

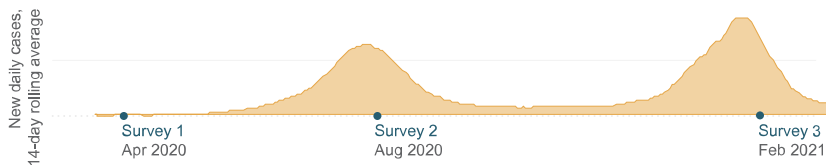
# Finding the Balance: Public Health and Social Measures in South Africa

## What is the purpose of this report?

This report describes findings from a telephone survey with 1,639 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



### National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	1,510,778
Cumulative incidence rate per 100,000 people	2,600
Test positivity rate	5.3%
Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	
Total confirmed COVID-19 deaths	49,784
Case fatality ratio	3.3%
Proportion of total reported deaths among all people reported as testing positive for COVID-19	

## What are the highlights from this report?

### Disease Dynamics and PHSM Implementation

South Africa experienced a second, more severe wave of new COVID-19 infections that peaked in mid-January. In late December, the government reinstated a ban on indoor gatherings and a nationwide curfew. By mid-February, cases had returned to pre-wave levels, and the country relaxed most PHSMs. The highly transmissible SARS-CoV-2 variant 501Y.V2 (B.1.351) was first discovered in December. It helped drive the surge in new cases, and shows potential for [evading existing immunity](#) and may reduce the efficacy of [vaccines](#).

### PHSM Support and Self-Reported Adherence

PHSM support and self-reported adherence remained high compared to the August 2020 survey, and did not signal significant signs of pandemic fatigue. Satisfaction with the government's response to COVID-19, however, was the lowest in the Southern Africa Region. Distrust in government was also evident from social media and low reported trust in public health institutions.

### Risk Perceptions and Information

Risk perceptions remained high and largely unchanged since August 2020, perhaps reflecting the large waves of new infections that preceded each survey in South Africa. Respondents reported high levels of understanding of asymptomatic carriage and transmission of the virus; however, they also reported high levels of belief that COVID-19 could be cured with herbal remedies.

### Secondary Burdens

Income loss and food security continued to pose meaningful challenges to respondents in South Africa. Nearly seven in ten survey respondents reported having lost income since the start of the pandemic, and half have had to reduce their meal frequencies or portion sizes in the past week. Nearly four in ten respondents needing care reported skipping or delaying a health visit in the previous six months.

## Disease Dynamics and PHSM Implementation

# What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

## Situational Awareness

South Africa continued to report the largest epidemic on the continent, with nearly half of all reported COVID-19 cases in Africa to date.. Reported new cases jumped from around 2,500 to 19,000 new daily cases, while daily deaths increased from around 90 to over 550 during the second wave of new infections between late November 2020 and mid-January 2021. President Cyril Ramaphosa [attributed](#) the rise in cases to travel, large gatherings and lack of adherence to PHSMs. In reaction, South Africa tightened measures, which precipitated a reduction in mobility.

In December, South Africa announced the detection of the more transmissible variant B.1.351 that is now believed to have been in circulation since early October and likely contributed to the severity of the second wave. In December and January, traditional and social media coverage of COVID-19 soared, suggesting a high degree of concern across the nation. Only 22% of survey respondents reported traveling for the holidays. Meanwhile, hospital trauma centers reported historically low admissions, which have been attributed to [adherence to PHSMs](#).

