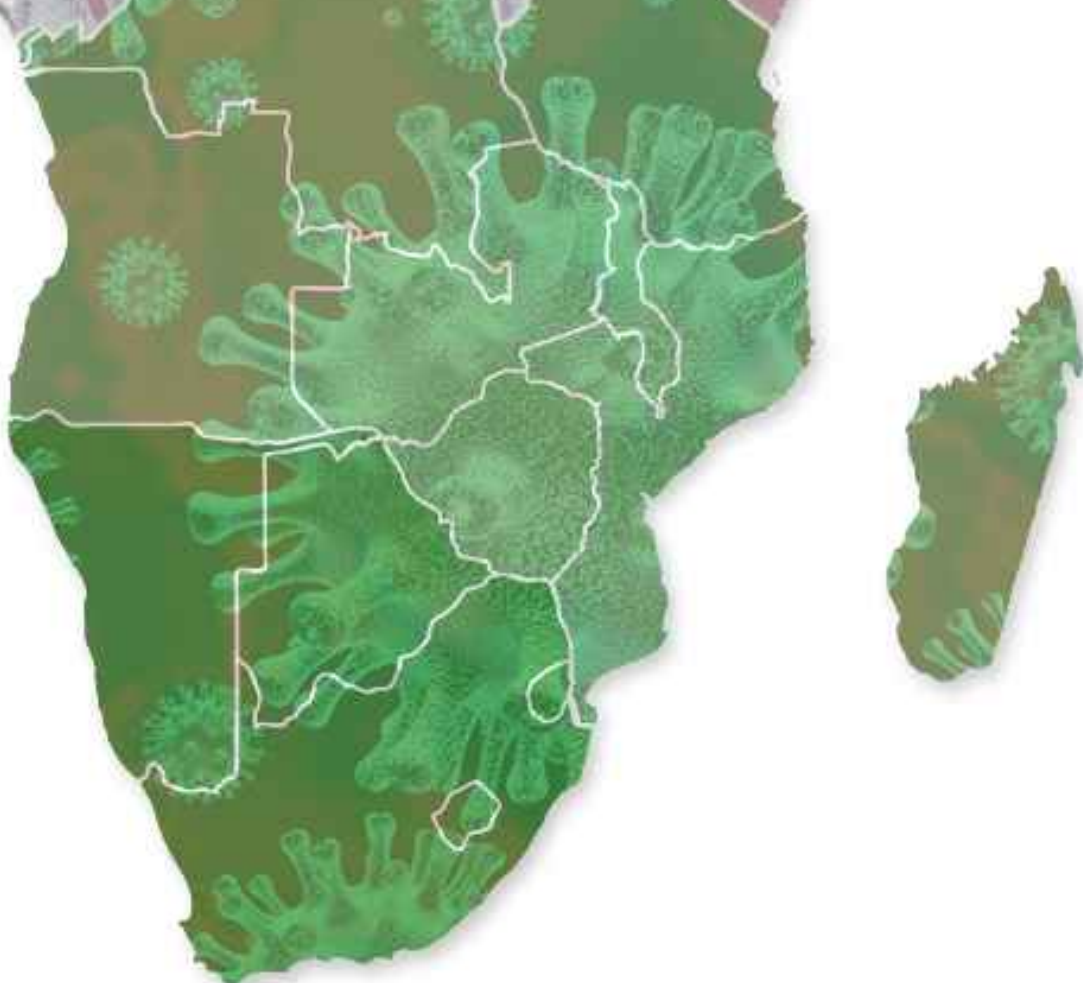


Trends in the media's coverage of Covid-19 in SADC



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EXECUTIVE SUMMARY

This report assesses the nature of the media's reporting on COVID-19 in nine countries in southern Africa, (Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe). Stories were picked from five news websites in eight of the countries from 1 March - 31 August 2020, with more comprehensive monitoring done for media in Zimbabwe where 37 outlets were accessed.

Most notably, reporting the pandemic has focused on the numbers. This was mostly motivated by statistics on infection rates, recoveries and deaths released by health authorities. 41% of all stories monitored focused on how the pandemic was progressing in the different countries based on these numbers. Initial reporting in March saw the media reporting on individuals infected by the virus, but this changed as the infection rates rose.

The main gaps in professional reportage of the pandemic was in the low representation of women's voices, citizen's voices, young and elderly people and rural communities in news on Covid-19 in all countries. This meant that perspectives on Covid-19 were heard from men, official figures and urban communities. Other perspectives could however have enriched coverage, particularly understanding how different groups perceived the pandemic and its effects on their lives. This marginalisation of social groups meant that there was little inclusivity and diversity in overall reporting on the pandemic.

