COVID-19 Pandemic: The Role of the Methodist Church Ghana-Kumasi Diocese, in Combating the Pandemic. A case study in Wesley Methodist Church in Kumasi Metropolis.

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Abstract

The COVID -19 pandemic has had enormous impact on the world especially in areas of health care, education sectors, several social systems including religious organization and the global economy. This outbreak caused significant chaos in almost all aspect of our livelihood due to some drastic measures (lockdown) that needed to be put in place for humankind's safety.

To answering the research question and to get a deeper understanding of the impact of the pandemic on the livelihood of persons from my country, Ghana, this study was conducted with the use of the qualitative approach to have a deeper insight as to how the leadership of the Methodist church in Kumasi; Wesley Cathedral has assisted its members. with health education, advocacy, and technology support. The main source of data collection was by means of interviews, complemented with observation and some documents. The interview was a semi- structured one which was flexible and gave me the opportunity to probe questions without compromising the participants freedom to explain the topic in question (Bryman, 2012).

A total of eight (8) individuals were selected as the sample size which included both males and female within the church. This also included the leadership (clergy ministers and leaders) and ordinary members to assist with the interviews conducted. Some observation of the church premises was done as well.

Four main themes were established from the findings gathered: First, education on what the virus is and what measures are required in ensuring safety. Second, impact on church activities and how the church is reaching out to its members with the word of God. Third, commitment of the members of the church towards activities. Four, support (financial, psychological, medical) of the church to it members. Analyses was thematically done then interpreted and discussed in relation to the theories used in this research. The study establishes that health education, the use of technology support and provision of social relieve services were the means the leadership of the church promoted to combating the spread of corona virus.

From a diakonia perspective all participants established that the church is contributing to help it suffering members through expressing of love and support to make up for their financial, health, spiritual and other social needs. Empowerment in the light of the impact on the church activities has influenced members positively. The view of the virus and the mode of spread

has changed and have taught people to change the health behaviour patterns by believing and adapting positive behaviour trends through observing all protocols. The social influence theory also played its role; in relation to the theme the education on what the virus is and the measures required in ensuring safety made members understood the realities of the virus and adhered to the directives from the nation which the leadership of the church pass on to the members and that contributed to reduce the spread of the virus as for example wearing of nose mask, washing of hands and sanitising hands were strictly observed by all members including the leadership.

The study concludes and recommends various suggestions and emphasis were placed on the use of technology to access internet to reach out to members. Leadership should intensify education on the use and access of various media platforms for the inspirational word of God

Keywords; COVID - 19 pandemic, lock-down, impact, Unemployment, empowerment, health education

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Finally, I would like to state clearly that the writing of this Master thesis would not have been possible if not for the assistance or involvement of persons mentioned and not mentioned here. However, I assume full responsibility for any errors or shortcomings that may arise after the final submission of the thesis.

Once again, I give all glory and honour to the Most High God for giving me a successful end.

Dedication

1 dedicate this thesis to my family for their unwavering support and prayers throughout the writing of this work and to all churches across the globe who have remained steadfast in the trying times of the COVID-19 pandemic. I say kudos to all churches for living by the word of God by demonstrating acts of kindness and emotional support to the vulnerable and for giving the world hope that the Lord is with them.

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CHAPTER 1: INTRODUCTION TO THE STUDY

1.0. Introduction

Historically, faith -based organizations have independently and collaboratively helped in preventing and controlling diseases such as HIV AIDS, SARS, Ebola, etcetera (AJPH, 2004).

In Ghana, the role of faith -based organization cannot be overemphasized in combating pandemics such as cholera and HIV, among others. For instance, during the outbreak of the HIV pandemic leaders of the faith -based organizations in collaboration with the media helped in preventing its spread and dealt with issues of stigmatization through public education on the mode of transmission (Boulay, Tweedie and Fiagbey, 2008).

This study intends to explore and find out what the Wesley Methodist Church Ghana- Kumasi district is doing to combat the COVID-19 pandemic. Specifically, the study aims at finding out what the leadership of the Methodist Church Ghana, Kumasi Diocese are doing to supplement government efforts in preventing and controlling the spread of the disease (Covid-19) in Kumasi Metropolis. However, the study first presents the COVID -19 outbreak across the globe and the literature review to the study presents the situation of the COVID -19 outbreak in Ghana and the impact particularly in Kumasi diocese.

1.1 The COVID -19 Outbreak Across Globe

Throughout history nothing has killed more human beings than viruses, bacteria and parasites that cause disease. Wars or natural disasters like earthquakes or volcanoes have not even been able to cause more deaths compared to the scourge of contagious or infectious diseases.

The self-replicating nature of pathogens (viruses and bacteria) make them more dangerous mass killers than other major threats to humanity like earthquakes and other natural disasters. This is true because most natural disasters are confined in specific geographical areas and that makes it easier to control. For instance, earthquakes that strikes in China cannot directly affect other people in other parts of the world, but pandemic diseases know no barriers once their host freely move about interacting with other nationals (Walsh, BBC 2020).

Pandemic outbreaks or plagues as they are usually known, have been scrutinized through various views and sphere of human society to assess its psychological and socio-economic impact on human society. Throughout history plague is a common word that is used to represent pandemics. *The word plague originated from the Doric Greek word plaga meaning (strike or blow). It is a polyseme, used alternatively to describe a specific, virulent contagious febrile disease caused by Yersinia pestis, as a general term for any epidemic disease causing a high rate of mortality or more generally, as a metaphor for any sudden outbreak of a disastrous evil or affliction* (Huremović, 2019).

A series of pandemics have emerged throughout history and have affected people and places across the continent, in religious scriptures and in our present days ($_{21}{}^{st}{}_{century}$). Notable examples of pandemics or plagues ever recorded in religious scriptures are those mentioned in the Old Testament of Christian literature which represents the foundations to Abrahamic religions. The book of Exodus, chapter 7 through 11, mentions a series of ten plagues that strike the Egyptians before the Israelites, held in captivity by the Pharaoh (the ruler of Egypt), are finally released. Among the plagues mentioned to befall the Egyptians included boils, diseased livestock, lice, and death of firstborns described a variety of infectious diseases and parasitosis.

Pandemics continue to exist or emerge in human society despite efforts made by health experts to prevent, fight or control them. Notable examples of pandemics in the 20th and 21st centuries include the 1918 Spanish flu, HIV/AIDS, Swine flu/ H1N1 pandemic, Zika virus, Ebola, SARS, and presently SARS-CoV-2 (Covid-19).

The emergence of pandemics in society are given lots of interpretation by different people. Some Christians see it as the wrath of God for our many sins and beseech people to repent and ask God for forgiveness whilst others also see it as signs of the end of time which is explicitly stated in Revelations Chapter 16. Some sections of society also view it as a biological weapon created by humans to wage war against an enemy or to claim authority which sometimes get out of hand and affect masses of people.

1.2 Aim/Purpose of the study

The aim of the study is to find out what the Leaders in the Kumasi diocese of the Methodist church Ghana are doing to supplement government efforts to combat the spread of the pandemic: Covid-19 in Kumasi, the second populous city in Ghana after Accra.

It is also to find out the impact of the national lock down on the daily operations of the church and what practical interventions the leadership of the church are using to help curb the situation.

1.3 Research Question

How are the leaders of the Kumasi diocese of the Methodist Church Ghana contributing to preventing and controlling the spread of the pandemic Covid-19?

1.4 Motivation

Over the years, many epidemics have emerged and have been contained worldwide but none has been able to extremely overwhelm the world to the extent of shutting down almost all public institutions. Even the mode of work and operations of institutions have change due to the emergence of this dreadful pandemic- Covid-19. Undoubtedly, churches across the globe could be said to be the most affected since their closure. The reason being that the churches routines like physical contact meetings for prayers, general services and their financial standing could be affected. Since most of their members are temporarily out of work due to the declaration of the national lock down. This serves as a huge test for the churches across the globe to prove their faith as unbelievers are watching how they handle the situation. This disease is unabatedly claiming lives, putting fear in people, destroying social relationships, etcetera. In the view of (Colombo et al., 2020), the pandemic is putting an unusual amount of stress on health services and the result include the trauma of witnessing so many deaths. In addition, they point out the great impact the pandemic has brought on the international community such as fear, isolation, and uncertainty for the future. During such pandemics, fear of risking one's own health and passing infection to others is also a factor of stress (Bai Y, et al. 2004). Victims of the COVID-19 together with their families are also increasingly being discriminated against and stigmatized in society.

This is the reason why I want to find out what the Wesley Methodist Church in Kumasi are doing to educate and support their members and community in times of this crises (Covid-19 pandemic). It is also to look at the willingness of the religious faith or the church to support members in the community.

1.5 Scope and limitation of the study

The scourge of Covid-19 has had a terrible effect on the world in diverse ways. All sectors, institutions and organizations of the world have had their fair share of the impact of the pandemic. The global church being a major player in community development with its growing numbers was not spared either. The church suffered a lockdown because it was considered as a conducive place for the quick spread of the virus due to the size of the congregation, duration of service and closeness of congregants in the church. It is for this reason that this study was conducted to ascertain the negative effects of covid-19 on the congregants, church members from the perspective of religious leaders and what interventions the leaders have made and are using to curb the situation.

The study does not strictly concentrate on particular groups like the youth, the aged, people with health defects and other vulnerable groups. But rather it looks at the situation from a general standpoint. This therefore does not allow it to extensively investigate the effects of the pandemic on any group in the church.

1.6 Literature Review

This aspect presents a review of situations related to the COVID -19 pandemic. It reveals some presentations of issues regarding health promotion or education on the control measures adopted for earlier pandemic such as Ebola and SARS. It further presents the impacts of the measure implemented during earlier pandemics and present COVID -19 situations and the extent at which the pandemic has cost lives. It finally reviews the various means through which the leadership could educate its members. It is particularly interested in the medium of educating its members on health promotion or education such on health behaviour change, adoption and adaptation technology for online service and advocacy to reduce the spread of virus.

Adegboyega A. et al., (2021) in “Social distance impact on the church gatherings: Socio-behavioural implications” asserts some insightful views of social distancing. The article presents a comprehensive discussion on social distancing and its socio-behavioural implications on church gatherings in the era or period of Covid-19. It examines how Christian gatherings in the present contexts are relevant in contemporary ecclesiology and how Covid-19 has affected church gathering and is changing the psychological gains obtained from Christian congregating.

The article further discusses the unplanned or unanticipated consequences (positive and negative effects) covid-19 and social distancing has brought on the church community. The article also brings to light some of the innovative means the church community have employed to adapt to the changing social and physical space in the era of covid-19. The most notable innovation sparked by the abrupt interruption of in-person worship services is the shift to "virtual" worship (Newport, 2020). The article touches on various aspects of the crises the church community is going through and I find it relevant for my work.

Laverack, G (2017), in his book "Health Promotion in Disease Outbreaks and Health Emergencies" discusses the significance of the use of health promotion as a relevant measure in responding to disease outbreaks and health emergencies. It provides a practical guide to the valuable role that health promotion can play in disease outbreaks and health emergencies. According to the Laverack, health promotion will play an important role in rapid data collection, communication, community engagement, rumour management and conflict resolution. It also plays a significant role in the promotion of vaccination, in changing behaviours and in helping to build a dialogue to address the constraints that create an unsafe environment. The book takes its users through the role of health promotion during and after a disease outbreak or health emergency and it does that practically which I find it useful for my study: COVID 19Pandemic.: the role of the Methodist Church in combating the pandemic. In Tan, M. et al., (2022) article, "The role of religion in mitigating the Covid-19 pandemic: the Malaysian Multi-faith perspectives." It talks about how religious gatherings during the Covid-19 pandemic has contributed to increasing the number of Covid-19 cases in Malaysia.

It further details the religious aspects of Covid-19 prevention and control in Malaysia and discuss the possible role of religious organisations in encouraging sound decision-making among religious adherents in mitigating the crisis. It again makes recommendations on how to promote a partnership between the healthcare systems and religious organisation and how religion and faith could be integrated into health promotion channels and resources in the response of Covid-19 and future communicable diseases.

Matua, G. A. et al., (2015). on "Ebola haemorrhagic fever outbreaks: strategies for effective epidemic management, containment and control" share similar related views on measures and strategies to control Ebola which is relevant in this study. The article examined the strategies or measures to control Ebola outbreaks and suggested new ways or methods that could improve

epidemic management and control during future outbreaks. It further proposed that for better results in disease outbreaks, it would be much useful to use both reactive and proactive measures. And doing that could ensure better epidemic preparedness and response at all levels in society and lead to timely containment of future epidemics like Ebola and other pandemics. According to the article the management of Ebola outbreak in East, Central and West Africa faced lots of challenges and difficulties. Things at the time of the outbreak even got worse because the natural reservoir of the virus remained unknown and therefore negatively affected the use of primary prevention strategies. To contain the Ebola outbreak, secondary prevention strategies through post outbreak and constant intervention strategies where used.

