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**Exploring Vrede Community Views on Government
Communications on COVID-19**

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Abstract

The unprecedented speed and scale of the global pandemic of coronavirus disease (COVID-19) have literally shut down countries and the global economy. Though a limited outbreak of the disease was noticed around December 2019 in Wuhan, China, the World Health Organisation declared the outbreak a Public Health Emergency of international concern on 30 January 2020, and a pandemic on 11 March 2020. While the impact of the disease is unique in different countries

because of cultural norms, mitigation efforts and health infrastructure, the biggest challenge of various countries is communicating the behaviour of the disease and public health programmes articulated by various governments to inform and educate their citizens. Vrede in Free State Province, South Africa, has also seen these challenges, ranging from cultural challenges to infodemics, which is a major concern for WHO. Using a qualitative approach, the study adopted the Health Belief Model (HBM) theory to examine the views of the residents of Vrede community on government crises and risk communication strategies with a view to evolving effective communication strategies to achieve public safety. The study adopted the semi-structured interview data collection method and spoke with 12 participants of different sex and age, and analysed the data using the applied thematic analysis. The study concluded that, while infodemic was perceived as misleading information, there is a need for governmental information to become bottom-up in ensuring effective communication.

Keywords: *Communication, COVID-19, Infodemic, Pandemic.*

Introduction

Coronavirus, called COVID-19, just happened to an unprepared world, and the origin is traceable to Wuhan in China. Although there are debates on the cause of the virus, especially between the United States of America (USA) and China, the spread of the virus was unprecedented and affected different countries based on their respective health infrastructure and how the governments responded with policies. The declaration of the virus as a pandemic in March 2020 by the World Health Organisation (WHO) caused further strain in the relationship between China and the USA on one hand, and between President Donald Trump and his Republican Party and the Democratic Party in the USA on another hand. This confusion was not in the USA alone, but also in the United Kingdom (UK) and in Europe generally.

The cacophony of voices created a mixed messaging situation globally with all kinds of conspiracy theories being circulated, which created doubts in the minds of the people. Therefore, various governments of the world had to grapple with separating facts from fictions, and also had to counter infodemics which had taken strong roots in many countries, particularly on social media. This situation was also witnessed in South Africa and in Vrede, a sub-urban town in Free State Province. The objective of this study is to explore how Vrede community viewed the COVID-19 communication from government, and to appreciate their disposition

towards it and review how best government can better communicate to the community.

Literature Review

The global pandemic of coronavirus (COVID-19) that became known to an unsuspecting world in 2019 after its breakout in Wuhan, China, spread to most countries in the world on an unprecedented scale and speed (Whiteside, Parker, & Schramm, 2020). Though the World Health Organisation (WHO) declared it a pandemic in March 2020, the impact of the disease had already made an entrance globally, with different effects in different countries (Patrick, Abiolu, & Abiolu, 2021). These differences are attributed to variances in government's response and crises communication, cultural norms, mitigation efforts and health infrastructure (Miller, Reandelar, Fasciglione, Roumenova, & Otazu, 2020). The vulnerability of low-income and middle-income countries was intensified due to their ill-preparedness either with their health infrastructure or communication infrastructure and, in most cases, both (Anwar & Gentzkow, 2020). This deficit in communication infrastructure with its concomitant poor or even nonexistent crisis communication strategy has led to a lot of misinformation, especially on social media for many across time and spaces.

Public health communication is a subset of health planning and strategy. It is core in implementing health initiatives irrespective of any field in health, including the breakout of an epidemic. According to Winnipeg Regional Health Authority (WRHA)¹, public health communication is the development, dissemination and evaluation of relevant, accurate, accessible and understandable information shared with and received from intended audiences to protect and advance the public's health. It is inherently interventionist, and it seeks to promote and protect health through change at all levels of influence (Bernhardt, 2004). More than any other public health crisis in recent memory, the COVID-19 pandemic emphasises the necessity of effective health and risk communication.