The pandemic can be an important learning opportunity for media in the region, which organisations and stakeholders can pick lessons on professionalism and ethical conduct in reporting. This research points to the need to enhance professional standards in reporting the pandemic, as well as strengthen capacity building of practitioners so that they are equipped with knowledge and skills to deal with pandemics and emergencies that may arise in the future.

INTRODUCTION

Covid -19 was a topical news issue between March and August 2020 in media in nine countries of the SADC region. This report analyses how the media in the region reported on the pandemic.

Methodology

Total number of platforms monitored: 77

Countries monitored: Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe

Period Monitored: 1 March to 31 August 2020

Stories Monitored: All Covid-19 related stories published during the monitoring period focusing on news articles and analysis and excluding opinion, editorials and letters to the editor.

OVERALL REPORTING TRENDS

1. In three categories of news on COVID-19; Preparedness, Response and Human Interest, most media in southern African countries focused their attention on human interest stories, particularly on the progression of the pandemic.
2. The media focused on numbers and statistics. 41% of all stories looked at the progression of the pandemic in statistical terms, with focus of stories of this nature on the infection rate, mortality, recovery rates, etc.
3. The lowest number of stories covered the state of preparedness by the different governments. 4% of all stories focused on Covid-19 related infrastructure

Table 1: Overall distribution of specific covid-19 related issues

BROADER ISSUES	% DISTRIBUTION	SPECIFIC ISSUE	% DISTRIBUTION
Preparedness	13%	Governance Infrastructure	1%
		Health Infrastructure	3%
		Official measures	9%
Response	34%	Government Response	15%
		Other Responses	19%
Human Interest	53%	Socio-economic Impact	12%
		Pandemic progression	41%

COUNTRY SPECIFIC REPORTING TRENDS

Media in six of the nine countries monitored focused their attention on the pandemic's progress. Media monitored in Namibia and Eswatini reported the most on the progress of the pandemic, at 72% and 63% respectively. Exceptions to this were Botswana, Zambia and Malawi, who all focused on responses to Covid-19 by stakeholders aside from the government. A high number of stories on stakeholder responses in Malawi and Zambia focused on donations made by NGOs, INGOs, individuals and companies; while stories in Botswana looked more at responses by the corporate sector and businesses to the pandemic.

Table 2: Distribution pattern of covid-19 related news by country

Issues covered per country	Preparedness			Response		Human Interest	
	Governance Infrastructure	Health Infrastructure	Official Measures	Government Response	Other Responses	Socio-Economic Impact	Pandemic Progression
Zimbabwe	1%	4%	7%	17%	17%	13%	42%
Mozambique	5%	3%	17%	12%	13%	13%	37%
South Africa	2%	2%	6%	14%	19%	12%	44%
Botswana	0%	0%	17%	17%	29%	20%	17%
Eswatini	1%	4%	14%	5%	3%	10%	63%
Namibia	1%	0%	6%	12%	2%	6%	72%
Lesotho	2%	3%	10%	13%	24%	15%	33%
Zambia	0%	0%	18%	20%	30%	8%	24%
Malawi	5%	3%	10%	12%	36%	7%	27%

INCLUSIVITY AND DIVERSITY IN SOURCING ON COVID-19

Voice distribution by gender

- Voices of women, youth, and the elderly were marginalised in news coverage. Women made up just 22% of voices heard while youths and the elderly made up just 15% of voices quoted by the media

Table 3: Gender source distribution by country

COUNTRY	MEN	WOMEN	UNDEFINED
Zimbabwe	57%	25%	18%
Mozambique	57%	23%	20%
South Africa	77%	17%	6%
Botswana	63%	29%	8%
Eswatini	60%	35%	5%
Namibia	73%	10%	16%
Lesotho	60%	19%	21%
Zambia	75%	13%	12%
Malawi	77%	18%	5%

Source distribution by occupation

- Official voices dominated as sources of news on the pandemic as they accounted for 49% of all voices that were quoted, a reflection of the reliance on government officials for news of Covid-19 by the media. There were more official voices quoted than other groups that included medical experts outside government, civil society voices, citizens, among others

Table 4: Source distribution by occupation

DISTRIBUTION OF ISSUES BY COUNTRY	OVERALL	MEN	WOMEN
Government officials (executive, MPs etc)	34%	75%	25%
Government representatives (bureaucrats)	13%	75%	25%
Medical experts	13%	78%	22%
Business People	10%	79%	21%
Politicians	6%	78%	22%
Activists	6%	70%	30%
Academics	4%	81%	19%
Citizens	4%	47%	53%
Foreign dignitaries	2%	76%	24%
Others	2%	76%	24%
Local Authorities	2%	92%	8%
Legal Experts	1%	67%	33%
Government reports	1%	-	-
Legislation	1%	-	-
Minor	0%	-	-
Students	0%	-	-

Source Distribution by geographic location

- There were few reports on Covid-19 in rural areas in the region, as just an average of 5% of stories covered rural areas as compared to 22% of stories that covered urban communities.