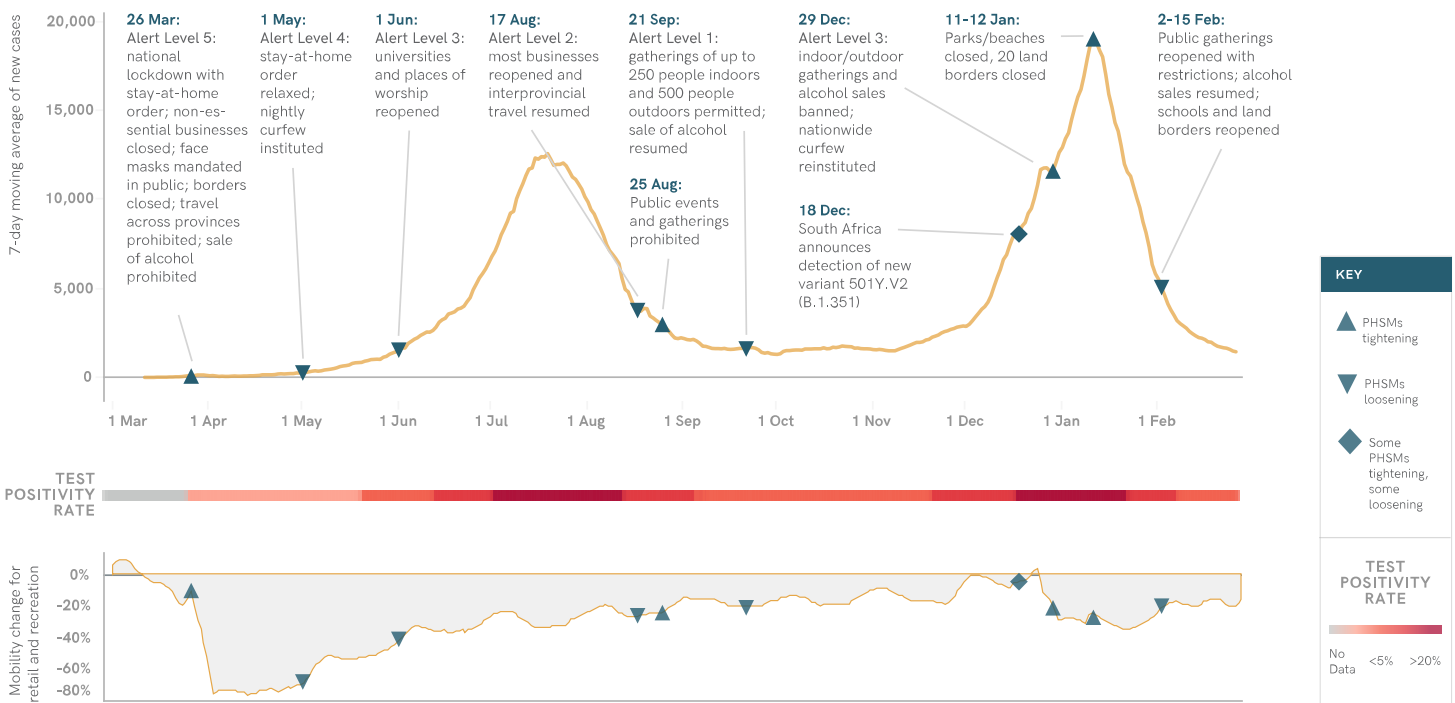
Since 12 January, new cases have rapidly declined to pre-wave levels. On 2 February, around the fielding of this survey, South Africa relaxed a number of PHSMs, including opening restaurants with restrictions, reopening land borders and reopening schools for in-person learning. Throughout the pandemic, South Africa has utilized an [alert level system](#) for determining and communicating changes to PHSMs that has been [internationally lauded](#) for its clarity.

Despite improvements in testing capacity and turnaround times, the test positivity rate reached more than 25% at the January peak, indicating many cases were going undetected. The test positivity rate has recently fallen below 6%, however, suggesting that the reported reduction in cases is likely an accurate reflection of reduced transmission.

The [South African Medical Research Council](#) estimates 140,000 total excess deaths since the start of the pandemic, compared to 49,000 reported COVID-19 deaths, highlighting the indirect impact of the epidemic.

