

A Disease of Privilege? Social Representations in Online Media about Covid-19 among South Africans during Lockdown

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Responses by South Africans to communication from their government about the 2020 Covid-19 pandemic have highlighted previously incommunicable socio-economic inequalities pervading access to healthcare. Government's reaction in a bid to stem the Covid-19 global pandemic, though slow at commencement, has often been swift and decisive with regular briefings by ministerial clusters and the presidency in collaboration with various experts, displaying apparent transparency and ease of comprehension for audiences. However, there have arisen a range of oft-negative responses by citizens, such as announced courses of action, often based on representations of who the face of the virus is, and in turn influencing their responses to government's courses of action. In this paper, a Social Representation approach was adopted, with a focus on citizen representations regarding the spread of the Covid-19 virus, arising social representations and potential health communication consequences. The PEN-3 cultural model on health beliefs and actions presents a cultural, yet contextual, understanding of public health and health promotion by predicting people's behaviour within their immediate environment. This article analyses media reports of social representations of Covid-19 captured from South African online media conversations. These conversations illuminate underlying social representations of community beliefs fuelling the spread of the virus. The study contributes to social representation scholarship by providing a local perspective of factors affecting non-compliance with healthcare directives for Covid-19 because of existing socio-economic inequalities.

Keywords: social representations, socio-economic inequalities, South Africa, Covid-19, privilege, online media

In South Africa, the advent of the Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) led to social representation of the disease as that of white and privileged people, among some demographic groups. South Africa has witnessed dynamic perceptions among some citizens during the changing phases of the Covid-19 disease. Yet, predominant among black South Africans, are persistent beliefs based on the early faces of those diagnosed with the disease: white people who had travelled to a variety of European countries on holiday. These tenacious perceptions, running throughout the course of the pandemic, appear to have driven non-compliance in behaviour, noticeably among black people in townships. Townships, which lie on the peripheries of cities, were designated as spatial areas provided for black South Africans during apartheid, separate from other racial groups since 1914 (South African History Online, n.d.).

South Africa's "Patient Zero," confirmed on 5 March, was a 38 year old man who had gone for a skiing holiday in Italy together with his wife and eight friends (Broadbent, Combrink & Smart, 2020; Hlungwani, 2020). Half of the 10 members subsequently became Covid-19 positive (Rogerson & Rogerson, 2020). On 11 March, five other Covid-19 positive cases of people who had travelled to various European countries were reported, possibly fuelling perceptions that it was indeed a disease of the white and privileged. The pandemic challenged individuals' sense of continuity, disrupting ways of living between the past, present, and future (Murtagh, Gatersleben & Uzzell, 2012). As was the case in many other countries, most of the initial confirmed cases of the disease were 'imported'. This informed many governments' decision to lockdown countries by closing borders and stopping international travel.

As was the case with many other countries globally, the South African Government's pandemic containment strategy attempted to stem the spread through employing various lockdown strategies. After the disease manifested in the country, the South African government activated the Disaster Management Act which enabled the implementation of a hard lockdown (Egbe & Ngobese, 2020), effectively shutting down the country ostensibly to prepare health systems to deal with the inevitable ultimate rise in cases (de V Castelyn, Viljoen, Dhai & Pepper, 2020; South African Government, 2020a). In South Africa, as with many developing

and developed countries, the Covid-19 pandemic found the government ill-equipped to cope with a multitude of consequences, particularly those emanating from existent social inequalities, poor health and economic systems among others. The South African nation, metaphorically named the *Rainbow Nation* (bringing together different people) when it attained democracy in 1994, is a highly unequal society (Finn & Kobayashi, 2020; Labuschaigne, 2020). The hard lockdown exposed inequalities between privilege and poverty that have always led a parallel existence in South Africa. These inequalities manifested through social representations, and challenged the attainment of on-going Covid-19 lockdown goals set by government.

THE “FACE” OF COVID-19 AND SOCIAL REPRESENTATIONS

From the advent of the disease in the country, the government conducted a multi-faceted campaign using mobile phones, traditional and social media, warning citizens about the fatal consequences of contracting the virus, among other messaging. Over R43 million (approximately €2.08million/\$2.49million) was used by the National Department of Health “in public awareness and engagement campaign on coronavirus using multiple communication platforms” (Independent Online, 2020, para. 13) according to Minister of Health Dr Zweli Mkhize’s presentation to parliament. Citizens had varying responses to these messages, mainly expressed through online conversations and articles in mass and social media. Emergent social representations related to online media reflected perceived realities, particularly relating to identity.

From a perspective of content and process, social representations constitute knowledge which manifests in everyday discourses (Moscovici, 1988), collectively produced, shared and participated in through an explained reality shared by a social group (Jodelet, 1989). Social group members develop knowledge frames through which people perceive and understand their own reality by relying on their shared background of common sense knowledge (Moscovici, 2001; Wagner & Hayes, 2005). A groups’ set of ideological commitments, or the broad system of beliefs and values, influences representations which are stored and shared in common sense knowledge. The dominant perceptions appear to have become reality during the changing phases of the pandemic in South Africa, to the extent that black South Africans seemingly undermined the risk of the virus, exhibiting low perceived susceptibility by refusing to engage in prescribed social behaviour such as social distancing and wearing of masks (Makatile, 2020).

