



# The Impact of COVID-19 and Religious Restrictions on the Well-Being of Ghanaian Christians: The Perspectives of Religious Leaders

Annabella Osei-Tutu<sup>1,2</sup>  · Adjeiwa Akosua Affram<sup>2</sup> · Christopher Mensah-Sarbah<sup>2</sup> · Vivian A. Dzokoto<sup>3</sup> · Glenn Adams<sup>4</sup>

Accepted: 8 May 2021 / Published online: 20 May 2021

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021

## Abstract

In response to the COVID-19 pandemic, the Ghana government instituted a ban on social gatherings, including religious gatherings. To understand how the unanticipated restrictions and interruption in normal church routines affected the well-being of congregants in Ghana, we interviewed 14 religious leaders. Thematic analysis revealed psychospiritual impacts including decline in spiritual life, loss of fellowship and community, financial difficulties, challenges with childcare, as well as fear of infection. Religious leaders intervened by delivering sermons on hope, faith, and repentance. Some religious leaders sensitized their members on health hygiene and COVID-19-related stigma. The study sheds light on the perceived impacts of COVID-19 and restrictions of religious gatherings on congregants in Ghana.

**Keywords** COVID-19 · Pandemic · Religious gatherings · Religious restrictions · Well-being

## Introduction

One of the worst modern pandemics, after the Spanish flu, is the coronavirus disease 2019 (COVID-19) pandemic (Tashiro & Shaw, 2020). It was initially described as a public health emergency of international concern by the World Health Organization [WHO] on January 30, 2020. Due to its rapid rate of spread, the WHO subsequently

---

✉ Annabella Osei-Tutu  
aopare-henaku@ug.edu.gh

<sup>1</sup> Goethe University Frankfurt, Post-Doctoral Fellowship-Programme, Frankfurt, Germany

<sup>2</sup> Department of Psychology, University of Ghana, P.O. Box L.G 84, Legon Accra, Ghana

<sup>3</sup> Department of African American Studies, Virginia Commonwealth University, Richmond, VA, USA

<sup>4</sup> Department of Psychology, The University of Kansas, Lawrence, KS, USA

declared it a pandemic after six weeks (Cucinotta & Vanelli, 2020). The global spread of COVID-19 has been attributed to the high mobility between and within countries (Carteni et al., 2020). With the notable exception of Sweden, almost every country affected by the COVID-19 pandemic has developed strict and restrictive public health measures to control the spread of the virus (DeFranza et al., 2020; Ebrahim & Memish, 2020; Kamerlin & Kasson, 2020). Such measures include restriction on country borders and social gatherings.

In different parts of the world, restrictions on social gatherings have included restrictions on religious gatherings (DeFranza et al., 2020; Ebrahim & Memish, 2020; Kowalczyk et al., 2020). Religious gatherings can attract mass gatherings and contribute to the spread of the virus (Mat et al., 2020; DeFranza et al., 2020; WHO, 2020). In Ghana, the president through an Act of Parliament (Imposition of Restrictions Act [1012] of March 2020) imposed a ban on all public gatherings including restrictions on religious gatherings effective on March 15, 2020. On March 30, 2020, a three-week partial lockdown was imposed on three metropolitan areas in three regions—Ashanti, Central, and Greater Accra—which were fast becoming hot spots for the spread of the virus (Afriyie et al., 2020; Amewu et al., 2020). The ban on religious gatherings was nationwide (Ministry of Health, n.d.) and unprecedented (Boaheng, 2021).

Religion is a big part of Ghanaian life, and religious gatherings are a regular feature of many a Ghanaian scene. All the three major religious groups, Christianity (71%), Islam (17%), and Traditional African Religion (5%) (Ghana Statistical Service, 2012), have traditions, rituals, and practices they keep in close successions and at regular times in pursuit of their faith. Regular fellowships form a key part of most of these religions. For instance, believers of Traditional African Religion keep regular fellowships during specific days. For example, some Traditional African Religion believers in Ghana celebrate *Adae* festival every 42 days (Nukunya, 2003). Similarly, Muslims pray five times a day and worship together every Friday in their mosques (Ofosu Asante & Dovlo, 2003; Pontzen, 2021). Christians have services on multiple weekdays, as well as on weekends (Asamoah-Gyadu, 2019; Sackey, 2001). In most of these meetings, prayers are said in worship unto God, interpersonal relationships are strengthened, and spiritual needs are attended to. In addition, some fellowships include sermons and teachings on relevant knowledge for life. During such meetings, the welfare needs of congregants may be catered for (Sackey, 2001; Twumasi-Ankrah, 1994).

Participation in a religious community and religious activities has positive implications for mental health and well-being of congregants (McCullough et al., 2000; Williams et al., 1991). Through religion, individuals can make sense of a pandemic (Osheim, 2008). People may use their religion as a lens to understand the origin as well as the causes of a pandemic (Cunningham, 2008). They may also seek support, hope, relief, and manage anxiety using religious practices (Pew Research Center, 2020; Wilson et al., 2020).

The World Health Organization (2020) has recognized the key role that religious leaders can play in managing the COVID-19 pandemic. It suggests that religious leaders can be a primary source of spiritual and psychosocial support for their religious communities. Religious leaders can also contribute toward dissemination of

health information around COVID-19. During this pandemic, some religious organizations have taken initiatives to support their religious communities (Frei-Landau, 2020; Gomes, 2020). Aten et al. (2020) suggest that religious leaders can utilize a Spiritual First Aid model that allows them to support their communities to satisfy unmet belongingness, livelihood, emotional, and safety needs that result from the pandemic. For example, a Roman Catholic diocese in the Philippines developed an intervention where religious leaders worked with psychiatrists to provide telephone counseling to support members who were struggling emotionally due to the pandemic (Gomes, 2020).

