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Causal Relationships Between South African Covid-19 Lockdown Policies and Media Representations

Introduction

The Covid-19 (Covid) global pandemic has left countries juggling health and economic concerns as the virus wreaks havoc with people at various times in various places. Response within each country has run the gamut from very little to very harsh, depending on a variety of issues including number of cases, political will, and public opinion.

For countries that have a free and independent media, media reports are integral to an informed public and the media often spotlights issues in need of attention, otherwise kept hidden. It also acts as a governmental watchdog — all the more important in democratic countries where government is elected by the public. Media bias notwithstanding, these reports, made up of image and text, add to public discourse and can sway public behavior and/or governmental policy, depending on the volume of that discourse.

In the case of the Covid pandemic, people and governments have made decisions based on the information provided through the media about the virus spread, number of cases, and death statistics, among many other related issues.

Mapping Causal Relationships

Assuming that democratic countries value the humane treatment of people, the ultimate goal of a Covid response is to stop the spread of the virus and save lives in the most humane way.

In the case of South Africa however, it was found that through conducting a discourse analysis of online media reports, the government implemented and enforced unusually harsh and brutal lockdown measures reminiscent of the apartheid regime, causing its citizens additional harm. As the media reported on what was happening, negative public opinion formed, placing pressure on the government to review and reduce the severity of its lockdown measures and enforcement policies.

When mapping causal relationships between Covid cases and the media (Figure 1), the number of Covid cases, the dependent variable (DV), is affected by the number of Covid-sick people and lockdown severity, both independent variables (IV). For this paper's purposes, the definition of 'lockdown measures' means any actions taken that "lock down" the virus spread. Low severity measures might include the public choosing to wear a mask or social distance. High severity measures might include forced stay at home orders by penalty of fines, arrest, or bodily harm.

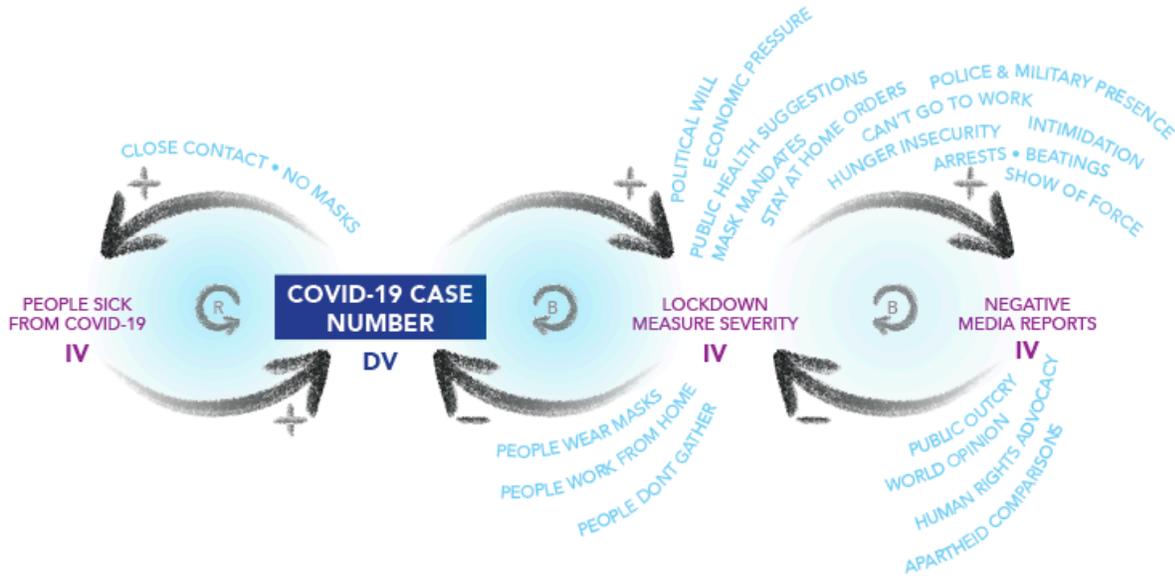SOUTH AFRICAN COVID-19 LOCKDOWN-MEDIA CAUSAL RELATIONSHIPS MAP

Figure 1: South African lockdown-media causal relationship map

The left side of Figure 1 shows a reinforcing loop where as Covid cases increase, the number of Covid-sick people increase, and when the number of Covid-sick people increase, so too does the number of Covid cases. This is a necessary causal relationship. It is counteracted by the balancing loop, shown in the center of Figure 1: As Covid cases increase, lockdown measures are implemented, and thus Covid cases reduce. However, various intervening factors determine the success of this section of the model including lockdown measure specificity and/or enforcement severity, citizen compliance, political system and ideology, and healthcare system capabilities, among others.

