

Covid-19 Pandemic in South Africa: An Exploration on Citizen Adherence to Protocols and Communication

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ABSTRACT This paper sought to explore the general public's response to the national communications about COVID-19 in the Eastern Cape Province of South Africa. A qualitative research strategy was utilised to conduct fieldwork in Scenery Park Phase 1 and 2 locations in Buffalo City Metropolitan Municipality in King Williams town CBD, and Alice town CBD in the Eastern Cape Province, South Africa to understand the context of the participants. Exploratory and descriptive approaches were used in this study. Data collection was cross-sectional as information was gathered once through face-to-face interviews with purposively selected 30 community members and leaders, 10 from each location. The findings indicated that, dissemination of information about COVID-19 was ineffective and inadequate for little was done to address the illiterate population. The study recommends the training and development of crisis leadership competencies as a proactive measure. The study also recommends spirited awareness campaigns ahead of an impending disaster to fully educate and empower the masses.

INTRODUCTION

The COVID-19 outbreak was first discovered in Wuhan (China) in December 2019, however, its impact transcended beyond the boundaries of China (WHO 2020). Like a veld fire, the virus reached global frontiers at an unimaginable pace causing huge pressures on health systems of many countries. Although the world has witnessed natural disasters such as tsunamis and earthquakes in Indonesia and Haiti, civil conflicts in Rwanda, Sierra Leone and Libya and the Vuwani district in Limpopo, South Africa, and a health pandemic (Ebola) in West Africa, the COVID-19 has posed challenges in various aspects of life, for example, education, economic and health to which disaster management and administration services become the focal point. Like the rest of the world, South Africa activated its Disaster Management Act of 2002 and a national COVID-19 centre was established as a response to the virus. Directives were cascaded down to planning and programming of responses for education continuity, economy recovery, and preparation to exit the lockdown. Through the national command centre, the nation of South Africa was guided by five levels lockdown with conditions and regulations (Halperin 2020).

The year 2020 has been characterised by an overwhelming occurrence that put the whole world on standstill as people witnessed the devastating impact of the COVID-19 pandemic. The coronavirus or COVID-19 has had an unrivalled impact on many sectors of life, especially on industries and academic systems throughout the world (Lempinen 2020). By February 2020 the world was confronted by a menace that many did not even understand, and media platforms were overwhelmingly flooded with news of COVID-19 cases from mostly Western countries such as Italy, Spain, UK and so many others. This turned the world in an unimaginable pandemonium with people panicking and making impulsive decisions (Lloyd-Sherlock et al. 2020). Bluntly, with the number of cases increasing in various countries it became clear to everyone that the coronavirus had no boundaries, hence everyone felt vulnerable (Ophir and Jamieson 2020). In South Africa, the effect began when social distancing started as a social practice throughout the country from mid-March, and the impact strengthened even more when President Cyril Ramaphosa announced (and then extended) a national lockdown from midnight on 26th March 2020 to the end of April 2020. By the end of April 2020 the nation was operating on level based lockdown (Nhamo et al. 2020).

South Africans across the nation had many questions, which included, what would be the impact of the coronavirus on the economy and other sectors across the country, and how prepared is the government to deal with the ordeal caused by the virus. Considering what was happening in other nations, citizens plunged into fear as they became more concerned about their safety. The academics were forced to embrace a technology-supported way of teaching and lecturing. Again this gave rise to questions as people were wondering how the marginalised population would cope with the pace of life under coronavirus circumstances, how the education system would reach, teach and support learners as schools and department offices were in lockdown and teachers were no longer available for classroom session, and what processes would be followed once the lockdown is lifted.

This paper explores the Eastern Cape Provincial government of South Africa's communication strategy during COVID-19, while focusing mainly on emergency prevention, preparedness, response and recovery. Essentially this paper looks on tasks of response, planning, and preparation. These tasks combined with mitigation and management constitute disaster administration. Notably, natural disasters have varied effects on population groups, so it is critical to know how the affected groups were prepared amidst coronavirus uncertainties. Considering that COVID-19 had a severe impact on the elderly it is important that one looks at how information around that was disseminated to the masses of South Africa.