This study explored religious leaders' views of the impact of COVID-19 and restrictions on congregants' well-being in Ghana. It also examined how religious leaders supported their congregants. Religious leaders in Ghana tend to be actively involved in the everyday life of their congregants (Osei-Tutu et al., 2019, 2020; Salifu Yendork et al., 2019). Congregants turn to their religious leader for prayers and prophetic guidance on nearly a daily basis (Salifu Yendork et al., 2019). People also turn, first and foremost, to their religious leaders when they have challenges in life (Osei-Tutu et al., 2019, 2020). As such, religious leaders in Ghana tend to be aware of what may be going on in the personal lives of the congregants. We anticipated that religious leaders in Ghana would be able to provide insights into how the COVID-19 pandemic and restrictions on religious gatherings have impacted the personal lives of their members. In addition, exploring religious leaders' interventions might reveal new coping strategies that might be harnessed to support people during the pandemic.

## Methods

### Setting and Participants

We interviewed 15 religious leaders recruited from 4 of Ghana's 16 administrative regions for the study: Eastern ( $n=8$ ), Greater Accra ( $n=5$ ), and Ashanti ( $n=1$ ) and Western ( $n=1$ ) regions. Although we tried to recruit relatively equal numbers of male and female participants, this was not possible due to gender disparity in religious leadership in Ghana (e.g., Osei-Tutu et al., 2019): Most religious leaders are men. One participant's recordings got corrupted and could not be included in the analysis for the study. Hence, our analysis is based on the remaining 14 interviews. Table 1 presents details of the participants.

### Procedure

This study is part of an ongoing project investigating religious practices and well-being in Ghana. Ethical approval was issued by the Ethics Committee for the Humanities, University of Ghana (reference certified protocol number ECH-046/18-19). The certified protocol was reviewed, and certification was extended to 2021. Because of being under lockdown, we made use of previous research contacts. The

**Table 1** Participants' demographics

ID	Sex	Age	Marital status	Denomination	Years of service	Congregation size	Region
A1	M	44	Married	Other <sup>a</sup>	18	50–60 <sup>b</sup>	Eastern
A2	M	40	Married	Assemblies of God	7	400	Greater Accra
A3	M	37	Married	Assemblies of God	6	350	Greater Accra
A4	F	60	Married	Presbyterian Church of Ghana	14	400	Greater Accra
A5	F	34	Married	Assemblies of God	5	300–400	Greater Accra
A6	M	43	Married	Assemblies of God	17	350	Greater Accra
AS	M	49	Unmarried	Roman Catholic	23	135	Ashanti
K1	M	52	Married	Other	32	80	Eastern
K2	M	53	Married	Assemblies of God	25	100	Eastern
K3	M	42	Married	Other	14	300	Eastern
K4	M	39	Unmarried	Assemblies of God	10	200	Eastern
K5	M	35	Married	Seventh Day Adventist	Not specified	70–100	Eastern
K6	F	60	Widowed	Methodist	18	110–129	Eastern
W1	M	54	Married	Assemblies of God	26	600/120 <sup>c</sup>	Western

(a) To protect the identity of some of our participants, we have listed their denomination as “Other.” This is because the names of their churches are unique such that disclosing them might compromise the identity of the leaders. (b) Some participants provided an estimate of their congregation size. (c) The participant presided over two congregations

first two authors conducted the interviews. We contacted religious leaders who had previously participated in a study to take part in the current one. We recruited participants through phone calls and WhatsApp announcements. We also made use of referrals from participants. Approximately 40 potential participants were contacted through the various means. We informed prospective participants that we were interested in how COVID-19 and restrictions on religious gatherings had affected religious practices and well-being. We also indicated that we would conduct the interview on phone and requested permission to record the call.

A total of 17 religious leaders were interested in being interviewed. We scheduled interview appointments with prospective participants who expressed interest. One person later cancelled their interview appointment because of a family emergency. We conducted 15 interviews from May 15, 2020, to May 29, 2020. We ceased data collection when the president of Ghana announced in a national address on 31st

May that restrictions on religious gatherings would be lifted partially (Communications Bureau, 2020).

We used a semi-structured interview guide that explored how the pandemic had impacted religious leaders, their congregations, and religious practices. In this study, we only report findings relating to the six prompts we used to explore impacts on congregants and religious leaders' interventions. The prompts used include: (1) "One of the areas affected by COVID-19 is religious life. I am wondering how the directive restricting religious gatherings has impacted your members' well-being." (2) "For many people, participating in religious activities help them maintain well-being. Given the interruption in normal religious life, I am wondering whether you have been in contact with people who are struggling with a crisis of faith." (3) "As a religious leader, many people may look to you for support during these difficult times. What concerns have people brought to you during this pandemic?" (4) "During this pandemic, many are reporting stress on their finances. I am wondering how your members may have been affected financially." (5) "Apart from finances, what other areas are people reporting stress in their lives during this time?" (6) "What messages (including scriptural texts) have you been sharing with your members to help them cope?" We used follow-up questions and requested that participants elaborate their responses when necessary. We also obtained pastoral service background (e.g., denomination, length of service), as well as demographic information. Interviews lasted between 24 and 71 min (average: 49 min) and were conducted in English (the official language of Ghana) and Twi (a common Ghanaian language), based on the preference of the participants.

## Data Analysis

One transcriber transcribed the English interviews verbatim. Twi interviews were translated and transcribed simultaneously by the same person. Data were analyzed thematically following the Braun and Clarke's (2006) approach. This involved: (a) familiarizing with the data; (b) gathering initial codes; (c) searching for themes; (d) reviewing themes; (e) defining and naming of themes; and (f) producing results.

The second author read through five interview transcripts to familiarize herself with the data and develop an initial codebook. To identify initial codes, the coder went through each of the five transcripts highlighting portions of responses that conveyed ideas about how congregants' well-being had been impacted. Sample initial codes include "reduced praying," "catching coronavirus," and "fellowship." The identified codes were highlighted and copied into an excel file. The coder applied the coding frame to the remaining data. Different colors were used to differentiate between the codes. In the third stage, which involves identifying themes, initial codes with similar characteristics were color-coded. Through this process, similar and recurrent codes were grouped together under one theme. For example, "reduced praying" and "diminished spiritual lives" were categorized under one theme. In the fourth step, the identified themes were reviewed by the first two authors. The research team reviewed the themes to ensure that they reflected the data and

searched for new codes. No new codes were discovered in subsequent data review. Thus, no new themes emerged. The results of the analysis are discussed below.

