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Exploring Media Representations of Covid-19 Vaccine Hesitancy in South Africa

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March 31, 2023

Submitted towards the partial fulfillment of the requirements for a
Bachelor of Arts
In Medical Anthropology

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Chapter 1: Introduction

During my preliminary investigation for this thesis, which was inspired by my anger over the way that the Covid-19 Omicron variant was reported in the United States news, I came across an article written by Azfar Hossain, Stephen Asiimwe and Louise Ivers in December of 2021. One particular section continued to hold my attention long after I had finished reading:

At best, claims of widespread vaccine hesitancy across African nations are uninformed speculations, not supported by data. At worst, they are deliberate attempts to distract audiences from the injustice of unequal access to lifesaving Covid-19 vaccines by blaming Africans. To support vaccination efforts in Mbarara and around the world, please help us call those sharing this narrative on their bluff (Hossain *et al.* 2021).

Hossain argues that the media's claims of extensive vaccine hesitancy on the African continent are a fallacy. In overrepresenting the phenomenon, the media conveniently creates a distraction from the very real issues of vaccine supply and vaccine inequity, or the inequitable distribution of vaccines globally (Hossain *et al.*, 2021). I instantly became interested in which news content was inspiring Hossain's claims, wondering how different news media sources across the globe were representing Covid-19 vaccine hesitancy in South Africa. Specifically, I was interested in how the South African media and Western media compare in their representations of South African Covid-19 vaccine hesitancy.

In the case of a pandemic, the media constitutes a space of knowledge and opinion sharing in the field of public health. Recognising the power of the media is vital, as the consequences of these representations can have long and devastating life-or-death implications.

The capacity to shape realities and inform policy decision making is so powerful that it can simultaneously “constrain people from seeing the ideological work it performs” (Bonsu 2009; Williams and Stroud 2013). Thus, the weight of specific representational frames may go unrecognized, even as their power may be of great consequence.

During the Covid-19 pandemic, international and non- governmental health policy dictated to which countries vaccines were distributed. COVAX, an initiative co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi and the World Health Organization (WHO), and key delivery partner UNICEF, was employed with the goal of facilitating equitable distribution of vaccines to a number of countries through a centralized donating and purchasing mechanism (WHO 2022). Mark Eccleston- Turner, an expert on international law and infectious diseases in the United Kingdom explained in an interview with *New York Times* that “Most people in the world live in countries where they rely on COVAX for access to vaccines,” (NYT 2020). Therefore, the decisions that national governments and NGO employees make on how many and where to send vaccines impacts a vast majority of the world’s population, especially those that live in the Global South. If people can not access a Covid-19 vaccine, they are significantly more likely to develop severe Covid-19 symptoms if they come in contact with the virus. These infected individuals also face significantly higher mortality rates (Roser 2021). If the news media constructs images of South Africa as a country where vaccine hesitancy is widespread, this rhetoric has the potential to shape the opinion of key actors in vaccine distribution decisions. These actors may believe that vaccines will go to waste if sent to South Africa, due to the supposed extent of vaccine hesitancy, and are therefore less likely to make policy decisions which would increase the supply of vaccines to the country. Therefore, if

the media overemphasizes vaccine hesitancy in South Africa, the consequences for South Africans can be deadly.

In this thesis, I specifically compare how the South African and Western news media represent vaccine hesitancy in South Africa. Cross-national comparisons are a relevant way of evaluating sensationalism and framing in the news (Lee 2022; Esser 1999). By looking at the differences between South African and Western media representations, we can better understand the types of framing used by different actors (and the historical context from which they developed) and begin to question the impact that these representations may have on (international) health policy.

Critical medical anthropology is a branch of anthropology which is specifically concerned with investigating how human behavior and social, economic and political factors shape population health (Gamlin et al. 2021; Witeska-Młynarczyk 2015). Using a critical medical anthropology approach to analyzing the representational frames used in media portrayals of vaccine hesitancy in South Africa is relevant to address lapses in our understanding. For example, anthropologist Jennie Gamlin writes that there “is an almost complete absence of meaningful and impactful reflection about the structural causes that specifically point to the role of the global political economy in shaping the distribution and rates of mortality” (Gamlin 2021). It is essential to investigate the role of media representations in shaping this global political economy, which ultimately informs vaccine policy and the health and well-being of entire nations’ populations.

Using this framework, I suggest that during the Covid-19 pandemic, media representations of South Africa (specifically with regards to Covid-19 vaccine hesitancy) shaped the attitudes and policies for international vaccine distribution. I seek to understand whether

South Africa's experiences with vaccine hesitancy were represented through existing, pessimistic representational frames of South Africa and the African continent more generally. I investigate what is being (over-) emphasized or neglected in different news sources regarding the Covid-19 pandemic and vaccine situation in South Africa.

I pose the following questions: How do different news media actors represent and construct the idea of "vaccine hesitancy" in specific national, cultural and socio-political contexts to explain low vaccination uptake in South Africa? What attitudes toward vaccine hesitancy do these articles reflect, and what do these opinions and explanations illuminate about their socio-political contexts? What explicit or implicit goals do different media actors serve through their representations of vaccine hesitancy?

As news media is often grafted onto existing representational frames, simultaneously reflecting and reproducing popular national and/or cultural attitudes, I also investigate the following questions: does the media continue to reinforce representations of Africa as primitive, anti-science and in need of Western intervention? If so, do Western or South African media sources more commonly utilize these representational frames?

I explore these questions by first analyzing the South African commercial news media, then the Western news media, and finally contrasting any differences in content, rhetoric, arguments, explanation and language usage between sources. I investigate these differences and consider their social, political and historical contexts. By answering these questions, I hope to provide a more comprehensive image of how Western and South African news sources represent the issue of vaccine hesitancy in South Africa.

In the following chapters, I demonstrate that the Western news media overemphasizes the extent of Covid-19 vaccine hesitancy in South Africa, especially in relation to other contributing

factors to low vaccination rates such as vaccine supply and access. I show that the Western media more commonly explains vaccine hesitancy in terms of historical experiences of South Africans, especially those of colonialism and Apartheid, in a way that reduces South African agency and centers the role of the West. I demonstrate that both the South African and Western news sources provide limited nuance in terms of demographic factors influencing vaccine access and vaccine hesitancy. I maintain that these media representations have life or death consequences due to their ability to shape public understandings and policy decisions.

Methodology

For my discourse analysis, I selected news articles from a number of digital platforms. I accessed the majority of South African articles via NewsBank.com, a “subscription service that provides web-based access to current and archived content from more than 2,000 newspaper titles, as well as newswires, transcripts, business journals, periodicals, government documents and other publications” (NewsBank 2023). Although I included all South African commercial news publications in my searches, the majority of hits were published in *Cape Times*, *The Citizen* and *News24*, *Cape Times*, an English- language newspaper owned by Independent News & Media SA and published in Cape Town, South Africa is the most accessed printed news source in the Western Cape. *The Citizen* is a South African newspaper widely distributed across the country. *The Citizen*’s publication and primary readership is in South Africa’s wealthiest province, Gauteng, which holds almost a quarter of the South African population and is home to the major city Johannesburg¹. Both *The Citizen* and *Cape Times* have easily accessible online

¹ It is important to note that both *Cape Times* and *The Citizen*, as well as the majority of commercial South African news agencies, cater to a predominantly elite, white, urban readership. Other forms of media, specifically radio and television, remain the most common sources from which the majority of residents (especially those in rural settings) obtain information (Wasserman 2020). However, due to barriers in both language and access, I was unable to include these forms of news media.

versions for public consumption. *News 24*, a publication within the *Naspers* conglomerate, is currently the most read online daily news provider (Wasserman 2020).

