, our beliefs tell us that we are not at risk of infection (P6, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

Other participants counted the view that COVID-19 is a hoax. One of them stated:

Indeed, some people doubt the existence of the disease and that it is a hoax, but for us, as a community, we accept that the disease is real, the reason we wear nose [face]masks, use sanitiser and practice social distancing. So, we will not be reckless because there is no way we will doubt the existence of the disease (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

Other findings on myths and misconceptions centred on the aetiology of the disease, vulnerability to infection and treatment. Generally, participants narrated that blacks and coastal residents were less at risk of infection. Also, the African conspiracy as a target for extermination by other races was prominent. The excerpts below paint a picture of this:

With COVID-19, I believe it was a conspiracy by other races, especially the Whites, to exterminate the black race. They wish to wipe Africans from their continent so they can inherit it. To this end, they have made several attempts, not only COVID-19, but other diseases like HIV/AIDS, Ebola and others (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021).

For us, in the coastal communities[...], we believe that the food we eat protects us from infection since we eat a lot of protein, we swim in the sea and exercise frequently. What I know is that it is people with weak immune systems who are most at risk of infection (P6, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

The spread of myths and misconceptions among marginalised communities is somewhat expected against a backdrop of fluid and unsettled knowledge systems concerning the COVID-19 pandemic. This finding is consistent with findings by Tabong and Segtub (2021) on the circulation of COVID-19 related myths and misconceptions on mediated platforms in Ghana.

From participants' narratives, myths and misconceptions fester because community members within the selected communities perceived COVID-19 infection from a worldview different from Western knowledge of the disease. The tension between these two world views is significant as it influenced agency, risk perception and the intention to adhere to the WHO

and GHS-approved COVID-19 prevention messages. It is essential to understand the reasons for such beliefs that may be termed unscientific from a Western Knowledge system to avoid the danger of ascribing it to ignorance; other reasons may account for this situation. Therefore, alternative views should not necessarily be viewed as uninformed and uninitiated “to conflate ill-intent and wilful misinformation, on the one hand, and expression of differing perspectives, on the other” (Anoff-Ntow & Tettey, 2022: 135). These findings raise questions about the effectiveness of mainstream monologic dissemination of COVID-19 prevention message approaches. Thus, policymakers should acknowledge the role all health stakeholders, whether Western scientific or indigenous experts, could play in building consensus for action. This thesis argues for a co-knowledge production system for designing COVID-19 prevention strategies since indigenous and Western knowledge are complementary (Aworì et al., 2015; Dutta, 2011; Sillitoe, 2002). Community radio journalists need to be orientated in that expertise in a prevention and healing system is not contingent on being trained in a Western scientific system (Manyozo, 2009). The CCA supports pandemic response from the perspective of beneficiary communities (Dutta et al., 2020).

Since the above issues were socially generated, an implication is that failure to address them may lead to people who share alternative views not adhering to prevention messages. Consequently, a simplistic lens cannot be used to view what authorities consider myths, misconceptions, disinformation and misinformation among marginalised communities. It should be seen as a complex cauldron of a clash of knowledge systems and genuine ignorance. It may also be attributed to desperation to protect oneself and close ones, utter lies and falsehood, and a lack of understanding from official sources of information. The challenge lies in acknowledging the complexity of issues surrounding mis/disinformation about the COVID-19 pandemic. As such, policymakers and implementers must find creative ways to navigate such a labyrinth in designing COVID-19 communication interventions among marginalised communities.

This study suggests that it is worthwhile to cogitate upon whether community members living within Radio Peace’s host communities will still align with some of these COVID-19 myths and misconceptions if they were comprehensively educated about the aetiology of the disease, the importance of adherence, and challenges and counter-strategies to contain the spread of the virus. Unlike the literature presented in Chapter Two, the novel findings of this study are that the myths and misconceptions shared by the participants mainly circulate in offline settings among marginalised communities in resource-limited settings.

6.5.3 Communicating COVID-19: fear, message clarity and adherence

The CCA provides a framework for reading how participants' COVID-19 prevention behaviour is impacted by the nature of public health communication they are exposed to. Some participants narrated that the nature of COVID-19 prevention messaging, such as frequency, clarity and how messages are framed, influences their adherence intention decisions. These findings make sense as the COVID-19 virus mutates and may lead to more virulent and deadly variants. For example, an FGD participant questioned the clarity of COVID-19 messaging on the explanation of the cure and treatment of the virus that, *“one of the reasons that make us doubt the existence of the disease is that our authorities made us believe that the disease has no cure, so how did infected people survive it? What medicine was used to cure them?”* (P4, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

COVID-19 public health communication interventions that fail to discuss local specific issues may limit people's agency and inadvertently encourage the spread of myths, misconceptions and misinformation. The need for consistent and relevant messaging to improve health outcomes is substantiated by the finding that messaging has been inconsistent. This situation influences people to presume that the pandemic has ended, albeit prematurely:

Another thing I have realised in Ghana is that the intensity of the initial stages of campaigns is very high, but then everything subsides after a short period. So, it influences the perception that the thing does not exist. You see how it is, so it is the consistency of the messages that will remind the people that the disease is still with us. The fact is, should you decide to conduct a survey to find out people's perception of the existence of the threat of COVID-19, most people will say it is no longer a threat (P4, male, FGD#5 participant, Gomoa West District, 14 September 2021).

Also, this study's findings revealed that issues concerning message clarity and framing influenced participants' adherence intention decisions. Findings revealed that frequent messages reminded participants that the virus is still a threat and the need to take action to avoid infection. On the contrary, infrequent or low-intensity prevention messages make an unwitting impression that the COVID-19 disease is over. Hence, there is no need to adhere to the prevention messages. However, previous works revealed that COVID-19 information overload might drown accurate prevention messages, thereby diminishing people's prevention adherence intentions (Anoff-Ntow & Tettey, 2022; Tabong & Segtub, 2021; WHO, 2020c). This finding suggests that COVID-19 prevention strategies should reflect local socio-cultural factors. Some participants shared that they believe COVID-19 can be prevented:

How they communicated COVID-19 with us helped us a lot. They share with us the case situation, that is, whether the number of cases was increasing or decreasing.

So, we were updated on the situation. So, suppose Radio Peace reports that the cases are increasing. In that case, it presupposes that we need to be more cautious and adhere to the prevention protocols to avoid infection (P5, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

Others were ambivalent and were only driven to adhere to some of the prevention protocols out of fear. However, fear-driven prevention behaviour is not sustainable and may drive infection in the long term. A participant shared that “... people used to wear nose [face] masks in public events like funerals in this community, but these days not too many people mask up at public events” (P3, male, FGD#7 participant, Gomoa West District, 21 September 2021). Participants suggested consistency in public health messaging concerning the virus from trusted sources to help navigate clarity challenges. The statement below affirms this finding:

Through the educational campaigns of our leaders like our DCEs, [and] our MPs, we were all determined not to record even a single case in our communities before believing in the existence of the disease because we would run into so many troubles should we record cases in our community (P6, IDI participant, Gomoa West District, 7 September 2021).

Thus, fear-driven prevention behaviour can be problematic. The excerpt below is representative of this position:

Most people wouldn't have adhered to the prevention protocols; after all, why should people not be allowed to breathe freely but they will be advised to wear nose [face] masks. However, this perception changed, and people decided to adhere to the prevention protocols out of fear after seeing how so many people died from COVID-19 in some Western countries (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021).

It was found that positive messaging dispels fear and provides action cues within active listeners' capacity that, when adopted, can help them avoid infection. This is a crucial strategy in COVID-19 prevention efforts. Many scholars aver that generally fear-based messages can be counter-productive and may even achieve the opposite of the recipients refusing to adhere to prevention messages (Melkote & Steeves, 2015; Schiavo, 2007). Ultimately fear should be leveraged to improve the efficacy of individuals and collectives to perform prevention behaviour effectively but not hinder them. This position is supported by Witte (1992) within the extended parallel process model (EPPM). He argued that when people control the fear, they reject the message, but when people control the message, they can reject the fear. Fear can enhance or limit the agency of marginalised people based on how messages are framed. Voluntary adherence to COVID-19 prevention messages improves the chances of containing the spread of the virus (Paakkari & Okan, 2020). To this end, COVID-19 prevention messages

should be framed positively by acknowledging local contextual factors like fear, myths and misconceptions.

6.5.4 Politicising science: state vs contrarian COVID-19 narratives

Beyond the myths and misconceptions, an alarming issue raised by the participants was politicising the infection within the Ghanaian setting. For context, this study's data collection and analysis started in July 2021, about seven months after Ghana's 2020 general elections. Public discourse around COVID-19 infection occurred within a hyper-political context as competence to handle crises was an important consideration by the electorates in a political year (Anoff-Ntow & Tettey, 2022). Indeed, a participant castigated the Ghana government for seemingly trying to benefit from a non-existent disease. He lamented that, *"for me, COVID-19 was a ploy by the President to solicit aid from elsewhere to drive his developmental agenda, but the disease does not exist in Ghana"* (P5, male, FGD#1 participant, Gomoa West District, 13 August 2021). A statement like this highlights people's penchant for associating with alternative narratives about the pandemic as long as it aligns with their political agenda and rejects official narratives. The following statement illustrates the extent of the problem:

You remember Ghana didn't record a single case during Ebola infection [...] This even became a political banter where supporters of the NDC [Biggest opposition party in Ghana] asserted that due to the better policies of the NDC when they were in power, they were able to keep Ebola at bay, but due to the rather poor policies of the current government, the reason we are talking about COVID-19 infection in Ghana (P10, male, FGD#1 participant, Gomoa West District, 13 August 2021).

This finding suggests that partisan politics remain influential even during public health emergencies (Anoff-Ntow & Tettey, 2022). They further argued that politicising COVID-19 messages open up opportunities for political opponents to amplify their version of official statements, which may not always be accurate due to the desire to gain political capital. This situation can lead to the singular intent of winning political battles from both the government and opposition forces instead of the ideal of curating public discourse to shape a more effective policy response to the crisis. Consequently, different narratives of reality concerning the pandemic circulate among the populace in the cauldron of sinister intent, public health preservation, utter confusion and naivety. To illustrate, a participant stated, *"rumour was rife that the vaccine Nana Addo [President of Ghana] took was water [she laughs], but beyond this, I am yet to hear that anyone has died from taking the vaccine"* (P3, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

The clash of opposing politically motivated views on the pandemic implies that the common good is given less attention. This situation may inhibit marginalised people's adherence intention decisions depending on their political persuasion. Therefore, the intended outcomes of COVID-19 communication interventions are uncertain, leaving the most vulnerable at heightened risk of infection.

6.5.5 From the familiar to the unfamiliar: drawing lessons from previous epidemics

Participants' narration drew parallels with previous epidemics like HIV/AIDS and Ebola and from the local disease environment. Previous studies report that Ghana's response to the COVID-19 pandemic has been shaped by the country's experience with HIV/AIDS epidemic (de-Graft Aikins, 2020). The literature reports that the HIV/AIDS pandemic was partly fuelled by its similar symptoms to the local disease environment, making it difficult to detect (Ilfie, 2006). Similar findings were reported for this study. A respondent explained,

So, I believe this new disease [COVID-19] is not too different from those diseases we were already used to. We know that lack of personal hygiene can lead to the outbreak of cholera, but this disease is relatively transmissible, so we need to really practice personal hygiene (P4, male, FGD#7 participant, Gomoa West District, 21 September 2021).

However, respondents expressed confusion about COVID-19 infection and known infections in the local disease environment. One of them stated:

The learned people told us that the symptoms are like fever, common in our environment. So, sometimes I am really confused by such information. For instance, let us look at this scenario, how many deaths can be attributed to malaria? But since the inception of COVID-19, we don't get to hear of deaths attributed to malaria (P4, male, FGD#7 participant, Gomoa West District, 21 September 2021).

This finding suggests that confusion surrounding the current pandemic may lead locals to erroneously attribute seeming COVID-19 infections to familiar diseases with similar symptoms. Thus, participants are likely to apply the wrong prevention and remedy methods, leaving them at a heightened risk of infection, morbidity and mortality. Again, Ghana's response to previous epidemics like HIV/AIDS and its relative success offered familiarity and mental comfort to participants, who expected a repeat of such strategies. The appearance of a departure from what has been known contributed to some participants' refusal to adhere to the WHO and GHS-approved COVID-19 prevention messages. Thus, respondents assessed the success or otherwise of Ghana's COVID-19 response on how previous epidemics were contained or prevented. It is like the umbilical cord of the COVID-19 pandemic response, and

others like HIV/AIDS, Ebola and local epidemics such as cholera were inextricably tied together. The excerpt below paints this picture:

Why did government appoint an HIV ambassador? A COVID-19 survivor should do the same by openly declaring and then educating the public about his experiences; that way, people will adhere to the protocols. However, we are yet to see anything like that, so it is not true that COVID-19 exists in Ghana. Should I contract the disease, they can put my identity out there (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021).

The above finding means that health-related contextual factors influenced how people perceived their vulnerability and prevention actions taken. The literature presented in Chapter Two, which buttresses the findings of this study, noted that the social environment within which diseases spread, including gender inequality and poverty, fuelled epidemics in Africa, including HIV/AIDS (Iliffe, 2006). The respondents of this study were drawn from the rural and semi-urban resource-limited communities in Ghana. Therefore, they are disadvantaged and may consequently be most negatively impacted by the outbreak of the COVID-19 pandemic (GSS, 2020). Consequently, although every pandemic is different, lessons of how other pandemics and epidemics were contained offer valuable insight that can be juxtaposed for COVID-19 prevention in Ghana.

Another perspective shared by the participants was the seeming neglect of other local diseases of public health importance due to the over-concentration on containing COVID-19 by policymakers and implementers. The following statement typifies this position:

Ordinarily, this time of the year would have been the cholera season. Now no one talks about cholera, only COVID-19. In 2017, for instance, in one community here in Ghana, the number of cholera-attributed deaths was more than the total number of national COVID-19 deaths so far. But all these diseases have been neglected, and it's only COVID-19 that is attracting all attention now (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

Indeed, respondents extrapolated the benefits of adhering to the COVID-19 NPIs to other public health issues. This implies that public health crises cannot be seen from a singular standalone lens but should be viewed from a layered perspective, dovetailing into other health concerns in the local disease environment. The following statement typifies this position:

To be frank, beyond the protection nose [face] masks offer against COVID-19 infection, it helps protect people from other stuff like dust and bad odour. Some people contract catarrh due to dust, but nose [face] masks can protect against that. So, all of us should contribute to masking in public, so we can contain the spread of the virus to bring harmony and progress to our country (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

The above quote illustrates that public health crises and the local disease environment are inextricably linked, so policy interventions should be designed to address them. Policy interventions should be responsive to the layered dimensions of a public health crisis, which makes some people more vulnerable than others. The different levels of vulnerability among people from a similar context negatively impact the agency of the most at risk if interventions are not designed to meet such needs.

From the ongoing discussion, the pandemic response should be hinged on a comprehensive understanding of the local context. Thus, the utility of top-down approaches to COVID-19 communication in containing the spread of the virus is cast in doubt. This thesis contends that for COVID-19 communication interventions to be effective, they must be comprehensive and responsive to other infections of public health importance in the local disease environment. Such an approach will improve positive health outcomes by helping contain or prevent other potential epidemics. This finding suggests that beneficiary community members' input in the pandemic response is essential if key health stakeholders desire community-level effectiveness in COVID-19 interventions (Dutta et al., 2020).

6.5.6 Containing the pandemic: state responses vs citizens' reactions

Participants of this study framed that COVID-19 policy interventions contributed to their prevention adherence intention decisions. COVID-19 prevention policies intended to contain the spread of the virus were not met with universal acceptance. Some respondents supported policy interventions to prevent the spread of the virus in their communities. The following narration affirms this position: *“many things happened in Ghana as a result, including the closure of workplaces and churches, which I believe helped to contain the spread of the disease as compared to other countries”* (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021). Finding public health measures practical to help respondents avoid infection and their ability to comply increased the popularity of these measures among active listeners. The excerpt below paints a picture of this:

If the government hadn't been firm enough to ban the operation of places like sports grounds, drinking bars, entertainment centres and other places, things would have gotten out of hand. These actions by the government helped contain the spread of the virus. Otherwise, public gatherings would have fuelled the spread of the virus (P1, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

The CCA frames such socially-oriented behaviour by understanding “the capacity of individuals and collectives to enact their choices as they negotiate structure” (Dutta, 2011: 40). As such, the ability of individuals and the collective to comply with public health measures is

shaped by their capacity to meaningfully engage with and negotiate the local structures that can hinder or facilitate their access to COVID-19 related prevention resources (Dutta et al., 2020). This finding aligns with this study's position that pandemic response must be responsive to local needs and attend to specific local capacity challenges.

However, others castigated policymakers for poorly handling COVID-19 prevention efforts in their communities. For example, shared that people resorted to anti-social behaviour when citing an isolation centre in their community was perceived as threatening their health. A participant stated that:

There have been cases here in Winneba that actually resulted in mayhem. The MP gave out his personal building to be used as an isolation centre at New Winneba. When infected persons were sent there, the local community disagreed with the choice of their locality to host the isolation centre and therefore attacked and vandalised the isolation centre (P2, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

The above finding questions top-down decision-making in the pandemic response. For instance, community entry is a crucial first step towards involving communities in sustainable social change interventions and establishing a relationship with a local community to understand the local setting. This is consistent with step one of Guy Bessette's (2004) ten-step community involvement process. The pandemic response should be community-driven but not expert-driven (Dutta, 2020). Participants' refusal and inability to support government COVID-19 interventions to halt the spread of the virus may be explained by perceptions of favouritism and inconsistency in implementing public health policy interventions. The statement by an FGD participant supports this position:

I have always said it is unfair to people that public funeral ceremonies are banned while markets are allowed to operate. For instance, if you go to the market here at Dawurampong, trading is ongoing without any restrictions. Indeed, tax collectors from the assembly visit there to collect taxes from the traders. It feels like the government prioritises economic gains ahead of people's health if, indeed, COVID-19 exists [...]. Again, while some traditional ceremonies have been allowed in Accra, here in Dawurampong, we have been restricted from celebrating our local festival; how is that so? (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021).

The marginalisation of the poor and rural people from the places of decision-making by the centres of power leads to ineffective pandemic response (Dutta, 2020). Consequently, issues of participation, access, empowerment and voice of the marginalised for social change communication need to be critically examined to improve the response to the COVID-19 pandemic (Dutta, 2020). This finding implies the need for alternative channels like community

radio to serve the underserved in the COVID-19 prevention cascade. The normative characteristic of CR makes the medium democratic and provides access to all listeners, irrespective of socioeconomic status, to express their concerns (Fox, 2019; Manyozo, 2009; Tabing, 2002).

6.5.7 Faith, culture and COVID-19 prevention adherence

Behavioural and attitudinal factors were analysed for their influence on people's beliefs concerning COVID-19 infection and their adherence intention decisions. It was also established that to promote adherence to the NPIs, COVID-19 communication should acknowledge the physical disruptions, discomfort and cultural connotations of some of the promoted preventive actions. For instance, the negative mechanistic effect of face mask-wearing on distorting effective interpersonal communication in educational settings was a particular concern shared by participants. A respondent complained that:

Today we attended a meeting at a school, as parents, we complained to the teachers to take off their [face] masks when teaching so the learners can hear them because even as adults, we struggled to listen to them with their nose [face] masks on. My child, for instance, has been complaining of struggling to hear what the teacher teaches (P6, female, FGD#3 participant, Effutu Municipal, 18 August 2021).

Beyond educational institutions, participants shared reasons for their inability to adhere to some of the NPIs. For example, some participants shared that it is uncultured to wear a face mask as it signals an emotional disconnect from others and takes away their humanity during social interactions, “some people even complained that wearing nose [face] masks made them feel like a dead person, but we persisted in our education, and now we believe that people have accepted and are adhering to the prevention protocols” (P6, IDI participant, Gomoa West District, 7 September 2021). These findings illustrate the social challenges in prevention adherence, underlining the need for contextually relevant counter-strategies.

It was found that the aetiology of the disease was set against a backdrop of cultural values and the belief in the supernatural. Indeed, some respondents shared that COVID-19 infection was God's punishment for sinners, “we have heard of massive deaths of people in other places, but because we have not committed any crime, we are still alive” (P7, female, FGD#5 participant, Gomoa West District, 14 September 2021). In Akan culture, the belief that God is the ultimate decision-maker of people's health and wellbeing is central to health practices. It is common for Akans to respond to the question: how is your health? With the culturally appropriate response ‘by God's grace’. This finding implies that an exclusive Western-inspired scientific prevention approach will not suffice in communities whose

inclination is that the supernatural through belief in concepts such as prayer and favour is key to preventing infection. An FGD participant explained, “*I am sure we have been able to contain the spread of the disease due to the favour of God as a result of the fervent prayers of Ghanaian priests*” (P5, male, FGD#7 participant, Gomoa West District, 21 September 2021). Indeed, the danger of neglecting such unscientific positions from a Western Knowledge system is akin to not appreciating variations in influences on adherence intentions and the negotiations required to generate an adequate response. Some participants stated that face masking, for instance, threatens their spirituality. This attitude negatively impacts their adherence behaviour. An FGD participant narrated his frustration:

But our challenge with the church is that it is the place where we can affirm our faith in God. So, it becomes problematic when we go to church, and the priest has covered his mouth with a nose [face] mask. We struggle to hear them; it is as if they are speaking in whispers. I suggest that priests be allowed to preach without nose [face] masks and pray for us to end COVID-19 infection (P1, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

The theme of faith and spirituality have cultural connotations. Some participants shared that some cultural practices, such as the performance of burial rights as non-negotiable even though they were against biomedical advice. The quote below depicts this point: *...if someone should get infected with COVID-19 through such activity [performing burial rights] and die as a result, people will ascribe the cause of death to a rift between the original deceased person and the latest person (P4, IDI participant, Effutu Municipal, 30 July 2021).* Practising burial rights is against expert biomedical advice since it heightens the risk of COVID-19 infection. However, this practice can be understood from the custom of ‘showing last respect to the dead’. The dead are seen as an extension of the living and are revered since they occupy an influential position among the Akans. For example, culturally sensitive messages could promote using hand gloves, wearing face masks, practising social distancing, vaccination, hand sanitising, and handwashing before, during and after the performance of burial rights instead of seeking to discourage the practice. Community support for prevention messages is crucial. Consequently, COVID-19 communication should acknowledge the prevention messages’ physical disruptions, discomfort, and cultural connotations to generate an adequate response to the pandemic.

Another socio-cultural dimension reported by participants was the seeming neglect of the African traditional healing system from the COVID-19 prevention and treatment cascade. The quote below illustrates this point:

There are some herbs in Ghana that you can boil and inhale, which can help protect you from infection. So, before the vaccines were developed, some radio stations, including Radio Peace, shared information about some herbs that can be boiled and inhaled or drunk that can help protect people from infection. So, all this helped when we followed the advice (P1, male, FGD#4 participant, Effutu Municipal, 7 September 2021).

Health authorities' apparent prioritising of one knowledge system, Western, over another, indigenous, may be viewed by the subaltern as a cultural marginalisation and casting their ways of knowing and healing to the bench burner of inferiority in the Ghanaian context. As discussed in Chapter Two, the literature review, since indigenous knowledge systems (IKS) are expressed through people, places and practices (Manyozo, 2018; Bidwell, 2016; Awori et al., 2015; Sillitoe, 2002), they inherently project the agency of the marginalised. The embodiment of IKS as part of the multiple everyday reality of the subaltern opposes the objective, singular and verifiable Western scientific ways of knowing. Thus, the exclusive use of the Western knowledge system as the basis for designing COVID-19 prevention strategies may limit subaltern agency, hence non-adherence to the WHO and GHS-approved NPIs. The above discussion suggests that COVID-19 communication has a role in positively leveraging cultural values and contextual factors to generate an effective response. This implies that the constraints to the agency and ability of marginalised people to enact their choice concerning COVID-19 prevention are numerous, diverse and complicated. Thus, simplistic information dissemination approaches to COVID-19 communication stand at risk of ignoring such challenges, making them less effective in achieving positive health outcomes among marginalised communities. Community radio is a strategic medium to address these factors that shape COVID-19 discourses within the Effutu Municipal, Awutu Senya West, and Gomoa West District in Ghana's Central Region. Community radio provides culturally relevant content that its active listeners want to access, engage with and take informed action, making it a practical and popular medium for COVID-19 communication.

6.6 COMMUNITY RADIO AND COVID-19 COMMUNICATION: 'AND THERE WAS LIGHT'

From the above discussion, context-specific approaches to communicating COVID-19 prevention are necessary to respond to the cultural peculiarities of marginalised communities. As such, a platform that provides a voice to the subaltern to connect to health-related duty-bearers is not only necessary but essential. The normative characteristics of CR are consistent with the advice of Frishkopf et al. (2016) that, for a channel to be effective in communicating

health among people with a communal ethos, it must at once be local, mass, face-to-face, affective, culturally engaging, interpersonal, and intergenerational, and must use indigenous language for discussion. This section analyses specific COVID-19 prevention strategies promoted by Radio Peace. The following sub-themes were discussed: (1) Radio Peace's strategies to contain COVID-19; (2) Dimming the light: Community radio COVID-19 communication challenges and; (3) Community radio and COVID-19: The light, possibilities and reality check.

6.6.1 Radio Peace's strategies to contain COVID-19

Radio Peace's staff and volunteers needed to know about the disease to be reliable sources of COVID-19 information. The station's staff and volunteers who participated in this study shared that they have received education on the aetiology of COVID-19. This finding means they were not just regurgitating information from official sources to community members.

The quote below depicts this point:

When COVID-19 infection started, we were educated about its symptoms and that it could cause death. Some of the symptoms of the disease include chills, coughing, running nose, [and] loss of smell. We were told that one should immediately visit the hospital or a medical person once he/she is experienced any of these symptoms. We also used this messaging in our communication campaigns to our listeners (P8, IDI participant, Effutu Municipal, 16 October 2021).

A dialogic COVID-19 programming approach was employed by Radio Peace, where health stakeholders from state institutions, staff of the station and community members were in constant meaningful discourse. This was achieved via the mediated platform and in off-air settings towards building mutual understanding and consensus for action. This finding is consistent with the CCA that platforms that foster health-related social change must instigate community-level dialogue (Dutta, 2011). The statement below typifies this position:

I accept that how they communicated with us was good. We also shared the messages with our family. For instance, if Radio Peace airs a COVID-19 programme at 9:00 am, our children will be away at school at that time. So, when they return, we inform them that Radio Peace said there is COVID-19, so they should wash their hands immediately after they return home from school, or they shouldn't send their school uniform into the room, or they should go have a bath. I wouldn't have known all these if I hadn't listened to them (P3, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

This implies a departure from mainstream monologic approaches to strategies where the primary beneficiaries were seen as equal and knowledgeable. Such an approach gives

credence to the assertion that the best judge of community radio programmes is the listener (Fox, 2019; Rodríguez, 2011; Fraser & Estrada, 2001). This finding of CR's ability to activate inter-personal information sharing is crucial in helping active listeners avoid COVID-19 infection. This is because people's involvement in identifying health problems, articulating challenges, and devising solutions through active participation in public debate is essential in improving health outcomes (Waisbord & Obregon, 2012; Dutta, 2011; Figueroa et al., 2002).

The findings suggest that, unlike the mainstream health communication approaches, the pandemic response should emphasise the community organising abilities of the subaltern to co-create dialogic infrastructure for democratic-oriented and socially just responses to the COVID-19 pandemic (Dutta et al., 2020). Indeed, participants praised the contribution of Radio Peace in helping them stay safe from COVID-19 infection. One of them put it this way:

The COVID-19 pandemic has really presented Radio Peace with a huge task, so if there is any financial reward from the WHO, then Radio Peace should be the recipient because they have regularly shared prevention messages with listeners. Radio Peace continues to distribute prevention messages day in, and day out, so it will be appropriate they are recognised (P5, male, FGD#7 participant, Gomoa West District, 21 September 2021).

For CR COVID-19 programming to be relevant, it must be responsive to the fluid and unsettled nature of the knowledge around the pandemic. This study found that understanding the local culture and employing participatory approaches helped Radio Peace's staff meet this challenge, potentially enhancing the agency of marginalised people. The statement below paints a picture of this:

We consider the nature of COVID-19 and the current situation. We also look at the situation at the community level to incorporate some of the local issues into our messaging. For instance, for those who do business at the beach or traders, the message will be that wash your hands after giving an item to a customer because you can't tell whether the money taken from the customer carries the COVID-19 virus or not. So, even if the seller doesn't have access to water, the message is that they should use hand sanitiser (P5, IDI participant, Effutu Municipal, 30 July 2021).

Further, Radio Peace's staff shared that listener feedback on the station's COVID-19 interventions was achieved through both off-air and on-air strategies. These included field visits, programme call-ins, field observations, and face-to-face engagements with community members to understand the local situation. This evidence suggests a commitment to achieving positive COVID-19 outcomes through the presence of subaltern voices in the discursive spaces, from a CCA perspective (Dutta et al., 2020). The statements below illustrate this finding:

During our community visits, we also engage community members that the disease is real because not everyone may be able to tune in to [the] radio at the time of broadcast. So, we also discuss the protocols with community members during our community visits (P5, IDI participant, Effutu Municipal, 30 July 2021).

It is conceivable that even though on-air broadcasts may be relevant to active listeners, not everyone could fully understand the prevention messages if they are only discussed in words, implying that the agency of some community members will be limited. Consequently, the possibility of some community members being at a heightened risk of infection even though they may have been comprehensively exposed to the COVID-19 prevention messages and may be willing to adhere to them cannot be completely ruled out. Because of the regular interaction between the Radio Peace's journalists and community members within its catchment area, the former is familiar with and knowledgeable about local culture and practices. This equips them with insight into where and how community members learn about new initiatives. Indeed, Radio Peace's journalists are also community members who reside among the station's host communities. Participants from Radio Peace shared that the station employed field practical face-to-face demonstrations of the NPIs to help community members assimilate the messages better. The aim was to enhance community members' chances of practising prevention behaviour effectively. The following statement typifies this position, "*the fact is that people don't learn much through words but learn so much through demonstration and practice. So, we employ different strategies*" (P5, IDI participant, Effutu Municipal, 30 July 2021). Another stated that: "*...indeed we visited communities with veronica buckets and soaps to demonstrate how to properly wash hands. We also demonstrated how to use hand sanitiser and observe social distancing. Indeed, this exercise was on all the protocols*" (P1, IDI participant, Effutu Municipal, 3 July 2021). This finding means CR COVID-19 interventions are contextually proximate, unlike mainstream information dissemination strategies.

As indicated above, unlike mainstream media, CR gatekeeping is unconventional in that listeners and operators decide what content circulates on the mediated platform. This implies that CR inherently projects the agency of marginalised people by acknowledging them as active and capable of contributing to the conceptualisation of the problem and proffering solutions to contain the spread of COVID-19 within their communities. However, CR, which relies on donor funding, could be susceptible to the agenda of the funders and the control of a few individuals who share the ideology of the funding sources (Conrad, 2014; Diedong & Naaikuur, 2012; Manyozo, 2009). The community members should resist such top-down CR operations.

Community radio journalists share COVID-19 prevention messages based on specific community needs and encourage active listeners' re-sharing of content in on-air, and off-air settings, "*listeners [of Radio Peace] are also expected to share the messages with others so that we can all adhere to the prevention messages*" (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021). In this conceptualisation, COVID-19 communication, using CR, facilitates constant interactions among community members. It provides a mediated platform for them to be exposed to ideas and interpretations that align with their cultural values and beliefs. In this way, opportunities to influence community members to adhere to prevention messages are created and reinforced in culturally proximate ways.

6.6.2 Dimming the light: Community radio COVID-19 communication challenges

From the preceding, Radio Peace's COVID-19 interventions are responsive to local needs. However, the station faces many challenges in its COVID-19 programming, as shared by community members who participated in this study. Participants complained that Radio Peace could not conduct regular community visits (P4, male, FGD#3 participant, Effutu Municipal, 18 August 2021). Other challenges included 'power outages leading to breaks in transmission' (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021), 'the reluctance of health authorities to share information' (P3, IDI participant, Effutu Municipal, 30 July 2021) and, 'outmoded broadcasting equipment' (P1, male, FGD#2 participant, Effutu Municipal, 13 August 2021). Chief among the challenges from the participant's narration was the dire financial situation of the station, which limits the comprehensiveness of the station's programming. This situation further marginalises those at the margins of the margin. The remark below is reflective of this point:

Radio Peace is saddled with financial difficulties. I am not sure they have any source of financial support for their COVID-19 prevention activities. Unfortunately, because it is a local radio and is limited in signal reach, they also receive very little advertising revenue. Also, they don't benefit from any sponsorship (P1, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

An exciting implication of the above findings is the intimate insight of listeners of the station's activities. This illustrates that listeners are actively involved in the social change interventions of the station as stakeholders of a community-oriented organisation (Fox, 2019; Rodríguez, 2011; Tabing, 2002). The active listeners' involvement and deep understanding of managerial issues of a communicative platform are a stark departure from the executive style of mainstream commercial media, which is exclusively controlled by business people and their associates seeking to maximise profit.

To close the loop, community members who participated in this study made several suggestions, including ‘a medical doctor as a resource person for on-air programmes’ (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021), ‘live outside broadcasting’ (P4, male, FGD#3 participant, Effutu Municipal, 18 August 2021), ‘joint community outreach programmes with health authorities’ (P7, IDI participant, Gomoa West District, 21 September 2021) and ‘increased community visits’ (P2, male, FGD#3 participant, Effutu Municipal, 18 August 2021). These challenges, if not addressed, could limit access to the CR platform by marginalising people, inhibiting their agency and further putting them at risk of COVID-19 infection.

Despite the challenges faced by Radio Peace, it became evident that the station’s COVID-19 programme has equipped marginalised people living in the station’s catchment area to feel confident in their ability to avoid infection. From the discussions above, it is not surprising that active listeners identify with the programme content of CR and feel that the programming reflects their voices and concerns. However, the co-existence of CR and other forms of mass media, especially commercial radio and television, means the relevance accorded to various forms of media by local people varies. Thus, various media forms play specific roles in the information ecosystem. This implies that the recipient community’s ‘external information’ needs may be served by commercial media within and outside their locality, though these sources typically neglect local issues (Fox, 2019; Thomas, 2014; Sumujju, 2014). Community radio, therefore, fills the gap in the local information needs of its active listeners. Community radio localises content to meet local COVID-19 communication needs and interests (Laskar & Bhattacharyya, 2021; Srivastava, 2020), thereby enhancing the agency of marginalised communities.