## Results

We observed three main themes: (1) impact of COVID-19 on congregants; (2) impact of religious restrictions on congregants; and (3) religious leaders' interventions. Each main theme had sub-themes.

### Theme 1: Impact of COVID-19 on Congregants

In the views of the religious leaders we interviewed, the COVID-19 pandemic had had three main impacts on the congregants: (a) financial challenges; (b) disruptions to childcare/training; and (c) fear of infection.

#### Financial Challenges

Some of the religious leaders we interviewed indicated that some of their members had difficulty meeting basic needs. One participant stated, "Someone can call me, 'Pastor even what my children and I will eat I do not have, so we beg you to get something small for me.'" (K3: Man, 42 years old, 14 years of experience). Other religious leaders noted that some of their congregants who did informal sector work faced a decline in their work as customers were not patronizing their goods. They also said that the pandemic had put financial stress on congregants who were involved in farming. The following quotes illustrate some of the perceived impact of COVID-19 on congregants in the informal sector:

A lot of people's works have gone down [sic] even though at our place we have not laid anyone off at work. It is just that those who are into petty trading are many, so it has rendered some people cashless. (K4: Man, 39 years old, 10 years of experience).

Some of them [congregants] too who have been running their own businesses would tell you now business is not forthcoming. Like, they [customers] are not buying [the goods]. It is not everybody who is selling food. Even this COVID-19, it looks like people's attention is all about what we are going to eat. We are no more concerned about what we are going to wear to church. (A5: Woman, 34 years old, 5 years of experience).

For the rural church, their livelihood depends solely on farming, and let us say they buy and sell. Also, they are craftsmen. So, since this lockdown, a lot of them do not go to work and a lot of them work from hand-to-mouth. If he does not go to work today, he would not eat. (K2: Man, 53 years old, 25 years of experience).

## Disruptions to Childcare/Training

As a result of the restrictions extending to the closure of schools, some congregants were said to be having challenges related to childcare. According to some of the religious leaders we interviewed, some parents found it challenging adjusting to the extended periods they had to spend with their children. Three religious leaders made the following observations:

People have been coming to seek advice as to how they will be able to manage their own homes, their own children since students are home. How they will be able to handle their wards at home... (K1: Man, 52 years old, 32 years of experience).

Also, as they [the children] are home, those who play soccer still play. The parent who understands and knows it is wrong will call you and say, “Since my child came back from school, he has been roaming so talk to him”; “My son only follows his friends.” (K2: Man, 53 years old, 25 years of experience).

The children are sent to school so there are certain character traits that the school authorities draw their [parents] attention to; that, this is what your child is doing. They [parents] don’t really see it [the character traits] because they don’t spend too much time with them [the children]. But now that because of the pandemic and they [parents] are to stay home, the kids begin to exhibit these things, so they begin to see these things [character traits] coming up. (A5: Woman, 34 years old, 5 years of experience).

## Fear of Infection

Our participants reported that some congregants had expressed fear of getting infected with the virus. This affected the congregants’ daily routine. In the extracts below, two religious leaders suggested that the fear of infection had affected the work of their congregants who were engaged in petty trading:

There are some people whose jobs are not related to COVID but because of the fear he has he cannot do the job anymore because some people do call me, especially those who hawk little things and others. When they go to the market, they get scared that someone who has the disease will get close to him. (K3: Man, 42 years old, 14 years of experience).

Some say they are unable to go to the market, go out because they are scared and do not know what will happen. So, it is like it has put fear in some people. (K4: Man, 39 years old, 10 years of experience).

Other participants suggested that some congregants had become anxious about their health and that of their close relatives. This heightened infection anxiety made the congregants reliant on their religious leaders. One participant explained:

You know there is this fear, you know psychologically, now if maybe the child is even having a small headache their mind is going around that place [that

they might have been infected]. So generally, any small issue concerning their health, they want the pastor to pray because they are suspecting that maybe their child will be going through [COVID infection] ... (A2: Man, 40 years old, 7 years of experience).

According to some of the religious leaders, some congregants feared that they may become infected should they visit health facilities. As a result, the congregants delayed visiting health facilities when they were unwell. One religious leader related, “Some of them [congregants] don’t want to go to the hospital. She is afraid when she goes, she will get hurt, she may even end up contracting it [the virus]. So, she was trying to treat herself at home” (A5: Woman, 34 years old, 5 years of experience).

## **Theme 2: Impact of Religious Restrictions on Congregants**

Our participants identified two main impacts of the religious restrictions on congregants: (a) decline in spiritual life and (b) loss of fellowship and community.

### **Decline in Spiritual Life**

According to our participants, one of the key areas congregants were affected was the decline in their religious practices such as prayer and listening to the word of God. One of the religious leaders stated, “I realized that most of them [congregants], their spiritual lives have diminished...the way they used to pray...it is not so” (A1: Man, 44 years old, 18 years of experience). The religious leaders we interviewed noted that some congregants found it difficult to maintain their spiritual routine outside the church. One religious leader observed, “There are a lot who cannot pray when they do not come to church. Like I said initially, in our area, one thing is if they do not come to church, they do not read the Bible” (W1: Man, 54 years old, 26 years of experience). Another participant reiterated:

Since this ban came and we have not been meeting at church, there are a lot of people who cannot pray on their own and listen to the word of God on their own unless he goes to church and then pray, then it would build his spiritual life. So, when it happened that we should not meet, when you go close to some people, you realize that the spiritual life has gone down. (K4: Man, 39 years old, 10 years of experience).