For instance, the United States' individualistic and libertarian ideology has led to no official national lockdown or enforcement, therefore it leads the world in Covid cases with a total of 11,720,514[1]. Recommendations have been made by health officials, which have been undermined by some in the government, and many of its citizens do not believe in the severity of the virus spread, so refuse to wear masks or social distance.

South Africa, on the other hand, implemented and enforced extremely strict lockdown measures, leading to a Covid case count of 759,658[2] (Figure 2). However, in the process, the South African government perpetrated human rights violations inconsistent with their current ideology, represented by the light blue ripples increasing in severity, which then triggered the causal loop shown on the right side of Figure 1. While this section's exact tipping point is not known, the cumulative effects of an extreme militarized show of force, civilian intimidation, arrests, beatings, and hunger insecurity caused by inequitable opportunities to work, created the discourse volume needed to trigger public response.

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[1] As of 11/20/2020, 7:25 am, Johns Hopkins University of Medicine Covid Dashboard, https://coronavirus.jhu.edu/map.html
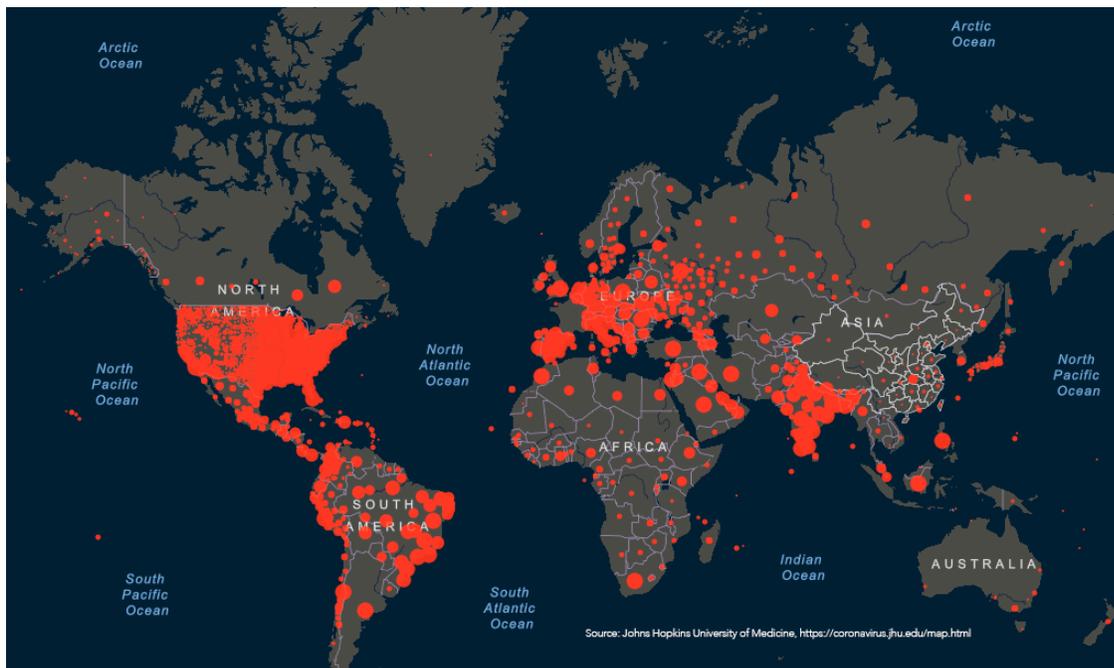[2] Ibid

Figure 2: Global Covid-19 case map from November 20, 2020

As the levels of South African enforcement severity increased, negative media reports increased which led to increased levels of public outrage, apartheid comparisons, and global condemnation. That heightened level of exposure about negative and inhumane treatment caused the government to review and reduce its lockdown severity.

Conclusion

While this relationship model is specific to South African Covid-19 lockdown policies, it *can* apply to other events where free and independent media exists. The DV, IV, and intervening variables will change, but the media/public outrage triggering mechanism stays the same. For instance, cumulative media reports of Vietnam War atrocities finally triggered enough public outrage to force a change in government policy.

In this model, the causal relationship between Covid cases and sick people is necessary, but all other variables are insufficient but necessary in varying degrees, which causes the logical relationships in the center and right side of the model. Had South African lockdown measures not been so violent and/or inequitable, media reports may not have triggered the same amount of public condemnation.