Problem Statement

Regardless of the severity of COVID-19 pandemic, global response has been criticised as being sluggish and slow. In the context of South Africa, the dawning of COVID-19 was witnessed when the President announced the national lockdown on the 26th of March 2020. National efforts started gathering pace with the establishment of quarantine basis across the country. However, it is unclear whether those involved in these efforts had done enough research on the impending health challenge that they were going to deal with. There was a dire need to draw on a rapidly growing body of research, much summarised in regularly updated guidelines published by national and international authorities, covering latest information on the virus, its mode of transmission, its spread, and the susceptibility of different groups within the population.

Reports from countries where the virus reached first indicated that certain aspects of this new infection were not clear but one thing was already clear. According to Lloyd-Sherlock et al. (2020) the risk of dying from COVID-19 increases with age, and most of the deaths observed are in people older than 60 years, especially those with chronic conditions such as cardiovascular disease. This had important implications in the way in which public health and clinical responses were to be developed. COVID-19 had an overwhelming impact in high income countries particularly among the elderly population, thus the situation was likely to be worse in low and middle income countries (LMICs), which contain sixty-nine percent of the global population aged more than 60 years and where health systems are weaker. Thus this paper sought to explore the reasons for public's non-adherence to lockdown rules in relation to the Eastern Province of South Africa's tailor made national communication strategy for addressing the public about COVID-19.

Aim of the Study

This paper aims to establish the reasons behind the non-adherence by the public to lockdown rules and regulations.

Research Questions

This study seeks to answer the following questions:

- ♦ How has the information about COVID-19 been communicated across the Eastern Cape Province of South Africa?
- ♦ What could be the cause for the public's non-adherence to national lockdown regulations?
- ♦ What are the lessons and way forward in terms of public administration?

Objectives

The objectives are:

- ♦ To explore the manner in which information about COVID-19 was communicated across the Eastern Cape Province of South Africa.
- ♦ To establish the cause for the public's non-adherence to national lockdown regulations.
- ♦ To identify the lessons and recommend the way forward in terms of public administration.

Literature Review

Communication and the Emergence of the Coronavirus/COVID- 19

Health experts, including persons in the health communication sphere, often structure their messages concerning the possibility of severe public health harm as risk communication (Reynolds and Seeger 2005), whereas across all organisational settings, including corporate contexts and disaster management, perspectives have been more often framed as crisis communication. Hart et al. (2020) underscore that risk communication sets the general response of the public to anticipated disasters. In this regard, the authors focus on the polarisation in COVID-19 news coverage where some of the established media covered what could be viewed as political communication, as the reporting lacked uniformity and congruence. According to Mejova and Kalimeri (2020), the era of social media has become the main source of communications, but in times of disasters and epidemics, social media platforms have ushered not only devastation and affliction in the physical world, but also prompted a deluge of information, opinions, prognoses and advice to billions of internet users.

At the onset of coronavirus, the World Health Organisation sent warnings of possible circulation of fake news. Interestingly, the virus has been used in geopolitical attacks, donation solicitations, business promotion, stock market advice, and animal rights campaigning. Conspiracy theories became the order of the day and there were suggestions of possible misinformation, ranging from bioweapons to unverifiable claims by politicians, to the use of contaminated testing kits and sale of inappropriate facemasks (Shao and Hao 2020).

According to Prompetchara et al. (2020) the first outbreak of coronavirus was recorded during the period 2002-2003 in which a disease that causes Severe Acute Respiratory Syndrome (SARS) was discovered in China. Approximately 8 years later, in 2011 another outbreak of a virus known as Middle East Respiratory Syndrome (MERS) was recorded. However, both SARS and MERS have been highly linked to the genus Beta coronavirus with a zoonotic origin. After 8 years another coronavirus that causes respiratory-related illness was reported in Wuhan, Hubei, China, a disease now officially known as "the Coronavirus Disease 2019 or COVID-19". -Similar to the SARS and MERS, COVID-19 is said to have zoonotic origins and is classified as a respiratory disease with a sequenced genome, but distinct in composition (UNDP 2020). Since its early discovery in China at the end of year 2019, COVID-19 has spread across the globe with an overwhelming transmission and mortality rate. Furthermore, finding a lasting solution to this outbreak remains a mammoth task for all and sundry. Manifestly, not much is known about the scourge, perhaps years can go by until medical practitioners fully understand the physiognomies of the pathogens and its likely source, symptoms and the subsequent immune responses to combat the infection (Lempinen 2020).