On 17 February, South Africa began its [first vaccination campaign](#) with the Johnson & Johnson vaccine after suspending its rollout of the AstraZeneca vaccine due to concerns over efficacy against the B.1.351 variant.

## New PHSMs and reduced mobility during a surge of reported COVID-19 cases in December preceded a rapid decline in cases in January



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

PHSM effectiveness relies on widespread acceptance and behavior change.

### What the data say

A large majority of respondents in South Africa indicated high levels of support for and self-reported adherence to preventive behaviors meant to limit the spread of COVID-19. Both have decreased slightly since the August 2020 survey, but not enough to suggest significant levels of fatigue.

- Many social media users were critical of PHSMs enacted in late 2020 and early 2021, particularly the closing of 20 land borders in January, which resulted in long lines and poor hygienic conditions at border crossings. Research now suggests border closings have had a [minimal effect](#) on the incidence of COVID-19.
- In December, large youth gatherings (so-called matriculation “Rage Festivals”) [were associated](#) with numerous clusters of new COVID-19 cases, just as the second wave of infections began to escalate. In our survey from February, however, 19-25 year-old respondents reported high levels of support and adherence to all types of measures.

### In the media

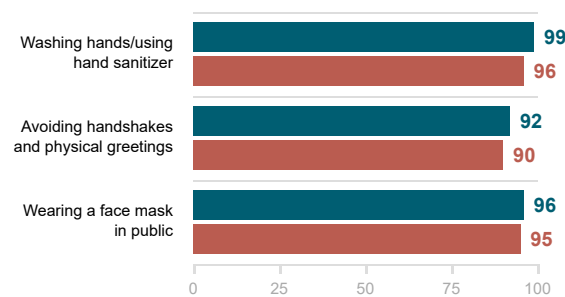
“A large number of parties and young people drinking alcohol with no adherence to [social distancing and other measures] ... This inevitably leads to super-spreader events ... We have to contain these parties and mass gatherings.”

—Zweli Mkhize, Health Minister; 14 December, 2020, [The Guardian](#)

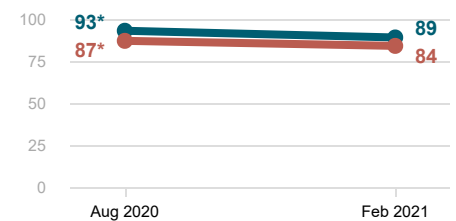
### Individual measures

Although support for and self-reported adherence to individual measures decreased slightly since August 2020, both remained high. More than eight in ten respondents in South Africa reported adherence to all three individual measures, highest among all Member States surveyed.

Percent that **support** and **adhere** to each individual measure in Feb 2021



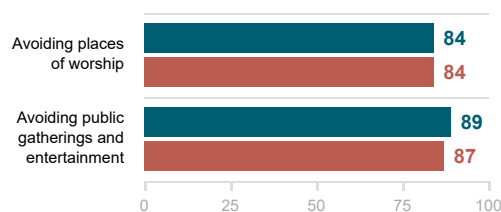
Trend in percent that **support** and **adhere** to all individual measures (composite score)



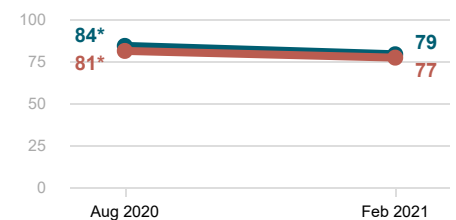
### Measures restricting social gatherings

Levels of support for and self-reported adherence to measures restricting social gatherings were among the highest of all Member States surveyed.