Although some townships, such as Alexandra in Johannesburg, experienced the harshest policing during the lockdown implemented in March, residents said that it did not work, with

citizens crowding the narrow streets and many still refusing to wear masks by July (Smillie, 2020). The co-owner of Kusekhaya Cafe, on 3rd Avenue in Alexandra, reportedly said, “Some people were saying that this is for white people, but most are seeing that it is affecting their families, and they are taking it differently now” (Smillie, 2020, para. 31). A hard lockdown lasting from 26 March – 1 May 2020 slowed the spread of the disease, but at the same time severely affected the economy. The effect was greatly felt among lower income groups of people who could no longer leave their homes to make a living. Many of the affected people from such lower income groups, who stay in townships, travel daily to workplaces or to search for piecemeal jobs in the city, with no opportunity to work online at home. The peripheral homes of many black communities directly undermine their ability to find work (Socio-Economic Rights Institute of South Africa, 2016). Even if working at home was possible, many township people live in crowded spaces, with many having no access to luxuries such as the Internet (Finn & Kobayashi, 2020). On 27 March, the President dressed in full military regalia in an address to members of the South African Defence Force (the army) who were commissioned to patrol the country during the lockdown, where he used war metaphors. He said (DefenceWeb, 2020):

Your mission is to save lives. We are not the only country waging war against an invisible enemy – coronavirus. In you, our people have a defence mechanism. Tonight you begin the most important calling of your mission, to save the lives of South Africans. (DefenceWeb, 2020, para. 3)

Upon easing the lockdown to level 3 on 1 June 2020, the President reiterated the objectification when he informed the country that behaviour change – specifically social distancing, wearing masks and constant cleaning of hands – would be “the most effective defence against this virus” (South African Government, 2020b, para. 10), “the invisible enemy” (DefenceWeb, 2020, para. 1). Objectification, employing the use of war and other metaphors demonstrated governmental control, while fostering a sense of collective action but also justifying fighting the enemy at all costs (Sanderson & Meade, 2020). Objectification generates social representations as frameworks of meaning that shape how people think, feel, and act in relation to the pandemic. Although objectification may initially be constructed in the media or in political rhetoric (Jaspal & Nerlich, 2020), it may later begin to form part of everyday discussion. Apart from war metaphors, weather-related metaphors were used at different levels

of governance, from the President to the National Minister of Health, and by Premiers who head various Provincial governments. They all referred to the Covid-19 storm including President Cyril Ramaphosa in his national statement where he said (South African Government, 2020c):

The storm is upon us... Like the massive cold fronts that sweep into our country from the South Atlantic at this time of year, there are few parts of the country that will remain untouched by the coronavirus. The coronavirus storm is far fiercer and more destructive than any we have known before. It is stretching our resources and our resolve to their limits. (South African Government, 2020b, para. 5, 20-22)

It is within the same address that the President announced an immediate 2nd ban prohibiting the sale, dispense and distribution of alcohol, as well as a 21:00-to-04:00 curfew, while reiterating that the measures were necessary to “see the country through the peak of the disease” (South African Government, 2020c, para. 129). Parallel social representations driving non-compliance to suggested behaviour include perceptions among children and youth that it is a disease for old people. In the above-mentioned address, the President further attributed the rise in Covid-19 cases to behaviour mostly among the youth. “There are a number of people who have taken to organising parties, who have drinking sprees, and some who walk around crowded spaces without wearing masks,” (South African Government, 2020c, para. 35) he said. The abuse of alcohol resulted in alcohol-related cases filling trauma units and ICU beds which needed to be used by Covid-19 patients. More than 40% of the 40,000 trauma cases recorded in South Africa in a week were alcohol-related (British Broadcasting Corporation [BBC], 2020b). “In Alexandra, children who were playing without masks said ‘It won’t infect us, as we are children. The disease is for the elders’” (Smillie, 2020, para. 28).

Perceptions that the novel disease would mildly or not severely affect black people in the country, or that South Africa could too be spared the death rates of other countries, were driven by a number of myths. Some argued that the warmer climate could reduce the spread of the Covid-19 virus (Sehra et al., 2020) which are also believed to spread from surfaces. In early 2020, South Africa had low infections possibly because of the hard lockdown. A study released in March, which was not peer-reviewed (Miller et al., 2020) claimed that countries with an active Bacillus Calmette-Guerin (BCG) – which is a vaccine for prevention of Tuberculosis – vaccination policy appear to have a reduced morbidity and mortality for Covid-19. On comparing a large number of countries’ BCG vaccination policies with the morbidity and

mortality for COVID-19 (Miller et al., 2020), it was found that countries without universal policies of BCG vaccination – such as Italy, Netherlands, and the USA – had been more severely affected, compared to countries with universal and long-standing BCG policies. The Vaccines for Africa Initiative based at South Africa’s University of Cape Town disputed this finding stating that “there is insufficient evidence that BCG vaccination of South African adults will impact on COVID-19 morbidity and mortality” (Hussey & Hatherill, 2020, para. 10).

While South Africa is one of the countries with an active BCG vaccination policy, by 31 July, it had the 5th highest number of infections in the world, following Russia, India, Brazil and the USA, but with fewer reported deaths when compared to countries such as Mexico with fewer infections (Worldometer, 2020). The racial profile of people infected and of deaths was not released by the government.