I find the strategies used for the containment of the Ebola useful for my work because the Corona virus like Ebola also had its natural reservoir of virus remained unknown until recently. Besides, the strategies used in the article also fall in line with the public health directives issued out by WHO and the Centre for Disease Control and Prevention (CDC).

1.6.1 The extent of the pandemic spread in Ghana, particularly in Kumasi.

Ghana recorded its first case of COVID-19 on 12 March 2020 (Ghana Health Service, 2020a) and this brought a lot of fear in most people in the country. As of 12 May 2020, 24 out of 5,408 individuals confirmed to be infected with SARS-CoV-2 had died in Ghana, with one of the first few deaths occurred at the Komfo Anokye Teaching Hospital (Alamisi, 2020; Ghana Health Service, 2020b). Ghana remained one of the countries mostly impacted by the COVID-19 pandemic, as of 26th August 2020. The country is ranked fifth in the WHO Africa accumulative cases after South Africa, Egypt, Morocco, and Nigeria. The cumulated number of people confirmed to have contracted the coronavirus in Ghana stood at 43,717. The active cases in the country stood at 1,325, while the case fatality rate stands at 0.61 percent with 270 deaths. The countries most affected areas or regions included Greater Accra (21794 cumulative cases) and Ashanti (10,794 cumulative cases).

The recorded cases in Kumasi and Accra alone are very alarming and needs to be curbed immediately before things get out of hand. Kumasi which is the seat or diocesan headquarters of the Methodist church is considered among the hot spot areas in Ghana. This has raised a lot of concerns for the Methodist Church to bring their resources together to help fight the pandemic as part of their religious social responsibility. Even though government is putting in a lot of effort to control and manage the situation, it cannot do it all alone. It therefore behoves

on the churches and other faith-based organisations in their nature as diakonia institutions to step in and help the government to manage the situation.

1.7 Definition of Key Terms

Pandemic

A pandemic is an outbreak of a disease that occur on a wide scale crossing international boundary, normally affecting many people (Porta 2014). It may occur within a restricted geographic area or over much wider area for a continuous or prolonged period. It is also defined as "An outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population". – Merriam-Webster Dictionary

Disease prevention

Disease prevention is literally defined as the act of avoiding illnesses and conditions by one or more interventions of proven efficacy. Kane et al., 1985 explains disease prevention as a procedure that involves actions to reduce or eliminate exposure to risks that might increase the chances that an individual or group will incur disease, disability, or premature death. Some risk factors for disease and disability (those concerning habits) are changeable while others (concerning genetic and family history) are not.

Health promotion

Health promotion is a set of principles involving equity and participation and a practice that encompasses communication, capacity building and politically orientated activities. The Ottawa Charter for health promotion by WHO 1986, also defines health promotion "*as the process of enabling people to increase control over and to improve their health*." It represents a social and political process that not only embraces actions directed at strengthening the skills and knowledge of individuals but also action directed towards changing sociocultural, environmental, and economic conditions that have an impact on health (Laverack, 2017).

Community is a specific group of people, usually living in a defined geographical area, who share common culture, values, and norms, are arranged in a social according to relationships which the community has developed over a period.

1.8 Thesis Outline

Chapter One shed light on the overview of the study which present the topic of the study in relation to a faith-based organisation. It further presents the research question, motivation, and the limitation of the study.

Chapter Two presents a background information related to the study in the Ghanaian context and continue to give a historical overview of the of the Methodist church Ghana and the Kumasi diocese.

Chapter Three presents a vivid discussion on the methodology. It also deliberates on the research design, and the strategies for data collection (sampling, interviews, observation) and data analysis.

Chapter Four illustrates the theoretical framework. The empowerment, diakonia and social influence theories are explored.

Chapter Five presents' data collected from the field with a focus on responses from respondents from the lay movement and clergy.

Chapter Six links together aspects of Chapters Four and Five in a discussion which interpret how they interrelate.

And finally, Chapter seven states major observations in the study with recommendations and suggestions for ongoing research to conclude this master's thesis.

CHAPTER 2: CONTEXTUAL BACKGROUND

2.0 Introduction

Corona Virus 19 is the subject for consideration in this study. This study aims to explore how the leadership of the Wesley Methodist Church in Ghana put effort to supplement government efforts to combat the spread of the pandemic: Covid-19 in Kumasi. The study focuses on how the leadership of the church educate its members contributing to preventing and controlling the spread of the pandemic Covid-19. The chapter presents the background to the study which explains issues surround the outbreak of the pandemic. It leads to historical background of the Methodist Church Ghana in Kumasi diocese and further present the brief geographical background about Ghana as a site understudy. Finally present advocacy and adoption and adaption of technology as a way of worship.

2.1 Background to the study

The world over the years has experienced different kind of pandemics such as cholera, influenza, Severe smallpox, and bubonic plague which claimed millions of lives. The novel coronavirus is not an exception as it is claiming more lives across the globe. It made its maiden appearance in December 2019 in the region of Wuhan in China and quickly spread to almost every region on the globe (MPH online, 2020). Victims of SARS Cov-2 virus may be symptomatic with signs like coughs, fever, and dryness of throat etcetera while a significant number of the victims may remain asymptomatic enabling them to spread the virus without their knowledge. The alarming levels of spread and severity made the World Health Organisation called for governments to take urgent and aggressive action to stop the spread of the virus (WHO, 2020). However, the nature of the COVID outbreak cannot be combated by individual governments alone. Therefore, there was a need for a collective approach involving various stakeholders such as religious bodies, non -governmental agencies and etcetera to combat the pandemic.

2.2 Historical Background of the Kumasi Diocese of the Methodist Ghana

The Kumasi Diocese of the Methodist Church Ghana was established out of the missionary activities by the Wesleyan Mission in Ashanti kingdom which was led by Rev. Thomas Birch Freeman in 1839. He was supported by M. James Hayford (a representative of the British Merchant Company in Kumasi) who had even started a Methodist fellowship of a sort in Kumasi even before his arrival. Rev. Thomas Birch Freeman encountered several obstacles on his first missionary trip to Kumasi. Notable among the obstacles was the long delay he faced in Kusa and Fomena. This was due to the misconceptions the Ashanti's had concerning the nature of his missionary work. However, despite the challenges faced, Rev. Thomas Birch Freeman found favour in the eyes of the then king of Ashanti, Nana Kwaku Duah and was finally admitted into Kumasi in April 1839. This was after he had waited patiently in Kusa and Fomena for 48 days. The acceptance of the early missionaries allowed the beginning of methodism in Kumasi and in the Ashanti Kingdom in general (http://www.methodistkumasidiocese.org/about/history-of-diocese).

Now, Methodism in the Ashanti kingdom has grown widely to the extent that the Methodist Church can boast of about 39 vibrant circuits under Kumasi diocese. Historically faith-based organisations and congregations are known for providing services that go beyond worship and evidence from the National Congregation Study shows that 57 percent of congregations engage in some form of service or community activity (Chaves 1999). It is therefore not surprising that the Methodist Church in the Ashanti region has since its beginning been known for its humanitarian or developmental works through the building of hospitals, clinics, schools, and potable water to serve the needs of people in the society. The diocese can also boast of a micro finance company (that is the Kumasi Methodist Diocesan Credit Union (KMDCCU)) which was set up in 2010. It was set up with the aim of supporting the congregants and the society at large through the giving of flexible loans to people to expand or begin their businesses. Again, the Methodist Entrepreneurship Development Programme (MEDP) was set up in the diocese to train and equip more people who are willing to acquire practical skills. That initiative serves as a means of helping the youth to be able to earn a living and contribute meaningfully to society.

The Kumasi diocese as it is now known has been in existence since 1961 and has never relented on its core mandate of working assiduously to improve the religious life of people through evangelism.

2.3 Brief Geographical Background and Knowledge about Ghana

Ghana is a West African country which is located on the coast of the Gulf of Guinea. It shares political boundaries with Togo in the East, Cote d'Ivoire in the West, and Burkina Faso in the north. It has a relatively small landmass in Africa with a population of about 24,658,823 according to the Ghana Statistical Service recent census report in September 2010. The country presently has sixteen (16) political regions with major cities like Accra, Kumasi, Cape Coast, Sunyani, Techiman, Goaso, Takoradi, Sefwi Wiawso, Koforidua, Ho, Tamale, Damango, Wa, and Bolgatanga. The coastal city of Accra is the administrative capital of Ghana, where the seat of parliament and the presidency is located. Almost all government Ministries and industries located in Accra, and this makes Accra the most influential city in Ghana with Kumasi being the second.

Christianity and Islamic religion are the two major religions in Ghana. Christianity is most dominant in the southern part of Ghana while Islamic religion is common and strongly adhered to in the Northern part of the country.

More than half of the population of Ghana are Christians with one fifth being Muslims and the remaining part of the population adheres to traditional and other minor known religions.

Kumasi metropolis, where the research site is located, has a population of 1,730,249 representing 36.2 percent of the total population of the Ashanti Region which is 4,780,380 (according to the 2010 population and housing census district analytical report by the Ghana Statistical Service, 2014).

CHAPTER 3: METHODOLOGY

3.0 Introduction

This chapter gives an overview of the process undertaken in carrying out the study. It illustrates on the design, sampling, data collection and analysis, validity and reliability, ethical considerations, and limitations to the study to bring discernment in the study process.

3.1Research design

Qualitative research is deemed relevant for use to examine the impact of covid-19 lockdown on the church and to ascertain the practical interventions, the religious leaders of the Kumasi diocese are using to curtail the spread of the Corona virus. This is because according to (Creswell and Creswell,2018 p. 4), qualitative research is intended to examine how individuals and groups understand a particular human or social problem from their own perspective.

Qualitative interviews and observations were used as a means of data collection for the study. This gave me (the researcher) and the respondents the opportunity to come out with what exist on the field of study (Kumasi diocese of the Methodist Church Ghana).

3.2 Study Site

The study was conducted in Kumasi, the Capital of the Ashanti Region in the Southern part of Ghana. The exact location was in the Kumasi diocese of the Methodist church Ghana. The research location was selected due to proximity and accessibility to the researcher(me) and for the fact that the diocese is known for its active participation in the community's development.

3.3 Sampling Technique

Purposive sampling was employed to select respondents whose role and participation was relevant enough to suite the demands of the research question. The respondents were therefore selected based on their accessibility and willingness to take part in the study. This allowed me (researcher) to get a fair knowledge and assessment of the issue under study upon reflecting on the research question. The position and years of service or membership was also considered to

give some level of assurance and credibility to the information given by the respondent. This was because possession of reliable information and experience is key in a study (Bryman, 2012, p.418).

The sample size for the interviewing process was 10 respondents from the diocese, based on their position or experience and years of service or membership to allow for credible outcomes. Two groups were made from the 10 respondents. They were 5 leaders from the Clergy and 5 leaders from the lay movement.

Two groups of interviews were conducted with separate interview guide. The interviews were recorded on an audio recorder to ensure that there is accurate and reliable data taken from the study. It was also to prevent the researcher (me) from repetitively asking respondents to repeat data as doing that is unethical.

The interview questions were focused and directed towards "the effects of the Covid-19 pandemic and the lockdown on the church (congregation) and how the religious leaders of the diocese are helping to combat it".

3.4 Sample and Selection of Participants

Sample is the segment of the population that is selected for investigation of a study. It is also meant to be a subset of a larger population used to represent group for a study (Bryman 2008, Cohen et al. 2007). In selecting the sample, I considered the sample being small because in qualitative studies samples are basically small and based on the information one needs (Maxwell 2005). Therefore, the sample size for this study is small. That is the number of participants for this study was small and eight (8) participants were selected for this study. The sample is small, therefore data obtained could be simpler and clearly interpreted for better understanding.

The research participants were selected from Wesley society based upon their willingness, position, years of experience as members and leaders They were briefed of the purpose of the study and all other protocols concerning the study were made known to them with an introduction of a formal consent letter

Table 1 Categories, number and experience of participants in membership

Categories of participants	**Number**	**Experience as member and leader**
Clergy Ministers CM	2	25-30
Clergy Leaders CL	3	20-35
Church Members OM	3	8-28
Total	8	

The Clergy and Church Leaders

The clergy refers to a group ordained to perform pastoral sacerdotal functions in a Christian church (Merriam Webster). It is also a body of persons such as ministers, priests, and rabbis, who are trained and ordained for religious service. The clergy in the Methodist Church include the bishop, ministers, deacon, and steward. They are the formal leaders of the church who preside over specific rituals like funerals, baptismal and the holy communion services. They also see to the teachings of the doctrines and practices of the religion.