I obtained the Western news articles through NewsBank.com as well (again, excluding no publications in my preliminary searches), *Washington Post* archives, and the *NYT* archives. I selected TV News broadcasts using the same search terms on the *Internet Archives*, a “digital library of Internet sites and other cultural artifacts in digital form” (Internet Archives 2023). Some of these sources linked me to additional articles. Cumulatively, these compose the final source of data I examined for this discourse analysis. All sources span the time range of March 2020 to June 2022.

I include both written and videographed forms of news. One limitation of this choice is that while I was able to include Western television news broadcasts, I was unable to supply equivalent South African broadcasts due to limitations of the Internet Archive.

Another limitation of this analysis is that I do not clearly distinguish between European or United States news publications. Commercial news media often aligns with or serves national interests. Thus, by not drawing attention to the particular national and political geographies of the Western publications, I risk effacing key differences among them. I decided to proceed with this methodology, however, as my main goal was to illustrate the differences in how the Western and South African media represented Covid-19 vaccine hesitancy in South Africa.

Additionally, although most of the selected articles can be considered commercial news sources, I have also included some “tabloid” style reports in both the South African and Western media. While I do distinguish between these two genres in the discourse analysis and briefly analyze the impact the genre may have on the content they cover and how they represent vaccine hesitancy, I do introduce some ambiguity into my analysis by my inclusion of multiple different

styles of reporting. Generally, tabloid style reports tend to be more sensationalized in terms of both content and language. However, a recent discourse analysis by South African communications scholars, Dr. Bosch and Dr. Herman Wasserman, illustrates that the South African tabloid media actually represented South Africa's experience with the Covid-19 pandemic *less* "sensationally" than the commercial news (Bosch and Wasserman 2023). Thus, for a more comprehensive depiction of the way the media is representing South African vaccine hesitancy, I chose to include tabloid media coverage in addition to more traditional media reports.

Additionally, the inclusion of sources in only one language inherently limits this discourse analysis. South Africa is a nation of eleven (soon to be twelve) official languages, with news media published in any number and combination of these languages. In the Western Cape, for example, there is extensive readership of Afrikaans newspapers. Additionally, many South Africans do not turn to the commercial news for reports, instead relying on social media or community news which may be viewed as more equitable and comprehensive. In fact, commercial news in South Africa is often seen as catering to the "elite" society. A large number of the population consume the majority of their news from radio stations and radio remains the most popular platform for obtaining news nationally. I am unable to include radio transcripts in this analysis due to the inaccessibility (and lack of) recorded broadcasts as well as the language barrier.

Thus, although I include South African media representations of vaccine hesitancy, it is important to recognize that the context that this media is produced in and the audience it is published for is representative of only a small fragment of a very diverse nation.

Chapter Summary

This thesis consists of two chapters of literature review (chapters 2 and 3) and three chapters of analysis (chapters 4-7). The first two chapters function to provide background information on both vaccine hesitancy and the role of the news media in disseminating information and shaping public opinions. The next three chapters begin to identify the common themes in how the news media represents vaccine hesitancy in South Africa.

In Chapter 2, I provide a historical review of vaccine hesitancy both globally and in South Africa, specifically. As the media discourse often invokes historical explanations of vaccine hesitancy, it is relevant to include both historical experiences of hesitancy as well as depict how these experiences were represented in the literature or news. This chapter draws on experiences of vaccine hesitancy both in South Africa, the African continent, and other parts of the world. Thus, this chapter also functions to illustrate the universality of vaccine hesitancy, rather than representing it as a South African specific phenomenon.

In Chapter 3, I analyze the existing scholarship on news media representations with a focus on the evolution of media representations of Africa. I provide background on the motivations of the media and the tools, especially framing and sensationalism, used to accomplish these goals. I connect these points to their importance in the time of Covid-19 reporting in preparation of the news media discourse analysis.

The discourse analysis is split into three consecutive chapters. In Chapter 4, I discuss the common themes that I observed in how the South African media represents South African Covid-19 vaccine hesitancy. In Chapter 5, I provide the analogous analysis of how the Western media represents South African vaccine hesitancy. After outlining the general themes and commonalities within each chapter, I provide a detailed comparison of the South African and

Western media representations in Chapter 6. Here, I synthesize the rhetoric and frames used to depict vaccine hesitancy and argue that the media's representations of South African vaccine hesitancy has the potential to determine the distribution of not only Covid-19 vaccines, but also survival in the time of a Global Pandemic.

Chapter 2: Vaccine Hesitancy

The COVID-19 virus and subsequent public and global health initiatives draw attention to many pre-existing political, social, economic, and health-related issues within and across nations. One such initiative, vaccine distribution, is an intervention that first became widespread with the development of the smallpox vaccine in the late eighteenth century and is often hailed as the most affordable, effective, and proactive method of ensuring community health (Das 2020). However, public response to vaccines may be fraught with skepticism, suspicion, or hesitancy. The CDC defines vaccine hesitancy as a delay in acceptance or complete refusal of vaccines in the context of available immunization services (CDC 2021). The roots of vaccine hesitancy are widespread, variable and context dependent. Personal experience, the legacy of colonialism and coloniality, lack of education in vaccine science, the pressures of social acceptance, fear of side effects, and many other causes feed into vaccine hesitancy.

Vaccine hesitancy is not always depicted uniformly across sources, cities, or nations. Therefore, this chapter is not a comprehensive review of every potential cause of vaccine hesitancy. Instead, I will provide a concise overview of the most prevalent historical examples of vaccine hesitancy which the news media invokes as explanations of Covid-19 vaccine hesitancy. Many of these causes of vaccine hesitancy relate to coloniality and global power relations.

In this chapter, I do not assert that these histories and anthropological explanations of vaccine hesitancy can be used to understand Covid-19 vaccine hesitancy in South Africa. In fact, I argue the opposite. As I will make clear throughout the discourse analysis, explaining Covid-19 vaccine hesitancy through historical experiences of abuse can reduce South African agency and misrepresent the realities on the ground.

With this in mind, I chose to devote this chapter to some of these historical instances of vaccine hesitancy as a means of providing readers with a foundation for understanding the histories that the news media makes reference to. To clarify, I am not asserting that this history is currently shaping Covid-19 vaccine hesitancy in South Africa. Rather, I aim to provide insight into the pre-existing interpretive frames which have shaped the way people, especially important news media actors, imagine and represent vaccine hesitancy.

I am especially wary of asserting that Covid-19 vaccine hesitancy stems from the experience of historical abuses. However, I do engage with anthropological literature that attributes vaccine hesitancy to racism and distrust of western biomedicine and political entities, stemming from a history of colonialism and Apartheid. In engaging the existing literature on the history of vaccine hesitancy globally and within the context of South Africa, I question how the contemporary media industry may co-opt these representations of hesitancy to serve particular agendas, such as obscuring the realities of vaccine inequity and reproducing racist notions of African nations.