Our participants also noted that the pandemic had contributed to a crisis of faith for some congregants. They observed that some congregants have been questioning their belief in God as a helper and a caring Father:

Some [congregants] are agitated that if indeed God is God and He knows everything, why is it that He [God] is so aloof for this thing to happen to us and especially during the Easter...to them it seems God does not care, He doesn’t want anything to do with humankind any longer, because if He really cares and Easter is something that is on His heart, He would have done something about

it ... So yes, others' faith has been weakened and some are also contemplating either to leave Christianity and then join any other religion they can feel okay in. (K1: Man, 52 years old, 32 years of experience).

### Loss of Fellowship and Community

Our participants stated that the church served as a community for individuals with the same beliefs to fellowship. In the following quote, one religious leader highlights the church's function in supporting a sense of community among members:

You know, coming together binds us together, coming together strengthens us. So even though individually we pray at home, sometimes even in the church you realize that there are individuals who move together, they pray together, they fast together, they do a lot of things together which keeps them moving on, in terms of their spirituality. (A6: Man, 43 years old, 17 years of experience).

According to the religious leaders we interviewed, some congregants were experiencing a sense of loss as the restrictions on religious gatherings seemed to have challenged their idea of the church as a community:

Because of this lockdown that sense of belongingness, that sense of brotherhood, sisterhood, and that sense of oneness of worship, gradually members are losing it and now we are gradually entering into a situation whereby my family and myself, my wife and my children are the [inaudible] which in a way pushes down the essence of Christianity. (K5: Man, 35 years old, years of experience unspecified).

This perception is echoed by another religious leader who believed the loss of fellowship was a disadvantage to those who needed help. The community meant that they looked out for each other, and because of their frequent meetings, they were able to identify members who needed help. In the absence of these meetings, it was difficult to identify those who needed help:

... now you can't help people in many ways. When we were going to church, we knew that oh Akwesi is in need of this so let's try to get something to go and help that person. Now we don't meet, how can you know that Akwesi is in need? (AS: Man, 49 years old, 23 years of experience).

According to other participants, the church provided a sense of purpose and social value. They noted that the ban on religious gatherings created some loss of purpose for congregants who serve roles in the church. One participant explained as follows:

You would notice that some people are in the singing group and that is what gives them satisfaction for life. They don't seem to have any life outside church... So, if there is no church then it means all their hope is gone. In our area if there is no church service, some feel they have nothing to do. (W1: Man, 54 years old, 26 years of experience).

### Theme 3: Religious Leaders' Interventions

To help congregants, the religious leaders we interviewed employed three types of intervention: (1) instilling of hope/sustaining faith; (2) sermons on repentance; and (3) hygiene protocols and COVID-19-related stigma sensitization.

#### Instilling of Hope/Sustaining Faith

To help congregants deal with the negative implications of COVID-19, as well as restrictions on religious gatherings, most of the religious leaders we interviewed indicated that they share messages of faith and hope with their congregants. One participant stated, “This time round, it gives us the opportunity to focus on messages that will bring hope and also to [inaudible] in God” (A2: Man, 40 years old, 7 years of experience). Another had a similar message, “In this season we should send messages of hope, messages of encouragement, messages that will uplift the soul of a person, messages that will point [to] hope” (K5: Man, 35 years old, years of experience unspecified).

Other participants emphasized scriptural messages that offered assurance not to be in fear. One participant stated, “We encourage them with the word of God, let them understand that, like the scripture says that we shouldn't fear, do not be afraid” (A5: Woman, 34 years old, 5 years of experience). Other participants reminded congregants of specific scriptures that are aimed at addressing fear. One participant shared, “We read some Bible passages, Psalm 91 and other passages that assure them that the disease will not come close to them because of their faith, because God is watching over us” (A4: Woman, 60 years old, 14 years of experience).

Given that some congregants were believed to have experienced a challenge to their faith, some religious leaders stated that they reminded their congregants of the will and power of God and shared messages that allayed their fears that God had neither abandoned nor forsaken them. One participant assured, “So, we have been able to talk to them that God is in control in everything, and He knows everything too” (K2: Man, 53 years old, 25 years of experience). The following extracts also show how some of the religious leaders we interviewed tried to intervene in cases of faith crisis resulting from the pandemic:

We are just encouraging people to still believe in God and even know that as you are staying home, that does not mean that God will not listen to you, because when we talk of the temple you know the temple is you yourself. (A1: Man, 44 years old, 18 years of experience).

We also talk about God making a way... So, we should not be depressed, we should still fix our eyes on God... we are giving them hope and helping so that people will fix their eyes on God. (W1: Man, 54 years old, 26 years of experience).

## Sermons on Repentance

A few of the religious leaders we interviewed believed that the COVID-19 pandemic was a result of wrongdoing on the part of human beings. They believed that humans had sinned against God and the pandemic is a form of Divine punishment. Accordingly, these religious leaders intervened by teaching their congregants to repent from their sinful ways, seek Divine forgiveness, and petition God to alleviate the consequences of the pandemic. One participant stated, “Between last week in March and the whole month of April, I started a series on repentance. I taught on the fact that we need total repentance to attract God’s mercy” (K1: Man, 52 years old, 32 years of experience). Another participant reiterated, “[I have been] calling people’s attention to [the] end times; then calling people’s attention to the need for them to repent if they are not [incomplete sentence]. In the world who needs repentance. Christians need more repentance” (K2: Man, 53 years old, 25 years of experience).

## Hygiene Protocol and COVID-19-Related Stigma Sensitization

Some of the religious leaders we interviewed indicated that they have been educating their congregants about COVID-19 and encouraged them to observe hygiene protocols. One participant shared, “The only thing we tell them [the congregants] is: go by what maybe the health [authorities say] and then [by what] the president [of Ghana says] and... [incomplete sentence]. Wash your hands, sanitize and at least you are believing God to come out of it” (A1: Man, 44 years old, 18 years of experience). Some of the participants also stated that they educate their congregants about COVID-19 stigma. In the illustrative quote below, one participant shared how he tries to correct a misconception that COVID is a death sentence. The participant also tried to normalize COVID-19:

And even those who are unwell [due to COVID-19], it is not all of them who do not get recovered... some people get to recover. Sometimes people are even asymptomatic. When the person is not tested, we would not know... This is just like any other disease; it is just that we have not seen and heard before that is why we find it scary. (K2: Man, 53 years old, 25 years of experience).

