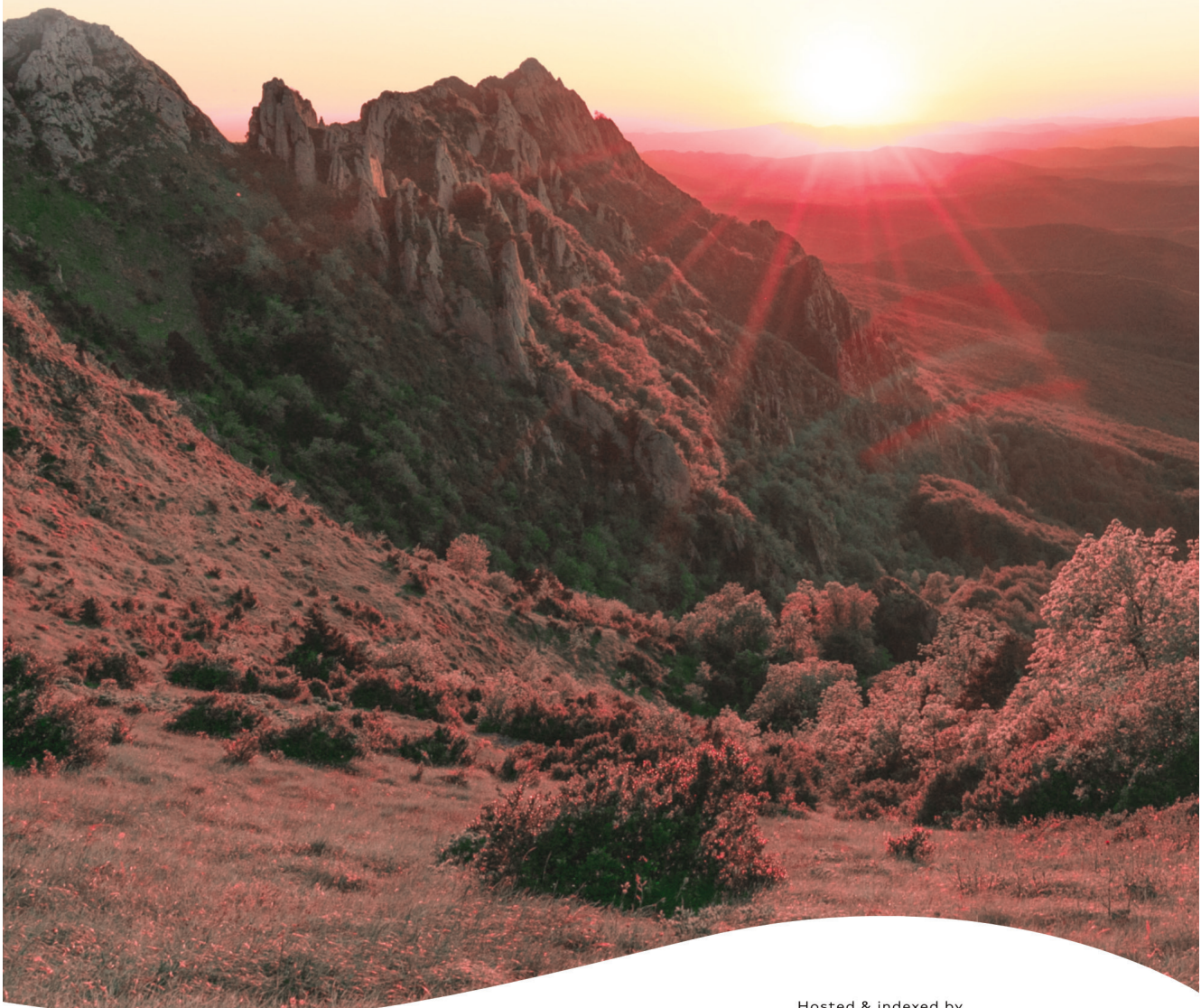


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The effectiveness of strategic health communication in Zimbabwe: A case of Masvingo Provincial School Vaccinations