Nonetheless, the Global COVID-19 Emergency Response Report points out that its genome is said to be relatively linked to SARS-CoV and MERS-CoV and the accumulated clinical and experimental data on these previous viruses, one can postulated and even envisage how the immune system may deal with a particular virus and how the virus may elude any responses. Immunology studies of infection have been working towards providing solutions as gathered during the SARS-CoV and MERS-CoV outbreak. The accumulated information on coronavirus infection, the dissemination of such information may provide guidance on knowledge gap about human immune response to SARS-CoV-2 infection. This would definitely give direction on what leads to death of those infected. The insights might assist in the manufacturing of a vaccine against current coronavirus (Halperin 2020). To this end, there are questions concerning how these discoveries were communicated to the

public, and was the communication effective or not. An understanding on forms of public health communication remains critical. Reynolds and Seeger (2005) proposed that a comprehensive approach to emergency public health events should incorporate both risk communication and crisis communication.

UNDP (2019) underscores that the COVID-19 pandemic has not been just a health crisis, but also a humanitarian and development crisis that has further threatened to leave deep social, economic and political scars for years to come, particularly in countries already weighed down by fragility, poverty and conflict. In low-income countries, the pandemic worsened the situation as people lost their sole source of livelihood during the global lockdown period. This forced many to choose whether to stay indoors and die of hunger or take the risk of contracting the virus while fighting for some ends to meet (Lundgren and McMakin 2013). UNDP (2020) further emphasised that governments and other stakeholders should promote integrated response mechanisms in dealing with COVID-19.

In the South African context, COVID-19 was discovered in early March 2020, and cases started piling up in the 5th to the 11th week of July 2020 recording more than 13,000 cases per day. It started with a single case on March 5th then the number of cases increased rapidly, forcing the South African Government to place the whole country in complete lockdown for six weeks (Stiegler and Bouchard 2020). In the onset of the lockdown people were obedient, however serious problems with food supply emerged across the nation, especially in informal settlements leading to riots and confrontation with law enforcement personnel. In tandem, some segments of the population began to be retrenched resulting in massive breach of lockdown rules as people were struggling to feed their families. The concern for the generality of South Africans shifted from the virus to the need for money to pay rent and buy food. The government organised food parcels, but the distributions were marred with favouritism and discrimination (Marivate and Combrink 2020). The government encouraged the public to observe social distancing, wearing of masks and sanitising to contain the coronavirus. Travel bans, school closure, and quarantine were also applied to limit the

spread of the disease. The seclusion of groups and individuals has led to limited access to accurate information. To disseminate information, the Data Science for Social Impact research group at the University of Pretoria, South Africa, has worked on curating and applying publicly available data in a way that is computer readable so that information can be shared with the public through both a data repository and a dashboard.

With time and when the lockdown changed to partial restrictions, serious spikes in the number of reported cases were recorded in the Western Cape Province, Gauteng, Kwazulu Natal and in the Eastern Cape Province, the Garden Route in the Eastern Cape Province, and other parts of the Western Cape Province experienced high case rates. Hospital services became enormously hectic resulting in an abrupt restriction of patient access to intensive care (Stiegler and Bouchard 2020).

At the beginning of the outbreak, the Eastern Cape had relatively low coronavirus cases, but when inter-provincial movement was allowed the figures soared up high. There were massive spreader events, wherein citizens attended large gatherings with utmost disregard of physical distancing or wearing of masks, which obviously was a contributing factor. The situation got severe to an extent that hospitals were unable to cope with the influx of COVID-19 patients, besides any other emergencies (Marivate and Combrink 2020). Drabek (2018) underscores that community change agents have to initiate strategies that can increase resilience and reduce vulnerability. Importantly, emergency managers must transcend the paradigm of community coordination toward a more active image of community change agents. People respond better when they are involved in aspects that affect their day-to-day lives.