## Discussion

We interviewed religious leaders on the well-being of their members during the initial outbreak of the COVID-19 pandemic in Ghana. According to the religious leaders we interviewed in this study, some congregants had experienced disruptions to their childcare/training routines; faced financial challenges; and experienced anxiety about being infected with the virus. The religious leaders stated that restrictions of religious gatherings had contributed to a decline in spiritual life and loss of fellowship and community for their congregants. The religious leaders further indicated that they supported their congregants by preaching sermons on hope. They also used scriptures to assure congregants to have faith in God. Some religious

leaders preached sermons on repentance because they believed that the pandemic is a Divine punishment. In addition, some religious leaders participated in health education. They sensitized their members to keep COVID-19 hygiene protocols. They also encourage congregants to listen to authorities on strategies to curb the spread of the virus. Further, some religious leaders shared that they educate their members on COVID-19 stigmatization.

According to the religious leaders we interviewed for this study, some of their congregants faced financial challenges due to the COVID-19 pandemic. Specifically, the religious leaders indicated that the economic well-being of some members who were employed in the informal sector as petty traders, craftsmen, and farmers, had been compromised due to the COVID-19 pandemic. Informal sector workers are some of the low-income earners in Ghana (Adom et al., 2020; Danquah et al., 2020). The observation made about the impact of COVID-19 on some informal sector work supports findings from other countries suggesting that the economic well-being of low-income earning workers has been compromised during the pandemic (Jay et al., 2021; Paul et al., 2021). In Ghana, the government implemented several measures to mitigate the impact of the COVID-19 pandemic on households (Danquah et al., 2020). Depending on one's electricity consumption level, the government fully or partially absorbed electricity bills from April 2020 to January 2021. Government also doubled payments to beneficiaries of the Livelihood Empowerment Against Poverty [LEAP], a social protection program that supports the extremely poor. Government also absorbed the water bills for all Ghanaians from April 2020 to January 2021 (Amewu et al., 2020; Danquah et al., 2020). A category of Ghanaians characterized as active lifeline consumers was to enjoy these provisions till March 2021 (Nyavi, 2021).

Evidence suggests that COVID-19 restrictions can have mixed effects on family dynamics (Russell et al., 2020; Salifu Yendork & James, 2020). On the one hand, lockdown measures allowed families to be together for an extended period. On the other hand, frequent engagements with family members made negative or disruptive patterns more apparent, contributing to family stress. In the current study, the religious leaders reported that some parents struggled with childcare and child training in the absence of school. According to the religious leaders who took part in this study, parents complained about the negative attitudes of their children and the parents turned to their religious leaders to intervene. The finding is consistent with studies suggesting that there has been an increase in caregiver burden and psychological distress among parents during the pandemic (Brown et al., 2020; Russel et al., 2020). The observation that parents called on religious leaders to intervene is also consistent with previous patterns observed in Ghana suggesting that congregants to turn to their religious leaders for support around parenting (Osei-Tutu et al., 2019).

To a lower extent, our religious leaders reported that some congregants experienced fears about contracting the virus. This supports findings by Serwaa et al. (2020) suggesting that almost 90% of their sample in Ghana perceived the virus as dangerous and a further 80% worried about the virus. General anxiety and depression have also been found among individuals who have not been exposed to the virus (Tang et al., 2020). The findings also showed that the fear of infection resulted in some negative health behaviors. According to the religious leaders who took part

in this study, some individuals delayed the use of health facilities because of the perception that they might get infected at these health facilities. Others were reported to have resorted to self-medication. Such help-seeking behaviors are evident in other settings where people avoid health facilities for the fear of contracting the virus (Wing et al., 2020).

Previous research suggests that one of the key areas that has been affected by the pandemic and restrictions on religious gatherings is the sense of belonging and community (Frei-Landau, 2020). In the current study, our religious leaders noted that ideas about the church as a community as well as its ability to meet the needs for belonging and connectedness had been challenged. The religious leaders noted that people who derived social recognition based on the roles they played in the church might have been affected negatively. The prohibition on religious gatherings could have contributed to depletion of the roles and social importance of such individuals. This could have contributed to a decrease in well-being for the affected congregants.

There is evidence that religious participation and fellowship increase religious longevity and dedication (McCullough et al., 2000). Our religious leaders noted that the lack of guidance and leadership from religious leaders had resulted in the reduction of certain religious activities like consistent prayer and studying of the Bible by some congregants. Church activities in themselves serve as a form of psychosocial support, and the gathering of individuals helps others to relay their problems as well as actively seek support. Religious communities serve as a protective barrier against psychological distress of COVID-19 (Pirutinsky et al., 2020). The absence of these meetings created a loss of the community which not only provided emotional and spiritual support but also material support.

According to some of the religious leaders in this study, some congregants may have experienced doubts concerning the benevolence of God. Crises in faith during pandemics are not uncommon. Pirutinsky et al. (2020) found that during the current pandemic, reduced trust in God led to more stress concerning the pandemic and is also linked to fear of contracting COVID-19. Spiritual struggles may be a risk factor for anxiety and stress. On the contrary, other studies on religion and COVID-19 found that most individuals experienced an increase in faith as they turn to God in times of distress and uncertainty (Pew Research Center, 2020).

To help mitigate the negative effects of the pandemic, especially with regard to the crises in faith, the religious leaders we interviewed preached messages of hope and faith. The rationale was to keep the morale of the congregants up and encourage them to keep believing in God. Messages of faith and hope can buffer individuals against the experience of fear and anxiety in this current pandemic as well as maintain their trust in God (Koenig, 2020). Positive religious engagement also has associations with improved immune functioning and may lead people to engage in healthy practices (Koenig & Cohen, 2002).