Misinformation is not a new problem, but the dissemination of misinformation has grown exponentially since the beginning of the 21st century (Kim & Dennis, 2019). Prior research suggests that misinformation can fuel situations such as health anxiety, poor health-related decisions and

¹ <https://professionals.wrha.mb.ca/old/extranet/publichealth/priorities-communication.php>

impair individuals' and health officials' ability to accurately evaluate the severity of ongoing situations and take necessary actions (Allcott & Gentzkow, 2017; Sommerlad, 2020). For example, Nasir, Baequni and Nurmansyah (2020) posit that the availability of excessive information in the public space on the COVID-19 pandemic is creating an infodemic challenge in Indonesia as people find it difficult to identify trustworthy and reliable sources needed to respond to the pandemic. Similarly, Costa's (2020) study also notes how the COVID-19 pandemic has caused a lot of panic in South Africa with serious impacts on livelihoods, the social fabric of communities and the economic landscapes. The study argues that lack of proper communication by the government is the major cause of this general confusion among the people. This summation becomes a research concern, considering that the South African government's response to the pandemic had been projected by the French Institute for Health and Medical Research in 2020 as a better-equipped country in Africa to face the pandemic ((Freimuth, Linnan, & Potter, 2000).

The situation in Indonesia has similar attributes to the situation in Vrede, a sub-urban town in the Free State Province of South Africa. The lack of reliable information that can enable the Vrede community members to respond to the government's communication and excess information have misinformed the people, contributing to the surge of the COVID-19 cases in the community. The increase in infection rate is more worrisome because the WHO, in 2020, had expressed concern about the capacity of low-and-middle-income countries (LMICs) to manage the pandemic because of lack of effective pandemic response and preparedness plans because of the fragile health systems and the prevalence of misinformation in these countries (Lau, Hung, Go, Ferma, Choi, Dodd, & Wei, 2020).

Therefore, this study explores how government should communicate with a semi-urban community like Vrede in South Africa, an LMIC, on the management of the COVID-19 pandemic. Consequently, this study focuses on how the government has disseminated information about COVID-19 to residents in Vrede and countered the spread of misinformation with a view to evolving an effective communication strategy to achieve public safety that can be sustained and used for public health communication. The study also aims to explore the views of residents in Vrede community and the factors militating against the acceptance/comprehension of COVID-19 messages in Vrede community. The study intends to explore the development of the appropriate messages and medium that will facilitate effective communication on the COVID-19 pandemic in the community.

Theoretical Framework

The Health Belief Model (HBM) theory, which explains and predict health-related behaviour (Katirayi, Akuno, Kulukulu, & Masaba, 2021), was utilised to situate the discourse, processes and stages necessary to effectively communicate with the community to manage the COVID-19 information in a manner that they will appreciate and trust the government.

The Health Belief Model, developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles and Howard Leventhal (Suemo, Nyiete, & Ternenge, 2021; Katirayi et al., 2021), enabled the study to explore the willingness of the residents of Vrede to change their health behaviours based primarily on their health perceptions about COVID-19. The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programmes. It is used to explain and predict individual changes in health behaviours. The theory explains that, if the residents of Vrede were informed of the dangers of COVID-19 to their health, the health of their families and the community, they would have adjust their health behaviour and choices.

The key elements of the Health Belief Model focus on individual beliefs about health conditions, which predict individual health-related behaviour. The model defines the key factors that influence health behaviours as an individual's perceived threat to sickness or disease (perceived susceptibility), belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in ability to succeed (self-efficacy).

The Health Belief Model can be used to design short-term and long-term interventions. The five key action-related components that determine the ability of the Health Belief Model to identify key decision-making points that influence health behaviour are:

- gathering information by conducting a health needs assessments and other efforts to determine who is at risk and the population(s) that should be targeted;
- conveying the consequences of the health issues associated with risk behaviours in a clear and unambiguous fashion to understand perceived severity;
- communicating to the target population the steps involved in taking the recommended action and highlighting the benefits of action;

- providing assistance in identifying and reducing barriers to action; and
- demonstrating actions through skill development activities and providing support that enhances self-efficacy and the likelihood of successful behaviour changes.

Therefore, while the mode of infection of coronavirus is known, there is still a need to engage with the community to appreciate their socio-cultural perception based on the mixed messaging, conspiracy theories, infodemics and general distrusts by the government. There is a need to educate individuals on how the virus can disrupt their lives and those of their families, and also how they stand to benefit if they adhere to the government's advice.

