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# Evaluating The Effectiveness of Government-Led Public Health Campaigns for Covid-19 Communication Strategies in Zimbabwe

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## Abstract

As the COVID-19 pandemic spread globally, Zimbabwean authorities intervened to protect the nation. Their dissemination of information about COVID-19 prevention protocols was thereby put to the test, revealing a complex web of strengths, weaknesses and missed opportunities that warrant a critical examination and reflection. Drawing insights from observations and in-depth interviews conducted in the Chinhoyi and Makonde districts of Zimbabwe, this paper critically examines the effectiveness of the communication strategies employed by the central government to prevent the spread of the COVID-19 virus. The observations and interviews indicate that many people did not comply with the COVID-19 prevention protocols of wearing face masks, social distancing, lockdown, curfews and banning social gatherings. The government's spirited COVID-19 prevention campaign was generally met with an unsatisfactory public response due to its failure to leverage the multi-modal communication platform of word-of-mouth, electronic (radio, television, social media) and print media to ensure balanced messaging that helped to deliver both the desired behaviour change and to combat misinformation that undermined public compliance. In addition, the government was remiss in ensuring that communication reached all segments of the population, addressing issues of rural-urban divide and literacy barriers, engaging with communities to empower them to be active participants in knowledge sharing, partnering with community leaders, religious figures, and trusted local voices to amplify COVID-19 messaging and to equip citizens with the ability to analyse information and distinguish trustworthy from untrustworthy sources.

**Keywords:** Pandemics, COVID-19, health communication, public health campaigns, effectiveness of authority-led public campaigns, social behaviour change

## 1.1 INTRODUCTION

In an age of globalization and hyperconnectivity, the coronavirus disease 2019 (COVID-19) pandemic has caused unprecedented and sustained negative impacts worldwide (Abbas, 2021; Jones et al., 2015). The impact on communities has generally been horrendous, to say the least. Globally, pandemics have caused disruption to all social institutions and sectors of the economy. Projections are that pandemics are likely to continue disrupting livelihoods, deepening hardships already experienced by various groups in society, especially the vulnerable. What remains worrying is that despite the existence of a plethora of literature on pandemics, their impacts and their responses (Alonge et al., 2019; Bene et al., 2016; Chirombe et al., 2020), a critical analysis of extant literature highlights that not many studies have focused on interrogating the effectiveness of communication strategies adopted to avert disasters and drawing insights from them for future programming in pandemics.

Amidst one catastrophe after another, people often ask, “Why were we not prepared?” (Litman, 2020, p. 3). This indicates that every pandemic or crisis is unique; however, it would be a mistake not to prepare for identical future pandemics. Formulating research-based principles would help authorities effectively inform communities about diverse pandemics (World Health Organization, 2020).

## 1.2 BACKGROUND

Pandemics have wreaked devastation on societies throughout history (Lavell et al., 2020; Duan & Zhu, 2020). Indeed, few phenomena in human history have changed human societies and cultures as much as infectious disease outbreaks have, yet these phenomena have received astonishingly little attention in social science studies (Duan & Zhu, 2020). Past and present approaches failed to provide lasting solutions for pandemics, specifically in developing countries such as Zimbabwe (Litman, 2020).

Developing countries have also borne the burden of the pandemic, with Zimbabwe recording 264,848 coronavirus cases and 5,575 deaths since the epidemic began (WHO, 2023). These statistics suggest that past and current approaches have failed to provide long-term solutions for pandemics, particularly in resource-constrained environments (Litman, 2020).

Bulunmaz (2019) defined health communication as the use of communication to promote healthy behaviours that protect citizens and society from diseases and infections. Risk communication refers to the dissemination of information about health risks. It is also a specialized communication process that addresses citizens about saving lives and adapting attitudes and behaviours that may help them against risks. The current pandemic has posed many challenges for governments and health communication organizations. Notably, the rapid escalation of the pandemic has been accompanied by tension, confusion and disinformation. Therefore, a flexible communication strategy has to be adopted with a proactive approach to handle all social, cultural and economic challenges related to the pandemic (Bratu, 2020).

Health communication concerns health education, risk communication and health literacy. Strategies in health communication act to disseminate information that influences personal health behaviours and choices to be more committed to proper health procedures (Basch et al., 2020; Jensen & Levy, 2020).

