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## **Exploring Family Communication as a Strategy to Counter Misinformation about COVID-19 and Vaccine Hesitancy in Durban, South Africa**

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### **Abstract**

The global pandemic of coronavirus disease (COVID-19) is unprecedented in scale and speed and has literally changed urban and rural behaviours in various countries and the global economy. The world became aware of COVID-19 in January 2020 as a concerning, though a limited outbreak of pneumonia in

Wuhan, China. The first cases were noted on 26 December 2019 and the World Health Organisation (WHO) was notified by 31 December of the same year. On 30 January 2020, WHO declared Covid-19 as a public health emergency of global concern. The impact of the disease was unique in different families, and these differences can be attributed to religious beliefs, cultural disposition, family values, norms, level of education, and health infrastructure. However, one of the main challenges in South Africa was communicating the impact of the virus through different health communication and public health programmes articulated by government to inform and educate the citizens. The challenges range from cultural challenges to infomedics, to vaccine hesitancy. The paper, using secondary data and a case study approach, concludes that health providers, together with community leaders, need to adopt the concept of family communication, and encourage family bond building and cohesion through deliberate intervention programs in Durban as a major strategy. The paper also concludes that the media and curriculum developers in school should focus on promoting and teaching the importance of family cohesion as this will enhance trust, and simplified communication approach that can be expended in addressing the issues around the COVID-19.

**Key words:** *COVID-19, family communication, misinformation, vaccine hesitancy, families in Durban.*

## **Introduction**

The global pandemic of coronavirus (COVID-19) that became known to the unsuspecting world in 2019 after its breakout in Wuhan, China has spread to most countries in the world in an unprecedented scale and speed (Whiteside, Parker & Schramm, 2020). Though the World Health Organisation (WHO) declared it a pandemic in January 2020, the impact of the disease had already made an entrance into neighbouring countries to China and the European continent, with different effects in the different countries. These differences are attributed to variances in government response and crisis communication strategy, cultural norms, mitigation efforts, and health infrastructure (Miller, Reandelar, Fasciglione, Roumenova, Li & Otazu, 2020).

Most of these responses were to counter misinformation which is not a new problem in itself. Since the beginning of this century, the quantity and dissemination of misinformation have grown exponentially (Kim & Dennis, 2019), and prior research suggests that misinformation can fuel health anxiety, poor health-related decisions and impair individuals and health officials' ability to accurately evaluate the severity

of ongoing situations and take necessary actions (Allcott and Gentzkow, 2017; Sommerlad, 2020).

In a study by Costa (2020), it was observed that the pandemic had caused a lot of panic in South Africa with serious impacts on livelihoods, social fabric of communities and the economic landscapes. It was added that a major cause of this general confusion among the people is as a result of lack of proper communication by the government of South Africa despite being described by the French Institute for Health and Medical Research in 2020 as a better equipped country in Africa to face the pandemic (Freimuth, Linnan, Potter, 2000). Another study in Bangladesh shows that lack of proper communication has had a negative effect on the mental health of children (Yeasmin, Banik, Hossain, Hossain, Mahumud, Salma, and Hossain, 2020). However, in Indonesia according to Nasir, Baequni and Nurmansyah (2020), the government has been inundated with how to manage barrages of infomedic which is the excessive number of information available to the public. Some of this information are accurate, while some are not. People find it difficult to identify trustworthy reliable sources needed to respond to the pandemic (World Health Organization, 2020c).

This lack of reliable, and in fact, excess but misleading information contributed in disabling South Africans from responding to the public communication disseminated by the government, which contributed to the surge of the COVID-19 cases in the country. The increase in infection rate was more worrisome, because the WHO in 2020 had expressed concern on the capacity of Low-and-Middle-Income Countries (LMICs) to manage the pandemic because of the lack of effective pandemic response and preparedness plan, as the health systems and reliable information structure in LMICs are fragile (Lau, Hung, Go, Ferma, Choi, Dodd and Wei, 2020).

The initial confusion that characterized the beginning of the pandemic propelled by misinformation and infomedic also known as excessive and conflicting information, either through the social media (Allcott and Gentzkow, 2016), or traditional media, existed because households and families were not sure if the information were trustworthy and reliable as there was glut of information about the pandemic in the public regional, continental and global stage. This has affected family cohesion since events like marriages, funerals etc. were disrupted or numbers of attendees limited. This situation has also caused vaccine hesitancy (Nasir, Baequni & Nurmansyah, 2020; World Health Organization, 2020).