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ABSTRACT

Zimbabwe has been hit hard by a variety of diseases, with AIDS, Covid-19, Cancer, Typhoid and Cholera being some of the most recent ones. Lots of lives have been lost in the process resulting in some of the diseases, like AIDS and Covid-19, being declared pandemics in the country. In an effort to minimise fatalities, the Government of Zimbabwe (GoZ), through the Ministry of Health and Child Care (MoHCC), has resorted to some proactive and reactive measures which include prescribing safety precautions, vaccination and treatment of infected citizens. A close look at responses to the initiatives, for instance, in the fight against the Covid-19 pandemic, demonstrates mixed feelings in the majority of the populace resulting in fatal moves like refusing to observe precautionary measures and vaccination hesitancy. The same kind of response seems to be transpiring with efforts towards vaccination against diseases like COVID-19 and cervical cancer in schools, which has allegedly seen some parents forbidding their children from taking the doses by going as far as making them bunk-off school each time such exercises are scheduled to take place. This is quite worrisome for an environment that is being frequented by pandemics of quite alarming magnitudes. In this regard, the current qualitative study sort to analyse the impact of strategic health communication in Zimbabwe taking Masvingo province as a case. It employed interviews and focus group discussions (FGDs) with purposively sampled schools' teachers, students and parents to generate data that was analysed using the Conceptual Model for Evaluating Emergency Risk Communication (CMEERC) in Public Health.

KEYWORDS: vaccination, cervical cancer, Covid-19, CMEERC, public health



Introduction

Zimbabwe, like other countries in the world, is battling a variety of public health diseases that are claiming lives at an alarming rate. A considerable number of the diseases are currently incurable whilst, for others, the world has limited verified information. Some of the diseases, like HIV/AIDS and Covid-19, have come to be associated with numerous conspiracies that have impacted efforts to contain them in varying ways. For instance, these two, together with the Covid-19 vaccinations, are considered by some to be results of well-planned biological warfare. For example, whilst Covid-19 is alleged to have been developed in a laboratory in Wuhan, China, as a weapon against the Americans. A study by Bogart (2005) indicated that the HIV is alleged to have been generated by the United States of America (USA) government as a weapon to control the black population in the country (The LANCERT, 2005). Such ‘conspiracy’ theorisations appear to attempt explaining the origins of the deadly pandemics.

Among other things, such perceptions are a result of the negative effects of the new media promoting knowledge translators’ misinformation premised on the naivety of unsuspecting audiences (Mhute, Mangeya & Jakaza, 2022). Commenting on the fundamentals of knowledge translation in the Canadian Health Information Management, and System, Joseph (2013) called such a phenomenon, ‘health propaganda’. Unlike other information mediums, the new media, specifically social media platforms, have often been popularised as first-hand information channels during infectious disease outbreaks, allowing the general population to access illness-related information, and share it in real-time with their families, friends, and neighbours (Jang & Baek, 2019; Oh et al., 2020; Wang et al., 2020; MacKay et al., 2021). Malecki et al. (2021) reiterate this by noting how social media has proved quite handy in health crises for the rapid dissemination of information on risky behaviours and the information of the public about possible mitigation options. As an attestation to this, Sooknanan and Mays (2021) have noted a phenomenal surge in social media usage due to the Covid-19 outbreak.

The worrisome aspect in the foregoing discussion is that people seem to be falling considerably for the information shared on social media at a time a lot has been uncovered about the endangering fake news that have become typical of these platforms in such scenarios (Mhute, Mangeya & Jakaza, 2022). During the Covid-19 pandemic, for instance, and as a result of some messages

that were shared on WhatsApp (Mhute, Mangeya & Jakaza, 2022), it took too long for many people in and outside Zimbabwe to accept that Covid-19 was real; that coronavirus was the cause, as well as its alleged nature. This resulted in various antics disobeying the safety precautions that were put in place by the government, and efforts made by many, to escape vaccination against the deadly virus.

It is evident that efforts by the MoHCC to protect the younger populace by vaccinating the school children against Covid-19, and other diseases, like cervical cancer and polio, faces similar challenges. Whilst the diseases are alarming, and a threat to humanity, some parents are alleged to have either refused to consent to the Covid-19 vaccination of their children and even went as far as making their children bunk-off school whenever the exercises are scheduled to take place. Whilst there were some well known possible reasons behind such responses, like most, if not all, of the Covid-19 vaccines having not received at the time, enough attention for trials as should have been the case, one was bound to wonder why the populace still failed to understand the MoHCC's noble concern.