### **1.3 STATEMENT OF THE PROBLEM**

As of May 2, 2023, the outbreak of the coronavirus disease (COVID-19) spread to almost every country in the world, and more than 6.86 million people died after contracting the respiratory virus (WHO, 2023). Developing countries have also borne the burden of the pandemic, with Zimbabwe recording 264,848 coronavirus cases since the epidemic began, and 5,575 coronavirus deaths (WHO, 2023). As noted earlier on, risk communication strategies have not been successful in most parts of the world (Wang et al., 2021). Despite the existence of a plethora of literature on pandemics (Duan & Zhug, 2020; 2020; Brooks et al., 2020; Li & Yang et al., 2020;), to date, few studies have focussed on interrogating the outcome of communication strategies employed to fight the pandemic. Using qualitative research methodology, that is, observation and in-depth interviews, this paper reflects on the effectiveness of communication strategies adopted to manage the impact of COVID-19 in Zimbabwe.

### **1.4 THEORETICAL UNDERPINNINGS**

To understand how these strategies resonated with the populace, we explore people's experiences with communication strategies within three relevant theoretical frameworks: the Health Belief Model (HBM), the Elaboration Likelihood Model (ELM), and the Inoculation theory.

#### **1.4.1 The Health Belief Model (HBM)**

This theory, developed by Rosenstock et al. (1974), is a widely used framework that explains how individuals perceive health threats. The HBM theory posits that individuals' health behaviours are influenced by their perceptions of susceptibility, that is, the perceived likelihood of contracting COVID-19. The perception of severity is also of focus in perceiving health threats. The same applies to individuals perceiving health threats based on the benefits of complying with the measures. The last frontier considers the need for the messages to acknowledge and address potential barriers. In sum, the theory provides a vital lens with which to assess the effectiveness of the authorities' communication strategies by reflecting on the core psychological factors of clarity of language used, reasonableness of emphasis on potential consequences of the disease and statistics to demonstrate it, provision of real-life examples of severity of the disease, personal and societal benefits of adoption of prevention measures and acknowledging the economic or logistical challenges faced by the public in complying with measures (barriers) and offering them potential solutions. Nevertheless, one major weakness of the HBM theory is that it ignores social and cultural influences on behaviour.

#### **1.4.2 The Elaboration Likelihood Model (ELM)**

The ELM was developed by Petty and Cacioppo in 1986 and attempts to explain how individuals process persuasive messages through central (evidence-based) or peripheral (emotional) routes. The Central Route Processing involves careful evaluation of message arguments and evidence. People are more likely to engage in this route when they are highly motivated to process the information or perceive the issue as personally relevant. Peripheral Route Processing, as it says, points out that people rely on superficial characteristics and have a low ability or motivation to process information based on surface-level features. Attitude change is more likely due to emotions or simple cues. People are more likely to take this route when they are less motivated or cannot process the information deeply. Its value to the study is in analysing if messages used facts and figures (central route) or fear appeals (peripheral route) to encourage behaviour change. Nevertheless, the theory's weakness lies in oversimplifying message processing as central versus peripheral but underestimating the role of emotions.

### 1.4.3 Inoculation Theory

The Inoculation Theory, developed by McGuire (1964), postulates that exposing people to weakened arguments can make them resistant to future persuasion attempts (e.g., misinformation). In essence, the Inoculation Theory is a socio-psychological communication theory that explains how an attitude or belief can resist persuasion or influence. The basic tenets of the theory are that, similar to a vaccination, individuals are exposed to weakened versions of counterarguments they might encounter later. This "pre-inoculation" allows them to develop defences against these arguments beforehand. The counterarguments presented should be weaker than those individuals might encounter in real-world situations. This allows for practice in refutation without the pressure of a full-blown attack on their beliefs. The theory points to the need for messages from authorities to be scrutinised for the ability to counter misinformation by inoculating the public against anti-vaccination misinformation and conspiracy theories, by encouraging preventive behaviours through inoculating the public against complacency, promoting continued adherence to preventive measures (e.g. mask-wearing, social distancing), inoculating the public against counterarguments to public health messages, promoting resilient attitudes and behaviour. However, the theory has limitations in that misinformation can be relentless and constantly evolving, making it challenging to counter every possible argument effectively. In addition, social media echo chambers can amplify misinformation and make it difficult for inoculation messages to reach the intended audience.

### 1.5 METHODOLOGY

To gain a deeper understanding of public response to Zimbabwe's authority-led COVID-19 communication, this study employed a qualitative methodology that employed observation, in-depth interviews, and focus group discussions. A well-defined observation checklist was developed and followed, and a field notebook was used to record the details of the observations. In all, 40 people (10 rural, 10 peri-urban and 20 urban) were interviewed in this study, which was conducted as fieldwork for a Doctor of Philosophy degree. The research techniques adopted delved beyond surface-level awareness and helped to capture lived experiences, interpretations of the public health campaign, its successes and limitations.