A Global History of Vaccine Hesitancy

Vaccines are a public health intervention that receive a significant amount of public opposition or suspicion. Vaccine hesitancy is as old as vaccinations; however, many attribute the origins of large scale anti-vaccination movements to a publication that Andrew Wakefield released in 1998 which falsely suggests a causal relationship between the measles, mumps and rubella (MMR) vaccine and childhood autism (Rao and Andrade 2011). Though always a concern, public health interest in ameliorating vaccine hesitancy surged in the early twenty first century as vaccine- preventable diseases reappeared globally (Matthews et al. n.d.). Much of the

current research and literature concerning vaccine hesitancy thus approaches the topic from a public health and epidemiological standpoint. In this section, however, I present some of the most prevalent anthropological explanations for vaccine hesitancy, with a focus on those that the news media has most commonly blamed throughout the Covid-19 pandemic.

Government and Organizational Mistrust

One common explanation for vaccine hesitancy is pre-existing government and organizational mistrust. As seen in the case of COVID-19, the government often manages vaccine distribution efforts, acting as the sources which spread drug doses and information to the public. In anthropologist Heidi Larson's ethnographic study on (dis)acceptance of vaccines in parents of Waldorf school attendees in the United States, she argues that trusting the source of information is integral to its credibility and acceptance (Das 2020; Matthews 2022). Thus, if the public already distrusts the competency, reliability or intentions of a public institution (namely the government), they are more likely to reject the resources which that institution distributes.

For example, in the 2003 Polio vaccination boycott in Nigeria, marginalized communities refused the drug due to anger over the federal government's "top-down" decision making policies (Yahya 2006). The boycott exposed public frustration with the government neglecting to address "health care provision within broader poverty reduction objectives" and their failure to confront health concerns that were perceived as a greater priority by the public (González-Silva and Rabinovich 2021; Yahya 2006). Larson summarizes these sentiments as Nigerians' deep distrust of local and global political entities (Das 2020). In this scenario, vaccine hesitancy is not primarily rooted in concerns about the chemical composition of the drug, but rather is focused on how the vaccine is viewed as a representation or extension of an institution. If the credibility of

the institution is in question, so too is the credibility of the vaccine that the institution is promoting. Boycotting the vaccine therefore reflects dissent and opposition to existing power structures, as opposed to solely rejecting a single drug.

When authority figures disagree with one another, public trust in political institutions may also decrease (Larson et al. 2011). In 1998, the French government temporarily suspended the hepatitis B vaccine, contradicting the World Health Organization (WHO) recommendations. Despite France reinstating the vaccine after some time, the rate of Hepatitis B vaccination coverage as of the late 2000s was less than one third of the population (Larson et al. 2011). Similarly, in 2011, the Japanese government suspended Pfizer's Prevnar vaccine while they investigated potentially deadly side effects in children (due to the death of four Japanese youth). Following the drug's reinstatement, the government circulated very little information regarding its suspension, resumption, or safety. The scare deeply affected public confidence in this vaccine. In 2013, Japan had another vaccine scare over the efficacy and safety of the HPV vaccine. Again, the federal government recommended a temporary suspension. A few years later, Japan's vaccine confidence ratings ranked as one of the lowest globally (de Figueiredo et al. 2020). Though vaccine hesitancy can not be attributed to solely one incident, such ambiguity and disagreement fuels political distrust and subsequently causes increased public vaccine hesitancy.

International aid organizations may also distribute vaccines, either instead of or in tandem with national governments (NYT 2021). Just as we've seen with public distrust in national governments, dissatisfaction or distrust of the organization distributing the vaccine, rather than the particular drug, may cause vaccine hesitancy. These organizations' tendency to prioritize donor interests over the needs of the community, especially in instances where primary health care and access to vaccination centers are limited, may contribute to overall discontent (NYT

2021). Additionally, these interventions may also be motivated by selfish interests, especially the need to increase biosecurity for high income nations in the Global North (Richardson 2020).

When organizations overlook the needs and concerns of community members and instead privilege their own agendas, they risk eroding public trust, potentially leading to vaccine hesitancy among those who feel ignored or neglected.

Globally, distrust of vaccines reflects a correspondingly growing distrust in capitalist motivations of both pharmaceutical companies and the state (Larson 2011). For the past two hundred years, many vaccines have been owned and sold by specific companies, rather than released as a public good. Pharmaceutical companies do not always freely share pricing information or the knowledge required for vaccine development (as in the case of COVID-19's mRNA vaccine). Thus, intellectual property rights legislation allows major pharmaceutical companies to retain control over vaccine production and distribution, profit, and hide the extent of their financial gain from those that they are claiming to serve (Harman et al. 2021). By the end of the year 2022, such "pandemic profiteering" allowed Pfizer, BioNTech and Moderna to earn over \$133 billion, combined (Dearden 2021; Hassan, Yamey, and Abbasi 2021).² Thus, public suspicion regarding the true motivations of a company or state is inseparably related to the financial gain of vaccine development and distribution. These suspicions become increasingly prevalent when the public perceives vaccination campaigns to be similar to promotional or

² Pharmaceutical companies including Moderna and Pfizer have rejected attempts to temporarily waive Intellectual Property (IP) rights. In May 2020, the WHO created the COVID-19 Technology Access Pool (C-TAP), a technology transfer hub that would allow "companies to share IP and transfer technologies in a coordinated manner. But to date [as of June 2021], not a single company has utilized the transfer process-- likely because such forms of global IP sharing would quell profits..." (Harman 2021). Interestingly, much of the opposition to the IP waiver in 2021 was rooted in colonial rhetoric. Critics argued that low and middle- income countries would not benefit from the IP waiver as they do not have the capacity to utilize the mRNA information to manufacture vaccines (Harman 2021). This notion relies on representations of Global South nations as in need of Western intervention and unable to manage their own care. Additionally, the rhetoric contradicts the truth of South Africa's capacity for vaccine production. In fact, in July 2021, South Africa launched the first mRNA hub on the African continent, capable of manufacturing Covid-19 vaccine doses even without the IP waiver. Additionally, in 2021, South Africa produced millions of Johnson & Johnson vaccines that were shipped to Europe for distribution (Robbins and Mueller 2021).

marketing activities. Thus, the suspected capitalist motivations become “difficult to disentangle from medical advances that the vaccine promises to afford” (Charles 2018). The public may question whether the rush for development of vaccines may be more intended to “restart financial activity... than [resolve] safety concerns” (Aborode et al. 2021).

Historical Abuses and Distrust of Biomedicine

As we will see in the discourse analysis, the media commonly invokes historical abuses and the consequential distrust of Western biomedical interventions as an explanation for vaccine hesitancy in the Global South. Biomedicine, as a hegemonic structure and epistemological foundation for (Western) knowledge production (and its associated economic gain) has historically relied on the exploitation of and experimentation on marginalized bodies (Aborode et al. 2021; Matthews et al. 2022.). Investigating vaccine hesitancy can thus show us how “substantial economic profits signal, refract and align the vaccine with racialized histories of medical experimentation upon Black people in the name of scientific advancement” (Charles 2018). Even colonial governments’ extension of health services to colonies was historically motivated by profit, aiming to maintain an industrial laborer force for the state (Tilley 2016). This illustrates how colonized peoples have been “excluded from healthcare” while also being “viewed by this system as bodies for experimentation... or mere 'anatomical material'” (Sarwar 2022).

Western medicine was primarily brought to the African continent by missionaries through the creation of missionary hospitals in the nineteenth century (van Rensburg and Ngwena 2001). A byproduct of the notion of white saviorism, providing Western biomedical interventions (“healthcare”) became a key tenement of religious missions. Approximately one century later,

colonial governments began to assume responsibility and implement specific healthcare practices for the populations they colonized (van Heyningen 1989). These health systems, emerging in a colonial context, reflected and incorporated the ideologies of the colonizers. Thus, the relationship of “domination-exploitation” was structurally built into the health policies and larger systems (van Rensberg and Ngwena 2001).