Percent that **support** and **adhere** to each social measure in Feb 2021



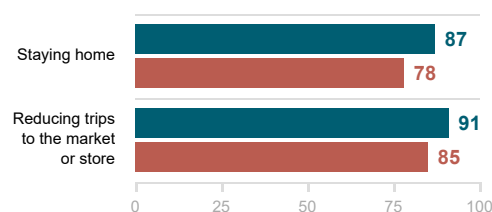
Trend in percent that **support** and **adhere** to all social measures (composite score)



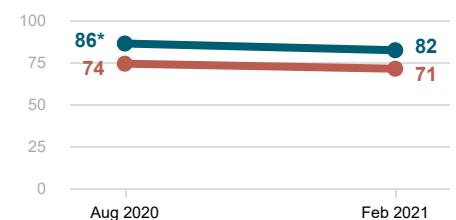
### Measures restricting movement

Self-reported adherence to measures restricting movement was highest among all Member States. Higher income households were less likely to report adherence, suggesting motivations beyond economic necessity.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



## PHSM Support and Self-Reported Adherence

# Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

### What the data say

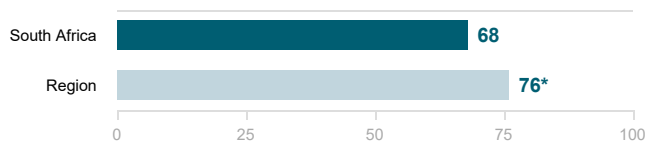
Nearly seven in ten respondents (68%) in South Africa reported that they were satisfied with the government’s pandemic response, eight points lower than the regional average and similar to respondents in August 2020 (70%). While self-reported adherence to PHSMs was high, the relatively low levels of satisfaction with the government’s response and low trust in institutions could be warning signs for policymakers who seek to continue the collective effort necessary to control the pandemic.

- Trust in the COVID-19 response of health institutions—both national and international—was lower on average among survey respondents in South Africa than in other Member States in the region. Trust in national health institutions averaged 65-70%, which was higher than trust in most international institutions, such as the Africa Centres for Disease Control and Prevention (55%), World Health Organization (60%) and UNICEF (54%).
- Compared to trust in one’s family doctor (75%) and hospitals (68%), respondents reported low trust in the media’s response to COVID-19 (50%), as well as the police (47%), traditional healers (46%) and respondents’ employers (45%).
- The degree of satisfaction with the government’s response varied by education level: 43% of those without a secondary school degree reported being “very satisfied,” compared to just 29% of those with a university degree.

### What do people think about their country's institutions?

Compared to other Member States in the region, respondents in South Africa reported the lowest levels of satisfaction with their government’s pandemic response, eight points lower than the average across the Southern Africa Region.

#### 68% are satisfied with the government's pandemic response



#### Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Family doctor	75%
Hospitals/health centers	68%
Ministry of Health	67%
Medical professional associations	66%
The President	65%

### What are people saying in the news and on social media?

Narratives in traditional and social media around the COVID-19 pandemic reflected high levels of distrust in government and allegations of corruption. Between August and January, criticism of the government’s response was often connected to broader accusations of corruption against the president and ruling African National Congress (ANC). An auditor general’s report citing “[significant faults](#)” in the government’s COVID-19 spending gained significant coverage, and social media users frequently aired frustration at instances of noncompliance among elected officials.

Distrust in international institutions was elevated on social media by conspiracy theories that Bill Gates planned the pandemic to “[destroy Africa](#),” which trended between May and September. Later, social media users blamed the B.1.351 variant on Mr. Gates, who also became a target for anti-vaccination conspiracy theories.

#### In the media

“If you’re a resident of the City of Johannesburg, READ THIS NOW! Your #ANC-led Municipality’s Covid19 spending will have your jaws on the floor. 100ml of gel sanitizer for R3000.00. For that price, it better wash away our sins too...”

—Twitter user, 3 February, 2021

## Risk Perceptions and Information

# How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

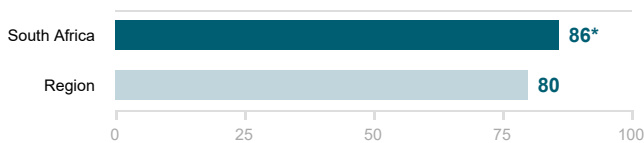
### What the data say

Respondents in South Africa reported high perceptions of the risk COVID-19 poses to their country and themselves. Nearly seven out of eight (86%) believed COVID-19 would affect many people in their country and six in ten (61%) believed that their own health would be seriously affected by COVID-19 if they caught it.

