# Audio file

Participant 8.m4a

# Transcript

Speaker 1

Hello first and foremost, I'd like to thank you for taking time out of your day for this interview. Before you begin, I would like to explain the nature of this interview and why I'm conducting this research, so I'm currently studying an an MPhil degree in strategic communications management at the University of Pretoria and as a communications student. Particularly interested in communication and how it is conducted and received during times of crisis. The nature of my research is based on Health Communication crisis during the COVID-19 pandemic and seeing as how the pandemic affected everyone, I found that event and opinion and perceptions. Of how the COVID-19 health crisis could have been handled. So I want to interview you to understand your perception of implementing this type of communication. And I'd like to. I would like you to think of this not merely as an interview, but as a conversation between two people, whereas one educates the other. And in this instance you the educator. I would interview these confidential and for insurance purposes I would like to ask your permission to record this conversation. If that's OK.

Speaker 2

Yes.

Speaker 1

OK. The first question is how did you respond when you first heard about the COVID-19 pandemic in South Africa?

Speaker

Uh. And.

Speaker 2

Well, initially I just told you it was just something that's gonna, you know, come in past. We have. We were in my time. I've experienced, for example, not a pandemic, but small epidemics. That. Again came and passed. They didn't alter anything, but as soon as it became a real threat and seeing then like the repercussions of no people in public spaces in the airport, for example, having to wear masks, not touching things, it became very real. And then now it was. In a. A thing of OK. But what is this actually? You know, we I was seeing a lot of. The effect of it, but not knowing what it was and I guess at the time also maybe the people didn't know what it was. So it was just a matter of caution of you know, just not being careful enough and more people getting sick so. Yeah, it.

Speaker 1

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

Speaker 2

Well, as someone who is not really glued to social media. I think it was better for me because it it allowed me to only rely on what was broadcasted by like your local newspapers and the news. So when it comes to social media, because it's easy for someone to impose their opinion, that is not necessarily factual. So I was fortunate to not experience. Influenced by that? But so when it came to the the newspaper reports and also the news. The Daily News will play on our television. I was, you see, for example, ministers or professionals speaking on the on the on COVID-19. So then it's more trustworthy. And also it's it's something that you can say, OK, it's factual and also it's gone through the necessary channels. And before it came to us as the, I guess the public, so I was fortunate that in that in that drought that I could almost trust what I received.

Speaker 1

Did you find the information shared by the government easy to understand and why?

Speaker 2

I would say yes, it was easy to understand. But that was necessary, I think, because of the lack of detail involved. There wasn't detail given on the the illness more than I guess how to prevent it from spreading. All you saw was than a meter and a half away. Have a mask. Do not touch sanitize. Where it comes from really you are told. OK. You were told it was like airborne. So again, the the simplicity of the communication came as a result of a lack of detail. We were still very much in the loss in the DOC regarding what is actually going on, but we just told briefly so. Do this. Don't do that, and so it's easier to take that simple instruction. But that's because it is a simple instruction.

Speaker 1

Yeah. And did you find the information accurate?

Speaker 2

As time went there, I do see the inflammation became a lot more accurate because it was also there. Now more fine-tuned initially it was like very broad and restricted you from many things. I mean I look at for example the lockdown situation. We were in lockdown. Yes, because of the. The like the the amount of cases that were being. That were were had, but also it was just to prevent not knowing how to stop this. We don't know how to stop it, so let's just stop him from interacting, you know. But as soon as they started saying, OK, how does this spread? How does this affect people? The the limitations are. But also getting less and less and less and less so I think. As soon as they were understanding it better they could then also. So. Allow or to handle the situation meant as a result. So yeah, I think it was. There's more something like that than. Than anything.

Speaker 1

What social media post about COVID-19 called attention?