Some of the religious leaders we interviewed in this study stated that they delivered health education on COVID-19. The content of the health education followed health and hygiene protocols such as handwashing, sanitizing, and social distancing (Bender, 2020; WHO, 2020). The religious leaders also helped to dissuade the negative perception surrounding the virus and contribute toward reducing COVID-19-related stigma. The findings are consistent with WHO's (2020) recognition that

religious leaders could play a key role during the pandemic. While some religious institutions (such as Protestant churches in Poland (Sulkowski & Ignatowski, 2020); some Jewish religious leaders in Israel (Frei-Landaus, 2020) have largely helped in containing the spread of the pandemic, some religious leaders (e.g., Mr. Lee Man-hee of the Shincheonji Church, Jesus in South Korea; Rev. Tony Spell of the Life Tabernacle Church, Baton Rouge in the USA) have flouted public health protocols and publicly defied safety precautions leading to outbreaks (Sulkowski & Ignatowski, 2020; Wildman et al., 2020).

A few religious leaders we interviewed in this study indicated that they preached about repentance as a plea to God to stop the spread of the virus. Conspiracy theories surrounding the pandemic are rife, and the perception that it is a punishment from God is not uncommon among religious communities (Ali, 2020). Attributing disaster to one's sins or perceiving disasters as a signal of disapproval by the Divine is not new (Pargament et al., 2003). Such spiritual explanations help believers make sense of events and guide them in developing a restorative process (Osheim, 2008). The dark side of attributing the pandemic to sin is that it might have negative consequences for the fight against the pandemic.

## Limitations, Implications, and Conclusion

We interviewed religious leaders on the well-being of their members. Their account may not necessarily reflect the realities of the congregants. Studies are needed on the personal experiences of congregants during the pandemic. This study also examined perceived well-being of congregants, but the well-being of the religious leaders has not been examined. Future studies should investigate the personal experiences of religious leaders during the pandemic. The current study involved only Christian religious leaders. Studies are needed on other religions. In the case of Ghana, it would be important to examine the perceptions of leaders of Islam as well as Traditional African Religion. Because practices differ across religions, it is possible that experiences of religious communities may differ. Even within one religion, say Christianity, there are differences which might contribute to varied experiences across Christian denominations. The small sample size used in the current study did not permit us to investigate differences based on denomination.

This current study has drawn attention to a segment of the religious community whose livelihoods may have been compromised during the COVID-19 pandemic. According to the religious leaders involved in this study, the well-being of informal sector petty traders and farmers was reportedly affected due to the pandemic. Social interventions aimed at helping people to gain economic relief may consider making petty traders a special group of focus. Parenting and family interventions may also be needed to support parents during the pandemic. For example, it may be possible to provide psychoeducation for various members of the family.

Our study observed that one of the areas that has been challenged is the sense of fellowship and community. The pandemic and associated restrictions have challenged religious leaders to find innovative ways to maintain the sense of community of their congregants (see Frei-Landau, 2020; Koenig, 2020). Findings

showing some decline in spiritual practices such as praying and listening to the word of God may suggest that some congregants have become dependent on their religious leaders. Efforts that aim at helping congregants become less dependent may be needed.

The involvement of religious leaders in the dissemination of public health messages is vital. Primarily, public health messages in Ghana are coordinated by the Ghana Health Service. However, given the regard Ghanaians have for religious leaders, it is envisaged that the efforts of the religious leaders would augment government efforts at sensitizing the public on how to minimize the spread of the virus. In other parts of the world, public health restrictions aimed at reducing the virus were met with contempt by some in the religious community (DeFranza et al., 2020; Mat et al., 2020).

The COVID-19 pandemic has resulted in one of the strictest public health protocols in modern history. In Ghana, our study among a sample of religious leaders showed that financial difficulties and insecurity were some of the main sources of worry for congregants. According to the religious leaders we interviewed, restrictions on religious gatherings occasioned by the pandemic negatively affected the religious well-being of congregants. Religious leaders indicated that the spirituality of some of their congregants had declined. To mitigate these negative consequences, religious leaders preached sermons on hope, faith, and repentance. Some religious leaders helped with the public health measures by educating congregants on the pandemic. There are lessons to be learnt from Ghana concerning the engagement of religious leaders in helping with the fight against COVID-19.

**Author contributions** Annabella Osei-Tutu, Adjeiwa Akosua Affram, Glenn Adams, and Vivian A. Dzokoto contributed to the study conception, design, and material preparation. Data collection was performed by Annabella Osei-Tutu and Adjeiwa Akosua Affram. Data analysis was performed by Adjeiwa Akosua Affram. The first draft of the manuscript was written by Annabella Osei-Tutu and Christopher Mensah-Sarbah. Adjeiwa Akosua Affram and Annabella Osei-Tutu contributed to the revisions and the final draft. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

**Funding** This study was made possible through the support of a grant from the Volkswagen Foundation, Germany (Grant Number 94667). However, the opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the Volkswagen Foundation.

**Availability of data and materials** The data that support the findings of this study are available upon request from the corresponding author.

**Code availability** N/A

**Declarations**

**Conflict of interest** The authors declare no conflict of interest.

**Ethical Approval** Ethics certificate for the study was issued by the Ethics Committee for the Humanities, University of Ghana.