Ordinary Members

The ordinary members of the church are those who are not part of the clergy. They are the non-ordained members of a church. They are the members of a religious faith (congregants).

3.5 Data Collection Methods

Primary methods for data collection like semi-structured interviews were mostly used along with some observation. Open-ended interview guide questions were administered to selected participants from the selected societies in the diocese to elicit for information concerning their knowledge of the research question. The questionnaires were given out to the participants in each of the selected societies on my first visit, after given them a brief overview of the research.

3.5 .1 Interviews

Semi-structured interviews were used to elicit information from the participants in the study. It was deemed appropriate for the study because it allows respondents to freely express their subjective views on the research question and provide detailed response to questions. The semi-structured interview is known to be flexible and allow participants to fully participate or contribute to the direction of the study during interview sessions (Bryman, 2016). To ensure that the interviews were brief enough but provided the required information for the study, much attention was given to informing the respondents about the purpose of the interview, their role in the conversation and the use of recording instrument (Brinkmann & Kvale, 2015, p. 154). The interviews lasted for 40 to 50 minutes for each respondent and were conducted in May 2021.

Even though, the ideal and convenient mode of interview may be face to face, there are other acceptable ways of conducting interviews like online telephone calls or in written form (Creswell & Creswell, 2018 p. 188). Two of the interviews were conducted through telephone conversation. The remaining eight were conducted face to face. The face-to-face interviews were more relevant for a more interactive and expressive conversation. The interviewer can identify the body reactions and facial expressions of the respondents which helps to really understand a conversation better. Interview guide was used to direct the conversation. The open-ended questions in the interviews allowed for better interaction with the respondents and the opportunity to present follow up questions for any clarifications.

Interviews were recorded alongside with note taking to capture every useful information. Information gathered was immediately written down after the interview. The interviews were conducted in a much flexible manner to allow the respondents the opportunity to freely express themselves.

3.5.2 Observation

Direct observation was used as a supplement to the interviews obtained from the participants. The use of direct observation enabled me to obtain data ‘live’ (Cohen, Manion & Morrison, 2007). I therefore got the opportunity to witness how the congregation practically observed the

Covid-19 protocols in the church as first-hand information. Most church serves at the time did not exceed 1hour.

3.6 Data analysis and interpretation

According to Mouton (2001, p. 108), data analysis is the process of breaking down data collected into themes, patterns and trends that are manageable and that helps to guide the researcher to identify relationships between concepts or theories. Interpretation then seeks to find meaning that explains the observed pattern or themes, thus applying theories to data to bring new insights. Thematic organization is a method of pattern recognition, used of emergent themes and categories for the analysis used for data relevant for the study.

In the analysis of the qualitative data, the initial task was to find the concepts that help in making sense of what went on (Hammersley & Atkinson, 1995). Themes and categories were formed without preconceived ideas. Raw data could not be analysed. So, I went through all data and grouped different themes from both interviews and observation and reflected through and related themes to the theories and concepts and finally interpreted them based on the participants responses.

3.7 Validity and reliability

The reliability and validity of any research is very important as it helps to ascertain whether the research measures what it is supposed to measure and whether it can stand the test of time. Validity is concerned with how accurate and credible research is whilst reliability on the other hand refers to how consistent a data presented is, in relation to similar study. The respondents in the research were quite open and honest in the interview sessions because the purpose of the study was made clear to them. The responses collected from the various participants kept on repeating itself to show how consistent the information received was. The responses were credible and accurate enough to test for validity. I felt the participants clearly understood the research question with the consistency of their responses.

The process of crosschecking and use of a recorder helps to ensure that the data collected is reliable (Creswell & Creswell, 2018, p. 200). Another way to test for the reliability of the recorded data is through the transcription of data. They were used during and after data collection respectively. Being a member of the Methodist Guild Association gave me a lot of favour in the eyes of the participants as they all saw me as one of their own and did all they could to help me obtain the needed information for the study. The acceptance and level confidence reposed in me by the participants enabled them to furnish me with accurate and reliable information. This was partly because the participant acknowledged the need for the research after getting an overview of the research.

3.8 Ethical Consideration

The confidentiality of the participants was worth protected because the study intended to dig into the health and well-being of the members of the church in the diocese. To ensure that the privacy of the participants was assured measures were taken to protect the rights and dignity of the participants. Among the measures was that questions for the participants were meticulously formulated devoid of any personal information and not made mandatory. Also, an approval was sought from the Norwegian Centre for Research data (NSD) in accordance with the regulations of the university (VID). A letter from the university (VID) and a consent form was prepared and sent to the participants to assure them that the interview would be anonymous, and it was their choice to participate in the research. For the protection of participants and in keeping with ethical issues in research, the participants were anonymised as follows: CM1 CM2, to represent the Clergy Ministers, CL1, CL2, CL3 Represent Clergy Leaders and OM1, OM2 and OM3 to represent members of the church for clarity.

3.9 Challenges during data collection

In the process of conducting research some contingencies may always surface or emerge to disrupt the smooth flow of the study and it is vital to note that as a researcher. Since the research data collection was conducted in May, it was very difficult to make appointment with leaders of the church since the country (Ghana) was still in a partial lockdown. At that time, church

services within the diocese were run on shift depending on the size of the congregation. Some societies in the diocese run two shifts while others run three shifts. It was done to prevent congestion. Most of the time all the shifts were led by the presiding ministers and some time by associate ministers. It therefore made it difficult to have access to them. For instance, twice my appointment with the minister of one society had to be rescheduled because of his busy schedule and I finally had to settle for his deacon.

Most of the participants combined English with the local dialect (Twi) to enable them to express themselves well. This me work with the transcription of data into a uniform standard.

For purposes of interpretation of data, interviews conducted in the local dialect were translated. Some quotes found in data collected may be rephrased to improve understanding (Kvale, 2007, P.132).

CHAPTER 4: THEORIES AND CONCEPTUAL FRAMEWORK

4.0 Introduction

This chapter presents the theories and relevant concept and approaches. Theories such as empowerment, diakonia, social influence theories and concepts like behaviour change approach and health believe model and self -efficacy. These were employed in the analysis of the study: *The role of the Methodist Church Ghana-Kumasi district in combating the pandemic.* The aim was to find out what the leadership of the Methodist Church Ghana Kumasi district are doing to supplement Government efforts in preventing and controlling the spread of COVID 19 in Wesley Methodist Church Kumasi District. The application of the above-mentioned theories, approaches and concepts are employed because they complement each other and are useful in the analysis of this study. It helped to answer the research question and the themes that emerged from the study. As a point of departure, I then present the theories and concepts for the study.

4.1 Empowerment Theory

Empowerment as a theological concept, refers to the biblical understanding of creation that every human being is created in the image of God, with capacities and abilities, independent of their apparent social situation. (LWF, 2002) It is therefore seen as an instrumental concept in diaconal work. Its foundation is built on the concept of dignity, autonomy, communality, and interdependence. “Empowerment may be defined as a multi-dimensional social process that enables people to gain control of various aspects of their lives and participate in the community with dignity.” (Dietrich, 2014) It therefore serves as a process and tool that gives power to people to utilise in their lives and in their communities. Empowerment in its theory and practice always seeks to ensure power sharing and make people feel significant within themselves. It also emphasises the basic understanding that everyone’s dignity is important and should be respected. For this reason, diaconal actors in dealing with the vulnerable group assist them to help themselves and not impose their decisions and interests on them.

The empowerment theory would be used to ascertain the various measures and interventions the faith-based leaders are using to develop the critical consciousnesses of people through education. This is because according to Cochran (1986) people understand their own needs

better than anyone else and as a result should have the power both to define and act upon them. Knowledge in the field of education is power and as such education would be used as a tool for empowering victims of covid-19 and many others in society who may be at risk. It is also to bring hope to people as "diakonia in context and in action seeks to challenge any form of hopelessness and bring hope to people" (LWF, Diakonia in Context p.21). This could be done by making information readily available to people and to lift the dignity of victims of the pandemic to be able to take charge of their own situation. McClelland (1975) supports this by suggesting that for people to take power, they need information about themselves and their environment and be willing to identify and work with others for change.

Also, it would be used to find out how the faith-based leaders are encouraging their congregants to live in communion and to be each other's keeper (thus being good neighbours) to prevent victims from isolation and exclusion. Empowerment in diakonia will therefore be used as a tool to lift the dignity of the people to be subjects in their own transformation taking into consideration their autonomy. For in Christian ethical perspective every individual is seen to be unique and has value, therefore decisions concerning their health and development should be done with their total consent. In this aspect of diaconal praxis, all power imbalances will be addressed to encourage good relationships among people to enable everyone to participate in the fight against the covid-19 pandemic. It is also to assist people to develop psychological self-efficacy or coping skills to adjust to the existing social environment in this time of world crisis.

4.2 Diaconal Theory

Diakonia is a core of community development, and it is perceived as the gospel in action. This action according to the Church of Norway, National Council, (2010), is expressed through loving one's neighbour, creating inclusive communities, caring for creation, and struggling for justice. In another sense, diakonia is defined as a responsible service of the gospel by deeds and by words performed by Christians in response to the needs of the people (WCC, 2018). As a theological concept, diakonia points to the very identity and mission of the church (Angell, 2014). Nordstokke adds to this by pinpointing the concept a little further. He mentions that diakonia is oriented towards practice. Meaning diakonia involves 'a call to action, as a response to the challenges of human suffering, injustice and care for creation (Nordstokke, 2014). This is to say that diakonia seeks to transform and empower individuals especially the marginalised,

downtrodden, and oppressed. It aims at uplifting the dignity of mankind. For this reason, the Diaconal theory would be used to find out what the faith-based organisation leaders are doing in theory and practice to help the congregation and the community to withstand the dreads of the pandemic.

Diakonia as a faith-based action according to the Lutheran World Federation (2007) document, usually pays attention to the stories of the marginalised and excluded in society. For this reason, the diakonia theory would be used to find out what the faith organisation; Wesley Methodist Church has done or is doing to supplement government efforts in helping victims of Covid-19 and all others who are susceptible to the disease both within the church and the society. This would be done taking into consideration the socio-cultural, economic, and religious implications of the pandemic on victims. The context is therefore relevant in assessing the intensity or extent of the pandemic and to be able to provide the needed remedy to the victims.

Moreover, the diaconal theory would be used to find out what the faith-based leaders are doing to safeguard their congregants and people in the community taking into consideration their autonomy and human dignity. This is because diakonia as a theological concept is based on the biblical understanding that every human being is created in the image of God with capacities and abilities independent of their apparent social situation (LWF, Diakonia in Context).

4.3 Social Influence Theory

According to the social influence theory as posited by Kelman (1958), an individual's attitudes, beliefs and subsequent actions or behaviours are influenced by referent others through processes of compliance, identification, and internalisation. It could also be interpreted to mean the way in which individuals change their opinions (ideas) and behaviours (actions) to conform to the demands of a social group, an authority, or social role. People may allow themselves to be socially influenced to gain acceptance or to ensure that there is cooperation between them and authority towards achieving a common goal. For example, members of a congregation may conform to the teaching and beliefs of the group to gain acceptance. Therefore, in the churches efforts to combat the spread of Covid-19, church leaders can take advantage of the confidence reposed in them and in the tenets of the church by the congregants to convince them to adhere to all credible public health directives.

The success of church leaders to get the congregants to identify, internalise and comply with directives or protocols will be dependent on "the relative importance of the anticipated effect or benefit and power of the influencing agent (being the leaders) (Kelman, 1958).

In the process of social influence, the church leaders can make significant impact on members by using their role and platforms given to them as an advantage to sensitise and educate them. Through constant effective education by the clergy on all church platforms, all erroneous information among members concerning the Covid-19 will be corrected. Members will begin to understand the benefits of complying to all public health preventive measures and therefore adopt the induce behaviour to enjoy its benefits. Members comply because in the proposition of (Kelman 1958 p.53), "the satisfaction derived from compliance is due to the social effect of accepting influence."

Identification occurs when individuals identify with a person or a group and adopt induced behaviour to gain or maintain acceptance. Therefore, satisfaction occurs at this stage of social influence due to "the act of conforming" (Kelman 1958, p.53). Internalisation however occurs when people accept influence seeing the benefits the induced behaviour brings to them and in line with their value system. In this case according to (Kelman 1958) satisfaction occurs due to "the content of the new behaviour."