Western physicians also performed medical experimentation on the African continent. Historically, colonial states justified their actions with claims that Africans were “overburdened with disease and needed state intervention” to improve their quality of life, or “benevolent conquest” (Brantlinger 1985; Tilley 2016). In his book “The Lomidine Files”, Dr. Guillaume Lachenal explores these ideas, illustrating Western physicians’ obsession with eradicating all disease on the continent. He also details the specific example of Lomidine, a drug intended to prevent sleeping sickness. During World War 2, French physicians experimented with this drug on Africans in the Congo without their consent, resulting in the death of dozens of people (Lachenal 2017).

Experimentation has also occurred on the continent more recently: In 1996 in Kano, northern Nigeria, the New York based pharmaceutical company Pfizer distributed experimental meningitis drugs on patients without comprehensive informed consent (Wise 2001; Yahya 2006). During an epidemic of meningococcal meningitis in the region, 200 children were given a drug: half received the standard treatment and the second half were given an experimental antibiotic. When eleven children died (five of which had taken the former and six the latter drug), Pfizer claimed that the deaths resulted from disease, whereas the public and media attributed the deaths to the treatment. Regardless, legal attention drew attention to the fact that patients receiving the same drug in the United States had been informed of potential side effects whereas Nigerian

patients were not. The resulting fear and suspicion from the trial did not immediately dissolve with the removal of the drug from the market (which occurred first in the United States and subsequently in Africa). In a 2005 interview, almost ten years later, a Nigerian farmer expresses his distrust of the “white man [and the] federal government because many years ago they were in partnership when they bought medicine to poison our people” (Yahya 2006).

In 2013, rumors spread around Nigeria, Tanzania, and Kenya about a tetanus toxoid vaccine containing anti-fertility drugs that was being distributed to women by the WHO as a method of population control. An article written in 2017 by Oller *et al.* describes the substantiation of these claims by three Nairobi biochemistry lab studies which sampled the vaccine vials and found that some were in fact conjugated with the abortifacient. This article has since been retracted and a google search of “Tetanus anti-fertility vaccine” yields little insight into the validity of the study. Regardless, given the substantial history of “racialized science, dispossession and exploitation that characterized the colonial period,” it is important to acknowledge the significance and weight that such claims play in public memory (Charles 2018).

It is important to note that attempts at racist medical experimentation are ongoing, exemplified by French doctors Mira and Locht’s proposal for testing COVID-19 vaccines “in Africa, where ‘there are no masks, no treatments, no resuscitation’” (Bangalee and Bangalee 2021).

Vaccine Hesitancy in South Africa

In South Africa from 1948 to 1994, Apartheid policies structured all aspects of life for South Africans, including access to healthcare. Health systems were fragmented by race, with Black and non-White South Africans receiving significantly less health funding. Not only did

these communities receive inadequate resources and face staffing issues, often they were entirely excluded from healthcare services (Coovadia et al. 2009). This systemic inequality resulted in much lower health outcomes for marginalized populations. As a result, the development of biomedicine in South Africa has been described as a “tool of colonial expansion and weapon of apartheid state used to segment society” (Butchart 1997).

Nearly thirty years from the end of Apartheid, government funding for healthcare is still experiencing stagnation, though the National Health system is working to provide affordable and equitable health services nationally (National Health Insurance | South Africa). Regardless, distrust in political institutions as well as the overburdened public health system and its policies and services continues today (Lawal 2021; Coovadia et al. 2009).

Vaccine hesitancy also grew in the wake of Apartheid doctor Wouter Basson’s supposed development of an anti-fertility vaccine to use on Black South Africans (Thabethe et al. 2018). Personal physician to the State’s president and nicknamed “Doctor Death,” Basson was eventually prosecuted for acts of biological warfare against anti-Apartheid agents, but there was limited legal action taken against his racist and eugenic plan to reduce the Black South African population through distributing these drugs (Jackson 2015). These events were widely discussed throughout the country, echoing previous discourse that the HIV vaccine was an attempt by westerners or white foreign entities to kill Black Africans by injecting them with the virus.

Conclusion

Vaccine hesitancy is a very complex phenomenon that is shaped by a variety of factors including personal experiences, fear of the unknown, lack of education, exposure to misinformation and mistrust in institutions. Anthropological literature also attributes vaccine

hesitancy in the Global South to historical experiences of racism and colonialism/ coloniality. As we will see, the news media in both the West and in South Africa commonly invoke some or all of these causes to explain Covid-19 vaccine hesitancy in South Africa.

Chapter 3: News Media

Most Americans' first exposure to Africa includes a photograph of an “exotic” animal or a brief no-context news headline centering some natural disaster, war, famine, or poverty.

Kenyan author, Binyavanga Wainana, critiques this phenomenon in his article “How to write about Africa.” Wainana sardonically suggests that all representations of Africa should include the phrases: “‘Timeless,’ ‘Primordial’ and ‘Tribal’” and that the continent as a whole should be depicted as a singular, uniform country. He argues for the portrayal of a people who are starving, desperate, and in need of Western intervention (Wainana 2005). He specifically declares that Africa should be written about with an “*I-expected-as-much*” tone, that Africa is “doomed” (Wainana 2005). As we will see later in this chapter, the idea of ‘expecting as much’ relates to how the media constructs the sensational realities it claims to discover, recycling the same rhetorical frames that have found success in news stories in the past.

Wainana’s criticism reflects the growing body of scholarly literature which draws attention to and rejects the rhetoric used to describe the African continent (Wainana 2005; Poncian 2015; Fair 1993; Tsikata 2014). Representations of Africa in the news, often labeled with shocking and sensational headlines, utilize dramatic language and stories which align with existing representational frames or establish a sensational controversial opinion in order to appeal to a targeted audience and ensure profitability. As profitability is dependent on audience consumption, these representational frames are audience- (and thus nation- or culture)- specific. The targeted audiences and corresponding framing of the news are “culturally determined,” meaning that, for example, South African media representations of South Africa are likely constructed such that they will be accepted by a South African audience. Likewise, Western representations of South Africa are crafted specifically to appeal to a Western audience (Fair

1993; Weaver, Willnat, and Wilhoit 2019). However, as I will discuss in greater detail in Chapter 5, these audiences are often only a proportion of the overall population, typically the privileged elite (Gans 2004).

As news has the potential to create and transform social realities, the construction functions as a feedback loop. Misconceptions are produced as fact, impact popular opinion and perception, and ultimately contribute to policy and action which the media reports on. This phenomenon can be seen through the media reporting of the Covid-19 pandemic. Months before I even considered the topic of this thesis, I watched deliberations broadcasted by the national and international media regarding COVAX and other vaccine distribution plans conceived by the United Nation, EU and USA. I specifically remember watching a 2021 interview with the CEO of Pfizer, Albert Bourla, where he stated that sending vaccines to Africa would not be beneficial if the people on the continent wouldn't take them (*NBC 2021*). Bourla's comment reproduced (to a very large audience) his understanding that vaccine hesitancy in Africa was so high that increasing vaccine supply would not increase the rates of vaccination. The news broadcast circulated misrepresentations of Africa which had direct and detrimental implications for population health.