According to Collins, Jordan, and Coleman (2012), the human society is populated by families - a group of people related either through birth or affinity like marriage or other relationship like relatives. The purpose of families is to maintain the well-being of their members and of the society. Ideally, families would offer predictability, structure, and safety as members mature and participate in the community

### ***Family Life in Durban***

This study intends to examine family life and social wellbeing in Durban, and also explore family communication as a strategy that can be necessary for South Africans to expend in order to counter misinformation about COVID-19 and vaccine hesitancy in Durban. The city of Durban is a major port city and economic capital in KwaZulu-Natal province of South Africa with a population of 3,720,953, and population density of 43,000/square mile. It is a cosmopolitan city in the province of KwaZulu-Natal, and the homestead of the amaZulus and the Indians brought by the colonial powers to work in the sugar cane farms (Desai and Vahed, 2010).

The city of Durban, just like other South African city, had been dominated with colonial powers which had brought rapid urbanization which has not only seen influx of people, but also had an impact on family setting as it is no longer a traditional African city (Smith, 2003). As young people moved to cities, including Durban, in pursuit of employment, nuclear families became more prevalent; these families were frequently cut off from larger familial networks (Caldwell et al., 1989). But this does not always mean that conventional family arrangements have to completely collapse. Compared to rural environments, urban families frequently rely on modified forms of extended networks for childcare and support. Families in the continent have been significantly impacted by the post-colonial era's massive urbanization, which spread over the continent. The demands of modern urban life have forced traditional family structures - which are frequently defined by wide familial networks and communal living - to adapt (Caldwell et al., 1989). This development, in a sense, has made the families in the rural setting to rely more on the families in the urban areas for the communication and dissemination of information.

The growth of nuclear households is one of the most obvious effects of urbanization. People leave their extended families behind when they migrate to cities in quest of employment (Caldwell et al., 1989). Keeping

large extended families under one roof is difficult due to unavailability of accommodation and the high expense of living in Durban. There is not always a total break with relatives when it comes to this move towards nuclear households. In urban environments like Durban, families frequently depend on these networks for financial support, childcare, and support, albeit in a different way than in rural ones (Bryceson, 1999). This family support has, in a sense, strengthened family communication which also sees the more enlightened family member managing the communication component of families. This reality presents an opportunity for family communication to thrive in its mobilization as a strategy to counter misinformation about COVID-19 and vaccine hesitancy in Durban.

## **Literature Review**

A global public health emergency of unprecedented dimensions has been caused by the COVID-19 pandemic (Akpan, Mkhize, and Patrick, 2022), and in addition to the health dangers posed by the virus itself, there has been a general reluctance to get immunized due to ongoing disinformation campaigns and skewed communication, which has caused vaccination rates to decline and uptake to be delayed (Zimmerman, Shiroma, Fleischmann, Xie, Jia, Verma, and Lee, 2023). This makes efforts to stop the virus' spread more difficult and presents a serious risk to public safety (Kennedy, 2020). This pattern is also evident in Durban, South Africa. The possibility of family communication as a viable tactic to combat misinformation and vaccine reluctance in Durban communities is examined in this review of the literature. By utilizing current research, it investigates long-lasting COVID-19 communication strategies that make use of family dynamics and relationships to support public health and educate decision-makers.

### ***Vaccine Hesitancy and Misinformation in COVID-19 Communication***

According to Garrett (2021) and Roozenbeek et al. (2020), the COVID-19 pandemic's unparalleled scope and swift advancement facilitated the spread of false information. This false material was disseminated through social media, word-of-mouth, and rogue news sources, often distorting scientific facts, feeding conspiracy theories, and downplaying the virus' seriousness (Garrett, 2021). These misleading stories harm people's

perceptions of dangers and the effectiveness of vaccinations, resulting in vaccine reluctance (Roozenbeek et al., 2020). Misinformation and vaccine reluctance have worsened the impacts of societal inequality and mistrust of the government and medical professionals, a situation that has been seen in Durban and other South African cities (Mkhwanazi, 2023).