Mode of Transmission of Coronavirus

Considering the rapid spreading of SARS-CoV-2, the World Health Organisation issued a public health emergency of international concern (PHEIC) alarm on 30th January 2020. However, knowing the mode to transmission of the epidemic offered a conduit to proper prevention practices (World Health Organisation Coronavi-

rus Situation-Reports 2020). Epidemiology Working Group for NCIP Epidemic Response, Chinese Center for Disease Control and Prevention (2020) states that the epidemiological characteristics of an outbreak of COVID-19 in China postulate that most of the laboratory-confirmed infected patients (27 out of 41 cases) had links to Wuhan seafood market (Petropoulos and Makridakis 2020). Subsequently, investigations to identify the root of SAR-CoV-2, concentrating on animals customarily traded within the open market such as snakes, birds and other small mammals commenced. However, there is no tangible result that links SAR-CoV-2 to animals. Nonetheless, the pangolins were found to be a closest link with the coronavirus genetic sequences from the animals and from humans infected during the outbreak with ninety-nine percent match (Petropoulos and Makridakis 2020).

Furthermore, Epidemiology Working Group for NCIP Epidemic Response, Chinese Center for Disease Control and Prevention (2020) state that in an investigation carried out in Wuhan, results dictated that there was no link with those infected and their proximity to the market (Halperin 2020). In South Africa, the first confirmed case was of a man from Durban who had previously travelled to Italy. The number rose with time as people continued to move around provinces. This resonates with the assertion of Halperin (2020) that coronavirus is transmitted from human to human. By the end of March 2020, President Cyril Ramaphosa announced a national lockdown as way of addressing the spread of the virus.

Immunopathology of COVID-19

The SARS-CoV-2 ground zero of infection is unidentified and the pathogenesis of COVID-19 is still under investigation. Generally COVID-19 affects only the lungs for it is mainly a respiratory disease. The principal way of contamination is human-to-human transmission due to close contact, which transpires through spewing droplets from infected people during coughing or sneezing. COVID-19 has a probable asymptomatic incubation period between 2 and 14 days during which the virus can be transmitted (WHO 2020). For this reason, the rapid spread of SARS-

CoV-2 has occurred with each individual having the potential to spread the infection to at least two or more other people. Based on hospitalised patient data, the majority of COVID-19 cases (about 80%) presented with asymptomatic or with mild symptoms while the remainder are severe or critical. Epidemiology Working Group for NCIP Epidemic Response, Chinese Center for Disease Control and Prevention (2020) hypothesised that the severity and fatality rate of COVID-19 are milder than that of SARS and MERS. With similar clinical presentations as SARS and MERS, the most common symptoms of COVID-19 are fever, fatigue, and respiratory symptoms including cough, sore throat and shortness of breath. Most patients developed lymphopenia and pneumonia with characteristic pulmonary ground glass opacity changes on chest CT (WHO 2020).

Susceptible Population

By February 12, 2020, the Epidemiology Working Group for NCIP Epidemic Response, Chinese Center for Disease Control and Prevention (2020) reported that the median age for severe infections was 58 years. Compared with non-severe patients, severe patients were significantly older (median age, 61 years: 53 years) and patients that suffered the most with COVID-19 were patients that had chronic diseases such as, hypertension, diabetes and chronic obstructive pulmonary disease. The severe patients were significantly more likely to have concomitant hypertension and cardiovascular diseases. Importantly, the most common symptoms were fever, shortness of breath, expectoration, fatigue, dry cough, and myalgia. Moreover, severe patients were significantly more likely to have short of breath and fatigue (Ophir and Jamieson 2020). By October 2020 since the first discovery of the outbreak in the African region, the majority of the deaths were reported from South Africa (18 656), Algeria with (1 873), Ethiopia (1 371), Nigeria (1 125), Kenya (842), Cameroon (425), Zambia (346), Senegal (320), Ghana (310), Democratic Republic of the Congo (303) and Angola (251) (Ophir and Jamieson 2020).

Globally, the numbers of coronavirus disease 2019 (COVID-19) cases soared above a million with the African Region registering 1,262,476

confirmed cases and 28,601 deaths (WHO 2020). The period between 14th and 21st October 2020, a total of 29,919 new confirmed COVID-19 cases and 474 new deaths were reported from 46 countries, compared to 30,145 cases and 747 deaths registered during the period between 7th and 13th October 2020) (Nhamo et al. 2020). However, South Africa sat at the top of COVID-19 cases and mortalities, thus the researcher was prompted to explore the undercurrents to this so as to gain a deeper understanding and probably suggest future intervention strategies for dealing with disaster situations (Lone and Ahmad 2020; Nhamo et al. 2020).