Notwithstanding the hindrances to using CR to communicate COVID-19 to its active listeners, the medium is popular among marginalised communities within the Effutu Municipal, Awutu Senya West, and Gomoa West Districts of Ghana’s Central Region. Community radio is essential for COVID-19 communication because it is easily accessible to community members. It is also due to its ability to engender intra-community dialogue and interactions between ordinary community members and health-related duty-bearers.

6.6.3 Community radio and COVID-19: Strategies to improve the medium’s effectiveness

Despite the many advantages of CR’s COVID-19 communication in facilitating public discourse to improve COVID-19 related health outcomes, it is limited on its own to improve

health outcomes. The provision of basic needs is a prerequisite for any health communication intervention to succeed, irrespective of how comprehensive the strategy may be. The effectiveness of COVID-19 communication interventions using CR is therefore limited by the socio-economic context within the selected study districts and other similar contexts. The published literature buttresses this assertion that people's socio-economic conditions, such as poverty, lack of infrastructure, and illiteracy, can limit meaningful participation and agency in social change interventions (Tsarwe, 2014; Thomas, 2014; Dutta, 2011).

Consequently, there should be providence to meet beneficiary community members' basic needs, including food, clothing, shelter, and other basics, as outlined by Maslow's (1943) theory of human motivation (Hierarchy of human needs theory). The policy implication is that improvements in the socio-economic conditions of marginalised people are the non-negotiable crucial step toward improving COVID-19 related outcomes. This means that the most well-integrated and comprehensive CR COVID-19 communication strategies that tick all the right boxes of the CCA and participatory approaches discussed in Chapter Three will still be ineffective in the current existential conditions of poverty, squalor and abject living conditions of marginalised people living in Ghana's CR host communities. Though this finding is significant to COVID-19 communication using CR in limited-resource settings, it must be noted that it was outside the scope of the current study, presenting a gap for further research in future.

6.7 CHAPTER CONCLUSION

This chapter analysed the findings of the first research question presented in Chapter Five. This chapter discussed the ability of community members within the selected communities to engage in voice and agency in participating in the activities of a local CR station and its COVID-19 discussions. The findings analysed in this chapter highlight the many opportunities for enhancing listeners' agency through engagement with Radio Peace's programming and content.

Also, the chapter analysed the opportunities and challenges of using CR to communicate COVID-19 prevention messages to marginalised communities. The study found that, unlike mainstream channels, access to the mediated platform of CR to hitherto marginalised community members enhanced their agency. In particular, proximity; use of indigenous language for broadcast; enhanced access; community visits; consideration of local contextual needs for programming; and the medium's ability to mobilise people for the common good; were found as opportunities for COVID-19 prevention efforts. However, this

study highlighted several challenges that hindered Radio Peace's COVID-19 communication interventions. These include financial problems and obsolete equipment.

The CCA was used to explain the study's findings and how they helped locate this research in COVID-19 prevention discourse. In this way, CR enhances the agency of its active listeners. The next chapter discusses the findings of this thesis' second research question.

CHAPTER 7

COMMUNITY RADIO: LISTENERS' PARTICIPATION IN COVID-19 PREVENTION INTERVENTIONS

7.1 INTRODUCTION

Framed within participatory approaches (Melkote & Steeves, 2015; Thomas, 2014; Tufte & Mefalopulos, 2009; Bessette, 2004; Freire, 1970), this chapter discusses the second research questions, which is: What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions? In this study, I uncovered some modalities adopted by Radio Peace for its COVID-19 communication activities that conform to participatory practice and others that do not. In this chapter, Guy Bessette's (2004) ten-step planning and action model to involve the local community in the development process is employed to investigate participation and the modalities adopted by Radio Peace in its COVID-19 communication interventions. It must be noted here that there is no single universal recipe for planning and implementing participatory interventions (Bessette, 2004). He further explained that participatory interventions must be community driven and adapted to meet the local situation and each context. As such, the communication process must reflect the needs of the different community groups and stakeholders to promote social change (Bessette, 2004). He warned that the model discussed below must only be treated as reference material. Again, the ten-step process presented below is not sequential but overlaps during implementation (Bessette, 2004).

Taking cognisance of the above caveat, here is Bessette's (2004: 36) ten-step process for planning and implementing participatory interventions as discussed in Chapter Three: (1) Establishing a relationship with a local community and understanding the local setting; (2) Involving the community in the identification of a problem, its potential solutions, and the decision to carry out a concrete initiative; (3) Identifying the different community groups and other stakeholders concerned with the identified problem (or goal) and initiative; (4) Identifying communication needs, objectives and activities; (5) Identifying appropriate communication tools; (6) Preparing and pre-testing communication content and materials; (7) Facilitating partnerships; (8) Producing an implementation plan; (9) Monitoring and evaluating the communication strategy and documenting the development or research process and; (10) Planning the sharing and utilisation of results.

The analysis in this chapter is based on the findings, which were thematically coded and presented in Chapter Five (table 5.6). The published literature suggests that community radio (CR) provides a dialogic platform for building consensus among listeners and health-related duty-bearers on community-specific health enablers and inhibitors (Manyozo, 2009; Bessette, 2004; Campbell & Scott, 2012). The findings discussed in this chapter provide evidence of how access, personal characteristics, broadcast language, affordability and socio-economic background influence the preference for CR by marginalised people living in Radio Peace's catchment area.

The following themes were discussed below: (1) Listeners' involvement in CR activities: on-air and off-air opportunities; (2) Improving COVID-19 prevention: community radio and creative messaging; (3) Listener ownership of the community radio content: the responsibility of the official social club? (4) Listener involvement in community radio programming: challenges from within and without and; (5) Community contribution to the sustainability of Radio Peace's covid-19 programming.

7.2 LISTENERS' INVOLVEMENT IN COMMUNITY RADIO ACTIVITIES: ON-AIR AND OFF-AIR OPPORTUNITIES

This section discusses the normative participatory approaches adopted by Radio Peace in its COVID-19 communication interventions. The following sub-themes were discussed: (1) Radio Peace's on-air activities and listener involvement; (2) Radio Peace's off-air activities and listener involvement; and (3) Radio Peace's off-air strategies to improve adherence to its COVID-19 prevention messages.

7.2.1 Radio Peace's on-air activities and listener involvement

Social change communication interventions should ideally focus on "...nurturing of knowledge aimed at creating a consensus for action that takes into account the interests, needs and capacities of all concerned" (Servaes, 2020: vi). This study found that Radio Peace offered various opportunities to its active listeners to encourage their involvement in the station's on-air programmes. This finding suggests that, unlike mainstream channels, the on-air programmes of Radio Peace were listener-led, illustrating that, indeed, CR is a community-oriented media (Ayedun-Aluma, 2011). The statement below underlines this point:

I do host them [health programmes on Radio Peace] in a discussion form. And sometimes, too, the callers themselves may say, maybe we want to hear something on this kind of ailment, so please do give us information on this or that on your next maybe episode. So, I listen to the community members (P4, IDI participant, Effutu Municipal, 30 July 2021).

Listeners' participation in CR programming differs from mainstream media practices of listener involvement in that the former is committed to being accountable to the community they seek to serve (Fox, 2019; Buckley, 2011; Dutta, 2011; Rodríguez, 2011). Also, CR is driven by passion and a conviction that the medium can change people's lives (Buckley, 2011). Functioning differently in its COVID-19 communication interventions means that Radio Peace could localise and contextualise the WHO and GHS approved COVID-19 prevention messages to meet the needs of its active listeners. For instance, community voices were used to design on-air COVID-19 programmes, as depicted by the station's General Manager's statement below:

We allowed the communities who had shared their views on COVID-19 to talk about it, and the difficulties and how they are not getting water and things like that. So, most of the communication or information we gave out was actually from the communities, and we shared their ideas with other community members. So, it was all through broadcasting (P7, IDI participant, Effutu Municipal, 21 October 2021).

The above findings imply that Radio Peace allows its active listeners to personalise the pandemic based on local happenings. This view is supported by statements such as, "...and beyond the community consultations, we have also found vox pop to be a very, very useful thing that people get access to say their mind about and so on and so forth. So, we use that" (P7, IDI participant, Effutu Municipal, 21 October 2021). Another way of listener involvement was calling into live programmes: "through phone-ins. After every programme, you may call their attention to the phone numbers, and they will call" (P4, IDI participant Effutu Municipal, 30 July 2021). Listener-led on-air programme evaluation is an idea which draws parallels with good community media practice (Manyozo, 2009; Jallof, 2005). Within Bessette's (2004) participatory model, step nine points to monitoring and evaluating the communication strategy by all stakeholders. This study established a similar finding: Radio Peace encouraged active listeners who call into programmes to evaluate their relevance to their needs. This is evidence of a commitment towards an open and continuous improvement strategy for the station's COVID-19 programming. A programme producer of the station had this to say:

Also, we inquire from listeners who call into our various programmes like the morning show, drive-time and other programmes of their opinion on our COVID-19 programmes. Typically, we can ask listeners to express their opinion on a question. [...] So, it is based on the responses from the listeners that will inform us whether they adhere to the protocols, and whether the pandemic is over or not (P8, IDI participant, Effutu Municipal, 16 October 2021).

Some of the published literature discussed in Chapters Two and Three established that communities are heterogeneous, with sub-groups and individuals with different and sometimes

competing needs. Therefore, COVID-19 CR programme producers need to recognise and incorporate this idea into their broadcasts. A common view among Radio Peace's staff was that the magazine programme format was more effective in meeting the multiple community needs. For example, the station's General Manager explained that:

Within the magazine programme, you are not focused on one; it is one subject you are focused on, but it's kind of segmented. So, for instance, we are going to talk about COVID-19 now and let's say that if it's COVID-19 and because it is a magazine, we have different issues. So, we can still talk about the protocols like washing of hands, covering your face and so on and so forth and still go on and talk about how people dispose of the masks when they used it and how things are. So, normally the segments, you will have things like a vox pops (P7, IDI participant, Effutu Municipal, 21 October 2021).

The findings above underline the role of the marginalised in developing an effective pandemic response (Dutta et al., 2020). These findings suggest that Radio Peace employs participatory approaches in producing its COVID-19 intervention implementation plan, as depicted by Bessette's eight-step. This insight can be attributed to Radio Peace's staff's intimate knowledge of their active listeners since they regularly interact with them. Since the station's staff are also community members, they are likely conscious of the cultural beliefs, how people learn, and behaviour within their host communities (Manyozo, 2009; Jallof, 2005; Tabing, 2002). This position is consistent with Bessette's (2004) participatory model, step one, which states that facilitating dialogue helps development facilitators to collect thorough information about the local situation. As such, CR COVID-19 magazine programmes that discuss local issues and allow listener inputs via vox pops and live programme call-ins are more responsive to listener needs. Such a culturally sensitive and contextually relevant programming strategy underlines the participatory approaches employed by Radio Peace in its COVID-19 communication interventions. This contrasts with mainstream persuasive approaches (Dutta et al., 2020).

Further, Radio Peace's staff who contributed to this study shared other strategies to encourage listeners' participation in the station's on-air COVID-19 communication interventions. These include: 'listeners as actors for COVID-19 drama jingles' (P1, IDI participant, Effutu Municipal, 3 July 2021); 'age-specific messages' (P1, IDI participant, Effutu Municipal, 3 July 2021.); 'community-level prevention messages' (P1, IDI participant, Effutu Municipal, 3 July 2021), and 'frequent messaging' (P7, IDI participant, Effutu Municipal, 3 July 2021). Chief among these strategies from the participants' narration was broadcasting COVID-19 messages in the local indigenous languages of Fante, Effutu and Awutu. The Station Manager had this to say:

The initial information as a station was for us to understand what COVID-19 was all about, and whatever information we got, most of them were in English, either from the WHO or the Ghana Health Service and so on. So, one of the roles we played was to try and translate some of these issues to the community, and also in terms of the protocols to make them understand what to do, [and] what not to do (P7, IDI participant, Effutu Municipal, 21 October 2021).

It can be argued from the above that listeners' involvement in CR's on-air COVID-19 programming is not by chance. It is achieved through conscious and strategic efforts by CR journalists and active listeners working collaboratively. Listeners' strategic involvement in Radio Peace's COVID-19 on-air programming is based on an established working relationship and mutual understanding between the station and the former. These findings are consistent with Guy Bessette's (2004) participatory model discussed in Chapter Three. For instance, step two of Bessette's model, which is the "identification of a problem, its potential solutions, and the decision to carry out a concrete initiative" (Bessette, 2004: 36), tilts the power compass towards active listeners instead of so-called experts. Unlike mainstream approaches, such strategies offer greater potential to CR journalists to understand the contextual peculiarities of marginalised communities. This will assist CR operatives (facilitators) in knowing why and how individuals and collectives are unable or unwilling to practice recommended COVID-19 prevention behaviours (Dutta et al., 2020).

In this way, Radio Peace's COVID-19 on-air interventions align with Freire's (1974) stance. Freire (1974) argues that people traditionally submerged in the culture of silence and monologue should be encouraged to consciously take control of their social reality and transform it. From a participatory perspective of health communication, the above dialogic strategies can assist Radio Peace's active listeners in generating COVID-19 related knowledge towards developing effective prevention interventions. This is because dialogic approaches to social change communication awaken primary beneficiaries' consciousness to the interplay between culture and power that shape their reality, leading to transformation (Fernández-Aballí Altamirano, 2020; Obregon & Mosquera, 2005). Thus, active listeners could leverage CR's participatory medium to contextualise the GHS and WHO-approved COVID-19 NPIs and pharmaceutical prevention messages.

Suggestions shared by community members who participated in this study to improve the involvement of listeners in Radio Peace's COVID-19 on-air programmes include: 'in-studio hosting of informal community groups' (P4, male, FGD#5 participant, Gomoa West District, 14 September 2021); 'new listener-oriented programmes like the *Woso kabi* show' (P5, male, FGD#2 participant, Effutu Municipal, 13 August 2021); 'more time allocation for

listener call-ins' (P5, male, FGD#7 participant, Gomoa West District, 21 September 2021); 'in-studio interview of regular callers' (P5, male, FGD#7 participant, Gomoa West District, 21 September 2021) and; 'community members as in-studio resource persons' (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021).

Moreover, a prominent theme that ran through participants' narration was accessing Radio Peace's on-air programmes via media other than the radio set. This finding illustrates the desire of participants to engage with CR via other media channels that meet their communication needs. Such innovative ways of improving access to CR programming, if adopted by Radio Peace's operatives, could potentially increase the level of contentment with the working of the station by listeners (Jallov, 2005). For example, in a statement echoed by others, a participant expressed the syndication of Radio Peace with local community audio towers (CATs):

Though Radio Peace has contributed a lot towards the fight against COVID-19, I believe that they can improve by syndicating with all the information centres [CATs] in the rural communities within their catchment area to relay their COVID-19 and other important programmes (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021).

Another suggestion was the installation of relay boxes at public places, including markets, to accord community members unfettered access to the on-air programmes of the station. It must be noted that the state broadcaster, Ghana Broadcasting Corporation (GBC) used to transmit its programmes to the rural masses using such relay boxes installed in public places. The excerpt below paints a picture of this:

The station can do the same by installing relay boxes at market places [and] at the coast to directly carry the station's broadcast to listeners within reach of the boxes. This will imprint Radio Peace in the mind of listeners. So, if Radio Peace can install such boxes at vantage points, it will enhance the programming of the station. Just like people used to rally around such boxes to listen to news from Radio Ghana in the past (P4, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

The above finding means that some participants experience limited access to Radio Peace's on-air programmes. These findings indicate that CR content should be shared via open mass media sources rather than totally on FM mode, requiring radio sets to tune in. This approach is significant due to the cost of electricity and batteries to power radio receiving sets. The economic burden may limit poor people living in resource-limited settings' access to the CR's on-air programmes (Nyareza & Dick, 2012). Also, improving access to CR content to community members via such strategies could assist in removing traditional hindrances to marginalised people's participation in the medium.

As discussed in Chapter Two, a few individuals accessing the CR medium can lead to challenges that hinder meaningful participation. Such challenges include a lack of diversity, limited local content in programming and difficulties adapting to the host communities' socio-economic and lived experiences (Myers, 2011; Ayedun-Aluma, 2011). These findings imply that alternative means of providing access to the on-air programmes of CR to poor people should be a key consideration in designing and implementing interventions to contain the COVID-19 disease. In this way, CR would be better employed as a platform to foster grassroots empowerment and sustainable health-oriented social change (da Costa, 2012; Nyareza & Dick, 2012). These findings connote a commitment by active listeners to initiate the social change process. Such an orientation is contrary to the first step of Bessette's (2004) model, which seemingly tilts the role of initiating the development process to developmental facilitators, in this case, CR operatives. The principles of CR dictate that the medium should be listener-driven (Fox, 2019; Manyozo, 2009; Tabing, 2002, Karikari, 2000). This finding is important since CR provide discursive spaces for historically marginalised people to voice alternative rationalities to the phenomenon of monopolistic and globalisation of media content using participatory approaches (Pavarala & Malik, 2021).

7.2.2 Radio Peace's off-air activities and listener involvement

While the on-air COVID-19 broadcast of Radio Peace reaches active listeners simultaneously, Radio Peace's staff and volunteers who formed part of this study expressed that the station's activities were not restricted to their offices. Still, they engaged in off-air initiatives within its catchment area.

Participants' values and communal ethos mean that many individuals rely on interpersonal sources for their information needs. The following statement by an FGD participant depicts this point, "... *I discuss COVID-19 information with my friends. So, if there are new developments, I get to know through such discussions*" (P3, male, FGD#2 participant, Effutu Municipal, 13 August 2021). Consequently, CR operatives consider off-air strategies, including interpersonal communication, when determining how best to reach marginalised people with health information. The statements below illustrate this point:

Yes, for me, this is the way I always see it, it should be a two-way thing. So, as long as I am not able to engage people directly in terms of consultations, giving out information sometimes seem just dishing out something. So, for me, it's same [with] COVID-19, communicating this information is to try to first understand how the people feel about it, what they think about it and whether it is real or not real, and they must decide on how to deal with this COVID-19 situation (P7, IDI participant, Effutu Municipal, 21 October 2021).

We inquired from community members [off-air settings] about the symptoms a COVID-19 positive person will show, then they will respond. It made us know that they indeed understood the messages we shared with them and that the education has been comprehensive (P1, IDI participant, Effutu Municipal, 3 July 2021).

This finding is supported by Waters et al.'s (2011) study in a similar resource-limited context in Indonesia. Their study revealed that the participatory approach to CR programming meant that the study station's on-air and off-air activities were closely linked. The normative characteristics of CR are consistent with the advice of Frishkopf et al. (2016) that, for a channel to be effective in communicating health among people with a communal ethos, it must at once be local, mass, face-to-face, affective, culturally engaging, interpersonal, and intergenerational, and must use indigenous language for discussion. The published literature supports this position that participatory strategies should promote dialogue and interpersonal communication (Fernández-Aballí Altamirano, 2020; Thomas, 2014; Miller, 2014; Carpentier, 2012; Dutta, 2011; Msibi & Penzhorn, 2010; Servaes, 2007). Thus, the link between community media and interpersonal forms of communication is helpful for social integration and building stronger community ties (Dutta, 2011; Viswanath, 2008; Kawachi et al., 2008). Indeed, Bessette (2004) argues that development facilitators should aim at building media partnerships to enhance mass and interpersonal communication efforts. The above finding suggests that CR can instigate off-air community-level dialogue. The essence, community-level dialogue is a prerequisite for authentic participation by marginalised people in interventions toward improving their health outcomes (Campbell & Scott, 2012; Dutta, 2011).

This study established that Radio Peace's staff and volunteers create opportunities to encourage community members' involvement in the station's programmes in off-air settings. Participants shared that such strategies include: 'Listener programme evaluation during community visits' (P8, IDI participant, Effutu Municipal, 16 October 2021), 'community tours during the station's anniversaries' (P7, IDI participant, Effutu Municipal, 21 October 2021), and 'participating in community and national events' (P7, IDI participant, Effutu Municipal, 21 October 2021). Off-air interventions are a way to manoeuvre any semblance of the commodification of voice practised by mainstream platforms. As mentioned above, on-air participation still requires economic capability in the form of batteries to power radio sets, access to radio sets and the cost of call credits. These conditions limit the ability of people from poor socio-economic background's access to CR's on-air content. Indeed, the staff of Radio Peace who participated in this study shared that off-air strategies start with access to the

station's physical offices to every community member who may wish to express a concern to them. The excerpt below by the station's General Manager is representative of this position:

For instance, in my office, I never shut my door, it's for a reason, and the reason why if you come to my office my desk is what it is [table on the wall with chair in front of it] for a reason. I didn't want to sit behind a table where you will come in and then you are facing me. I wanted something like this, when you come, I will turn round and have chat with you. I think that all that build that kind of relationship and to give some access to community members to feel relax and to come through (P7, IDI participant, Effutu Municipal, 21 October 2021).

The above finding is consistent with the extant literature that community ownership of CR content is guaranteed through listeners' access to the station's programming activities and physical space (Manyozo, 2009). A cultural implication of the above quote is the symbolism of an open door which implicitly communicates to community members that all are welcome. This practice means community members do not need to go through any bureaucratic processes to access Radio Peace's offices and staff. Enhanced listener involvement in Radio Peace's activities through access to the station's physical offices and community visits by the station's staff means that the financial requirement of participation is lessened. This implies that the services of CR come at no significant economic cost to its community members. For example, the resident health volunteer of Radio Peace, had this to say when asked about active listeners' preference for the station compared to the local rural commercial stations:

I may say we were around before they all came, and people know the work we are doing for the community, and I said earlier on, they have trust in us that with Radio Peace, if you go, they may work on it right now. People do send them [commercial station] messages, and they put it somewhere because you have to pay something, but when they come here, we don't charge them anything, so they will come (P4, IDI participant, Effutu Municipal, 30 July 2021).

Indeed, the staff and volunteers of Radio Peace were also residents within the station's catchment communities. This meant that the lines between work and off-work periods were blurred. Participants from Radio Peace expressed the fact that community members had access to them beyond the station's offices or their official working hours, including on the streets and in their homes. One of them stated:

So, they sometimes come to us. Even at home, you may say you've closed from work, but still, you are working at home because you may be sleeping, and your child will come and say mummy, mummy, someone is after [looking] you. You come, and the person is having a challenge. They will tell you to do this and that, and so sometimes you may call the station, or if the need arises, you have to stop whatever you are doing and bring the person to the station (P4, IDI participant, Effutu Municipal, 30 July 2021)

Further, this study found that the overall goal of Radio Peace's off-air activities was to rupture the mainstream practice of gatekeeping, which is the exclusive domain of journalists who control such conventional media. Still, they employed community-oriented programme production considerations, where community concern and voices from the field drive the focus of on-air programmes. The station's manager explicitly shared that the internal programme production quality requirements require the stations' staff, including programme producers, to be true to community concerns. This is what he had to say when asked about gatekeeping and editorial policy in programme production:

Well, they [programme producers] can't be the final gatekeeper because when they take over, the analysis had been done, the themes have been created, the subjects would have been created, so they have to implement the issues and make sure that those are the issues that the community members had talked about. So, he then becomes creative in the way he needs to present it (P7, IDI participant, Effutu Municipal, 21 October 2021).

In the discussions in Chapter Three, within Guy Bessette's (2004) ten-step community involvement model, step one is establishing a relationship with a local community and understanding the local setting. To achieve this step, community entry is a vital first step in rural and semi-urban communities in Ghana. This study found that Radio Peace's off-air community-level activities always started with the crucial first step of community entry. The aim was to recognise the authority of local leaders and seek their permission and support for their interventions. This illustrates that Radio Peace's activities are culturally appropriate. Such strategies can assist improve community cohesion, an essential ingredient for sustainable social change initiatives (Figuerola et al., 2002). This practice is exemplified by statements such as:

So, when we go, the first thing that we do is to do community entry. You find someone there, you talk to him about who is the most influential person there, and they will tell you maybe go to the committee chairman, and the committee chairman becomes the lead person who will lead you to the Chief and his elders. [...] So, you talk to them, and they will inform the community members that maybe tomorrow or the day after, Radio Peace's team are visiting the community, and they will wait for us (P4, IDI participant, Effutu Municipal, 30 July 2021).

However, contrary to Bessette's (2004) sixth step in his model, Radio Peace's staff who participated in this study did not implicitly or explicitly allude to involving their active listeners to pre-testing their COVID-19 communication content and materials. Involving the local community in pre-testing the effectiveness and relevance of messages is crucial in achieving participatory intervention goals (Bessette, 2004). Consequently, Radio Peace's COVID-19 prevention messages may not lead to the desired results of enhancing listeners' participation in such efforts. This is because the station's staff may not know whether the active listeners

understood the messages before implementation since no feedback was sought from them (Bessette, 2004). Such practices may lead to increased costs in producing communication messages and content. This is because implemented messages may have to be revised on a grand scale instead of on a small scale during the pre-testing phase. Again, this practice may alienate active listeners from involving themselves in the COVID-19 activities of Radio Peace, leading to a less-than-desired participatory process.

7.2.3 Radio Peace's off-air strategies to improve listeners' adherence to its COVID-19 prevention messages

While the previous section focused on the general off-air strategies employed by Radio Peace to encourage listener involvement in its programmes, the paragraphs below discussed the COVID-19 specific off-air tactics of Radio Peace. This study established that Radio Peace employed participatory approaches in communicating its COVID-19 prevention messages. Participants reported that the off-air practices discussed above were extended for the station's COVID-19 specific interventions. In particular, community visits were a routine practice of the station. This is exemplified by the statement below by a community member during an IDI session:

For Radio Peace, they do community visits. This offers opportunities to those who can't call into programmes to express their opinions face-to-face to the staff of the station. They then broadcast such interactions (community voices) on air for listeners in other places to know about the happenings in different places. So, they undertake many community visits and engagements (P2, IDI participant, Effutu Municipal, 15 July 2021).

This study's findings revealed that Radio Peace adopted various off-air strategies to engender participation in its COVID-19 communication interventions, allowing every listener to express their needs and concerns. These strategies include field demonstrations of how to effectively practice the COVID-19 prevention measures, community durbars, and focus group discussions. A community reporter of the station explained:

In truth, they [Radio Peace] visited many communities, including my community, Gomoa Ohuan. They actually broadcast live from my community in a bid to educate people. They had discussion sessions with men, women, the youth and children below eighteen (P6, IDI participant, Gomoa West District, 7 September 2021).

The off-air COVID-19 initiatives of Radio Peace provided community members with enhanced opportunities to share their thought, concerns and experiences. This finding is consistent with step two of Guy Bessette's ten-step process of involving the community in identifying a problem, its potential solutions, and the decision to carry out a concrete initiative,

discussed in Chapter Three. This allowed the station's staff to follow up on duty-bearers with community needs, rupturing the dominant paternalistic thinking of centrally designed interventions (Melkote & Steeves, 2015; Thomas, 2014; McAnany, 2012; Tufte & Mefalopulos, 2009). For example, a staff member of Radio Peace stated:

So, what we do is to report this to the duty-bearers concerned and follow up to ensure that that road is constructed or build a public toilet, CHPS compound and any other developmental concern of the community. What this means is that beyond projecting the voice of the voiceless, we also take action on local developmental concerns (P1, IDI participant, Effutu Municipal, 3 July 2021).

While participants made several suggestions for improving Radio Peace's off-air COVID-19 interventions, participants' desire to share information from Radio Peace's broadcasts with other community members within their interpersonal network was significant. Indeed, they expressed their desire to influence others to expose themselves to Radio Peace's COVID-19 prevention messages. Such information disseminators could be described as opinion leaders due to their influential position of paying close attention to Radio Peace's broadcast. The excerpt below paints a picture of this:

I think, in my case, I can influence others to listen to Radio Peace because I have been loyal to Radio Peace for a long time. At a point, I wasn't so much a regular listener of the station, but through my brother's influence, I have once again become an ardent listener of the station. In the same vein, I can inform others about why they need to listen to Radio Peace or distribute information about the developmental programmes broadcast by Radio Peace to others (P3, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

The above view is buttressed by findings of previous studies that opinion leaders relay health information from mass media sources to wider recipients within their interpersonal network (Williams, 2014). He further added that people rely upon and trust such information sources in Ghana. Other suggestions include: 'frequent community visits' (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021), 'Listeners' access to the personal telephone contact of the station's journalists' (P11, male, FGD#1 participant, Gomoa West District, 13 August 2021) and 'appointing community reporters' (P5, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

Central to health-oriented social change efforts is assessing how people express themselves in public and make sense of health and wellbeing issues (Waisbord & Obregon, 2012; Campbell & Scott, 2012). Radio Peace's staff who participated in this study reported that the station's participatory-oriented COVID-19 interventions helped their active listeners avoid infection. The general sentiment among the station's staff was that their COVID-19

interventions helped improve awareness and adherence to the prevention messages among its active listeners. One of them explained:

So, I believe the awareness we created on Radio Peace has helped people understand certain things. There was a time that I met a child in town; I always say that with children, everything you say, they listen, especially with Radio Peace. The child was referring to the COVID-19 themed song on Radio Peace by quizzing another child: So you are not aware that Radio Peace said we should wash our hands? (P1, IDI participant, Effutu Municipal, 3 July 2021).

Indeed, this position was corroborated by active listeners who participated in this study. From participants' narratives, the COVID-19 prevention messages broadcast by Radio Peace have helped contain the virus:

It has helped because it is the source of COVID-19 messages to us since no one comes here to share any information with us. So, it was through Radio Peace that we heard that a new disease had emerged. Radio Peace informed us to social distance, not to shake hands, [and] to use hand sanitisers. These messages influenced people to adhere (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021).

The above discussions imply that the off-air and on-air interventions of Radio Peace dovetail with each other. This synergy helps create grassroots-led initiatives to achieve health outcomes among the marginalised (Manyozo, 2017; Dutta, 2015; Figueroa et al., 2002). This finding implies that Radio Peace is committed to building relationships, and facilitating and nurturing the exchange of information and knowledge with its active listeners. This is consistent with step one of the participatory model presented above (Bessette, 2004). This practice helps avoid the artificial situation of only local authorities deciding on whether development initiatives should proceed without the understanding and involvement of the local community (Bessette, 2004). This finding contradicts the persuasive approaches to engineering a semblance of meaningful participation.

7.3 IMPROVING COVID-19 PREVENTION: COMMUNITY RADIO AND CREATIVE MESSAGING

Communicating COVID-19 prevention information simply and factually using plain words may be counterproductive. This section discusses Radio Peace's use of creative COVID-19 prevention messages instead of plain words. The following sub-themes were discussed: (1) Topics and content considerations for COVID-19 creative messaging by Radio Peace and; (2) Benefits of creative messaging for COVID-19 prevention.

7.3.1 Topics and content considerations for COVID-19 creative messaging by Radio Peace

The effectiveness of banal COVID-19 messages diminishes with time (Thompson et al., 2021). This study found that the participants preferred sensual types of COVID-19 mediated content such as drama, skits, songs, and jingles. This finding is important because it is critical to design COVID-19 messages in a way that promotes education but is framed to attract active listeners' attention: "*the messages carried in the drama stick better in people's minds. It is like learning in a fun manner, it sticks better*" (P5, IDI participant, Effutu Municipal, 30 July 2021). This finding connotes that sharing plain COVID-19 prevention messages via mainstream media lacks cultural proximity and is, therefore, poorly targeted. Consequently, they are likely to be perceived as not exciting and inadequate by Radio Peace's active listeners, who may be used to consuming exciting content. This finding implies that Radio Peace's COVID-19 prevention messaging reflects the communication needs expressed by its active listeners, as depicted in step four of Bessette's (2004) model. Identifying the local community's communication needs before undertaking participatory-based interventions will likely improve the developmental situation (Bessette, 2004). Thus, active listeners who expose themselves to Radio Peace's creative COVID-19 messages may be better able to engage with such content.

The empirical literature is replete with examples of how creative messaging formats have been used to share Ghana Health Service and WHO-approved NPIs and pharmaceutical measures. These include comedy skits, cartoons, songs, textile designs, and public art (Thompson et al., 2021; Aikins & Akoi-Jackson, 2020). However, it could be argued that such creative communication forms have largely endorsed dominant paradigm approaches by disseminating information without the input of the beneficiary communities. This means such prevention messages are from the creators' perspective, ignoring the beneficiary communities and depriving them of their voice.

This study found that Radio Peace employed sensually appealing forms of COVID-19 messaging to increase their appeal and relevance to active listeners. Radio Peace's staff who contributed to this study reported factors considered in designing creative COVID-19 prevention messages. For example, local issues such as face mask disposal, scepticism, and erroneous assumptions about the end of the pandemic influenced the content carried in their sensual messages, "*COVID-19, some people have the perception that the infection is over, but we continue to share messages. We have produced a drama skit on whether COVID-19 infection is over or not*" (P1, IDI participant, Effutu Municipal, 3 July 2021). A live in-studio

discussion programme usually follows the broadcast of creative content to clarify and emphasise particular messages. A Radio Peace staff member explained that:

So, after the [broadcast of the] skit, you had to bring in a nurse to explain the proper way of using a [face] mask, and also, the themes had to do with the disposal of the [face] masks. After use, how do you deal with it? So, if you are walking in town, some people indicated that they actually removed it put it in their handbag and when they get to a place, they take it out and throw it away (P7, IDI participant, Effutu Municipal, 21 October 2021).

Within step four of Bessette's (2004) model, the communication activities to help solve a specific problem must be dictated by the needs of the different groups within the local community. This study established a similar finding. Indeed, to encourage youthful active listeners' involvement in the stations' COVID-19 interventions, the staff of Radio Peace shared an example of how music competitions were used to engender participation. The purpose was to creatively share COVID-19 prevention messages with this sub-group of active listeners through people they can identify with. A presenter of the station stated:

Sometimes we give opportunities to burgeoning musicians from our communities, for instance, in rap competitions on the radio. [...] In terms of COVID-19, we accorded community members the opportunity to compose COVID-19 themed songs for us to air on the radio. [...] We used some of these songs as jingles that were aired regularly. Community members were encouraged to adhere to the prevention messages carried by the songs, such as wearing nose [face] masks, use of sanitiser, [and] washing of hands with soap because they could identify with the singers (P5, IDI participant, Effutu Municipal, 30 July 2021).