### ***The Role of Family Communication in Addressing Misinformation***

Family communication is a useful strategy to combat COVID-19 disinformation and vaccine hesitancy because it is crucial in influencing people's health attitudes and decision-making (Miller-Day & Dodd, 2021). A supportive atmosphere for candid and sympathetic communication is created by strong family ties and innate trust (Miller-Day & Dodd, 2021). Research shows that families can effectively address vaccine concerns and reduce hesitation by focusing communication on factual information, emotional support, and collaborative decision-making (Miller-Day & Dodd, 2021; Van den Berg et al., 2023). Additionally, Miller-Day & Dodd (2021) highlight the critical role families play in forming health-related norms and influencing behavior, underscoring their potential for good.

### ***Using COVID-19 Communication Strategies to Strengthen Family Communication***

Adaptable to the context of family communication, effective COVID-19 communication strategies include building trust and encouraging open communication which requires understanding and appreciating the feelings and worries that underlie vaccine hesitancy (Van den Berg et al., 2023). Fostering a supportive atmosphere for delicate conversations on COVID-19 and vaccinations within families requires taking a listening, non-judgmental stance (Askelson *et al.*, 2020). It can be beneficial to dispel myths and encourage well-informed decision-making to counter false information with trustworthy data from respectable sources such as the WHO or other health authorities (Roozenbeek et al., 2020). To improve information exchange within their social networks, family members can be trained to recognise and refute misleading statements (Garrett, 2021). Reducing vaccine-related anxiety can be accomplished by highlighting the advantages of immunization and stressing community service and family protection (Van den Berg et al., 2023).

## ***Using Family Communication to Combat COVID-19 Misinformation in Durban***

The dissemination of false information and vaccine reluctance over COVID-19 presents a severe risk to Durban's and South Africa's public health initiatives. These problems still exist despite numerous government health awareness initiatives, emphasising the need for different approaches. Taking into account the many obstacles encountered in South Africa's health communication environment, this literature review explores how utilizing family communication might correct misconceptions and encourage vaccine acceptance throughout Durban communities.

## ***The Difficulties Facing South African Public Health and Health Communication Programmes***

There are many barriers to effective health communication and public health activities in South Africa, which have an immediate effect on COVID-19 reaction and messaging. Numerous South African communities harbor hostility towards government and health institutions due to historical injustices, socioeconomic disparities, and corrupt practices (Mkhwanazi, 2023). Conspiracy theories and deep-seated suspicion are fueled by this lack of acceptance of official health messaging around COVID-19. In certain populations, low health literacy makes it difficult to understand and assess complicated COVID-19 information (McKenna et al., 2021). As a result, people are less able to make educated healthcare decisions and are more prone to false information. The distribution of trustworthy health information is disproportionately affected by unequal access to technology and the Internet (McKenna et al., 2021). Misinformation may flourish in situations where certain population segments, especially those in rural or underdeveloped areas may not have access to government-run communication channels. The influence of official communication initiatives is weakened by the quick dissemination of false information and conspiracy theories about COVID-19 via social media platforms (Garrett, 2021; Roozenbeek et al., 2020). These misleading narratives frequently have more emotional and sensational appeal than accurate and scientific knowledge, especially in communities that are already vulnerable.

## ***Using Family Communication as a Counter-Target***

In light of the obstacles confronting health communication initiatives in South Africa, family communication is a valuable adjunct strategy for countering COVID-19 disinformation and vaccine reluctance.

Families have developed networks of trust. The institutional mistrust that accompanies government messaging can be overcome by open communication inside these networks (Miller-Day & Dodd, 2021). Family members can develop into reliable sources of accurate COVID-19 data. Families can accommodate varying degrees of health literacy by simplifying complex health information (Miller-Day & Dodd, 2021). Making better-informed decisions is made possible by this improved comprehension. According to Van den Berg et al. (2023), families have the ability to offer emotional support and reassurance, which can help ease the concerns and anxieties that contribute to vaccine reluctance. This establishes a secure environment for candid conversations about issues. Families can serve as links between communities. Families in Durban communities become emissaries of trustworthy health information and advocates of public health by correcting misinformation and pushing vaccination within their networks.

## **Considering the Future**

Recognizing South Africa's larger sociocultural context is essential for the effective application of family communication initiatives in Durban. Actions ought to consist of the following: First, a family-level intervention's acceptability and credibility can be raised by collaborating with reputable community leaders, such as clergy or elders. To effectively reach the diverse populations of Durban, health communication must be culturally sensitive and considerate of their varied customs and beliefs. In addition, encouraging families to participate in constructive dialogues about COVID-19 and recognise false information can enable them to act as powerful health advocates.

