# Audio file

Participant 11.m4a

# Transcript

Speaker 1

Hello first and foremost, I'd like to thank you for taking time aside out of your day for this interview. Before we you begin the interview, I'd like to explain the nature of this interview and why I'm conducting this research. So I'm currently studying an MPhil degree in Strategic Communications management at the University of Pretoria, and as a communications student, I'm particularly interested in the way. Communication in communication in the way it's conducted and received, especially during times of crisis. The nature of my research is based on health, communication, health crisis, communication during the COVID-19 pandemic. And seeing as the pandemic affected everyone, I find that everyone has their own opinions and perceptions of how the COVID COVID-19 health crisis could have been handled. I want to interview you to understand your perception of implementing this type of communication, and I'd like you to think of this not merely as an interview, but as a conversation between two people whereby 1 educates the other. And in this in the in this instance, you're the educator. Our interview is confidential and for assurance purposes I would like your permission to record this. Interview if that's OK, i

Speaker2

It's ok.

Speaker 1

So how did you respond when you first heard about the COVID-19 pandemic in South Africa?

Speaker 2

I was in this belief. I didn't really think it was real at first until the they started showing the statistics on TV and then people actually being sick and then they said, OK, it's coming to South Africa. And yeah, basically that first lockdown really just confirmed it from like or. It's really happening. Yeah. People are really dying. And it's a problem.

Speaker 1

And what was your opinion of the COVID-19 information shared by the government by the South African Government during the pandemic?

Speaker 2

It looked transparent, it looked like. They actually reporting truth in certain for the for whatever like the amount of casualties and all that in the amount of people that are infected currently. And all that. Yeah, they did a lot to get the statistics every day. Like we see on Google. You know, they had a thing where and then also that like. On WhatsApp, we will send the report out usually daily, not daily, but regularly. And no, the way they they did. Quite well to do that. Communicate with.

Speaker 1

Did you find the COVID-19 information shared by the government easy to understand?

Speaker 2

Yeah, relatively easy to understand. I mean, I think they tried. They tried to really make it readable to.

Speaker

Hmm.

Speaker 2

The average person. And that's what they feel like they had to do because it affected everyone. So they they try to really make it understandable specifics and.

Speaker 1

Did you find the information accurate? Why?

Speaker 2

I can't really judge that. I don't know how would I judge whether or not it was accurate or not because they be the only amount of like people that were counting the actual amount of infections. But I feel like they might have. I just if it was maybe off the record like I feel like maybe they would inflate. Certain statistics. Conspiracy. Yeah. Just to get us scared, you know, and stuff here and never stay in house, you know, and inflate the statistics. But I feel overall it does. I believe it, I believe. This is.

Speaker 1

Yeah. What social media post about COVID-19 caught your attention?

Speaker 2

UM. Social media, and they did the. The social distancing, like the the social distancing. How to wash your hands, clean your just to avoid the spread of the the virus. And I saw that post quite a lot, and there was this the infographic. I think it was where they showed how you should wash your hands in the bathroom or you should social distance. And I think we saw that in a lot of different places, especially government institutions and mostly like shops and whatever. Like, yeah, but. I did see it on social media as well. They posted that a lot

Speaker 1

what made those posts stick in your mind?

Speaker 2

Because there was fear, I guess. Fear of contracting it and knowing how to. Curb. Yeah. Curb the spread of it and trying to avoid contracting the virus as well. So I feel like that's what really means.

Speaker 1

How did you respond to the COVID-19 message? As you saw during the pandemic?

Speaker 2

Respond only to face man, cause I. And really, you know, when it's you believe it's real, but it it hasn't it when it hasn't touched you. So it was just like, oh, I'm reading this. OK this what people should do but not me. I'm honestly I'm just in my house anyway. Really pay much mind to it.

Speaker 1

Yeah. Can you share any examples of messages that could have changed that changed how people around you so thought about COVID?

Speaker 2

Any.

Speaker 1

Can you share any examples of messages that change how people around you thought about COVID-19?

Speaker 2

I'll tell you the. No, not really. OK, the, the, the. There is an ad, there's an advert about what the virus actually is and how it spreads. To know how it attaches itself to like. I think it's mucus or something like that, and that the fact that it is. Airborne it became airborne and it can also be as well as through physical touch, but it can also be transmitted through airborne sources, and that's what they really they just cleared things up for me personally, I feel like for a lot of people also like we begin to understand what the virus really is.