## References

- Adom, D., Adu-Mensah, J., & Sekyere, P. A. (2020). Hand-to-mouth work culture and the COVID-19 lockdown restrictions: Experiences of selected informal sector workers in Kumasi, Ghana. *Research Journal in Advanced Humanities*, 1(2), 45–64.
- Afriyie, D. K., Asare, G. A., Amponsah, S. K., & Godman, B. (2020). COVID-19 pandemic in resource-poor countries: Challenges, experiences and opportunities in Ghana. *Journal of Infection and Developing Countries*, 14(8), 838–843.
- Ali, I. (2020). Impacts of rumors and conspiracy theories surrounding COVID-19 on preparedness programs. *Disaster Medicine and Public Health Preparedness*. <https://doi.org/10.1017/dmp.2020.325>
- Amewu, S., Asante, S., Pauw, K., & Thurlow, J. (2020). The economic costs of COVID-19 in Sub-Saharan Africa: Insights from a simulation exercise for Ghana. *The European Journal of Development Research*. <https://doi.org/10.1057/s41287-020-00332-6>
- Asamoah-Gyadu, J. K. (2019). God is big in Africa: Pentecostal mega churches and a changing religious landscape. *Material Religion*, 15(3), 390–392. <https://doi.org/10.1080/17432200.2019.1590012>
- Aten, J. D., Shannonhouse, L., Davis, D. E., Davis, E. B., Hook, J. N., Van Tongeren, D. R., Hwang, J., McElroy-Heltzel, S. E., Schrubba, A., & Annan, K. (2020). *Spiritual first aid*. Humanitarian Disaster Institute.
- Bender, L. (2020). *Key messages and actions for COVID-19 prevention and control in schools*. UNICEF New York.
- Boaheng, I. (2021). Christianity and the COVID-19 pandemic: A pastoral and theological reflection from the Ghanaian context. *Journal of Pastoral Theology*. <https://doi.org/10.1080/10649867.2021.1908726>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2020.104699>
- Carteni, A., Di Francesco, L., & Martino, M. (2020). How mobility habits influenced the spread of the COVID-19 pandemic: Results from the Italian case study. *Science of the Total Environment*. <https://doi.org/10.1016/j.scitotenv.2020.140489>
- Communications Bureau. (2020, May 31). Update No.10: Measures taken to combat spread of coronavirus. *Presidency, Republic of Ghana*. <http://presidency.gov.gh/index.php/briefing-room/speeches/1597-update-no-10-measures-taken-to-combat-spread-of-coronavirus>.
- Cucinotta, D., & Vanelli, M. (2020). WHO declares COVID-19 a pandemic. *Acta Bio-Medica: Atenei Parmensis*, 91(1), 157–160. <https://doi.org/10.23750/abm.v91i1.9397>
- Cunningham, A. (2008). Epidemics, pandemics, and the doomsday scenario. *Historically Speaking*, 9(7), 29–31. <https://doi.org/10.1353/hsp.2008.0035>
- Danquah, M., Schotte, S., & Sen, K. (2020). COVID-19 and employment: Insights from the Sub-Saharan African experience. *Indian Journal of Labour Economic*, 63, 23–30. <https://doi.org/10.1007/s41027-020-00251-4>
- DeFranza, D., Lindow, M., Harrison, K., Mishra, A., & Mishra, H. (2020). Religion and reactance to COVID-19 mitigation guidelines. *American Psychologist*. <https://doi.org/10.1037/amp0000717>
- Ebrahim, S. H., & Memish, Z. A. (2020). Saudi Arabia's measures to curb the covid19 outbreak: Temporary suspension of the Umrah pilgrimage. *Journal of Travel Medicine*. <https://doi.org/10.1093/jtm/taaa029>
- Frei-Landau, R. (2020). “When the going gets tough, the tough get—creative”: Israeli Jewish religious leaders find religiously innovative ways to preserve community members’ sense of belonging and resilience during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S258–S260. <https://doi.org/10.1037/tra0000822>
- Ghana Statistical Service. (2012). *2010 population and housing census: Summary report of final results*. Sankofa Press Limited.
- Gomes, R. (2020, July 4). Philippine diocese creates mental health ‘hopeline’. *Vatican News*. <https://www.vaticannews.va/en/church/news/2020-07/philippines-kalookan-diocese-covid-hopeline-mental-health-david.html>.

- Jay, J., Bor, J., Nsoesie, E. O., Lipson, S. K., Jones, D. K., Galea, S., & Raifman, J. (2020). Neighbourhood income and physical distancing during the COVID-19 pandemic in the United States. *Nature Human Behaviour*, 4, 1294–1302. <https://doi.org/10.1038/s41562-020-00998-2>
- Kamerlin, S. C. L., & Kasson, P. M. (2020). Managing coronavirus disease 2019 spread with voluntary public health measures: Sweden as a case study for pandemic control. *Clinical Infectious Diseases*. <https://doi.org/10.1093/cid/ciaa864>
- Koenig, H. G., & Cohen, H. J. (2002). *The link between religion and health: Psychoneuroimmunology and the faith factor*. Oxford University Press.
- Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-020-01035-2>
- Kowalczyk, O., Roszkowski, K., Montane, X., Pawliszak, W., Tylkowski, B., & Bajek, A. (2020). Religion and faith perception in a pandemic of COVID-19. *Journal of Religion and Health*, 59, 2671–2677. <https://doi.org/10.1007/s10943-020-01088-3>
- Mat, N. F. C., Edinur, H. A., Razab, M. K. A. A., & Safuan, S. (2020). A single mass gathering resulted in massive transmission of COVID-19 infections in Malaysia with further international spread. *Journal of Travel Medicine*, 27(3), taaa059. <https://doi.org/10.1093/jtm/taaa059>
- McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G., & Thoresen, C. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology*, 19(3), 211–222. <https://doi.org/10.1037/0278-6133.19.3.211>
- Ministry of Health (n.d.). President Akufo-Addo addresses nation on measures taken by gov't to combat the coronavirus pandemic. <https://www.moh.gov.gh/president-akufo-addo-addresses-nation-on-measures-taken-by-govt-to-combat-the-coronavirus-pandemic/>.
- Nukunya, G. K. (2003). *Tradition and change in Ghana: An introduction to sociology* (2nd ed.). Universities Press.
- Nyavi, G. A. (2021, January 3). Gov't extends free electricity, water initiative to March. *Daily Graphic Online*. <https://www.graphic.com.gh/news/general-news/ghana-news-gov-t-extends-free-electricity-water-initiative-till-march.html>.
- Ofori Asante, A., & Dovlo, E. (2003). Reinterpreting the straight path: Ghanaian Muslim converts in mission to Muslims. *Exchange*, 32(3), 214–238. <https://doi.org/10.1163/157254303X00028>
- Osei-Tutu, A., Dzokoto, V. A., & Affram, A. A. (2019). Common presenting problems in religious lay counselling practice in Ghana. *Mental Health, Religion & Culture*, 22(8), 819–831. <https://doi.org/10.1080/13674676.2019.1666096>
- Osei-Tutu, A., Oti-Boadi, M., Affram, A. A., Dzokoto, V. A., Asante, P. Y., Agyei, F., & Kenin, A. (2020). Premarital counselling practices among Christian and Muslim lay counsellors in Ghana. *Journal of Pastoral Care and Counselling*. <https://doi.org/10.1177/1542305020916721>
- Osheim, D. J. (2008). Religion and epidemic disease. *Historically Speaking*, 9(7), 36–37. <https://doi.org/10.1353/hsp.2008.0025>
- Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerwin, J., & Stanik, P. (2003). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology*, 59(12), 1335–1348. <https://doi.org/10.1002/jclp.10225>
- Paul, A., Nath, T. K., Mahanta, J., Sultana, N. N., Kayes, A. S. M. I., Noon, S. J., Javed, M. A., Podder, S., & Paul, S. (2021). Psychological and livelihood impacts of COVID-19 on Bangladeshi lower income people. *Asia Pacific Journal of Public Health*, 33(1), 100–108. <https://doi.org/10.1177/1010539520977304>
- Pew Research Center. (2020, April 30). *Few Americans say their house of worship is open, but a quarter say their faith has grown amid pandemic*. <https://www.pewresearch.org/fact-tank/2020/04/30/few-americans-say-their-house-of-worship-is-open-but-a-quarter-say-their-religious-faith-has-grown-amid-pandemic/>.
- Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health*, 59, 2288–2301. <https://doi.org/10.1007/s10943-020-01070-z>
- Pontzen, B. (2021). *Islam in a zongo: Muslim lifeworlds in Asante*. Cambridge University Press.
- Russell, B. S., Hutchison, M., Tambling, R., Tomkunas, A. J., & Horton, A. L. (2020). Initial challenges of caregiving during COVID-19: Caregiver burden, mental health, and the parent–child relationship. *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-020-01037-x>
- Sackey, B. M. (2001). Charismatics, independents, and missions: Church proliferation in Ghana. *Culture and Religion*, 2(1), 41–59. <https://doi.org/10.1080/01438300108567162>