Such a scenario is imperative; it brought attention to the need to assess the effectiveness of communication strategies under implementation (such as through community-health workers, posters, radios, workshops and WhatsApp messages), making it so difficult for the parents to understand the wonderful motive behind the efforts. It is this concern that fuelled the desire to establish whether strategic health communication measures were ensured at a time effective communication were so critical.

The study is pertinent since crisis-risk communicators need to properly interact, and engage, with audiences during, and even after the crises (Guidry et al., 2017; Hagen et al., 2018; McInnes & Hornmoen, 2018). McInnes and Hornmoen (2018) emphasise that appropriate interaction and engagement with audiences during a crisis can also aid in building the much-required trust. Further, it is encouraged that such communicators properly clear any possible myths and misunderstandings emanating from conspiracies while outlining the goals behind the suggested efforts.

The Covid-19 virus

Some background to Covid-19 is in order at this juncture since its vaccination is the main focus of the study. Covid-19 comes from Coronavirus Disease 2019

first detected in Wuhan (China) in December of 2019, and spread to the rest of world from 2020. By March 2021, Covid-19 had claimed more than 100 000 lives in Africa, and remains without cure to this day. Though scientific research efforts across the globe have yielded a variety of vaccines to prevent infection by its causative agent, a novel beta-coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Wouters, 2021).

The disease is one of the greatest global challenges experienced by all countries across all continents. The United Nations Development Program (UNDP) properly captured the magnitude of the problems created by the Covid-19. This was done by asserting that the Covid-19 pandemic was the defining global health crisis of the time and the greatest challenge faced since World War II. The pandemic remains one of the main issues on almost every nation's agenda for up to three years and it markedly disrupted the global economic systems and daily lives, sending countries into various degrees of economic recession.

Efforts were made to discover both short-term and long-term solutions for it and these have seen various vaccines against its causative agent being brought to life, a move that has since warranted a sigh of relief for many. Unfortunately, it was discovered in 2021 that the coronavirus transforms into various variant forms. New variants emerge when the virus mutated enough times to produce new versions that became dominant over the original one, which are usually more infectious and deadly. These include the B.1.351 SARS-COV-2 Variant Strain in Zambia as well as the '501.YV2' Variant in South Africa, that became dominant in Zimbabwe as well, killing a lot of people.

Methodology

Diseases of alarming magnitude are being experienced more frequently than before in Zimbabwe. In such an environment, effective communication strategies often involve the government to intervene to minimise fatalities. Fortunately, efforts by the GoZ to communicate the onset of the Covid-19 virus, the necessary precautionary measures and even the importance of getting vaccinated, received considerable resistance which resulted, for instance, in many being arrested for defying Covid-19-induced restrictions such as movement from one point to another without justifiable reasons. As established by the study, the same obstacle was also encountered by the MoHCC in its efforts to vaccinate school children against fatal diseases like Covid-19 and cervical cancer. In this

regard, the study establishes the effectiveness of government agencies' crises communication strategies by focussing on the MoHCC's health communication strategies. Further, this paper was driven by the main research question desiring to establish the extent to which the MoHCC adheres to CMEERC's principles of effective crisis and risk communication. The main objective was to establish the extent to which the MoHCC observed principles of effective crisis and risk communication.

There are several pandemics affecting the planet today (UNDP, 2020) and this calls for effective mitigatory measures in order to minimise fatalities. The GoZ's communication strategy in times of crises, and disasters is one critical measure during such pandemics and its effectiveness in addressing current challenges requires an analysis. In light of the misunderstandings highlighted already, the study was also perceived as capable of inspiring efforts to ensure the necessary trust between the government and the populace during such critical moments.

This study adopted an interpretivist paradigm, a qualitative research approach as well as a case study design. Due to limited resources, and in an effort to access typical experiences and observations of people from diverse Zimbabwean settings, this study purposively selected Masvingo province since it was one of the several provinces with schools in urban, rural, growth point, mining, plantation and resettlement areas. Rural and resettlement areas were considered critical in availing access to some of the most remote parts of the country that only have satellite schools with very limited infrastructure.