Data from the respondents were audio-recorded and transcribed verbatim. Each response was captured in real-time as the interviews took place. Additionally, with the assistance of a research assistant, notes were taken during the interviews to document participants' notable paralinguistic cues, such as yelling, long pauses, and instances of question evasion. Transcriptions were completed at the end of each day while the information was fresh. This allowed the researcher to maintain a close relationship with the collected data and refine the techniques.

The study employed thematic analysis to identify, analyze, and report patterns (themes) found within the data collected from the field. The transcribed data were examined for emerging themes based on the respondents' statements, which were used to describe their related experiences. The units of analysis for these experiences were derived from recurring words, phrases, metaphors, and theoretical expressions, as well as both convergent and divergent views expressed by participants. The coding process was conducted manually.

### 1.6 RESEARCH FINDINGS

Misinformation during the COVID-19 pandemic posed a serious challenge in Zimbabwe, much like in other parts of the world. Conspiracy theories, like the belief that COVID-19 was created

to control the population or that vaccines are harmful, were widespread in Zimbabwe. A survey by the Zimbabwe Media Commission revealed that 62% of respondents believed in at least one COVID-19-related conspiracy theory (Zimbabwe Media Commission, 2021). The World Health Organization (2021) highlighted that vaccine misinformation posed a significant challenge to Zimbabwe's response to COVID-19. In response, the Zimbabwean government implemented measures to combat this misinformation. These measures included the establishment of a COVID-19 task force to coordinate the overall response and the launching of public awareness campaigns to promote accurate information (Government of Zimbabwe, 2020). Authorities in Zimbabwe adopted various communication strategies to inform the public about the impending COVID-19 pandemic: WhatsApp, print media, radio communication, television, health workers, school authorities, and church leaders. The communication aimed to develop a desired behaviour change in the public by adhering to prescribed prevention protocols. Below are our research findings on each strategy:

### **1.6.1 Social media platform: WhatsApp**

WhatsApp, a mobile-based communication platform, was a popular vehicle for sharing information on COVID-19 between and among members of a particular social network. Below are some voices commenting on using the "WhatsApp" platform to communicate messages about COVID-19.

Representing the views of many of the people interviewed, a Community Health Worker in the Citrus Area of Chinhoyi peri-urban, made the following observation:

*Yes, a lot of people have WhatsApp platforms, but some of the death figures which are being shared via these WhatsApp platforms are fake, thereby just serving to instil fear among the public. Some end up dying of stress once they contract the virus, thinking they are going to die, too, which is not supposed to be the case*

Noteworthy is that, in general, many people interviewed did not trust the information on COVID-19 disseminated through 'WhatsApp'. Due to previous cases of abuse of WhatsApp by some people spreading false information or falsehoods to the public, not many people attached credibility to information disseminated through it. Many scholars reported similar findings (Kumar et al., 2020; Mian & Khan, 2020; Bowles et al., 2020). People became hesitant to trust COVID-19 information on social media platforms like WhatsApp due to concerns about misinformation and the need for credible sources (Taddicken & Wolff, 2020). Since the platform was perceived to be prone to misinformation, people were cautious about sharing or believing information on this platform.

Many interviewees, however, acknowledged getting most of the information on COVID from their WhatsApp groups and connections. One of the positive voices on the role of WhatsApp in conveying COVID-19 prevention measures came from one middle-aged female teacher who was a member of the focus group discussion held at Federation high-density suburb of Chinhoyi town. She noted that:

*Videos and pictures of people who are dying of the coronavirus that are circulating via WhatsApp have a positive impact on other people to take precautions to protect themselves from being infected by the virus. The many deaths being portrayed through WhatsApp serve to remind people that the disease is real and death is equally real if one does not take precautions to prevent it.*

A close analysis of the sentiments presented above reveals widespread use of the WhatsApp platform in disseminating information about the impending pandemic. However, the credibility of information disseminated through it was widely perceived with scepticism.

Mr Chipfupi (not real name), a prominent businessman and shop owner at Gadzema Shopping Centre (Chinhoyi), weighed in with his own view that differed from the general slant in some of the narratives most interviewees gave. He observed that:

*The beauty about information on COVID circulated through WhatsApp is that sometimes it's posted as it is happening; that is, information will be fresh, unlike a newspaper. I find it very informative, but sometimes, it involves a bit of drama or spicing of the content. You can't blame the message sender for spicing the message. It is up to you, the recipient, to sift through the content with a critical eye. And, of course, the message's source cannot tell it all: whether I should trust the information or not. Some sources are always associated with misrepresenting the truth, so one should dismiss them as they see fit.*