- Salifu Yendork, J., & James, S. (2020). COVID-19 in Ghana: Changes and the way forward. *Journal of Comparative Family Studies*, 51(3–4), 369–384. <https://doi.org/10.3138/jcfs.51.3-4.012>
- Salifu Yendork, J., Kpobi, L., & Sarfo, E. A. (2019). Is contemporary Christianity promoting or hindering mental health in Africa? An exploration of the impact of charismatic church activities and doctrines on the mental well-being of selected Ghanaian congregants. *Journal for the Study of the Religions of Africa and Its Diaspora*, 5, 50–68.
- Serwaa, D., Lamptey, E., Appiah, A. B., Senkyire, E. K., & Ameyaw, J. K. (2020). Knowledge, risk perception and preparedness towards coronavirus disease-2019 (COVID-19) outbreak among Ghanaians: A quick online cross-sectional survey. *Pan Africa Medical Journal*. <https://doi.org/10.11604/pamj.2020.35.2.22630>
- Sulkowski, L., & Ignatowski, G. (2020). Impact of COVID-19 pandemic on organization of religious behaviour in different Christian denominations in Poland. *Religions*, 11(5), 254. <https://doi.org/10.3390/rel11050254>
- Tashiro, A., & Shaw, R. (2020). COVID-19 pandemic response in Japan: What is behind the initial flattening of the curve? *Sustainability*, 12(13), 5250. <https://doi.org/10.3390/su12135250>
- Tang, F., Liang, J., Zhang, H., Kelifa, M. M., He, Q., & Wang, P. (2020). COVID-19 related depression and anxiety among quarantined respondents. *Psychology & Health*. <https://doi.org/10.1080/08870446.2020.1782410>
- Twumasi-Ankrah, K. (1994). Some observations of Christian churches and worship in Ghana. *International Review of Modern Sociology*, 24(1), 95–108.
- Wildman, W. J., Bulbulia, J., Sosis, R., & Schjoedt, U. (2020). Religion and the COVID-19 pandemic. *Religion, Brain & Behavior*, 10(2), 115–117. <https://doi.org/10.1080/2153599x.2020.1749339>
- Williams, D. R., Larson, D. B., Buckler, R. E., Heckman, R. C., & Pyle, C. M. (1991). Religion and psychological distress in a community sample. *Social Science & Medicine*, 32(11), 1257–1262. [https://doi.org/10.1016/0277-9536\(91\)90040-J](https://doi.org/10.1016/0277-9536(91)90040-J)
- Wilson, S., Boorstein, M., Hernández, A., & Rozsa, L. (2020, April 5). Coronavirus creates conflict for churches, where gatherings can be dangerous but also provide solace. *Washington Post*. <https://www.washingtonpost.com/national/coronavirus-church-services-outbreak/2020/04/05/7f5b63cc-7773-11ea-90ad-819caa48d39fstory.html>.
- Wing, C., Wong, L. E., Hawkins, J. E., Langness, S., Murrell, K. L., Iris, P., & Sammann, A. (2020). Where are all the patients? Addressing covid-19 fear to encourage sick patients to seek emergency care. *Innovations in Care Delivery*. <https://doi.org/10.1056/CAT.20.0193>
- World Health Organization. (2020, April 7). Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19. [https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19?gclid=Cj0KCQiA5vb-BRCRARisAJBKc6IUEDizJwSMR R6v-2lQjFG6pZ4Eod58vil2ovA4lpErFkvhITsM\\_UeAuVvEALw\\_wcB](https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19?gclid=Cj0KCQiA5vb-BRCRARisAJBKc6IUEDizJwSMR R6v-2lQjFG6pZ4Eod58vil2ovA4lpErFkvhITsM_UeAuVvEALw_wcB).

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.