The targeted urban, rural, mining, growth point, plantation and resettlement population involved, learners, parents and teachers. Participation was totally voluntary, with anonymity ensured, and data recorded with the consent of all involved informants. Interviews and focus group discussions (FDGs) were used as the data gathering instruments. Data analysis was based on the five stages of data analysis developed by Babbie (2008) which are: reading through the findings, coding, displaying data and distinguishing nuances, data reduction and interpretation. Interpretation and presentation were based on the Conceptual Model for Evaluating Emergency Risk Communication (CMEERC) in Public Health's key principles (Seeger et al., 2018).

Theoretical framework

The study was inspired by the Conceptual Model for Evaluating Emergency Risk Communication (CMEERC) in Public Health Studies which argues that when

communication is led by credible sources, the public's response to the risk and the containment of the outbreak are often more successful (Malecki et al., 2021; MacKay et al., 2021; Reynolds and Seeger, 2014; Seeger et al., 2018). During the crises, credibility is driven by the provision of factual and scientifically accurate information, being transparent, and consistent; communicating clearly, and acknowledging uncertainties (Seeger et al., 2018; Sauer et al., 2021). The strategy is closely linked to ensuring credibility is the CMEERC's emphasis on the need for crisis and risk communicators to ensure that they equip audiences with the why and know-how to perform the recommended behaviours (Sandman & Lanard, 2020). In other words, there is dire need for interaction with audiences in a crisis situation to build the necessary trust (McInnes & Hornmoen, 2018). Therefore, it is not enough just to encourage people to adopt the recommended behaviours without thoroughly assessing and addressing the questions they might be having about how, and even why, certain behaviours are to be adopted or rejected.

Lastly, the model asserts that crisis and risk communicators must address dis/misinformation or fake news being spread by different media outlets during a crisis. This is because, misinformation, disinformation, and rumours may cause public scepticism and resistance to the recommended behaviours (Gesser-Edelsburg, 2021). Thus, crisis and risk communicators must be more alert to understanding and discrediting misinformation, and rumours, with tangible facts as they arise. This study, therefore, focusses on establishing the extent to which these guidelines were observed in the nation's strategic health communication and the resultant effects.

Brief Literature Review

In crisis and disaster situations, information is very critical. This is the reason Reynolds and Seeger (2014) as well as MacKay et al. (2021) argue that it is pertinent for public health organisations to share information with the public timeously and as soon as it is available during crises. In the same vein, Seeger (2020) and Hyland-Wood et al. (2021) underscore the importance of public health organisations to be trustworthy in order to persuade the public to adopt suggested behaviours without any hesitation. Seeger (2020) adds that, since trust is built on perceived expertise, honesty, and transparency, crisis and risk communicators must demonstrate reference to the most up-to-date information and evidence, as well as expert consensus where possible.

In that regard, using trustworthy, authoritative officials, such as medical and public-health specialists to transmit crucial messages are a critical strategy for ensuring maximum credibility during a pandemic (Hornmoen & McInnes, 2018; Hyland-Wood et al., 2021). This is supported by Gesser-Edelsburg's (2021) assertion that while misinformation, disinformation, and rumours may cause public scepticism and resistance to the recommended behaviours, it becomes the duty of the Public Health Communicators to discredit them before sharing the credible information. Failure to do this has often made fake social media claims remain more credible in the eyes of many at a time credible information is being disseminated.

To be perceived as credible in crisis and risk communications, there is also need for transparency. Being transparent means being open and acknowledging mistakes and uncertainties (Seeger et al., 2018; Vraga & Jacobsen, 2020). Reiterating to this, Sell et al. (2020) note that during previous health crises, it was noted that government mistrust was a barrier to the uptake of information and the adoption of recommended behaviours. Therefore, governments have the mandate to ensure that they command the people's trust at all moments as this would boost their credibility in cases of crisis communication. Seeger et al. (2018) and MacKay et al. (2021) further note how communications that are clear during crises are also considered more likely to be comprehended, thereby increasing the likelihood of imminent compliance.