The social influence theory will therefore be used to find out how the religious leaders of the Methodist Church Kumasi diocese are going to use their role in the church, the confidence entrusted in them by their congregants and all church platforms under their watch to educate and protect members from the scourge of the pandemic, Covid-19. This leads the presentation the conceptual framework and approaches which contributes to analysing the data.

4.4 Conceptual framework

This aspect reveals some relevant and related models and approaches which will help in the analysis and discussion of the study.

4.4.1 Behaviour Change Approach

Health behaviour simply put refers to actions of individuals or groups that affect their health status, whether negatively or positively. Some positive actions that promote good health include maintaining personal hygiene, eating well, keeping physically active and having a good rest. While some of the negative acts in times of pandemics may include close contacts with people (especially strangers), frequent touching of surfaces, poor respiratory hygiene (yawning, sneezing, or coughing loosely in public places) and so on. We therefore have health behaviour and risk behaviour. Health behaviour in the context of health promotion seeks to improve health whereas risk behaviours cause health to deteriorate. Risk behaviours are defined as behaviours which are associated or connected with increased susceptibility to a specific cause of ill-health. For example, people with risk behaviour like smoking and underlying disease like stroke or hypertension said to be at a high risk of Covid-19 according to WHO. The impact of the Covid-19 on such group of people are always severe and causes them to lose their lives. This let us know that aside other determinates of health, people also play major role in their health with the kind of lifestyle they choose to live. It is even evident in an adage which states that "your health is in your hands." Which means as a person, your health depends on you to a greater extent whether good or bad.

Health behaviour is extensively defined as *"those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective and emotional states and traits; overt and behaviour patterns, actions, and habits that relate to health maintenance, to health restoration, and to health improvement"* (Gochman, 1982, 1997).

Health behaviour is key in health education and disease prevention. Therefore, for the leaders of the Methodist church to effectively control the spread of the Covid-19 pandemic they promoted adherence to preventive health behaviour change measures among the congregants. The leaders revealed that in the early days of the pandemic, most of the members were sceptical about the reality of it and therefore failed to take the recommended safety protocols from Government and the Ministry of Health seriously. Others also did not feel susceptible to the Cov-2 virus because they had the wrong perception that the virus can only affect people with underly morbidities or diseases and the aged. To encourage all church members to take the covid protocol seriously, the leaders set example by wearing nose masks when needed and,

observed all Covid-19 preventive measures when around members. Leaders also constantly created the awareness that Covid-19 is real. They did this by having posters posted at vantage points in the church with texts like “Covid is real, Stay safe”, “No Nose Mask, No Entry.” Again, efforts were made to create a conducive environment for members to encourage them to always adhere to Covid-19 preventive health measures. For instance, water, soap, paper towels and hand sanitizers were always made available at vantage points in the church.

Moreover, to make life less unbearable, some of the social norms like greetings which involved physical contact were modified. For instance, instead of shaking hands with others it was recommended that people salute one another or cross elbows or legs as alternative form of greetings.

4.4.2 The Health Belief Model (HBM)

The (HBM) is used to understand why people accept preventive health services and why they do or do not adhere to other kinds of health care regimens. It is a useful theory in dealing with disease prevention, early disease detection or diagnoses and illness and sick-role behaviour (Becker and Maiman, 1975; Janz and Becker,1984). It is among the most widely applied theoretical foundations for t the study of health behaviour change. It is therefore not surprising that it has been used by most researchers to ascertain or figure out the relationships between health beliefs and health behaviours in addition to the appropriate interventions to be taken. It has since the early 1950s, been use by most health behaviour researchers to explain change and maintenance of health-related behaviours. It also serves as a guiding framework for health behaviour interventions. The HBM was propounded by a social psychologist in the U.S Public Health Service to explain the extensive failure of people to participate in programs to prevent and detect disease (Hochbaum, 1958; Rosenstock, 1960, 1974).

There are five main concepts in the HBM that could determine why people take action to prevent, screen for, or to control illness conditions. They include susceptibility, seriousness, benefits and barriers to a behaviour, cues to action and self-efficacy.

Perceived Susceptibility refers to an individual or groups beliefs about the possibility or likelihood of getting a disease or condition.

Perceived Severity refers to the feelings one has about contracting a disease or of leaving a disease untreated. The feeling may involve assessment of the medical consequences (for example pain, disability, and death) and social consequences (for instance the effects of the family life, work and on social relations).

Perceived Benefits it refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease.

Self-Efficacy is defined as "the conviction that one can successfully execute the behaviour required to produce the outcome" (Bandura,1997).

If individuals regard themselves as susceptible to a condition, believe that condition would have potentially serious consequences, believe that a course of action available to them would be beneficial in reducing either their susceptibility to or severity of the condition, and believe the anticipated or expected benefits of taking action outweigh the barriers to (or cost of) action, they are likely to take action that they believe will reduce their risks.

It is entirely consistent with the HBM that interventions will be more effective if they address a person's or group's specific perceptions about susceptibility, benefits, barriers, and self-efficacy. This implies if members are made known of the pros and cons of their believes and actions, they will be more consciences of their lives.

CHAPTER 5: PRESENTATION OF FINDINGS

5.0 Introduction

The aim of this chapter is to present information from the data collected. These findings were obtained from the study on how the leadership of Methodist Church in the Kumasi diocese, Ghana has done and managed to supplement government efforts and contributed to preventing and controlling the spread in the era of the COVID 19 pandemic based on the questions asked during the interview sessions, Presentation of these findings is seen from the perspective of three (3) categories of interviewers including:

- Clergy Ministers in charge
- Clergy Leaders of the church
- Ordinary members

These findings are organized based on four (4) emerged findings set for the interviews which will assist in the analysis of findings, answering of research questions and further discussions. The four (4) themes are:

- Education on what the virus is and what measures are required in ensuring safety
- Impact on church activities and how the church is reaching out to its members with the word of God.
- Commitment of the members of the church towards activities
- Support (financial, psychological, medical) of the church to its members

Each of these themes comes with sub-themes which presents a deeper understanding.

The findings were gathered from primary data source through interview and in person church observations.

To anonymise the interviewees, special codes were used. CM1, CM2 for the ministers, CL1, CL2, CL3 for the leaders of the church and OM1, OM2, OM3 for the ordinary members. To give better elaboration of the analysis to the reader, the quotes and excerpts from the participants responses have been included

5.1. Understanding/perspective on what COVID -19 mean to the people

A common perspective on the COVID -19, to the ministers of the church is that the pandemic, coronavirus disease (COVID -19) is seen as an infectious virus that is deadly. Even though in the worldwide perspective it was dangerous, most members of the church were of the view that it was just a common cold that could easily go away with the little hygiene practice and as such they do not see it as been dangerous. Most members belief the virus has no impact on the typical black race and as such describes it as a 'white man's disease'. This suggests the need to educate members on the pandemic. I therefore present the four themes that emerged from the field.

5.1.1 Health education on how the virus is and measures required in ensuring safety

Under this theme, participants gave their perspectives on what COVID-19 pandemic means. This is presented under sub-themes as follows.

5.1.2. What the leadership is doing in keeping their members well informed on the pandemic.

In this section I present the views of the leadership of the church on some of the measures they have adopted to educate the members. Here I represent the clergy ministers with CM1, CM2 and use CL1, CL2 and CL3 for church leaders for clarity.

5.1.2.1. Views of the leadership (CM1, CM2) and (CL1, CL2, CL3)

When the first Participant CM1 was asked about some measures the church has taken in educating its member on the causes and the mode of transmission of the virus, quite an informative response was given. His response was that ''*We invite doctors and health personnel of which many are members of the church to educate and keep us updated on the progress of the pandemic. Time is allocated to them on the weekly plan of the church (about 10 – 15 minutes) for education, questioning and answering''.* He again added that during church services announcement were made to emphasis on the need to adhere to all safety measures

outlined by the government. These announcements were mostly given by the presiding minister or the steward. As the conversation was getting interesting the second Participant (CM2) joined in saying,

'Most of our communication is also done on our many social media platforms like Facebook, WhatsApp, zoom and projectors in the church environs.' this was evident in the church auditorium and showed me the links to the other online platforms. Since I knew how difficult it was for persons to purchase data and access the internet, I probed to find out which of the methods were most effective and patronized by members. His response was that *what's app* application and texting messages was most effective in that sense.

Participant (CL1) made it known that all organizational heads were tasked to keep their members updated on the progress of the disease both statistical and pictorial data, so they come to accept the reality since most members thought of it as not been real through posters. He stated that in the early days of the pandemic, most of our members were skeptical about the virus being real.

5.1.3. views of ordinary members OM1, OM2, OM3 on what COVID-19 is

When I asked the first Participant OM1 on what her understanding of the coronavirus disease was and who was at risk of it, the response was; 'I *know it is a virus that present itself like a common cold but in a severe way and can only affect persons with some disease conditions and the aged'.* I further asked her if she believed in its severity and the response was 'yes'

I went ahead to the second Participant OM2 find out his knowledge on some of the causes, symptoms, and mode of sprayed of the disease. He gave significant insight on saying

'*I have a friend who contracted the disease, but we mistook it for a common cold until other persons started showing similar signs like severe cough and continuous sneezing, a bit of fever and running nose. one person took the test, and it confirmed that it was the virus these other friends contracted it because they were in contact with him unknowingly.'*

This first-hand information made the communication interesting. I further probe him to find out if that experience has made him to be extra careful and the answer was 'yes.'

Participant OM3 were the Sunday school children. I wanted to know what they know about the current situation in the world. I was amazed about their uniform responds as they all shouted '*coronavirus*.' They mentioned it spread faster when people are crowded in small space luckily the leaders of the Sunday school had given them education on that.

5.1.4. views on adapted safety measures of the leadership and members

When the leadership was questioned about what the church was doing in complying with the declaration of the social distancing protocols issued by the government to avoid congestion that may trigger the spread of the pandemic, the following were the measures they shared.

Participant CM1 said this; *"Prior to COVID-19 members were seated six (6) on a pew but in ensuring safe distance in the mist of the pandemic, members are strictly seated three (3) each on a pew. This is to avoid congestion in the auditorium. To even ensure effectiveness, the church has agreed on running a shift system where members according to families attend one Sunday after the other. All members strictly observe the 1-meter distancing.*

Participant CM2 also added, *"the usual hugging and hand shaking before and after services are all on hold until all is cleared on COVID restrictions. In addition to these, all church services within the diocese are not to go beyond 2 hours as a directive from the headquarters. Formerly services could stretch until four (4) hours especially on weddings and funerals".*

Participant CL2 stated; ' *'to avoid sending members back home for the reason of maximum capacity (150) of the church been reached, announcement was made the previous Sunday given the list of families they are to attend the next Sunday service. Further text messages are sent to the families. This helps to give everybody the chance to in-person service".*

As the interview got interesting, I asked the members on how they have adjusted to these measures of distancing in the church.

Participant OM1 said this; *"even though it feels strange sitting apart in the church, it is for our safety".*

Participant OM2, *"the symbol of unity and love-sharing through hugging and handshake after each service has been taken away and we are living as strangers who fear each other. Our freedom is taking away"*

What excited me most was the responds of Participant OM3. *"we have missed our Sunday snacks after church, and we cannot play with our friends".*

This was quite worrying since in the early days, children were not susceptible, but the church took precaution.

5.1.4.1. views on the wearing of protective clothing's by leadership and members

When the question of what the church was doing to keep the premises safe for worship and other activities in relation to personal hygiene was asked, the following were the answers given by the participants:

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Participant CM2 responded; *"all working space are dusted, and handles are sanitized regularly"*

Participant CL3 *"It is mandatory for all members attending church to put on their nose mask, use hands sanitizers before one is allowed into the auditorium, there is a written slogan boldly positioned at the entrance of the premises saying 'No Nose Mask, No Entry' and even before one enters the auditorium we insist/ensure that no one escape washing of their hands before entry. Aside this, the wearing of a mask is enforced on any leader who mounts the podium to lead or preach to the congregation. As the saying goes "leadership by example".*

Participant CL2 added; *"the leadership has taken it upon themselves to make readily available running water, soap, hand sanitizers (70%) and paper towels at vantage locations in the churches' environs to promote its usage.*

Participant CL1 supported that; other modification was made towards greetings in the church. *"Instead of the normal way people now either salute or give an elbow or legs as alternative".*

5.2. Impact on church activities and livelihood of members and how the church is reaching out to its members with the word of God.

This theme of the study presents the impact on church activities and livelihood of members and how the church is reaching out to its members with the word of God.

5.2.1 How the church is reaching out during the total and partial lock-down

I inquired how the church suffered in the peak of the total lock - down in the country between March to May.