I begin with mention of this specific interview because it is clear that a powerful agent of a major vaccine distributor can quite drastically impact the distribution flow of vaccines globally. Therefore, it is important to understand the media environment(s) to which Bourla (among many other powerful actors in the international Covid-19 response) contributes in his constructions of hesitancy, especially as globalization has created an environment in which news can be spread rapidly, easily, and vastly. Although it is often taken for granted that news is objective and factual, many anthropologists and sociologists argue for a more nuanced understanding of the

factors underlying the creation of news stories and the role that they play in producing (not simply reflecting) realities (see: Hall 2003, Ribeiro et al. 2018). The news, as a site from which authoritative knowledge is produced, constructs realities within specific historical or cultural contexts, in a way that hides the power relations inherent in this act. To understand depictions of vaccine hesitancy in South Africa, this chapter will synthesize the existing literature on media representations of Africa by both Western and African news media actors.

Framing Theory and Sensationalism

The media is both influenced and informed by the values (cultural, political, social, etc) of its environment and constructs new realities through its reporting. These factors influence the content covered by a specific report as well as the types of reporting that takes place. News agencies must produce news that will be appealing to or accepted by its consumers. This means that in an increasingly globalized world, dominated by capitalism, news must be profitable (Tsikata 2014). Profitability depends on producing news on topics of interest (of the intended audience) as well as marketing the news in a way that will encourage greater readership, meaning that this profitability is context specific (Molek-Kozakowska 2013). News outlets are in constant competition with one another, eager to promote their materials as the most relevant, interesting, or shocking (Molek-Kozakowska 2013, Lee 2022). The result is the “sensationalizing” of news; playing into the media’s “conventional routines and concepts of audience needs” as well as their “receptions” and gratifications (Molek-Kozakowska 2013).

Sensationalizing the news is performed through a number of specific techniques. Arguably most important is the choice of headline, the main point of which is to frame the remainder of article content and attract readers. While some may assume that article headlines

summarize article content, this is largely inaccurate. Instead, headlines often focus on promoting attention-catching messages, even at the expense of generalizing or overtly misrepresenting themes, events and individual statements (Lee 2022). Quotes or phrases may be selected for the headline to support a specific perspective, likely one that aligns with existing frames of representation of that place or type of event. Fitting news into these frames is one way to ensure readership acceptance, even if the material presented is inaccurate or incomplete (Lee 2022).

In fitting news into these frames, media actors determine what is relevant and craft their language to match representations of people, places, or events known to be socially accepted by the audience (Entman 1993). Framing news thus involves “selecting aspects of reality and making them salient in order to define problems and recommend solutions” (Ribeiro et al. 2018). Thus, the “ideological position and/or national interest considerations” of the media, especially the Western media, may influence the construction of “negative images (i.e. violent and conflictual) and media representations of underprivileged others” (Ogunyemi 2011, p.2). These depictions inherently reinforce the global economic, political and social hierarchies which privilege Western nations. Simultaneously, these depictions function to maintain the power of the West by reinforcing hegemonic portrayals of non Western nations (specifically countries in Africa) as unstable, impoverished, and generally inferior (Ogunyemi 2011).

Self-Representations of Africa in African Media

Scholars disagree about how the African media represents Africa. While some argue that current media practices tend to represent countries on the continent in terms of their local or national identities and to balance crisis reporting with positive reporting, others argue that the African news media tends to follow in the footsteps of major western reporting companies such

as CNN or BBC News (Poncian 2015; Tsikata 2014). The following section explores these practices as well as how scholars have interpreted them.

A common scholarly observation is that the African news industries challenge monolithic representations of the African continent by producing and reproducing media “by themselves, about themselves and for themselves, with the possibility of influencing how others frame and represent them” (Tsikata 2014, 41). Consequently, representations of Africa in African media are often more localized and/or associated with national identities, rather than generalized representations of the continent (Tsikata 2014).

Linguistic anthropologist Andrew Apter discusses a concept of “critical agency” which he defines as the “self-conscious deployment of discourse to transform the socio-political relations within which he or she is embedded” (Apter 2007, 12). Although he is describing a shift away from the colonial rhetoric common in Western anthropological writings on Africa by centering African anthropology, we can consider critical agency in the context of African news media. Referencing linguist and sociocultural anthropologist, Linda Ahearn, Apter discusses how critical agency in self-representations includes decisions around both grammar and discourse for the purpose of increasing “control over their own behavior” while performing “actions in the world [which] affect other entities” (Apter 2007, 3; Ahearn 1999). While agency can be considered in the context of resistance or opposition, Apter makes clear that this is just one of the shapes it may take. While the ways that African media shapes news content through grammar and content selection allows for critical agency and self-representation within the continent, it is important to recognize that these representations do not simply function as a mechanism of resistance. To declare such would be again to center the West in a conversation of African agency.

Other scholars investigate the African media's production of negative representations of the African continent. Development studies scholar, Japhace Poncian, argues that we must consider Africa's role in reinforcing generalized and/or negative stereotypes of the continent in the news media. To ignore Africa's agency in its own representations is to reinforce a notion of African dependency, complacency, and inaction (Poncian 2015).

Wasserman explains this phenomenon as the African medias' attempt to adhere "to what was presented as a universal value system (but corresponded largely to a Western, liberal-democratic perspective)." (Wasserman 2023, p. 63). This is seen as the direct result of globalization of the media industry, especially as African media outlets find themselves in direct market competition with international counterparts reporting on the same issues. In order to compete with larger, Western news entities, the South African media incorporated Western reporting styles, representational frames, and sensationalizing techniques.

South African Media Landscapes

South Africa's news media is exceptionally complicated and often considered as substantially different from the rest of Africa due to its historical role during and directly after Apartheid³. For nearly fifty years, the media was heavily censored by the government. During the transition to democratization, the local landscape within which journalists were reporting was

³ I am not asserting that the contemporary media landscape is entirely the result of South Africa's history of Apartheid. To make such a claim would be reductionist and antithetical to the purpose of this thesis. I choose to mention the role of democratization in shaping South Africa's media landscapes, even after nearly thirty years, in response to existing scholarship on the topic. I specifically draw on Herman Wasserman's recent interviews conducted with South African news journalists. In Wasserman's analysis of these interviews, he notes that some journalists (especially those who are younger) explain the news media's goals as purely commercial. However, Wasserman also references a number of interviewees who have articulated a strong political professional vision, directly as a consequence of Apartheid. These journalists identify an "imperative of remaining aware of history, and of imparting that historical knowledge to new generations of journalists and publics" (Wasserman 2023). They further remark that "history continues to influence their selection of and approach to news reports" (Wasserman 2023). It is important to note that Wasserman's overall analysis illustrates ambiguity in South African journalists' perspectives on the influence of the past on contemporary journalistic practices. However, in an attempt to provide a comprehensive background on the South African media landscape, I believe that this inclusion is beneficial.

changing rapidly. Not only did media outlets find themselves needing to reorient themselves without the “ideological lines that had divided the press landscape before into pro- or antiapartheid camps”, they also found themselves in new competition with the global news which had previously been restricted (p.62)

During this transition to democracy, journalists prioritized media independence and freedom. However, some journalists also felt “renewed pressure ... to be less critical of [the] government” (Wasserman 2023). Dr. Herman Wasserman explains that the “professional identity of journalists as watchdogs over political power clashes with broader notions of democratic citizenship in the new South Africa” and, as a result, journalists had to work to carve out a “new social position” (Wasserman 2023, p. 59). The balancing act for freedom, sensitivity, professionalism, and profit means that the South African media landscape is complicated and heterogeneous.