The above finding implies that Radio Peace considers the most appropriate mode of communication in reaching its youthful active listeners, as depicted by the fourth step of Bessette's (2004) model. This approach can encourage Radio Peace's youthful active listeners' participation in the station's COVID-19 related communication activities.

Another consideration of the station's creative forms of communicating COVID-19 prevention messages was using local language in line with its normative broadcast language. In this way, active listeners could understand the messages better. One of the station's staff explained that: “[For the drama and songs] we used our local languages, Fante [...] We also use our local Effutu language, So, in all, we used three different languages” (P8, IDI participant, Effutu Municipal, 16 October 2021). Other creative messaging considerations reported by the participants were ‘children as sources of message in information jingles’ (P7, IDI participant, Effutu Municipal, 21 October 2021) and ‘consequence of non-adherence to prevention messages’ (P5, IDI participant, Effutu Municipal, 30 July 2021). This approach is consistent with step one of Bessette's (2004) model, which emphasises using local language to

facilitate discussions. Using local languages to facilitate dialogue help remove the issue of the language barrier (Bessette, 2004). This can help Radio Peace's staff clarify and understand how different groups perceive COVID-19 prevention issues.

The above findings are consistent with the de-Westernisation of communication approaches, which emphasise a shift from the exclusive use of formal mass media to an integrated approach, discussed in Chapter Two (see Mare, 2020; Chadwick, 2013; Nyamnjoh, 2011). The convergence of CR and informal media forms such as songs and drama suggest that the former is a culturally proximate medium that projects the values of its active listeners. This study aligns with the integrated school of communication, where Western-centric media and indigenous communication forms are strategically deployed to improve local health outcomes. In this way, marginalised people's voice is activated in the health-oriented social change process that matter to them.

7.3.2 Benefits of creative messaging for COVID-19 prevention

Indigenous communication forms are primarily carried by word-of-mouth and delivered through interpersonal communication networks and small groups (Manyozo, 2018; Adjaye, 2008). Such communication forms are consistent with Radio Peace's COVID-19 intervention approaches discussed above. For this reason, staff and active listeners who contributed to this study found COVID-19 prevention messages carried via creative forms helpful in improving health outcomes. For instance, Radio Peace's staff reported that using stories to convey COVID-19 prevention messages helped enhance active listeners' understanding because they love stories. One of them was clear:

Yea, you know, it's all about the themes, but the reason why we go into drama is that people like stories, and because they like stories, the dialogue kind of bring to life what the real situation is, and all that kind of thing. But in terms of the COVID-19 proper, I mean, we had mixed feelings about the way people felt. So, some of these things came up in the sketches and all that, and well, we got people calling in to say that, well, now they seem to understand... (P7, IDI participant, Effutu Municipal, 21 October 2021).

From the above discussion, creative forms of COVID-19 messaging allowed active listeners to participate in interventions without any lifestyle changes, unlike mainstream media. This position is consistent with earlier works on the utility of creative messaging discussed in Chapter Two (Adjaye, 2008; Ansu-Kyeremeh, 2005).

Further, this study found that using songs to communicate COVID-19 prevention messages was necessary to improve active listeners' involvement in Radio Peace's interventions. The songs allowed active listeners to interact creatively and lyrically via the

mediated CR platform to reinforce the COVID-19 prevention messages since ‘everybody wants to be heard’ (P5, IDI participant, Effutu Municipal, 30 July 2021). The point about active listeners reinforcing the GHS and WHO-endorsed COVID-19 messages is significant. Such messages should be informed by culture-specific challenges impacting active listeners’ adherence intention decisions so they can identify with them. The statement below by a Radio Peace staff buttresses this point:

Whenever we throw the initiative to community members [listeners] on common issues of concern, the responses make others take notice of the importance of the issue at hand. [...] Had the COVID-19 themed song been produced by a professional musician, though listeners may sing along, they may not pay attention to its lyrics. However, listeners identify and take notice of the lyrics of the songs that their fellow community members produced (P5, IDI participant, Effutu Municipal, 30 July 2021).

Further, this study found that the COVID-19 themed songs shared by Radio Peace were informed by active listeners’ age, gender, and media consumption habits. For example, since children learn perceptively, COVID-19 prevention messages specifically for this age group were designed to meet this requirement, “...children learn through objects, pictures, [and] through sound. So, we decided that using these strategies will enhance children’s ability to quickly learn about the prevention protocols” (P8, IDI participant, Effutu Municipal, 16 October 2021). Also, the study found that ‘the youth identify with COVID-19 themed rap music’ (P7, IDI participant, Effutu Municipal, 21 October 2021). The active listeners who participated in this study corroborated the relevance of creative COVID-19 messages to improving their intentions to adhere to them. They reported that the COVID-19 themed songs instigated off-air interpersonal communication, which suggests that it helped improve community understanding and health outcomes. One of them put it this way:

They [Radio Peace] have produced a COVID-19 themed drama jingle which they air frequently. The main male character is called Seidu, and the main female character is called Amina. The storyline is really intriguing, so I have been having discussions on it with my wife that Seidu is intelligent and Amina is too is the class prefect. The theme is very local, making it easy for the message to be understood (P4, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

Other participants expressed that creative message forms ‘comprehensively explain the nature of the disease’ (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021) and ‘enhances understanding of messages’ (P4, male, FGD#6 participant, Awutu Senya West District, 17 September 2021). It is inconceivable for the station’s staff to adopt monologic and often monotonous approaches to communicating COVID-19 prevention messages as they consider them counter-productive. As such, they consider creative messaging as providing

options for active listeners to choose about COVID-19 messages they want to expose themselves to. Such inclusive strategies for COVID-19 communication provide a platform for indigenous solutions such as spiritual, emotional, counselling, and herbal medicine crucial to the COVID-19 response to be articulated (Dutta et al., 2020).

From the above discussion, songs and storytelling were used as vehicles for Radio Peace's COVID-19 participatory communication activities. This approach aligns with Bessette's (2004: 74) advice that "whenever possible, rely on the communication tools already in use in the local community for exchanging information and points of view or the ones they are most comfortable with". This finding is consistent with step five of Bessette's (2004) model presented above. This approach opposes the persuasive models to COVID-19 communication, by employing alternative media (songs and storytelling) as communication tools to share prevention messages (Dutta et al., 2020). Understanding how COVID-19 prevention messages should be shared among marginalised communities within CR's catchment area is essential in halting the virus's spread in such settings. To this end, it is crucial to understand the media content preferences and how active listeners receive information about COVID-19, as demonstrated above. The convergence of different media forms is worth considering in designing CR COVID-19 communication strategies. Such approaches will make interventions more culturally proximate and acceptable to marginalised people living in Ghana's CR host communities. Listener ownership of CR content is key to achieving positive health outcomes.

7.4 LISTENER OWNERSHIP OF THE COMMUNITY RADIO CONTENT: THE RESPONSIBILITY OF THE OFFICIAL SOCIAL CLUB?

The paragraphs below discuss the contribution of Radio Peace's official social club, *Hyewbo kuw*, to the station's content and financial sustainability. The following sub-themes were discussed: (1) Radio Peace's official social club and programme content sustainability and; (2) Inter-group tensions: derailing the wheel of progress among marginalised communities?

7.4.1 Radio Peace's official social club's involvement and programme content sustainability

As depicted by step seven of Bessette's (2004) model, partnership with the local community is essential to achieve developmental goals. As discussed in Chapter Two, grassroots involvement in health-oriented communication for social change hinges on building partnerships between the community and more powerful groups (Campbell & Scott, 2012).

Community radio programming can enhance community solidarity groups' endogenous development through on-air and off-air interactions among listeners (Fox, 2019).

It became evident that the involvement of Radio Peace's official social club, *Hyewbo kuw*, in the station's programming increased the tendency of active listeners to identify with the station. Members of *Hyewbo kuw* who participated in this study shared that they considered themselves an integral part of the station, "... *we are part of the station. On anniversaries we are there; anything that the station [does], we don't force ourselves on them, we don't. But whatever the station wants us to be part of, we are*" (P10, IDI participant, Effutu Municipal, 21 October 2021). Consequently, *Hyewbo kuw* members considered themselves powerful enough to assert social pressure on duty-bearers through off-air in-person follow-up on community developmental concerns. This finding is illustrated by statements such as: "*another thing that Hyewbo kuw does is to take the initiative to visit some duty-bearers like the assembly or the MCE to draw their attention to some issues of local developmental concern that may have escaped their notice*" (P3, IDI participant, Effutu Municipal, 30 July 2021). This finding is consistent with Campbell and Scott's (2012) assertion that the involvement and partnership of hitherto marginalised people in the social change process leads to the tendency of them to fix themselves within the sphere of attention of influential external policy-makers.

The above findings suggest that the shift in power from hegemonic forces to active listeners and their demand for accountability facilitates social change by making duty-bearers more responsive to community needs. The accepted role of *Hyewbo kuw* in Radio Peace's activities means that it is easy for them to approach and engage the station on how to improve programming. Step nine of Bessette's (2004) model emphasises monitoring and evaluating the intervention phase of the development process. This study established similar findings. *Hyewbo kuw* participants expressed the association's watchdog role of monitoring Radio Peace's on-air content to provide feedback to the station managers for improvement. One of the association's members explained that: "*we also monitor the station day in, day out. ...we also monitor and give feedback to management on every programme aired on the station from morning till evening*" (P3, IDI participant, Effutu Municipal, 30 July 2021). Whilst Bessette's (2004) model argues for producing a monitoring plan and an evaluation framework for development interventions, which suggest a somewhat rigid regime, this study established a somewhat flexible approach. From the above finding, participants did not allude to an existing monitoring and evaluation framework for Radio Peace's COVID-19 programmes. The findings suggest that active listeners' commitment to monitoring and evaluating Radio Peace's programmes via observation was useful. Notwithstanding this, the above finding suggests a

monitoring and evaluation partnership between active listeners and Radio Peace's operatives, consistent with the ninth step of Bessette's (2004) model. The evaluation process thus becomes a learning process for active listeners and community radio journalists, as noted by Bessette (2004). This finding implies that Radio Peace's staff are equipped with information from the active listeners on whether their COVID-19 interventions are on the right track towards achieving the objective of promoting listeners' meaningful participation in the station's efforts to contain the pandemic (Bessette, 2004).

From the profile of participants in Chapter Five of self-employed and small-holder farmers, it makes sense for active listeners to want to associate with a platform that offers them opportunities to reach the masses at no or minimal cost. For example, advertising *Hyewbo kuw*'s activities free of charge on Radio Peace to members who are dispersed within the station's catchment area means the association avoids the expense of paying exorbitant announcement fees on commercial platforms, "...because we assist Radio Peace in diverse ways, we are allowed to publicise the association's activities like meetings and other events at no cost" (P3, IDI participant, Effutu Municipal, 30 July 2021). This finding is consistent with the fifth step of Bessette's (2004) model. The usage cost and available resources should be key criteria in selecting media to share information with marginalised communities during participatory-based interventions (Bessette, 2004). Again, this finding helps to challenge the issue of commodifying people's voices on mainstream channels, a factor which hinders participation (Fox, 2019; Thomas, 2014; Sumujju, 2014).

The above findings imply that the voices of the poorest poor would be projected without any economic hindrances on the developmental issues that bother them. Enhanced access to community media equips listeners to own their development process (Fox, 2018; Sumujju, 2014; Rodríguez, 2011). Consequently, active listeners can define their reality, what they need to achieve change, how to achieve it, and the change indicators on their terms. For instance, *Hyewbo kuw* members who participated in this study shared that they felt it was their civic responsibility to help everyone stay safe from COVID-19 infection by re-echoing prevention messages on Radio Peace. One of them stated:

What we have been doing is that once the presenter introduces the COVID-19 topic on-air [Radio Peace], all of our members call to express their opinion of the issue. It is really encouraging the commitment of members to call into the show and share COVID-19 prevention messages. I am sure non-member listeners learn how to stay safe from infection from the messages we share. So, I can say through Radio Peace, we have helped. You can observe on the street that everyone is wearing a nose [face] mask, and that can be attributed to the contribution of Hyewbo kuw (P3, IDI participant, Effutu Municipal, 30 July 2021).

The above finding is consistent with Campbell and Scott's (2012) assertion that the involvement and partnership of hitherto marginalised people in the social change process leads to heightened collective sense of efficacy. Within step two, Bessette (2004) talks about development facilitators identifying a concrete initiative or a set of actions that the community wants to realise. For this thesis, the case study was COVID-19. As opposed to dominant approaches to health communication, this finding suggests that Radio Peace involved community groups like *Hyewbo kuw*, to help them take ownership of the station's COVID-19 initiatives rather than active listeners seeing themselves as beneficiaries of the intervention, as Bessette (2004) advised.

However, *Hyewbo kuw* members who participated in this study expressed some challenges. It could be assumed that once someone willingly joins an association, they will share its shared vision. A novel finding of this study was that this was not the case with the relatively new and younger members of *Hyewbo kuw*. The older members seem more in tune with the original vision of the association. That is an endogenous local group providing support for Radio Peace's developmental initiatives within a framework of volunteerism. The generational gap generated tension due to divergent views on what the association should stand for. The association's members who contributed to this study narrated that the newer and youthful members had a disjointed vision of the association leading to an attitude of self-centredness, an idea that is at variance with the principles of CR as a medium for the collective good (Fox, 2019; Buckley, 2011; Dutta, 2011; Rodríguez, 2011). The excerpt below paints a picture of this:

With the senior citizens, they share in the original vision of the association of volunteerism through the contributions of all for a certain purpose. However, with the youthful members, their conception of the association is the allure and prestige associated with talking on the radio and organising events, so their intention is to accrue financial gains from the club. So, when their expectation of financial gains is not met, then they begin to show less commitment to the association (P3, IDI participant, Effutu Municipal, 30 July 2021).

The above findings suggest that older members are more aligned with the non-profit and collective wellbeing instigated by the self-sacrifice vision of the *Hyewbo kuw*. Also, they may demonstrate a greater commitment to the activities of Radio Peace, as compared to the relatively youthful members, which may translate to better support for Radio Peace's COVID-19 interventions among the former. This is a significant finding with possible far-reaching implications, especially if the alleged members with divergent views of the association are opinion leaders within and without the association. Their influence over the attitude and

adherence to COVID-19 prevention message intentions of members and non-members are significant to cogitate on.

Although this study did not seek to establish whether age influenced commitment to an endogenous community group associated with local CR, it was clear from the discussions that generational influences were a factor in aligning with the vision of grassroots groups among the participants. This study's findings suggest that although access to CR's COVID-19 interventions by local endogenous groups is vital for programming sustainability and enhancing positive health outcomes, intra-generational tensions threaten their contribution to the common good. The ramification is that the youthful members may withdraw their involvement in Radio Peace's COVID-19 activities. It was beyond the scope of the current study to further investigate this finding, presenting a potential focus area for future research to understand.

7.4.2 Inter-group tensions: derailing the wheel of progress among marginalised communities?

Within step two of Bessette's (2004) model, development facilitators should implement a process that allows the different community groups to discuss the specific problem affecting them and identify potential solutions. The *Hyewbo kuw* members felt that it was their civic duty to insulate Radio Peace from harmful factors such as intemperate language and tendencies to politicise the station's programme, "*we also monitor the station day in day out. [...] we also monitor and give feedback to management on every programme aired on the station from morning till evening*" (P3, IDI participant, Effutu Municipal, 30 July 2021). This finding suggests that endogenous groups officially associated with CR are a more significant predictor of individual and group's deeper involvement in its programming. This positioned *Hyewbo kuw* members as potential opinion leaders in shaping the COVID-19 content that circulates on Radio Peace compared to non-members. Furthermore, this study found that gaps in understanding CR concepts and their participatory ideals were evident between members and non-members of *Hyewbo kuw*. The following statements from *Hyewbo kuw* participants paint a picture of this:

They express their minds. Only we are going too political, and I am not interested, I want to be neutral, if the NDC [Opposition National Democratic Congress in Ghana] is there and they are doing something bad, I am on their neck same applies to NPP [Ruling New Patriotic Party in Ghana] (P10, IDI participant, Effutu Municipal, 21 October 2021).

Another thing is that members of the association are always decorous and circumspect in expressing their views on air compared to the non-members, who may resort to uncouth language. So, there is a clear difference between members and non-members. Sometimes I receive complaints about the indecorous words used by certain callers on-air, then I will explain to the complainant that that person is actually not a member of Hyewbo kuw (P3, IDI participant, Effutu Municipal, 30 July 2021).

Though the finding of the disparate understanding of the CR concept between *Hyewbo kuw* members and non-members is significant, it was beyond the scope of the current study, presenting a gap for future studies to understand.

Discussions in Chapter Three pointed out that people's active participation in public debate is essential in improving their health outcomes (Waisbord and Obregon, 2012; Dutta, 2011; Figueroa et al., 2002). This study's findings suggest that CR's COVID-19 communication interventions should analyse inter-group differences in participating and accessing the medium's health information resources. This finding signposts the importance of acknowledging the heterogeneity of society. Thus, it is critical to incorporate group-specific (sub-group-specific) strategies in Radio Peace's COVID-19 communication interventions.

While the *Hyewbo kuw* members were crucial to Radio Peace's programming content sustainability (as discussed below), the posture of some of its members seems to threaten the participation of non-members. Nevertheless, when non-social club listeners had access to Radio Peace's on-air programmes to express their opinions via call-ins, participants raised issues of intimidation and verbal abuse from some *Hyewbo kuw* members, illustrative of hegemonic tendencies of silencing multiple and divergent voices. Non-social club listeners who contributed to this study reported feeling disrespected due to the hostile treatment from some *Hyewbo kuw* members. They intimated that such less-than-desired behaviour obfuscates meaningful dialogue on the CR platform. The excerpts below illustrate this point:

I am drawing the attention of Adu Abormor [Morning show and Woso kabi host, Radio Peace] to the phenomenon where some callers attack the personality of other callers for comments they may have made on air. This is not healthy because everyone has an opinion. Radio Peace is dear to our hearts, so that thing must stop (P1, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

Just like my colleague said, this habit nearly influenced me to stop listening to Radio Peace. A particular member of the Hyewbo kuw always counters whatever I say on air. So, I confronted him one day about if he owed the station. He even referred to us as kids on-air; meanwhile, he didn't even know us in person (P5, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

This finding brings to the fore the issue of romanticising the participatory credentials of community radio (Conrad, 2014). It questions the celebratory tone associated with participatory approaches, as discussed in Chapter Three (Thomas, 2014; Rodríguez, 2011; Dutta, 2011). This finding threatens the viability of Radio Peace, as victims may decide to exclude themselves from public discourses about their health. This may lead to those at the margins' margins being unlikely to actively share or seek COVID-19 prevention information, placing them at a heightened risk of infection.

In contrast to Bessette's (2004) second step, the above finding suggests that the consensus needed for action among the various community groups to help contain the spread of COVID-19 may be missing. Thus, the required synergy among community groups to achieve Radio Peace's COVID-19 intervention goals is likely to be diminished (Bessette, 2004). This finding raises concerns about the moderation skills of Radio Peace's on-air staff as development facilitators. This is because programme moderators must create opportunities for expressing divergent views and encourage participants to do the same (Bessette, 2004). He further added that facilitators must be able to resolve conflicts while facilitating consensus-building and decision-making among participants. This finding illustrates Radio Peace's on-air staff's failure to ensure tact, decorum and circumspection during on-air discussions by active listeners, a situation at variance with CR's participatory ideals (Tabing, 2002). Again, this finding defeats the advice of Bessette's (2004) third step. This step states that every community group should be seen as different in terms of how they conceive problems and solutions and how they take actions to address such challenges. It is essential for Radio Peace's staff to realise that the different concerned groups have the potential to contribute to developing solutions to address developmental challenges (Bessette, 2004), in this case, the spread of COVID-19. Radio Peace's staff should be trained in conflict mediation, as advised by Bessette's fourth step of involving the community in participatory interventions.

Notwithstanding what is discussed above, this study found that Radio Peace's operators predominantly practice the medium's principles of providing access and giving a voice to all community members. A non-social club participant observed that once they access the station's on-air programme via telephone, they are accorded ample time to express themselves by the host. The following excerpt paints this picture, *"so, now all the attention is on Radio Peace's Woso kabi programme. A lot of people in Winneba listen to this programme because it is insightful and accords listeners the opportunity to express their opinion"* (P5, male, FGD#2 participant, Effutu Municipal, 13 August 2021). This finding implies that beyond giving active listeners ample time to express themselves on Radio Peace's on-air shows, programme

moderators must ensure decorum and circumspection to sustain the participatory ideals of the medium (Tabing, 2002). This position is consistent with step seven of Bessette's (2004) model. This step states that it is essential that a partnership is established between the development facilitators and the community as a whole (Bessette, 2004). He further added that this would allow everyone to contribute their experiences and knowledge to support the communication activities.

The above discussions underline the importance of listener input in CR programming in a way that provides access to all community members. Notwithstanding the role of CR in improving health outcomes among marginalised communities, the medium is fraught with challenges.

7.5 LISTENER INVOLVEMENT IN COMMUNITY RADIO PROGRAMMING: CHALLENGES FROM WITHIN AND WITHOUT

This section discusses the challenges faced by Radio Peace in its COVID-19 communication interventions. The following sub-themes were discussed: (1) General challenges that derail Radio Peace's operations; (2) COVID-19 specific programme challenges and; (3) Community radio: Competition and shrinking listenership base.

7.5.1 General challenges that derail Radio Peace's operations

Staff and volunteers of Radio Peace reported difficulties that threatened their continued involvement and commitment to the station. Though the participants reported many challenges, the most significant was the financial sustainability of the station. This finding is consistent with the published literature that CR initiatives in resource-limited settings struggle financially (Manyozo, 2009; Gumucio-Dagron, 2001). The non-profit nature somewhat challenges CR's economic sustainability, especially among stations located in rural areas in developing countries (Fox, 2018; Myers, 2011; Tabing, 2002). The excerpt below from one of the station's staff paints a picture of this:

As a community radio station, Radio Peace is financially constraint. Sometimes I need to go to the field for a story, but because of lack of funds, I would have to commute on foot. That is a challenge, but we take solace in the fact that we are contributing our quota to our community, so I must go (P5, IDI participant, Effutu Municipal, 30 July 2021).

This study found that some volunteers, especially younger ones, exit Radio Peace unceremoniously for greener pastures elsewhere. Consequently, the station suffers from a high staff attrition rate. This affects Radio Peace's continuity of activities as the station is forced to

re-train new volunteers who will need time to adapt to their responsibilities and roles. A staff of the station shared her frustration:

Unfortunately, the attrition rate of the youthful personnel is high here. We know it is volunteer work, but with the youthful personnel, they don't stay for long because they are here for the money. Now it is left with a few of us, less than ten if I am being honest (P4, IDI participant, Effutu Municipal, 30 July 2021).

She admonished staff and volunteers who are motivated by financial considerations only. She considered this a sign of disregard for the self and society's values of altruism and sacrifice. Respecting self and holding social values in high esteem is viewed as a precondition to one's commitment to the social good. This study suggests further investigation into whether younger volunteers would make such career choices if they were well-remunerated and comprehensively educated on the importance of CR to local development. These findings raise questions about the effectiveness of training and orientation for newly recruited CR volunteers. Future studies could explore how the essentiality of CR to local development could be imbibed better into volunteers. More significantly, the finding challenges Ghana's financial sustainability models of CR initiatives, which could threaten their participatory orientation (Bessette, 2004).

It is important to note here that though the older and relatively long-serving staff of Radio Peace bemoaned the high attrition of the youthful volunteers, this does not suggest that the former group will always opt to stay with the station, given options elsewhere. Indeed, a long-serving staff member who contributed to this study conceded that: *"I want to leave for only one reason, not because the work is not exciting; otherwise, I would have left a long time ago, but it is all about finances. There is no money here"* (P1, IDI participant, Effutu Municipal, 3 July 2021). Concerning this finding and with reference to what is known about the socio-economic context of the study setting, this study understands younger volunteers' desire to explore pastures anew as more than youth and vanity-propelled exuberance.

Moreover, participants narrated how Radio Peace's limited financial resources are implicated in other challenges the station faces. These include: 'staff heavy workload' (P1, IDI participant, Effutu Municipal, 3 July 2021); 'poor work attitude' (P4, IDI participant, Effutu Municipal, 30 July 2021); 'difficulty by staff to transport themselves to work' (P1, IDI participant, Effutu Municipal, 3 July 2021) and; 'inability to afford call credits for programme production' (P5, IDI participant, Effutu Municipal, 30 July 2021). Literature in Chapter Two established the dire financial conditions of CR initiatives in Ghana. That the grim financial situation of the CR sector in Ghana is a longstanding, crosscutting and significant concern

explains the lack of importance policymakers have accorded this area. The above findings suggest that the participatory orientation of Radio Peace is threatened as the commitment of development facilitators to the social change process is non-negotiable (Bessette, 2004). Constraints that threaten the commitment of development facilitators to the participatory process need to be addressed (Bessette, 2004).

Further, a worrying finding was that traditional authorities interfered with Radio Peace's local reporters' journalistic work. For numerous reasons, including fear of ill-treatment, cultural correctness and social exclusion for reportage that local leaders find factual but uncomfortable, CR journalists may keep quiet or under-report community development challenges. This suggests an unideal situation in a democratic media environment, limiting CR workers' professional freedom and integrity. A community reporter narrated his frustration, "*sometimes you may report on a story, though the Chief of the town may accept that the story carries merit he may still invite you for explanation under the pretext that you didn't consult*" (P6, IDI participant, Gomoa West District, 7 September 2021). In steps three and seven, Bessette (2004) argues for the involvement of local authority figures, including traditional leaders, who can contribute to providing solutions to the developmental problem. The above finding contrasts this ideal, questioning the assumptions of Bessette's (2004) participatory model. Though forming partnerships with local authorities is necessary to ensure a conducive working environment for development facilitators, as depicted in step seven (Bessette, 2004), it should not be a pretext to stifle the freedom of expression expected in democratic societies. Consequently, Bessette's (2004) participatory model is utopian since it does not cater to situations where influential local people may constrain the participatory process.

7.5.2 COVID-19 specific programme challenges

The challenges faced by Radio Peace discussed above invariably impacted the station's COVID-19 initiatives. Respondents to this study framed Radio Peace's challenges in its COVID-19 interventions as contributing to sub-optimal adherence to prevention messages among its community members. Notwithstanding Radio Peace's efforts to project marginalised voices and their versions of reality, some cynicism about some of its perceived inactions persisted, particularly regarding its lack of community visits. For example, "*... the station [Radio Peace] has to really put people on the ground to report on local issues to bring them to the attention of the authorities in Accra. On that score, I will grade your station [Radio Peace] 50%*" (P9, male, FGD#5 participant, Gomoa West District, 14 September 2021). Like its other activities discussed above, financial constraints prevented Radio Peace's staff from

conducting regular visits to provide community members in all its catchment communities enhanced access to its COVID-19 programmes in off-air settings. The statement below by the station's General Manager paints a picture of this:

The constraint has been that the initial time that we needed to do community consultations [for COVID-19 programming], it was heavily financed, but now we are not getting the finances, so we are not able to move into communities. [...] But when it comes to community engagement, that is where the difficulty will be, yea, the sustainability of that engagement will fall short (P7, IDI participant, Effutu Municipal, 21 October 2021).

Not regularly visiting communities interferes with participants' ability to participate in the COVID-19 related intervention of Radio Peace. This is because visiting the station's office and calling into live programmes are often the only options for community members. Consistent with some published literature, this study found that low socioeconomic status suggests experiencing limited access to media platforms (Dutta, 2011; Manyozo, 2009). This is a concern as community members within Radio Peace's catchment area are generally categorised as poor and marginalised, meaning they may be unable to afford air-time and transportation to the station. As discussed in Chapter Two, Ghana's rural and semi-urban locations are pervasive with poverty (GSS, 2020). Therefore, Radio Peace's community visits present the most practical way for marginalised people to participate in the station's health-related interventions. This situation is exacerbated by the finding that access to CR's mediated platform via telephone is not guaranteed even if active listeners have the means to do so due to limited time for listener phone-ins. An FGD participant put this finding into perspective by explaining that:

The main way is the opening of phone lines. However, I have difficulty because the serial callers [regular callers] seem to have hijacked the lines, making it difficult for others to call into programmes. You can call and call, but you will be told the user is busy (P7, female, FGD#1 participant, Gomoa West District, 13 August 2021).

While there are several reasons for failure to adhere to the COVID-19 prevention messages, the recalcitrance of some active listeners, even while fully exposed to the prevention messages, is significant. This situation is depicted by the statement below:

The other challenge was some of the information that we were giving out. It got to a time we were not too sure whether people were really taking it in. Because sometimes you do a programme, and then people will call into the programme, and some will stand on air and say that for them, they will never wear the [face] mask, they will never do this, they will never do that (P7, IDI participant, Effutu Municipal, 21 October 2021).

Coupled with the above challenge was the scepticism about the existence of COVID-19, especially among the youthful community members. One participant rued that COVID-19 infection is not taken seriously among the youth. She said: *“the main challenge is that some people, especially the youth, do not believe in the existence of COVID-19. So, they are reluctant to observe social distancing in their public events like football”* (P6, IDI participant, Gomoa West District, 7 September 2021). This finding is similar to Tabong & Segtub’s (2021) findings that there is low adherence to the COVID-19 prevention messages among Ghana’s youth. These findings illustrate community-level values and attitudes that require engagement to understand before designing strategies to respond to the COVID-19 pandemic, as depicted by step three of Bessette’s model. Communal ethos mediates health values, risk perception and how health information is applied in close-knit societies (Dutta, 2011; Riley, 2005). While Radio Peace’s active listeners, especially the youth, may be under numerous influences, their COVID-19 prevention adherence intentions and attitudes are likely to be significantly influenced by the prevailing health-related norms, beliefs, and practices in their communities.

Beyond attitudinal and behavioural challenges, this study established that Radio Peace’s COVID-19 communication interventions were saddled with administrative and programme production challenges. Indeed, the station’s staff who contributed to this study reported difficulty and delays in accessing COVID-19 information from state institutions, *“the other challenge we also faced during the COVID-19 was getting information even from the district assembly, from the water company and so on. Information was not forthcoming”* (P7, IDI participant, Effutu Municipal, 21 October 2021). Also, the Ghana Community Radio Network (GCRN), which assisted its member CR stations with COVID-19 programming content, was also implicated in obfuscating Radio Peace’s interventions because: *“sometimes the programme templates and related documents from Ghana Community Radio Network for our COVID-19 programmes are delayed, which does not provide us with enough time”* (P8, IDI participant, Effutu Municipal, 16 October 2021). The absence of reliable and up-to-date information on the pandemic creates an information vacuum, which may be ideal for (dis)misinformation to fester. Against a backdrop of a fluid knowledge system around the pandemic, the inability of health authorities to provide CR operators with timely COVID-19 information to serve the underserved is worrying. This situation may lead to distrust, which can facilitate the spread of misinformation (Larson, 2020). From the above discussion, these challenges, if not addressed, will negatively impact Radio Peace’s COVID-19 communication interventions. This will further alienate marginalised people from participating in the health-oriented social change process that matters to them.

7.5.3 Community radio: Competition and shrinking listenership base

Actively listening to CR programmes is a prerequisite for participation in the medium's social change interventions (Mitchell & Lewis, 2018; Tabing, 2002; Fraser & Estrada, 2001). Linked to the challenges discussed above is a diminishing listenership base of Radio Peace. The lack of ownership of a radio set meant that some participants could not access the station's broadcast: *"I don't listen to Radio Peace at all because I don't own a radio set"* (P2, female, FGD#1 participant, Gomoa West District, 13 August 2021). Other participants complained about erratic radio signals limiting their access to Radio Peace's programmes. One of them had this to say:

Radio Peace is the most popular station in this community. We listen to them every time of the day. But for some days now, we struggle to tune in to the station. We have reported to our local chairman [of Hyewbo kuw] that we can no longer receive the broadcast of Radio Peace (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

The community members who miss out on Radio Peace's programmes due to lack of ownership of a radio set or radio signal challenges miss out on the opportunity to contribute to public discourse on COVID-19 prevention messages. They also risk missing out on learning from others and health-related duty-bearers on COVID-19 prevention. A participant explained: *"the prevention messages were widely distributed, but the main source was Radio Peace. Also, for us farmers, we carry along small radio sets to the farm so we can still listen to the radio. This really helped us"* (P5, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

Also, active listeners inevitably evaluated Radio Peace's broadcast content relative to what circulates on commercial platforms, which are expected to be more sensational and forcibly appealing. This presents a conundrum for Radio Peace as it has to manoeuvre through the delicate balance between its development-oriented content and programme appeal. Radio Peace's social development-oriented programming alone may not be enough to attract and retain active listeners. From the participant's narration, the station must revamp its programming to attract and retain active listeners. One of them explained:

The station attracts a lot of listeners now, so they should make changes to attract more listeners. We are the same people who hail the station, and we can be the same people to criticise the station, which may cause a drop in the listenership base (P4, Male, FGD#2 Participant, Effutu Municipal, 13 August 2021).

These findings imply that Radio Peace needs to tailor its content to better respond to active listeners' media consumption needs, especially during health emergencies and its novel challenges. In a pluralistic media environment, where media choice abounds, there is an

urgency for CR content to attract and retain active listeners who may have the penchant to flip between media platforms in search of more appealing content. The sustainability of the station's health interventions is even more crucial during health emergencies due to competition from commercial stations for the attention of the same listenership base. This assertion is substantiated by the narration of the station's manager:

Yea, for me, it's true that there could be some form of competition. Indeed, if you take Winneba alone, I think there are about four radio stations [...] It's true; I mean, they've come in, other radio stations have come in, and therefore they are likely to take on some listenership (P7, IDI participant, Effutu Municipal, 21 October 2021).

The above finding illustrates a plural and diverse mediascape in Ghana. However, this study is particularly concerned with how the principles of a functioning three-tier public, commercial and community broadcasting system can be maintained. This position is consistent with discussions in Chapter Three concerning regulatory inadequacies in the Ghanaian context, where little dissociation of the media space occurs. The listenership sustainability of the CR medium is therefore threatened. This finding challenges Bessette's (2004) participatory model, where regulatory inadequacies that limit the local community's participation in interventions are not explicitly discussed. This weakness in Bessette's (2004) model can be attributed to the celebratory tone associated with participatory approaches (Thomas, 2014; Rodríguez, 2011; Dutta, 2011). This study argues that the lack of dissociation of the media space threatens the theoretical adequacy and practicality of Guy Bessette's (2004) participatory model for CR's COVID-19 communication activities among Ghana's marginalised communities. However, Radio Peace has adopted strategies to circumvent the challenges discussed above.