Conceptual Framework

Disaster Management

South Africa shifted from civil protection to disaster risk management after the realisation that the management of disaster risk is paramount to reducing vulnerability of communities most at risk to disasters (Vermaak and Van Niekerk 2004). South Africa has never experienced natural disasters such as earthquakes, tsunamis, hurricanes, cyclones and so on. However, there have been incidents of veld fires, civil conflicts and flooding in Limpopo and KwaZulu Natal provinces, which resulted in the establishment of the disaster management philosophy (Vermaak and Van Niekerk 2004). Constantly, these crises have received so much coverage in the media, governmental subunits and among a variety of non-governmental organisations. Understandably, the increased media coverage is meant to emphasise disaster and crisis response mechanisms and of course, planning (Shao and Hao 2020). Scholars have written on diverse disasters, however most of them have been contextually driven, addressing crises as they occur, thus one has so much research output on various crisis. Despite the distinctions of these natural disasters, Sementelli (2007) asserts that the underlying theories and heuristics used are remarkably similar. Nonetheless, little attention has been directed to how one broadly understands, addresses, and responds to disaster, especially when one moves from developmental discourses of standard operational procedures, policies and the routinized responses to such catastroph-

ic events. In this regard, it becomes critical that lenses be widened and focused on how disaster information is disseminated during crisis (Petropoulos and Makridakis 2020).

Concerning the COVID-19 pandemic emphasises was on the behavioural, psychological and social aspects of disaster response, the sociological and behavioural underpinnings of such phenomena as emergency response, disaster communication and community behaviour. In South Africa, disaster management is defined by the Disaster Management Act No. 57 of 2002 as a continuous and integrated multi-sectoral. Vermaak and Van Niekerk (2004) assert that it is a multidisciplinary process of planning and implementation of measures aimed at the following:

- ♦ Prevention or reduction of the risk of disasters
- ♦ Mitigation of the severity or consequences of disasters
- ♦ Emergency preparedness
- ♦ A rapid and effective response to disasters
- ♦ Post-disaster recovery and rehabilitation

This paper sought to explore the dissemination of COVID-19 related information in South Africa in order to establish the reasons behind the problem of non-adherence to the COVID-19 lockdown preventive measures. South Africa's national COVID-19 response comprised of eight overlapping stages. The first stage focused on preparing for COVID-19, including establishing testing capacity. Stage 2 commenced when there were 51 cases, 10 days after the first South African patient was diagnosed. The government declared COVID-19 a national disaster, banning international travel, closing schools, restricting gatherings, and promoting social distancing and hand hygiene. A national command centre with a high-level advisory committee of 51 clinicians, virologists, epidemiologists, mathematical modellers, public health practitioners, and other experts is providing strategic advice to the Minister of Health and establishing evidence-based policy guidance (Karim 2020).

The country moved to Stage 3 national lockdown, which was a bit eased because the total lockdown resulted in significant economic adversity, particularly among poor and vulnerable people. In Stage 4, the government employed community health workers to assist with case

identifications. It was easier for South Africa to identify the at-risk population for there is a database of those with core morbidities (Karim 2020).

According to Karim (2020), Stage 5 involved singling out of hotspots and implementation of prevention measures in areas with localised outbreaks. Stage 6 focused on the provision of medical care, including constructing field hospitals and some in convention centres. Stage 7 involved preparing for deaths, burials, and the mental health challenges associated with bereavement. The final stage focuses on staying vigilant by engaging in case-finding activities and monitoring population immunity levels using sero-surveys in preparation for subsequent epidemic waves (Karim 2020).

However, many people were adamant to wear masks and even with the use of sanitizers. People in risk situations commonly seek confirmation of the threat situation before yielding to advice. As such, the dissemination of disaster information should consider social and economic dynamics of the most vulnerable populations. In Africa, the hunger pandemic has been and remains a tall order for most families, thus regulation adherence was not exclusively observed in some segments of the population.