The study also examined the barriers that might hinder government communication, exposure to information that will prompt their action to adhere to government advice, and the benefits they will get from such action so that they do not get infected with COVID-19.

Methodology

The study employed the qualitative approach to explore the experiences and nuances of the participants on their perception and beliefs of the coronavirus pandemic (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa, & Varpio, 2015). It explored people's perception and government communication strategies in the management of infodemics related to the COVID-19 pandemic in Vrede (Miller, Reandelar, Fasciglione, Roumenova, Li, & Otazu, 2020).

Ethical clearance with protocol reference number: HSSREC/00003195/2021 was secured from the University of KwaZulu-Natal for the study. The study adopted the semi-structured interview to collect data from the participants (6 males and 6 females), and the purposive sampling method was utilised to get a form of non-probability sampling in which the researcher thought would give a good representation of the views of the members of Vrede community. Using the purposive sample method was important because it enabled the researcher to generalise the findings to the community without interviewing the whole community due to COVID-19 restrictions. The participants were a mixed demography of gender, age, education and occupational levels. The structured interview was used because of the COVID-19 rules announced by the South African government. The researcher and participants had to adhere to social

distancing of standing six feet away from one another, and the use of face masks. Therefore, the researcher could not engage the participants in an interview that would exceed 30 minutes. The interview was recorded with an electronic device, and in the English language.

The study learned of the residents' experiences on health information on COVID-19 from government and health institutions, how they receive it, and the medium they consider appropriate. Two participants – one official from the municipality and a teacher from a high school in Vrede – were also selected, using a purposive sampling technique. The rationale for this selection was to ensure the coverage of the people's views on how the government has been disseminating health information on COVID-19. The Glodel Academy High School was selected as it is one of the largest schools in the area having the presence of all races. The selection of the high school teacher was hinged on the idea that the teacher (being literate and having connections, relationships and communication with the study area) provided ample information on the vulnerability and challenges faced by the residents in relation to COVID-19 communication. Such connections and relationships in the study area became a valuable resource in the research process. Other participants for the interview were selected through recommendations, using a snowballing technique.

The data extracted from the interviews from the participants' experiences were analysed, using applied thematic analysis (Guest, MacQueen, & Namey, 2012). After the interviews were transcribed, the researcher played back the interviews iteratively to collect implicit and explicit data. The researcher subsequently codified the data into categories and then analysed them, using the applied thematic analysis which also allows for some mathematical and statistical analyses.

Study Area

Vrede is a town in Thabo Mofutsanyane District of Free State Province of South Africa that is the agricultural hub of a 100 km² region that farms maize, wheat, mutton, wool, beef, dairy products and poultry. According to Frith (2011), population statistics study obtained from the census 2011 Community Profile Databases of Statistics South Africa show that the dominant languages spoken in Vrede are 53.4% isiZulu and 36.5% Sotho, while others are Afrikaans 6.0% and English 1.1% (Frith, 2011). This gives it a diverse cultural community, and the health information in the community has to be intentional to address the health needs of these diverse people. Therefore, it is multi-lingual in character, and it is also one

of the largest settlements in the district municipality in Free State Province. It is also a semi-rural town, and the level of literacy is relatively low.

Results and Discussion

Broadly speaking, ‘government’ is a system where groups of people constitute an authority to manage people’s affairs in any political or geographical space, sometimes called a state. The continuous interaction of the people who have the authority and power to manage these affairs is mostly done through laws and policies that must be communicated to the people through the most appropriate medium. Hence, communication becomes a function of the government and an important and strategic role that a government must perform. Communication cannot be over-emphasised when the government is relating to the public. For instance, in the Netherlands, government communication and public information are distinguished. While public information means passing on information to the public through the media, government communication is more strategic and sustained as it communicates policies to the people (Central Information and Public Relations Department, 1997; Aitchison, Bawden, & Gilchrist, 2003). This is an indication that the role of government in public communication is key to the stability and well-being of the state.

This philosophy was at the heart of the interviews with the participants, which probed to know if they received information on COVID-19 from the South African government, and which tier of South African government did they receive it from and how they responded or reacted to the information.

Demographical Information

The demography of the participants shows that 50% of the participants are males, while another 50% are females. Also, 33% are Zulu, 17% are Sotho, 8% are Tswana and 42% are from the migrant community.