7.6 COMMUNITY CONTRIBUTION TO THE SUSTAINABILITY OF RADIO PEACE'S COVID-19 PROGRAMMING

This section concerns community members' contribution to helping Radio Peace circumvent its programming sustainability challenges. The following sub-themes were discussed: (1) Human resource sustainability: Intrinsic and extrinsic motivations and a commitment to the wellbeing of the other and; (2) COVID-19 programming content sustainability: sources of material resources.

7.6.1 Human resource sustainability: Intrinsic and extrinsic motivations and a commitment to the wellbeing of the other

Community members' contribution in the form of the volunteer workforce, active listenership and financial assistance is vital to sustaining CR's participatory principles (Mitchell & Lewis, 2018; Diedong & Naaikuur, 2012; Ayedun-Aluma, 2011; Tabing, 2002; Fraser & Estrada, 2001). The reliance on the volunteer workforce means that CR journalists must be self-driven. This study found that intrinsic motivation was a factor that helped sustain Radio Peace's human resources. In a contribution echoed by others, a participant from Radio Peace explained:

If I were looking at the financial aspect, maybe I would have left here long ago, but I like serving the community. In fact, when someone sees me say, oh sister, through this your programme I learnt this and this and that, and through that, I have done this and that, I feel good that this is what I can also give to some people (P4, IDI participant, Effutu Municipal, 30 July 2021).

For some participants, the opportunities for professional growth at Radio Peace spurred them. One of them had this to say:

My motivation is personal development, for instance, in administration, where I feel by God's grace should I get an opportunity elsewhere or even establish my business, the skills I have acquired here will come in handy. There is new technology every day, and things are constantly changing, so I feel as long as I am here, I can learn and improve myself. Through Radio Peace, I have attended numerous workshops on various themes (P8, IDI participant, Effutu Municipal, 16 October 2021).

The above views by Radio Peace's staff sharply contrast with the mainstream concept of professionalism, where professional commitment is usually tied to economic gains. In this study's view, these qualities of Radio Peace's staff bear the hallmark of goodwill, an attitude that signals intentions to help others out of regard for their wellbeing but not personal gains. Such values are deemed right and celebrated in Akan societies (Riley, 2005). This finding is consistent with the participatory approaches that the potential of the dialogic process to enhance the social change process hinges on local values and practices (Dutta, 2011; Bessette, 2004). From discussions in Chapter Three, social change hinges on the local community's refusal to be permanent victims of the situation and their conviction that change is possible (Bessette, 2004). Without the local community's commitment to the CR medium and its activities, problems cannot be adequately defined, and contextual solutions developed.

Furthermore, this study's findings revealed that extrinsic motivation sources complimented intrinsic motivation. Whiles numerous reasons were reported by Radio Peace's

staff who contributed to this study, it is important to note that financial assistance was significant: *“so, sometimes an individual or an NGO or the community assist us financially”* (P1, IDI participant, Effutu Municipal, 3 July 2021). This finding means that, though CR journalists are primarily volunteers, their financial wellbeing needs to be relooked at. Otherwise, the medium risks losing its core principles of being non-profit and committed to providing a voice to its active listeners. In principle, as discussed in Chapter Two, some CR initiatives in Ghana operate like rural commercial stations, abandoning their core mandate of providing a voice to the voiceless. Beyond financial considerations, participants reported that their extrinsic motivation sources included ‘warm community reception and enthusiasm during field visits’ (P1, IDI participant, Effutu Municipal, 3 July 2021) and ‘recognition and fame’ (P1, IDI participant, Effutu Municipal, 3 July 2021). These findings are significant since “the success of communication activities is closely linked to the perception of the researcher or development practitioner’s role as facilitating that process of community participation” (Bessette, 2004: 21). Thus, Radio Peace’s journalists must not depart from the participatory principles of CR in their COVID-19 communication activities. The policy implication of the above discussion is that CR sustainability cannot be achieved through sound legislation only. Consequently, policymakers and implementers need to address contextual peculiarities like financial constraints.

7.6.2 COVID-19 programming content sustainability: sources of material resources

According to Bessette (2004), partnership must be formed between development facilitators and NGOs to establish the conditions for collaboration. Such collaborations must discuss technical assistance and financial resources, as depicted in Bessette’s (2004) seventh step. Generally, Radio Peace’s participants expressed that the primary funding source for station’s COVID-19 programmes was the GCRN. In a contribution echoed by others, a participant from Radio Peace explained: *“... through the GCRN network, we were able to seek some funding from Deutsche Welle, and through that, we began a project where it is strictly on COVID-19”* (P7, IDI participant, Effutu Municipal, 21 October 2021). The GCRN’s Project Focal Person corroborated this finding. This is what she had to say:

So, within the last year, we worked with CISU that is errm Civil Society’s Social Fund which is under DANIDA through crossing borders which is a Danish-based organisation, and then we’ve worked with UNICEF, we’ve worked with UNESCO and errm we’ve also, currently, we are working with errm DWA on the together for reliable information with funding support from the German government (P11, IDI participant, Accra Metropolitan, 2 December 2021).

This finding is likely influenced by the report that CR stations are not adequately resourced to meet the COVID-19 communication needs of their active listeners. This finding raises issues about the financial sustainability of the ‘Sutatenza model’ of CR in Ghana discussed in Chapter Three. As discussed in Chapter Three, Radio Peace was initiated by an individual. However, community ownership of the station’s content is guaranteed through access to the station’s programming activities and physical space. This model may lead to trade-off between community control of all aspects of Radio Peace and its financial sustainability as noted by Manyozo (2009). This finding underlines the fact that the study CR, Radio Peace is practically far off from the ideal typology of the medium, that is ‘community-owned model’ where the medium is initiated, owned, financially sustained, and managed by communities typically marginalised from mainstream media (Gumucio-Dagron, 2001).

Community radio stations need to generate funds to support their COVID-19 interventions, as the GCRN cannot possibly shoulder all their financial needs. To this end, Radio Peace produced its COVID-19 jingles in-house to save cost, *“I think that is sustaining the flow and because we have also done the jingles and everything, it was in-house, so we keep playing those things and all that”* (P7, IDI participant, Effutu Municipal, 21 October 2021). It was also found that *Hyewbo kuw* members contributed to the sustainability of Radio Peace’s COVID-19 programming. The statement below supports this point:

We also have a social club, some callers who have formed themselves into a social club of Radio Peace, and they also do assist us during some of these situations. They may contribute something small and put it together and bring it to the station (P4, IDI participant, Effutu Municipal, 30 July 2021).

Radio Peace’s limited financial resources meant managers had to find innovative ways to sustain its COVID-19 interventions. This study found that Radio Peace involved community stakeholders in sustaining its COVID-19 interventions. These strategies included ‘building cordial relationships with community leaders’ (P6, IDI participant, Gomoa West District, 7 September 2021) and ‘partnerships with other NGOs’ (P1, IDI participant, Effutu Municipal, 3 July 2021). These suggestions are significant as they are consistent with Bessette’s advice of forming partnerships with local authorities and NGOs to sustain the participatory communication process.

Beyond funding assistance, this study found that the GCRN supported member CR stations with content for their COVID-19 programming. Such content support includes focus group discussions (FGD) templates, magazine programme guidelines, reporting templates,

WhatsApp group chats to share lessons and challenges, and radio programme guidelines. The excerpt below from the GCRN's Project Focal Person paints a picture of this:

So, if it's, so let's say, on a particular project, the stations are supposed to do maybe a focus group discussion, and then after that, they have probably an on-air magazine programme or something. So, if it's a focus group discussion, the guide is developed at the secretariat, [and] the reporting template is as well developed at the secretariat. So, we share the guide and the reporting template at the same time to the stations. So, when you are going to the field, you know this is the guide, and then you know this is the reporting template (P11, IDI participant, Accra Metropolitan, 2 December 2021).

The above quote points out that the GCRN encourages its member stations to employ community-based participatory approaches in their COVID-19 interventions, using methods such as FGDs. This finding aligns with Bessette's (2004) point on forming a partnership with the local community to identify problems and needs and designing a communication strategy. This finding suggests that the GCRN guide the CR sector to ensure that the values of community input and local realities are incorporated into COVID-19 programming. Viewed within the tenets of Guy Bessette's (2014) participatory communication model, a one-size-fits-all approach to COVID-19 communication is unlikely to be effective due to the varied contexts of different target communities. This assertion is buttressed by the reality that the COVID-19 pandemic impacts varied communities differently (Dutta et al., 2020). This study's findings demonstrate that the health-oriented communication needs of marginalised people living within CR host communities are likely to be met by participatory-based media like community radio. However, as argued in Chapter Three, the COVID-19 related communication needs of people from limited resource settings in Ghana are unlikely to be met by persuasive mainstream media. Participatory approaches are critical for health-related social change in interdependent African communities with a shared identity and a communal sense of the self (Manyozo, 2009; Riley, 2005). Thus, dialogic communication approaches are required to address the common COVID-19 related problems among societies with shared identities (Dutta ET AL., 2020).

From the above discussions, the coordinating role of the GCRN in community media initiatives regarding health communication during health emergencies needs to be integrated into local COVID-19 response strategies in Ghana. The above discussions analysed steps one to nine of Bessette's model in relation to this study's findings. However, since COVID-19 infection was still regarded as a public health issue during this study's data collection and analysis, the tenth step of Bessette's model could not be ascertained. The last step of the model concerns the result of the intervention at the end of the participatory process. From the analysis in this chapter, the various COVID-19 communication activities of Radio Peace engage with

more than one step of Bessette's (2004) participatory model dynamically and flexibly. This implies that CR's COVID-19 communication strategies could still be participatory by not rigidly following a linear guide. This position is consistent with Bessette's (2004) advice that the participatory model presented above remains a guide and is not a straightjacket to be followed strictly by development facilitators. Consequently, CR's COVID-19 communication interventions need to be adapted to local realities to ensure the meaningful participation of its active listeners.

It must be noted here that, despite the participatory approaches adopted by Radio Peace in its COVID-19 communication interventions, the local community may have some needs relating to material resources that must be resolved, as argued by Bessette (2004) in his model. He further intimated that the material and communication needs of the local community are complementary. Consequently, both sets of conditions must be addressed systematically (Bessette, 2004) to help improve COVID-19 outcomes among Radio Peace's active listeners.

7.7 CHAPTER CONCLUSION

This chapter presented findings to support how the participatory approaches adopted by the local community radio station, Radio Peace, contribute to the efforts to contain the COVID-19 pandemic among marginalise communities. It is argued that adopting participatory approaches to COVID-19 communication using CR enhances the integration of the national COVID-19 prevention strategies into local realities. This approach is necessary to support COVID-19 prevention efforts within the selected districts. The next chapter discusses the influence of structural factors on the ability of marginalised communities to adhere to COVID-19 prevention messages.

CHAPTER 8

STRUCTURE: SOCIOECONOMIC AND ENVIRONMENTAL FACTORS FOR COVID-19 PREVENTION

8.1 INTRODUCTION

Framed within the structure construct of Dutta's (2011) CCA, this chapter discusses the third research question: How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas? There is a need to acknowledge the socio-cultural narratives that shape health in societies with communal ethos (Dutta et al., 2020; Melkote & Steeves, 2015; Waisbord & Obregon, 2012; Dutta, 2011; Airhihenbuwa & Obregon, 2000). The essence, "... there are things that local communities cannot control directly (policies and laws, for example) and which necessitate the implementation of a complex decision-making influencing process" (Bessette, 2004: 16). From a CCA perspective, expert-driven top-down responses to the COVID-19 pandemic frame the infection as an individual behavioural issue (Dutta et al., 2020). However, such approaches are destined to be less effective as they fail to address the contextual structural problems perpetuating poor health in marginalised communities (Dutta et al., 2020). The CCA opposes the construction of individuals into the dichotomous categories of adherents and non-adherents to the WHO-approved COVID-19 NPIs and pharmaceutical measures (Dutta et al., 2020). In contrast to top-down approaches, the CCA argues that "when the very structural formations that constitute behaviors are targeted, health communication works toward structural transformation that enables collective preventive behaviors at the community level" (Dutta et al., 2020: 10). The analysis in this chapter aligns with the CCA's position on structurally directed pandemic response.

From a CCA perspective to containing the spread of COVID-19, a reliable transport and communications infrastructure and welfare resources are critical because "for a virus that thrives on mobility, guaranteeing these essential infrastructures is central to managing the epidemic" (Dutta et al., 2020: 5-6). To this end, the analysis in this chapter focuses on how *structure* as part of CCA relates to issues of communication, social, cultural and other influences that can contribute to how community radio's (CR) active listeners engage with COVID-19. Also, this chapter focuses on how *structure* as part of the CCA relates to the issue of CR and, specifically communication as a form of *structure*/infrastructure that can influence or inhibit the participation of active listeners in COVID-19 interventions. The findings were

thematically coded and presented in Chapter Five, table 5.7. The following themes are discussed: (1) Beyond prevention messages: how do policies, public service and infrastructure influence COVID-19 infection? (2) Community radio, social capital and COVID-19 communication; (3) Is COVID-19 a hoax? Trusted sources of COVID-19 prevention information; and (4) Improving information choices: community health volunteers, community radio and COVID-19 communication.

8.2 BEYOND PREVENTION MESSAGES: HOW DO POLICIES, PUBLIC SERVICE AND INFRASTRUCTURE INFLUENCE COVID-19 INFECTION?

This section's discussions focus on Ghana's healthcare delivery system and policies and how they influence participants' involvement in COVID-19 prevention interventions. It discusses how these factors influenced the spread of COVID-19 in marginalised communities. The following sub-themes were discussed: (1) Public service, infrastructure and COVID-19 communication; (2) Absence of COVID-19 prevention countermeasures among marginalised communities; (3) COVID-19 prevention policies: ambulance service, isolation and testing centres, and stigma; and (4) Mitigating COVID-19 related stigma: is community radio the solution?

8.2.1 Public service, infrastructure and COVID-19 communication

The purpose of this sub-section was to understand how general environmental factors, specifically public services and infrastructure within Radio Peace's catchment communities influence or inhibit the participation of community members in COVID-19 interventions. Schiavo (2014: 6) urged for an ecological approach to health communication towards "providing every person with the same opportunity to stay healthy or to effectively cope with disease and crisis, regardless of race, gender, age, economic conditions, social status, environment, and other socially determined factors". From a CCA perspective, health stakeholders must critically analyse the interplay between identities, values, and structures and how they influence people's health choices (Dutta, 2011). Also, this section's discussion concerns how COVID-19 related public services and infrastructure influenced the understanding and interpretation of COVID-19 prevention messages among participants.

This study's participants expressed difficulties accessing water in their communities, suggesting a limited agency to adhere to some COVID-19 NPIs like handwashing. This finding is significant because, at the time of this study's data collection, there were no known cures for COVID-19. Coupled with the difficulty accessing vaccines discussed in the previous chapters

in Ghana's marginalised communities, NPIs like personal hygiene were the most practical choices available to people within Radio Peace's catchment area. How are people expected to practice personal hygiene amid a scarcity of clean water supply? Indeed participants complained of being forced to rely on water from unclean sources. The following statement illustrates the extent of the problem:

Our biggest challenge was that although the government directed that standing pipes connected to the national water grid be constructed in rural places like ours to help us wash our hands and practice sanitation, we didn't receive any help. [...] I am sure you will be upset should I show the sources of water we use for handwashing here. Although the prevention messages were distributed widely, the initiative to connect rural communities to the national water grid never materialised in our community (P5, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

This finding is consistent with a previous study that reports water poverty and scarcity during the COVID-19 infection in Ghana (Aikins & Akoi-Jackson, 2020). This situation heightens the risk of infection not only from COVID-19 but also from other sanitation-related diseases like cholera.

Further, participants reported that where communities have been connected to the national water grid, the supply of potable water was still irregular due to erratic electricity, which affects the water delivery system: *"we would like to urge the water and electricity companies to be extra vigilant about their work so they can halt the frequent power outages to enable the water pumping stations to reliably supply water to consumers"* (P8, IDI participant, Effutu Municipal, 16 October 2021). From a CCA perspective, a lack of access to essential resources such as clean water indicates poverty (Dutta, 2011). These findings suggest that though widely distributing prevention messages is vital, providing a supportive environment is significant in enhancing the ability of marginalised people to perform recommended prevention practices (Dutta et al., 2020; Anoff-Ntow & Tettey, 2022). This position is consistent with Bessette's (2004) participatory model that the technical environment within which participatory-based interventions are implemented (availability of electricity, appropriate premises and accessibility to participants) must be considered and addressed.

In addition, participants narrated that inaccessible roads within their communities make it difficult to access medical services even if they could afford them. Unmotorable roads may also inhibit access to COVID-19 information. Community radio journalists and community health volunteers (CHVs) of the Ghana Health Service (GHS) who distribute messages via face-to-face interpersonal communication may face difficulties accessing such communities. A participant said: *"For instance, we require duty bearers to repair our roads or construct*

gutters because I just can't go to the premises of Radio Peace, but when I call on the Hyewbo programme, I can equally express all of our local developmental" (P3, male, FGD#8 participant, Effutu Municipal, 21 October 2021). This is because communicative marginalisation begets structural marginalisation (Dutta, 2011). He added that an unreliable communication structure signposts a poor community. This finding means that the lack of resources inhibits access to information due to the economic expense of calling into programmes and the difficulty in getting access to Radio Peace's programmes via the telephone, as discussed in the previous chapters. This may put marginalised people at a heightened risk of infection. This may limit participants' ability to participate in COVID-19 discourses. Lack of access to prevention information and opportunities to enact their voices place marginalised people precariously close to COVID-19 infection.

The above discussions highlight inadequacies in Ghana's health service delivery system for marginalised communities. This position is consistent with the CCA's assertion that the COVID-19 pandemic exposed existing inequalities within and across societies (Dutta et al., 2020). This study has shown that one-size-fit-all approaches towards improving adherence to the COVID-19 NPIs are bound to be ineffective since the availability and access to essential public services are uneven, with marginalised communities especially negatively impacted, unlike in some urban centres in Ghana, as highlighted in the literature (Ghana Statistical Service, 2020). Thus, message distribution should be linked with providing reliable public services and the infrastructure necessary for marginalised people to avoid COVID-19 infection.

8.2.2 Absence of COVID-19 prevention countermeasures among marginalised communities

The following paragraphs concern with understanding how the absence of locally relevant counter-measures to COVID-19 prevention can influence or inhibit the participation of community members within Radio Peace's host communities in COVID-19 interventions. Health is a by-product of the interaction between individual attributes and the environment within which people live (Abroms & Maibach, 2008). This study established that social and cultural factors influenced participants' adherence to COVID-19 prevention messages. Participants admitted that policy restrictions on social and economic life, discussed in Chapters One and Two, by the Ghana government to contain the spread of COVID-19 were necessary. Still, some of them warned of its catastrophic consequences on local economic activities:

We accept that even if you contract the disease, it can be treated, but the restrictions make life difficult for us; if even Accra residents are struggling, how much more are we in a rural setting? Our businesses have collapsed due to

COVID-19 (P7, female, FGD#1 participant, Gomoa West District, 13 August 2021).

Beyond everyday economic activities, some respondents expressed unhappiness with the ban on traditional festivals due to the loss of opportunities for raising funds, cultural reaffirmation, and socialisation.

We disagree with how they are going about this with all the restrictions on our daily lives. For instance, we were restricted from celebrating our festival this year. As such, we couldn't raise funds to complete our community centre project. I think the government should allow normality to resume and tell us to be cautious to avoid recording cases in Ghana (P1, male, FGD#1 participant, Gomoa West District, 13 August 2021).

That the disruptive economic impact of COVID-19 is global is unarguable. However, the above findings highlight how policy interventions that are not sensitive to the peculiar precarious economic conditions of the most vulnerable further push them to the margins' margin (Dutta et al., 2020). This finding also questions the simplistic information dissemination approaches with little regard for local culture and customs. From a CCA perspective, universal approaches are inadequate in addressing the social, health and economic impact that COVID-19 wreaked on those at the margins of society (Dutta et al., 2020). The above discussions suggest an apparent disconnect between policies and the context within which they are applied, raising doubts about the adequacy of centrally crafted policy responses to contain the pandemic in differing socio-cultural contexts (Dutta et al., 2020). Indeed, many participants shared that it was better for everyday life to return to normality, and people are instead engaged in adhering to COVID-19 prevention messages. The statement below represents this position:

It is better for people to be disciplined than police enforcement [of prevention measures in public]. We need to protect ourselves as our lives are in our hands as far as this disease is concerned. Suppose we all realise that we must protect ourselves and the next person. In that case, everybody will wear a nose [face] mask to protect all of us (P4, male, FGD#8 participant, Effutu Municipal, 21 October 2021).

As such, if policy interventions respond to specific contextually factors, as highlighted above, it is likely, that COVID-19 responses will be much more acceptable to marginalised people to enhance efforts to halt the pandemic. This may improve marginalised communities ability to engage with COVID-19 prevention interventions.

8.2.3 COVID-19 prevention policies: ambulance service, isolation and testing centres, and stigma

This sub-section focuses on ambulance services, isolation and testing centres amid issues of stigma and how these factors influence COVID-19 infection among marginalised communities within Radio Peace's catchment area. The purpose was to understand how these factors can influence or inhibit the participation of community members within the station's catchment area in COVID-19 interventions. Ghana's rural and semi-urban locations are pervasive with poverty, inadequate healthcare infrastructure, and limited healthcare resources (GSS, 2020). Participants praised the Ghana government's policy of transporting COVID-19 patients and suspected cases by ambulance instead of such people having to do it on their own. This finding suggests the state's commitment to limiting the COVID-19 community infection rate. A participant stated that:

The government's ambulance policy is helpful because, let's say, someone contracts COVID-19 here in Apam, and the next health centre is at Manford. I am sure by the time we use a taxi to convey the person there, he will have died (P9, male, FGD#5 participant, Gomoa West District, 14 September 2021).

However, this policy inadvertently created COVID-19 related stigma in low socio-economic settings where people associate ambulance service with a critical or terminal sickness. This chapter's research question focuses on this point, that is, the understanding and interpretation of prevention measures by marginalised people. A participant explained that:

The ambulance is important in health delivery, so on that score, when someone is sick, and we can use the ambulance to assist in the health delivery process, that should be the ultimate goal. However, the problem concerns the stigmatisation associated with using ambulance services for COVID-19 patients (P4, male, FGD#5 participant, Gomoa West District, 14 September 2021).

Other participants complained about the lack of privacy and confidentiality around the ambulance service. One of them lamented that:

So, should I experience chills, headache and runny nose, and I call the ambulance to take me away, the drama around this whole ambulance service is enough for people to shun my company when I return to this community. [...] Once the ambulance comes to this community to transport a suspected case, the person's reputation will be shattered by the time he or she returns (P5, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

The reported stigma around COVID-19 related healthcare services creates the challenge of them not being accessed by those for whom they are meant. This situation may limit marginalised people's agency to engage with COVID-19 prevention related healthcare services within their communities. The above finding is similar to Adom et al.'s (2021) work in the

Ghanaian setting discussed in Chapter Two, that COVID-19 related stigma was common in Ghana. This finding contrasts with the WHO's good prevention behaviour of avoiding stigma (WHO, 2020a). The absence of privacy means that marginalised people may be discouraged from accessing ambulance services due to fear of being identified and stigmatised by other community members. This situation may put others and themselves at a heightened risk of infection. This position is consistent with the extant literature that COVID-19 related stigma and discrimination negatively influence people's access to health-related resources (Anoff-Ntow & Tettey, 2022; Adu Gyamfi & Amankwah, 2021; Budhwani & Sun, 2020). This means that confidentiality and privacy are important for accessing ambulance services within closely-knit communities.

Thus, protective measures should be instituted to maintain the privacy of suspected and confirmed COVID-19 cases within cultural contexts where patronage of ambulance service is stigmatised. The healthcare delivery system must respect the rights and autonomy of people. This finding means that the GHS needs to reorganise ambulance services to meet the COVID-19 related specific needs of marginalised people living within closely-knit societies. This findings further indicate that public health communication concerning COVID-19 related ambulance services, should not only focus on its access. Still, it should be realigned to meet the peculiar social and cultural dynamics within Ghana's rural and semi-urban CR host communities. Also, the 'public' nature of the ambulance service depicts how the healthcare delivery system may infringe on the rights and privacy of infected and suspected individuals. This situation will be particularly harmful to people whose culture requires them to break unpleasant news like ill-health to others discreetly. Indeed, in Akan culture of Southern Ghana, unpleasant information is not shared explicitly but is communicated using euphemisms to assuage its impact on loved ones. The lack of privacy and autonomy associated with ambulance services may be attributed to top-down approaches to designing and implementing public health policy, a practice at variance with the culturally-sensitive strategies of the CCA.

Additionally, participants reported the perception that people were transported by the GHS ambulances to the state-run isolation centres for palliative terminal care. Thus, being transported by ambulance to isolation and testing centres was akin to a death sentence among marginalised communities: *"should I be infected, I won't tell anyone in this community. Because there is a perception that people are taken to the isolation centre to die"* (P8, male, FGD#4 participant, Effutu Municipal, 7 September 2021). It is important to understand the cultural inferences that prop up such notions. People admitted to the isolation centres were not allowed to be visited by their close ones. The purpose of such medical ostracism was to help

contain the pandemic. However, in Akan culture of Southern Ghana, denying people to visit the sick, however medically sound it may be, is alien. So, 'death' here does not only refer to physical demise. It also connotes the symbolic 'death' of the inability to connect with your loved ones when you need them the most.

In spite of the reported stigma, some participants stressed that they would disclose their status to their significant others and close ones to get the necessary support. In a contribution echoed by others, a participant explained:

I will not disclose my status to anyone, not because I don't care about people, but because it is due to the negative attitude of people. Just like he said, once I suspect I am infected, I won't call the ambulance, but I will quietly visit the hospital to test for confirmation. [...] I will then disclose my status to someone I trust, let's say, my mother or husband, that I have tested positive for COVID-19 (P5, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

This finding means that whilst participants may want to keep their COVID-19 status discrete from other community members; they will be willing to disclose it to close ones for social support. This finding is significant since, beyond biomedical considerations, improved health is contingent on individual attitudes, and the support patients receive from their social networks (see Ahmed, 2012; Abrams & Maibach, 2008; Bernhardt, 2004). From the above discussion, relatives and significant others of COVID-19 patients should be educated on stigma and its negative consequences to help mitigate it. Not taking advantage of this will be regarded as a missed opportunity since relatives of COVID-19 survivors were reported as influential primary sources of information, as discussed below. Many scholars aver that COVID-19 communication interventions should leverage positive emotions such as altruism and social solidarity to improve health outcomes (Cheng et al., 2020; Chou & Budenz, 2020; Paakkari & Okan, 2020). Therefore, the usefulness of dominant discourses of individual responsibility in addressing COVID-19 related stigma among communities with a worldview of sharing common burdens is in doubt (Dutta et al., 2020). From a CCA perspective, COVID-19 policies must respond to local peculiarities, including stigma and discrimination.

Indeed, some participants suggested that avoiding stigma towards COVID-19 patients will help prevent them from sliding into depression, a negative emotion that can be debilitating to people in such a situation:

We wouldn't stigmatise infected persons because they are just in a state of ill health. Stigmatising against COVID-19 positive persons means that we are ostracising them from the family. That may result in them descending into depression, and they may even die as a result. So, we don't have to treat a positive person that way (P4, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

The above discussions suggest that people's adoption of health-related services is influenced by their social and cultural context (Dutta et al., 2020; Airhihenbuwa et al., 2014; Dutta, 2011; Airhihenbuwa, 1995). These findings underline the inequalities within and across societies amidst the COVID-19 pandemic (Dutta et al., 2020). Policy interventions in marginalised communities may achieve the opposite of their intended purpose of containing the spread of the virus if not realigned to meet the local context. This is consistent with the published literature that hindrances to access to COVID-19 treatment facilities demonstrate a disconnect between policy-makers and the people they are supposed to serve in the Ghanaian context (Anoff-Ntow & Tettey, 2022). This finding opposes the *structure* tenet of the CCA that health policies should enhance people's ability to access health-related services but not limit them (Dutta et al., 2020).

8.2.4 Mitigating COVID-19 related stigma: is community radio the solution?

Within the CCA, Dutta et al. (2020) argue for co-creating community-based solutions for COVID-19 prevention using participatory methods. This study established similar findings. Participants suggested community-level dialogue to assuage COVID-19 related stigma within their communities since such attitudes were socially generated. Community-level dialogue empowers marginalised people to become transformative agents and overcome challenges of social change (Fernández-Aballí Altamirano, 2020; Obregon & Mosquera, 2005). Participants explained:

On how to overcome issues of stigma and discrimination toward COVID-19 patients, I believe that completely overcoming it is going to be difficult, but we need to have discussions among ourselves that we should avoid rejecting or making a mockery of recovered people (P1, female, FGD#8 participant, Effutu Municipal, 21 October 2021).

From the participants' narration, Radio Peace engages in activities to instigate dialogue among its active listeners. A staff member of the station who contributed to this study explained that:

The point is that if you look at our mission statement, within our mission statement, parts of it read that our mission is to do away with superstition and all these kinds of things. ...So, when it came to COVID-19, and with all these kinds of stories around COVID-19 in terms of all these superstitions and things like that, we only tried to make people understand that this had nothing to do with anything (P9, IDI participant, Effutu Municipal, 21 October 2021).

Another catalyst for community-level dialogue to dispel stigma from the participants' narration was a COVID-19 survivor. This finding was somewhat surprising against the

backdrop of the stigma discussed above. Indeed, whilst some participants suggested that to avoid stigma, the ‘identity of COVID-19 survivors should be kept private’ (P1, female, FGD#8 participant, Effutu Municipal, 21 October 2021), others thought that the ‘identity of COVID-19 survivors should be disclosed publicly’ (P7, female, FGD#1 participant, Gomoa West District, 13 August 2021). Since even if COVID-19 survivors decide to share their experiences against the backdrop of the stigma publicly, they will require a communication channel, respondents suggested that the mediated platform of Radio Peace could be used for this purpose. One of them had this to say:

I think Radio Peace should visit communities with about two or three COVID-19 survivors. I am sure the testimony of the survivors will convince people that recovered persons are just like malaria patients who are recovered and that it is not any more dangerous than that (P5, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

This finding is not surprising since CR can evoke interpersonal communication and community-level dialogue among listeners through off-air and on-air activities (Fox, 2019; Rodríguez, 2011). This finding represents a massive endorsement of Radio Peace by the participants. Access to the CR platform by survivors to share their experiences and engage with other community members can help dispel COVID-19 misconceptions, mitigating any stigma associated with the virus. This finding points to the fact that culturally proximate communication platforms like CR may help mitigate the circulation of undesired information (Laskar & Bhattacharyya, 2021), such as stigma and encourage COVID-19 survivors and other community members to participate in public discourses concerning the pandemic.

8.3 COMMUNITY RADIO, SOCIAL CAPITAL AND COVID-19 COMMUNICATION

That the view that ‘community radio is trusted and helpful’ is dominant among the participants from discussions in the previous sub-section is unarguable. The following paragraphs are devoted to how social capital generated via Radio Peace’s activities contributes to overcoming barriers to improve health outcomes. The following sub-themes were discussed: (1) Radio Peace and COVID-19 communication: efforts towards leveraging social capital to improve health outcomes; and (2) Building community radio-listener relationships through social values.

8.3.1 Radio Peace and COVID-19 communication: efforts towards leveraging social capital to improve health outcomes

From a CCA perspective on COVID-19 communication, alternative approaches that promote different forms of organising marginalised people's health and wellbeing are critical in containing the pandemic. The published literature, some of which was discussed in Chapter Two, intimated that social capital directly influences health outcomes by enforcing or reinforcing social norms (McConnell, 2016; Dutta, 2011; Kawachi et al., 2008; Lindström, 2008). For CR's mediated platform to enhance health outcomes, it must leverage factors such as trust, networking, cohesion and reciprocity among its active listeners. Such factors improve community participation in social interventions (Cook et al., 2015; Dutta, 2011; Kawachi et al., 2008; Viswanath, 2008). These factors significantly improve health outcomes among closely-knit, marginalised communities. This study found that Radio Peace leverages social capital to organise its COVID-19 responses. The statement below by the station's Manager elucidates this position:

Yea, I think that one of the biggest advantages that we have is what we call social capital, things that won't just happen overnight. So, sometimes I get the feeling that because people have followed us over time, sometimes it is not too difficult to engage them when situations like that [COVID-19 infection] happen (P7, IDI participant, Effutu Municipal, 21 October 2021).

This study established a firm bond between Radio Peace and its active listeners based on trust: “Community radio is remarkably different because we all recognise, especially we the natives of Winneba [physical location of Radio Peace], that Radio Peace belongs to us since the content of the broadcast is about us” (P2, IDI Participant, Effutu Municipal, 15 July 2021). This finding is not surprising as the normative characteristics of community media enhance social integration and build stronger community ties (Dutta, 2011; Viswanath, 2008; Kawachi et al., 2008). It is important to note here that this relationship of trust did not happen overnight but has been built over time through strategic actions by the station and its active listeners. Radio Peace's staff who contributed to this study reported strategies adopted by the station to develop and maintain trust between the station and its active listeners. The findings of this study revealed that establishing open two-way communication with active listeners was necessary for building trust. It also helps instigate collective action to contain the spread of COVID-19 because:

We have engaged communities over the period, and so when it came to COVID-19, for instance, ways to engage them wasn't too much of a problem. Of course, on the ground, sometimes it takes a bit of time to mobilise community members for action, but at the end of the day, when they've all gathered, they are prepared to listen to

you, [and] ask questions in terms of what they should do and not do and so on, and I think that they have that trust with the radio station (P7, IDI participant, Effutu Municipal, 21 October 2021).

This finding implies that, unlike mainstream platforms, Radio Peace acknowledges the organising role of its active listeners in identifying and co-creating solutions to contain the spread of COVID-19. This finding is consistent with the CCA, which recognises community agencies to offer alternative health narratives as integral to the pandemic response (Dutta et al., 2020). This means that trust, networking, cohesion and reciprocity in COVID-19 prevention are important support mechanisms for marginalised people living within Ghana's CR host communities. Unlike mainstream media, CR can leverage these existing resources among its active listeners to organise sustainable 'communicative equality' mechanisms between state actors and marginalised people. The CCA frames that "communicative equality as the basis for health communication is constituted in ongoing dialogue between community agency and state response, seeking to building infrastructures for voices of the 'margins of the margins' and simultaneously creating a socialist state" (Dutta et al., 2020: 12). Leveraging social capital in organising intra-community dialogue and listener-duty bearer interactions may increase the involvement of active listeners in the discourses around public service provision and access to essential information resources within marginalised communities. Such an approach would offer marginalised people a concerted voice in holding duty-bearers accountable. This may improve the quality of COVID-19 related public service delivery within the selected communities, a prerequisite for adhering to the prevention messages (Aikins & Akoi-Jackson, 2020).