A good example is the World Health Organisation (WHO)'s clear communications meant to reduce new HIV infections that have been commended by Ann Kumah et al. (2023) for their considerable success. MacKay et al. (2021) also note that ambiguous and confusing communications during a crisis can lead to non-adherence to the recommended behaviours. In African countries, like South Africa, and Zimbabwe, a lot of arrests were reported for non-adherence behaviours like roaming around without face masks during the deadly Covid-19 pandemic lockdowns, and one wonders whether it was due to the nature of the communications made. For instance, South Africa's North West Provincial Coronavirus Command Council raised alarm on the extent of non-adherence to Covid-19 measures on the 7th of October 2020 (South African Government News Agency, 2020). Similarly, in 2020 *The Herald's* Fatima Bulla – Musakwa, quoted Director of Epidemiology and Disease Control in the Ministry of Health and Child Care, blaming resistance to adhere to preventive measures for the unprecedented spike in Covid-19 local transmission (Bulla - Musakwa, 2020). In the same vein, one directional communication is also considered problematic

during crises situations. This is reiterated by Eriksson (2018), for instance, who observes that meaningful dialogue with the public, encompassing listening, interacting, and responding to public concerns, usually yield the best results in such environments.

To illustrate on the effectiveness of such strategic health communication during fights against crises and disasters, Kumah et al. (2023) detail how WHO has considerably reduced new HIV infections through effective interactive strategic communication exercises. For instance, and speaking to the HIV/AIDS, they allude to how the WHO's Option B+ strategy, which involves providing lifelong antiretroviral therapy (ART) to all pregnant and breastfeeding women living with HIV, has been widely adopted as the ideal strategy for preventing mother-to-child transmission of HIV. Similarly, they highlight other effective strategic communication exercises that have been successfully employed in addressing stigma and discrimination (Kumah et al., 2023) which has now empowered people to publicly divulge their status and even collect their antiretroviral drugs publicly without any fear.

In light of the foregoing, the study examined the effectiveness of the MoHCC's communication strategies as it undertook vaccinations of the young generation in schools at a time a considerable part of the populace seemed to resist its 'noble' efforts.

Findings

The study's findings are presented according to the key components called for by the CMEERC in Public Health Studies during crisis and disaster situations as they are outlined by Seeger et al. (2018) and MacKay et al. (2021).

The need for timeous dissemination of Information

It is critical to establish whether communications by the MoHCC were timeous as research (Reynolds and Seeger, 2014; MacKay et al. 2021) claims that this properly prepares citizens during crisis situations. Informants indicated that the GoZ took too long to relay information regarding the nature of the coronavirus and Covid-19. They noted with concern how people were 'ignored' during the initial months of the virus (2019 - early 2020) when they were wondering about the storm that was being rumoured to be coming. This fuelled anxiety, uncertainty and reaching out to alternative foreign sources of information like social media as well as relatives and friends in the diaspora who had access to other government departments' communications. There is need Sandman and Lanard's (2020) assertion that crisis and risk communicators need to ensure that

they quickly equip audiences with the necessary information on the situation as well as the why and know-how to perform the recommended behaviours.

Similarly, one teacher emphasised that an unjustifiable delay was taken to initiate communication about an ailment of Covid-19's magnitude. Coincidentally, the GoZ began communicating about it when the WHO started disbursing funding for countries with infections sow more seeds of their lack of trust in MoHCC. The informants questioned the sincerity of the MoHCC's communications due to that. This confirmed Seeger et al.'s (2018) assertion that delays in information dissemination negatively impacts on credibility as it generates the perception that the source is not transparent and most likely hiding critical information.

Reiterating to the foregoing, most of the informants indicated that the initial silence by the government forced them to be self-reliant with gathering the necessary information about the virus and the disease. They highlighted how enquiring from colleagues abroad and tuning in to social media platforms, especially WhatsApp groups where their only alternatives at a time information was needed the most. Another teacher indicated that:

the subsequent government communication credited social media as a source of critical information during crises by confirming their earlier claims.

Thus, in line with MacKay et al. (2021), the MoHCC allowed the development of information gaps which quickly cemented the belief that many still hold in social media news both authentic and fake. Referring to the MoHCC's initial silence and subsequent communication, one informant also argued that:

...laid a very weak foundation for all the health-related communications that are being done by the government. Worse still, when the government started talking about the virus and the precautionary measures like staying indoors, it coincided with a time the opposition MDC-A party was being rumoured to be intending to demonstrate in protest of the court-ruling on the 2018 election results and subsequent developments.