When I asked what has been their mode of church service with the members since the declaration of the total lock down? The responses were:

Participant CM1 stated; ‘‘the church shifted from in person to online or virtual means of service to ensure continuity and give hope to its members even in such a period.

Participant CL1 added; ‘‘We reach out to members using social media platforms. Every organization in the church has a social media platform with which they engage with members. The church also engages with members through medias like; TV stations, what’s App, radio, Facebook live for preaching and delivery of relevant announcement.

I further asked about how the church was picking up services after the ban was partially lifted

Participant CL3 explained the need to social distance keeping a safe margin of 1 - 2 meters and obey the simple hygiene rules

5.2.2. Financial struggles among churches

I asked how the lock-down has affected the finances as a result. Responses included:

Participant CM2 said; *‘‘It was not easy because we never anticipated that a time like this would ever present itself causing a complete halt on all church activities. The church income dropped woefully, and we had no choice than to cut down on our expenditure to survive the moment. This was so because the church main source of income was generated from the offerings of its members’’.*

Participant CL2 stated; *‘‘just after the first week of the lock-down, lots of complaints were channelled through our welfare committee by most members that they needed financial support since business were down. Most of our members are petty traders who earned daily wages whose businesses were greatly after with some even collapsing’’.*

Participant CM1 added ‘‘The impact was felt after the third month (May) of a total lock-down

which resulted in some of us forfeiting our allowances and other things to help in the fight against the pandemic''.

From the responds of Participant CL2, I wanted to find out from the members how the lock-down has affected their livelihood.

Participant OM1 made it known that she was affected when she lost her job a week after the lockdown and since she was self-employed, she did not receive any income. She stated, ''my family and I must ration the little food we manage to keep before the lockdown''.

Participant OM2 also stated that he gets his daily bread from selling face towels and mints candies at weddings and funerals but since the ban on large public gatherings, he makes barely enough sales in a day. He further stated that "now I have spent all my startup capital and have started borrowing from family and friends just for survival."

Participant OM3 joined in the discussion and mentioned that *"you know eerh, my brother, my wife and I are expecting our first child but unfortunately for us I have been laid-off from work due low sales. So, you see, I desperately need money to take care of my wife's antenatal and postnatal cost since she will soon give birth to a 'corona baby'."*

5.3. Level of commitments and sacrifice of members towards the change of the work of God since the rise of the pandemic.

The church leadership interviewed in this study on the members commitment towards the work of God since the rise of the pandemic revealed; some members felt excluded as they could not access the use of internet.

Participant OM1 stated; *''the leadership of the church is doing their best to help carry on with the word of God by virtual means but not every one of us have smart phones and even access to the internet to keep up. We feel excluded''.* A clergy *leader* participant CL2 also revealed that even members who could afford the internet were failing to log on and follow the link because they felt no body is watching.

Participant OM2 made a laudable assertion that; *''most of us have less knowledge on how to operate on the internet and as such turn away from it, in addition, the services online took too long a time making it boring to follow till the latter and consume much of our data''*

5.4. Support (financial, psychological, medical) of the church to it members and of the government.

This section provides the findings on the support of the church to it members and of the government The support they provide was centred on the financial psychological and medical

5.4.1. Financial support

When I asked the leaders how they source for funding in combating the pandemic since almost all their church services are at a halt and most members are also temporarily out of job, these were their responses

Participant M1 started that they had to cut their allowances given them for upkeep and donations from individuals and organizations.

‘‘we mostly depend on our loyal benevolent givers and some NGO’s who always come to our aid in crisis’’.

Participant M2 added that, they also get financial support from the regional head- quarters coffers.

5.4.2. Psychological support

Further probing revealed the leadership were there for members as I further probe to find out what the church was doing to support members who have been temporarily out of job.

Response from L1 suggested much of their support to the member was mostly in kind and not the physical money.

> ‘‘The church distributed package food and basic provisions on a weekly base of which some came from donors from both the church and outsiders’’ in partnership with the government,

5.4.3. Medical support.

In terms of medical support, the church made it known they couldn’t have done it without the help of government. According to them, a lot of support came from the government in terms of medication and PPA (Personal Protective Apparel). To know what exactly they did to support their members, I probe further. Their reactions included:

Participant M1 stated, *''as a church, we have set up a Covid-19 Internal Trust Fund which is totally funded by benevolent church members, allied corporate institutions, and government. Part of the monies generate through the fund were used to register needy members on the Ghana National Health Insurance Scheme to give them the capacity to be able to seek for medical attention whenever they notice a defect in their body."*

Participant M2 also stated that, "as church we already have a sick bay which is run by a team of members who are professional health personnel. The sickbay was opened to members three times a week but due to the Covid-19 spread, it is now opened every day from 6:00 am to 6:00 pm to members. We do that to encourage members to constantly seek for medical attention."

Other inquiries relating to the aftermath of the peak of the pandemic was asked to have their views.

A. I asked about some lessons learnt as a church from the Covid-19 pandemic lockdown.
   Participant M1 stated that *"We never anticipated such a situation or crisis to happen to us for close to four months so leaders of the church met at the head office and upon discussions, a decision has been taken that part of the church's monthly income will be set aside to help us take care of unforeseen emergencies."*
   Participant M2 also added to it by saying, the advent of the pandemic has also taught us the importance of holding on to the old conventional ways of worshipping lightly and be open to new or innovative ways of fellowshipping. "Presently, the head office is organizing workshops for leadership on various innovative ways of worshipping to equip us with the needed skills to engage with our members and bring variety to our service routines."

CHAPTER SIX: DISCUSSION OF FINDING

This chapter discusses the research findings emerged from the study; COVID 19: The role of the Methodist Church Ghana-Kumasi diocese in combating the pandemic. The aim of the study was to find out what the Leaders in the Kumasi diocese of the Methodist church Ghana are doing to supplement government efforts to combat the spread of the pandemic: Covid-19 in Kumasi. It also discusses the findings in relation to the theoretical and conceptual framework. The study was guided by the research question: how do the leadership of the church in the Methodist church in Kumasi diocese doing to contributing of controlling and preventing the spread of the pandemic, apart from government effort in combating the pandemic? In answering the research question, this chapter discusses, and analyses findings presented in chapter 5. The discussion is based on the four themes emerged from data findings.

- Education on what the virus is and what measures are required in ensuring safety
- Impact on church activities and how the church is reaching out to its members with the word of God.
- Commitment of the members of the church towards activities
- Support (financial, psychological, medical) of the church to it members

These themes are discussed in connection with the related theories and conceptual framework namely, Empowerment Theory, Diakonia Theory, Health Believe Model and Health Promotion and related review Used in this study. This meant that chapter 4 and 5: theories and findings are linked for discussion in this study and reflected for analyses. I therefore discuss the themes emerged from the study.

6.1 Education on what the virus is and what measures are required in ensuring safety

From the common understanding from the participants, the ministers pointed it out that the COVID 19 is an infectious virus that is deadly. Whiles most members belief the virus has no impact on the typical black race and as such describes it as a ‘white man’s disease’. This suggests the need to educate members on the pandemic. Even though in the worldwide perspective it was dangerous, most members of the church maintained the pandemic COVID 19 is just a common cold that could easily go away with the little hygiene practice and as such they do not see it as been dangerous,

6.1.1 Perspective on the virus from participants

Education on the COVID 19 pandemic which was seen by participants as severe infectious and deadly disease has enlighten members on how to keep their lives safe. When the question of what the understanding of COVID 19 was, members gave similar understandings and perspectives on the COVID as common cold but severe in nature which affect persons with some health condition. This necessitates the need to educate and empower the entire church populace on the measures for safety living. This points to the empowerment theory which demonstrate a multi-dimensional social process that enable people to gain control of various aspect of their lives and participate in a community with dignity (Dietrich, 2014). The leadership of the church tried to educate members of how the Covid 19 is and how they should keep their lives safe was the one of the kinds of affection and love they demonstrated to the congregants. This is in line with the diakonia theory which shows love in action towards the lives of people in need. The church leadership which constitutes the Ministers and the presiding Elders and elders of the church effort in educating members of the church is a fruit of love which is a gift of all believers demonstrated Minister and leaders of the church to the entire body of Christ.

6.1.2 What the leadership is doing to keep their members well informed of the pandemic

With the sub-theme on what leadership is doing in keeping their members well informed on the pandemic. And when the question of what are some measures taken to educate members of the mode of transmission?

Views of the leadership (CM1CM2 and CL1, CL2, CL3)

Ministers and Leaders responded on the measures M1 response was that ‘‘*We invite doctors and health personnel of which many are members of the church to educate and keep us updated on the progress of the pandemic. Time is allocated to them on the weekly plan of the church (about 15 – 20 minutes) for education, questioning and answering’’* The efforts of the leadership on educating members on the cause and the mode of transmission of the virus by the invited health professional was to empower members to acquire reasonable knowledge on the mode of transmission and to take proper care of themselves not only for their personal care also

for the care and educating other people such friends, colleagues and within the society and community they find themselves.

Nissen 2012 and Rowlands (1998) believe power can lead to a positive change in behaviour. This was realised from the interviews and observations made at the church premises when CM1 was interviewed on the measures, He mentioned *''Prior to COVID-19 members were seated six (6) on a pew but in ensuring safe distance in the mist of the pandemic, members are strictly seated three (3) each on a pew.* The reason was to avoid congestion in the auditorium. He added that to ensure effectiveness, the church has agreed on running a shift system where members according to families attend one Sunday after the other. The 1-meter distancing is strictly observed by all members. CM2 also pointed that education on measures have helped and all members of the church adhered to the measure for positive change.CL1, mentioned for example, education on the mode of transfer has enlightened members that normal hand shaking was substituted by elbow greetings to avoid rapid spread of disease. With this, members learnt that close contact with infected persons could lead to spread of the virus. Haven this knowledge is power to safeguard members life.

The increase of education to the church populace was a clear indication of empowerment of member becoming stronger and more confident, particularly in taking charge of one's life and claiming one's rights, knowing the cause and mode of acquiring the virus. In health promotion education, it is seen as the process through which people gain greater control over decisions and actions affecting their health. The various effort of the church leadership enlightened members on the COVID 19 is the process of social influence, the church leaders can make significant impact on member by using their role and platforms given to members as an advantage to sensitise and educate them. Participant CL2, statement that heads of institutions mandated to keep its members informed of the of the reality of the pandemic also illuminate the minds of members from doubts and sceptics. He added "most of our members were sceptical about the virus been real. This connects to the concept perceived susceptibility as members and individual belief about the Covid 19 was doubted as to whether it really exist and the likelihood of getting the disease was not sure. This in turn made members have the feeling of perceived severity and the knowledge of understanding how one can contract and how if it is not treated could result pain or death. These kinds of health belief actions help members to clear doubt and heeded to prevent themselves from acquiring the disease and even when contracted it make effort to treat it.

Application or association of the HBM in fighting the Covid-19 pandemic among the congregations in the Kumasi Diocese

The HBM predicts that people are more likely to comply or adhere to all preventive health behaviours (like wearing of nose or face mask, proper and frequent washing of hands, avoidance of contact, social distancing) government policies like the lockdown if they feel susceptible to acquiring the Cov-2 virus or Covid-19 or perceive Covid-19 as a deadly disease. Others may also look at perceived benefits (staying safe to be able to protect family and friends) that comes with their adherence to the preventive measures and policies compared to the perceived barriers (loss of income from work for staying home). Indeed, discussions on the health believes from findings has confirmed the prediction that members are more likely to adhere to measures and comply when provided with the relevant education.

As a form of recommendations from healthcare givers, adherence has been crucially connected with greater perceived susceptibility, lower barriers, higher benefits, and cues in the form of recommendations from healthcare providers (Champion and Menon,1997).

The perceived beliefs among groups and individuals concerning the causes and degree of severity of the Covid-19 pandemic can greatly affect the perceived susceptibility to contracting the disease. Therefore, the higher individuals and groups see their chances of getting infected with Covid-19, the more committed they would be to adhering to all the safety protocols implemented by government and health professionals. For instance, in Ghana, it was widely perceived by a section of Ghanaians that the Covid-19 virus cannot withstand hot or high temperatures and that it only affects people with underlying sicknesses and the aged. For this reason, most people particularly the young ones lived reckless lifestyles by not taking the health precautionary measures seriously and doing so put others at a higher risk.

For behaviour change to succeed, people must feel threatened by their current behavioural pattern and believe that change of a specific kind will result in a valued outcome at an acceptable cost. They also must feel themselves competent to overcome perceived barriers to act. It is entirely consistent with the HBM that interventions be more effective if they address a person's or group's specific perceptions about susceptibility, benefits, barriers, and self-efficacy.