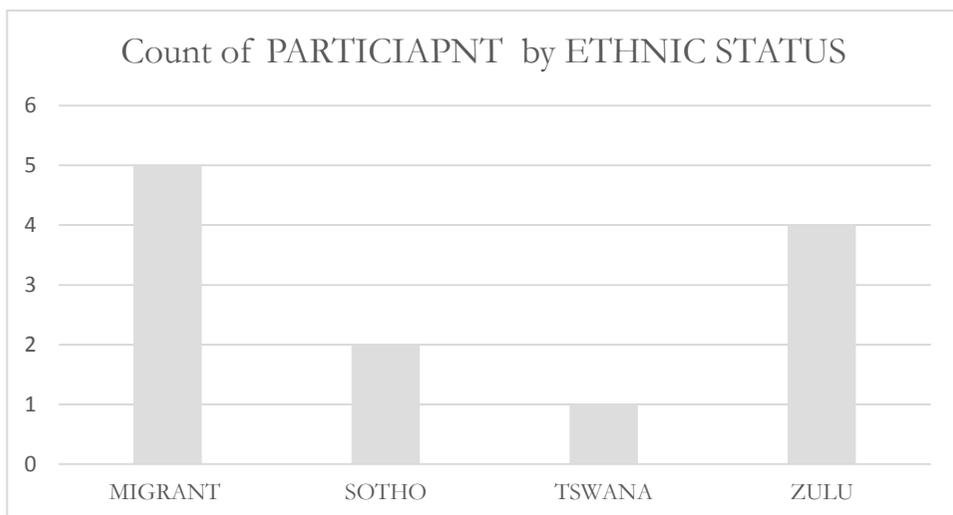


Figure 1: Different Ethnic-National Groups that Participated

From the different ethnic-national groups that participated, 25% made up age bracket 20 – 29 years; 42% made up 30 – 39 years; 17% made up to 40 – 49 years, 8% are from 50 – 59 years, and another 8% are from 51 – 60 years. In terms of religion, 17% are traditional worshippers, while 83% are Christians. On the level of education, 8% have primary and secondary education respectively, while 84% have tertiary level education. In terms of occupation, 18% are administrators, 8% are unemployed, a beautician, a poultry farmer, and an undertaker (funeral parlour worker). Teachers made up 25%, while educators also made up 25%.

All the participants confirmed that they received some information from the government at either national or municipal level. Still, the degree of accepting and assimilating the information and acting on the information varies with different demographic variables.

Government Strategy in Sending Information on COVID-19

In South Africa, communication is a key strategic service of the government to ensure that information is widely accessible within the public space, to engage citizens in conversation around critical issues, and to empower citizens to participate not only in shaping government policies

but also in taking up opportunities that affect their lives (South African Government Communication and Information Systems, 2018²).

To underscore this importance, a participant confirmed that they received information on COVID-19 from the government. She said:

We did receive information on COVID-19 from the government. Apart from the announcements that we got on television, we also got daily SMS's from our cellular networks that reminded us and updated us on the statistics of covid-19 (Participant 1, Female, Zulu, and Educator).

This participant confirmed that she received the information through multiple mediums. However, it is worthy to note that, in this case, she is an educator who has access to the media platforms that the government had employed to disseminate information to the public.

This point is corroborated by another participant who said:

I think more info will not destroy the information they've already given. I think we still need more info, and some people, even though I heard a lot, some people did not hear as much as I heard. If they continue to give more info, it will be helpful to those who didn't get a chance to hear during the pandemic (Participant 2, Male, Migrant, and Educator).

Though this participant is also an educator with tertiary level education, his position stems from the fact that he knows the parents who only have second-hand information. The South African government communication policy apparently recognises development communication (South African Government Communication and Information Systems, 2018). Development communication refers to the use of communication to facilitate socio-economic change. Quebral (2006) defines development communication as: "The art and science of human communication linked to a society's planned transformation from a state of poverty to one of dynamic socio-economic growth that makes for greater equity and the target unfolding of individual potential." It is a bottom-to-top approach to communication and a citizen participatory communication that is more educational than instructional. Another participant also confirmed that she was not well informed about COVID-19. She said:

²<https://www.gcis.gov.za/sites/default/files/Government%20Communication%20Policy%20Cabinet%20Approved%200ct%202018.pdf> – Accessed July 26, 2021

No, I didn't find answers, and I was asking people that were getting information...how to they know by this time the numbers would increase to this by this time...we couldn't get any answers even now we still don't get any answers, we just know that by this time it this number (Participant 6, Feale, Zulu, and Unemployed).