This also showed how failure to initiate communications on time affected the trust, thereby, keeping the population in doubt of the real motive behind the MoHCC's subsequent strategic health communications.

As for communication about school going children's vaccinations, the situation emerged to be a little different. Some teachers, especially in town and Growth Point areas, argued that the information on vaccination schedules was delivered well on time. They added that, courtesy of technology, information was effectively reaching them through WhatsApp groups via the headmasters,

National Association of Secondary School Heads (NASH) or District Schools Inspectors' platforms. One teacher emphatically stressed that:

...workshops meant for school health coordinators are often conducted by members from the Ministry of Education and the MoHCC which fully educate us on the upcoming vaccinations in order for us to inform fellow teachers, students and the surrounding communities ensuring that when they visit all would be appropriately set.

It points to the necessary preparatory communication being temeously done. However, other teachers, especially in rural and resettlement areas differed by arguing that:

at times they just say write student names at 8am and at 10am they come to vaccinate without giving us opportunities to inform the parents. They assume we all watch and listen to ZBC yet the majority lack access to it.

Similarly, some parents having no access to WhatsApp communications due to unavailability of gadgets, connectivity or expensive data, especially in the same rural and resettlement areas, was raised as well. Even the satellite schools' health coordinators confirmed missing out on some preparatory workshops due to connectivity challenges. One of them highlighted that:

We have no internet boosters close by, so we often miss out on notices of meetings as connection is only secured when people climb nearby hills when they anticipate important communications.

Another teacher raised issues of miscommunication of dates that at times results in some parents bringing their children not grown up enough to attend school on wrong days only to be asked to return the next day. Unfortunately, due to the long distances they travel, most usually fail to return. This demonstrated the need for MoHCC to communicate timely and accurately, and with the various situations of the intended audiences in mind.

Credibility of the Strategic Health Communicators

It was critical to assess the credibility of the MoHCC in the eyes of the intended beneficiaries of the public health interventions as studies established that, when communication is led by credible sources, the public's response to the risk and in turn the containment of the outbreak is often more successful (Malecki et al., 2021). Asked about the credibility of the MoHCC, a considerable fraction of the participants considered it credible. The informant confirmed that the idea of broadcasting the presidium and cabinet ministers getting vaccinated first

went a long way in building trust in the government's call for the public to be vaccinated though some doubt whether they got the same dose the public was being offered. In response to questions on reasons for such doubts, informants in a FGD indicated that their lack of trust was because:

In spite of the vaccination being publicised as totally voluntary, the government was quick to exert force on us to get vaccinated by promising to deny us access to shops, buses and even jobs.

In support of this, another teacher went to the extent of highlighting that proof of vaccination was a requisite for consideration for government-funded activities such as participating in the Zimbabwe Electoral Commission (ZEC) opportunities during conduction of elections. The informants also questioned the government's decision to allow the proofs of having received a voluntary vaccine to be a requisite to get or secure jobs.

Informants also questioned the government's seriousness due to over reliance on donor vaccines, lack of interest in funding and encouraging research on such critical issues at a time information was pertinent on the local variants of the virus and the appropriateness of the administered vaccines. They also stressed how worried they were about the government's belief in drugs donated by some international donor-countries who in the media were being portrayed as having initiated the problem (coronavirus) at a time other countries were not prepared to accept them. Furtherance to this, informants questioned why the MoHCC did not bother to evaluate the situation after the vaccinations. One informant confessed that:

...how can I listen to the call to receive the second jab when they never showed up to seriously assess and explain what is happening to my hand ever since I received the first one or what could have led to the death of my twin sister immediately after receiving the first dose.

Another teacher from a different school also said:

To gain our trust, there must be a balanced account in their campaigns addressing both pros and cons of the vaccine for us to make informed decisions at the same time demonstrating no possibility of deceiving us.

She added that instead they were only advised to refer those suffering from side effects to a nearby clinic yet a co-worker has:

Since gone on sick leave due to her aching legs ever since she got her first COVID-19 dose and has since resisted other doses.