6.1.3 Views of members OM1OM2OM3 on what COVID19 is

When member OM1 was asked what COVID 19 is and who is at risk she responded: I know it is virus that present itself as common cold but in severe way and can only affect persons with health conditions and aged persons, but she believe it is severe. Participant OM2 view on the cause, symptoms and mode of spread gave episode of a friend who contracted it and they took as common cold until another person among the group shown similar sign like coughing, continuous sneezing with bit of fever and running nose. What made members belief the reality and the severity was when the other person tested and confirmed positive of the virus because she was in close contacted with the person who first contracted it. She concluded from that time was when the group believed it was real and became careful through experience (Interviewed OM2). This is in line with the health behaviour model when people or members' actions are changed to accept and adhere to preventive measures (Becker and Maiman, 1975). The assumption is that from the notable experience members have learnt to belief the existence of the disease and adhere to the measures which seemed wired to members of the church community and the nation.

Participant OM3 statement that *''the symbol of unity and love-sharing through hugging and handshake after each service has been taken away and we are living as strangers who fear each other. Our freedom is taking away''* This usual hand shaking and hugging trend which had shifted to elbow trend of showing love seemed weird to members at the initial stage of the COVID 19 disease. However, few months after the measures and the education and announcement from the health authorities and the leadership of the church, members then conformed to the measures so firm that at the point when measures and announcements were relax members still heeded to information and knowledge gain on mode and spread of the disease. This demonstrates how social influence can draw and make people to comply and conform to societal, community and national rules and demands inspired from leadership (Kelman, 1958).

6.1.4 Views on adapted safety measures (Leadership and members)

Finding revealed from the study indicate that the leadership of the church ensure that members of the church comply with the declaration of measure of social distance protocol issued by the government to avoid congestion that may contribute the spread of the pandemic.

Participant CM1, pointed out that *prior COVID-19 members were seated six (6) on a pew but in ensuring safe distance in the mist of the pandemic, members are strictly seated three (3) each on a pew. This was to avoid congestion in the auditorium*. Members agreed to be seated in threes. Rumsey (2017), rules and places change in times of crisis. Therefore, for churches across the globe to ensure their continuity of worship as the body of Christ, they had to adopt and adapt to online virtual service or worship to constantly stay connected to their congregants. This is related to the rules of seating arrangement which has changed from six to three by the influence of national authority through the leadership of the church to it members. This implies that social influence played it role to the best to influence the others. This means that the success of the church leadership got the members or congregants to identify, internalise and comply with the directives. Knowing "the relative's relevance of anticipated effect or benefit and power of the leadership (Kelman, 1958). View from participant CM2, indicates that previous services which lasted for 4 hours were then brought to 2- hour as it was a directive from national headquarters of the church. All measures were mandatory for all members of the church including the leadership to observed. Thus, leadership by example was realised All participant CLs, emphasised there were readily available running water, soap, sanitisers nose mask etcetera before one enters the church auditorium. This demonstrates how successful leadership can discharge their duties to support its members. Again, this social influence is a positive which the leadership of the church maintained to help curb the spread of the disease to its members.

This connect the discussion to the impact on church activities and livelihood of members and how the church is reaching out to its members with the word of God.

6.2. Impact on church activities and livelihood of members and how the church is reaching out to its members with the word of God.

The covid-19 pandemic is a global disaster that has had a major impact on human life and the church as a body of Christ. It has affected the economic, social, emotional, and psychological life of congregants, and the mode of service of the church. Every situation is interpreted either positively or negatively and therefore this part of the study looks to discuss the positive and negative impact of the Covid-19 pandemic on the church and how to help them in whatever small way it can to support them to cope with the crisis.

6.2.1 On how the Church reach out members during partial and total lockdown

Participants (M1) stated; 'the church shifted from in person to online or virtual means of service to ensure continuity and give hope to its members even in such a period. Participant L1 added; ''We reach out to members using social media platforms. Every organization in the church has a social media platform with which they engage with members. The church also engages with members through medias like; TV stations, what's App, radio, Facebook live for preaching gospel and delivery of relevant announcement. As diakonia in action the church demonstrated extra love by engaging its members through various social media to reach out to members with word of God to satisfy their soul and encourage them with the hope for live.

On how the church runs its activities and reach out to members, Similarly, participant C(M3) responded that *"most of our activities and communication is also done on our many social media platforms like Facebook, WhatsApp, zoom and projectors in the church environs'*

6.2.2. Financial struggles among churches

With the issue of financial crisis, all participants shared similar view that it was not easy at all with the initial lockdown from March to May 2020. This crisis was shown in the lives of the church populace as Ministers affirmed that financial issue of the church was poor. The reason was that most members lost their jobs and others could not even do their own trading.

Participants (CM1) on financial support confirmed, we had to cut our allowance given us and individual donations ''we mostly depend on our loyal benevolent givers and some NGO's who always come to our aid in crisis''. For minister to cut their allowance is a kind of demonstration

of gospel in action as apostle Paul wrote to the Philippians Church that Philippian (4:12) I know what it is to be in need, and I know what it is to have plenty….)

Participant CM2 added that, they also get financial support from the regional head- quarters coffer to support their livelihood

Medical support

The role in the promotion of vaccination, in changing behaviours and in helping to build a dialogue to address the constraints that create an unsafe environment Laverack, G (2017), has also reduce the spread of the virus as the church leadership effort of inviting health professional for educating members and developing vaccines to immunise people has made greater impact. Relevant measures responding to disease outbreaks and health emergencies.

Increasing Rate of Unemployment

The spread of the covid-19 pandemic has caused an increase in the rate of unemployment globally and the Kumasi diocese of the Methodist Church Ghana has had its fair share of the increasing unemployment. This was to be expected because the International Labour Organisation predicted a possible increase in the global unemployment cases up to about 25 million in the first quarter of 2020 (ILO 2020) because of the Covid. According to the ILO, the Covid-19 pandemic is the worst global crises the world has had since the end of the second world war. It is therefore not surprising that most countries are struggling to contain the pandemic due to its novelty and unanticipated emergence to the world. The implementation of partial and total lockdowns is a contributing factor to the high rates of unemployment in most countries of the world particularly in Ghana. It has restricted business operations and movement of people to work and therefore causing loss of incomes which further leads to increased poverty levels. This is very problematic since most of the people in the Kumasi diocese work in the informal sector as retailers, head porters (Kayayos), auto mechanic repairers and so on and only receive daily wages. For these workers the lockdown and restrictions on movement means no job or income for them. Most of such people are members of the church and therefore becomes the responsibility for the church to support them. Participant CM1 stated that they had to cut their allowances given them for upkeep and donations from individuals and organizations. This is the act of service by a minister who understand his calling and think about other and the good of church. This leads to the financial state of the church.

Financial or Economic Challenges

This is another major impact of the covid-19 pandemic on the church which is brought about by the increasing rates of high unemployment due to the lockdown restrictions. Most of the churches in the Kumasi diocese of the Methodist Church Ghana get their sources of funding or income from their internally generated funds through tithes, offertories, donations, and other special offerings from members of the church. All the forms of income mainly came to the church coffers during their corporate Sunday services and from their weekday meetings. But due to the Covid-19 lockdown restrictions most of the members of the church who work in the informal sector could not go to work and hence no income for them during their long stay at home. This was the unfortunate aspect on members finance and the church in general. The drastic reduction of the church income has affected it so bad that it now finds it difficult to pay for the wages of their workers who see to the daily operations of the church and allowances of their clergy. Member on wages and are informal workers had to go through difficulty times. Even though, the church experienced challenges throughout the pandemic, it supported the members who genuinely needed financial support for their livelihood. This kind of diakonia agrees with (Nissen, 2012 p.17), empowerment as positive change that result from its action and usually result in a change of life and situation. He further asserts empowerment is taught of at least two actors consisting of the one who has the resource that the other does not have Thus, one is perceived to have power over the other: that need to empower is sharing of power. The church showed love by supporting the needy despite the challenges it went through. This act of service is what Christ want the church to do and that is gospel in action in diakonia. Jesus said, for when I was hunger you gave me something to eat, I was thirsty you gave me something to drink….. (Matthew 25:35-40) This illustrates the theological perspective of empowerment on how and who human is. That human is created in the image of God (Gen 1:27) and the sociological perspective explains how meaningful development man can be when the needed resource or support is provided.

The Government of Ghana's Efforts or Contributions in Controlling the Spread of the Covid-19 pandemic.

Social Measures

The introduction of electricity and water subsidy programme

This was one of government interventions that was implemented by the government of Ghana to reduce the financial stress on Ghanaians during the period of the lockdown. During the period of the lockdown in early April 2020, the government announced an electricity subsidy programme which provided free three months electricity for all "lifeline electricity consumers", (that is customers who consumed less than 50kWh of electricity in the month of March). And a 50 percent reduction was also given to all households that consumed more than the lifeline amount. In addition to this, the government absorbed the water bills for all Ghanaians for three continuous months in April, May and June. This was also to alleviate the financial discomfort people would be going through and to ensure that all Ghanaians have access to potable water to maintain proper hygiene in the period of the pandemic. In addition to this a 2 percent reduction on bank loans for small and medium scale enterprises was also declared by government upon negotiations with the banks.

Socio-Political Measures

The closure of the national borders (by land, air, and sea) and the restriction of movement of persons in the greater parts of Accra and Kumasi.

This was a measure that was adopted and used by the government to stop the importation of the coronavirus and contain its spread in the country (Ghana). The closure of all the borders of the country was deemed necessary because according to the president Nana Addo Danquah Akuffo Addo, almost all the confirmed cases of infections in the country were imported from outside the shores of Ghana. Out the confirmed cases in the country, 97 percent of them were traveller who brought the virus into the country (communications bureau of the president). Stringent measures like this therefore needed to be taken to halt the importation of further new confirmed cases in Ghana. Kumasi with its large population and the vibrant economic activities was one of the hot spot areas in the country. To prevent and contain the virus in the metropolis, marketplaces and lorry terminals across the metropolis were fumigated. There were also restrictions on movement of people who deal with non-essential services by government within the same period for two weeks. This was done by the government under the Imposition of Restrictions Act, 2020 (Act 1012). Doing that helped government and the Ministry of Health in collaboration with the Ghana Health Service to scale up contact tracing of persons who have encounter infected persons to test them for the virus and if needed, isolate and quarantine them for treatment. All public gatherings like weddings, festivals, religious gatherings, and funerals were also banned for four weeks subject to review. Private burials were however allowed to be

performed but with a limited number of persons not exceeding twenty-five. All public and private Universities, Senior High Schools, Junior High Schools, and Basic Schools were closed on 16th March 2020 until further notice. The Ministry of Education in collaboration with the Ministry of Communication were then charged by government to organised free online distance learning programmes for students particularly in University, High and Junior High Schools. This was to make up for the loss of normal contact hours by students and to prevent them from getting rusty.

Economic Measures

The establishment of a Covid-19 Trust Fund and the implementation of a Coronavirus Alleviation Programme (CAP) by the government.

The government of the republic of Ghana as part of its efforts to reduce the socio-economic impact of the Covid-19 pandemic on the poor and vulnerable groups, has set up the Covid-19 Trust Fund. The Trust Fund has since its establishment attracted donations from individuals, NGOs, and civil society organisations like the church. In addition to this a Coronavirus Alleviation Programme (CAP) was implemented by government with approval from parliament. According to the government, the purpose of the programme was to support the livelihood of vulnerable households and provide financial relieves for small and medium scale businesses in the country. The Coronavirus Alleviation Program therefore concentrates on protecting against job losses, improving the livelihood of people, supporting small businesses, and ensuring the programme is efficiently and sustainably implemented (Ministry Finance (MoF), 2020, p. 14). Through this programme, the Ministries of Gender, Children and Social Protection and Local Government and Rural Development in collaboration with the faith-based organisations have been able to provide financial support to most vulnerable groups during the period to the lockdown in the country.

Health Measures

The establishment of new isolation and treatment centres to revamp existing health facilities in most hot spot areas.

The government of Ghana in his effort to prevent and contain the spread of the pandemic has established new health facilities and upgraded others in the hot spot areas to give them the capacity to be able to fight the spread of the covid-19 pandemic. The new isolation and treatment centres established in the hot spot areas offered healthcare personnel's the needed

space and tools to carry out their duties. Besides, it helps them to immediately isolate suspected and confirmed cases Covid-19 to prevent or reduce community spread. More so, frontline health workers were given insurance packages to boast their moral and confidence in performing their duties as expected. The term frontline workers according to the Ministry of health, Ghana referred to government healthcare officials working in the two testing centres, in addition to health workers working in chosen isolation and treatment centres. All health workers were also given a task relief for three months which was subject to review.