This participant is unemployed and may not have access to a smartphone and television and was, therefore, seeking information from people who may not be well informed about COVID-19. This also gives credence to the need for government communication to be handled at the municipal level. The professionals responsible for the information will have a more community-based relationship with Vrede with a view to appreciating their perspective before developing any communication strategy.

Therefore, communicating COVID-19 should be accommodated in the space of developmental communication as government policy and strategy for it to get to everybody since COVID-19 is contagious (WHO, 2020). The use of development communication, which the municipality might better manage, will help in managing whatever misinformation trickling into Vrede community through sources that cannot be verified (Freimuth, Linnan, & Potter, 2000; Allcott & Gentzkow, 2017; Sommerlad, 2020; Kim & Dennis, 2019).

Misinformation in a community like Vrede is more dangerous when there might be a dearth of health professionals in the municipality who will be useful in disseminating proper government public communication after probing to know the thoughts of some of the community members on COVID-19 to better plan a message and communication strategy that will resonate with the members of the community. For instance, a participant said:

For my own side just scaring only the old people because they are the ones that are afraid of all those kinds of things... Nah, as for me, as long as I don't see that thing, it doesn't scare me... I have to see it first, so whatever the government does, it doesn't concern me (Participant 4, Male, Sotho, and Teacher).

The participant is a traditionalist and has a strong cultural belief that his ancestors will always protect him. Therefore, he does not quite agree with the notion that COVID-19 is fatal if not managed well. This attitude is dangerous to himself and even the students that he teaches. Therefore, health professionals in the municipality need the requisite training as health communicators, as advocated by Voce, Searle and Stevens (2017).

However, the public health communicators in this regard will need to approach their health information from the perspective of the Health Belief System (Rosenstock, Strecher, & Becker, 1994). This theory focuses on individual beliefs about health conditions and argues that, if the model's key elements are employed, it can be useful in predicting the health behaviour of residents of Vrede community. The key elements to this prediction are factors that influence health behaviours as an individual's perceived threat to sickness or disease (perceived susceptibility), the belief of consequence (perceived severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in the ability to succeed (self-efficacy).

Therefore, the public health communicators will have to undertake a study on the health behaviours of Vrede community before developing a strategy that will bring to the knowledge of residents like participant 4 of the severity and consequences of COVID-19, not only on him but also on the members of his family, his colleagues at work and the learners he has a responsibility to teach. His attitude will only change when he perceives the benefits from adhering to all the regulations and advice from the government on COVID-19.

Communication Infrastructure in Managing COVID-19

Communication infrastructure is important in managing COVID-19. The government needs to mobilise communication platforms that can reach a greater number of people. Most of the participants said they received the information either from television, social media or Short Message Service (SMS), a messaging service used on mobile telephones. A participant said:

Well to me...the SMSs at least...it was every morning those days during the lockdown period, it was every morning as of that time I think it was adequate, but as for now it isn't (Participant 9, Male, Migrant, and Teacher).

This participant said, though he received his message on SMS, the messaging was reduced as COVID-19 lingered in the community, indicating government negligence, slack or lethargy. This could be a result of distraction since the central government has other issues competing for attention and resources.

However, a participant said they were also getting information from an officer from Free State Province, the home province of Vrede and, according to him, it was regular and sustained. He said:

We have this woman called Fikile Madikizela, or I forget her surname, she's the one who is the minister of Free State... there's a paper for her on Facebook. She will talk about everything about covid... she's a helper. She will talk everything about covid; she will go...in that time of covid where we were on level 5, she should come and give us food and everything, and talk about covid so you could understand what is covid and how you should take covid (Participant 10, Male, Zulu, and Undertaker).