Context of Socio-economic Inequalities in South Africa

South Africa is one of the most unequal societies in the world (Broadbent et al., 2020; Labuschaigne, 2020), with the inequality permeating all aspects of society. More than half of all South Africans live below the food poverty line, the problem being more acute amongst the black population (Parker, 2020; de V Castelyn et al., 2020). The black population makes up 80% of the national population, and includes the poorest members of South African society. There is racialised inequality in the country with “the richest 1% of South Africans owning 67% of the country’s wealth, with the top 10% owning 93% and the remaining 90% owning a mere 7%” (Webster, 2019, para. 7). These issues are inherited and perpetuated by the country’s history, from colonisation, through to apartheid and the ineffective dismantling of those systems. “Social representations are in history and have a history” (Jodelet, 2015, p. 9). The historic systems led to geographical inequality, with 80% of the land in the hands of the white minority in the country; and even with the transition, there was no redistribution to those disadvantaged and legally restricted from participating meaningfully in the South African economy. This included inequalities in the healthcare system, with hospitals built without the necessary capacity to meet the demands of their surrounding population, particularly in townships and designated areas.

Social representation realities are linked to a health angle which can best be understood through a composite understanding of a myriad objects – such as risk, the body, society and illness – that relate to social representations and health (Aim et al., 2018). In addition, the diversity of the South African population presents cultural, social, economic, political,

linguistic and other factors, which affect the relationship between behaviour change and risk awareness. The current South African healthcare system is divided along lines of affordability, with the middle-to-affluent class paying for medical aid cover to gain access to private healthcare facilities, while those without the means are obliged to use government healthcare facilities that are provided at little to no cost for treatment. In 2018, almost three quarters (72.9%) of white people were members of a medical aid scheme with access to private health care, while by comparison, only 9.9% of black Africans were covered by a medical aid scheme (Statistics South Africa, 2019). The South African demographic profile indicates that black South Africans represent 80.9%, coloured people constituted 8.8%, white people constituted 7.8% and Indian/Asian 2.5% (CIA World Factbook, 2019)

The public healthcare facilities that serve the majority of South Africans are overburdened, understaffed, unhygienic, and under-resourced, with patients reportedly listed on long waiting lists for life-saving medical care (Labuschaigne, 2020; Mchunu, 2020; Parker, 2020). Stories of unhygienic public referral hospitals have been rife in the media, with a spotlight on those in the Eastern Cape Province. Such stories, which spread to global media, include that showing pictures of rats drinking a red coloured liquid from a drain outside Livingstone Hospital, a designated Covid-19 facility, with dirty linen piling up inside the hospital, patients sleeping on the floor, while rubbish piled up outside (Ellis, 2020). The hospital failed a safety audit done by the department's internal audit and risk assurance management services in July 2020. It is in this context that the Covid-19 pandemic hit South African shores, putting a strain on an already constrained public healthcare system (Broadbent et al., 2020; Labuschaigne, 2020), socially represented by many citizens as an uncaring system with poor facilities where socio-economically vulnerable people go to die (Hlungwani, 2020; Mchunu, 2020; Mukumbang, Ambe & Adebisi, 2020) Many underdeveloped and developing countries, like South Africa, struggle to deliver basic community services such as running water, electricity and healthcare (Labuschaigne, 2020). Thus, although the Covid-19 avoidance stipulations included constant washing of hands (Hagemester, Mpeli & Shabangu, 2020), many households, especially in rural areas and townships, lack running water.

At the technological front, during lockdowns, many economies struggled to transition to the use of online resources. However, some may have done so with relatively more ease than South Africa and other developing countries. Developed nations are more progressed with technological integration, that is vis-à-vis the fourth industrial revolution (Penprase, 2018), as evidenced by their economic performance during the pandemic when compared to developing

and underdeveloped countries. The Covid-19 pandemic has exposed these struggles, and issues such as access to the internet have been used as representations of socio-economic inequalities. Technological access during lockdown affected education. Schools were closed in March 2020, with some classes only set to return at the end of August (or after the pandemic peaks) (Parker, 2020). For five months, elite and privileged learners enjoyed online learning, while many with no access have missed out on months of learning. Statistics reveal that most of those connected to the internet in South Africa live in urban centres, and 60% of households nationally access the internet through their mobile phones, according to the General Household Survey 2018 (Statistics South Africa, 2019). The digital connectivity divide in South Africa is framed as a social representation of economic affordability. After all, in South Africa, most individuals connect to the internet at work, and outside of work, primarily via their mobile phones (Shezi, 2017).

SOCIAL REPRESENTATIONS, PRIVILEGE AND THE MEDIA

Social representations are defined by Moscovici (1973; as cited in Pelini, 2011) as a system of values, ideas and practices that allow individuals to find their place in their world and enable communication to happen among members of societies. Understanding social representations is critical for understanding how people represent their world (Howarth, 2014). Communication is enabled by the formation of these social representations and knowledge is transformed through their interactions to share a common understanding of their world (Ginges & Cairns, 2000, p. 1347). Social representations perform the important function of spreading ideas, methods of analysis, messages and behaviour (Bratu, 2014a). “Social representations need to be studied by connecting emotional, mental and social elements, along with knowledge, language and communication, [and] the social relations affecting the representations” (Bratu, 2014b, p. 651).

Given the backdrop of such deep socio-economic inequalities, the representation of the first Covid-19 positive cases influenced the attitudes of most South Africans about the disease. It represented privilege, and therefore those that had not travelled out of the country understood it to be a disease of those that travel(led) overseas. The second public representation communicated by the report of the first cases was that of race, as the group was Caucasian, colloquially referred to as white. Thus, because of the make-up of their networks, the first confirmed cases carried it to their immediate circles, that were also predominantly white. This

pattern of spread made black people, the majority of whom cannot afford to travel, and who had minimal contact with white people, believe that they were immune to the disease.

