

Chapter 14

Framing of Opinion Leaders’ COVID–19 Stance(s) on society: The Case of Oppah Muchinguri–Kashiri’s Comments in Studio 7 and Zim Eye

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ABSTRACT

Using framing as a springboard and critical discourse analysis as the methodology, this chapter aims to conduct a thoroughgoing exegesis of two speeches that were made by Oppah Muchinguri between the 14th of March 2020 and the 16th of January 2021. This chapter seeks to critically explain the influence of social, political, religious, and cultural factors on opinion leaders’ attitude to COVID-19 and show the extent to which they represent perceptions of Zimbabweans regarding the virus and what should be prioritized between privacy of journalists’ sources and the public interest. The chapter also adds to the huge corpus of studies on society’s conceptualization of COVID-19 and urges stakeholders to avoid unsubstantiated claims and to use their influence to rally behind experts’ advice in dealing with the pandemic.

INTRODUCTION

From time to time, the world has been ravaged by pandemics such as smallpox, human immunodeficiency virus (HIV), Ebola and severe acute respiratory syndrome (SARS). However, COVID-19 was so severe that it popularized descriptors such as ‘the novel virus’¹ and ‘superspreader’². Also identified as coronavirus or euphemistically as ‘the virus’, COVID-19 became the first new disease to be declared a pandemic (Van Damme, Dahake, Delamou, 2020). COVID-19 spawned an ‘infodemic’, huge volumes of information (Lee1, Kanji, Wang, Mamuji, Rozdilsky & Chu, 2021) which sometimes resulted in conflation of truth, myths, misinformation and disinformation. Sheikh (2016, Paragraph 19) defines the

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'post-truth era', as "when lies replace the truth, emotions replace honesty, personal analysis replaces verified information and one opinion replaces multiple opinions". A joint study by the Digital Forensic Research Lab (DFRLab) and the Associated Press in 2020 found that countries like the United States and China accused each other of manufacturing the virus as a bioweapon. Hawthorn (2021) refutes claims by Chinese and Russian media that the virus was created by the United States to fight its foes. After results of the Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) which was set up in 2021 by the WHO to investigate claims that the COVID-19 was manufactured in a Chinese laboratory obtained inconclusive results, the WHO accused Chinese authorities of stalling further investigations by not providing required data (Furlong, 2023). Even though COVID-19 is widely regarded as originating in China, some Chinese authorities made black people scapegoats, subjecting them to racial profiling even when there was no known COVID-19 case involving black people at the time. Many Africans were denied access to accommodation, shops, restaurants and public facilities. A black woman was prevented from entering a McDonald's franchise which displayed a sign barring black people, yet a white woman was allowed (Human Rights Watch, 2020).

Social, cultural, religious, spiritual and political leaders greatly influence social behaviour; they can cultivate tolerance or promote prejudice due to racial, ethnic and geographical differences. As cultural institutions, the media's projection of people and issues influences social perceptions. African footballers, Samuel Eto'o, Demba Ba and Didier Drogba expressed dismay over suggestions made by two French doctors, professors Jean-Paul Mira and Camille Loch, on French television station La Chaine Info that pilot tests for COVID-19 should be conducted in Africa (France, 2020). The media emerged as having the potential to fuel or mitigate stigmatization of COVID-19 patients. A report on the coverage of COVID-19 by Zimbabwean newspapers revealed that on the 16th of April 2020, state-controlled newspaper, The Chronicle alleged that a COVID-19 positive patient had exposed residents to the virus by violating lockdown rules yet the violator did not have the virus.

Similarly, Energy Mutodi, then deputy minister of information erroneously claimed that sex workers were "at high risk of person-to-person transmission" (Tapfumaneyi, 2020). It was also noted that newspapers heavily relied on politicians "for expert comments, leaving out other views which can bolster the understanding of the COVID-19 narrative in Zimbabwe" (Musitini, 2020). Musitini cites a story in The Chronicle just before the government rolled out its vaccination programme which had one source, Gibson Mhlanga, the permanent secretary in the ministry of health and childcare. State controlled newspapers like The Herald and The Sunday Mail did not cover claims by the Makamba family that Zororo's death from COVID-19 was caused by the absence of a ventilator at Wilkons hospital (see also discussion below).

The fact that most of the reliable information on social media platforms is produced by large media outlets and influential public figures who mainly use indigenous minimally means a significant number of people were excluded from conversations. Nick Mangwana, Zimbabwe's government spokesperson was forced to delete an X (formerly Twitter) post in which he accused health workers of being "medical assassins" suggesting that they had "eliminated" ministers who died in quick succession (BBC, 2021a).

One of the misconceptions about COVID-19 vaccines is that they cause sterility (Willingham, 2021). However, probably the most common COVID-19-related myth in Africa was that the virus only affects white people, especially the elderly³. This was debunked when Zororo Makamba, a youthful journalist and son to prominent ZANU PF member, James Makamba became the first person to die from COVID-19 complications on the 14th of March 2020, three days after its declaration as a pandemic by the World Health Organisation (WHO). Zororo's elder brother Tawanda told private newspaper, Daily News that the government was lying that it had provided his late 30-year-old brother with medical attention. Tawanda

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