Wasserman attempts to categorize the three major themes in how journalists understand their contemporary role in relation to the nation’s history. These themes include the role of journalism as resistance, journalism as a way to escape, rectify, or heal historical injustices, or journalism as “elite continuity” (Wasserman 2023). Under this last framework, which Wasserman refers to as “History as Presence: Journalism as Continuity”, he argues that some journalists perceive little difference in journalistic practices since the Apartheid era (Wasserman 2023, pp. 71). Thus, despite the increasing diversity of journalists at various media outlets in South Africa, he argues that structural inequalities persist and are both reflected and reproduced in the news media.

Overall, however, there is an ambiguous understanding of how journalists in South Africa perceive their roles in relation to the past. Wasserman argues that “the relationship of journalists

with the past is malleable and dynamic, and the memory work they engage in often takes the form of collective reconstruction of the past to serve their own agendas” (Wasserman 2023 p. 61). He refers to this collective reconstruction as the “appropriation of historical narratives” (Wasserman 2023 p.61).

South Africa’s news landscape, as a product and reflection of its modern political, economic, and social backdrop, is extremely diverse and unique. Public media, community media, and the traditional commercial news media make up the three dominant forms of public communication in the nation (Bosch and Wasserman 2021). A major criticism of the South African news media is that the commercial news media tends “to be focused on a social elite” and are more likely “to produce a news agenda that is of interest to those who can afford access to commercial media or who are attractive consumers for advertisers” (Bosch and Wasserman 2021). The dominant news media tends to use “sourcing routines that emphasize elite groups in society and news values that privilege events over explanations,” meaning that stories are selected and constructed by and for dominant voices (Atton & Hamilton 2008, 79). In the case of South Africa, these voices are often the wealthy, predominantly white populations living in cities and suburbs and/or the voice of the government.

The South African news media discourse may also reflect the dominant rhetoric of the Western media. For example, a study performed by non-profit organization, Africa No Filter, in September of 2020 reported that over 80% of news in African media outlets told stories of conflict, crises, and disaster (Makura 2022) Ogunyemi argues that mainstream formulas prevent the media’s “ability to produce alternative perspectives on Africa and reduces their function to the moderation of negative frames of reference” (Ogunyemi 2011, 5). As described above, competition with global news markets may further limit South African news as stories must be

framed in a way that appeals to the mainstream. This competition may thus result in South African media outlets adopting Western reporting styles, potentially reproducing harmful stereotypes or representational frames.

In consequence, South Africans are developing many alternatives to the dominant commercial news media, including community news sources online, which they intend to be more accurate, representative, and positively coded (Ogunyemi 2011). If South African communities and organizations are working to supplement or replace the commercial news media in this way, it is clear that some of the population does not believe the dominant news discourse to be sufficient or representative. This caveat further illustrates the limitations of the subsequent discourse analysis in generalizing a “South African news media landscape” compared to a Western one.

It is also important to note the “dangers of generalizing or essentializing [South] African culture when [South] African media practices are contrasted against Western norms” (Wasserman 2023, p.90). As we have seen above, the South African media landscape is extremely complex.

Western Media: Framing South Africa

The representational frames used in Western depictions of Africa appear often to rely on this binary notion of “us” and “them,” reporting news in ways which enhance or exploit differences. The idea of the West versus the “Other” is widely discussed by anthropologists and other social scientists (see: Fanon 1952, Said 1978, Sibley 1995, Levi-Strauss 1952, Douglas 1966). In attempting to answer the question “Why does difference matter?” sociologist Stuart Hall explains that the outlining and contrasting of specific groups of people *creates* culture (Hall 2003, 236). These groups, defined by their boundaries, can then be organized and hierarchized.

According to Hall, the use of binaries in cultural meaning making leads to a reductionist perspective on the world.

Historical anthropologist Ann Stoler similarly discusses the way that the us/them binary can be used to obscure the nuances of intersectionality (race, ethnicity, class, gender) while simultaneously maintaining their hierarchical organization (Stoler 2010). I argue in my discourse analysis that this form of “othering” by the Western media likely contributed to the lack of nuance in the discussion of gender/race/class and vaccine hesitancy. Under this assumption, I investigate why then we also observe a lack of nuance in the South African media, claiming that this is likely because, as described by Ogunyemi, the commercial South African news media may reflect the predominant discourse circulating by major Western news outlets.

The media often portrays the African continent in terms of dependency and ineptitude, overemphasizing negative occurrences and attributes in a manner described as ‘crisis reporting’ (Tsikata 2014). This form of reporting is successful because “negative news sells,” especially when it relates to the African continent (Poncian 2015). In fact, news ratings have shown that stories of “despair and neediness” in Africa perform better than those with more positive framing (Garrick 2012). Thus, political, economic, environmental and educational achievements may be ignored in mainstream Western media, reifying a hegemonic depiction of the continent as lacking any such successes (Ogunyemi 2011). The result is that Africa is essentially frozen in (colonial) time. Anthropologist Johannes Fabian argues that we create and write about the “Other” based on “temporal distancing” or “temporal inequality” (Fabian 2014, Pels 2008). The West becomes synonymous with modernity and progress, whereas African nations are considered to be further behind on a “continuum of linear ‘development’” (Pels 2008, 286). This distancing is considered

irreversible, hence the fairly common use of the word “frozen” to describe Africa's relational position to the West.

In many Western media representations, all African nations are seemingly lumped together, undermining the cultural, economic, social and political diversity of different countries (Tsikata 2014). The enduring representational frames often produce images of a single African monolith, described with antiquated language and ideas. Africa is seemingly situated and stagnated in its colonial past, with no regard for variation of historical experiences, nor room to explore complexities and contemporary experiences on the continent. The colonial past acts as a convenient and profitable framework for continued discourse (Bonsu 2009, Tsikata 2014, Poncian 2015).

Focusing news on either real, exaggerated, or false shortcomings of the continent is directly associated with the legacy of white supremacy. Therefore, news depictions of the continent are often imbued with some form of Western, white saviorism (see: Bonsu 2009, Wainana 2015, Tsikata 2014). However, this last sentiment is not representative of the way that the Western media reported on South African vaccine hesitancy during the Covid-19 pandemic. As we will see in the discourse analysis, the news instead focused on reasons why Western nations *shouldn't* assist the continent with vaccine supply, invoking vaccine hesitancy as a key contributor. This shift in media representations reflects the shift toward vaccine nationalism as the dominant position (rather than international development and aid) in a time of extreme fear over the impacts of a global pandemic.

The power of these representational frames is salient in shaping the news media discourse, especially with regards to the Covid-19 pandemic. “Uncritical, profit-oriented and ethnically biased media” may exploit the continent with every report, relegating Africa to its

imperial and colonial past"(Tsikata 2014, 38). This allows Western nations to disavow any responsibility they have in the development or prolongation of issues on the continent. The stereotypes of crisis in Africa encouraged imperialism on the continent in the first place, thus absolving Western accountability (Tsikata 2014).

Of course, there are many Western media actors who attempt to undermine these existing representations. This form of news may overtly criticize the way that Africa is generalized and misrepresented by Western media, identifying and condemning colonial rhetoric. However, these same actors sometimes unintentionally reinforce the same stereotypes they seek to denounce. Tanzanian scholar, Japhace Poncian, argues that even those who “come out to challenge long held negative perceptions about Africa find themselves concluding with more or less the same observations” which present Africa as unable to solve its own problems (Poncian 2015, 75). Other scholars argue that colonial discourse is so enduring that it may shape the thoughts of even those who actively critique and work to resist it (Bonsu 2009). For example, in his 1990 book “The Anti- Politics Machine”, anthropologist James Ferguson claims that no matter what “interests may be at work, and whatever [journalists or scholars] may think they are doing, they can only operate through a complex set of social and cultural structures so deeply embedded and so ill- perceived that the outcome may be only a baroque and unrecognizable transformation of the original intention” (Ferguson 1990, p.17).