The literature review emphasises the need of family communication in addressing vaccination reluctance and misinformation about COVID-19 in Durban. Family-based initiatives provide a complementary strategy based on trust, social support, and cultural sensitivity, while government-led health communication in South Africa has substantial hurdles. In the particular setting of Durban communities, more investigation is required to determine the most effective ways to apply and incorporate this

strategy into larger public health initiatives. Family communication offers a special and potentially effective way to address the complicated problems of COVID-19 disinformation and vaccine reluctance. Communities in Durban may enhance vaccination uptake and encourage informed decision-making by enabling families to have compassionate, fact-based, and productive dialogues. This will ultimately benefit public health and safety. To better understand how these strategies might be adapted to the unique cultural and socioeconomic dynamics of Durban neighborhoods, more research is required.

## **Theoretical Framework**

A strong theoretical foundation for comprehending the function of family communication in combating COVID-19 disinformation and vaccine hesitancy in Durban communities is offered by the Health Belief Model (HBM). Since its creation in the 1950s, the Health Belief Model (HBM) has been extensively applied in a variety of health behavior situations, such as vaccination promotion (Rosenstock *et al.*, 1988). Through the application of the fundamental concepts of the Health Belief Model, this framework clarifies how family-level discussions and interventions can impact personal attitudes and beliefs, resulting in increased acceptance of COVID-19 vaccinations.

Family Communication Pattern Theory (FCPT) is also used to interface with HBM so as to foreground the importance of family communication in information and communication management.

### Core Constructs of the Health Belief Model

- Perceived susceptibility refers to an individual's subjective assessment of their likelihood of acquiring COVID-19. By talking about the possible effects of infection, particularly for susceptible family members, family communication can help to form this perception.
- Perceived Severity: This refers to a person's estimation of COVID-19's severity and any possible negative effects on their health and general well-being. The possible long-term consequences and problems of COVID-19 can be brought up in family talks.
- Perceived Benefits: It centers on the conviction that receiving a vaccination can prevent a person from serious disease, hospital stays, and even death. Perceived benefits of vaccinations might be

strengthened when family members share their own favorable experiences.

- **Perceived Barriers:** This means a person's opinion of possible drawbacks from immunization, including adverse reactions, practical challenges, and a general mistrust of the medical establishment. By giving accurate information, helping with appointment scheduling, and addressing underlying concerns with compassion and understanding, family discussion can help overcome these obstacles.
- **Cues to Action:** It relates to incentives that lead people to do acts that promote their health, in this example, being vaccinated. Cues to take action can come from dependable family members, well-liked local authorities, or medical professionals who collaborate with families.
- **Self-Efficacy:** It refers to the conviction that one can follow health advice and become immunized. To promote and encourage self-efficacy, family members might offer practical help and guidance during the immunization procedure.

### ***Family Communication Pattern Theory (FCPT) in Managing COVID-19***

The study also adopted the Family Communication Pattern Theory (FCPT) by Koerner and Fitzpatrick (2006) to interface with the Health Belief Model and explore the dynamics of family communication over the information management of COVID-19 and the acceptance of the vaccine. FCPT argues that to function optimally, families create a Family Shared Social Reality (FSSR) broadly defined as shared understanding of one another, and to fully appreciate this, Samek and Rueter (2012) believe that there has to be a full establishment of shared reality that family members perceive as a topic, believe they are accurate in their shared beliefs, and believe others share their attitudes and perceptions. The Covid-19 pandemic and the vaccine are topical subject for families do discuss and share as their social reality.

Applying the HBM and FCTP to Family Communication Strategies in Managing COVID-19 and Vaccine Hesitancy

FCTP is necessary as it creates that unit and cohesion for a family not only to interact, but to build trust, love and bond. It is in that state of bond that COVID-19 and vaccine hesitancy can become a topic for discussion, especially by a knowledgeable member of the family (Moss, Waddell and Thomas, 2022)

Also, Stenseth, Dharmarajan, Li, Shi, Yang, and Gao (2021); Limbu, Gautam and Pham (2022) and Saleem and Jan (2024) believe that family communication presents a special chance to address the many HBM constructs and encourage healthy habits in the fight against COVID-19 disinformation and vaccine hesitancy. Thus:

- **Raising Severity and Perceived Susceptibility:** Honest and compassionate talks about the possible dangers of COVID-19 can raise severity and perceived susceptibility. Disseminating firsthand accounts or reliable sources of information might emphasise the practical consequences of the infection, thus impacting the perception of its severity.
- **Emphasising Perceived Benefits:** By addressing misinformation that focuses only on perceived risks, family members can be reassured of the benefits of vaccination through the sharing of testimonies, scientific data, or good vaccination experiences.
- **Reducing Perceived Barriers and Boosting Self-Efficacy:** Families can assist in overcoming obstacles to care, dispelling myths about side effects, and offering emotional support—all of which can aid in lowering perceived barriers.