The above discussions imply that persuasive quick-fix mainstream COVID-19 prevention strategies will likely generate distrust among recipients. With its authentic relationship-building strategies, CR is better equipped to build a working relationship between its operators and active listeners on one side and between local people and state actors on the other. Thus, Radio Peace leveraging social capital is necessary for overcoming contextual barriers such as stigma, public service inadequacies and regulatory bottlenecks discussed above. From a CCA perspective, circumventing such structural barriers could help improve marginalised communities engagement with interventions to halt the spread of the virus (Dutta et al., 2020).

8.3.2 Building community radio-listener relationships through social values

Within the CCA, Dutta et al. (2020) argue for activating community voices to employ alternative platforms to question hegemonic approaches to containing the COVID-19 pandemic. They further opined that community participation in the health-oriented decision-making process should focus on advocating for interventions transforming local structures to improve health outcomes. The findings in this section are consistent with this position. Understanding that community radio-listener relationships are built on truth is significant. A staff of the station stated that: “*they do respect messages that are coming from us because they know we are truthful and whatever we tell them is the truth*” (P4, IDI participant, Effutu Municipal, 30 July 2021). This study found that the perception among the active listeners was that Radio Peace’s activities were motivated by community wellbeing and not commercial gains, unlike mainstream media. Such perceptions have contributed to building trust between the station and its active listeners. The statement below by Radio Peace staff supports this position:

We distribute messages at every opportunity. [...] So, because of the regularity of these programmes, people have come to appreciate that we have the community at heart, the reason we share messages daily. That’s why they know that we have prioritised communicating COVID-19 prevention messages to our listeners. We have produced COVID-19 themed jingles in-house and air them regularly, not because there was an order from somewhere or from the Ghana Health Service (P5, IDI participant, Effutu Municipal, 30 July 2021).

For instance, following up on duty-bearers on community developmental concerns was an established practice of Radio Peace, “*so, the community members trust us that we will follow up with duty-bearers whatever issue of concern they share with us. That’s why they always stick with us*” (P5, IDI participant, Effutu Municipal, 30 July 2021). According to Radio Peace’s staff who participated in this study, such actions have given active listeners a voice to articulate their health needs, unlike the dominant persuasive approaches to sharing COVID-19 prevention messages. Within the CCA, Dutta (2011) argues that community media offers the marginalised a distinct public sphere to enact their resistance against political decisions concerning health. The statement below from a Radio Peace staff represents this position:

Because we have already made them know that it is community radio, the station’s mission is not for commercial benefits but to serve its communities. So, they have to have an open-door attitude toward us, so we can always engage with them and know about their developmental challenges because we give voice to the voiceless (P5, IDI participant, Effutu Municipal, 30 July 2021).

The above findings were corroborated by active listeners who contributed to this study. Participants trusted Radio Peace as a source of COVID-19 prevention messages compared to mainstream media. From participants' narration, the indicators of trust include proximity to the station, broadcast in the local language, and access to the station's programmes. As highlighted in the previous section, trust is key in engendering the participation of community members in Radio Peace's COVID-19 interventions. The following statement illustrates the extent of this trust:

Another way that Radio Peace has helped is that at the beginning of COVID-19 infection, people had the perception that it was a Western disease, so we were unlikely to believe that we were at risk if messages were distributed to us by an unfamiliar person. However, because Radio Peace is close to us and we are familiar with the presenters and can identify with them, we trust the prevention messages they shared with us. So, because they are from our community, we trusted them more than an external person that we need to adhere to the prevention protocols (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021).

The above finding is consistent with the extant literature, some of which was discussed in Chapter Two (see Fox, 2019; Diedong & Naaikuur, 2012; Essandoh, 2006). This finding suggests that Radio Peace and its active listeners are convinced that building trust is the initial significant step toward people's involvement in the station's COVID-19 related intervention. In a hyper-political context like Ghana, as discussed in Chapters Two and Six, it is crucial for a mediated platform that connects active listeners to duty-bearers to be seen as politically non-aligned. Political neutrality engenders trust and reciprocity. This reality was not lost on Radio Peace's staff interviewed for this study. Feeling strongly about this, one of them explained:

I think Ghana now generally and even now communities we are into some kind of politics, partisan politics, it's a major thing. So, we have tried to stay away from that partisan politics. We try to be very, very neutral if there is any word like that, but the thing is, we stay in the middle; we don't showcase that (P7, IDI participant, Effutu Municipal, 21 October 2021).

The reported trust between Radio Peace and its active listeners suggests that some considerations must be given to social values such as political neutrality, truth and advocating for community wellbeing in encouraging the participation of marginalised people in efforts to contain the spread of the virus. Listeners' participation in Radio Peace's COVID-19 discourses means that social values and relations could be used as enablers for COVID-19 prevention, particularly in integrating the WHO approved NPIs and pharmaceutical measures into local settings. This position aligns with the CCA that social relations are essential in challenging dominant structures and enhancing positive health outcomes (Dutta, 2011). This finding further

questions the rationale for top-down policies to contain COVID-19 infection among marginalised communities. Thus, the willingness of marginalised people to participate in Radio Peace's discourses around COVID-19 prevention relies on social relations and trust.

8.4 IS COVID-19 A HOAX? TRUSTED SOURCES OF COVID-19 PREVENTION INFORMATION

Beyond CR journalists, participants reported other trusted sources of COVID-19 prevention messages. The findings in this section concern trusted sources of influence for COVID-19 prevention messages among participants. The following sub-themes were discussed: (1) COVID-19 survivors and international travellers are important prevention information sources; and (2) Trusted sources: Mass media vs interpersonal sources of influence.

8.4.1 COVID-19 survivors and international travellers are important prevention information sources

In the face of doubts about the realness of COVID-19, health communication about the pandemic must have a communal approach where influential local people are strategically engaged. An interesting finding of this study was that COVID-19 survivors and their relatives were considered excellent information sources. This reiterates the finding of COVID-19 survivors as sources that could help dispel the stigma surrounding the pandemic. Participants suggested that information shared directly by COVID-19 survivors and their relatives will change perceptions about the disease's realness. An FGD participant explained that:

So, for me, someone who has recovered from COVID-19 is the ideal person. They can volunteer to educate others on their experience because people still doubt the existence of the disease. So, for instance, survivors can use the platform offered by Radio Peace, like community visits to educate the public on their experience with COVID-19 (P5, male, FGD#3 participant, Effutu Municipal, 18 August 2021).

This finding positions COVID-19 survivors as a goldmine who could be integrated into the pandemic's prevention cascade, particularly CR efforts, to share information among marginalised communities. This finding is consistent with the CCA that pandemic communication should be anchored on community voices (Dutta et al., 2020), suggesting that the so-called experts' voices as the only sources of influence are counter-productive in marginalised communities. However, participants were not exposed to information from a COVID-19 survivor or their relatives. This finding is illustrated by statements such as:

There were ambassadors, including HIV-positive people, who volunteered openly on television to educate others on how to avoid infection and how to even live with

the virus. The same thing happened with Ebola too. I believe such actions helped to control the spread of AIDS and Ebola. It is in this spirit that we also want to see a COVID-19 survivor volunteer and share their experiences openly on television. In this way, we will know of persons who were infected with COVID-19 but have recovered now (P5, male, FGD#8 Participant, Effutu Municipal, 21 October 2021).

The above finding suggests that how COVID-19 is communicated influences individual's conception of health risks (Betsch, 2020). However, because of the policy of non-mandatory disclosure and the various challenges affecting disclosure, including stigma, it is unlikely for COVID-19 survivors to volunteer to share their experiences within the study context. Consequently, people who insist on receiving information from survivors before adhering to the prevention messages are likely to engage in behaviours that put them and others at heightened risk of infection. Still, community-based responses are critical to containing the COVID-19 pandemic (Dutta et al., 2020). Another novel finding of this study was that participants trusted relatives who had returned from abroad and had been quarantined at designated facilities, as participants could identify with them. This was due to Ghana's government's mandatory quarantine of all international travellers at the initial stages of COVID-19 infection in the country. An FGD participant had this to say:

When Ghanaians return from abroad, they are quarantined for about two weeks before they can go home. When such people share their experiences with us after their quarantine, we believe that the disease is actual. So, the information shared with us by our returnee relatives influences us to accept that COVID-19 is real (P6, male, FGD#2 participant, Effutu Municipal, 13 August 2021).

This finding suggests that local and familiar voices can influence the perceptions of marginalised people living within Ghana's CR host communities about COVID-19 infection. The above accounts express that marginalised people are more likely to develop positive attitudes towards COVID-19 prevention messages when shared by returnee relatives and COVID-19 survivors, as opposed to hegemonic voices. The CCA frames that community voices should not be utilised as an instrument to disseminate persuasive individual behavioural change COVID-19 messages. Rather, they should be empowered to articulate alternative realities among marginalised communities (Dutta et al., 2020). Consequently, CR COVID-19 communication interventions that integrate local trusted voices are likely to be positively received by community members.

8.4.2 Trusted sources: Mass media vs interpersonal sources of influence

Within the CCA, Dutta et al. (2020) argue that access to mass media inhibits and provides opportunities for marginalised people to engage with centrally crafted policy responses to contain the COVID-19 pandemic. As such, the media is a regulator of information and a driver of global responses to the pandemic. This makes those with access to and control of the media influential in shaping public perceptions concerning responses to halt the virus' spread. This study found that the participants trusted journalists and others who regularly shared COVID-19 prevention information via mass media such as radio and television. In particular, participants considered Radio Peace's journalists as influential information sources. A believer in CR journalists explained that:

The most trusted source is radio journalists, especially community radio journalists. The reason is that they are people we live with and know personally, so we trust that they will not mislead us. So, we really trust whatever information they share with us compared to our ministers and some people (P6, male, FGD#7 participant, Effutu Municipal, 18 August 2021).

The popularity of CR journalists as trusted sources of COVID-19 information is appropriate due to the medium's proximity, language use and enhanced access to listeners (Fox, 2019; Manyozo, 2009). The messenger's credibility, to an extent, depends on the medium of communication. This finding is consistent with previous studies that listeners regard CR journalists as reliable sources of health information (Tyali & Tomaselli, 2015; Essandoh, 2006).

Despite the ubiquitous nature of mass media sources of influence reported by the participants, it must be noted that not all marginalised people within Radio Peace's catchment area have access to Western technology mass communication channels. Therefore, such people relied on their interpersonal network. Many participants who contributed to this study reported trusting interpersonal sources for COVID-19 information, notably family and friends:

I will take the jab if the vaccines are accessible to me now. My in-law works at the hospital and told us that the vaccines don't cause any side effects, so she has even taken it because of her portfolio as a health worker. So, once my in-law hasn't suffered any side effects after taking the vaccine, then it means all the rumours are not true (P5, female, FGD#4 participant, Effutu Municipal, 7 September 2021).

The popularity of interpersonal offline networks as trusted sources for COVID-19 information is expected in closely-knit societies. Alternative forms of communication are vital to dismantling neo-liberal approaches to COVID-19 communication intervention (Dutta et al., 2020). The quotation above suggests a two-step flow of information in such communities. Opinion leaders, perceived to be more knowledgeable, pass information to less informed

recipients within their ambit of influence. Friends and relatives represent strategic sources to reach marginalised people within Radio Peace's catchment area with culturally relevant information. Previous studies found that sharing messages via such trusted individuals is important since recipients are inclined to access, discuss and take action based on the information shared (Tutu & Busingye, 2019; Cook et al., 2015; Dutta, 2011). This approach could be escalated for communicating COVID-19 prevention messages. This can enhance the agency of marginalised people in circumventing barriers of unreliable and irregular information from official sources discussed in the previous chapter. This finding adds to the CCA's position of questioning the global COVID-19 responses through mainstream media that perpetuate further marginalisation of those at the margins (Dutta et al., 2020).

According to participants, other trusted sources of COVID-19 were health workers (doctors and nurses) and GHS officials: *"God has roles for every person on earth, so for me, my most trusted source is healthcare workers. They have experience with infected people, and they always use trusted channels like radio to share messages"* (P5, male, FGD#7 participant, Gomoa West District, 21 September 2021). Also, participants reported some non-political actors such as traditional leaders, NGO field officers and pastors as trusted sources: *"so, my trusted sources include health centres, NGOs like Child Rights [International] because they are heavily involved in COVID-19 prevention communication"* (P2, male, FGD#6 participant, Awutu Senya West District, 17 September 2021). An interesting finding of this study was that participants reported that they trusted political actors such as Ghana's President, ministers and MPs for COVID-19 information. This finding is significant because of the hyper-political context within which COVID-19 discourses were framed in Ghana, as discussed in the previous chapters. Comments such as that below sum up this point:

I believe that the disease is real because the President [of Ghana] has confirmed it. Indeed, they were the first to be vaccinated to indicate that the disease was real. So, it wasn't real, he wouldn't have taken the jab, so it is real. So, the president and his ministers have confirmed that the disease is real (P4, male, FGD#6 participant, Awutu Senya West District, 17 September 2021).

This finding implies that mainstream actors could be engaged to unlearn their hegemonic tendencies, as intimated by the CCA (Dutta et al., 2020). The previous chapters established that Radio Peace's active listeners had enhanced access to the CR mediated platform. Consequently, Radio Peace's active listeners and journalists could utilise the CR's mediated platform to negotiate the roles various actors could play in designing locally relevant responses to the pandemic. The following statement by an IDI participant supports this position:

The station's [Radio Peace] mission is to provide an avenue for ordinary people to voice out their developmental concerns and also to bring to the limelight any developmental issue that may have escaped the attention of duty-bearers. So, we use the platform provided by Radio Peace to communicate our concerns to duty-bearers (P3, IDI participant, Effutu Municipal, 30 July 2021).

A Radio Peace staff added that:

So, in the two communities, we had these focus group discussions [for COVID-19 programming], and we were more concerned about the availability of water and sanitation issues within these communities. So, we also approached the Ghana water company to get some statistics and to find out where they fall short, and to do basic programmes around that (P7, IDI participant, Effutu Municipal, 21 October 2021).

Though trust is expected to be an individual choice, the findings above suggest that it is communally generated within closely-knit CR host communities in Ghana. This finding indicates that participants actively choose their sources of COVID-19 prevention information based on trust. This means that whilst marginalised people are exposed to COVID-19 prevention information from many sources, some information sources are considered trustworthy, making them effective. It is evident from the above findings that if participants trust and have confidence in some COVID-19 prevention information sources, these sources can be encouraging in improving the believability of prevention messages among marginalised communities. This may enhance marginalised voices' involvement in public discourses concerning the pandemic, leading to an improved understanding of the prevention measures.

The insight from the above discussions suggests that CR operators, opinion leaders and information gatekeepers within marginalised communities should be informed about the aetiology and prevention of COVID-19. Also, how to reach such influential people and their media consumption habits should be studied. This could help marginalised people better negotiate a transformation in the structures that limit their ability to engage with COVID-19 prevention interventions (Dutta et al., 2020). COVID-19 messages must circulate among the infected, affected, and trusted sources to generate discussions and social support.

8.5 IMPROVING INFORMATION CHOICES: COMMUNITY HEALTH VOLUNTEERS, COMMUNITY RADIO AND COVID-19 COMMUNICATION

From the preceding sub-section, access to communication infrastructure was found critical for marginalised communities to engage with public health policies to contain the spread of COVID-19. This section focuses on how the activities of GHS's community health

volunteers (CHVs) could be escalated to improve community members' involvement in COVID-19 prevention communication interventions within the selected communities.

8.5.1 Filling the information gaps: community health volunteers, interpersonal communication and COVID-19 prevention

According to Dutta et al. (2020: 3), “culture-centred interventions root themselves in the actual lived politics of co-creating communicative infrastructures for democracy at the global margins”. Because marginalised people expose themselves to COVID-19 information from different sources, it is necessary to establish how other culturally appropriate information sources can be incorporated into CR's COVID-19 communication efforts. This study found that CHVs trained by the GHS are vital to reaching marginalised people with health information. They share health information with marginalised people conveniently and in a culturally proximate manner. A CHV who contributed to this study explained: “*so, what we do is that we go for training when there is a disease outbreak, [...], [and] then we are tasked to educate our community members on how we can stay safe from infection*” (P2, IDI participant, Effutu Municipal, 15 July 2021).

When asked to name communication channels used for distributing COVID-19 prevention messages, the CHVs who contributed to this study indicated house-to-house visits and community fora. One of them explained that: “*we do house-to-house visits to engage community members. We visit people's households to have discussions with them*” (P7, IDI participant, Gomoa West District, 21 September 2021). These communication channels highlight the usefulness of interpersonal communication for sharing health information with marginalised rural and semi-urban communities in Ghana. In terms of COVID-19 prevention, this study found that recipients positively received information shared by the CHVs. This position is buttressed by statements such as:

The messages we share with people through the community durbars and the house-to-house visitations have helped [...]. For instance, hand washing wasn't common practice in this community, but with the emergence of COVID-19, people have come to accept that washing hands and practicing social distancing can help them avoid infection (P7, IDI participant, Gomoa West District, 21 September 2021).

It must be noted here that community health volunteering is a non-paying role. So why would someone volunteer to share health information with fellow community members that may put them at risk of infection, as is in the case of COVID-19? The answer finds expression in the CHVs' orientation that there is satisfaction in serving one's people. Indeed, the CHVs

interviewed for this study expressed that they share information to help others avoid infection because they want the best for their community. The excerpt below illustrates this attitude:

It is for the wellbeing of all of us and also so that everyone can receive education and training on how to remain safe from various diseases. This is what motivates me to perform this role. This is because if I don't perform this role, sickness is like a thief; it comes unannounced (P2, IDI participant, Effutu Municipal, 15 July 2021).

Here the attitude of CHVs is driven by goodwill and altruistic intentions to protect themselves and others from COVID-19 infection. This finding is consistent with some of the published literature discussed in Chapter Two (see Cheng et al., 2020; Chou & Budenz, 2020). Despite the high levels of intrinsic motivation expressed by the CHV, when asked about sources of extrinsic motivation for their role, they said that verbal appreciation and praise from community members keep them going: “...[we] get educated and in turn educate our community members, they do appreciate our efforts. Indeed, they praise us for taking on such a yeoman task since not everyone can dedicate time for such a role” (P2, IDI participant, Effutu Municipal, 15 July 2021). This finding is consistent with the discussions on social capital in Chapter Two (see Cook et al., 2015; Kawachi et al., 2008; Viswanath, 2008). While the CHVs share prevention information, the recipients must be willing to be receptive and show gratitude for their efforts, at least orally. Beyond the verbal appreciation from message recipients, the CHVs reported that they were also motivated by tangibles. These include opportunities for health-related short-term paid jobs. One of them explained:

What motivates me to continue volunteering is that whenever paid short-term jobs are available, they [health authorities] provide us with the opportunity. So, we get little assistance from them [health authorities] in terms of finance and other things (P7, IDI participant, Gomoa West District, 21 September 2021).

However, the CHVs reported challenges that hindered their role. These were limited time, unavailability of community members for engagements, verbal abuse and hostile reception from some community members. One of them narrated his frustration:

On the reception we receive from people during our house-to-house visits, some people perceive that once health officers visit a household, it implies someone has contracted COVID-19, so the health officers have come to transport the patient [to the COVID-19 isolation centre]. So, sometimes they are apprehensive when they see us [...] Sometimes, some people give the excuse that they are busy and have somewhere to go (P7, IDI Participant, Gomoa West District, 21 September 2021).

The above findings illustrate the significant role of the CHVs in communicating COVID-19 prevention messages to local community members. From a CCA perspective, this

finding means that the CHVs provide a communicative space for marginalised people to co-create responses to the pandemic (Dutta et al., 2020).

People from a particular socio-economic context draw on available resources to appropriate global media products to make sense of them (Lie & Servaes, 2015). This was important to this thesis' aim of finding out how culturally appropriate and locally relevant COVID-19 prevention interventions be developed in relation to local structural factors. As such, it was vital to identify community members within the catchment area of the study CR station, Radio Peace, able to knowledgeably discuss how and what sort of COVID-19 related prevention messages community members need. This approach could influence the COVID-19 related prevention communication strategies adopted by Radio Peace and how they can be practically implemented. I suggest an integrated approach to communicating COVID-19 among marginalised communities. To this end, CR operatives should adopt local communication channels like face-to-face interpersonal communication to complement their mass communication platform to reach marginalised people. The CHV participants corroborated this position by indicating that they and Radio Peace complement each other to reach community members with COVID-19 information in culturally proximate ways. A CHV had this to say:

As community health volunteers, we do our best to do house-to-house visits and organise community durbar, but this is not enough. So, Radio Peace's contribution helps to throw more light on what we have already shared with community members. [...] So, now when the COVID-19 messages come from Radio Peace, which is not located here in Apam, community members could appreciate that the disease is in other communities and can potentially spread to our community (P7, IDI participant, Gomoa West District, 21 September 2021).

As Ghana continues in its quest to contain the spread of COVID-19, further studies are needed to understand the role alternative media such as CR can play in engendering trust among marginalised communities. This is to advocate for an enabling and supportive environment to encourage marginalised communities' involvement in CR's COVID-19 communication interventions. I recommend future studies on this topic.

8.6 CHAPTER CONCLUSION

The discussions in this chapter centred on the third research question, the influence of structure on community members' participation in efforts to contain the virus within the Radio Peace's catchment areas. This chapter established that environmental factors severely hampered the ability of marginalised people living within Radio Peace's catchment area to

engage with COVID-19 prevention interventions. These include lack of potable water, stigma, and culturally out-of-sync ambulance and isolation.

To this end, COVID-19 communication interventions should be sensitive to local cultural, social and economic peculiarities to enhance their effectiveness and sustainability in marginalised societies. The penultimate chapter discusses the participation of marginalised people in the community radio-based COVID-19 prevention communication model proffered by this study.

CHAPTER 9

THE SOCIO-CULTURAL MODEL FOR COVID-19 COMMUNICATION USING COMMUNITY RADIO

9.1 INTRODUCTION

Drawing from the constructs of the CCA and participatory approaches discussed in Chapter Three, this chapter focuses on proffering an evidence-based model for integrating the WHO and GHS-approved COVID-19 non-pharmaceutical interventions (NPIs) and pharmaceutical measures into local settings. The findings discussed here address the fourth and final research question: In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio? The COVID-19 communication via mainstream platforms targeting marginalised communities had little consideration for the recipient community's local settings and realities in Ghana (see Anoff-Ntow & Tettey, 2022; Adu-Gyamfi & Amankwah, 2021; Adom et al., 2021; Thompson et al., 2021; Aikins & Akoi-Jackson, 2020). Thus, such an approach failed to consider the diverse and disparate social, economic, and cultural factors influencing community involvement in COVID-19 communication within Ghana's marginalised community radio (CR) host communities. This study's model presents a framework based on data analysed for this thesis.

Radio Peace's COVID-19 communication programming discussed in the previous chapters hinges on self-sustainability through listener contribution in programme production and broadcast. For example, community members played the role of actors in the station's creative COVID-19 messaging, in the form of drama and songs, at no cost to the station. Community voices sharing COVID-19 prevention messages via CR's mediated platform resonate better with active listeners than top-down messages, as highlighted by this study's participants. This study sought to contribute knowledge to the identified gaps in research and practice based on the thematically coded findings in figure 9.1 below. The purpose was to explore how to integrate listener-driven COVID-19 communication into CR programming. The findings in the spider diagram, figure 9.1, are grouped according to *culture*, with the aligning research question, four. From Chapters Six to Eight discussions, challenges to marginalised people's participation in COVID-19 communication regarding culture were a common thread across all thematic constructs. A matrix of how culture underlines COVID-19 communication is depicted in the illustration below (figure 9.1). The culture-related issues are: (1) COVID-19 related stigma; (2) Cultural beliefs and practices influencing adherence to prevention messages;

(3) Attitude of community members; (4) Language; (5) Social networking and cohesion and; (6) Trust and distrust of COVID-19 message sources.

Community radio's participatory approaches are adept at communicating health among Ghana's marginalised communities (Essandoh, 2006). For instance, dedicated CR COVID-19 programming helped mitigate fake news and provided access to marginalised people to information resources in the Indian context (Laskar & Bhattacharyya, 2021). That community radio's health programming is based on participation, dialogue, and local needs suggests that it can be a useful medium for involving marginalised people living within Ghana's rural and semi-urban communities in COVID-19 communication interventions. This chapter concerns how this study's socio-cultural model can be applied in communicating COVID-19 prevention for CR in the Ghanaian context. In contrast to mainstream persuasive approaches to communicating COVID-19 prevention, the socio-cultural model proffered in this chapter offers alternative ways of how marginalised people could participate meaningfully in COVID-19 communication through the instrumentality of community radio in ways that are proximate to their economic, social and cultural context in Ghana.

From the suggestions of this study's participants, listeners' involvement in Radio Peace's COVID-19 responses could be enhanced by the station leveraging factors such as improved access, social capital and community participation. These factors were significant for COVID-19 prevention communication, as illustrated in the previous chapters. The socio-cultural model discussed below aims to guide Radio Peace to develop COVID-19 prevention communication interventions with active listeners' participation by incorporating the above factors. It is hoped that adopting the socio-cultural model by Radio Peace for its COVID-19 communication interventions will empower community members within the station's catchment area to challenge the barriers to their participation in efforts to contain the pandemic.

Findings from the previous chapters revealed structural barriers to the involvement of community members in Radio Peace's COVID-19 communication interventions. These factors include irregular community visits by Radio Peace's operatives, indecorous language during on-air discourses, economic challenges of batteries to power radio sets, transmission challenges, difficulty in calling into programmes due to jammed telephone lines, and stigma. The challenges posed by these barriers meant that community members' involvement in the stations pandemic communication activities was limited. Dutta et al. (2020) argue that addressing structural barriers is the critical first step in enhancing the participation of marginalised people in designing and implementing COVID-19 communication responses that are meaningful to them.

Discussions in Chapters Two and Three established that CR employs participatory bottom-up approaches for communicating health to its active listeners (see Laskar & Bhattacharyya, 2021; Srivastava, 2020; Sharma & Kashyap, 2015; Tyali & Tomaselli, 2015; Medeossi et al., 2014). Premised on these principles, Radio Peace's COVID-19 communication interventions are expected to position beneficiary communities as active and with an agency. The socio-cultural model, whilst acknowledging the participatory normative nature of CR for COVID-19 communication, also suggests ways the medium can be employed to address structural barriers to COVID-19 prevention among marginalised communities. To this end, this study's socio-cultural model adopts elements of the CCA (Dutta, 2011) and participatory approaches (Fernández-Aballí Altamirano, 2020; Thomas, 2014; Miller, 2014; Carpentier, 2012; Dutta, 2011; Msibi & Penzhorn, 2010; Servaes, 2007; Bessette, 2004). However, its applicability and theoretical underpinnings are rooted in the culture of the Akan people of Southern Ghana, as discussed in Chapter Two (see Riley 2005). The socio-cultural model is, therefore, specific to the culture and values of Radio Peace's host communities in Ghana's Central Region. These values serve as a guide for individual and community-level health-related behaviour. This study's model is 'socio-cultural' as it demonstrates how Radio Peace could leverage the cultural and social factors within its host communities to enable a supportive environment for active listeners' meaningful participation in the station's COVID-19 communication interventions. Figure 9.1 summarises the themes related to culture and community participation in CR's COVID-19 communication interventions.

CULTURE AND COMMUNITY PARTICIPATION IN COVID-19 COMMUNICATION USING COMMUNITY RADIO

Research Q4: How should marginalised people participate meaningfully in COVID-19 prevention communication using community radio?

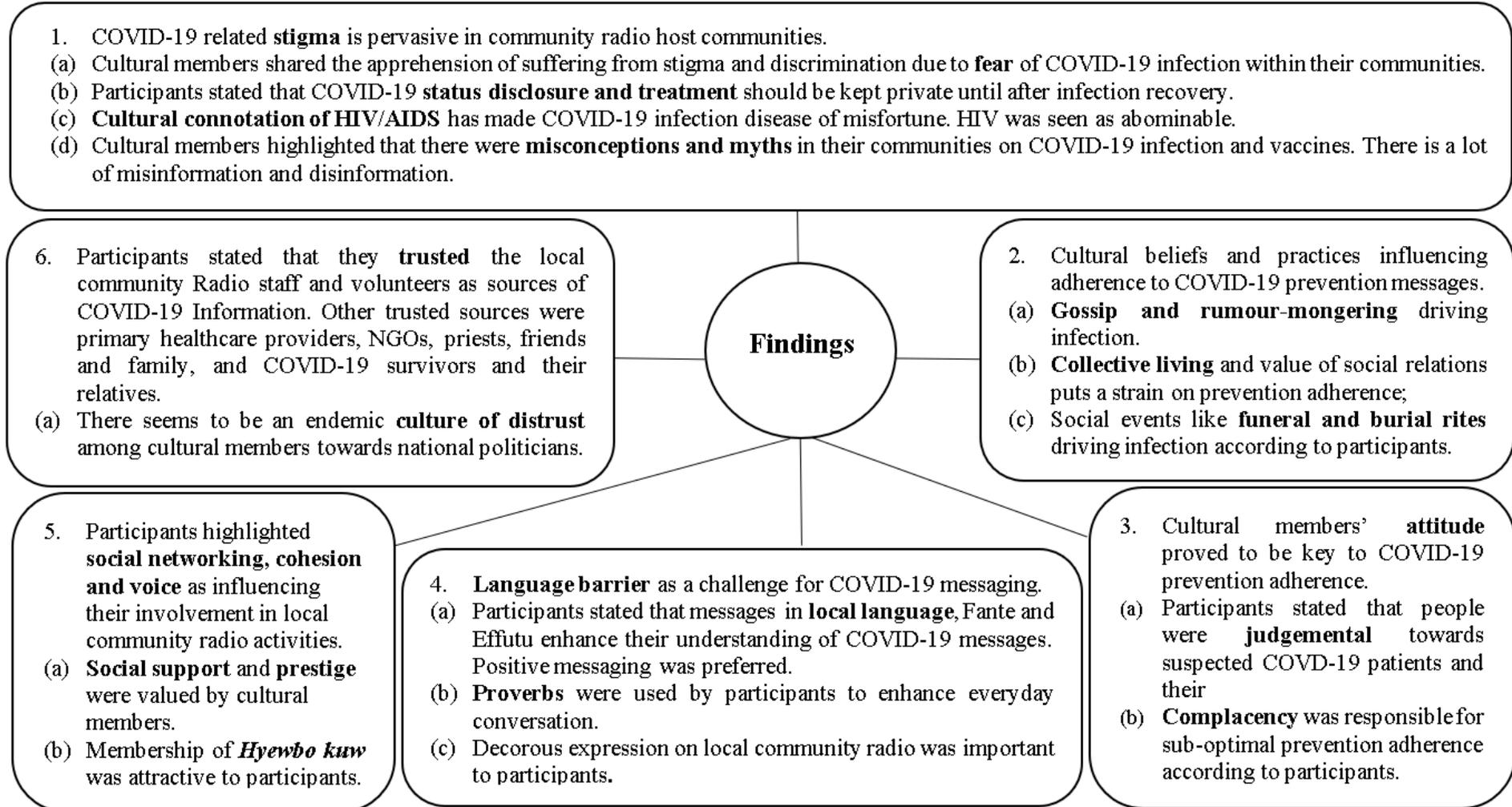


Figure 9-1: Summary of themes related to culture and community participation in COVID-19 communication via community radio

9.2 PARTICIPATORY AND CULTURE-CENTRED APPROACHES TO COVID-19 PREVENTION INTEGRATION INTO LOCAL SETTINGS

As discussed in Chapter Three, participatory theory and culture-centred approaches were employed as the theoretical framework for this study. They serve as a lens to understand the social, economic and cultural factors that may enhance or inhibit integrating WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into resource-constraint settings using CR. The converging value of CCA and participatory approaches for this study are encapsulated in the assertion that communication is needed to bring about changes in the contextual and social variables of health to facilitate changes toward healthy lifestyles (Obregon & Mosquera, 2005). Dutta et al. (2020) explained that the CCA recognises the organising role of the ‘subaltern of the subaltern’ communities. He added that subaltern communities are locations for identifying the deep-rooted structural inequities related to health and wellbeing and for co-creating community-led solutions to these challenges. From a CCA perspective, Dutta and his colleagues contend that:

Health is theorised amidst the participation of those at the global margins in processes of resisting hegemonic structures, foregrounding local meanings, and working with these meanings to mobilise for change. The work of community participation in the CCA is centred on building spaces [for] community democracy, centring community voice infrastructures in the participation of the ‘margins of the margins’ (Dutta et al., 2020: 3-4).

Structural factors must enable marginalised people to participate in COVID-19 communication interventions but not inhibit them (Dutta et al., 2020). For instance, as suggested by this study’s participants in Chapter Eight, addressing the challenge of unmotorable roads by duty-bearers within the selected communities means that Radio Peace’s operatives may be able to conduct regular community visits to engage community members in off-air settings, a critical strategy in improving community participation among poor and marginalised communities. Also, CR journalists advocating for the provision of potable water within their catchment communities may translate to an enhanced agency of members of beneficiary communities to perform the WHO-recommended NPIs for COVID-19 prevention.

Findings from the previous chapters revealed that some socio-cultural factors affect the integration of the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into the marginalised communities within Radio Peace’s catchment area. These include stigma and discrimination vis-à-vis voluntary public disclosure of status, myths and misconceptions, cultural member’s attitudes, cultural beliefs and values, healthcare delivery challenges

(culturally insensitive ambulance service), public utility services delivery inadequacies (lack of potable water supply) and trust and distrust associated with information sources.