In describing how the West portrays South Africa’s neighbor, Lesotho, Ferguson criticizes that the discourse need not even be factual, but rather a “constructed version of the object” which satisfies its “own rules of formation and responds to its own ideological and institutional constraints” (Ferguson 1990, p. 29). This point is crucial as it suggests that preconceived assumptions, which align with existing representation frames, may have more

influence in shaping how a nation is portrayed than actual facts. As we will see in Chapter 5, this occurs often in the ways the Western media portrays South African vaccine hesitancy during Covid-19.

Some scholars challenge the notion that Western representation of Africa in the news is always overly critical or inaccurate. They argue instead that the media coverage of Africa by the West is simply influenced by their accessibility to particular stories and the presence of genuine crises in areas of reporting (Scott 2015; Ogunyemi 2011).

It is also important to consider how Western media reporting on South Africa may differ from representations of other nations on the continent. Cultural Studies scholar Rachel Lara van der Merwe suggests that assuming South Africa is “othered” in the same way as the rest of the continent is limited. Merwe explains that, looking comparatively at the United States, for example, “both countries are postcolonial states formed through settler colonialism” (van der Merwe 2022, 598). Drawing on Freud’s theory of the uncanny, she argues that these postcolonial states express a number of similarities, which causes the United States to attempt to set itself as a “safe haven apart from the Other” and to displace fears of an “unclear future of the US” onto South Africa (van der Merwe 2022, 599). She goes further to describe the liminal position of South Africa between the cultures of Africa and Europe due to its demographic composition (majorly composed of European descended citizens).

Of course, neither I nor van der Merwe are attempting to suggest that the histories of South African and the United States are identical, or even parallel, but it is necessary to note that the ways the Western media “others” South Africa may have different causes, functions, and forms than other African nations. Building on van der Merwe’s theory, in my discourse analysis I will argue that the media attempts to distance the pandemic from Western states by emphasizing

vaccine hesitancy in South Africa. Despite high (in some cases, higher!) rates of vaccine hesitancy in Western nations, the Western media turns its attention to South Africa, positioning the country as a “container of subversive and latent danger” and obscuring the similarity between global experiences of vaccine hesitancy (van der Merwe 2022, 599). This allows the media to disavow failures of Western Covid-19 vaccine campaigns and project them elsewhere, further stigmatizing African nations in the process. I argue that this logic of disavowal largely contributes to the ways that the Western media frames South African vaccine hesitancy.

Conclusion

News media is created within a larger socio-political context, where factors such as political interests, cultural norms, and economic pressures can influence its production and dissemination. Media representations are inherently powerful as they can produce, reproduce, and reinforce existing power structures. How the news media represents nations (their crises, policies, development, etc) can shape how they are viewed by the rest of the world (Bosch and Wasserman 2021). This can result in increased respect or disrespect for nations, populations, and policies, regardless of how accurate the representation is (Lee 2022; Scott 2015). These opinions can ultimately shape policies and actions, specifically if they (un)intentionally construct or reinforce the perception of powerful officials in governments or high-profile organizations (Poncian 2015; Bosch and Wasserman 2021). Riberio *et al.* argues that “frames, metaphors and the social representations [in the news] possess an action-orientation and structure political, scientific and public responses... They can mobilize resources, define interventions and research agendas, give legitimacy in order for actors to make decisions and define the actors who will benefit from them” (Ribeiro *et al* 2018).

Chapter 4: South African News

In this chapter, I perform a discourse analysis on a subset of South African news articles using the previously described methodology. In Chapter 6, I will compare the trends I observed in the South African news sources to those in Western sources, but in this chapter I solely consider the South African media sources. I investigate what content the media outlets deemed newsworthy as well as the language and rhetoric that they use in describing vaccine hesitancy.

I conduct this analysis to identify how South African news media defines, discusses, and contextualizes vaccine hesitancy. In particular, I examine whether these media sources attributed low vaccination rates to vaccine hesitancy. I also investigate patterns in the ways the South African media represents the causes and justifications of hesitancy in the context of the Covid-19 pandemic. I investigate the language used to depict hesitancy, especially if the articles use more critical or optimistic language. In doing so, I aim to understand how the media constructs vaccine hesitancy before discussing the potential implications of their constructions. In the last section of this chapter, I will discuss the articles published in South African newspapers or online news sources that criticize Western (mis)representations of vaccine hesitancy. It is this type of article that originally inspired the research and writing of this thesis, and I believe that including this material provides an even stronger foundation for the Western/ South African news comparison that I make in Chapter 6.

Prior to performing this analysis, I hypothesized that the South African media sources would present vaccine hesitancy as a surmountable obstacle to vaccination, and one that contributes less to low vaccination rates than does limited vaccine supply or accessibility. I hypothesized that the language and rhetoric used to discuss vaccine hesitancy in the South African media would reinforce South African agency. Drawing on Apter's idea of "critical

agency” discussed in Chapter 2, this means that the news media would highlight South African agency in a way that not only challenges the historical legacies of colonialism and Apartheid, but also has the potential to shift the way that the global news is reporting on the issue of Covid-19 vaccine hesitancy in South Africa.

I also postulated that discussion of vaccine hesitancy would be done in a manner that was reflective of the reality on the ground—informed by the availability of vaccines and measured rates of vaccine hesitancy. Given the complex historical relationship between the South African media and the government, mentioned in Chapter 3, I predicted that there would be variation in how the media represented the government’s responsibility in either causing or alleviating vaccine hesitancy.

I anticipated that the South African media represent the issue of vaccine hesitancy with a sense of optimism. However, I expected that this optimism would be complicated by the market goals of the news media outlets, especially due to competition with global news outlets who are reporting on the same topic of vaccine hesitancy within South Africa. As discussed in Chapter 3, scholars believe that the South African media may “take their cue on reporting [South Africa] from the Western outlets” (Poncian 2014, p. 78). Given these two scholarly positions, I expected to see some ambiguity in the way that the South African media portrayed vaccine hesitancy.

As we will see, the trends that I discovered throughout this analysis both fit into and contest my original hypotheses. The South African media primarily portrayed vaccine hesitancy using positively coded language and providing suggestions for easily surmounting this obstacle in vaccination uptake. Additionally, the South African media often discussed vaccine hesitancy in combination with other factors contributing to low vaccination rates, such as vaccination supply and accessibility. In this discourse, not only was vaccine hesitancy just one of many

contributors to inadequate vaccination rates, but it was often deemed the least significant and pressing issue to contend with. However, despite the South African news media representing vaccine hesitancy in a more localized context, the majority of articles did not nuance their discussion by race, gender, social class or any of their intersections, beyond just listing these characteristics as potential influences of vaccine hesitancy. Finally, the South African news media did not attempt to justify their explanations of vaccine hesitancy by pulling on historical experiences of abuse in South Africa.

I argue that framing Covid-19 vaccine hesitancy as a product of Western colonial and historical abuses rejects South African agency in contemporary decision making. Just as Deacon argues that describing Western medicine in South Africa (during colonial times) as solely an agent of colonialism oversimplifies reality and rejects South African agency, I claim that vaccine hesitancy should not be considered solely in terms of the historical legacies of Western biomedical abuses. Thus, as the majority of the sources do not cite history as a contributor to hesitancy, I assert that the South African media represents Covid-19 vaccine hesitancy in a way that maintains South African agency.