The above extract indicates community engagement, which is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to managing a situation (CTSA, 2011; Musesengwa & Chimbari, 2017; WHO, 2016). The municipality is in a good position to engage the public health communicators involved in community engagement since they know the community and can interface with the government and policymakers (CDC, 2016).

To buttress the need for government to include community engagement in their communication strategy, a participant said:

For the first time, it wasn't adequate to me because there were no cases then to make it real... It wasn't that clear because this whole thing is like Aaah... these diseases...it wasn't clear to me. Because when it comes to the biblical aspect of it to my spiritual, it wasn't clear to me. That is what is happening. You can contact this virus by gathering with people, talking, and interacting with people. You can contact it, and when you don't put on your face mask, you can contact it. When somebody coughs by you, you can be infected with a virus and a whole lot of things. So spiritually to me, it wasn't adequate for me... I think the news is on the TV, but most people don't listen to the news because people are unsure what is going on about those sicknesses. People want pictures, people want figures, they want something real. So I think they can see what is going on and the updates all in the news. I think the news will really help to eradicate the sickness because people want to see pictures, want to see whether it real (Participant 11, Female, Migrant, and Beautician)

Apart from just giving out information, there is a need for proper education. This participant raised two issues: her belief and faith as a

Christian, and the other is that people will need to see pictures of people either being affected or dying. A scholar has argued that religious and traditional belief systems coexist and compete with science for cultural authority in West Africa. This holds true in the whole of Africa and, indeed, in the Global South and some in the Western world (Falade, 2019). Participant 11, a Christian, and participant 4, a traditional worshipper, shared the same belief in their respective faith, which is problematic for science. Hence, the public health communicators will plan their public communication using the Health Belief Model strategy by making the participants see the benefits of adhering to the rules of COVID-19 management and displaying pictures that will reinforce that message. Aggressive community engagement efforts and activities can reinforce this. To reinforce the argument that it might be more effective if the central government involves the municipality in the message development and communication of COVID-19, a participant said:

I could remember there was a time there that they knew about using the...I don't know how to call it, but they were going with the vehicles making announcements...yes, community engagement informing people what to do and what not to do. So, we receive the information from the government.... It was from the municipality because it was the municipality that was going up and down...informing, telling people, giving them guidelines. I think at a point; we even got some health workers to visit our house too...yes from the municipality to advise and give guidelines mostly to the older people... I will say here that they can do more by printing from the paper-like flier. It is another way of spreading the information because sometimes people don't have money to go to social media to get the information. But through those paper, through those copies, they will get information (Participant 12, Male, Migrant, and Teacher).

This participant reinforced the importance of community engagement, including partnering with local and tribal chiefs, clergies and teachers to disseminate the information about COVID-19 in a semi-urban setting like Vrede. The participant, who is a teacher and doubles as a Christian clergy in the community, said while social media is a good platform to disseminate information, he cautioned that many people do not have money to maintain social media tools. This will also require cost in procuring data.

Another participant also said:

They did go around because hum... I couldn't what I know even the department of health was also involved because they've got volunteers that Uhm... work on a daily basis with the community one on one, so they were the ones that were going to the community to give such information (Participant 1, Female, Zulu, and Educator).

Participant 1 and participant 12 acknowledged that people from the municipality did their best in disseminating information. This raises the issue of employing public health communication professionals. not just relying on the use of volunteers in the municipality as their work is not only apt there, but also strategic in keeping the community healthy since their activities will enable the members of various communities to make informed health decisions (Bernhardt, 2004; Briggs & Hallin, 2016; Dlungwane, Voce, Searle, & Stevens, 2017).

Community Reception to COVID-19 Message

One of the greatest threats to government public communication is the threat of misinformation and infodemics (WHO, 2020). Many countries, especially in the Global South, may perhaps be the worst hit because of the competition of religious and traditional beliefs against science (Falade, 2019). This attitude and other deliberate falsehoods peddled to misinform the public, including Vrede, are rife (Kim & Dennis, 2019; Nasir et al., 2020). A participant said:

First of all, I didn't know anything about coronavirus until when it came to my social media page. I then started to research what coronavirus is about on my social network. I could read coronavirus is this and this and this. So I could protect my family because I live with elderly people... Yes, it was enough...No, because already at that time, I knew what the coronavirus is, on how it is fake news, or how it is real news. For example, I always watch news SABC 1 by 7clock as they talked every day about coronavirus...on how many people died and how many people get infected (Participant 10, Male, Zulu, and Undertaker).