Speaker

OK.

Speaker 2

So they they were. I think they when there was like a advert on TV explaining that how it contracted and so on once then and it was yeah that that really just gave me perspective as to what it is specifically.

Speaker 1

Yeah. Did you find the way COVID-19 was communicated? Influenced how you saw the pandemic?

Speaker 2

Or like what is propaganda?

Speaker 1

Or something like the way the way that the communication was conducted and the way they communicated about COVID did influenced the way you looked at the pandemic.

Speaker 2

Yeah, I think it influenced the seriousness, the urgency installed urgency. You take precautions, yeah, but obviously, you know, like I said, if you stay in your hospital, but it did, it didn't feel a sense of urgency like when you would leave the house, you would take the precautionary measures, like wearing a mask and that was.

Speaker

Yeah. Right.

Speaker 2

Or reiterated to us by. The government, their ways of not advertising but sending out the alarm and the warnings and whatever. So we didn't still the sense of. Urgency.

Speaker 1

what do you think about the governments WhatsApp hotline slash group or for COVID-19 information?

Speaker 2

No, I think it was. It was. It helped it. Helped to a certain degree cause people were at the home anyways and we were on our phones anyways. It was a good way of communicating things to the general public and whereas you wouldn't really see much power boards and all those other advertisements much, you know, people weren't even really watching the TV as much. We're spending time on our phones so. What the hotline really did form or it did serve as a good source of information on the pandemic itself.

Speaker 1

Yeah.

Speaker 1

Was it trustworthy?

Speaker 2

To a certain extent. You would question it, cause it it is what type after all. Yeah, it is. What? It's not like ENCA or. One of the national broadcasters, or CBC News or whatever. Yeah. So you would look at it with some skepticism. You would look at it with some skepticism. But yeah, eventually you would see the same things being projected on TV and stuff. So after a while, you started believing, I think.

Speaker 1

Yeah. Do you think? People in different parts of South Africa perceived COVID-19 differently based on the messages they received.

Speaker 2

Yeah, I think different people did perceive it differently because of. I think in some areas you would find like a lack of certain technologies, exposure to certain things and that would just mean that they would receive less information on what it was, understand and a lot of those communities rely on physical.

Speaker 1

OK. Yeah.

Speaker 2

Contact, which was medicated in in the during the pandemic so.

Speaker 1

Yeah.

Speaker 2

Yeah, it did. It did. So you wouldn't really get the full message out to everyone, especially in South Africa and in a South African climate.

Speaker

MHM.

Speaker 1

Can you think of any events during the pandemic that made people trust health authorities more or less?

Speaker 2

The rollout of the. Vaccine the rollout of the vaccine. It had mixed reactions. It had mixed reactions. Some would see the.

Speaker

Mm-hmm.

Speaker 2

The spirit which the government was able to get vaccine as as a sign of urgency and a sign of them actually taking the thing serious and others would think that, OK, fine. The fact that they got it so fast is questionable. You know, you wouldn't really trust it much, but I think it it did that even they even just influence the way people trust the government, so it will prevent two ways, man. But for me personally, I trust retail as well and yeah.

Speaker 1

What are your thoughts on the fake news that spread during COVID-19?

Speaker 2

Fake. That's the age we live in, man. I think it's just the. It's just, uh. It's a casualty, but it comes with the territory. Win now is a society where information is so readily available, but is verification processes are not readily available and they can't really. We can't really monitor the information that comes through due to a lot of reasons. Freedom of speech 12345, but I don't it just. It's expected to worsen1. I mean, that's how I feel. It's just expected it it just the onus just lies on us to see whether or not the source is trusted, whether you're trusted source or.

Speaker 1

Do you think the spread of false information made people trust health authorities less?

Speaker 2

OK. No, not really. I mean because. It just depends on. Whether or not. The information was coming from health authorities, whether it originated from the fake information was coming if. If I was to see that I had a fake information was coming from my health authority and was proven and such, then obviously, but the majority of the information they shared was quite trustworthy, so it would usually be like miscellaneous sources, sources that can't be, you know, they haven't been verified. To share that type of information, I would share that. So that's what I feel.

Speaker 1

Thank you very much for your meaningful responses and contributions to the study. We have ended the interview and I've covered all the questions I intended to ask. Is there anything else you would like to add? To our discussion. Thank you for your time and I've learned plenty from you and your experience.