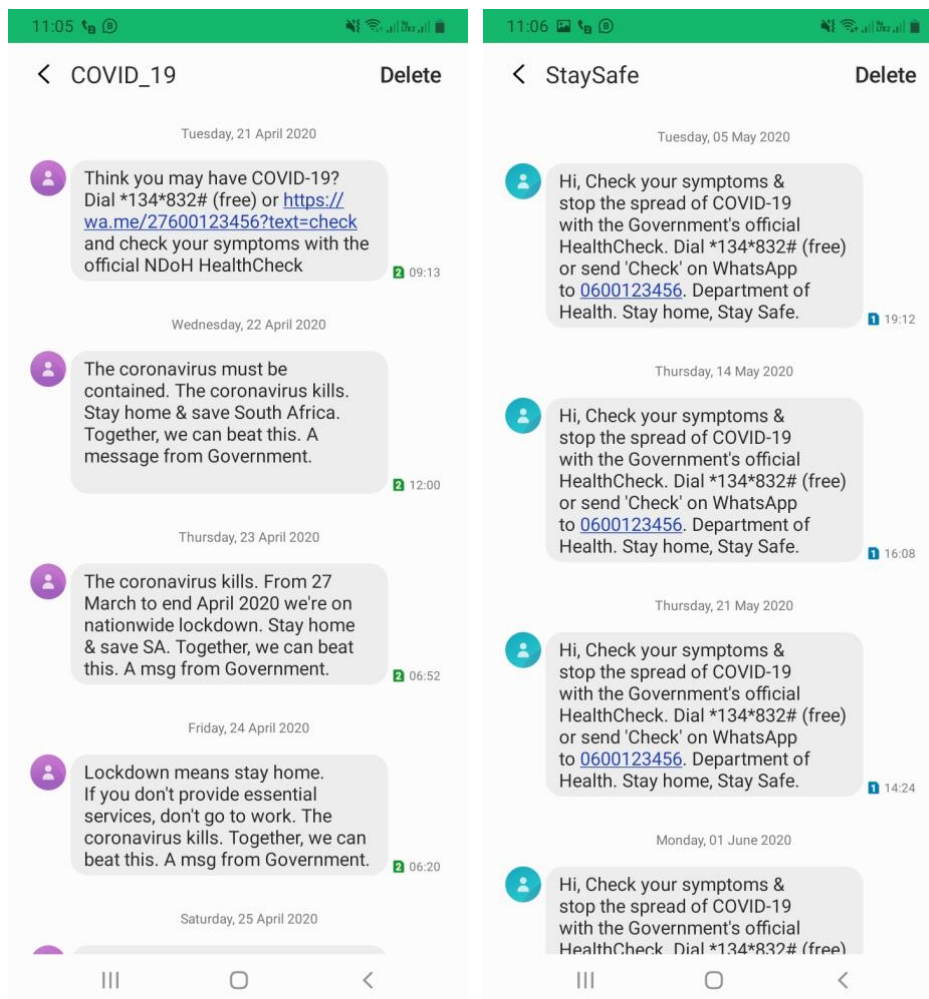
The manner in which social representations are framed is motivated by the need to transform the fear of what is difficult to understand or threatening, into something benign (Ginges & Cairns, 2000). The Covid-19 virus has gripped the global community with fear, as it is novel and unfamiliar, with specialists unable to stem its spread, nor map how the virus behaves. Thus, in the absence of accurate expert knowledge, social representation processes of objectification and anchoring have been used, with it being likened to other pandemics such as the Spanish flu of 1918, the 2002 SARS outbreak, among others. Yet, there exists a general agreement that the novel SARS Cov2, does not behave like its predecessors. In the media, anchoring has involved the erroneous use of familiar and culturally accessible phenomena used for other viruses to substantiate observations about COVID-19 (Egbe & Ngobese, 2020). The manner in which we communicate, and the socially acceptable methods of communication, help inform individual beliefs (Rateau et. al., 2011) about our world, gripped in the storm of a little-understood virus ravaging citizens of many nations. Once social problems can be identified, engagement and intervention which can be taken will be initiated (Howarth, 2006).

Collective beliefs and representations come about as a result of social interaction as well as communication between individuals and groups (Hoijer, 2011), and are used to transform the unknown. Some social interactions and representations are held in narratives formed by and disseminated by mass media, a powerful group with respect to the formation of and dispersal of social representations, especially about government service delivery in South Africa. In this article, we specifically address the social representations about Covid-19 in South Africa, especially given the strained public healthcare system.

Mass media plays a key role in the dissemination (communication) of potential danger, framing it in a sensationalised way (Joffe, 2003), which has been observed globally. In South Africa the dominant message at the beginning of the national lockdown effected in March 2020 was that '*The Coronavirus Kills. Stay Home. Save lives.*' This representation of the virus as a killer was carried by mass media, and disseminated through daily national mobile short message service (SMS), that is, mobile text messages (see Figure 1 below). At the beginning of the pandemic, the coronavirus was represented as a villain, with the narrative advanced by government which 'pushed' messages using various communication platforms to the public, also creating fear. However, during the course of the pandemic, the reported mortality rates turned out to be lower than predicted by government, advised by science experts (Labuschaigne,

2020; Parker, 2020, de V Castelyn et al., 2020). Representations of who the villain was, shifted to government, which had put into place a very strict lockdown that was ‘robbing’ people of their livelihoods (Rogerson & Rogerson, 2020; Mukumbang et al., 2020). Later it became mostly politicians, their relatives and friends, who fraudulently benefitted from some of the R500 billion (€24/\$29 billion) meant to buy Personal Protective Equipment (PPE) and food parcels among other measures to stimulate the economy (the exact amount was to be determined by August 2020). This prompted the President to empower a Special Investigations Unit (SIU) to “investigate any, and all allegations of corruption in contracts involving South Africa’s emergency funds” (BusinessTech, 2020, para. 1).