Speaker 2

So as I said, I didn't. I don't. I'm not. I don't have social media other than the the usual WhatsApp posts or or. Yeah, that's pretty much it. So. In terms of social media posting. I would say what I saw was. The I I rely on watching the news, literally watching the news and hearing OK what what to do, how to go about it. And yeah, so there wasn't necessarily specific social media outlet that I could say I was deriving my. Awareness or things from?

Speaker 1

And how did you respond to the messages you saw? During the pandemic.

Speaker 2

Well, to be honest, I didn't. I didn't really. I guess go with any of. It when I was at home sitting and locked down. I was at home staying locked on. I wasn't then like using sanitizer after I touched something, you know, so.

Speaker 1

Mm-hmm.

Speaker 2

Again, maybe that's also like me, not maybe being aware of the of the severity of the situation. You know, because I think for someone who has probably seen directly the impact of COVID, they will go the extra mile. If you've had a loved one and lost one in your family as a result of COVID, you would have probably been a good, OK, this is much more real than I thought so. I was me. I was. Yeah, I took it relatively lightly, you know, but also respectful of other people's fears and their personal space. I wasn't going into people's spaces and doing it in my own space. I was relaxed.

Speaker 1

Can you share any example of messages that changed how people around you thought about COVID?

Speaker 2

I think most of the stats. This that's changed. Like when you you receive the stats. Initially it was perceived as something that was going or that was really affecting those who had preexisting. Health struggles and maybe the elderly. Until. No. People are ready to be young, started to get sick and and to die so. For nearest the steps, seeing the numbers change over time, that was, yeah, that was it, yeah.

Speaker 1

And did the way COVID-19 was communicated influence how we saw the pandemic?

Speaker 2

Yes. But not to a high degree, I'd say. It got to a point where. I also do not know if the the numbers were were being rigged, they were cooked, you know? Because now it's like. So many people were getting it like. A lot of people now. Again. During the COVID pandemic, everyone who got sick was just told about COVID. So now it raises the question on what happened to the other illnesses. You know, if someone has a pneumonia or TB or. Hmm. A common cold. You know, you could actually just have other illnesses, but at the time illness, if nothing else existed than COVID. If you went to hospital, you were told you had COVID I did not see a single person come back from hospital or from a check up and not come back being told they had COVID. You know? And so for me that was like, OK, but that doesn't make sense. It's now, it's seemed a bit rigged. Now we just say everything is a COVID case and that was maybe because they would only speak about COVID and only promoted. And I mean, it was also, it was only the winter seasons. It's common for people to get sick.

Speaker

Yeah.

Speaker 2

In South Africa, it's common for people to get called to get TB, but now it was not as if you didn't hear about those illnesses at all. You only heard about cold and it was. What happened? You know, so.

Speaker 1

What do you think about the government's or WhatsApp hotline group for COVID-19 information?

Speaker 2

I think it was a. It was a good it really was a good, I guess. Move from the government side to have. And easier and quicker access, you know, because. For now I'm just trying to think of people who don't necessarily have means. It's easy to just use the, the hotline and say. And we have a suspecting case.

Speaker

Hmm.

Speaker 2

Because also there was the thing back then, if you if you're suspecting you'd rather be sure, you'd rather. I'm sorry. Be safe. And you send a message and people come and do the test. You know? So that was, I think that was good because it was, you know, for quicker access than either. Calling, waiting for an ambulance to come. And if you don't have a car, you can't go. Somewhere where they test it, so at least it was it was good. I think it was a good move from their side just to try and have people more accessible to do the tests and things of that nature. And just to be more mobile.

Speaker 1

Was it helpful? If So can you explain.

Speaker 2

I think it was helpful. I'd like to think that the people in the other at the end. Weren't just like. Service providers. But we're professionals. I don't know that detail, you know, because that's again that's one thing. If they were professionals and I guess trained if, for example, the nurses. And they will be able to decipher or differentiate between. Is it really Covid or not and? Yeah. So I think it was, it was, it was helpful. I don't know to what extent really. But I think it was. It was more helpful.

Speaker 1

Was it trustworthy?