The contrasting viewpoints from the teacher and Mr Chipfupi showcase the diverse perspectives on WhatsApp's effectiveness. The teacher finds graphic content a motivator for taking precautions, while Mr Chipfupi values the platform's immediacy and, at the same time, acknowledges the potential for exaggeration. While it is tempting to regard people's attitude to WhatsApp as a source of information for preventing the contraction of the coronavirus 2019 as boiling down to individual consciousness, other scholars view it as just one piece of the puzzle. They recognise other factors also accounting for one's attitude to WhatsApp-derived information, such as 'source credibility', and algorithmic bias (Bakshy et al., 2019) in which social media algorithms can create "echo chambers" for mainly subjecting individuals to information that confirms their existing beliefs. There is yet another group of scholars, such as Dignosi (2020), who emphasise the role of trust in information-sharing networks on social media and Sundar (2008), who invents a new concept of "online communities" whose group social norms influence information diffusion.

Another female baby-wear vendor interviewed at the same shopping centre expressed her own view on WhatsApp as a credible source of information on COVID:

*WhatsApp is like a forest; you should go in knowing what you are looking for. If you are looking for poles, you will get them; fruits, you get them. Firewood, you get it. Hence, if you are looking for exciting information, you will get it, and if you are looking for serious information on how to protect yourself from contracting COVID, you will also get it. So, while many people paint WhatsApp black as an unreliable source of information simply because it is social media, not everybody uses social media to misinform the public. In short, it's the receiver who should beware of WhatsApp content.*

The baby-wear vendor's analogy of WhatsApp as a "forest" resonates with numerous scholarly perspectives on information foraging and social media use. Allcott et al., (2019) use the term 'information foraging' to emphasise how users actively seek information online, just like searching for specific things in a forest. The vendor argues that depending on one's approach, WhatsApp provides both reliable and unreliable information. Depending on your approach,

the vendor suggests that you can find reliable and unreliable information on WhatsApp. In their paper entitled, 'Information Foraging Theory in Social Media', Brandt, Karimi, and Bakhtiari (2019) observe that factors such as time and effort (cost) and perception of potential usefulness influence what users on WhatsApp platforms consume.

### 1.6.2 Print media (pamphlets and newspapers)

This section focuses on using print media (newspapers and pamphlets) to disseminate information about COVID-19 prevention in Zimbabwe. It draws on interviewees' voices and relevant scholarly literature to highlight this approach's potential and limitations.

Study findings revealed that print media, such as newspapers and pamphlets, was one of the strategies employed to inform the public about the pandemic. The voices below reflect interviewees' experiences with newspapers, pamphlets and other forms of print media as sources of information on strategies for preventing COVID-19 in Chinhoyi and Kanyaga (Makonde District).

Commenting on the use of pamphlets, a male shoe street vendor in Chinhoyi town, Gadzema residential suburb, had the following to say:

*Pamphlets are frequently used to inform the public, especially here in town. This is in addition to newspapers for people like me who can afford it. I find the pamphlets informative and helpful in advising me on how to avoid contracting COVID.*

Seemingly, the use of various forms of print media depended on location, with a bias toward people in urban areas because pamphlets were hardly distributed in rural areas. Indeed, this indicated spatial discrimination, with those in rural areas hardly being considered when distributing pamphlets. The voice is also an expression of class nature when distributing pamphlets. As noted also by a nurse at Chinhoyi Hospital:

*Only a limited number of members of the public have access to government pamphlets on COVID-19. I have a friend working at a rural clinic. They hardly get COVID-19 pamphlets to give out to the public. If they receive any, it is not easy to distribute them to the local communities because schools are closed due to the lockdown. They are used to distributing information to families using school children as carriers.*

One danger of certain areas being outside the reach of information on COVID-19 was that those with access to information sometimes distorted or misrepresented the messages contained therein.

Many interviewees expressed their inability to access information if it was disseminated through the medium of a newspaper. Of course, only the elite or those who could afford it received the messages. Seemingly, no serious effort to reach the majority of members of the public would use newspapers as a channel of communication. In the words of one of the villagers interviewed at the Kanyaga business centre:

*Anybody who tries to pass information about the pandemic to us people in rural areas through the newspaper is just not serious. Honestly speaking, here, only the teachers have access to newspapers once in a while after visiting town. Who else can afford a newspaper here in the reserves (rural areas)?*

Implicitly, the issue of differential access to information in newspapers invoked feelings of them and us among the members of the public. Essentially, it divided the community into two



classes, the privileged and the underprivileged, with the former being more enlightened on the dynamics of the COVID-19 pandemic. This unfortunate situation engendered a society stratified based on differential access to information. Within this ambit, Ewbank (2021) acknowledges the existence of socio-economic factors limiting access to newspapers in less developed countries you can also mention. The same rural-urban divide is acknowledged by Robinson et al., (2020), who, in his study, noted the decline in newspaper readership, particularly in rural areas.