This participant seemed overloaded with information but could not decipher the accurate details of information on COVID-19 that would empower him to take health decisions that would protect him and his family, especially the elderly. To his credit, he claimed to have done the research and hunted for accurate news on it. This is a good disposition

because it shows that, if properly informed and educated by knowing the risk and consequences of COVID-19 and knowing the benefits as propounded by the Health Believe Model strategy (Rosenstock et al., 1994), he would act even better.

Another participant said:

So far, I would say the government is trying its level best to cover the base, so what they have done now I don't think there's anything more that they can do because the government have been on social media platforms, we've seen them on the news, on the television, on daily updates, they've sent delegates into the community to come and educate us, we receive information from our social media, so I think so far the government has tried its best to cover base (Participant 1, Female, Zulu, and Educator).

This is an encouraging disposition to receive information on COVID-19, and she made the point about delegates from the municipality that was educating them. This also underscores that the government should strengthen its development communication strategy by engaging more public health professionals at the municipality level to carry out some effective community engagement activities. This argument is also substantiated by Briggs and Hallin (2016). They argue that there is the need to retain health communication professionals who will understand the cultural context of the consumers of health information and, therefore, communicate to them rather than assigning the responsibility to any senior administrative staff of the health department. Dlungwane et al., (2017) argue that public health professionals are, indeed, very important and strategic in low-income and middle-income countries where gaps exist between population health needs, health service provision needs, and the quantity and appropriateness of training of the public health workforce. This is also the case in South Africa, where these gaps are apparent, including professionals in public health communication.

However, some participants are not favourably disposed to the information on COVID-19. A participant said:

... I want to see it. I want to see the disease physically...as long as I don't see it, it doesn't scare me. Even... because they will tell you that a person with covid all those symptoms are flu symptoms of which you always experience those things whenever seasons changes. I don't see it as COVID. That is the reason I don't believe in it (Participant 4, Male, Sotho, and Teacher).

This participant believes that the symptoms talked about in the media are just symptoms of flu and does not appreciate the dangers of being infected with COVID-19. In his argument, he wants to see the “disease physically.” It, therefore, calls for public health communicators at the municipality to engage further with sceptics like this participant and develop a message that will be built around the Health Belief Model (Rosenstock et al., 1994) for them to see the risk and consequences of not adhering to the protocol and guidelines laid down by the World Health Organisation (WHO), and the South African government.

Conclusion

There is no gainsaying that Vrede community is not isolated from the health challenges in South Africa. The dearth of health professionals, including health communications experts, needed to manage the information dissemination during the COVID-19 period increases the propensity for misinformation among community members. Furthermore, illiteracy and poverty are identified as important factors militating against the acceptance of proper COVID-19 messages in Vrede. Hence, while information about COVID-19 has become widespread because of the avalanche of information that has led to infodemic and misleading information (Bernhardt, 2004; Briggs & Hallin, 2016; Dlungwane et al., 2017; Nasir et al., 2020), it is important, however, for the government at the national level to synergise its programmes with provinces, particularly municipalities.

Similarly, municipalities need to increase their community engagement activities by employing public health communication professionals to manage the process through recognised institutions and authorities like community clergies, teachers and tribal leaders. This is to develop the appropriate messages and medium to facilitate effective communication on the COVID-19 pandemic in Vrede and stem their unbelief. Therefore, in planning any health communication, the Health Belief Model (HBM) steps should be adopted so that the community members can appreciate the remedy to them and, when they believe it, they will change the behaviour and make informed health choices.

There is also a need to ensure the activation of a government communication strategy that recognises the role of development communication across all spheres of government provinces. Furthermore, information needs to become bottom-up. It conveys the disposition of people and eventually links it to the centres where it can be adopted into a national strategy as a major plank of development communication.

Recommendation and Limitations

The researcher recommends that a follow-up study be carried out in the community to ascertain the level of success after the government has adjusted its communication approach, and also carry out studies in other towns and cities in Free State to evaluate their behaviours about COVID-19. The researcher was limited by expanding the sample population because of restrictions on COVID-19 in South Africa.

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