Speaker 2

And that's the question I don't really know or have the answer to you. Again, at the time, everyone who was sick was told that COVID. So now.

Speaker

Hmm.

Speaker 2

For again, for someone to come and to test. You never heard of anyone testing and not you barely ever heard of. People tested and not coming back positive so. The the validity of it. It was really, really hard to tell.

Speaker 1

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

Speaker 2

Yes, I do think so because if I look. If I compare what is happening in the suburbs and the towns because we are so more, are exposed to social media and differential communication, their fear was far greater. And. I mean a lot greater than if you go to our rural areas, the rural areas, the kids were going to go, they still have a mosque on, you know, but they were playing around together whole day. Everyone was still continuing with life as per usual just now with having a. Mask on their face. You know, yes, there wasn't as much his interaction because the adults will try and caution, you know, hey, don't do that, don't do that. But when there was a funeral, everyone would go to the funeral.

Speaker

Hmm.

Speaker 2

So the the the restrictions of COVID there. Very light. People actually trying to. Live. Life normally. And so, but and that maybe is because of the lack of exposure to all the communication, all the the fear that comes with hearing about the cover every single day, every moment of the day. So I think there was the, the the contrast where in the towns you exposed. Because you would means. And so it heightens your fear thereof. But in the rural areas it. Wasn't the case as much.

Speaker 1

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

Speaker 2

Umm It's tough to say because even when we were in the lockdown. The cases are increasing a lot. Well, according to the stats, they're increasing greatly. I'd say maybe the introduction of the vaccine, but even then they came out of backlash. No one trusted the vaccine at first, you know. But because maybe the the as soon as the vaccine was introduced. The restriction started listening, so it made people or it was forced people to go to the vaccine. If you wanted to live normally and as a. Result? Well, not as a result, but then the numbers started to drop, so you could then trust the vaccine a bit more because people are going back into their normal lifestyle, have taken the vaccine and numbers aren't as high anymore. So you were like, OK, maybe this this intervention is working and also now, but when we had gone back into I guess going to integrate back into normal life, you had sanitizers everywhere. You had masks everywhere you know the. Also, another place where we were at markings of where to stand so though.

Speaker

Hmm.

Speaker 2

It it helped prepare everyone integrate slowly. Yeah. So.

Speaker 1

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

Speaker

I think it's.

Speaker 2

It's always sad that. Any good thing? Candy is my full bad. You know, media outlets to spread truth and news. Can we use for people to to spread lies and fear for whatever personal gain it may be? Yes, you would see it on and. For example, in people broadcasting messages on WhatsApp. And then you see it in the middle after from this department. This is fake news. So it was. The world, I guess efforts to counter. Fake news and false news, but. It's just, it's really hard to. To restrict and contain.

Speaker

Hmm.

Speaker 2

It's always a thing where you're. You reactive to it, not necessarily proactive. I don't know if you proactive if if you constantly giving off.

Speaker 1

Hmm.

Speaker 2

News. They're trustworthy, and then any false news.

Speaker 1

Yeah, yeah.

Speaker 2

Will come will. Be compared to that, that's not true.

Speaker 1

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

Speaker 2

Yes, it has. It has compromise. The health authorities. Because now you it's nice not doubting. What is true? From what they had. Been. Saying or what you had already believed yourself and then. Just I guess. It's easier now. It becomes easier for someone to be like because you don't know as an individual in the public. The general public. You don't know what's true or not. So if the health official says it's true and then someone comes out who is a private doctor saying, hey guys, this is not true, which was often the case. You had private people in the health. Sector countering what government to say? And now you know I'm stuck in the middle. I'm only saying this. And. These guys are saying that and now it forces rather people just choose not to choose a side. To just. Whatever I think. I'll just do that. And so it may. Yeah, it wasn't it. It made it difficult, I think, because then now you start seeing inversions of like people trying to do. Things their own way. As a result, or.

Speaker 1

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