In some literature, newspapers are regarded as the primary source of public information, and that information is vital in shaping the public's knowledge and perceptions about the coronavirus (Kumar & Raman, 2020). Newspapers also represent a dynamic relationship between media coverage and public opinion on COVID-19 (Li et al., 2020) and their spiral coverage starting with the global outbreak, followed by a shift to local coverage and finally, a decline in coverage as COVID became less of a health problem, influencing public opinion and policy (Aslam & Ittefaq, 2020). For those in rural areas, such as Kanyaga, to whom access to online copies of the newspapers would have made geographical sense, that was not easy for mainly two reasons. The first one was that most people lacked data credits, which was beyond the means of many. Secondly, poor network telecommunication coverage made it difficult. Nevertheless, in the case of some interviewees, who could afford to buy the newspapers often, they had positive comments on the contribution of newspapers to COVID-19 prevention. A response from one grocery shop owner at the Chinhoyi bus rank shopping centre was quite illustrative:

*Had it not been for the newspaper, I wouldn't have an up-to-date picture of the impact of COVID-19 on people's health worldwide. My favourite newspaper is The Herald (State-owned). It gives me a lot of information on what's happening nationwide. Unlike 'WhatsApp' sources of information, which sensationalise information, a newspaper exists to pass on truthful information to the public. Why would they lie? COVID is a health problem and not politics. Politics survives by feeding the electorate the best favourite lies possible to win the hearts and minds of voters.*

Other scholars have documented the importance of newspapers in disseminating information on COVID-19 to the public, with readers perceiving newspapers as a trustworthy source of information and disseminating public health information during the pandemic (Khan et al., 2021). Findings from other studies credited newspapers with raising awareness of COVID-19 prevention measures and promoting public health guidelines (Li et al., 2022). Hornik et al., (2020) observed that people who relied on newspapers for information seemed to have more accurate information about COVID-19.

A contrasting view, seemingly summing up divergent views encountered in the interviews, came from one young man selling green maize in a wheelbarrow at Gadzema Shopping Centre (Chinhoyi):

*I don't read newspapers to get information on COVID-19, especially The Herald. Whatever they put across to the public has a bit or a lot of spicing. The paper is a mouthpiece of the ruling party in every way. The figures it gives the public about deaths from COVID-19 around the country are doctored always for a purpose. Hence, if I want reliable information on COVID-19 inside and outside the country, I will turn to other sources, not The Herald.*

The above narrative was not an isolated sentiment expressed but a commonly shared view by many people belonging to opposition party politics in Chinhoyi. Other scholars captured a similar situation where newspapers were perceived as often providing inconsistent and confused coverage of COVID-19, resulting in public mistrust and misunderstanding of COVID-19 prevention measures (Hill et al., 2021) and spreading misinformation about COVID-19 (Vraga et al., 2021). Findings from another study saw the public blaming newspapers for peddling sensationalist headlines, lacking verified information and relying on incredible sources of information. As a result of mistrust of sources of information in coverage of COVID-19, Lewis (2018) notes that trust in newspapers by the public has become eroded.

The study highlights the issue of a digital divide or unequal access to information due to the cost of newspapers and limited internet availability in rural areas. This is a crucial factor often overlooked in communication strategies.

### 1.6.3 Radio communication

The radio was also used as a communication vehicle to inform the nation about COVID-19 pandemic prevention strategies. Some of the sentiments shared are presented below:

In the words of Mr Pondo (not his real name), a villager in Kanyaga:

*The radio is a very important way of passing on information on the pandemic, as many people managed to get first-hand information about the disease. Without the radio, most people in rural areas like us would be ignorant about ways of coping with the COVID-19 virus. The good thing is that most people have access to the radio since most people own mobile phones with a radio receiver.*

Mr Pondo's reliance on and trust in radio for "first-hand information" resonates with Lazer et al. (2020), who discuss how people turn to trusted media outlets like radio during crises to avoid misinformation.