METHODOLOGY

The paper adopted a qualitative research strategy to conduct a fieldwork in the locations of Scenery Park Phase 1 and 2 in Buffalo City Metropolitan Municipality, King Williams Town CBD, and Alice Town CBD in the Eastern Cape Province, South Africa to understand the context or setting of the participants by visiting their context and gathering information personally. Exploratory and descriptive approaches were used in this study. Exploratory approach was chosen due to its ability to explore an area where little is known (Turner et al. 2017) while descriptive approach was chosen to describe the participants' perspectives on COVID-19 and the dissemination of information in the locations of South Africa (Creswell 2016). Data collection was cross-sectional as information was gathered once. The authors managed to conduct face-to-face interviews with community members and leaders, and at the same time the authors also utilised observation methods, as they were mov-

ing around the area of Scenery Park. Considering the COVID-19 circumstances, 30 participants (10 from each town) were purposively chosen based on the fact that they reside within the study areas. Besides being purposefully chosen, their availability and convenience were considered. The authors also utilised the snow balling sampling technique for the face-to-face interviews with community leaders to capture the voice of the custodians of the area.

Thematic analysis was used in this study and data was coded, categorised and themes were developed based on the sentiments of the participants concerning COVID-19 in South Africa. Interpretative analysis was also used through description of the characteristics, processes, transactions, and context that constitute the phenomena being studied, couched in language not alien to the phenomenon, as well as the researchers' role in constructing this description. Thematic analysis was used because of its flexibility and ability to assist in developing well-structured themes.

RESULTS AND DISCUSSION

The findings of this paper revealed that, four vital lessons stand out as follows:

1. Failures to learn from the experiences of countries in which the COVID-19 pandemic was discovered first.
2. Inadequate dissemination of information.
3. Polarised coverage
4. The combination of maladministration and corruption, long-term factors beyond individual control.

These drawbacks range across individual, organisational and inter-sectoral risk factors. Participants pinpointed at the polarised reporting culture in which the background to disaster and emergency management was ignored, while focusing on just the events and their aftermath.

Failure to Learn from the Experiences of Countries Where the COVID-19 Pandemic Started

Citizens in the high density suburbs of Scenery Park, King Williams Town CBD, and Alice Town CBD were interviewed about their perception of the Eastern Cape Provincial government's

communication before and during the COVID-19 lockdown to which they were adamant that the current disaster and emergency planners failed to learn from the countries that were hit first by the COVID-19 pandemic. Notably, one of the community members from Scenery Park said:

“Generally, the communication was not exhaustive, everything was done hastily. Televisions and other mediums of communication were flooded with cases and mortalities and that was too much for people to handle. Some stopped following because the information created a lot of anxiety and fear.”

Another community leader also from Scenery Park mentioned the following:

“There is a lot that I as a leader have failed to understand about the COVID-19 pandemic. At some point there were reports that the disease was not airborne, but later on that narrative changed. Our people failed to deal with the myths and misconceptions around the epidemic. In summary, I can say that the government did little about informing people about the risks that are involved when dealing with the virus, as such adherence to lockdown regulations was problematic in locations such as Scenery Park where we find a mixture of planned and informal settlements.”

Another community member from Alice Town CBD expressed displeasure with the Eastern Cape Provincial risk and disaster communication stance and revealed the following:

“Here in the locations, we feel neglected in so many aspects of life and the same is happening even now when there is this health challenge of COVID-19. Not all of us have access to televisions and social media, yet in this era much of the communication is happening through those mediums. Our leaders did not consider such dynamics, and hence we had cases of people who insisted about viewing their deceased family member who succumbed to COVID-19. People thought it was a myth that the body of person who died of coronavirus should not be viewed as such there are people who subsequently contracted the virus and even died after viewing bodies of COVID-19 victims. This is something that is avoidable had there been proper education and effective communication on the risks and dangers associated with the coronavirus.”

The other community leader from King Williams Town CBD also said:

“There is evidence that most of the interventions being implemented to contain the coronavirus are driven from China where this virus was first discovered, but it is shocking that our leaders could not act swiftly in communicating the risks about coronavirus. China is a huge nation, yet they were able to contain the virus effectively according to their reports. Clearly, our front runners in leadership did not gather enough information about this health challenge.”

While another community member from King Williams Town CBD said:

“I hold the view that the information we got was somewhat fragmented, as such people struggled to understand what they were fighting, which probably led to non-adherence to lockdown measures.”