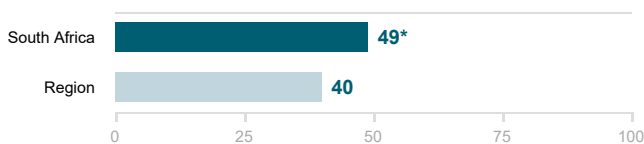
- Risk perceptions were among the highest of all Member States surveyed, and nearly identical to risk perception levels from August. The continued high levels of risk perception likely reflect the scale of the recent wave of new infections, as well as the salience of the B.1.135 variant in public discourse.
- Nearly half of respondents (47%) know someone personally who has had COVID-19 and one in seven respondents (14%) believed someone in their household has had COVID-19—the highest level by far in the Southern Region and an increase from 7% in August.
- Roughly half of respondents (49%) believed that health workers should be avoided. Those who held this belief reported slightly higher rates of missed or delayed health visits in the previous six months, suggesting that stigma could be keeping people from accessing the health care they need.
- Respondents in South Africa reported high levels of understanding of asymptomatic carriage (83%) and transmissibility (88%); however, belief in herbal remedies was also high (62%). In social media environments, mentions of herbal remedies as alternative treatments to “Western medicine” surged in early February following the suspension of the AstraZeneca vaccination campaign. Combined with mistrust in health care institutions, this narrative could complicate vaccination efforts.

### How do people understand the risk of COVID-19?

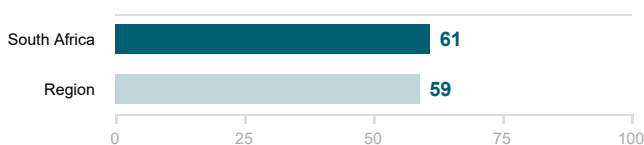
**86% believe that COVID-19 will affect many people in their country**



**49% believe that their personal risk of being infected with COVID-19 is high**



**61% believe that their health would be seriously affected by COVID-19**



### Do people stigmatize others?

**49% think they should avoid health care workers because they could get COVID-19 from them**

**51% think they should avoid people who have had COVID-19 in the past because they remain infectious**

### Do people believe accurate information?

**88% understand that infected people may never show symptoms but could still infect others**

**83% understand that infected people may not show symptoms for five to 14 days**

**62% believe that COVID-19 can be cured with herbal remedies**

## Risk Perceptions and Information

# How are perceptions of risk informing actions?

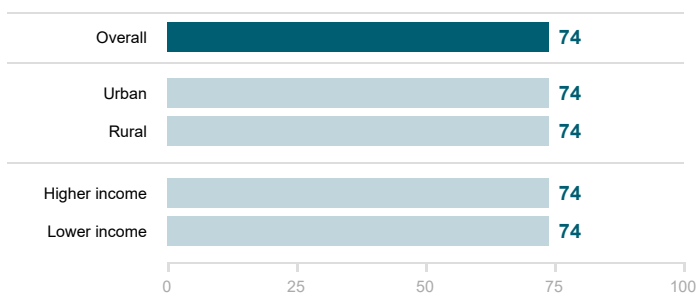
How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

### How do people feel about resuming day-to-day activities?

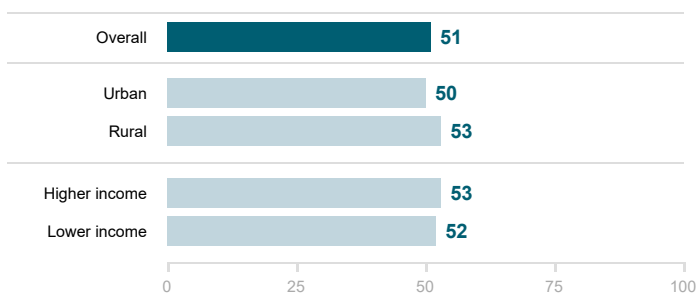
Three out of four respondents (74%) in South Africa reported that returning to normal activities made them anxious, with no reported differences by urbanity or income level. However, half of respondents (51%) had already resumed such activities, suggesting daily needs may be outweighing COVID-19 concerns.