From a CCA approach to communicating COVID-19, Dutta and his colleagues (2020) argue that the universal WHO-approved prevention interventions conceptualised through a Western individual behavioural change lens may have unwittingly deepened the crisis within marginalised Global South communities. They further note that persuasive approaches are inadequate for addressing local challenges in non-Western marginalised communities. Bidwell (2016) explained that from an African philosophical perspective on personhood, the communal reality is primary while the individual's experience is derived. Collective identities and values are resilient within Ghana's CR host communities (Diedong & Naaikuur, 2012; Essandoh, 2006; Karikari, 2000). Consequently, individualising common challenges is alien to such communities. It offers an unfamiliar way to conceptualise and address common challenges, questioning long-held values within Ghana's marginalised communities. For example, as discussed in Chapter Six, this study found that COVID-19 related stigma toward foreigners, travellers and returnees, whether actual or visceral, threatened the long-established socially prestigious achievement of holding such people in high esteem. Some studies established that such challenges invariably limit or exclude people society considers different, due to their perceived COVID-19 status, from meaningfully participating in public discourses about the pandemic in Ghana (Adom et al., 2021; Adu-Gyamfi & Amankwah, 2021). This position is supported by findings discussed in Chapters Six and Eight. However, it must be noted that since the above structural factors are context-specific and localised, they will vary from place to place.

Based on the above discussions, communicating COVID-19 prevention using individual behavioural change approaches is contrary to the communal ethos within Radio Peace's catchment communities, which this study's participants alluded to. Since CR leverages long-established social values of group identity and the common good (Rodríguez, 2011; Manyozo, 2009), the challenge is how the medium's operators reframe the universal individualistic COVID-19 prevention messages to a communal orientation messaging. To this end, this study's socio-cultural model suggests that understanding marginalised communities' contextual socio-cultural factors and values provides valuable insights into enhancing their meaningful participation in CR's COVID-19 communication in the Ghanaian context.

As depicted in figure 9.1, it is only when CR COVID-19 interventions acknowledge and incorporate specific social and cultural factors can active listeners meaningfully participate in such responses. For instance, the CR COVID-19 prevention messages should be shared using

indigenous languages and framed using local proverbs and sayings. Also, public discourses concerning the pandemic via CR's mediated platform should be decorous. Some proverbs spontaneously shared by participants as they narrated their COVID-19 experiences are discussed to illustrate their relevance in everyday communication within the selected communities. When emphasising the significance of the dialogic nature of Radio Peace's programmes, for example, the *Hyewbo* show, a participant stated that "*no one person is a repository of knowledge*" (P6, male, FGD#7 participant, Gomoa West District, 21 September 2021). To wit: One person cannot possibly possess all COVID-19 prevention knowledge. This saying questions top-down 'expert' approaches to sharing COVID-19 information where recipients are perceived as passive and without agency. Another participant stated, "*he who creates a path may not know that the path is crooked behind him*" (P3, male, FGD#3 participant, Effutu Municipal, 18 August 2021). To wit: people need feedback from others in their endeavours, illustrating the need for Radio Peace's active listeners to provide input into the station's COVID-19 interventions.

Again, leveraging social networks like *Hyewbo kuw* and local trusted voices could elicit active listeners' participation in CR's COVID-19 communication interventions. This is where using CR for COVID-19 communication differs from mainstream approaches. Questioning its applicability in marginalised settings, Dutta et al. (2020) contend that mainstream approaches to communicating COVID-19 prevention are bound to be less effective among marginalised communities since they are devoid of contextual peculiarities. Thus, contextual factors must be acknowledged when integrating the WHO-inspired NPIs and pharmaceutical measures into local settings. These factors are incorporated in the socio-cultural model proffered below. While this study's findings have merit, there is a need for further studies to explore the social, economic and cultural factors that influence community participation in CR's COVID-19 prevention communication interventions among marginalised communities.

9.3 THE SOCIO-CULTURAL MODEL OF COVID-19 COMMUNICATION FOR COMMUNITY RADIO

There is a dearth of studies exploring integrating the WHO-approved COVID-19 prevention measures into marginalised settings. Again, minimal published studies focus on how alternative media platforms like CR could be used for COVID communication among Ghana's marginalised CR host communities. Figure 9.2 illustrates the socio-cultural model of COVID-19 communication for community radio developed from findings presented in Chapters Six, Seven and Eight. This model offers an evidence-based approach to integrating

the WHO-inspired COVID-19 prevention NPIs and pharmaceutical measures within the Effutu Municipal, Awutu Senya West, and Gomoa West Districts in Ghana's Central Region. Hopefully, such integration will improve marginalised people's participation in COVID-19 communication interventions via CR. It may also enhance positive health outcomes among marginalised people within the selected communities.

However, it must be noted that the diagram below was designed based on the localised findings of this study and is therefore relevant for the study settings. The application of this model to other locations must identify similar characteristics between the original and new environments. Consequently, the factors underlying this model can change in disparate settings. This model is thus not a one-size-fits-all, and adjustments must be made to apply it successfully to other contexts.

Nevertheless, the success of the model proffered below hinges on the following assumptions:

- i. Community radio carrying out its participatory and community-oriented mandate to provide access and culturally sensitive COVID-19 prevention messages to its active listeners;
- ii. Community radio journalists are trained to engage community members within its host communities in on-air and off-air settings to allow for meaningful participation of the latter;
- iii. Forging sustainable partnerships between CR journalists and community members on one side and health-related duty-bearers and policymakers on the other;
- iv. Mediated communication via CR engages with other culturally relevant platforms such as interpersonal communication, community audio towers (CATs) and creative messaging.

Figure 9.2 below depicts CR as facilitating COVID-19 communication in marginalised communities. As shown in the top left corner panel, the model describes the cardinal principle of CR, 'access' to community members within its host communities. The model shows CR as providing access to every community member within its catchment area to its on-air and off-air COVID-19 interventions. Listeners' access to CR's mediated platform is an indicator of the bottom-up normative nature of the medium (Fox, 2019; Manyozo, 2009; Tabing, 2002). The model illustrates CR as the glue that facilitates social capital and its attributes of social networking, reciprocity and trust among marginalised people, as shown in the top right corner

panel. Community radio confers a sense of collectiveness and interdependence among its active listeners. Here, the occurrence of social capital means that active listeners are capacitated to advocate for changes in the COVID-19 policy interventions to make them more culturally proximate and relevant to their context. Such changes in the policy environment may mean that those structural barriers to the participation of marginalised people discussed above in the COVID-19 communication interventions may be removed or mitigated. This illustrates a cohesive society where hitherto marginalised people actively participate in CR's COVID-19 communication interventions through dialogue and collective action.

However, the CR's primary audience encounters social, economic and cultural factors influencing their participation in COVID-19 communication interventions. The three dark two-way arrows that originate from the 'community radio and COVID-19 communication' panel and run through all the other boxes represent the medium facilitating access, participation and social capital in an interdependent and dynamic manner. The three tenets: access, social capital and community participation are projected as the instigators of CR's COVID-19 communication interventions. This opposes mainstream persuasive approaches. For instance, while marginalised people may be exposed to COVID-19 prevention information, specific barriers may hinder their participation in the social change process. These barriers include stigma, misinformation, unrelatable messaging, lack of access to clean water and ineffectual government policies like ambulance services. This study established that participants were faced with such challenges. The cyclical arrows connecting the access, community participation and social capital panels indicate a community-driven process to CR COVID-19 communication based on dialogue and bottom-up approaches, as opposed to top-down persuasive approaches. This cyclical process depicts a contextually relevant and culturally proximate COVID-19 communication intervention leading to meaningful participation of marginalised people in the CR interventions. The three interdependent tenets of the socio-cultural model are discussed below.

Based on the above discussions, this study proffers the socio-cultural model of COVID-19 communication for CR. The model is framed from local cultural (CCA) and participatory perspectives in addressing how marginalised people living within Radio Peace's host communities should participate meaningfully in COVID-19 prevention communication using the station's mediated platform. In the socio-cultural model of COVID-19 communication for CR, culture provides the context for meaning-making and facilitating marginalised people's participation. This position is consistent with the assertion of some scholars that of all the determinants of life, culture provides the life context to deliver communication (Servaes, 2020;

Dutta, 2015; Dutta, 2011; Riley, 2005). The socio-cultural model aligns with the view that culture, not the intervention, must be placed at the centre of COVID-19 communication interventions (Dutta et al., 2020; Airhihenbuwa et al., 2014). Understanding cultural influences on marginalised people's participation in COVID-19 prevention interventions via CR is at the centre of the socio-cultural model. As discussed above, culture underlines the pillars of the socio-cultural model and powers CR's COVID-19 communication interventions.

The model is based on the three pillars of (1) Community members' *access* to Radio Peace's COVID-19 programming; (2) *Social capital* among marginalised communities and; (3) *Community participation* in COVID-19 prevention communication via CR. In the socio-cultural model of COVID-19 communication for CR, these pillars are interdependent and impact each other dynamically. They should therefore be explored comprehensively and altered to make them enabling. This way, marginalised people's participation in CR's COVID-19 communication efforts can be improved. Against this backdrop, the socio-cultural model presents an alternative framework for enabling marginalised people's participation in COVID-19 communication via CR. Figure 9.2 illustrates the socio-cultural model for CR's COVID-19 communication.

The social-cultural model of COVID-19 communication using community radio

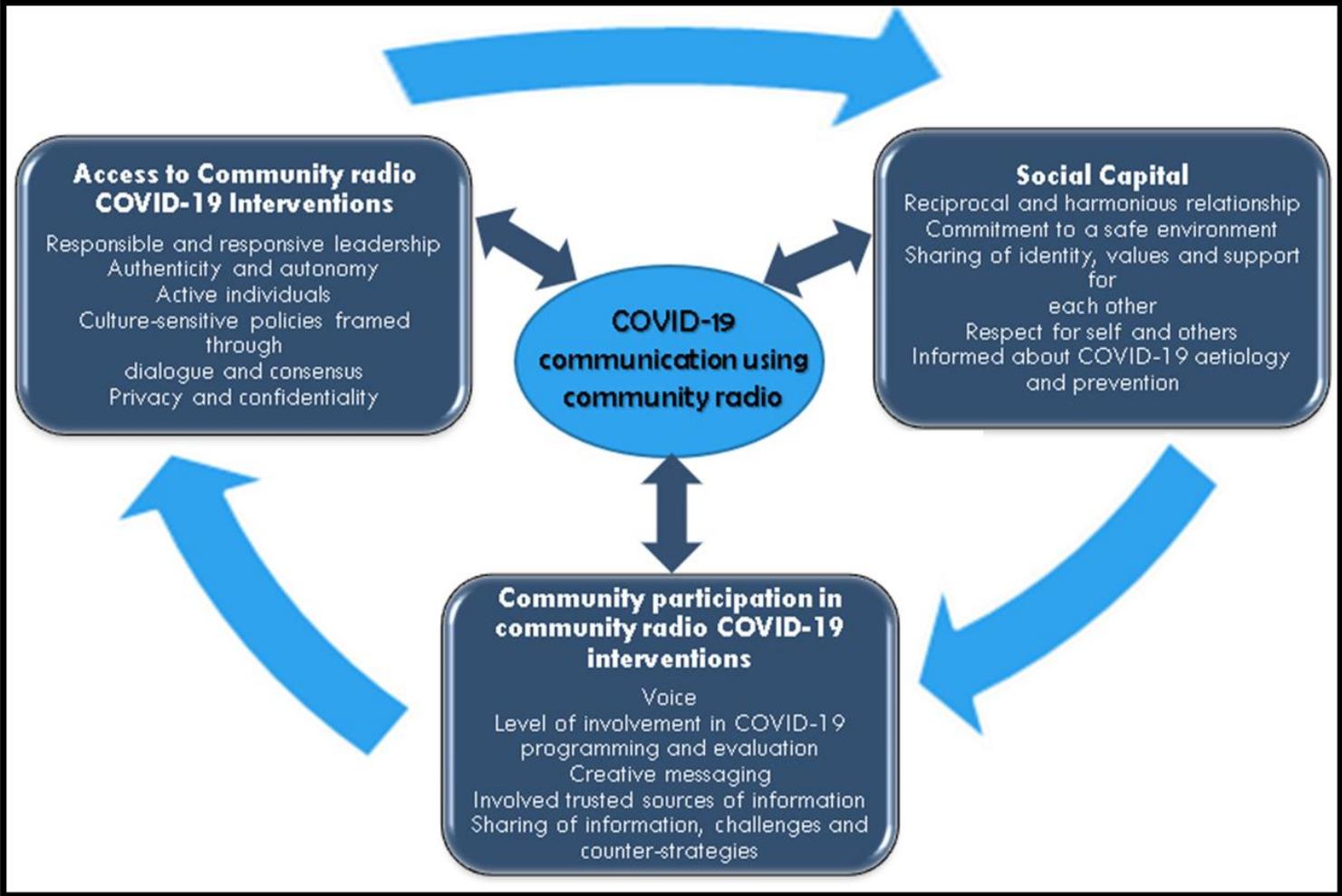


Figure 9-2: Social-cultural model for integrating COVID-19 prevention NPIs and pharmaceutical measures into local settings using community radio

9.3.1 Access to community radio COVID-19 programming

The characteristics that set CR apart from other forms of media include listeners: access, participation, self-management mandate, increased democratic involvement, and accountability of the medium (Fox, 2019; Manyozo, 2009; Tabing, 2002). In the socio-cultural model, *access* to CR's COVID-19 communication interventions depicts active listeners' level of involvement in initiating, designing, implementing and evaluating programmes. Access is about the presence of marginalised voices in creating and distributing media content (Carpentier, 2012). He added that it is also about the power of control of the communication media between operators and listeners. As opposed to the paternalistic approaches of top-down COVID-19 communication, this study's socio-cultural model states that access to the CR mediated platform by active listeners is emancipatory and shifts the gatekeeping information power to both active listeners and operators in an empowering and collaboratively manner.

The socio-cultural model provides a framework for understanding structural factors that inhibit marginalised people's access to CR's COVID-19 communication interventions from the participant's perspective. This study's participants expressed that some factors limit their access to Radio Peace's COVID-19 interventions as discussed above. These include indecorous language during on-air discourses, economic challenges of batteries to power radio sets, transmission challenges, and difficulty in calling into programmes due to jammed telephone lines. However, these structural factors may be unique to the study setting as they are context-specific and localised. Further research and modelling are needed in other locations to understand their peculiar local factors. This will enhance understanding in implementing the socio-cultural model and other similar models for integrating the COVID-19 prevention NPIs and pharmaceutical measures into marginalised settings using CR.

In the socio-cultural model for integrating the GHS and WHO-inspired COVID-19 NPIs and pharmaceutical measures into local settings, *access* to CR's COVID-19 communication interventions depicts marginalised communities' worldviews as authentic and self-affirming in the social change process. *Access* shows how COVID-19 prevention policies and laws should be formulated through dialogue and consensus (figure 9.2). It also depicts the relationship between CR host communities and responsible leadership/duty-bearers as quintessential. Community radio provides a platform for marginalised people to interact with and challenge structural barriers (Laskar & Bhattacharyya, 2021). They further contend that CR offers opportunities for accessing

COVID-19 prevention public discourses and information resources among marginalised communities.

From this study's findings, access to Radio Peace's COVID-19 communication intervention for marginalised people within its host communities can be enhanced if the station adopts certain practices. These include syndicating the station's broadcast through local community audio towers (CATs), installing relay boxes at public places like markets, regular community visits and creative messaging like storytelling and songs. This is consistent with Rodríguez (2011) suggestion that alternative media like CR complement other local forms of media in providing marginalised people enhanced access, unlike mainstream channels. For COVID-19, using personalised storytelling and folk media by CR stations is particularly effective in improving access to illiterates among marginalised communities in India, according to Laskar and Bhattacharyya (2021) study. Radio Peace adopting the CATs and relay boxes strategies, for instance, can remove the barriers of radio sets and the economic expense of batteries to power such receivers, as reported by this study's participants. Recognising the need to remove such barriers is critical for marginalised people's access to the CR medium. This is because radio access in Africa is limited due to signal transmission problems, and batteries to power radio-receiving sets can be expensive, especially for rural settlers (Nyareza & Dick, 2012). This way, marginalised people's access to the COVID-19 prevention content that circulates on Radio Peace can be enhanced.

For CR to provide access to every community member, the host community and operators must decide on the systems of decorum during on-air discussions (Tabing, 2002). For the socio-cultural model to work, Radio Peace's journalists should be professional in moderating programmes, especially during listener call-ins to COVID-19 programmes, to ensure decorum, tact and circumspection in accordance with local social values. This could be equated to CR journalists being responsible and responsive to the need to remain faithful to the CR ideal of providing access to every community member (see Fox, 2019; Carpentier, 2012; Tabing, 2002). This position is consistent with Bessette's (2004) advice of balance moderation of public discourses by development facilitators. In the socio-cultural model, marginalised people's access to CR's communication interventions in integrating the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into their settings depicts the enactment of agency. In this way,

marginalised people can articulate their voices in producing and distributing the COVID-19 prevention content that circulates on Radio Peace.

9.3.2 Social capital: An enabler of community radio COVID-19 communication interventions

Social capital is conceptualised as community-valued resources, including trust, reciprocity, obligations, expectations, consensus, information exchange, cohesion, and the application of sanctions (Cook et al., 2015; Kawachi et al., 2008; Viswanath, 2008). Community media and interpersonal forms of communication are helpful for social integration and building stronger community ties by projecting local values, thereby enhancing social capital (Dutta, 2011; Viswanath, 2008; Kawachi et al., 2008). This study's socio-cultural model for CR defines social capital as the level of social cohesion, reciprocity and participation concerning COVID-19 communication interventions facilitated by people acknowledging others within Radio Peace's host communities. Figure 9.2 projects social capital as the feeling of respect for self and others, social support and a commitment to learning about the aetiology and prevention of COVID-19. It also projects social capital as responsible for creating harmonious social relations and a safe COVID-19 free environment. It is very common within Ghana's marginalised CR host communities to find that social expectations for conformity and support for the established way of life drive people's actions (Diedong & Naaikuur, 2012; Essandoh, 2006). It must be noted that whilst individualism still exists in such communities, the communal is prioritised over the private.

This study's model suggests that the integration process of the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures must be based on a comprehensive understanding of the beneficiary community's values, beliefs and shared identity. Community radio's mediated platform provides a public space for people's involvement in negotiating health-related meanings, values and practices (Srivastava, 2020; Tyali & Tomaselli, 2015; Essandoh, 2006). The *Hyewbo kuw*'s official association with Radio Peace makes the group a vital resource to influence their attitudes and others within their interpersonal contact concerning COVID-19 prevention. However, this study established that beyond the group's members voluntarily calling into Radio Peace's on-air COVID-19 oriented programmes to express their opinion on issues concerning the pandemic, they were not strategically engaged by the station to serve as local influencers. Consequently, the association's members who rely on face-to-face interactions with Radio Peace's

staff during meetings and other off-air fora may be limited from accessing the station's COVID-19 messaging.

Social capital enables community involvement in interventions by tapping into the formal and informal participatory structures and networks within a cohesive community (Dutta, 2011). Based on this, Radio Peace can leverage social capital between and among *Hyewbo Kuw* members. Radio Peace needs to plant their COVID-19 prevention messages within the vital nodes of the association's membership to facilitate the actions of members and non-members towards containing the pandemic. Social capital influences health outcomes by enforcing or reinforcing social norms (McConnell, 2016; Dutta, 2011; Kawachi et al., 2008; Lindström, 2008). The expected obligation of *Hyewbo Kuw* members to be an extension of Radio Peace in on-air and off-air settings may influence them to be committed to being informed about COVID-19's aetiology and prevention (For a discussion on social capital, see McConnell, 2016; Cook et al., 2015; Dutta, 2011; Kawachi et al., 2008; Lindström, 2008; Coleman, 1988). Such group-oriented resources, including a commitment to a safe environment, reciprocity, expectations, and information exchange, as idealised by this study's participants, may influence *Hyewbo kuw* members and those within their sphere of influence to be involved meaningfully in the station's COVID-19 programming. Thus, the socio-cultural model suggests that Radio Peace sharing prevention messages via the established communication systems with *Hyewbo kuw* members will likely integrate them into the station's COVID-19 interventions. This may enhance their involvement in the station's COVID-19 interventions since "communication [among social networks] facilitates diffusion of new information, reinforces social norms, mobilises people for collective action and creates social support" (Viswanath, 2008: 268). Beyond *Hyewbo kuw* members, the socio-cultural model suggests Radio Peace operators should engage with other community endogenous groups within its host communities to make participation more heterogenous and multi-dimensional, as Carpentier (2012) advised.

Additionally, the socio-cultural model for CR projects that social capital can be a vehicle to mitigate COVID-19 related stigma. By Radio Peace leveraging the values of reciprocity and respect for self and others in its COVID-19 communication interventions, the pandemic's survivors may not keep their status secret, and community members may avoid stigmatising them. Indeed, some participants of this study spoke strongly against stigma towards COVID-19 survivors and patients, as illustrated in Chapter Eight (P4, male, FGD#6 participant, Awutu Senya West

District, 17 September 2021). This may enable COVID-19 survivors to contribute meaningfully to how misconceptions, stigma and discrimination could be overcome in culturally sensitive ways. Marginalised people's participation in development interventions helps diffuse structural barriers (Dutta, 2011; Bessette, 2004). However, people bereft of social capital are likely to keep their COVID-19 status secret, thereby putting themselves and others at risk of infection, morbidity and mortality, as expressed by some participants in Chapters Six and Eight. Again, people without social capital are likely to stigmatise COVID-19 survivors, suspected cases, patients and their relatives as they seek their wellbeing but not that of the collective.

9.3.3 Community participation in COVID-19 prevention through community radio

According to Carpentier (2012), marginalised people's access to communication media is an important condition for their possible participation. He further explained that "participation becomes defined as apolitical in the broad meaning of the concept of the political process where the actors involved in decision-making processes are positioned towards each other through power relationships that are (to an extent) egalitarian" (Carpentier, 2012: 175). Community participation in CR interventions engenders community-level information sharing among listeners (Medeossi et al., 2014; Dutta, 2011). This is a crucial first step to generating dialogue and understanding for collective action (Dutta, 2011; Waters et al., 2011). In the socio-cultural model of COVID-19 communication for CR, marginalised people's participation in Radio Peace's COVID-19 oriented programmes is crucial to all the other tenets discussed above. Within this model, community participation refers to the recognition and involvement of marginalised people within Radio Peace's host communities in making decisions about the station's COVID-19 interventions. Again, participation within this model includes 'media participation' (Carpentier, 2012), where alternative media such as Radio Peace is recognised and integrated into Ghana's formal COVID-19 responses.

It is important to note here that the expected participatory considerations of Radio Peace's COVID-19 communication interventions are one thing, and being able or willing to practice them is another. For instance, this study established that Radio Peace could not conduct regular community visits to interact with community members for its COVID-19 programming due to financial constraints. Indeed, some scholars have questioned the participatory credentials of CR in Africa due to funding inadequacies (Conrad, 2015; Diedong & Naaikuur, 2012; Manyozo, 2009). This situation limits access to community members living within such communities (Conrad, 2015; Diedong & Naaikuur, 2012; Manyozo, 2009). In the case of this study, findings revealed that the

lack of financial resources negatively impacts Radio Peace's ability to facilitate community members' meaningful participation in the station's COVID-19 communication interventions. Such marginalised people may be unable to utilise Radio Peace's mediated platform to share prevention information, challenges and counter-strategies. The socio-cultural model suggests that policymakers should review Ghana's CR sector's financial model. A system where part of the revenue from taxes and levies collected from commercial broadcasters is allocated to community media operators will help diffuse the latter's operating cost. Enhanced funding of CR activities will likely improve their ability to provide access to their COVID-19 and other health issues programming for community members in many ways, including regular community visits. The Ghana Community Radio Network (GCRN) can lead such advocacy. However, such a financing model should not be an avenue to control the CR medium by hegemonic forces (Conrad, 2014; Diedong & Naaikuur, 2012; Myers, 2011; Manyozo, 2009).

For the socio-cultural model to work, Radio Peace's on-air and off-air activities seeking the participation of community members within its catchment communities in the COVID-19 response should advocate for the creation of supportive local political, legal, and social environments as the initial first step. This is consistent with the position of Dutta and his colleagues (2020) that contextual transformation is critical to engender the participation of marginalised people in COVID-19 interventions. From this study's findings, endogenous community groups such as the *Hyewbo kuw* leverages CR to engage and hold health-related duty-bearers accountable. Such interactions can shape policy and healthcare delivery systems to align them with marginalised people's needs. This approach could expand our understanding of how the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures can be made culturally proximate and localised.

Community radio programme development should be participatory and spearheaded by trained local editorial groups of volunteer programmers (Jallov, 2005). He added that if active listeners are involved in evaluating CR programming, they will be motivated to participate in the station's interventions as they will likely deem programming as designed for their wellbeing and welfare. Whilst this study's findings revealed that active listeners were involved in evaluating Radio Peace's COVID-19 programming via listener call-ins and during community visits, this could be escalated. To this end, operators should conduct in-depth interviews and focus group discussions with community stakeholders. The purpose is to assess the activities, outputs,

outcomes, and impact of CR's COVID-19 communication interventions in achieving the long-term social change goals of the community it serves. Collective programme evaluation is bound by the shared goal to utilise CR's mediated platform for the common good (Jallov, 2005), in this case, how to contain the spread of COVID-19. Based on Jallov's (2005) advice above, the socio-cultural model considers that listeners should be actively and strategically involved in evaluating Radio Peace's COVID-19 programming. The essence, they will be motivated to participate in the station's interventions as they will likely deem programming as designed for their wellbeing and welfare. As discussed in Chapters Two and Three, shared goals and a commitment to engage meaningfully through dialogue is a pre-requisite for collective action to transform undesirable situations among the marginalised (see Dutta, 2015; Campbell & Scott, 2012; Dutta, 2011; Mefalopulos, 2008; Servaes, 2007; Bessette, 2004; Figueroa et al., 2002). As discussed above, harmonious social relations and reciprocity are key to collective action (Cook et al., 2015; Dutta, 2011; Kawachi et al., 2008; Viswanath, 2008).

From figure 9.2, the socio-cultural model of COVID-19 communication for CR recognises community members as the experts on the social, economic and cultural factors that inhibit COVID-19-related positive health outcomes. The socio-cultural model seeks to facilitate the participation of marginalised people in COVID-19 communication via CR by altering the environmental factors that hinder their involvement. This study's literature review confirmed factors that hinder marginalised people's participation in COVID-19 interventions. These include stigma, politicising the pandemic, lack of trust in some message sources, and inadequacies in public service provision (see Anoff-Ntow & Tettey, 2022; Gyamfi & Amankwah, 2021; Dutta et al., 2020). This position was confirmed by the data collected and analysed for this study. For instance, COVID-19 discourses that politicise the pandemic were deemed untrustworthy by participants, a position consistent with the extant literature in the Ghanaian context (Anoff-Ntow & Tettey, 2022). This study's findings revealed that CR was a trusted source of COVID-19 information to marginalised people due to their perceived political neutrality. Trust between CR operators and their active listeners breeds social capital (Dutta, 2011), which is the driving force of the socio-cultural model.

To mitigate contextual issues such as stigma and discrimination concerning COVID-19 prevention, participants suggested COVID-19 survivors and their relatives as sources from whom they will positively receive prevention messages. This proposition is popular in the Ghanaian

context for communicating other diseases, such as cervical cancer (Williams, 2014) and HIV/AIDS (de-Graft Aikins, 2020; Ghana AIDS Commission, 2016). For the socio-cultural model to work, Radio Peace should partner with local health authorities to identify COVID-19 survivors who are willing to share their experiences publicly. Radio Peace could integrate the voices of such persons in their COVID-19 communication interventions through in-studio discussions and other creative messaging such as jingles and music. Also, since stigma and discrimination have social connotations, individualistic approaches to mitigate them are bound to fail (Adu-Gyamfi & Amankwah, 2021). As such, Radio Peace's operatives should engage communities and trusted local voices to build local capacity and knowledge concerning COVID-19 prevention, as depicted in figure 9.2.

Within the socio-cultural model, meaningful opportunities for community participation in Radio Peace's on-air and off-air activities will include using culturally relevant platforms and meeting the everyday media habits of community members. Community-based platforms such as focus group discussions and community meetings can be utilised to enhance listener participation in CR interventions (Jallov, 2005). Information communication technology channels like mobile phones and social media, including Facebook, can also enhance community participation in CR programming (Jallov, 2005). For instance, findings from the previous chapters revealed that Radio Peace allowed community members to call into programmes to express their opinions on issues that matter to them. However, it must be noted that although new and social media provide enhanced opportunities for people's involvement in CR activities, the goals of the medium remain the same (Fox, 2019).

To engender collective action to mitigate COVID-19 related stigma, public COVID-19 discourses via Radio Peace's mediated platform should be conducted against the backdrop of respect for self and others, commitment to the common good and sharing challenges by both COVID-19 survivors and other stakeholders, as depicted in figure 9.2. In this way, locally relevant solutions to barriers to marginalised people's participation in CR's COVID-19 communication, such as stigma, may be generated and implemented sustainably. From the above discussions, it can be argued that CR has the potential to facilitate marginalised people's participation in COVID-19 prevention communication interventions. It can be argued from the foregoing that this study's socio-cultural model stands a better chance of being accepted by marginalised people in Ghana's community radio host communities since it responds to the beneficiary community's way of life.

Regardless of the limitations of the socio-cultural model discussed below, it positions CR as projecting the ‘technology of the human voice’ [As Adjaye (2008) describes the voice of Africans via oral communication], which can be articulated to engender meaningful participation of the marginalised in COVID-19 communication interventions. Community radio’s instrumentality is powered by social capital.

9.3.4 Limitations of the socio-cultural model

As discussed above, the applicability of this study’s socio-cultural model of COVID-19 communication for CR is limited. For instance, the findings of tensions between members and non-members of *Hyewbo kuw* mentioned in Chapter Seven is a structural challenge. This can limit Radio Peace’s potential as a medium for facilitating the participation of marginalised people in COVID-19 communication interventions. This is a limitation of this thesis’ socio-cultural model.

Again, since culture is context-specific and differs from setting to setting, further studies on how culture influences the introduction and integration of the WHO-inspired COVID-19 prevention NPIs and pharmaceutical measures via CR are needed. Again, collectiveness is at the centre of the socio-cultural model of COVID-19 communication for CR. However, collectiveness is valued differently in diverse communities. This means that various localities will yield different results when the socio-cultural model is implemented, affirming a need to understand the beneficiary community’s culture.

9.4 CHAPTER CONCLUSION

This chapter discussed the socio-cultural model of COVID-19 communication for CR in integrating the WHO and GHS-approved COVID-19 prevention NPIs and pharmaceutical measures into Ghana’s marginalised CR host communities. The model suggests that the success of the integration process hinges on understanding, exploring and addressing the social and cultural factors that impede marginalised people’s participation in CR’s COVID-19 communication interventions. The integration process should prioritise local settings since the context varies. Community radio facilitates this process.

The three tenets of the socio-cultural model, access, social capital and community participation, dynamically engage with each other to influence the integration of the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into local settings via CR’s mediated platform. The model’s utility hinges on a comprehensive understanding of the role of

these three tenets in the integration process. The last chapter makes suggestions to influence policy and concludes this thesis.

CHAPTER 10

CONCLUSIONS

10.1 INTRODUCTION

This chapter concludes this thesis by drawing on insights from the previous chapters. By outline, the chapter begins with the research questions and objectives. It then summarises the key findings before dovetailing into their implications for theory and practice. This study's limitations and methodological contributions are also outlined.

This study concerned itself with the broad objective of exploring how local cultures influence the ability, modality and extent of community members' participation in the workings of community radio (CR) in promoting COVID-19 communication within the Effutu Municipal, Awutu Senya West, and Gomoa West District, in Ghana's Central Region. The three tenets of the culture-centred approach (CCA), structure, culture and agency, and participatory approaches, were utilised. For instance, from the analysis in Chapter Seven, the various COVID-19 communication activities of Radio Peace engage with more than one step of Bessette's (2004) participatory model dynamically and flexibly. This implies that CR pandemic communication strategies could still be participatory by not rigidly following a linear guide but by adopting strategies that are contextually relevant among its host communities. These constructs helped to understand how the WHO and GHS-approved COVID-19 non-pharmaceutical interventions (NPIs) and pharmaceutical measures could be integrated into marginalised settings using CR in a culturally proximate and contextually relevant manner. The study projected marginalised people as having agency. Thus, they should be actively and strategically involved where COVID-19 responses are discussed and determined. The premise is that making sense of the social, economic and cultural factors influencing how people generate health-related meaning from a subaltern perspective is key for designing meaningful CR COVID-19 communication interventions.

This thesis employed a qualitative research design and multiple data collection methods. Adopting this research methodology was to generate culturally and context-specific knowledge through my interaction with the purposively selected research participants. Such insights can only be understood against the backdrop of the participants' peculiar social, economic and cultural context, established in Chapters One, Three and Four. This approach was consistent with the social constructivist paradigm underpinning this study. It also aligned with this thesis' ontological and

epistemological positions, as discussed in Chapter Four. This thesis' ontological position is a subjective view of reality. Its epistemological standpoint is that the researcher and the participants were viewed as co-constructors of knowledge.

Through focus group discussions (FGDs), data was collected from community members living within the selected districts. Also, in-depth interviews (IDIs) were used to collect data from staff and volunteers of Radio Peace, Winneba and others [Founder and Chairman of *Hyewbo kuw*, Project Focal Person of the Ghana Community Radio Network (GCRN) and community health volunteers]. Their responsibilities and positions relate to the everyday activities of Radio Peace. Eight (8) FGDS and eleven (11) IDIs were conducted. The iterative data collection process allowed participants to share their experiences on COVID-19 communication. Again, participants expressed their opinions on how context-specific and culturally relevant COVID-19 communication interventions could be designed to meet local needs. Using the FGD and IDIs to collect data helped triangulate the study findings. Braun and Clarke's (2020) reflexive analysis was employed to analyse the collected data.

The following four main research questions guided the study:

1. In what ways have the community members within the various selected districts in Ghana utilised voice and agency in the activities and discussions around COVID-19 through a local community radio station, Radio Peace, Winneba?
2. What modalities are employed by the local community radio station to facilitate community members' participation in the communicative processes of developing COVID-19 relevant social and behavioural change interventions?
3. How has COVID-19 communication promoted by community radio influenced community members' participation in efforts to contain the virus within the station's catchment areas?
4. In what ways can communities participate meaningfully in COVID-19 prevention communication using community radio?

10.2 SUMMARY OF MAIN FINDINGS

Several conclusions have been drawn from this thesis. Based on the findings, this study concluded that prevention information dissemination alone would not suffice in containing the spread of COVID-19 among marginalised communities. Instead, three inter-connected factors were implicated. These factors include access to communication channels, social capital and

community participation. They influence community members living within Radio Peace's catchment communities' involvement in the station's COVID-19 communication interventions.