The findings from the interviews indicate that risk communication process adopted by the Eastern Cape Provincial government was not properly grounded, as the messages about the COVID-19 pandemic were received with doubt and scepticism. These findings are contrary those of Halperin (2020) who emphasised that it is pertinent to design risk and disaster communication strategies that are applicable to the targeted audience. Hence, Hart et al. (2020) noted that there are merits associated with learning from past pitfalls. This, Reynolds and Seeger (2005) postulated, is due to the fact that coronavirus was discovered in China. However, China had experience of similar outbreaks such as the MERS and SARS, thus they were to some extent able to deal with the ordeals of coronavirus. As a result, risk communication is vital to the overall public response in case of anticipated danger or disaster. Complacency and procrastination remains one of the challenges in instituting robust disaster response (Ophir and Jamieson 2020). In addition, Drabek (2010) points out that in their analysis of people's response to warnings about bushfires in Australia. Drabek (2010) articulates that people tend to down play risk especially when they have to meet certain ends of their livelihood.

Inadequate Dissemination of Information

The findings point to fragmented dissemination of information regarding the COVID-19

pandemic. One of the participants, a community leader from King Williams Town CBD shared the following view:

“The disease remains a mystery to most people here in locations. The vehicles that circulated with a loud hailer were moving so fast that we could hardly get their message. It seems like they were doing it as a formality, and not necessarily to inform the people. Considering the seriousness of this pandemic, I believe they could have done better in terms of information distribution.”

Another community leader in Scenery Park revealed the following sentiments concerning the dissemination of information about COVID-19:

“Though it has been said that the coronavirus is more deadly on people with underlying ailments, it does not mean the youth cannot succumb to it. It is a fact, but this has been interpreted wrongly by the youth who think they are not susceptible to coronavirus such that they do not wear a mask consistently, thus increasing the chances of new cases.”

This resonates with another community member's view from Alice Town CBD that:

“The youth are the main culprits in the spread of this coronavirus, they do not wear masks and they are always on the streets moving up and down. They may not fall sick, but they may carry it and give the virus to their grandmothers. (Bayazulazula apa elocation)”

Another participant from Scenery Park shared the following:

“The mainstream media has at several occasions published contradicting facts about coronavirus, for example the mode of transmission was said to be contact based, but it turned out that the virus can remain in air after an infected person sneezes. Communication should be straightforward and easy to follow, but the reporting about the coronavirus has been random with often contradicting facts, thus leaving room for the public to interpret the information in multiple perspectives. This increased the likelihood of people breaking the lock down rules.”

Evidence from the interviews points at the manner in which the Eastern Cape Provincial government of South Africa's risk and disaster communication as the root cause to public non-

adherence to lock down regulations. The disseminated information generated multiple interpretations from the public. Participants revealed that they have been served with inadequate information concerning the coronavirus. In addition, they have struggled to strike a balance between the truth and fake news about the disease.

Hence, Shao and Hao (2020) outline the challenges of inadequate risk communication, especially in highly polarised environments. This agrees with Mejova and Kalimeri (2020) who also elaborated on the challenges experienced when competing facts are released to the audience. The mass will respond haphazardly because they would have received varying information. In this context, risk communication about coronavirus was marred with inconsistency, thus it promulgated public non-adherence to lock down conditions.

Polarised Coverage

The findings further point to polarised coverage of the pandemic whereby the media platforms predominantly reported new cases and deaths, which created anxiety and panic. One of the leaders in Scenery Park Phase 2 highlighted the following when she was asked to share her sentiments on the coverage of the pandemic.

“The coverage of the pandemic was somewhat asymmetrical, as focus was more on the number of cases while neglecting the recoveries and preventive measures. This made most people paranoid and they could not cope. Their survival instincts pushed many into denial of the risk, thus there was non-adherence in the location, especially after level 5 of the lockdown.”

Community members were asked about how COVID-19 was covered and addressed in media and strategies implemented by the Eastern Cape Provincial and one of them from Alice Town CBD shared the following:

“Now when I look at the statistics I see that many people recovered from the coronavirus compared to those who died, however, recoveries were covered in passing. Hence I can say lack of support and too much emphasis on death could be the reason why many people died. Remember, the victims had little or no access to their relatives, and as a result many could not cope with the ordeal.”

The other community member from King Williams Town CBD also said:

Risk communication is essential, but if it is not executed properly, it may not achieve the intended objective. Regarding the coronavirus, much emphasis was on death and I think that is when everything lost momentum. Some people thought coronavirus was a death sentence, yet there are so many cases of people who recovered, which were not reported. Risk communication strategy that was utilised by officials lacked balance.”