- Respondents in South Africa reported the highest levels in the Southern Region of both anxiety about and resumption of normal activities, a surprising but understandable finding considering the high levels of risk perception around COVID-19 and a recent loosening of PHSMs.
- A higher share of low-income and rural respondents felt comfortable taking public transportation; the same groups also reported higher levels of food insecurity.

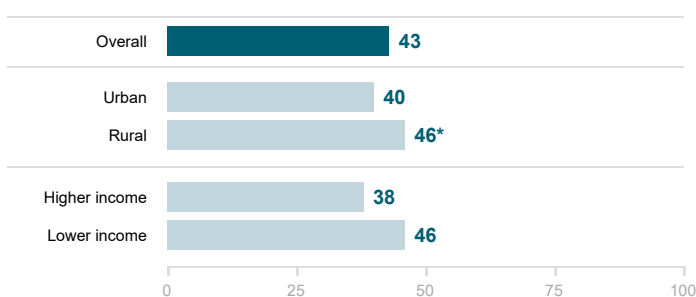
#### 74% feel anxious about resuming normal activities



#### 51% have already resumed normal activities because they believe COVID-19 risk is low



#### 43% feel comfortable taking public transportation

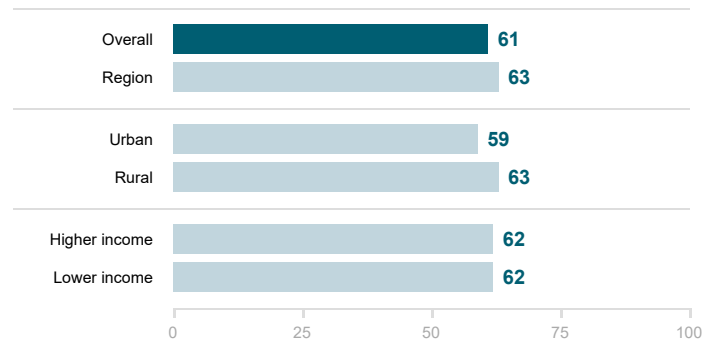


### What do people think about vaccines?

Six in ten respondents (61%) from South Africa planned to get a vaccine, in line with the regional average.

- Almost half (44%) of those dissatisfied with the government's COVID-19 response did not plan to get a vaccine.
- Of all respondents not planning to get the vaccine, one in four (25%) reported that they did not yet know enough about the vaccine to make a decision, suggesting that a concerted public engagement campaign could increase vaccine uptake.
- On 17 Feb, amidst data collection for this survey, South Africa began to distribute the Johnson & Johnson vaccine after [suspending its rollout](#) of the AstraZeneca vaccine due to concerns over its efficacy against the B.1.351 variant.

#### 61% plan to get a vaccine when available



#### Top reasons people would not get the vaccine

Among people who said they would not get the vaccine, their reasons were:

I do not believe that the virus exists	27%
I do not yet know enough about the vaccine to make a decision	25%
I am confident there will be other effective treatments soon	18%

#### In the media

"No. We don't need an expensive vaccine that does not prevent infection of COVID-19. We need to go on a diet that will assist our immune systems to get strong. We need to look into our traditional herbs for treatment."