Such sentiments confirm the idea that there is dire need to interact and engage with audiences more often during a crisis to facilitate development of the much-needed trust (McInnes & Hornmoen, 2018). Thus, MoHCC was expected to have frequented the communities during such a critical period to fill-up the evolving gaps in knowledge as well as showing solidarity with Covid-19 victims. Studies note that when institutions such as the MoHCC are visible to the communities, it places the government, through its departments, in touch with deviations and areas needing rectifications. Botswana reportedly probed the deaths of two people who had been vaccinated with a AstraZeneca shot in the country (*News24* of 12 April 2021), and the South African investigated one death reportedly caused by the administering of an unapproved vaccine. Resultantly, South Africa halted roll out of Johnson and Johnson vaccine immediately after six United States of America women developed unusual blood clots with low platelets after receiving the dose (www.aa.com/africa).

In the informants' view, the MoHCC was found wanting yet it was the department properly positioned to identify people suffering from side effects or nursing the victims, and assure them of the need to still consider going for the next dose or even let their children proceed to receive them. This could be the reason the booster is considerably the least received of the three Covid-19 doses. Thus, confirming the observation by Seeger et al. (2018), and Sauer et al. (2021) that, in crises, credibility is driven by the provision of factual and scientifically accurate information, being transparent, consistent, communicating clearly, and acknowledging uncertainties.

Similarly, a community member argued that the MoHCC's credibility was affected by its failure to allude to the importance of traditional herbs like *Zumbani* (*Lippia javanica*) when "*some of us and our dear relatives are only alive courtesy of it*". Informants in all the areas alluded to how the herbs saved some Covid-19 patients before availability of vaccines, and 'failure' by the MoHCC to acknowledge the use of traditional herbs was considered questionable. For them, it appeared as though the MoHCC had 'hidden' intentions regarding the vaccinations that were being forced on them. They reported expecting to be informed about the researches on the herbs' strengths, appropriate doses and shortcomings first. This would have acted as background for information on the need to shift to the vaccinations but, unfortunately, no one bothered to honestly disclose the type of vaccine, its strengths and weaknesses for people to make informed decisions. Some informants also said, initially, those with underlying health conditions were spared from the doses, only to be asked to have it without

any explanation given. Similarly, they argued that initially children below the age of 18 were left out, and later they were considered without an explanation for the sudden inclusion. A member of the FGD concluded by saying:

...if parents could not trust the motive behind their own vaccination due to such gaps in knowledge, how could they be expected to consent to their children's vaccination?

This confirms Seeger et al. (2018) and Sauer et al.'s (2021) observation that credibility is adversely compromised by the inability of responsible authorities to timeously avail the necessary explanations. In the current study, it emerged that there were times people wondered what was going on and how best they could protect themselves but no one bothered to inform them. The informants indicated that it was only when they had found their way of accessing the critical information (through social media) that the responsible authorities started communicating about lockdowns and later the vaccinations. They argued that, unfortunately, the questions that had bothered them for months were never considered worth addressing by the responsible authorities and this acted as a poor foundation for their communications. In fact, the approach fuelled scepticism for the communications that were made.

The health coordination in schools had its own challenges that affected the credibility of the communicating ministry. One teacher indicated that:

I might come across a question that I am not sure about and have to call a colleague elsewhere who also attended the workshop when airtime is already a problem for me.

This confirms Hyland-Wood et al.'s (2021) argument that maximum credibility is ensured by using capable, trustworthy, authoritative officials, such as medical and public-health specialists, to transmit crucial messages. Similarly, another teacher indicated that:

...of course, the MoHCC does have training workshops with health coordinators who receive some allowances for attendance. However, when they return to educate others who have no incentive, it affects the motivation.

A related challenge was also raised by a Head in another school that:

Some teachers only volunteer to become health coordinators for the allowances but without the passion. When it comes to the work the entire school gets disadvantaged.