Figure 1. Government Covid-19 SMS messages to South African citizens: 14 April-14 June 2020.



Mass media’s social representations are important as the images they produce may provoke a wider range of discriminatory responses (Mastro, Behm-Morawitz & Kopacz, 2008).

Mass media largely consider themselves as representing interests of the public, while government communication prepared by communication professionals are considered as being tied to special interests – that is, not the interests of the public, but of those organisations they represent (Falkheimer & Heide, 2018). Large-scale social categories such as race, nationality or social class generate social representations, and may result in partial diffusion via mass media (Cinnirella, 1998), which are polyphasic in South Africa. Examining the social representations in mass media messages may prove helpful, as the theory was developed to explain the process of making sense or the giving of meaning to new ideas or information when people are faced with uncertainty (Breakwell, 2001).

Cognitive Polyphasia and Social Representations of Health in South Africa

The uncertainty brought to South Africa's shores by the Covid-19 health pandemic put a spotlight on health as an object of representations. Aim et al. (2018) highlight the important aspect of health as a representation; people draw on different types of knowledge about the state of their health status or risk on the basis of their social interactions, relationships and circumstances. The current global health pandemic has made South Africans re-examine their health in terms of access, lifestyle, age, race and geographical location. Aim et al. (2018) point out that knowledge about health is polyphasic. Cognitive polyphasia gives important insight into the ever-evolving nature of social communication, emotions, cognition, and reflection when people are faced with what is unfamiliar (de-Graft Aikins, 2012). This has been evident in social representations acknowledging that the coronavirus kills, yet believing it only kills people of a certain race and/or age, as the South African president admonished particularly the people who continued partying during the pandemic (Haffajee, 2020). Online media reported mostly young black people partying at a local traditional medicine market, Kwa Mai Mai in Johannesburg, flouting all Covid-19 lockdown rules, even as a few were wearing masks, but not maintaining social distancing (Khambule, 2020). Social media conversations reflected the understanding that Western modern medicine is most effective, yet believing that traditional medicine can be used as a preventative antidote to the Covid-19 virus. Online media shared representations in response to Madagascar's claims of a herbal cure against the virus. Black South Africans engaged in social media discourses sharing the name of the Artemisia plant in indigenous languages such as isiZulu and Sesotho, "The name of the herb is: Umhlonyane(Zulu), Lengana(Sotho) and Artemisia(English) and it can be found in your yard. So all along you had a covid-19 cure in your home" (Africa Check, 2020, para. 3). This claim

was made even as it was acknowledged there was no scientific evidence of its efficacy and no known prospects of a Covid-19 vaccine. On 22 April, Madagascar's President, Rajoelina, launched Covid-Organics, an artemisia-based herbal drink developed by the Malagasy Institute of Applied Research, to prevent and cure Covid-19.

Polyphasia of representations can also foster diversity (Tateo & Iannaccone, 2012). However, in the case of health, this may only deepen existing inequalities during the pandemic in South Africa. The polyphasic approach to understanding that the saving of lives is important, yet with the economy closed as a result of the national shutdown, people would be unable to earn a living to afford healthcare in the event they contracted the virus. There were numerous calls for reopening the South African economy to ward off hunger; while the government declared a state of national disaster, and in response to growing Covid-19 cases, imposed a hard lockdown in March 2020 that effectively shut down the economy (Department of Co-Operative Governance and Traditional Affairs, 2020). Social representation theory helps provide tools for identifying social problems, as people move through different systems of relation (Bratu, 2014a), observed through interpersonal, face-to-face, online, symbolic and other forms of communication.

Commitment reflects different ways in which individuals are linked or connected to social groups (Burke & Reitzes, 1991). South Africa is a predominantly collectivist society, where the needs of all are represented as the concern of everyone else, even as the dependence on social structures and groups varies among individual members of groups. In South Africa, commitment to social groups is determined primarily along socio-economic lines or proximity to social privileges, such as access to good healthcare. This commitment may manifest "pluralistic ignorance" (Hogg & Reid, 2006, p. 16-17), that is, an inconsistency of people's attitudes and behaviours within the group, and a form of cognitive polyphasia because of their need to manage the existence of these multiple group memberships. The group membership of individual South Africans are along race, gender, social class, sexual orientation, lifestyle choices and geographical location, among others. An individual may have simultaneous membership to multiple conflicting groups. Cognitive polyphasia refers to representations with contradictory meanings that refer to the same reality and are part of everyday thinking (Friling & Paryente, 2014, p. 12.11).

