A Disease of Privilege? Social Representations in Online Conversations about Covid-19 amongst some South Africans during lockdown

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ABSTRACT
Responses by South Africans to communication from their government about the 2020 Covid-19 lockdown and proposed courses of action for containment 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 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. A Social Representation approach was followed, with focus on citizen representations made 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. Social representations in reaction to initial news of the virus were those of a disease of those ‘lucky’ enough to be well-travelled and those privileged i.e. not the majority of South Africa, especially not black people. This article analyses media reports of social representations of Covid-19 captured from South African social 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

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 is the persisting belief based on the early faces of 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 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. Half of the 10 members subsequently became Covid-19 positive. As the case was in many other countries, most of the initial confirmed cases of the disease were ‘imported’ which informed many governments’ decision to lockdown countries by closing borders and stopping international travel. 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 the case was with many other countries globally, the South African Government’s pandemic containment strategy, attempted to stem the spread through employing various lockdown strategies. When the disease manifested in the country, the South African government implemented a hard lockdown, effectively shutting down the country ostensibly to prepare health systems to deal with the inevitable ultimate rise in cases. 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, 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) at its 1994 democracy, is a highly unequal society. 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 ongoing Covid-19 lockdown goals set by government.

**THE “FACE” OF COVID-19 AND SOCIAL REPRESENTATIONS**

From the advent of 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. Citizens had varying responses to these messages mainly expressed through online conversations. Social representations among some South Africans emerging through online conversations, 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 through an “elaboration of a reality that is common to a social group” (Jodelet, 1989). Social group members develop knowledge frames through which they perceive and understand their own reality by relying on their shared background of common sense knowledge (Moscovici, 2001; Wagner & Hayes, 2005). A group’s 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 the South Africa, to the extent that the 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.

Although some townships such as Alexandra in Johannesburg experienced the harshest policing during the lockdown implemented in March, residents said that it didn’t work, with citizens crowding the narrow streets and many still refusing to wear masks by July (Smillie, 2020). 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). 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 groups travel daily to workplaces or for some to search for piecemeal jobs in the city, with no opportunity to work online at home. 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. Upon easing the lockdown to level 3 on 1 June 2020, the President informed the country that behaviour change specifically social distancing, wearing masks and constant cleaning of hands, would “form the new weapon against the invisible enemy.” 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.

Parallel social representations driving non-compliance to suggested behaviour include perceptions among children and youth that it is a disease for old people. On 12 July, the South African President announced a second immediate ban on the sale and distribution of alcohol, curfew from 21:00 to 04:00 and compulsory use of masks. "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," he said. The abuse of alcohol resulted into 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 (BBC, 2020). “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).

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 argue that the warmer climate could “disintegrate droplets of the killer virus” (Baker et al., 2020) which are also believed to spread from surfaces (WHO, 2020). 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 BCG 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) found that countries without universal policies of BCG vaccination such as Italy, Netherlands, USA, had been more severely affected compared to countries with universal and long-standing BCG policies. South Africa is one of the countries with an active BCG vaccination policy, yet by 31 July, it had the 5th highest number of infections in the world following Russia, India, Brazil and USA, but with fewer reported deaths compared to countries such as Mexico with fewer infections (Worldometer, 2020). The racial profile of people infected and deaths is 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 (World Bank, 2017) with the inequality permeating all aspects of society. More than half of all South African’s live below the food poverty line, more acute amongst the black population (BusinessTech, 2019). The black population makes up 80% of the national population, and 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). 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 of objects such as risk, the body, society and illness which 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 8.8%, white 7.8% and Indian/Asian 2.5% (CIA World Factbook, 2019).

The public healthcare facilities which 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. Stories have been rife in the media of unhygienic public referral hospitals 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.
on the 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 strain on an already constrained public healthcare system, socially represented by many citizens as an ‘uncaring system with poor facilities where socio-economically vulnerable people go to die’. Many underdeveloped and developing countries, like South Africa, struggle to deliver basic community services such as running water, electricity and healthcare. Thus, whereas the Covid-19 avoidance stipulations included constant washing of hands, many households especially in rural areas and townships lack running water.

At the technological front, during lockdowns, many economies struggled to transition to using 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 i.e. 4IR (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). 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 according to the General Household Survey 2018 through their mobile phones (StatsSA, 2018). 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, 2014). “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, 2014, 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 thus 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, 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 to become 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 (Yong, 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 of the 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) i.e. mobile text messages (see Figure 1 below).

![Figure 1 Government Covid-19 SMS messages to South African citizens 14 April - 14 June 2020](image-url)
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 i.e. 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 process of making sense or giving 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 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 that 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 from an access, lifestyle, age, race and geographical location. Aim et al. (2018) point out that knowledge about health is polyphasic. This has been evident in social representations of acknowledgement that the coronavirus kills, yet believing it only kills people of a certain race and/or age, as the South African president admonished that particularly people continued partying during the pandemic¹. 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 some were wearing masks². The Covid-19 pandemic exposed the cognitive polyphasia of the South African healthcare system with respect to government’s response to the pandemic. and 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 these representations with the response to Mauritius’ claims of a herbal cure against the virus, with people online sharing the name of the plant in

¹ President Ramaphosa re-banned alcohol https://www.dailymaverick.co.za/article/2020-07-13-ramaphosa-the-surge-has-arrived-the-storm-is-upon-us/.
other indigenous languages such as isiZulu and Sesotho, with some claiming it was working\(^3\). This claim came even as it was acknowledged there was no scientific evidence of its efficacy and no known prospects of a Covid-19 vaccine.