Another major intervention used by government in the fight against the Covid-19 pandemic was the use of the 3T approach (thus contact tracing, testing, and treatment). This was an old method of combating various forms of communicable diseases or epidemics like tuberculosis, malaria, Ebola, HIV/AIDS and now the novel corona virus which the WHO recommends for all nations. The effective use the 3T approach saw Ghana emerging as the second country after South Africa to top the highest number of tests conducted for the virus in Africa as of 31st May 2020. This helped to reduce the infection rate in the country and government was commended by the WHO for his efforts and the urgency attached to his approach in fighting the pandemic. It was therefore not surprising that the WHO started studying some of Ghana's techniques in her fight against the covid-19 and recommended other African countries to emulate Ghana's efforts.

Disruption of the social life of the Church

The ban on all social and religious gatherings in Ghana has affected the Methodist church immensely and forced it to change its mode of worship from the conventional face to worship to a virtual online service. The abrupt change to virtual services and the inability of church members meeting face to face was a major cause of loneliness, stress, and depression among most congregants. Besides, most church activities like singing, dancing, praying, reading of sermons and the taking of holy communions were suspended. The confinement of church members in their homes, the loss of usual fellowship with other believers and the reduced social and physical contact with others were noted as sources of boredom, frustration, and a sense of isolation among the research participants. These resulted in weaking the social relational ties of congregants. The effect of the lockdown on the Methodist Church is also seen as a major effect on most other churches. This is because according to the American Psychological Association (2020), the absence of Christian gatherings, congregational and social ties of congregants due

to the Covid-19 lockdown have weakened the spirituality and religiosity of some congregants and the resultant effect is the rising levels of anxiety and depression in churches.

6.3. Level of commitments and sacrifice of members towards the work of God since the rise of the pandemic.

With the issue of commitment and sacrifice of members towards the work of God, the findings from the church leadership revealed that the leadership did their best to carry on with the word of God by virtual and online means but not every member had smart phone and laptops and access the internet to follow the service and the word of God. This was an indication of exclusion as members revealed. This is in line with the review from the American Psychological Association (2020), the absence of Christian gatherings, congregational and social ties of congregants due to the Covid-19 lockdown have weakened the spirituality and religiosity of some congregants and the resultant effect is the rising levels of anxiety and depression in churches. Not only that but also the use of internet for transmission of the word of God excluded those who could not afford the cost to internet to access. Even those who could afford the cost of data to access internet failed to log on and follow the link. As one ordinary member (OM2) member mentioned *''most of us have less knowledge on how to operate on the internet and as such turn away from it, in addition, the services online took too long a time making it boring to follow till the latter and also consume much of our data''* This implies that the use of technology to access internet to follow the service to listen to the word of God was not easy for even those who could afford the cost to access internet. It seems to be a need of empowerment of members in every aspect of members lives.

6.3.1 The Sudden Change in Mode of Worship or Church Services

The scourge of the Covid-19 pandemic and the unanticipated long lockdown of religious gatherings necessitated churches to change their mode of worship from in-person to online or virtual church service. This was to be expected because according to Rumsey (2017), rules and places change in times of crisis. Therefore, for churches across the globe to ensure their continuity of worship as the body of Christ, they had to adopt and adapt to online virtual service or worship to constantly stay connected to their congregants. The sudden shift from in-person to online or virtual worship created the possibility or alternative of making the church more accessible to more people (both the faithful and those without faith). However, it also restricted

the church to only those who can afford to connect to the internet and join the selected media platform for worship or service. It therefore predictably excluded the poor from actively taking part in the online church services. And clearly also showed the gap between the rich and the poor in the church. Therefore, the need for education on the use of technology for virtual service was in a right intervention for the church to help and enrich its members to enjoy the word of God. This is a way of empowering members to be efficient in the use of media and to benefit from the online service.

6.4. Support (financial, psychological, medical) of the church to it members and of the government.

This aspect discusses the findings related to the financial, psychological, and medical support the leadership of the church provides to it members and of the government.

6.4.1. Financial support

Findings on how leadership source for funding in combating the pandemic shown that most members were jobless as the nation was lockdown all churches were closed and therefore affected the entire church. As participant CM1 stated that they had to cut their allowances given them for upkeep and donations from individuals and organizations. He explained ‘‘we mostly depend on our loyal benevolent givers and some NGO’s who always come to our aid in crisis’’

Diakonia in action was tremendously exercised by the leadership as the church leadership tried to support members who temporary lost their jobs with financial support to care for their livelihood. The funds they received to support members in need was from the support the church from the regional head-quarters coffers. Confirm by Participant CM2 added that, they also get financial support from the regional head- quarters coffers. With this the church, ‘*‘The church distributed package food and basic provisions on a weekly base of which some came from donors from both the church and outsiders’’* in partnership with the government,

Clergy Minister (CM3) added, apart from the kind gestures from the church to the members, the leadership also ensure that those who lost their job, and family were encouraged psychologically there is hope for better future.

- Advocacy

Advocacy is one of the conditions of health and development in which actions are taken on behalf of an individual or a group to create favourable living conditions for health and for the attainment of healthy lifestyles. It can take many forms including the use of the mass media or multi-media, and community mobilisation through coalition of interest for a common advantage or purpose. Health advocacy is defined as "the processes by which the actions of individuals or groups attempt to bring about social or organisational change on behalf of a particular health goal, program, interest, or population" (2000 Joint Committee on Health Education and Promotion Terminology, 2002, p.3). Religious leaders of the church have the responsibility to liaise with health professionals to act as advocates for health in the church and the community at large. Advocacy as a health education strategy is seen as a responsibility for health educators or promoters. The extent at which advocacy is conducted in a community depends on the nature of the issue at hand (whether it is a social concern or individual concern). The lifespan of the issue (whether short or long term) and the availability of resource resolve the issue are all considered. The emergence of the Covid-19 as a global crisis caused the church a lot of harm in the sense that it was tagged as a conducive place for the spread of Covid-19. Before the national lockdown in Ghana in March, most of the members of the method church in the Kumasi diocese were afraid to go to church for fear of infection. To remedy the situation, the leaders of the church discussed with members to find a solution to the problem. An internal safety policy of "No Nose Mask No Entry" was arrived at by the leadership and members to promote safe worship in the church.

- The adoption and adaptation of technology (virtual service) as an alternative means of worship

In almost all Christian traditions, Church attendance is one of the foundations of spiritual life associated with worship, fellowship, discipleship, ministry, and mission (Warren 1995). However, the scourge of the Covid-19 pandemic and the subsequent lockdown by the government of Ghana from March 2020 force churches in Ghana to find alternative means of engaging with their congregants. This was because churches and all public places that do not provide essential services were closed to help reduce the spread of infection in the country.

Virtual church services were therefore adopted across the globe with the help of technological tools like the computer, projectors, public address systems, radio and television transmissions and the internet. Virtual service simply refers to a situation where churches have moved online for live streaming of their services or for providing online sermons and classes. It can also be explained as the means through which churches reach out to their members, non-members, and leaders through a variety of web and internet technology tools. Virtual services can be livestreamed or recorded, edited, and delivered as real time experiences, but are digitally stored and open to all. This makes the service timeless and can be access by believers any time they need spiritual nourishment.

Some of the alternative means of worship that were adopted by the church include zoom, Facebook live, YouTube, conference calls and video conferencing technology. The churches going online helped them to sustain their congregation and be able to provide pastoral care or support to worried, sick, and bereaved persons. The church going online was in the right direction because according to (Rumsay,6 2017), rules and places change in times of crisis.

- Provision of social relief services to the under-privilege or vulnerable (the sick, aged, poor, single parents and widows) in the church.

The spread of the Covid-19 pandemic brought a lot of negative effects on society including the church. Much of the effects were noted during the lockdown. During that time jobs were lost, there was also the disruption of the social lives of people increasing fear and loneliness among people since church and all other public gatherings were also banned. The Leaders Wesley Methodist Church in Kumasi diocese therefore took it upon themselves as their Christian social responsibility to establish a covid-19 internally generated fund to boast the churches welfare system. Through that initiative, the church was able to provide social relief service in diverse forms, ranging from free supply of food items or groceries and giving of weekly allowances to members who have genuinely requested through the church's welfare scheme for assistance. The social relief services were temporary provision of assistance which was given to members and sometimes to non-members who are not able to meet their basic needs for reasons like loss of jobs or temporary laid-off and sickness due to covid. Families who unfortunately lost the bread winner of the family also benefited from the church's covid-19 fund and welfare scheme.

Also, regarding the churches and how the gospel was shared, most people had the opportunity to receive the gospel and their lives were changed through online services from Facebook, what's app, zoom and many others

In summary, the measure taken by the Wesley Methodist Church in Kumasi diocese to supplement government effort in combating the spread of the virus were health education, adoption, and adaptation of technology in reaching members with the word of God and provision of social relief services for the vulnerable (sick, aged, widows unemployed).

6.5 Summary on discussions of findings

The Measures Taken by The Methodist Church to Supplement Government Effort in combating the Covid-19 Pandemic in The Kumasi Diocese.

Churches have always been longstanding partner with governments, international organisations, health care promoters and healthcare providers in times of crisis. It is therefore not surprising that most churches worldwide particularly in Ghana have become active partners with government in the fight against the Covid-19 pandemic. Even though, churches across the globe are one of the hardly affected organisations financially since the indefinite closure of all public gatherings in March 2020. They remained steadfast and committed to help government to fight the common enemy (Covid-19) in diverse ways.

Among the measures adopted and used by the Methodist Church Ghana- Kumasi Diocese include: The use of effective communication or health education of their congregants, Provision of social relief services to the under-privilege or vulnerable (the sick, aged, poor, single parents and widows) in the church, the adoption and adaptation of technology (virtual service) as an alternative means of worship and finally, through the provision of daily scriptural words of hope to the congregants. Findings have revealed that the leadership made effort to reach out members with the word of God through various source of media such as Facebook, zoom, what's application and etcetera. Though findings revealed that most members were reached out with the word of God from various media many who could not afford data on their phones and other channels could not benefited and as such affected their spiritual growth. Also, findings revealed the leadership provided basic material; nose mask, sanitizers, running water as

measures to avoid the spread the virus. They ensured members comply to measures and observed one-to-two-meter rule distance

In addition, findings revealed that through the leadership of the church, health professionals were invited to educate members of the church and this influence them positively to change their believe system and behaviour. The effective use of communication or health education from the health professionals to congregants was helpful. *Health is defined as a state of complete physical mental and social well wellbeing of individuals and not merely the absence of disease or infirmity* (WHO, 1948). It is considered as a fundamental resource of life which allows people to lead an individually, socially, and economic productive life. Good health therefore always becomes a basic right of all people to enable them to achieve their fullest potentials in live. Therefore, effective health education or promotion in times of pandemics or disease outbreaks like Covid-19 served as a useful tool to equip people with the needed knowledge or skills to be able to live a healthy lifestyle. As findings revealed members heeded to the advice and education given them by the leadership through the health professionals.

Health education refers to constructed opportunities for learning that involves some form of communication designed to improve health literacy, including improving knowledge, and developing life skills conducive to individual and community health (WHO, 2012). It is considered as the basic component of health promotion, and it is usually used to provide adequate, credible, and accurate information or Knowledge to recipients. Beneficiaries of health education are therefore influenced and can make well informed decisions relevant for their health needs in the process of empowerment. Green and others also defined health education as "*any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health*" (Green, Kreuter, Deeds, Partridge, 1980). Health education is seen as a key strategy to empower people to make well informed decisions to improve their health. It could be carried out on traditional print and on the electronic media, phone calls, random text messaging and on social media platforms or on religious platforms like in the pulpit. It is usually used to give information about diseases or epidemics like Covid-19 to enable people to know about their causes, mode of transmission and how to protect themselves from contracting the virus or disease. In health education or promotion, disease prevention is used as a complementary term. Disease prevention seeks to deal with individuals or people known to be showing some risk factors connected to different risk behaviours. This means that individuals with risk factors for a disease are treated to prevent a disease from occurring. The treatment of

a disease usually begins either before or immediately after signs and symptoms of the disease occurs.

CHAPTER 7: CONCLUSION AND RECOMMENDATION

7.0 INTRODUCTION

This aspect of the study sums up conclusion on how the leadership of the Wesley Methodist Church have contributed to prevention and spread of COVID 19 Pandemic. It was also to find out the impact of the national lock down on the daily operations of the church and what practical interventions the leadership of the church employed to help curb the situation. It further reflects, evaluates, and highlights on how the Wesley Methodist Church has supplemented the government effort in combating the spread of the COVID 19 pandemic. The chapter ends with a conclusion made and a recommendation which constitute suggestions on what is expected and needs to be done for future consideration.