Cultural reactions control an individual's behaviour and emotions (Moscovici, 1993), and this is especially true in representations of and about health. The PEN-3 cultural model by Airhihenbuwa attempts to address the complexity of health, specifically in African contexts. It

introduces a culture-centric approach to health promotion. The model highlights cultural beliefs and practices that are critical to health behaviour, and how these can be approached during health promotion (Airhihenbuwa & Webster, 2004). Culture plays a central role in African health among other areas of life, with many consulting both traditional and Western medicine healthcare practitioners. The model proposes that some of the cultural beliefs and practices pertaining to health should either be encouraged, acknowledged, and/or discouraged. The PEN-3 cultural model underscores the important role that culture plays in shaping the understanding of, and ensuing actions towards, health and illness. It consists of three dynamic, interrelated and interdependent dimensions: relationships and expectations; cultural empowerment; and cultural identity (Iwelunmor et al., 2010). The domain of cultural empowerment explores the positive, existential, and negative aspects of behaviours of interest. The positive aspects of the model include values and relationships which promote the health behaviour of interest. The collectivist nature of many black African cultures means that if messages are disseminated through the correct sources, they have the potential to be effectively implemented. The existential aspect examines what makes qualities of behaviour unique. Effective support systems could have been put into place to ensure effective messaging as well as enforcement of compliance using culturally-acceptable relationships. The negative aspects relate to health beliefs and actions which are harmful to health. Negative health beliefs could relate to denialism about Covid-19. These negative beliefs appear to have driven up the rate of infections with many black townships in Gauteng, the Western Cape and KwaZulu Natal Provinces becoming hotspots which required concerted efforts by provincial and national governments for containment.

Emotions, especially those that facilitate everyday social interactions, play a significant role in the construction and nature of social representations (de-Graft Aikins, 2012, p. 7.18). These emotions are produced and processed through social representations, expressed especially in reaction to (a) measures taken by government through the Disaster Management Act, and (b) measures allowing authorities to take decisions at their discretion in response to the growing number of Covid-19 positive cases, and impact on the health system. These social representations of the reactions of South African citizens were captured through their online reactions and interactions. Already, interpersonal interactions and mass media play a major role in the circulation of representations communicated between people in specific social networks (Joffe, 2003). These mass media representations of interpersonal interactions about government's measures in response to Covid-19 include issues such as access to food, lifestyle

habit choices such as drinking or smoking, and related topics such as employment, crime, social and economic resources to name a few.

The online space represents a transcultural landscape (Matusitz, 2014, p. 715). Most notably, this regards computer-mediated communication (CMC) technologies' direct involvement in the reproduction of cultural tensions existing offline. These tensions reproduced online need to be paid attention to, especially the cultural and cognitive dimensions of the social production of communication (Serrano & Hermida, 2015, p. 561). CMC, through the growth of social media platforms, and the ubiquity of mobile technology, have become mainstream, more affordable and form part of the mass media mix on the communication landscape. This is evidenced in the use of online social media content to report notable social interactions by mainstream mass media outlets, which are the subject of interest in this article analysing South Africans' social representations of the spread of the Covid-19 virus and measures introduced in attempts to 'flatten the curve'.

METHOD

Twenty-two online media articles were collected on the basis of stories on representations about Covid-19 among South Africans (see Table 1). National and international newspaper stories were included in the search. The stories were collected from five international UK- and USA-based media, five South African national newspapers, two specialist newspapers, a South African news agency and a blog. All media articles were selected based on geographical coverage by reporting stories about South Africa and Covid-19 media representations about South Africa. The selection of newspapers also depended on the accessibility and relevance of the stories, with some of the papers citing social media conversations. The stories had to cover the Covid-19 situation in South Africa. The keywords used in extracting newspapers consisted of the following terms, namely: mass media; social media; Covid-19; and South Africa.

Table 1. Sources of data analysis (articles searched online).

Name of media	No. of articles	URL	Publication date	Date accessed
Biznews.com	2	https://www.biznews.com/entrepreneur/2020/07/29/angry-sas-speak-corruption	29/07/2020	30/07/2020
		https://www.biznews.com/thought-leaders/2020/05/05/social-grant-queue-lockdown	5/05/2020	7/05/2020

CNBC Africa	1	https://www.cnbc.com/africa-press-office/2020/05/02/coronavirus-south-africa-statssa-releases-coronavirus-covid-19-behavioural-and-health-perception-survey-results/	2/05/2020	7/05/2020
Aljazeera/ South Africa	3	https://www.aljazeera.com/news/2020/06/12/coronavirus-pandemic-exposes-south-africas-brutal-inequality/	12/06/2020	30/07/2020
		https://www.aljazeera.com/news/2020/04/03/one-week-into-lockdown-how-is-south-africa-faring-in-covid-19-fight/	3/04/2020	16/04/2020
		https://www.aljazeera.com/news/2020/03/18/tension-fear-as-south-africa-steps-up-coronavirus-fight/	18/03/2020	16/04/2020
Metro UK	1	https://metro.co.uk/2020/05/01/thousands-join-4km-queue-food-parcels-locked-south-african-city-12638613/	1/05/2020	7/05/2020
BBC	1	https://www.bbc.com/news/world-africa-51949125	19/03/2020	16/04/2020
Atlantic Council	1	https://www.atlanticcouncil.org/blogs/africasource/covid-19-pandemic-in-a-nation-of-extreme-inequality-south-africas-poorest-are-most-at-risk/	24/03/2020	16/04/2020
News 24	3	https://m.health24.com/Medical/Infectious-diseases/Coronavirus/covid-19-how-deaths-are-treated-in-the-free-state-20200507-2	7/05/2020	7/05/2020
		https://www.news24.com/news24/columnists/mpumelelo_mkhabela/mpumelelo_mkhabela-the-anc-is-politically-selfish-and-corrupt-in-spite-of-its-policies-20200709	10/07/2020	30/07/2020
		https://www.news24.com/fin24/economy/south-africa/watch-this-space-mpumelelo-warns-of-consequences-for-theft-of-covid-19-relief-funds-20200727	27/07/2020	30/07/2020
Bhekisisa	2	https://bhekisisa.org/health-news-south-africa/2020-05-07-if-your-twitter-timeline-is-full-of-mentions-of-a-fabled-	7/05/2020	7/05/2020