Table 5: Geographical scope of Covid-19 stories in the region

Geographical scope by country	Generic	Urban	Rural	Regional	International
Zimbabwe	58%	32%	7%	1%	3%
Mozambique	79%	11%	7%	3%	0%
South Africa	53%	27%	5%	0%	14%
Botswana	65%	14%	11%	0%	10%
Eswatini	74%	20%	1%	3%	2%
Namibia	96%	3%	0%	0%	1%
Lesotho	78%	17%	3%	1%	2%
Zambia	53%	38%	2%	2%	6%
Malawi	51%	40%	6%	1%	2%
Overall	60%	28%	6%	1%	5%

PROFESSIONALISM IN REPORTING ISSUES RELATED TO COVID-19

Sensational reporting of Covid-19

There was some sensationalism noted in monitored stories in the region, particularly exaggerations in reports that described the ordeals of people infected by Covid-19, survivors and conditions in medical institutions. A case in point is when one of Zimbabwe's dailies *Chronicle* published an article claiming that a health worker who had tested positive in Bulawayo was "roaming and gallivanting in the city" exposing other residents to Covid-19. It later turned out that, Case 15, the patient identified in the paper, was actually observing quarantine measures. In another case Maseru Metro ran an interview with a Covid-19 survivor who they identified by name. They quoted the survivor saying "Let me summarise by saying this sickness is a monster!"

Statistics of Covid-19 barely challenged by the media

The media in the region rarely questioned or interrogated issues, numbers and claims they acquired from their sources in compiling Covid-19 articles. Some claims were presented as fact without the media putting disclaimers on such information. Botswana's *The Voice* ran a story where Sangoma, Chandapiwa Nyoka claimed that he had the Covid-19

cure¹ even though WHO claimed that there was yet to be a cure for the virus. The part cautioning citizens not to heed such claims was obscure in the story. A similar instance was recorded in a report by Namibia's Informantè Radio which noted that there had been an increase in sales of Elephant dung as a *“so-called cure for COVID-19 has skyrocketed, with prices going up significantly despite warnings from officials that the big animal waste product does not treat the virus”*². Instead of warning Namibians that the dung was not a certified cure for Covid-19 the station quoted an official whose main concern was the stealing of the dung from game parks. News outlets shared many critical statistics about the pandemic ranging from updates on numbers of infections, deaths and recoveries as well as figures of money spent on PPE but there was little interrogation or analysis of these figures by the media.

RECOMMENDATIONS TO IMPROVE COVERAGE OF COVID-19 IN SADC

The Covid-19 story remained a topical issue in all the monitored countries. Reporters could be guided by resources from the World Health Organisation and the Centre for Disease Control (CDC) which could guide their reportage on critical aspects of the pandemic and also help improve comprehensiveness of reports.

1. Regional news outlets develop epidemic reporting plans and policies that will assist media houses and reporters to focus on key aspects of the pandemic and ensure that the media carries out its various functions to provide information to the public, while holding those in positions of power and authority accountable.
2. Media houses and stakeholders in the region (government, commissions, NGOs, inter-governmental agencies) contribute to building capacity of the media and journalists to effectively report on pandemics. The media needs to be able to understand and articulate the technical aspects of the pandemic; increasing their ability to recognise pandemics when they happen, track progress and support effective strategies for containment in the public interest.
3. Media houses put in place and enforce policies to promote inclusion and diversity, while fighting stigma and discrimination in their coverage to ensure fair and balanced representation of various social groups and geographical areas.
4. Media houses encourage journalists to conduct more fact checking, in-depth analysis and investigation into this and future pandemics to ensure members of the public have a better understanding of its impact on the country.
5. There is need for development partners to facilitate linking and learning platforms for journalists in SADC countries to derive lessons from each other regarding their experience from covering the pandemic in their country contexts.
6. Governments in the region need to conduct comprehensive reviews of access to information in the remote parts of their countries before licensing more news outlets and setting up information centres targeting these communities in order to facilitate better access to information in at-risk communities during pandemics and disasters.

¹ <https://news.thevoicebw.com/2020/04/sangoma-claims-covid-cure/>

² <https://informante.web.na/?p=295012>