7.1 Conclusion

The discussion elaborated of how the Wesley Methodist church educated its members of the mode and transmission of the COVID 19 and related the discussion on the theories of empowerment on how members enlightened on the disease and diakonia on how the leadership of the reached members with the gospel in action and spiritually. The education through the empowerment also made members attitude and behaviour changed and health behaviour approach to the pandemic from member were change as the COVID 19 which was initially perceived by member as not real was later learnt and accepted to be real through education and experiences. Social influence and related concepts such as perceived susceptibility and perceived severity. Social influence theory also played it role; The directive s from the nation which the leadership of the church pass on to its members were adhere by members and that contributed to reduce the spread of the virus as for example wearing of nose mask, washing of hands, and sanitising hands were strictly observed by all members including the leadership.

Health behaviour simply refers to actions of individuals or groups that affect their health status, whether negatively or positively. Some positive actions that promote good health include maintaining personal hygiene, eating well, keeping physically active and having a good rest. While some of the negative acts in times of pandemics may include close contacts with people (especially strangers), frequent touching of surfaces, poor respiratory hygiene (yawning, sneezing, or coughing loosely in public places) and so on. We therefore have health behaviour and risk behaviour. Health behaviour in the context of health promotion seeks to improve health whereas risk behaviours cause health to deteriorate. Risk behaviours are defined as behaviours which are associated or connected with increased susceptibility to a specific cause of ill-health. For example, people with risk behaviour like smoking and underlying disease like stroke or hypertension said to be at a high risk of Covid-19 according to WHO. The impact of the Covid-19 on such group of people are always severe and causes them to lose their lives. This let us know that aside other determinates of health, people also play major role in their health with the kind of lifestyle they choose to live. It is even evident in an adage which states that "your health is in your hands." Which means as a person, your health depends on you to a greater extent whether good or bad.

Health behaviour is extensively defined as *"those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective and emotional states and traits; overt and behaviour patterns, actions, and habits that relate to health maintenance, to health restoration, and to health improvement"* (Gochman, 1997).

Health behaviour is key in health education and disease prevention. Therefore, for the leaders of the Methodist church to effectively control the spread of the Covid-19 pandemic they promoted adherence to preventive health behaviour change measures among the congregants. The leaders revealed that in the early days of the pandemic, most of the members were sceptical about the reality of it and therefore failed to take the recommended safety protocols from Government and the Ministry of Health seriously. Others also did not feel susceptible to the Cov-2 virus because they had the wrong perception that the virus can only affect people with underly morbidities or diseases and the aged. To encourage all church members to take the covid protocol seriously, the leaders set example by wearing nose masks when needed and, observed all Covid-19 preventive measures when around members. Leaders also constantly created the awareness that Covid-19 is real. They did this by having posters posted at vantage points in the church with texts like "Covid is real, Stay safe", "No Nose Mask, No Entry."

Again, efforts were made to create a conducive environment for members to encourage them to always adhere to Covid-19 preventive health measures. For instance, water, soap, paper towels and hand sanitizers were always made available at vantage points in the church.

Moreover, to make life less unbearable, some of the social norms like greetings which involved physical contact were modified. For instance, instead of shaking hands with others it was recommended that people salute one another or cross elbows or legs as alternative form of greetings.

7.2 Recommendations

The provision of daily scriptural words of hope to the congregants is the best inspiration to empower members of the church and the entire community to have reliance and hope to live. Empowerment is simply defined as the process of becoming stronger and more confident, particularly in taking charge of one's life and claiming one's rights, Oxford Dictionary. In health education or promotion, it is seen as the process through which people gain greater control over decisions and actions affecting their health. In other words, it may be social, cultural, psychological, or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision making, and achieve political, social, and cultural action to meet those needs. Whitmore (1988) also defines empowerment as "an interactive process through which people experience personal and social change, enabling them to take action to achieve influence over the organisations and institutions which affect their lives and the communities in which they live. People therefore become subjects and actors in their lives and are always encouraged to participate in decisions that affect their lives and the community. Knowledge is power because the bible says lack of it can make one perish.

For this reason, the leaders of the church in collaboration with the ministry of health can intensify invitation of health professionals from the Ghana Health Service to educate its members on any outbreak of disease. The leadership can also invite professionals from other approve health institutions and use them as resource persons to educate the congregation virtually on a live stream video telecast on any outbreak of disease. The education can be done on the causes, mode of transmission and the WHO recommended preventive health measures to be followed like the proper use of nose masks, proper respiratory hygiene, use of alcohol

hand sanitizers and frequent hands washing with soup under running water. The education can also be done in-person in a smaller group. For instance, a seminar or workshop on Covid-19 can be organised for all denominational heads in the diocese with the support of selected members who are health practitioners. The organisational leaders can then after transfer the knowledge obtained to their members in their smaller groups and that way learning would be more effective since they can discuss and correct wrong perceptions among them and finally arrive at a mutual conclusion that suit their individual needs and for the safety of the church.

In the process of health education, the church can adopt and use different approaches to help members (congregants) keep themselves healthy.

Again, the church can also use text messages, phone calls, posters, role plays or dramas and even songs to educate members on the cost and benefit of observing social distancing or staying home during lockdowns except there is the need to get some essentials products like groceries and medications. Such education must always end by encouraging members to stay safe and choose life because a healthy life is the foundation of a successful life.

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APPENDICES

Appendix A

Interview Guide for Leaders (Church Ministers)

1. What are you doing to ensure that the members or the congregation are well informed about the causes and the mode of transmission of the pandemic Covid-19?

2. *How is your organisation complying with the declaration of the social distancing protocols in the country to avoid congestion which may trigger the spread of the pandemic?

3. How was the condition of the church when there was a complete lock down in the nation from March to May?

4. What has been your mode of church service with your members since the declaration of the lock down?

5. How do you reach out to your members with the gospel of the Lord?

6. What are the members commitments and sacrifice towards the work of God since the rise of the pandemic?

7(a). Are there any risk categories of members in the church? And what is done to help them stay safe?

7(b). What is the church doing to keep the church premise and facilities safe for worship and other activities or events?

8. How do you get your source of funding for combating the pandemic since almost all your church services are at a halt and most members are also temporarily out of job?

9. What is the church doing to support members who have been temporarily out of job?

10. In what ways are you contributing to help government fight against this deadly covid-19?

11. (A). Have you ever had any reported cases of covid-19 infections among your congregation?

(B). How prepared is the church to support victims of the pandemic and their families on the event of a reported case(s) and to prevent them from stigmatisation among fellow congregants and in the community?

Other Questions

1. How has life after the intense covid-19 been?

2. Are there any lessons learnt as a church?

3. What is the church doing or has done to support its immediate community to help them stay safe from the dreads of Covid-19?

Interview Guide for members (congregation)

1. What are some of the experiences you are going through during this COVID 19 season as a member of the body of Christ?

2. What is the church doing to help prevent and control the spread of the pandemic COVID 19?

3. How are you observing the measures and protocols instituted in all places in the nation?

4. What is the must/required protocols that one or you must follow and observe?

5. How is the Pandemic affecting the lives of members in the church and those outside the church but in the nation?

6. How is the pandemic affecting your spiritual, emotional, psychological life and work situations?

7. Are there any other unique experiences you would like to share with regards to the pandemic and your relationship with God and humanity?

8a. Have you ever had visits from institutions of health and social welfare to give you education on the Covid-19 pandemic?

b. If yes, how has it been helpful to you?

Other questions

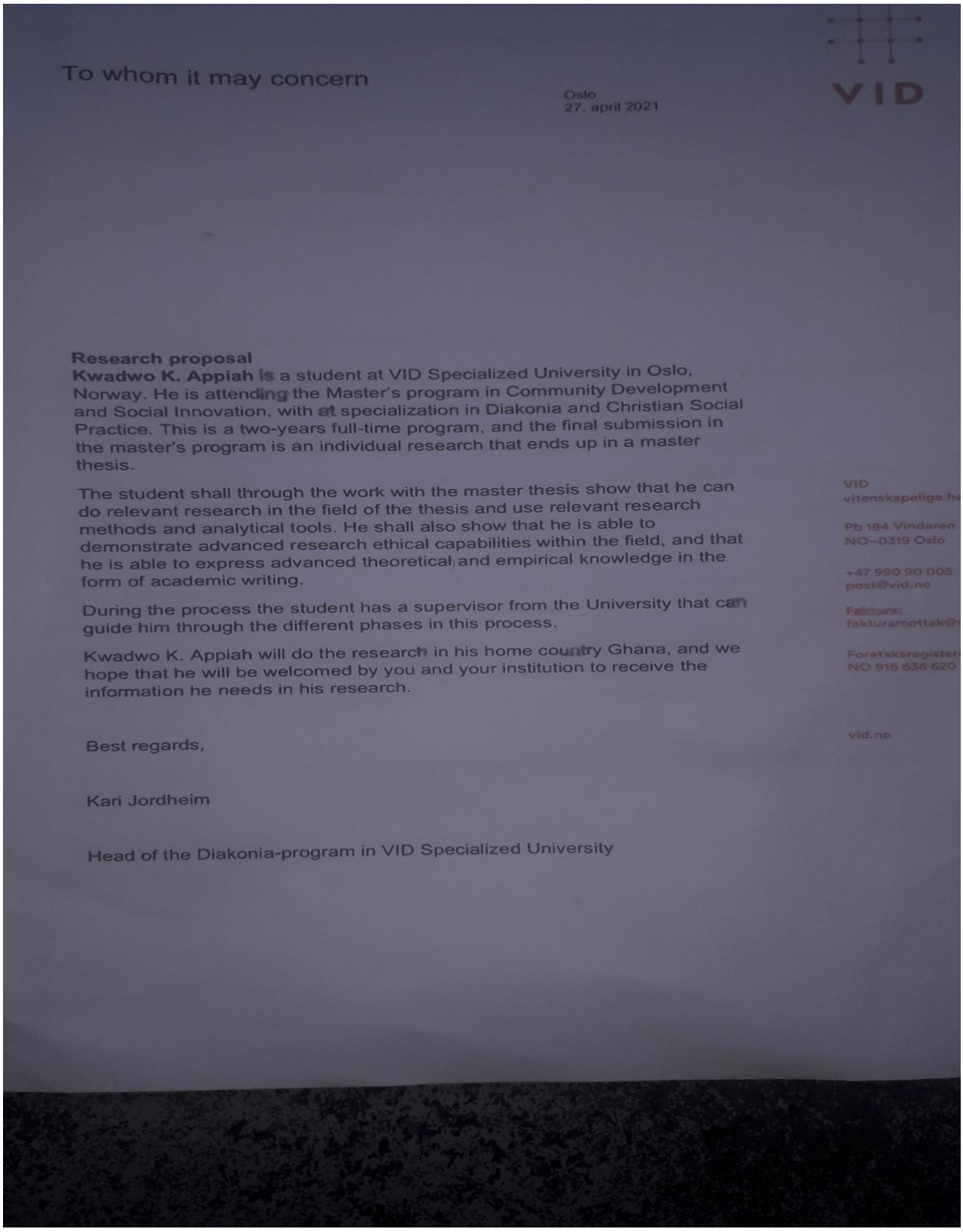
How has life after the intense covid-19 been?

Are there any lessons learnt as a church?

Appendix B

Observation guide

- Observing how measures were put into place
- Observing how members keep distance in seating arrangement in the church
- Observing how member keep to wearing of nose masks and washing of hands to avoid the spread of the virus
- Observation of the mode of education for example using role play and documentaries projected in the church auditorium
- Observation on how members were supported financially, and material aid and love shown to them.



To whom it may concern

Oslo
27. april 2021

VID

Research proposal

Kwadwo K. Appiah is a student at VID Specialized University in Oslo, Norway. He is attending the Master's program in Community Development and Social Innovation, with at specialization in Diakonia and Christian Social Practice. This is a two-years full-time program, and the final submission in the master's program is an individual research that ends up in a master thesis.

The student shall through the work with the master thesis show that he can do relevant research in the field of the thesis and use relevant research methods and analytical tools. He shall also show that he is able to demonstrate advanced research ethical capabilities within the field, and that he is able to express advanced theoretical and empirical knowledge in the form of academic writing.

During the process the student has a supervisor from the University that can guide him through the different phases in this process.

Kwadwo K. Appiah will do the research in his home country Ghana, and we hope that he will be welcomed by you and your institution to receive the information he needs in his research.

Best regards,

Kari Jordheim

Head of the Diakonia-program in VID Specialized University

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Figure: Map of Ghana