		madagascar-cure-for-covid-19-you-need-to-read-this/	5/03/2020	31/07/2020
IOL	3	https://www.iol.co.za/news/south-africa/gauteng/medical-experts-slam-claims-that-black-people-are-immune-to-coronavirus-45735869	29/03/2020	16/4/2020
		https://www.iol.co.za/the-star/news/siu-goes-after-r500bn-covid-19-relief-fund-looters-2a05576b-d800-402a-96ec-fee6964bc748	28/07/2020	30/07/2020
		https://www.iol.co.za/capeargus/news/stats-sa-more-concerned-about-covid-19-impact-on-economy-than-virus-itself-47559836	5/05/2020	7/05/2020
The New York Times	2	https://www.nytimes.com/2020/04/03/opinion/coronavirus-south-africa.html	3/04/2020	16/04/2020
		https://www.nytimes.com/2020/03/27/world/africa/south-africa-coronavirus.html	27/03/2020	16/04/2020
City Press	1	https://www.news24.com/citypress/News/orange-farm-we-have-been-in-lockdown-for-many-years-this-is-not-new-to-us-20200421	21/04/2020	23/04/2020
The Conversation	1	https://theconversation.com/panic-buying-in-the-wake-of-covid-19-underscores-inequalities-in-south-africa-134172	22/03/2020	7/05/2020
Times Live	1	https://www.timeslive.co.za/news/south-africa/2020-05-05-sassa-is-betraying-our-elders-mzansi-responds-to-grant-delays/	5/05/2020	7/05/2020

Note. This table contains the full list of sources, including the number of articles retrieved from each individual news title or agency, as well as the dates on which these articles were accessed, with links to each article used in the analysis of this article.

The first confirmed cases in South Africa were from a group of 10 people who had engaged in a ski trip in Italy, Europe. The implication of these first cases was that they became representations of the disease as one that infects those that travel(ed) overseas (n=7), and most of whom were likely to be white. This positioned the social representation of the disease as one that was likely to affect a specific group, that is, Caucasian white people (n=9), living in suburban areas like Sandton (dubbed the richest square mile in Africa) (Rogerson & Rogerson, 2020). When the first high profile black person, the President of Netball South Africa, Cecilia Molokwane, admitted to having contracted the virus, after travelling back to the country from the United Kingdom and Scotland following meetings with the International Netball Federation, of which she was a board member, it entrenched the representation of the disease being one of privilege (City Press, 2020). These perceptions about privilege also arose in some South American countries at the onset of the disease, dubbed as the "Disease of the rich, killer of the poor" (The Telegraph, n.d.). For instance, in Brazil it was viewed as a 'rich person's disease', when Patient Zero was a 61 year old man who had visited Italy at the end of February (YouTube, 2020). Colombia had a similar experience with patient zero arriving in the country from Milan, Italy, on March 6.

Given the high rate of poverty (n=26) in South Africa, most of the black population cannot afford international travel, as they struggle to survive due to a lack of resources, which distanced the reality of the disease for most citizens. Thus, the belief in the representation that the virus was a 'white disease' led to lack of compliance with respect to the lockdown measures imposed, such as curfews, social distancing, the wearing of masks in public, no public gatherings and funerals limited to only 50 people. The myth that Covid-19 did not affect black people prevailed all over the African continent and among some black Americans (The Conversation, 2020).

Queues: Lockdown entrenching socio-economic positions of privilege

In reaction to the rising numbers of people infected, the South African government instituted a hard lockdown, restricting movement, closing schools and enforcing a curfew. Lockdown (n=45) became a social representation of privilege, as the announcement of the impending lockdown saw (a) numbers of predominantly white people queueing to stockpile groceries and alcohol, done during working hours, and (b) images showing trolleys piled high with food items.

The representations of privilege of those citizens stockpiling were juxtaposed against long queues in townships for people waiting to buy baskets of groceries during lockdown, as the majority of people had to wait for the end of each month to be paid in order to afford to buy food. Criticisms of those stockpiling were that they are selfish, unnecessarily burdening the grocery supply chain and inconsiderate of those less fortunate or unable to buy their needs. These representations of privilege invoked frustration and resentment, particularly towards white people, seen as the carriers of the disease to South African shores, strengthening existing underlying racial tensions between citizens.

As the lockdown progressed, the representation of queues (n=37) became a social representation of township poverty, with people in long snaking queues to receive their government grants. The other representation of poverty was of queues of people waiting to receive food parcels and other aid, organised by civil society, non-governmental organisations and other public figures such as local celebrities. Aerial footage showed massive queues of people spanning several kilometres awaiting food parcels (British Broadcasting Corporation [BBC], 2020a). The images from mass media reports of the long queues showed the spatial arrangement in townships (n=24) of houses packed on top of one another (Labuschaigne, 2020; Parker, 2020), with no way for people living in these areas to afford the privilege of being able to socially distance as encouraged by government. These representations, however, were then used as justification by some residents of more privileged suburbs to break lockdown regulations by exercising outdoors during the day (which was not allowed during Lockdown level 5, where exercising was only permitted from 06:00-09:00am) or even going to the beach or surfing. Some of the biggest Covid-19 case hotspots became shopping (n=14) centres as people used shopping as an outlet to get up and about during the lockdown, further representing the callousness of privileged people in not understanding the lack of opportunities for those living in townships.