The first research question focused on the agency and voice of marginalised people in COVID-19 communication through the mediated platform of a local CR station. It explored the social and cultural barriers and opportunities that enhance or limit marginalised people's agency in participating in a local CR's COVID-19 communication interventions. The data showed a high sense of collectiveness among the participants, influencing their agency to participate in COVID-19 communication. As such, participants did not consider themselves independent individuals within the family and community. The need to conform to social and cultural values concerning health and the influence of local leaders were particularly cited as affecting participants' involvement in COVID-19 communication. This study's findings highlighted myths, stigma and misconceptions about COVID-19 prevention. Other factors were found to influence participants' participation in CR's COVID-19 communication interventions. These include experiences from previous epidemics like Ebola and HIV/AIDS, fear-based messaging, clash of worldviews (Western vs non-Western) and politicisation of COVID-19 narratives in Ghana. Further, this study identified that CR enhances the agency of marginalised people by providing an accessible public sphere for community-level dialogue concerning COVID-19 prevention communication.

The study concludes that social, economic and cultural contexts significantly influence marginalised people's ability to participate in CR interventions that pertain to COVID-19 communication. It is also concluded that low prevention adherence among marginalised people is not due to a lack of awareness and knowledge of the COVID-19 NPIs and pharmaceutical measures. It may be due to the de-contextualised approach of disseminating prevention messages mainly via mainstream media platforms with little regard for marginalised communities' peculiar social, economic and cultural context. Thus, this thesis questions top-down approaches to COVID-19 communication. Alternative strategies, such as the participatory and culture-centred approaches upon which this thesis is based, have since been propounded. Also, though the sense of collectiveness may differ from setting to setting, this study suggests that CR's COVID-19 communication interventions must consider and integrate it. It is hoped that such a strategy will help improve positive health outcomes in communities with a strong communal ethos like this study's setting. The lack of accurate information and the cultural connotations associated with COVID-19 prevention means that clarity of messaging is required in communicating prevention

messages. Message clarity will help educate and inform community members within the study communities in a way that dispels myths, misconceptions and stigma. Thus, culturally sensitive platforms like CR must be integrated into COVID-19 communication to enhance marginalised people's agency in participating in such efforts in Ghana.

The second research question focused on how CR facilitates the participation of marginalised people in COVID-19 communication. This thesis has argued that marginalised people's involvement in COVID-19 communication could be understood and facilitated through CR. This study found that CR is a significant source of COVID-19 prevention messages for marginalised people interviewed for this study, with reported influence over their attitudes and prevention adherence intentions. Findings suggest that active listeners found the COVID-19 programming of Radio Peace relevant and could identify with it. This position was attributed to broadcast in the local language and the enhanced access to the station's on-air and off-air interventions to participants. Social capital and active listeners' access to CR interventions creates a strong sense of ownership of programming among them, rupturing the mainstream media's practice of gatekeeping. In particular, off-air access through community visits by Radio Peace's staff helped give opportunities to community members who could not access on-air programmes or lacked the economic means to do so to express their opinions. The study findings suggest that Radio Peace's creative messaging effectively communicated COVID-19 to its active listeners. The study established that the health programmes of Radio Peace were sustained through the staff's intrinsic and extrinsic sources of motivation. Also, Radio Peace's COVID-19 programming sustainability was achieved through partnership with health-related duty-bearers and the Ghana Community Radio Network (GCRN). Moreover, findings in this study suggest that financial constraints limited the participatory ideals of Radio Peace's COVID-19 programming.

From this study's data, because CR is a culturally relevant and trusted source of COVID-19 prevention messages, I suggest that there is utility in using the medium for COVID-19 communication among marginalised people living in Ghana's CR host communities. Also, stakeholders in the CR space, including the GCRN, can help build the capacity and knowledge of CR journalists to share, support and encourage community members living within CR host communities to participate in COVID-19 communication interventions. Consistent with the published literature, I suggest that there is value in extrapolating lessons learnt from CR's communication about previous pandemics for COVID-19 prevention communication. Lessons can

be learnt from HIV/AIDS and Ebola strategies, where patients are generally better able to publicly disclose their positive status and serve as trusted information sources. This could help assuage the stigma and discrimination associated with COVID-19 prevention. Other possible ways to make prevention messages culturally proximate and help improve marginalised people's participation in CR's COVID-19 communication were raised. These include framing messages creatively and positively, such as through drama and music.

The third research question concerned structural factors, focussing on how they influence marginalised people's participation in CR's COVID-19 communication efforts. Also, it focused on the social and cultural factors influencing marginalised people's access to CR's COVID-19 prevention messages. The findings suggest that the high incidence of stigma and discrimination limited marginalised people's agency. The reported stigma around COVID-19 related healthcare services creates the challenge of them not being accessed by those for whom they are meant. Also, the study found that privacy and confidentiality of COVID-19 status are important to marginalised people when accessing healthcare services. In particular, marginalised people complained about the lack of privacy associated with the ambulance service for COVID-19 patients and suspected cases. Participants lamented that the public nature of the ambulance service tarnished their image and infringed on their privacy. The stigma, discrimination, privacy and confidentiality issues suggest that COVID-19 related healthcare service delivery must be re-organised to assuage stigma and accords marginalised people a sense of privacy. This could help encourage patronage of such services and improve positive health outcomes. Analogous to the existing literature, I suggest possible ways CR's COVID-19 communication interventions can circumvent the challenge of stigma and discrimination. These include integrating trusted voices, such as pastors, friends and family, COVID-19 survivors and their relatives, healthcare professionals and returnees, into the medium's COVID-19 communication interventions.

Further, this study found that access challenges to public services such as potable water affected marginalised people's ability to adhere to COVID-19 prevention messages. Thus, how healthcare and public services are organised in such contexts must be reconsidered. Other barriers to marginalised people's participation in CR's COVID-19 interventions include indecorous language during on-air discourses, economic challenges of batteries to power radio sets, transmission challenges, and difficulty in calling into programmes due to jammed telephone lines. This study's findings suggest that removing barriers and improving access to information

resources and public services is critical for marginalised people's participation in CR's COVID-19 communication efforts. The perspective of marginalised people must be integrated into policy interventions to make CR's COVID-19 communication interventions culturally and contextually relevant to meet local needs. These findings suggest that CR journalists must be trained in practical skills to advocate for specific environmental changes as part of their COVID-19 communication efforts.

The fourth and final research question focused on how marginalised people can participate meaningfully in community radio-based COVID-19 prevention communication interventions. Since CR's COVID-19 communication strategies should not be simplified to top-down information dissemination, this study has proposed the socio-cultural model of COVID-19 communication for CR. This model will facilitate an evidence-based approach to integrating the WHO and GHS-approved COVID-19 NPIs and pharmaceutical measures into local settings through the mediated platform of CR (see figure 9.1 in Chapter Nine). The model is based on the conception of participation as empowerment. It projects marginalised people's agency to contribute to the frameworks upon which their active and strategic involvement in COVID-19 communication can be based. The development of the socio-cultural model was informed by the literature review in Chapter Two, the engagement with theory in Chapter Three and the data collected for this study.

The findings from this study highlight that culture, not the intervention, should be at the centre of CR's COVID-19 communication strategies. Findings suggest that providing access to hitherto marginalised people via CR's mediated platform to articulate their voice in public discourse will facilitate integrating the WHO-inspired COVID-19 NPIs and pharmaceutical measures into Ghana's marginalised CR host communities. The model indicates that local knowledge depicting the peculiar socio-cultural context should be incorporated into CR's COVID-19 communication intervention design. Again, the success of the socio-cultural model for CR's COVID-19 communication interventions hinges on a nuanced understanding of the beneficiary communities' local needs, values, structural factors and economic capabilities. Further, this study suggests that integrating COVID-19 NPIs and pharmaceutical measures into local settings must be context-specific and culturally proximate. The aim is to create a stigma-free environment where community members can access prevention messages and meaningfully participate in public discourses concerning COVID-19 prevention via CR.

10.3 IMPLICATIONS AND LIMITATIONS OF THE STUDY

The findings of this study have some implications for the health communication field and community radio. This study's finding is novel as it is one of the first attempts to explore the intersection between CR, culture and health communication for COVID-19 prevention among marginalised Sub-Saharan African (SSA) communities.

Firstly, since culture is context-specific, this study may emerge with different findings from diverse backgrounds with different cultural values and beliefs. For example, how culture could be centred in integrating the WHO-initiated COVID-19 NPIs and pharmaceutical measures into marginalised settings. Thus, culturally proximate and context-specific versions of these prevention messages must be developed. This will enhance marginalised people's access to CR's COVID-19 communication interventions that address local needs and dispels misconceptions and stigma.

The design and implementation of CR's COVID-19 communication interventions must prioritise removing social, cultural and economic barriers to marginalised people's participation in such efforts. As discussed in Chapter Nine, further modelling will be needed to understand how the social-cultural model and other similar approaches could be effectively developed and implemented with marginalised people's active and strategic involvement. Therefore, policy intervention should prioritise the integration of CR into the COVID-19 prevention cascade. The role of the medium is to offer a culturally relevant platform where marginalised people can meaningfully engage in dialogue. This will help shape the conception, design, implementation and evaluation of COVID-19 prevention interventions developed for them. It is hoped that adopting such approaches will expand our understanding of effectively integrating the WHO-inspired COVID-19 NPIs and pharmaceutical measures into local CR host communities to meet marginalised people's needs.

Health communication is vital in containing the spread of the COVID-19 pandemic among marginalised communities. The utility of health communication in pandemic response lies in its ability to create awareness, increase knowledge, mobilise people and create a supportive environment for action. For health communication interventions to be effective, there needs to be a paradigm shift from top-down approaches to contextual strategies, like the CCA, and participation. As such, the agency of the recipient community must be acknowledged. Also, their voices must be projected via CR to help understand the social, cultural and economic factors that influence their involvement in COVID-19 communication interventions. For communities living

within the CR station's catchment area, the medium's normative participatory nature makes it ideal for integrating the WHO and GHS-approved NPIs and pharmaceutical measures into local settings.

However, as discussed in Chapter Four, this study had some limitations. The study was limited to only the CR sector in the Ghanaian context. It was not extended to other SSA countries. Therefore, variations in cultural, economic, and social contexts between the CR host communities in different SSA countries were not captured. Another is that this study employed a qualitative approach, which means that a relatively small sample size was selected. Therefore, the three study districts cannot represent Ghana's diverse CR host communities. This situation raises questions about the generalisability (transferability) of the study results to populations beyond the study participants and setting. The findings from this study apply to the experiences of marginalised people living within Radio Peace's catchment districts selected for this study. These include the Effutu Municipal, Awutu Senya West, and Gomoa West, in Ghana's Central Region. However, despite these limitations, it is believed that the study carries some merit as it has added to existing knowledge. Thus, the findings from this study must be considered in future studies.

While the study may not be generalisable or transferable to different locations, the conclusions drawn could apply to similar marginalised social, economic and cultural contexts. Thus, the applicability of this study's findings to narrow and well-defined cases cannot be completely ruled out. Indeed, this study takes the view that it is possible to transfer the methodological approach to other settings to allow for similar studies. This view is supported by the detailed descriptions of the study context, theoretical framework, methodological approach, data collection and analysis processes offered in the previous chapters. This information is substantial enough to guide future studies.

10.4 SCOPE FOR FUTURE RESEARCH

This study established that most participants felt that public disclosure of positive COVID-19 status was not a good idea due to stigma and the fear of being ostracised. However, consistent with the study communities' strong communal ethos, participants felt it was essential to reveal their COVID-19 status to their significant others, such as family and partners. It was evident from the data analysis that a sense of collectiveness was crucial in improving participation in CR's COVID-19 communication interventions among marginalised people living within the study communities. It could be argued that research is urgently needed to address the issue of stigma and discrimination. Further studies are required to establish the viability of voluntary public disclosure

of COVID-19 status to help dispel stigma, myths and misconceptions among marginalised communities.

This study was located within the specific context of Radio Peace's catchment districts of Effutu Municipal, Awutu Senya West, and Gomoa West, in Ghana's Central Region. The findings highlighted the cultural implications of the experiences of marginalised people in participating in the station's COVID-19 communication interventions within these limited localities. Further studies could be conducted in other CR host communities' contexts in Ghana, as diverse settings may produce different findings. Multiple CR case studies could be an interesting approach for further studies.

This study employed a qualitative approach to generate a nuanced understanding of the social, economic and cultural factors that affect marginalised people's agency and choices in COVID-19 communication efforts using CR. Another potential area for future studies is to understand this phenomenon from a different perspective by employing a different methodological approach. Future research could adopt a mixed-method design to expand the size of the study participants. Adopting such an approach will make findings from prospective studies generalisable to other settings.

Finally, studies into the differences between the understanding of the concepts of CR for health communication and its ideals of commitment to the public good would be significant for the literature in this area of study in SSA. Future studies could focus on the differences in commitment and participation in CR activities, including health interventions between young and older members of endogenous community groups connected to local CR stations. This study established tension between older and younger members of the study CR station's official social club on the association's vision and mission. Future studies could examine this thematic issue to explore how age and other demographics such as gender, sexual orientation, educational background, employment and social status influence community members' involvement in local CR stations' health communication activities.

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**APPENDIX 1: INFORMED CONSENT FORM FOR COMMUNITY MEMBERS,
RADIO PEACE STAFF AND VOLUNTEERS AND STAFF OF GHANA
COMMUNITY RADIO NETWORK (ENGLISH)**

**UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE
(HSSREC)**

INFORMED CONSENT FORM

Information Sheet and Consent to Participate in Research

Date:

Dear Sir/Madam,

My name is Emmanuel Essel, a PhD student from the Centre for Communication, Media and Society, University of KwaZulu-Natal, Durban-South Africa (Tel: +233 243361954/ +208 373 121; Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za).

You are being invited to consider participating in a study that involves research in community participation in COVID-19 related health communication of Radio Peace, Winneba. The aim and purpose of this research is to improve our understanding of the role of Radio Peace, Winneba in your community's COVID-19 related prevention and management activities. The study is expected to enroll 24 participants from each of the selected community radio host communities. The station managers, one programme producer, presenter, two community reporters, the in-house health-related volunteer the Chairperson of the official listener fan club of Radio Peace, Winneba (*Hyewo kuw*) will be interviewed. It will involve the following procedures: a one-on-one interview or a focus group discussion. The duration of your participation if you choose to enroll and remain in the study is expected to be not more than two hours. The study is funded by the researcher.

The study may involve the following risks and/or discomforts: Having to sit for long hours and answering health-related questions which may be personal. The study will provide no direct benefits to participants. However, this study hopes to improve the understanding of community radio host community members and other stakeholders on the role such stations can play in empowering communities in the prevention and management of COVID-19. The study poses no immediate or future risk to participants.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSSREC/00002349/2021).

In the event of any problems or concerns/questions you may contact the researcher at (Tel: +233 243361954/ +208 373 121; Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

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Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I wish to inform you that your participation in this research is voluntary, and you may decide to withdraw at any point of the research process. Also, be informed that in the event of refusal/withdrawal of your participation, you will not incur any penalty or loss of treatment or other benefit to which you are normally entitled. In the event of your decision to withdraw from the study, you should inform the researcher verbally or in writing via the contact details provided above. Kindly note that the researcher reserves the right to terminate your continual participation in this research if you are found to coerce other participants to tow a viewpoint against their will.

The researcher affirms that you will incur no cost as a result of participation in this study. There will be no direct benefits to you as a result of your participation in this research.

Kindly be assured that at no point will your identity be revealed during the data collection or report writing stage of this study. Please note that the university will store the findings of this research for verification for a five-year period.

CONSENT

I, have been informed about the study entitled 'An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace' by Emmanuel Essel.

I understand the purpose and procedures of the study |

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that usually I am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at: Tel: +233 243361954/ +233 208 373 121; Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

Signature of Participant

Date

**Signature of Witness
(Where applicable)**

Date

**Signature of Translator
(Where applicable)**

Date

End

**APPENDIX 2: INFORMED CONSENT FORM FOR COMMUNITY MEMBERS,
RADIO PEACE STAFF AND VOLUNTEERS AND STAFF OF GHANA
COMMUNITY RADIO NETWORK (AKAN)**

**UKZN AMAMMERENE NNIPA NKUTAHODIE HO ADESUA NHWEHWEMU
SUBANPA BADWAKUO**

SUBANPA NNYETOMU HO ADESRE

Ma nnipa a wɔbɛyɛ nhwehwemu

MPENESOO ANTEASEE WO MU NHYEHYEEE A EBOA

(Obi) Ho Nsem Krataa ne Mpenesoo se Beka Nhwehwemu ho

Da:

Owura/Awuraa Pa,

Me din de Emmanuel Essel, PhD osuani a mefiri Nkutahodie, Dawurubo ne Nnipakuo Asoee a ewo Kwazulu-Natal Suapon mu, wo Durban-South Africa (Tel: +233 243361954/ +208 373 121; Email: deltagh@gmail.com/220103222@ukzn.stu.ac.za).

Mereto nsa afre wo se dwene ho na beka nhwehwemu adesua bi a efa sedee Radio Peace, Winneba de ne ho ahye apomuden ho nsem a efa COVID 19 ho nkutahodie mu. Saa nhwehwemu yi botae ne nnyinasoo ne se ebema yen nteasee wo Radio Peace, Winneba mmendenbo wo COVID 19 ho kwansie ne ntotoe dwumadie ahodo mu wo wo mpotam ako nkan. Worehwe se adesua no befa nnipa 24 afiri mpotam radio kasafoo a woyi won wo mpotam ahodo no biara mu. Wobetisabisa adwuma no mparimfoo, dwumadie hwesofoo baako, okasafoo, mpotam amanebofoo baanu, adwuma no mu ni a watu ne ho asi ho ama apomuden ho nsem, Titenani ma Radio Peace, Winneba atiefoo kuo a wogye to mu (*Hyewo kuw*) nsem. Ebedi saa nhyehyee yi so: baako-ne-baako nsemnisa anaase nnipakuo nkommotwetwee. Se wopene so se wobeka ho aye bi a, mmere dodoo a adesua no bedi remmoro donhwere mmien. Nhwehwemuni no na wafa adesua no ho ka.

Adesua no betumi de ohaw ne/anaa ahohiahia a edidisoo yi aba: Woretena ase mmere tenten na woreyiyi apomuden ho nsemnisa a ebetumi afa wo ankasa ho ano. Adesua no nni mfasoo tee ma ayefoo no. Mmom, saa adesua yi anidasoo ne se nteasee a ewo mpotam radio kasafoo, mpotam mma ne afoforo a wowo twaka wo dwuma a saa nnwumakuo yinom betumi adi bere a worema mpotam ahodo tumi wo COVID 19 ho kwansie ne ntotoe no beko nkan. Adesua no mfa animanim anaa daakye haw biara mmre ayefoo.

Saa adesua yi, UKZN Amammerene ne Nnipa Nkutahodie ho Adesua Nhwehwemu Subanpa Badwakuo nam kwan pa so ahwehwe mu agye ato mu (nnyetomu noma HSSREC/00002349/2021).

Se ohaw anaa asemnisa bi wo ho a wobetumi ne nhwehwemuni no adi nkutaho wo (Tel: +233 243361954/ +208 373 121; Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za) anaase UKZN Amammerɛ ne Nnipa Nkutahodie ho Adesua Nhwehwemu Subanpa Badwakuo, nkutahodie akwankyere sedee edi soo yi:

AMAMMERɛ NE NNIPA NKUTAHODIE HO ADESUA NHWEHWEMU SUBANPA ASOEEɛ

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Mepe se wohunu se akatua nni wo dwumadie wo saa nhwehwemu yi mu, na wobetumi atwe wo ho afiri mu bere biara a wope, wo bere a nhwehwemu no reko so. Bio, humu se, se eba se woannye/wotwe wo ho fini dwumadie no mu a, worennya asotwee bi anaa wonrenhwere sedee wohunu wo anaa mfasoo foforo bi a wotaa nya. Se eba se wotwe wo ho fini adesua no mu a bue w'ano ka anaa twere fa nkutahodie akwankyere a wode ama wo soro no so ma nhwehwemuni no. Mesre hye no nso se nhwehwemuni no wo tumi se otwa wo dwumadie so wo saa nhwehwemu yi mu bere a eba adi se wode ohye anaa ahurahuna retwe aye foforo foforo adwene ako baabi a emfiri won ankasa pe mu.

Nhwehwemuni no si so dua se woremro ka biara wo wo dwumadie wo saa adesua yi mu. Worennya mfasoo tee bi mfiri wo dwumadie wo saa nhwehwemu yi mu.

Mesre se, nya awerehyem se worenna wo nipasu adi wo adesua yi ho nsem anoboaboa anaa amanebo ntwerɛɛ fa baabiara. Mepa wo kyew hye no nso se suapon no bekora dee wobehumu afiri saa nhwehwemu yi mu mfee num ntam ama adansedie.

MPENESOO

Me, woama me nimdee afa adesua a woato din 'Nhwehwemu bi a efa mpotam radio dwumadie, amammerɛ ne apomuden ho nkutahodie wo won a wotete nkuraase ne nkuro nketewa mu ntam wo Mfirmfiri Mantam mu, wo Ghana: Nhwehwemu a efa COVID 19 ne Radio Peace ho' a Emmanuel Essel reye.

Metɛ adesua no nnyinasoo ne nhyehyee ase.

Wɔama me akwanya se menyiyi nsemnisa ano mfa adesua no ho, na mama mmuaee sedee mepɛ.

Mepae mu ka se me dwumadie wɔ saa adesua yi mu nyinaa ye atuoakye, na metumi atwe me ho afiri mu bere biara a emfa nsakrae mma mfaso a metaa nya no so.

Se mewo nsemnisa/ɔhaw anaa akyinnyee foforo bi fa adesua no ho a, mete asee se metumi ne nhwehwemuni no adi nkutaho wɔ Tel: +233 243361954/ +233 208 373 121; Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za.

Se mewo nsemnisa anaa ɔhaw fa me yiedie ho bere a meka adesua no ho, anaa se biribi ha me fa adesua no fa bi, anaa nhwehwemufoɔ no ho a, ennee metumi afre:

AMAMMERE NE NNIPA NKUTAHODIE HO ADESUA NHWEHWEMU SUBANPA ASOEE

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Mpeneso a eka ho, wɔ baabi a ɛho behia

Megyina weinom so pene so ma:

Me nsemnisa/nnipakuo nkɔmmotwetwee ɛne-ntwetoho

AANE/DAABI

Dyefoɔ ahyenso-ntwerɛɛ

Da

Ddanseni ahyenso-ntwerɛɛ
(Baabi a ɛho behia)

Da

Kasankyerɛaseɛni ahyenso-ntwerɛɛ
(Baabi a ɛho behia)

Da

AWIEYE

APPENDIX 3: IN-DEPTH INTERVIEW GUIDE FOR STAFF MEMBERS/VOLUNTEERS OF RADIO PEACE



Howard Campus
P. Bag X54001
Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer.....
Contact:.....
Date:
Start time..... End time:
District Region:

Interview questions

A. Ability of community members to engage in voice and agency.

1. Can you explain your role as a staff member/volunteer of Radio Peace?
2. What influenced your decision to become a staff member/ volunteer of Radio Peace, Winneba?
3. What COVID-19 messages does Radio Peace offer to its target audience?
4. How does Radio Peace communicate COVID-19 messages to its target audience?
5. How are these COVID-19 messages selected and implemented?

B. Modalities employed by the local community radio station for facilitating community members' participation.

6. How does Radio Peace involve its listeners in the station's COVID-19 prevention activities?

7. Based on your experiences, how has community members' involvement in Radio Peace's activities helped people be safe during COVID infections?
8. How are the staff members/volunteers of Radio Peace selected?

C. Challenges and COVID-19 programming and messaging

9. What challenges do you face in your role at Radio Peace, and how do you deal with them?
10. In your experiences, how have the COVID-19 messages offered by Radio Peace help prevent infection? Can you explain why?

D. Understanding of COVID-19 prevention and management messages and social and behavioural change efforts.

11. What can you say about how Radio Peace communicates COVID-19 messages to its target audience?
12. In what ways, based on your experiences, can COVID-19 messages be communicated better to Radio Peace's target audience? Can you explain why?

Comments

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End
THANK YOU

APPENDIX 4:IN-DEPTH INTERVIEW GUIDE FOR CHAIRPERSON OF RADIO PEACE’S OFFICIAL SOCIAL CLUB (HYEWBO KUW)



Howard Campus

P. Bag X54001
Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer.....

Contact:

Position

Date:

Start time..... End time:

District Region:

Interview questions

A. Ability of community members to engage in voice and agency.

1. Can you explain your role as the Chairperson of *Hyewbo kuw*?
 - What influenced your decision to become a member of *Hyewbo kuw*?
2. Do you belong to any other social group (s) in your community?
 - If yes, how does your membership of the group (s) influence your participation in the activities of Radio Peace?
3. What are the COVID-19 prevention messages common in your community?
 - Who is distributing or sharing these COVID-19 messages with you?
4. Do you listen to the programmes broadcast on Radio Peace?
 - If so, can you explain why you tune in to Radio Peace?

- If not, why is it so?
5. Have you listened to any programmes or content about health (including COVID-19) on Radio Peace, Winneba in the past six months?
 - If so, can you name the programme?
 - If not, what have you been listening to? Can you explain why you choose this as your source of COVID-19 messaging?

B. Modalities employed by the local community radio station for facilitating community members' participation.

6. How does Radio Peace involve its target audience in the station's COVID-19 prevention activities?
7. Based on your experiences, how has community members' involvement in Radio Peace's activities help people be safe during COVID infections?
8. In what ways would you like to be involved in COVID-19 prevention through Radio Peace?

C. Challenges and COVID-19 programming and messaging

9. What challenges do you face in your role as Chairman, *Hyewbo kuw*, and how do you deal with them?
10. In your experiences, how have the COVID-19 messages offered by Radio Peace help prevent infection? Can you explain why?

D. Understanding of COVID-19 prevention and management messages and social and behavioural change efforts.

11. What can you say about how the COVID-19 messages were communicated to you by Radio Peace?
12. In what ways, based on your experiences, can COVID-19 messages be communicated better to Radio Peace's target audience? Can you explain why?
13. Which people are your trusted sources of COVID-19 messages?

End

APPENDIX 5: IN-DEPTH INTERVIEW GUIDE FOR FOUNDER OF RADIO PEACE'S OFFICIAL SOCIAL CLUB (HYEWBO KUW)



Howard Campus

P. Bag X54001

Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer.....

Contact:

Position

Date:

Start time..... End time:

District Region:

Interview questions

A. Ability of community members to engage in voice and agency.

14. Can you explain your role as the Founder of *Hyewbo kuw*?

- What influenced your decision to initiate this social club?

15. Do you belong to any other social group (s) in your community?

- If yes, how does your membership of the group (s) influence your participation in the activities of Radio Peace?

16. What are the COVID-19 prevention messages common in your community?

- Who is distributing or sharing these COVID-19 messages with you?

17. Do you listen to the programmes broadcast on Radio Peace?

- If so, can you explain why you tune in to Radio Peace?

- If not, why is it so?
18. Have you listened to any programmes or content about health (including COVID-19) on Radio Peace, Winneba in the past six months?
- If so, can you name the programme?
 - If not, what have you been listening to? Can you explain why you choose this as your source of COVID-19 messaging?

B. Modalities employed by the local community radio station for facilitating community members' participation.

19. How does Radio Peace involve its target audience in the station's COVID-19 prevention activities?
20. Based on your experiences, how has community members' involvement in Radio Peace's activities help people be safe during COVID infections?
21. In what ways would you like to be involved in COVID-19 prevention through Radio Peace?

C. Challenges and COVID-19 programming and messaging

22. What challenges do you face in your role as Chairman, *Hyewbo kɔw*, and how do you deal with them?
23. In your experiences, how have the COVID-19 messages offered by Radio Peace help prevent infection? Can you explain why?

D. Understanding of COVID-19 prevention and management messages and social and behavioural change efforts.

24. What can you say about how the COVID-19 messages were communicated to you by Radio Peace?
25. In what ways, based on your experiences, can COVID-19 messages be communicated better to Radio Peace's target audience? Can you explain why?
26. Which people are your trusted sources of COVID-19 messages?

End

APPENDIX 6: IN-DEPTH INTERVIEW GUIDE FOR COVID-19 COMMUNITY HEALTH VOLUNTEERS



Howard Campus

P. Bag X54001
Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer.....

Contact:

Date:

Start time..... End time:

District Region:

Interview questions

1. Can you explain your role as a community health volunteer?
2. What influenced your decision to become a community health volunteer?
3. What are the COVID-19 prevention messages common in your community?
 - Who is distributing or sharing these COVID-19 messages with you?
4. Do you listen to the programmes broadcast on Radio Peace?
 - If so, can you explain why you tune in to Radio Peace?
 - If not, why is it so?
5. Have you listened to any programmes or content about health (including COVID-19) on Radio Peace, Winneba in the past six months?
 - If so, can you name the programme?
 - If not, what have you been listening to? Can you explain why you choose this as your source of COVID-19 messaging?

6. How does Radio Peace involve its target audience in the station's COVID-19 prevention activities?
7. What can you say about how the COVID-19 messages were communicated to you by Radio Peace?
8. In your experiences, how have the COVID-19 messages offered by Radio Peace help prevent infection? Can you explain why?
9. How can Radio Peace improve its current COVID-19 messaging?
10. What key messages do you feel should be communicated to support people in your district to remain safe during COVID-19 infection?
 - How (via what medium) do you feel this message would be best communicated? Why is this so?
11. What challenges do you face as a COVID-19 health volunteer, and how are you able to deal with this?
12. In what ways would you like to be involved in COVID-19 prevention through Radio Peace?
13. Which people are your trusted sources of COVID-19 messages?

Comments

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End
THANK YOU

APPENDIX 7: IN-DEPTH INTERVIEW GUIDE FOR GHANA COMMUNITY RADIO NETWORK PROJECT FOCAL PERSON



Howard Campus

P. Bag X54001

Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer.....

Contact:.....

Date:

Start time..... End time:

District Region:

Interview questions

1. Can you explain the role of the GCRN in Ghana's community radio sector?
2. Can you explain your role as the COVID-19 programme coordinator at GCRN?
 - What influenced your decision to become a staff of GCRN?
3. What are the COVID-19 prevention activities that the GCRN have initiated?
4. Who decides what messages should be communicated in the GCRN initiated COVID-19 prevention activities? Can you explain why this is so?
5. How does the GCRN communicate COVID-19 related prevention messages to their target audience?
6. How does the GCRN involve its target audience in its COVID-19 prevention activities?
7. In what ways, based on your experiences, has community member's involvement in the prevention activities of GCRN helped people be safe during COVID infections?

8. What can you say about how COVID-19 prevention messages are shared through the GCRN's initiatives?
9. In your experiences, how have the COVID-19 activities of the GCRN helped prevent infection? Can you explain why?
10. What challenges do you face as the GCRN's COVID-19 programme coordinator, and how do you deal with them?
11. Which people are your trusted sources of COVID-19 messages?

Comments

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End
THANK YOU

APPENDIX 8: FOCUS GROUP DISCUSSION GUIDE FOR MEMBERS OF HYEWBO KUW (OFFICIAL SOCIAL CLUB OF RADIO PEACE, WINNEBA)



Howard Campus

P. Bag X54001
Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer:

Date.....

Start time..... End time:

District..... Region:

Introduction

- i. Ask participants to introduce themselves using their first names, occupations, ages, the community where they live, and how long they have been living in their community.
- ii. Ask participants to indicate their highest educational qualification, marriage and employment status.

- iii. Ask participants to confirm if they are not members of the official social club of Radio Peace, and begin the focus group discussion session.

1. PARTICIPANTS DETAILS

| | NAME | AGE | OCCUPATION | SEX | CONTACT | ALTERNATIVE CONTACT |
|----------|-------------|------------|-------------------|------------|----------------|----------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| | NAME | AGE | OCCUPATION | SEX | CONTACT | ALTERNATIVE CONTACT |
|----|------|-----|------------|-----|---------|---------------------|
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |

Interview questions

1. Can you explain your role as a member of *Hyewbo kuw*?
 - What influenced your decision to become a member of *Hyewbo kuw*?
2. What COVID-19 messages have you been exposed to or offered within your community?
3. From where do you get these messages?
 - Who is distributing or sharing these COVID-19 messages with you?
4. What can you say about how the COVID-19 messages were communicated to you?
5. In what ways, based on your experiences, can COVID-19 messages be communicated better for you? Can you explain why?
6. Do you listen to the programmes broadcast on Radio Peace?

- If so, can you explain why you tune in to Radio Peace?
 - If not, why is it so?
7. Have you listened to any programmes or content about health (including COVID-19) on Radio Peace, Winneba in the past six months?
 - If so, can you name the programme?
 - If not, what have you been listening to? Can you explain why you choose this as your source of COVID-19 messaging?
 8. What can you say about how the COVID-19 messages were communicated to you by Radio Peace?
 9. How can Radio Peace improve its current COVID-19 messaging?
 10. In your experience, has the COVID-19 messages offered by Radio Peace helped prevent infection? Can you explain why?
 11. How does Radio Peace involve its target audience in the station's COVID-19 prevention activities?
 12. In what ways would you like to be involved in COVID-19 prevention through Radio Peace?
 13. Aside *Hyewbo kuu*, do you belong to any other social group (s) in your community? Can you explain what influenced your decision to join this group?
 - If yes, how does your membership of the group (s) influence your participation in the activities of Radio Peace?
 14. Which people are your trusted sources of COVID-19 messages?

Comments

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End
THANK YOU

APPENDIX 9: FOCUS GROUP DISCUSSION GUIDE FOR COMMUNITY MEMBERS (NON-MEMBERS OF THE OFFICIAL SOCIAL CLUB)



Howard Campus

P. Bag X54001
Durban, 4000

Project title: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.*

Technical information

Name of the Interviewer:

Date.....

Start time..... End time:

District..... Region:

Introduction

- i. Ask participants to introduce themselves using their first names, occupations, ages, the community where they live, and how long they have been living in their community.
- ii. Ask participants to indicate their highest educational qualification, marriage and employment status.

- iii. Ask participants to confirm if they are not members of the official social club of Radio Peace, and begin the focus group discussion session.