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). Polyphasia of representations can also foster diversity (Tateo & Innaccone, 2012), however in the case of health, 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 the reopening on 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\(^4\). Social representation theory helps provide tools for identification of social problems, as people move from through different systems of relation (Bratu, 2014), observed through interpersonal communication, face-to-face, online, symbolic and other forms.

Commitment reflects different ways in which individuals are linked or connected to social groups (Burke & Reitzes, 1991). South Africa is a predominantly a 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 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, to which an individual may have

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simultaneous membership to multiple conflicting groups. Cognitive polyphasia refers to representations with contradictory meanings that refer to the same reality are part of everyday thinking (Friling & Paryente, 2014, p. 12.11).

Cultural reactions control an individual’s behaviour and emotions (Moscovici, 1993) which 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 which pertain to health should either be encouraged, acknowledged, and/or discouraged. The PEN-3 cultural model underscores the important role which 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 cultural empowerment domain, 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 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 measures taken by government through the Disaster Management Act,
and 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, computer-mediated communication (CMC) technologies’ direct involvement in the reproduction of the existing offline cultural tensions. These tensions reproduced online need to be paid attention to, especially the cultural and cognitive dimensions of social production of communication (Serrano & Hermida, 2015, p. 561). CMC, through the growth of social media platforms, and ubiquity of mobile technology have become mainstream, more affordable and form part of 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 to analyse South Africans’ social representations regarding the spread of the Covid-19 virus and measures introduced in attempts to ‘flatten the curve’.

METHOD

Twenty-two online articles were collected on the basis of stories on social 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, five South African national, two specialist newspapers, a South African news agency and a blog. All articles were selected based on geographical coverage and Covid-19 social representation in South Africa. The selection of newspapers also depended on the accessibility and relevance of the stories. 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; South Africa.
Table 1 Sources of data analysis

Consideration of the two criteria of geographical and Covid-19 social representation coverage was meant to ensure sufficient variation in the manifestation of the phenomenon under study (Salvatore, 2016). Data collection took place from March to July 2020. Analysis of the data commenced with generating a word cloud (see Figure 2) using https://www.wordclouds.com/ to identify the most frequently recurring themes and a wordlist5.

5 https://www.wordclouds.com/ produces a table of words by count. The list was used by authors to analyse most representations about the coronavirus in South Africa as captured in online media analysed.
MASS MEDIA REPRESENTATIONS OF PRIVILEGE: RESULTS AND DISCUSSION

The mass media reports on the conversations South Africans were having on social media captured the essence of the conversations being had since the beginning of the government’s response to the Covid-19 pandemic. The findings demonstrate how privileges have fuelled racial tensions (n=24 mentions of white and black), and exposed dangerous myths about the virus that have contributed to the rapid rise in the positive cases confirmed in South Africa to date since March 2020.

Travel privilege importing Covid-19

The first cases in South Africa confirmed were from a ski trip in Italy, Europe. The implication of the these first cases was that they became representations of the disease as one that infects those that travel(led) (n=7), and most likely white. This positioned the social representations of the disease as one that is likely in a specific group i.e. caucasian white people (n=9), living in suburban areas like Sandton (dubbed the richest square mile in Africa). When the first high profile black person, Cecilia Molokwane, admitted to having contracted the virus, it entrenched the representation of the disease being one of privilege, as she had recently travelled back from the United Kingdom.
Given the high rate of poverty (n=26) in South Africa, most of the population cannot begin to consider travelling, as they fight to survive, 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 lockdown measures imposed such as curfews, social distancing, wearing of masks in public, no public gatherings and funerals limited to only 50 people.

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 numbers of predominantly white people queueing to stockpile groceries and alcohol, done during working hours and images showing trolleys piled high with food items.

These representations of privilege of those citizens stockpiling were juxtapositioned against long queues in townships for people waiting to buy baskets of groceries during lockdown, as the majority of people had to wait for month-end 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 not being considerate of those less fortunate or unable to buy for 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.

The representation of queues (n=37) as the lockdown progressed became a social representations of township poverty, with people in long snaking queues to receive their government grants. The other representation of poverty were 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. 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, 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 for those in suburbs to break lockdown regulations by exercising outdoors at times in the day not allowed or even surfing. Some of the biggest 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 ANC (n=39) has become a representation of government, as the ruling party in South Africa’s parliament. 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 Investigating Unit (SIU) has been tasked with and begun arresting those guilty of embezzling R500 billion ($29/€25 billion) of those funds through irregular tenders. Tenders (n=8) socially represent the politically privileged able to do business with government, often with no legitimate other enterprise other than political connection such as family members, friends, business associated and public servants. During the pandemic, these individuals have been labelled Covidpreneurs i.e. entrepreneurs arising from Covid-related services such as the provision of personal protective equipment (PPE) to public healthcare workers.

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 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 the 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 represent neglect by government of their 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 access to healthcare facilities privilege.

**Western vs. African: Medical expertise privilege**

Representations of the impact of the Covid-19 were in the language of cognitive polyphasia, framed in words such as realities and inequalities \( (n=15) \), to represent the lack of mostly black people in townships in comparison to mostly white people living in the suburbs of South Africa. The search for a cure to the coronavirus has 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 to Western science to benefit ultimately white people had people engaged on heated online conversations.

The global talks of vaccine trials in Africa, especially South Africa as the country with the highest reported cases on the continent, now represent to those societies being used as Western medicine’s laboratory test specimens. 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 \( (n=21) \) has 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 no longer 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, rendering understanding about the virus as more psychologically and culturally accessible. Funerals have disabused South African citizens of their privilege of being healthy, of 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 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 their behaviour represents how at-risk they 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 vs. private healthcare and ultimately, funerals as the number of deaths continues to rise as at end July 2020. The South African government and all its citizens need to heed the social representations being produced from offline conversations 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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