In a focus group discussion held at the Kanyaga business centre, one of the female group members spoke about the value of radio communication, observing that:

*Not a single day passes by without us tuning in to our radios for news and other information on COVID. Even when busy with either farming or household activities one always finds time to tune in and catch up with news of the pandemic. And remember, when listening to the radio, we are not only worried about our lives here but also about many of our relatives living in urban areas. These are more at risk than us because of the crowded nature of town life.*

In Chinhoyi town, in an interview held with Mrs Kora (not her real name) at her vegetable stall at Gadzema Market, on the role of radio in fighting the pandemic, she enthusiastically replied:

*The radio is my daytime companion for any news or information on COVID. I always make sure that my radio battery is fully charged before coming to work. I turn to the TV at night, but there is news and music on my radio in the daytime.*

A taxi driver interviewed at the taxi rank at Gadzema bus rank Chinhoyi urban area had the following to say about radio communication:

*As you can see, I spend my time on the road, away from home. I start work at 7 am and knock off around 7 pm. All this time, I am either parked here waiting for a hire or*

*on the road delivering a customer somewhere. Throughout this time, I am entertained by my car radio and from the same radio, I get the latest news on COVID and general information on it.*

The voices above underscored the enduring value of the radio in disseminating public health information, particularly in the context of COVID-19 prevention strategies in Zimbabwe. The narratives emphasize the radio's accessibility, particularly in rural areas where Mr. Pondo highlights its advantage over print media. This aligns with Dube et al. (2021) and a recent report by the International Telecommunication Union (ITU, 2023) highlighting radio's continued dominance as the primary information source in many developing regions. In addition, some scholars have found that even with the growth of mobile phones, the radio remained the primary source of information in Sub-Saharan Africa.

Participants valued the radio for providing trusted information. Mrs. Kora mentions relying on it for "first-hand information." This resonates with findings by Wang et al. (2020), who suggest that during public health crises, people turn to traditional media outlets like radio for verified information due to concerns about misinformation on social media. The radio was regarded as effective in countering misinformation circulating on social media, as suggested by the female focus group member who found the radio to be a reliable source of information compared to platforms like WhatsApp. In addition, the radio's portability allowed information dissemination to various settings. The taxi driver's comment exemplifies how radio reaches people on the go. This aligns with Hassan et al. (2021), who found that radio's portability fostered audience engagement in agricultural information campaigns, while Mrs. Kora highlights its use throughout the day. Nevertheless, while the radio was a powerful tool for communicating information on COVID-19 prevention strategies, it had its own limitations, such as the one-directional broadcasts hindering audience engagement. There was also the issue of linguistic barriers, where reaching diverse populations could have required broadcasts in multiple languages. This is crucial, as highlighted by a 2020 study by Nguyen et al., who found that language barriers can hinder access to critical public health information during pandemics.

In summary, the research findings demonstrate the radio's effectiveness in reaching a broad audience, its accessibility, its role in countering misinformation, and its limitations, especially in rural areas, during the COVID-19 pandemic. It provided trusted information, reduced reliance on potentially misleading social media, and adapted to various listening environments. Nevertheless, future strategies should consider incorporating interactive elements and addressing language barriers to maximize the radio's impact.

#### **1.6.4 Television**

Study findings also revealed that television was one avenue for disseminating information on COVID-19 prevention measures to the public. The government's strategy included a television campaign that beamed messages on COVID-19 prevention education. Interviewees had various observations on their experiences on television as a source of information on COVID-19 prevention strategies.

Mr Musa (not real name), a potato vendor at Gadzema Market, was full of praise for the role television was playing in propagating information on COVID-19 prevention strategies:

*During the day, I have no time to watch television because I will be busy throughout the day, but in the evening, my eyes will be on the screen to get news and other information on the pandemic. Some of the pictures we see on television are very scary. Too scary to ignore information on how to prevent COVID. We see pictures of hundreds of people dying of COVID in America. As a result, sometimes I ask myself whether I will live to see a World free of COVID.*

Mr. Musa's dependence on TV for information echoes Huang et al. (2020), who, in their own study, found that television was a primary source for COVID-19 updates during lockdowns, particularly for people with limited internet access.

Another male resident of Gadzema suburb interviewed at his house on what he thought about the role played by television in spreading messages on COVID-19 prevention measures said:

*I don't really know what to say about the role of television. I have seen and heard messages on how to prevent COVID on television but do not want to watch TV often because we see scary pictures of people dying of COVID from all over the world. The pictures leave me thinking of death, death and death all the time. I get a feeling that life is not worth living because I am made to think that any time soon, my life will come to an end. I am not sure whether adhering to prevention measures such as masking, social distancing, and so on will save my life.*

The above interviewee's revulsion to graphic imagery beamed through television shares similar concerns with Jensen and Levy (2020), who illuminate the potential psychological impact of excessive exposure to graphic COVID-19 content on television.

Asked to also comment on the role of TV in passing information on COVID-19 prevention measures, Mrs Dhakwa, a female villager in the Kanyaga rural area, decried the general lack of development in rural Zimbabwe by saying:

*You can't talk about a TV in this part of the country! Who has a TV in this area? It is rare to see a TV here. One may be able to see one if one goes to the local councillor or MP's home. Nobody in Kanyaga can dream of owning a TV when one doesn't have enough to eat, wear or pay school fees with.*

Indeed, the issue of access to television by rural people is of major concern and Mrs Dhakwa's comment is illustrative. On the same issue, Horst et al. (2020) point to a digital divide and limited television access in rural areas, particularly in developing countries.