### ***Implementation and Considerations***

- **Training and Resources:** Making sure families have access to trustworthy information, effective communication techniques, and approaches for handling vaccine-related concerns can enhance the effectiveness of family communication programs.
- **Community Cooperation:** Creating a partnership with local and medical leaders can help to increase the reach of immunization campaigns, improve communication, and make resources more accessible.

The struggle against false information and vaccination reluctance surrounding COVID-19 is being waged not only in laboratories and on social media, but also in our homes, at dinner tables, and in the murmurs of quiet worries among family members (WHO, 2023; Skafle, Nordahl-Hansen, Quintana, Wynn and Gabarron, 2022). However, when properly oriented, families in Durban can create a resilient legacy for future generations and fortify its communities against public health concerns by acknowledging and promoting the importance of family communication.

It must be stressed that the success of family communication is dependent on the strength, cohesion and love that exist in a family, firstly at the nuclear level, then in the compound and extended family structures. In the Durban communities with high populations of Black Africans, especially the amaZulus and Indians, family structure has continuously shown that it is a major support pillar, and its cohesion is usually expressed through different cultural and entertainment gatherings including funeral, marriages etc. Ross (2020). This obviously becomes a major strategy and model to disseminate health information for better and informed choices.

To this end, family communication can help reduce vaccine reluctance or hesitancy and COVID-19 misinformation in the various communities in Durban. The Health Belief Model (HBM) (Rosenstock *et al.*, 1988) can be used to achieve this since it is a useful guide to health promotion and disease prevention strategy. It can be used to explain the importance of preventive COVID-19 vaccine, so as to predict the changes in the individual's health behavior. HBM offers a useful foundation for comprehending this strategy as it is a tailored interventions based on openness, empathy, and building of trust to empower families, and raise vaccine awareness and acceptance and safeguard community health.

As it is demonstrated, families possess the ability to combat the affective allure of false information by demonstrating the subdued yet significant authority of caring for their loved ones (Moss, Waddell, and Thomas, 2022). The enlightened ones in the family most times ensures that the proper information is circulated within the family by sieving through information overload and fake news (Tandoc and Kim, 2023).

Family can also change the direction of public health message by serving as a constant source of support for people making health-related decisions and the interpreters of government guidelines. It is critical to keep in mind that empowering families to undertake this project calls for a multifaceted strategy (Saleem and Jan, 2024). Families must be partnered with by healthcare professionals and community leaders in order to supply them with correct information, dispel false information, and modify their communication methods in order to promote open communication and trust. This entails actively educating and assisting families to have those uncomfortable but necessary talks, rather than just passing out leaflets.

## **Conclusion**

Family communication appears as a ray of hope and a tactical tool to safeguard public and individual health in the fight against COVID-19 disinformation and vaccination reluctance among families in Durban. The strength of close social ties within the family offers a unique opportunity to build family confidence in the face of waning credible information from conventional health institutions and false information spreads. Health providers working with community's leaders and identified family members in Durban can break down deep-seated resistance to vaccine but rather increase trust for it within the families and by extension, Durban. This can be done by enlisting the support of family members that are enlightened and respected to use the family network to disseminate correct information in an empathetic way, and highlight the advantages of vaccination as a whole. This effort should be deliberate and be in form of intervention programs periodically done by the health planners and providers in the Durban Department of Health.

Family is key, and the bedrock of the larger society; it is the cradle where individuals are raised through family and value-based instructions which come as bond and trust building, and through critical channel of communication. Planners of curriculum in schools should infuse learnings on family values and cohesion so that the learners will appreciate the importance of family life and communication. This will serve as a precursor to developing future agents within families to dispel wrong information and help as the health communicator in the family. Also, the media at all levels must promote family unity and cohesion as it is strategic in managing information that will lead to health choices and healthy living in the family, and in Durban.

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