It also came to light that there are community-based health care workers who are often entrusted with information and play an important role in its dissemination. However, it came to light that they cover too big areas, especially in urban

areas, and thus, making it difficult for everyone to access them, when need arose. It was noted as well that some of them struggled to properly interpret and clearly explain the issues on immunisation cards or posters. A teacher even questioned the appropriateness of the criteria used in electing them. Thus, some of the communication agents used by the MoHCC tend to underperform thereby weighing down on its entire efficiency and credibility.

Addressing Misinformation

A question addressing misinformation was also considered vital. Gesser-Edelsburg (2021) emphasises the need for crisis and risk communicators to address fake news reaching the public through various channels each time they arise during a crisis. These caused public scepticism and resistance to the recommended behaviours. Most school teachers serving as health coordinators who took part in this study confirmed that, during workshops, they got opportunities to ask whatever questions they had. This implied that even queries emanating from fake social media communications had the opportunity of being addressed. However, the majority of informants (parents, students and other teachers) appeared to have not been assisted in letting go of the social media-inspired doubts resultantly affecting the vaccination of the children. One teacher confessed that there is:

...no way I can ignore the social media rumours when I already feel changes in my body since the day of my first dose.

A FGD participant indicated that they could not ignore social media rumours when some were struggling with effects of the vaccines. Rather they were anticipating nursing bigger side-effects to the vaccines in the near future such as bodily deformations, cancers or, for women, suffering fertility challenges. Similarly, some Christians consulted in the process were also afraid of having been already inducted into a cult citing the Book of Revelations in the Bible as alluded to through social media platforms. This confirms that social media claims were still deeply ingrained in them. Teachers from several schools also confirmed that this was so because no proper effort had been put in place to discredit the social media claims and, where some efforts were made:

The MoHCC effort underrated the impact social media had already made as the only source of information there was when the government chose to remain silent during the most critical stage of the pandemic.

The students showed signs of being troubled by the social media claims too. One student argued that questions keep on cropping up which should be addressed through awareness campaigns involving everyone. For instance, the student said:

In line with emerging social media warnings, we still wonder why we are being given vaccine donations when they are said to be so expensive yet no one offers us cheap ones for influenza and why isn't the government facilitating conducting our own studies to do something we are assured of.

All this confirms Gesser-Edelsburg's (2021) emphasis on the importance of taking the impact of disinformation and misinformation seriously and the need to discredit it in the process of disseminating authentic information.

Conclusion

The study established that considerable efforts were being done by the MoHCC to communicate about the vaccinations using community health care workers, workshops, posters, radios, televisions and even social media platforms like WhatsApp to reach out to all the intended beneficiaries. However, it appeared there were factors that reduced the impact of the communication exercises that had to be seriously considered and appropriately addressed in the process. To ensure this, research would have been key prior, during and after such critical strategic communication exercises as this would have informed subsequent communication strategies. Had the research been properly done, aspects like the state of the MoHCC's credibility in the face of intended audience, impact of social media miscommunication and other questions that arose due to nature of vaccines would have been appropriately addressed laying a proper base for subsequent vaccinations. The effectiveness of the strategies vis a vis the environments in which some targeted beneficiaries resided would have been taken into consideration for modifications in subsequent communications. The study concludes that, since health is life, it is critical for the MoHCC to place research for planning, monitoring and evaluation at the centre of its future communications in order to minimise the shortcomings that have been established in the study.

Recommendations

In light of the research findings, the study encourages the MoHCC to consider mitigating the challenges that seem to have compromised the effectiveness of its earlier communications. They may work towards the restoration of their credibility. This could be done, for instance, by liaising with service providers in attending to the challenges in respective communities like unavailability of network boosters in rural and resettled communities. The study also proposes some of the recommendations made by informants. For instance, in order to fully deal with the various groups of people effectively, the informants considered the need to take health matters more seriously by doing door-to-door visits, the same way it is done during census. Some teachers argued that the MoHCC should also consider making the aspect of health and vaccination a part of the agenda for every one of the many meetings teachers and communities have like what politicians do by sticking to their mandate even during funerals rather than leave it solely to workshops with health coordinators during health crises. Teachers also stressed the need for the curriculum to emphasise the importance of vaccinations rather than waiting for outbreaks to address it. Along these lines, they recommended the need for the government to introduce health and life skills subject in schools and could even consider having specialists like nurses hired to teach certain topics where necessary.

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