1. PARTICIPANTS DETAILS

| | NAME | AGE | OCCUPATION | SEX | CONTACT | ALTERNATIVE CONTACT |
|---|------|-----|------------|-----|---------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

| | NAME | AGE | OCCUPATION | SEX | CONTACT | ALTERNATIVE CONTACT |
|----|------|-----|------------|-----|---------|---------------------|
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |

Interview questions

1. What COVID-19 messages have you been exposed to or offered within your community?
2. From where do you get these messages?
 - Who is distributing or sharing these COVID-19 messages with you?
3. What can you say about how the COVID-19 messages were communicated to you?
4. In what ways, based on your experiences, can COVID-19 messages be communicated better for you? Can you explain why?
5. Do you listen to the programmes broadcast on Radio Peace?
 - If so, can you explain why you tune in to Radio Peace?
 - If not, why is it so?

6. Have you listened to any programmes or content about health (including COVID-19) on Radio Peace, Winneba in the past six months?
 - If so, can you name the programme?
 - If not, what have you been listening to? Can you explain why you choose this as your source of COVID-19 messaging?
7. What can you say about how the COVID-19 messages were communicated to you by Radio Peace?
8. How can Radio Peace improve its current COVID-19 messaging?
9. In your experience, has the COVID-19 messages offered by Radio Peace helped prevent infection? Can you explain why?
10. How does Radio Peace involve its target audience in the station's COVID-19 prevention activities?
11. In what ways would you like to be involved in COVID-19 prevention through Radio Peace?
12. Do you belong to any social group (s) in your community? Can you explain what influenced your decision to join this group (s)?
 - If yes, how does your membership of the group (s) influence your participation in the activities of Radio Peace?
13. Which people are your trusted sources of COVID-19 messages?

Comments

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End
THANK YOU

APPENDIX 10: ETHICAL APPROVAL LETTER



12 March 2021

Mr Emmanuel Essel (220103222)
School Of Applied Human Sc
Howard College

Dear Mr Essel,

Protocol reference number: HSSREC/00002349/2021

Project title: An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region, Ghana: A case study of COVID-19 and Radio Peace.

Degree: PhD

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 19 January 2021 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 12 March 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

APPENDIX 11: RADIO PEACE GATEKEEPER LETTER



HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban 4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

21 May 2020

The General Manager
Radio Peace, Winneba
Central Region, Ghana

Dear Sir,

PERMISSION TO CONDUCT RESEARCH AT RADIO PEACE, WINNEBA.

I am by this seeking your permission to use Radio Peace, Winneba as the study community radio station for my PhD research titled: *An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region of Ghana: A case study of COVID-19 and Radio Peace.*

Thank you in anticipation of a favourable response.

Your sincerely,


Emmanuel Essel

PhD candidate (220103222)

Centre for Communication, Media and Society,
University of KwaZulu-Natal, Durban-South Africa
Tel: +233 243 36 19 54/ +27 680 650 154
Email: delta gh@gmail.com/ 220103222@ukzn.stu.ac.za

RADIO PEACE 88.9 MHz-FM

Independent Rural Grassroots Community Radio

Excellence & Service

P. O. Box 238, Winneba. Mobile: 0208162039, 0248954438. Email: radiopeace@gmail.com
website: www.radiopeaceghana.org

21 July, 2020

Attention: Mr. Emmanuel Essel

PhD candidate (220103222)

Centre for Communication, Media and Society,
University of KwaZulu-Natal, Durban-South Africa

Tel: +233 243 36 19 54/ +27 680 650 154

Email: deltagh@gmail.com/ 220103222@ukzn.stu.ac.za

Dear Sir,

RE-PERMISSION TO CONDUCT RESEARCH AT RADIO PEACE, WINNEBA

Reference your letter dated 21 July, 2020 on the above subject, I am happy to state that you have the permission to use Radio Peace, Winneba as the study community radio station for your PhD research titled: ***An exploration of community radio, culture and health communication among rural and semi-urban dwellers in the Central Region of Ghana: A case study of COVID-19 and Radio Peace.***

We look forward to providing you with the needed assistance.

Best regards

PEACEfully and sincerely yours|
KWESI GHARTEY-TAGOE
Managing Director

THE DIRECTOR
RADIO PEACE 88.9MHZ FM
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WINNEBA

APPENDIX 12: RADIO PEACE 88.9 MHz – FM PROGRAMME SCHEDULE 2022

| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------|-----------------------|-----------------------|
| 5.30-5.35 | Chr. Bells & Cockcrow | Chr. Bells & Cockcrow | Chr. Bells & Cockcrow | Chr. Bells & Cockcrow |
| 5.35-5.53 | Devotion (Mpaebo) | Devotion (Mpaebo) | Devotion (Mpaebo) | Devotion (Mpaebo) | Devotion (Mpaebo) | Devotion (Mpaebo) | Ebibi Ndwom |
| 5.53-6.00 | Nsabran-Appellation | Nsabran-Appellation | Nsabran-Appellation | Nsabran-Appellation | Nsabran-Appellation | Nsabran-Appellation | Bom Nkom |
| 6.00-6.30 | News in Mfantse | News in Mfantse | News in Mfantse | News in Mfantse | News in Mfantse | GBC News Relay | GBC News Relay |
| 6.30-7.00 | Me-Ma-Wo-Akye | Me-Ma-Wo-Akye | Me-Ma-Wo-Akye | Me-Ma-Wo-Akye | Me-Ma-Wo-Akye | Deeper Life | Ayeyi na Mpaebo |
| 7.00-7.15 | (Magazine Prog. ...) | (Magazine Prog. ...) | (Magazine Prog. ...) | (Magazine Prog. ...) | (Magazine Prog. ...) | Aprobo mu Nsem | Devotion |
| 7.15-7.30 | Morning Show - items | Morning Show - items | Aprobo mu Nsem | Rev. Adentwi |
| 7.30-7.45 | Include Prog. Line-Up | Include Prog. Line-Up | Include Prog. Line-Up | Include Prog. Line-Up | Include Prog. Line-Up | Aprobo mu Nsem | Rev. Adentwi |
| 7.45-8.00 | Hyewbo, Sports | Hyewbo, Sports | Hyewbo, Sports | Hyewbo, Sports | Hyewbo, Sports | Aprobo mu Nsem | Rev. Adentwi |
| 8.00-8.30 | Announcements | Announcements | Announcements | Announcements | Announcements | Announcements | Songs of Praise |
| 8.30-9.00 | Kwandoe, Newspaper | Kwandoe, Newspaper | Kwandoe, Newspaper | Kwandoe, Newspaper | Kwandoe, Newspaper | Woso Kabi | Classical Music |
| 9.00-9.30 | Headlines in Mfantse | Headlines in Mfantse | Headlines in Mfantse | Headlines in Mfantse | Headlines in Mfantse | Woso Kabi | Peace Power Praise |
| 9.30-10.00 | Etc.) | Etc.) | Etc.) | Etc.) | Etc.) | Sports | Peace Power Praise |
| 10.00-10.05 | News Headlines - Eng | News Headlines - Eng | Sports | Peace Power Praise |
| 10.05-10.30 | Music | Music | Music | Music | Music | Sports | Peace Power Praise |
| 10.30-11.00 | Music | Health Issues - F&N | YarYeYaw/Health Prog | Ereye ho ho Den? | Music | Music | Peace Power Praise |
| 11.00-11.05 | News Headlines - Mfa | News Headlines - Mfa | News Headlines - Eng | Peace Power Praise |
| 11.05-11.30 | Adadaw'm | Adadaw'm | Adadaw'm | Adadaw'm | Adadaw'm | Music | Peace Power Praise |
| 11.30-12.00 | Adadaw'm | Adadaw'm | Adadaw'm | Adadaw'm | Adadaw'm | Music | Peace Power Praise |
| 12.00-12.15 | Siren & Devotion | Siren & Devotion | Siren & Devotion | Siren & Devotion | Siren & Devotion | Siren & Devotion | Siren & Devotion |
| 12.15-1.00 | Cool Music | Cool Music | Cool Music | Cool Music | Cool Music | Cool Music | Nsanku Ndwom |
| 1.00-1.30 | GBC News Relay | GBC News Relay | GBC News Relay | GBC News Relay | GBC News Relay | GBC News Relay | Nsanku Ndwom |
| 1.30-2.00 | GBC News Relay | GBC News Relay | GBC News Relay | GBC News Relay | GBC News Relay | Asafo Songs | Nsanku Ndwom |
| 2.00-3.00 | Highlife Music | Efutu Programme | Highlife Music | Highlife Music | Highlife Music | Tolly Time | Sunday Music |
| 3.00-3.30 | Amansoun Dawur | Kusum Agor | Gospel Music | Amansoun Dawur | Amansoun Dawur | Bible Reading - Eng | Sunday Music |
| 3.30-4.00 | Peace Train - Reggae | Music | Obra Wogum | Peace Train - Reggae | Music | Music | Sunday Music |
| 4.00-4.05 | Peace Train - Reggae | Music | Obra Wogum | Peace Train - Reggae | Music | News Headlines - Mfa | Amambu Nkyerekyere |
| 4.05-4.30 | Peace Train - Reggae | Music | Obra Wogum | Peace Train - Reggae | Music | Music | Amambu Nkyerekyere |
| 4.30-5.00 | Announcement | Announcement | Announcement | Announcement | Announcement | Announcement | Amambu Nkyerekyere |
| 5.00-6.00 | Mbaa na Mbofra Abow mudzen | Awar Mu Nsem (live) | Fie Nsiesie (repeat) | Woso Kabi | Kyere wo adwen | Awar Mu Nsem (repeat) | After Church |
| 6.00-6.30 | News in Mfantse and English | News in Mfantse and English | GBC News Relay | GBC News Relay |
| 6.30-6.45 | Skuul Mfantse | Skuul Mfantse | Ekuaye Ho nyim dzee | Maatse Maatsease (Mathematics) | Maatse Maatsease (Mathematics) | Music | Songs of Praise |

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| 6.45-7.00 | Sports arena | Music | Ekuaye Ho nyim dzee | Sports Arena | Sports Arena | Music | Songs of Praise |
| 7.00-7.30 | Fie Nsie sie | Deeper Life Bible Chr | Ekuaye Ho nyim dzee | Mpunto Adzesua | Old Tunes | Music | Behind That Veil |
| 7.30-8.00 | Fie Nsie sie | Am andze Nkom o Twe Twe | Aprowbo Mu Nsem | Am andze Nkom o Twe Twe | Music | Music | Behind That Veil |
| 8.00-8.15 | Ekuaye Ho nyim dzee | Am andze Nkom o Twe Twe | Aprowbo Mu Nsem | Am andze Nkom o Twe Twe | Music | Music | Behind That Veil |
| 8.15-8.30 | Ekuaye Ho nyim dzee | Am andze Nkom o Twe Twe | Aprowbo Mu Nsem | Am andze Nkom o Twe Twe | Music | Music | Behind That Veil |
| 8.30-9.00 | Ekuaye Ho nyim dzee | Am andze Nkom o Twe Twe | Methodist Hour | Am andze Nkom o Twe Twe | Music | Music | Behind That Veil |
| 9.00-9.30 | Music | Am andze Nkom o Twe Twe | Mbaa Kye Pen | Music | Music | Music | Gospel Music |
| 9.30-9.55 | Gospel | Gospel | Gospel | Gospel | Gospel | Gospel | Gospel Music |
| 9.55-10.00 | Hymns & Close down | Hymns & Close down | Hymns & Close down | Hymns & Close down | Hymns & Close down | Hymns & Close down | Hymns & Close down |

APPENDIX 13: INITIAL CODING FOR THEMES

| AGENCY | PARTICIPATION | STRUCTURE |
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| <p>CODES</p> <p>NGOs Ghana Health Service officials Nurses CHPS compound Doctors Hospital Health professionals Community radio Radio and TV Radio Peace Proximity of community radio People listen to community radio People listen to Radio Peace Nice FM Newspapers Radio Windy Bay Simpa FM Radio presenters Kasapa FM, Accra Adom FM Peace FM Golden Star FM Community Audio Towers Social media like Facebook, Instagram, YouTube and WhatsApp President of Ghana/Nana Addo</p> | <p>CODES</p> <p>Managing activities of the station Executive council COVID-19 has instigated Radio Peace's managerial efficiency Follow-up with duty-bearers Community visits 'Awareness we created on Radio has helped' Community demonstration of prevention protocols Off-air one-on-one community feedback. Engaging duty-bearers for donations Sharing goodies by Radio Peace Focus groups discussions Listeners as actors for drama jingles Age-specific messages Community-level COVID-19 prevention messaging Messages based on local happenings Messages based on Ghana Health Service statistics Listener phone-ins Vox pops 'Responsibility of all of us' Message acceptance by listeners Scepticism about COVID-19 Adherence to prevention messages</p> | <p>CODES</p> <p>Police enforcement of protocols COVID-19 cases statistics announcement directive and stigma Ambulance Isolation centres Quarantine Extension of signal reach Lack of access to potable water Availability/unavailability of vaccines Inadequate security at health centres Provision of COVID-19 related services Power outages Inaccessible roads Erratic power supply No health centres 'It is better people are disciplined rather than the police enforcing adherence to the protocols' COVID-19 has been disruptive Physical closeness required for economic activity Lack of trust in messengers Herbalist/Local medicine practitioners Local cure Gossips/rumour Funerals 'Family members that bathe the corpse' Rift between the living and the dead</p> |

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| <p>Chiefs and traditional leaders Ghana Health Service Media persons/Journalist/ Radio presenter Public places Information service department/mobile vans NCCE MPs MCEs Friends and family Community health volunteers Priests Church elders Church High vaccine hesitancy/ Low vaccine uptake High vaccines uptake confidence India: source of COVID-19 vaccines New variant Delta variant COVID-19 virus mutates quickly Second phase of infection ‘We have seen an improvement in the situation’ ‘It has come to stay with us’ Wearing nose mask Handwashing with soap Use of hand sanitiser Basic sanitation practices Avoid exchanging handshakes Avoid hugging Cover the mouth with tissue paper when</p> | <p>In-studio education by health personnel Frequent message broadcast Translating COVID-19 information into local language for broadcast Broadcasting in local language Health programme broadcast Partnership with CATs Live outside broadcasting Different broadcasting times put us in a position to be able to contact people’ Both HIV and COVID-19 are life-threatening Both HIV and COVID-19 are spiritual diseases On-air/off-air education to change perceptions Training of community radio journalist On-air anti-stigma programmes On-air programmes: spiritual cause of HIV Challenge: PLHIV refused public campaigner role Success story: improved understanding/ seeking medical care/ social support Off-air anti-stigma programmes Partnership with institutions/organisations COVID-19 infection is not over Local language for broadcast Scepticism around COVID-19 Use and disposal of nose masks Children as sources of message in information jingles Death caused by COVID-19 Consequence of non-adherence to prevention protocols</p> | <p>COVID-19 status disclosure and public reaction Voluntary COVID-19 status public disclosure Self-stigma Stigma and discrimination toward COVID-19 survivors Stigma towards returnees and their relatives/friends Stigma toward confirmed COVID-19 patients Public stigma Community actions toward confirmed COVID-19 patients Educating close ones and neighbours of COVID-19 patients COVID-19 survivors as messengers Community radio programming dispelling COVID-19 myths and superstition Identity of COVID-19 survivor should be kept secret Alternative healing system side-lined Altruism and volunteerism Reporting bad news Prayer, Grace and favour of God Ghana is a special country in the eyes of God Ghanaians are righteous Disease is spiritual/witchcraft causes sickness ‘What man proposes and God disposes’ ‘People who are going to die have been marked’ ‘Doctors treat but God heals for them to enjoy the financial benefits’ Proverbs ‘Because people have followed us overtime’ ‘They are just excited to see you in their community’ Established ways of community engagement</p> |
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| <p>coughing</p> <p>Separate worn clothes from others</p> <p>Social distancing</p> <p>Avoid public places</p> <p>Avoid touching face with fingers</p> <p>Adherence to the prevention measures after vaccination</p> <p>Italy and other Western countries</p> <p>COVID-19 infection in other countries more severe compared to Ghana</p> <p>India: Lots of COVID-19 case</p> <p>Foreign origin of the virus</p> <p>China as the source of disease</p> <p>Swimming in the sea offers protection from COVID-19 infection</p> <p>Close friends and family are not infected with COVID-19</p> <p>COVID-19 infection is over</p> <p>Wearing nose mask reduces quality of air: affect health</p> <p>Mockery of nose mask-wearing</p> <p>Unknown identities of COVID-19 survivors to the public</p> <p>African hot weather protects from COVID-19 infection</p> <p>Busking in the sun offers protection from COVID-19 infection</p> <p>Drinking local gin [Akpeteshie] offers protection from COVID-19 infection</p> <p>No evidence of COVID-19 infection in Ghana</p> <p>COVID-19 is a hoax</p> | <p>Avoiding infection</p> <p>Wearing nose mask in public</p> <p>Use of hand sanitiser</p> <p>Hand washing</p> <p>On-air drama/ skit</p> <p>Songs/Music</p> <p>Jingles</p> <p>Street drama</p> <p>In-house scripting of drama</p> <p>Follow-up live in-studio programmes</p> <p>Different languages</p> <p>Staff/volunteers as drama actors</p> <p>Stories enhances people's understanding</p> <p>The youth identify with rap music</p> <p>Music is non-intrusive</p> <p>Repetition serves as a reminder</p> <p>Perceptive learning</p> <p>Useful to state institutions</p> <p>Everybody wants to be heard</p> <p>'They can identify with the other community members sharing the messages'</p> <p>Fun learning</p> <p>Music is a popular medium</p> <p>Instigates off-air discussions</p> <p>'Comprehensively explains the nature of the disease'</p> <p>Enhances understanding of messages</p> <p>Contributes to message dissemination</p> <p>Financial assistance</p> <p>High listenership base</p> <p>Warm community reception and enthusiasm</p> <p>Recognition and fame</p> | <p>'They know we are truthful'</p> <p>'They do see themselves as part of the programme'</p> <p>Consistency of interventions</p> <p>'The mission of the station is not for commercial benefits'</p> <p>Voice for the voiceless</p> <p>'Trust us that we will follow up with duty-bearers'</p> <p>Platform to connect with duty-bearers</p> <p>'They are from our community'</p> <p>'We try to be neutral'</p> <p>Follow-up on community developmental concerns</p> <p>Audience On-air and off-air access to Radio Peace</p> <p>Educating community members</p> <p>Communal labour</p> <p>Community durbar</p> <p>House-to-house visits</p> <p>Sharing messages with friends and family</p> <p>Improved personal hygiene</p> <p>Increase adherence to wearing a nose mask</p> <p>Radio Peace's contribution helps to throw more light on what we have already shared'</p> <p>Ministry of health</p> <p>Ghana Health Service</p> <p>Municipal District Health Offices</p> <p>Healthcare workers/ Medical doctors/ Nurses</p> <p>Priests/ Pastors</p> <p>Traditional leaders/ Chiefs</p> <p>NGOs</p> <p>President of Ghana/ Ministers/MPs</p> <p>Journalists/ CR Journalist (CATs/Radio and television stations/ CR stations</p> <p>Family and friends</p> |
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| <p>Seeing is believing Inconsistency in government COVID-19 related policy interventions Infrequent presidential COVID-19 address: indication of end of pandemic COVID-19 is God's punishment to sinners COVID-19 is a political ploy for foreign COVID-19 and politics Coastal residents not at risk of COVID-19 infection. Coastal communities ignorant of COVID-19 Vaccines cause male sexual impotence Vaccines turn human body magnetic Vaccine causes death Vaccines cause sickness Authority figures received placebo vaccine Vaccine as COVID-19 medication Westerners are most at risk of COVID-19 infection. Africans/blacks are immune to COVID-19 infection. Only the rich and 'big people' are at risk of COVID-19 infection Foreigners as source of infection Resisting location of isolation centre Fear-based messages Only the aged and people with weakened immunity are at risk of infection COVID-19 is a ploy to exterminate Africans Airborne disease COVID-19 is infectious Signs and symptoms of COVID-19</p> | <p>'A lot of opportunities here' External Training opportunities On-the job training Personal development 'Every worker here loves the job' Feel good factor 'Giving a voice to people' Source of personal advice Opportunities for personal growth Fascinated by Radio Interest in Journalism/broadcasting Hard work, ability, determination and selflessness Volunteering work/Desire for community's progress A tool to enable community voice their concerns 'We have learnt to be content' Passion for CR work In-house production of jingles Partnership with Deutsche Welle Partnership with GCRN Individual financial donations Adverts GCRN Limited by guarantee Member of Parliament Official social club Managing resources judiciously Radio fund Staff/volunteer heavy workload Staff/volunteer high attrition rate</p> | <p>Relatives of COVID-19 survivors COVID-19 survivor Returnees into the country Community Health volunteers Any messenger with a good message</p> |
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| <p>Coughing Headache Fever Loss of appetite Difficulty in breathing Running nose Early presentation at medical centre saves lives COVID-19 testing and tracing COVID-19 status disclosure and secrecy Checking COVID-19 status Risk of infection by getting close to an infected person Edutainment Music/ songs Radio jingles Radio drama Low message intensity Simple language Lots of COVID-19 information COVID-19 facts and figures Frequent messages Messages from COVID-19 patients has helped improved adherence Side effects of vaccines not explained Lack of message clarity Benefits of prevention adherence Politicians/Public officials do not adhere to prevention protocols/ Bad role models COVID-19 campaigns by local politicians helped Message distribution has been ineffective</p> | <p>Poor work attitude 'There is no money here' Unfulfilled personal ambitions Limited listener support Cost of transportation to the station Cost of transportation for field work Competition from commercial stations Electricity outages Operational/statutory financial obligations Cost of repairing equipment Cost of call credits Interference from traditional authorities Financial requirements in partnering with CATs Erratic radio signals Financial issues Difficulty in funding community visits Delays in accessing information from institutions Listener recalcitrance in adherence to COVID-19 prevention messages No thermometer at the station Forgetfulness of office guests to wash hands Fear among staff/volunteers Resource person unavailability Changing phases of the pandemic COVID-19 is a hoax Verbal abuse GCRN programme template delays Work/ volunteer opportunity open to interested community members Benevolence of taxis</p> | |
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| <p>Message distribution has helped contain spread of virus</p> <p>Conflicting messages from authorities/politicians</p> <p>COVID-19 kills quicker unlike HIV</p> <p>HIV ambassadors: No COVID-19 ambassadors</p> <p>Cholera infection</p> <p>Malaria</p> <p>'New disease is not too different from those diseases'</p> <p>HIV infection</p> <p>Ebola infection</p> <p>No confidentiality in announcing cases</p> <p>COVID-19 is a killer/ life-threatening disease/ Death sentence</p> <p>Business closure</p> <p>School closure</p> <p>Worship centres closure</p> <p>Market and public places closure</p> <p>Lockdown</p> <p>Ban on festivals</p> <p>Sanitiser distribution</p> <p>Facemask distribution</p> <p>Veronica bucket distribution</p> <p>Free water</p> <p>Free electricity</p> <p>Infection prevention on public transport</p> <p>Infection prevention at public institutions (educational/churches/workplaces/banks)</p> <p>Quarantine and isolation</p> <p>Ambulance</p> | <p>Volunteerism</p> <p>Contentment attitude</p> <p>Radio Peace's Training school</p> <p>Multiple roles performed by CR staff/ volunteers</p> <p>Imbibing community radio concept into staff</p> <p>Focusing on concept of CR</p> <p>'We report on issues concerning the community'</p> <p>Voice to the voiceless</p> <p>Volunteerism by duty-bearers and professionals</p> <p>Staff/volunteer COVID-19 training</p> <p>GCRN partnership</p> <p>NCCE partnership</p> <p>Ghana Health Service partnership</p> <p>Fire Service Department partnership</p> <p>Technology use</p> <p>Caveat before broadcasting</p> <p>Building cordial relationship with community leaders</p> <p>Involvement of community leaders in finding solution</p> <p>Partnership with other NGOs</p> <p>Hyewbo programme</p> <p>Community voices for programming</p> <p>Magazine programmes</p> <p>Volunteer-initiated COVID-19 programmes</p> <p>Vox pop</p> <p>Syndication with CATs on need be basis</p> <p>Listeners selected health programme topics</p> <p>Listeners suggestion guides project</p> | |
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| <p>Ghana has managed the pandemic better COVID-19 is real Contact abroad influencing local adherence COVID-19 can be prevented Personal experience before accepting COVID-19 is real Wearing nose mask is uncomfortable Nose mask: barrier to communication Wearing nose mask akin to the dead God saves/ Grace of God and favour Altruism and social responsibility Recalcitrance COVID-19 is still a threat People decided to adhere to the prevention protocols out of fear' Following the prevention measures saves lives People don't abide by the prevention protocols People abide by the protocols Enforcement of COVID-19 measures in public by authorities. Improved availability of COVID-19 vaccines Punishing offenders Inconsistency in the implementation of government intervention policies Provision of potable water Distribution of free nose masks to the poor Holding institutional leaders accountable Voluntary adherence to prevention protocols</p> | <p>implementation Woso kabi programme On-air listener programme evaluation Non-formal education Music competition On-air phone calls to listeners by Radio Peace Celebrating ordinary community members Phone calls Installing relay boxes for direct broadcast at public places In-studio hosting of informal groups/ community groups New listener-oriented programmes More time allocation for listener call-in In-studio interview of regular callers As an in-studio programme resource person Syndication with CATs Public name and shame of COVID-19 prevention recalcitrants Frequent community visits Listeners influencing others to listen to Radio Peace Access to the personal telephone contact of CR Journalists Syndication with CATs/Provision of relay boxes Appointment of community reporters Community entry Free of charge services Access to staff/volunteer homes On street access to staff/volunteers Access to the physical office of Radio Peace</p> | |
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| <p>Positive role modelling by authority figures/health professionals Prayer as solution to prevention Those who doubt the existence of the disease should be taken to the COVID-19 treatment centres' De-politicization of COVID-19 issues Intensifying message sharing Former anti-COVID-19 campaigners as message source CATs to disseminate information Mobile information vans to disseminate information Interpersonal sharing of prevention information Church leaders as message source Chiefs/traditional leaders as message source NCCE as message source Health workers as message source Interpersonal communication between health professionals and the public Using indigenous languages for message broadcast Input of local needs Field officers/volunteers for door-to-door message sharing Organising community durbar Volunteerism in information sharing Sharing of messages via institutions COVID-19 survivor as the source of the message/ambassador Social media as source of message</p> | <p>Official social club: Hyewbo kuw Local sports news source Community visits and consultation Staff/volunteer training and assigning of roles Incorporating on-field community suggestions into programme production by producers Supporting programme production by duty-bearers Participating in community and national public events Sporting activities 'In my office I never shuts my door' Community tours during anniversary celebrations Field programme evaluation Difficulty in calling into programmes Limited community visits by Radio Peace Keeping myself and my family safe from infection Community appreciation of my role Helping others avoid infection Positive reception of messages by community members Health promotion training Opportunities for short term paid jobs A show of concern for my personal wellbeing by the nurses. Verbal praise by community members and health workers No financial rewards Limited time/unavailability of community members for engagement</p> | |
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| <p>Early morning message sharing</p> <p>Consistency in public health messaging</p> <p>Educating relatives of COVID-19 survivors</p> <p>Clear communication on the management of COVID-19 cases</p> <p>Messages emphasising on the consequences of contracting COVID-19</p> <p>Messages cautioning against complacency</p> <p>Positive messaging</p> <p>Voice to the voiceless</p> <p>On-air broadcast influences off-air discussion</p> <p>Community input</p> <p>Hold duty-bearers accountable</p> <p>Adu Abornor [Host of <i>Hyewbo</i> show]</p> <p>Decorum</p> <p>COVID-19 facts and figures</p> <p>Consensus building and community action</p> <p>A platform for state institutions to communicate with the public</p> <p><i>Hyewbo</i> and <i>Woso kabi</i> programme</p> <p>Relevant programming</p> <p>Fante language</p> <p>Effutu language</p> <p>English language</p> <p>Both Fante and English language</p> <p>Local development</p> <p>Holding duty-bearers accountable</p> <p>Democratic decision-making</p> <p>Connecting with duty-bearers via Radio Peace</p> <p>In-person follow-up with duty-bearers</p> | <p>Hostile reception from community members</p> <p>Verbal abuse</p> <p>Calling into programmes</p> <p>Collaborating with Radio Peace to organise community durbars</p> <p>Donor agency</p> <p>DANIDA</p> <p>UNICEF</p> <p>UNESCO</p> <p>DWA</p> <p>Focus group discussion templates</p> <p>Magazine programmes guidelines</p> <p>Reporting template</p> <p>WhatsApp platform</p> <p>Radio programme guidelines</p> <p>Engagement with CR stations</p> <p>Information jingles</p> <p>Local language</p> <p>Traditional leaders</p> <p>District Health Officer</p> <p>Production of information briefs by the GCRN secretariat</p> <p>Translation into local language by CR station</p> <p>Production of audio briefs by CR station</p> <p>Production of audio pack by GRN secretariat</p> <p>Broadcast by member CR stations</p> <p>Voiceover in English and summary in local language</p> <p>Two-way communication</p> <p>Relevant and specific messaging</p> <p>Integrating COVID-19 content into member</p> <p>Community radio programming</p> | |
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| <p> Programme monitoring In-kind donations 'Our activities motivate other people to assist the station' Projecting the associations' vision Awareness creation on Radio Peace 'We have helped him establish the station' 'We are part of the station' Projecting the mission of Radio Peace Financial assistance Free publicity Free in-studio airtime Free business advertisements Invite to the station's events Invite to board meetings Hyewbo show Opportunity to call into programmes Highlighting developmental needs The associations' good works Social and personal relations Social networking 'We wanted to know who is behind the voice' Invite by Staff Civic duty Local developmental Project community's name Reaching duty-bearers quickly Follow-up with duty-bearers Programmes speak to personal challenges Rewards self-sacrifice Source of current news </p> | <p> Ministry of Health, Ghana World Health Organisation CDC [Centre for Disease Control, USA] UNICEF Focus group discussions Key informant interviews Vox pops Community voices played a role in helping people to know COVID-19 is real' Listener programme call ins Messages helped people avoid infection Access to information Side effects of vaccines explained Countering COVID-19 related misinformation Lack of access to water Refusal to wear nose masks Not sanitising hands Difficulty in accessing local COVID-19 information Irregular update on national COVID-19 situation Sourcing alternative reliable websites for COVID-19 information Inviting officials as resource persons on radio programmes Conducting and recording interviews with officials </p> | |
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| <p>Promote unity among listeners A sense of belonging Promotes good behaviour and decorum A source of emotional support Social control Calling into programmes/expressing oneself Equal opportunity Enhanced social status Installing speed ramps COVID-19 infection prevention Awareness creation on Ghana's currency redenomination Duty-bearers refuse to act Rejection of our initiatives by duty-bearers Senior citizens Self-centredness Irregular meeting attendance Disjointed vision Indecorous behaviour 'Now they don't even call' Drifting away from the associations' values Difficult calling into programmes <i>Hyewbo</i> programme becoming too political Relevant and educative programmes Personal fame and popularity Peace, tranquillity and unity Learning from others Promotes local development Connecting with and holding duty-bearers accountable Solutions for developmental needs Opportunities for listeners to express</p> | | |
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| <p> themselves 'It helps us to be familiar with other communities around us' Music is a biggie 'Radio Peace is our own radio' Sports programmes <i>Woso kabi</i> programme Religious/gospel programmes Road safety programme Political programme Relationship and marriage programme Promoting local cultural events Broadcasting in local language Decorum on air Pioneer station in our community Preference for Radio Peace's programmes Proximity of the station Community radio Unprofessional news reporting by Radio Peace No ownership of radio set Programmes too local Unskilled newscaster On-air verbal attacks on callers by other listeners Preference for programmes of other Radio stations Monotonous programmes Changes to programming Radio Pastors should just share the word of God Exhibition of camaraderie among staff on </p> | | |
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| <p>air Allocating more time to the gospel programme Tuesdays Frequent broadcast of COVID-19 messages Doctors/nurses/health professionals as sources of message Health programming is a priority Easy to understand messaging Local language for message broadcasting On-air messages influenced off-air message sharing COVID-19 has no cure Reliable source of COVID-19 knowledge Different broadcast times of COVID-19 messages Connecting listeners to COVID-19 duty-bearers Radio Peace deserves WHO reward Useful and educative COVID-19 messages Government sources of messages Humanitarian work President's address Radio is more accessible to people Facts and figures Broadcast of health programmes Evening COVID-19 programme On-air opportunities to discuss COVID-19 by listeners Two-way COVID-19 programming format Morning show/ <i>Hyewbo</i> programme COVID-19 prevention messages</p> | | |
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| <p> Debate programme Wearing face mask Social distancing Handwashing with soap Using hand sanitiser Avoiding large gatherings Covering mouth with tissue paper when coughing/sneezing Safe disposal of used tissue paper COVID-19 statistics COVID-19 symptoms Chills Coughing Running nose Loss of smell Early visit to the health centre Local language versions Adherence prevents infection Pre-production discussion with health professionals Observation Advocacy Listener on-field feedback Age-specific messaging Frequent messaging Broadcasting in local language Field practical demonstration Taskforce Radio broadcast Face-to-face engagements Local situation We have been able to remain safe' </p> | | |
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| <p> Taking protective action Social control Wearing of nose mask and sanitizer use Improved personal hygiene Changed perceptions People on the street discussing the content of drama and jingles Few COVID-19 cases recorded Improved vaccine uptake Adherence to protocols Positive role modelling Improved public service delivery No community COVID-19 outbreaks Helped contained other epidemics Observance of social distancing at public events Handwashing at public events ‘People are now concerned about getting infected’ COVID-19 infection is closer Radio Peace as source of COVID-19 information Reduced rate of infection Avoiding deaths No COVID-19 case recorded Less COVID-19 emergency cases Platform to learn from others Financial difficulties Electricity outages Transportation Unavailability of resource persons No radio </p> | | |
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| <p>Outmoded broadcasting equipment Improve signal strength Equipment assistance Government and MP: assistance with electricity Radio Peace: donating veronica buckets Improving remuneration of staff/volunteers Government financial assistance WHO financial assistance Financial support from listeners Two-way communication Technology Consistent message sharing Patience Edutainment Effutu, Fante and English languages to share COVID-19 messages COVID-19 messages should focus on early testing and early treatment Signature tune for COVID-19 news Frequent messaging More time allocation to COVID-19 specific programmes Medical doctor as a resource person for on-air programmes Sharing videos on disease symptoms More outside live broadcast Rebranding by Radio Peace More knowledgeable/ senior individuals as resource persons Joint community outreach programmes with health authorities</p> | | |
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| More community visits Positive role modelling | | |
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