A shop owner at Gadzema/Chinhoyi bus rank shopping centre spoke about his exposure to many TV channels and its advantage over the information he accessed on COVID-19 latest news and prevention measures:

*I subscribe regularly to DSTV so I can see what is happening worldwide. When I go home after work, I spend most of my time watching TV to catch up with worldwide news and events on COVID-19. It makes me street-wise about coping with COVID-19 threats.*

The shop owner's access to DSTV (satellite TV) showcases the advantage of multiple channels. This situation finds common ground with Nguyen et al. (2020), who posit that diverse television channels can provide a broader perspective on global health issues.

In summary, television as a communication medium for COVID-19 prevention measures was heavily criticised for its limited reach, especially in rural areas, its potential negative impact of graphic content, and limitations due to access. Noteworthy is Kim et al. (2020), who argue for the need to balance informative and anxiety-provoking television content during pandemics. Nguyen et al. (2020) also point to the efficacy of ensuring that content is presented in local languages to address television accessibility concerns.

### 1.6.5 Health Workers

Health workers also played a significant role in informing communities of measures to adopt to protect themselves from contracting the COVID-19 virus. Below are some of the sentiments shared on the role of health workers:

*They are very effective in helping the community learn about the pandemic through word of mouth and by distributing pamphlets (School teacher from Chinhoyi Primary School).*

The teacher's observation about health workers' effectiveness aligns with Bonilla et al. (2020). They found that health workers were trusted sources of information during the pandemic, particularly in rural areas.

A Headman of Maponga Village, Kanyaga area, had the following to say about health workers:

*Health workers play a crucial role in spreading information about the pandemic. Some are even conducting door-to-door visits to educate people about it.*

His comment on door-to-door campaigns reflected a successful strategy. Mersey et al. (2020) also underscore the effectiveness of community outreach programs led by health workers in promoting COVID-19 preventive behaviours.

A businessman at Kanyaga Shopping Centre, Makonde District, added his own views on the role of health workers:

*The good thing about health workers is that as they give out information on preventing COVID-19, they allow people to ask questions about unclear issues. You don't get this chance from reading newspapers, WhatsApp or pamphlets. Even radio programs on COVID-19 don't give listeners time to pose questions to get clarity*

The businessman hailed the interactive nature of communication between the public and health workers. According to Lin et al. (2021), this highlights the value of two-way communication in addressing public anxieties and misinformation during health crises such as COVID-19. Nyenwa and Oluwafemi (2020) also emphasise the crucial role of community health workers in disseminating accurate information and addressing access limitations in rural settings.

Generally, from the findings above, Health Workers filled in the gap regarding what other sources of information like newspapers, pamphlets, radios, and televisions could not achieve. Most information agencies do not have the financial bandwidth to disseminate information and communicate with rural people, affecting the information dissemination process in rural settings. As a result, health workers offered an alternative route to reach such remote populations. However, the major drawback was the suboptimal partnership among stakeholders. The research identified a lack of partnership among stakeholders as a drawback. This aligns with Liu et al. (2020), who emphasize the importance of inter-sectoral collaboration between health professionals, media outlets and community leaders for effective communication during pandemics.

### 1.6.6 Role of church leaders

Church leaders had a role in educating their congregations on COVID-19 prevention. This was before the deployment of the lockdown measure, which paralysed most functions of churches, schools, factories, and other organisations. In voices captured by the public on the church's role, it was acknowledged that church leaders played an important part in educating their 'flock'. The following narrative came from a member of the Catholic Church Pastoral Centre near Gadzema residential area:

*Christians receive COVID-19 prevention messages from their churches through their church leaders or WhatsApp church groups. Information on COVID-19 from the church is easier to believe than from any other social media or person (Member of the Catholic Church in Chinhoyi).*

The quote from the Catholic Church member aligns with Brewer et al. (2020). They found that faith-based organizations served as trusted sources of information, particularly for religious communities.

A pastor of the United Family International in Chinhoyi made the following observation:

*Churches do not only look at the spiritual needs of their members but also their health. That is the reason why, as religious leaders, we make an effort to spread information to our congregation as much as possible and even urge our members to go and spread the word about COVID-19, even to none church members that they come across*

The pastor's commitment to spreading information reflects the positive role of religious leaders, as highlighted by Ibraheem et al. (2021). They discuss how faith leaders can encourage healthy behaviours and promote preventive public health messages within their congregations.