Covidpreneurship: Government corruption costing vulnerable citizens

The African National Congress (ANC) political party, the ruling party in South Africa (n=39), became a representation of corruption by government. During the Covid-19 pandemic, corrupt individuals who benefit from fraudulent government tenders (to provide services to government which they would not normally qualify for) have been labelled Covidpreneurs, that is, entrepreneurs arising from Covid-related services such as the provision of personal protective equipment (PPE) to public healthcare workers. The president announced economic relief

(n=11) measures, such as a special R350 (€18/\$21) grant per month until the end of the lockdown period, for those persons that had lost their economic opportunities as a result of the lockdown. The government also announced a Covid-19 relief package for organisations and small businesses, which could be applied for. However, the reputation of the governing party as corrupt (n=33) saw people use memes and pictures to symbolize that the money would not reach the intended beneficiaries.

As has been evidenced and uncovered since its announcement, the Special Investigations Unit (SIU) has been tasked with, and has begun, arresting those guilty of embezzling R500 billion (€25/\$29billion) of those funds through irregular tenders. Tenders (n=8) socially represent the politically privileged people's ability to do business with government, often with no legitimate enterprise other than political connection, such as family members, friends, business associates and public servants.

Professional privileges among essential healthcare workers

PPEs (n=9) have become a representation of the safety of healthcare workers, particularly in government-run health facilities. The issue of differences in the levels of privilege among essential healthcare workers in South Africa (Hlungwani, 2020; Mchunu, 2020), have been represented along the lines of nurses versus doctors, particularly because socio-economic differences imply nurses use taxis (public transport) (n=8) to get to work. Furthermore, the healthcare workers at privately owned hospitals are seen as better off than those in public hospitals, measured by the shortage of PPE in public hospitals. The shortage in PPE is representationally linked to government corruption in the awarding of irregular tenders that did not deliver the mandated goods that they had charged exorbitantly for.

Shortage of PPE, in the face of rapidly rising positive cases and deaths in the country, represents neglect by government of its healthcare workers and the nation's most vulnerable, those using the public healthcare (n=21) system. On the other hand, conversations about beds (n=9), where beds represent access to medical care, have become more frantic in the face of shortages. Citizens that initially believed that their being on medical aid (insurance) would get them medical assistance whenever they needed it, have been disabused by testimonials of bed shortages, queues, waiting lists and being turned away from private hospitals. Medical aid represented a form of protection of medical privilege. However, as the cases rise, medical aid is coming to symbolise an erosion of the privilege to access healthcare facilities.

Western versus African: Medical expertise privilege

Representations of the impact of Covid-19 were, in the language of cognitive polyphasia, framed in words such as realities and inequalities (n=15), representing the lack of resources, mostly among black people in townships in comparison to mostly white people living in the suburbs of South Africa. The global talks of vaccine trials in Africa, especially South Africa as the country with the highest reported cases on the continent from July 2020, represent to some as people in South Africa the country's citizens being used as Western medicine's laboratory test specimens with 2 vaccine trials, one each from the UK and USA, being tested in South Africa.

The search for a cure to the coronavirus increased the post-colonial tensions, when a herbal 'cure' was promoted by Madagascar (n=8), with conversations positioning indigenous medicine against Western medicine, especially when calls were made for tests to be done on the herbal 'cure'. Arguments on Western medicine being trialled in Africa and black bodies being used for Western science, to ultimately benefit white people, had people engaged in heated online conversations. In spite of the medical efficacy claims being disproven by laboratory tests and the rise of Covid-positive cases in Madagascar, the social media conversations continue to represent the herbal 'cure' (n=12) as the only hope for Africans to be cured.

Figuration of Covid-19 through funerals

The rate of deaths (n=21) is on the rise in South Africa, and representations of it shown in conversations of funerals (n=21) have shaken up citizens, even in the face of arguments for the government to open the economy. The adage 'it's no longer a just a number when it's someone you know' represents the tangible belief amongst South Africans that the coronavirus kills, and is no longer just a slogan used in government lockdown communication. The increase of deaths has triggered the figuration sub-process of objectification (Jaspal, Nerlich & Cinnirella, 2014), with funerals are becoming a metaphor for the effects of Covid-19, making an understanding of the virus more psychologically and culturally accessible. The increasing rate of Covid-19 related funerals have disabused South African citizens of their thinking with respect to their privilege of being healthy, of belonging to a certain race or age group.

This implies that only when someone close to them has been infected do people understand the statistics shared daily by the Department of Health (DoH) as being *real/actual* people. The privilege of being unaffected and negative allows people to be polyphasic when

engaging with the national statistics of the Covid-19 cases, knowing people are dying, but not quite believing that the numbers represent real people. Only when one knows someone does the fear of the coronavirus become real and does their behaviour represent how at-risk people are of contracting it, no matter their social privilege or socio-economic circumstances.

CONCLUSION

The Covid-19 global pandemic rages on and continues to be a source of challenge for governments, medical experts and citizens alike, as the battle to contain it renders multiple efforts futile. In South Africa, a country of deep socio-economic inequalities, the coronavirus has deepened resentment as majority of citizens remain at the mercy of a socially represented rotten, corrupt and greedy government system. Social representations of Covid-19 as a disease of privilege are contained in the differences in spatial arrangements between suburbs and townships, modes of travel, public versus private healthcare, and ultimately, funerals, as the number of deaths continues to rise as at the end of July 2020. The South African government and all its citizens need to heed the social representations being produced from offline conversations that are carried online, about the virus during the national lockdown, to pre-empt potentially increasing non-compliance that may render efforts at ‘flattening the curve’ useless.

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