These findings are in line with the arguments of Shao and Hao (2020) who asserted the impact of polarised coverage of disaster to the overall public response. Risk communication about the coronavirus has been grossly linked to geopolitics and economic strands, whereby narratives emerged on social media citing the coronavirus as a bioweapon meant to weaken other nations and create a shift in global economic. A deceptive narrative is the end result of such polarised reporting. Hart et al. (2020) also asserted on how imbalanced and polarised coverage may distort intervention strategies, as the audience are likely to follow messages that resonate with their survival instinct. In low and middle-income country, people are faced by the hunger pandemic, thus adhering to lock down was not fashionable for most people in South Africa, as they constantly struggle to meet their basic needs.

Inadequate National Disaster and Emergency Response Coordination

The findings also indicate that the public were unprepared for the coronavirus pandemic and coordination of the disaster response interventions was poor. One of the participants from Scenery Park shared the following sentiments concerning disaster response administration.

“Initially there were few cases of COVID-19 in Eastern Cape, but due to poor management and coordination, people from hot spot provinces relocated to Eastern Cape, and as such the virus spread fast and the Province was not fully prepared. Risk communication strategies had glitches.”

The other leader from Scenery Park revealed the following:

“The leadership prioritised other things at the expense of people’s lives. For instance, there were cases of bogus activities that the leadership did during this pandemic, and the Personal Protective Equipment (PPE) tendering processes were marred with corruption. To most of us, COVID-19 was a public health threat, but to some it was an opportunity to make money.”

A community member from Alice Town CBD also said:

“The messages about the risks associated with the coronavirus reached our neighbourhood. However there was lack of coordination in the manner in which the information was disseminated. For example there were people from the government who were here conscientising the masses about the virus and there were NGOs, which were here talking about coronavirus. It was good, but I do not know if the efforts were coordinated because some areas were not reached, yet here in the central business district we got two similar campaigns.”

While another leader from King Williams Town CBD noted:

“Communication about the coronavirus could have been better had the process been well coordinated. Some of the people who were involved in information dissemination were doing it for money rather than the core purpose of informing and education. This distorted the communication and could be the reason for public’s non-adherence. Different narratives were released to the people and it was up to the masses to decide on what worked best for them, so coordination was problematic.”

The findings also reveal that coronavirus risk communication was poorly coordinated and there were cases of funds embezzlement. Participants expressed concerns about the lack of accountability in the response mechanisms. Mejova and Kalimeri (2020) explained that the success of any intervention is based on the level of commitment and accountability that managers and administrators put in dealing with life threatening circumstances. Nhamo et al. (2020) elusively expounded on the impact of COVID-19 on strategic sector of development, particularly with regard to Sustainable Development Goals. The authors further point out corruption as an underlying factor to failure of COVID-19 interventions. Lundgren and McMakin (2013) high-

lighted the significance of risk communication in communicating environmental, safety, and health risks.

CONCLUSION

Risk and disaster communication is pivotal to public health interventions. It spearheads the overall response to impending danger; therefore disaster management requires coordinators to do thorough investigation so as to ensure accuracy in reporting and broadcasting. Though corona virus was first identified in China, many countries were caught unprepared and struggled to communicate true facts about the corona virus. Haste communications by various governments and organisation did little in preparing people for the corona virus. People across sectors held varying conceptions about the corona virus which is a sign that risk and disaster communication was ill-prepared. People in locations around Eastern Cape Province of South Africa were affected by fake news and myths that were circulating on media platforms. In tandem, mainstream media was deeply polarised putting emphasis on death and new cases which further made people to plunge into fear and anxiety.

RECOMMENDATIONS

Considering the challenges experienced in information dissemination and coordination, the study recommends the training and development of crisis leadership competencies as a proactive measure. Disaster management calls for seasoned leadership and competency. The study also recommends spirited awareness campaigns ahead of an impending disaster to fully educate and empower the masses. The partners involved in the campaigns should be well coordinated and they should speak the same message to avoid confusion and distortion of information. Proper verification of facts concerning the risk or disaster is key to this effect because there have been cases of fake news circulating on social media platforms.

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