—Twitter user, 8 February, 2021



**Secondary Burdens**

# Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

**What the data say**

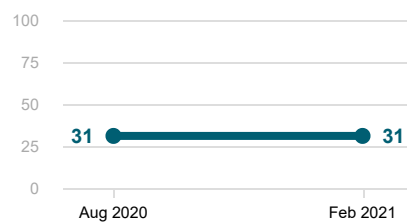
Among respondents who reported they or someone in their household needed health care or medication, nearly 40% skipped or delayed services in the previous six months and about 30% reported difficulty obtaining medication in the previous three months. Reports of health care disruptions in South Africa were similar to the August survey, which is notable given the size of its most recent wave of COVID-19 infections, PHSMs in place, and the strain the health system has faced.

- About one in four who reported missed health services cited health facility disruptions as the cause, highlighting the current pressure on the health system. One in five said they missed because of caretaker responsibilities, which have increased for many due to PHSMs.
- Together, treatment for HIV and TB represented 11% of the total missed health care visits, a similar share as in August. Roughly 20% of South African adults are living with HIV.

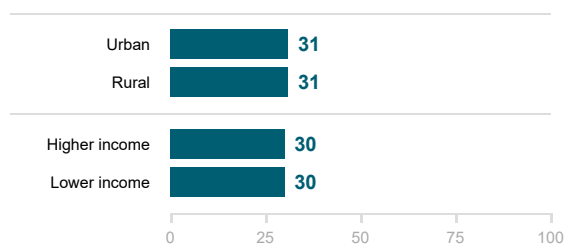
**Difficulty getting medicines**

The share of households reporting difficulty accessing medications has not changed since August, although levels were low by regional standards. Over 40% of respondents from the Southern Region reported difficulty getting medicines they needed.

*Trend in percent of households having difficulty getting medicines in the past three months*



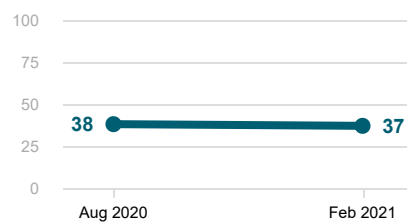
*Percent having difficulty getting medicines by category*



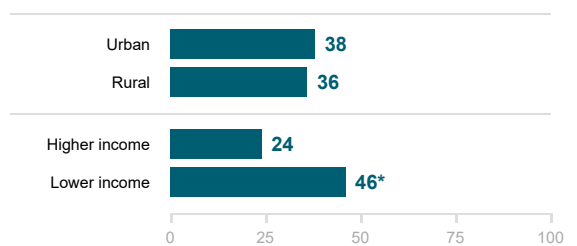
**Skipping or delaying health visits**

The share of respondents reporting delayed or skipped health visits was roughly the same as in August. Low-income households reported the most severe impacts, with nearly half of those needing care reporting a delayed or missed health visit.

*Trend in percent of households skipping or delaying health care visits in the past six months*



*Percent skipping or delaying health care visits by category*



**The reasons why visits were skipped or delayed**

People could choose multiple responses

Health facility disruption	31%
Caretaker responsibilities	22%
Worried about catching COVID-19	19%
Cost/affordability	15%
Mobility restrictions/transport challenges	14%

**The types of visits which were skipped or delayed**

People could choose multiple responses

General/routine check-up	45%
Reproductive, maternal and child health	25%
Non-communicable diseases	23%
Diagnostic services/symptoms	20%
Vaccinations	14%

## Secondary Burdens

# Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

## What the data say

Seven in ten respondents (69%) in South Africa reported experiencing income loss since the start of the pandemic, and half (50%) reported reduced number of meals or portion sizes in the past week.