Nevertheless, not all religious denominations played a positive role in disseminating information about COVID-19 prevention measures. In some churches, the zealotry of some leaders exposed congregants to the dangers of the COVID-19 coronavirus. In the words of one apostolic church leader, Madzibaba weChinomwe, of Chinhoyi, caught in a prayer session with his followers on a hill near Gadzema residential suburb:

*No living person has the power to control this pandemic. Only prayer has the power to heal people affected by the virus and to stop its spread. The Lord will protect people from infection and bring healing to those infected. You must have noticed something strange about us here. None of us are wearing face masks. Why? We believe the Lord is our mask. Nothing beats his protection.*

The example of Madzibaba weChinomwe refusing masks and promoting prayer reflects the spread of misinformation by some religious leaders. Feinberg et al. (2020) discuss the challenges of religious leaders promoting COVID-19 denialism and its potential negative impact on public health.

An interview with Mr Tonde (not real name), a member of the same church, somehow reinforced the pastor's position on COVID-19;

*When I enter the community, I see people in masks everywhere. Everywhere, we are told masks prevent the spread of COVID-19. COVID-19 is an evil spirit, and how do you stop an evil spirit from harming you by wearing a piece of cloth? You send away the evil spirit by prayer and fasting, not by putting on a piece of cloth.*

Mr Tonde's comment further exemplifies the spread of misinformation within religious groups. This aligns with Wang et al. (2022), who found that religious communities can be breeding grounds for misinformation during public health crises.

The major take-home messages on the role of faith leaders in combating COVID-19 are about the positive influence of some religious leaders, their potential as trusted messengers, and the challenges of misinformation within certain religious groups. Seemingly, the scenario of misinformation points to the need for collaboration between religious leaders and public health experts to ensure accurate information dissemination within faith-based communities.

### **1.7 SOME THEORETICAL REFLECTIONS**

As a final task, it is necessary to reflect on how the study findings relate to the selected theories: the Health Belief Model (HBM), the Elaboration Likelihood Model (ELM), and the Inoculation Theory. The HBM was used to assess whether the COVID-19 prevention measures effectively addressed perceived susceptibility, severity, and the benefits of these protocols. However, the research findings revealed the limitations of the Health Belief Model, particularly its focus on individual perceptions while neglecting the social and cultural factors that influence health behaviour.

The Elaboration Likelihood Model (ELM) provides evidence-based information to analyze whether messages utilize central route processing. This study used the ELM to assess whether authorities employed emotional appeals (peripheral route) to encourage desired actions and whether messages were framed to highlight gains, such as avoiding infection, or losses. The research findings also highlighted the limitations of ELM theory, particularly its binary view of central and peripheral communication routes, while overlooking the role of emotions.

The Inoculation Theory was useful in assessing COVID-19 prevention communication protocols. It emphasized the importance of examining whether the messages targeted at countering misinformation effectively encouraged adherence to preventive measures. Additionally, it highlighted the need to ensure that communication promoted ongoing compliance with mask-wearing and social distancing guidelines. In assessing the explanatory validity of the inoculation theory, it was found inadequate for predicting the evolving nature of misinformation and the impact of social media echo chambers on inoculation efforts.

### **1.8 CONCLUSION**

The Zimbabwean government's communication strategies to combat COVID-19 yielded mixed results. While some channels, like radio, proved effective in disseminating information, particularly in rural areas, others, like print media, fell short due to accessibility limitations. The study also revealed a crucial trust gap between the public and specific information sources, mainly social media. As a result, this research offers valuable insights for future public health campaigns, such as the need for ensuring a multi-faceted approach (combining channels such as radio and television) with a focus on balanced messaging and combating social media misinformation, a need for ensuring that communication reaches all segments of the population, addressing issues like rural-urban divides and literacy barriers and fostering transparency and open communication with the public. In addition, program staff should acknowledge limitations and address concerns promptly, engaging with communities and

empowering them to participate actively in knowledge generation and sharing. Lastly, collaborating with community leaders, religious figures, and respected local voices is vital to enhance messages and empower citizens in evaluating information and recognizing trustworthy sources.

### 1.9 FURTHER RESEARCH

This study, therefore, serves as a foundation for further research, such as examining the long-term effects of COVID-19 communication strategies on public trust and health behaviour. Additionally, exploring innovative communication channels and audience engagement techniques can enhance future campaigns.

Above all, let us not forget the human cost of the pandemic. While public health interventions are essential, fostering a sense of community, empathy, and social responsibility is equally important. We must learn from the challenges of COVID-19 communication to build a more resilient and informed society, prepared to face future public health threats as one.

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