- Among those who reported losing income, nearly seven in eight (86%) report a large or moderate loss. Lower income respondents reported higher rates of losing all their income, whereas higher income respondents were more likely than other income groups to report experiencing no loss.
- Barriers to food access were also pervasive but not experienced evenly across the population. Two-thirds of respondents reported barriers caused by higher food prices (68%) and reduced income (65%). A surprisingly high proportion (nearly 40%) of households in the highest income quartile reported missing or reducing a meal size in the past week; however, the same was true for 60% of households in the lowest quartile.
- In February, South Africa [extended](#) many of its social protection programs, including COVID-19 social relief distress grants and added marginal increases to its care dependency grants, among others. In this survey, 22% of respondents reported receiving additional government support, a similar share as in August. The high rates of income loss and decreases in food consumption reported in our survey support this extension in aid, but may also suggest that the current levels of government support may not be fully meeting the needs of South Africans.

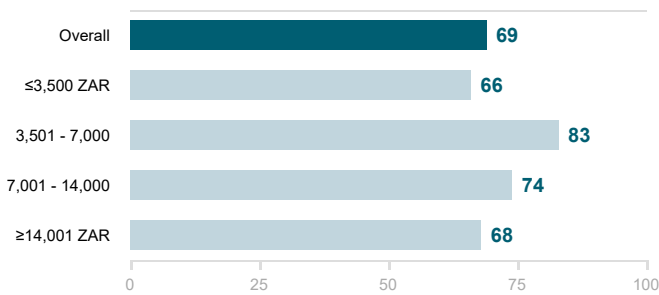
### Reported barriers to food access

Percent of people reporting each barrier

Less income	65%
Higher food prices	68%
Food markets closed	45%
Mobility restrictions	44%
Food market supply shortages	51%

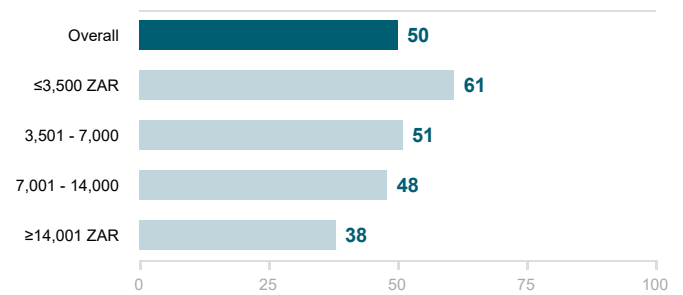
## Household income

Percent of households experiencing **income loss** by category



\*Household income is significantly associated with income loss.

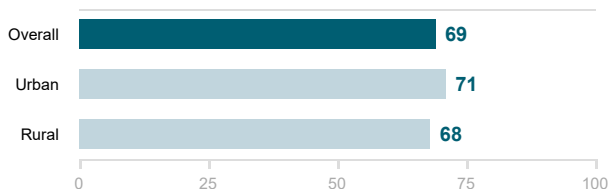
Percent of households **missing meals** by category



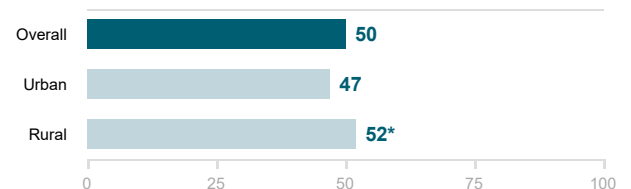
\*Household income is significantly associated with missing meals.

## Location

Percent of households experiencing **income loss** by category



Percent of households **missing meals** by category





## Appendix

# Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: East Africa (Ethiopia, Kenya, Uganda, Sudan); West Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (\*) indicates statistical significance where  $p < 0.05$ .

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see [preventepidemics.org/perc](http://preventepidemics.org/perc).

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

### Country notes

The survey sampled from South Africa consisted of 1,639 adults (774 urban, 363 rural), collected between 10 to 19 February 2021.

For details on South Africa's Alert Level system, please visit <https://www.gov.za/Coronavirus>

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 3,500 ZAR and below
- Low-middle income: Monthly household income 3,501 ZAR - 7,000 ZAR
- High-middle income: Monthly household income 7,001 ZAR - 14,000 ZAR
- High income: Monthly household income 14,001 ZAR and above