Roadmap

Before delving into how the South African media discusses vaccine hesitancy, it is first necessary to summarize the statistics and “facts” most commonly referenced in the news articles. First, I will briefly describe the shift in vaccine supply over time in South Africa. This timeline provides a foundation for recognising the media’s power in either reflecting or rejecting the realities on the ground and simultaneously constructing new realities. Then, I will describe the results of a number of “South African vaccine attitude” surveys which are most commonly

referenced by the major South African news outlets. Following this background, I will analyze the language, framing, tone and content that the South African media uses to report on vaccine hesitancy, drawing from the literature to analyze the motivations and consequences of these representations.

Supply and Demand: A Timeline

To better understand the accuracy of the way that the South African news media represented Covid-19 hesitancy, it is necessary to review a brief timeline of the availability of vaccines in the nation. The timeline can loosely be broken up into the periods before and after vaccine supply in South Africa was deemed adequate.

From the creation of the first Covid-19 vaccine in the United States, it was clear from a public health standpoint that vaccinating the world's population was a priority and necessary to eradicate the virus. However, vaccine hoarding, vaccine nationalism, and Intellectual Property rights delayed the distribution of vaccines to the Global South. In many countries, including the United States, citizens were able to receive their second doses before South Africans could obtain their first. There were even instances of vaccines expiring in Western nations before they could be used to inoculate individuals. Meanwhile, South African scientists and public health professionals were working to replicate the formula and vaccinate their at-risk healthcare workers.

The situation shifted during September 2021, as vaccine supply began steadily entering the country mainly through pooled purchasing by the African Union/ African Vaccine Acquisition Trust (AVAT) (Soulé 2022). In an announcement on September 12, 2021, President Cyril Ramaphosa announced that South Africa finally had met the quota for sufficient supply. He

stated that the “Government has secured sufficient vaccines to vaccinate the entire adult population, and the supply of vaccines is no longer a constraint” (Ramaphosa 2021).

While there isn't a clear-cut distinction in how the South African media represented vaccine hesitancy exactly before and after this announcement, there are some observable shifts in the discourse over time. Before South Africa achieved an adequate supply of vaccines, the media tended to focus on the issue of vaccine supply rather than vaccine hesitancy. After the fall of 2021, when vaccine supply was no longer an issue, the media began to pay comparatively more attention to vaccine hesitancy. This does not necessarily mean that the media was becoming increasingly concerned about hesitancy as a contribution to low vaccination rates. Rather, in comparison to supply issues which were no longer critical, vaccine hesitancy became more relevant and received increased media attention.

Relevant Surveys:

UJ-HSRC:

The most referenced survey data in the selected articles is one published in October 2021 by the Centre for Social Change at the University of Johannesburg (UJ) in collaboration with the Developmental, Ethical, and Capable State research division of the HSRC (Survey, 2021). This survey is especially relevant as much of the South African news bases its arguments on this data. Additionally, I observed apparent changes in the media discourse which occurred around this time, especially revolving around the demographics of those who were vaccine hesitant. As I will describe in detail later, these shifts may have been influenced by the data.

The survey was collected from 25 June to 20 July 2021 and documents rates of vaccine acceptance based on race, income, and gender. Vaccine acceptance rates were also compared to

those of previous rounds of data collection. In total, researchers conducted five rounds of data collection, each three to five months apart; the data from June to July 2021 represented the fourth round of data collection.

The key statistics pulled from this survey illustrate that in June and July 2021, 72% of South Africans were either already vaccinated or vaccine accepting, (a 5% increase from round three), leaving only 28% of the population classified as vaccine hesitant (Survey, 2021). Naming the remaining percentage of surveyed individuals as “vaccine hesitant” illustrates that hesitancy here is defined as the antithesis to vaccine accepting, rather than as a distinct position to both vaccine acceptance and vaccine refusal. Thus, ‘vaccine hesitant’ in the context of this survey includes those that are vaccine opposed or ‘anti-vax,’ as well as those who did not have access to a vaccine or had specific reasons (such as health issues) for avoiding it. As we will see later in this chapter, the ways that vaccine hesitancy is defined (e.g. including vaccine opposition) are not uniform throughout all of the news sources, which complicates my analysis of media representations of vaccine hesitancy. However, the most important takeaway from this survey is that vaccine hesitancy rates were hovering at less than thirty percent of the population in the summer of 2021.

To provide an international comparison of vaccine hesitancy, which will be increasingly relevant in the next two chapters, the most well-matching United States survey in terms of the dates of collection (July 15- July 27, 2021) by Vaccine Monitor measured 70% of respondents in the United States were either vaccinated or willing. This leaves the remaining 30% falling into a category that would match UJ’s ‘vaccine hesitant’ (KFF, 2021). Thus, the reported levels of “vaccine hesitancy” in South Africa were slightly lower than in the US in the summer of 2021.

Returning to the UJ survey statistics, vaccine hesitancy was recorded as lowest amongst older South Africans, the Black population, and those living in rural areas. Between the third and fourth round of data collection, vaccine acceptance rate shifted from 69% to 75% for Black South Africans and 56% to 52% for white South Africans. Vaccine acceptance rates for those 55 or older and those between 18-25 years old were listed as 85% and 55%, respectively. With regards to gender, slightly higher vaccine acceptance rates were recorded for men compared to women (at 74% and 70%, respectively). Interestingly, women, urban residents, and white South Africans (all of whom reported higher rates of hesitancy) were more likely to have received the vaccine. In the following analysis, I will expand on the idea that vaccine attitude does not directly inform vaccination status.

AskAfrika:

A significantly less referenced survey was Ask Afrika's (Round 1) survey which they collected in September 2021. This survey reports vaccine acceptance levels of 62% and vaccine hesitancy levels at 11% with the rest of the respondents answering that they were either vaccine refusing, unsure, or choosing not to respond (Ask Afrika, 2021). At the same time, however, UJ and another research organization, Nids-Cram, both recorded vaccine acceptance levels of 72% and 71%, respectively (UJ-HSRC, 2021 and Nids-Cram 5, 2021).

Operationalizing and defining 'vaccine hesitancy' in the South African news media

The meaning of 'vaccine hesitancy' is complex and contested. Without a concrete or fixed definition, several media actors (even those from within the same media outlet) may conceptualize and represent the phenomenon differently. Vaccine hesitancy can be used in

tandem with, in place of, or in contrast to vaccine opposition/refusal and vaccine apathy, and there is some ambiguity among these terms in South African (and international) discourse.

Within the set of South African news articles selected for this analysis, there does appear to be somewhat of a distinction between the three positions, although some articles lack specificity.

Barring these exceptions, most of the South African media represents vaccine hesitancy as a temporary obstacle, thus setting this position apart from refusal, opposition, or apathy. For instance, an article published in *The Citizen* claims that vaccine hesitant does not mean anti-vax (Sokotu 2021). The article represents vaccine hesitancy as a product of “uncertainties [that] do not appear to have dissuaded them entirely from vaccination, [but] may contribute to delays in the uptake of vaccination” (Sokotu 2021). As vaccine hesitant individuals are not absolutely persuaded against inoculating, this definition of vaccine hesitancy fits a state of vaccine “contemplation.” Based on this perspective, vaccine hesitancy may cause a delay in achieving widespread vaccination rates among the population, but it does not necessarily indicate a permanent refusal to vaccinate by individuals.

A *Citizen* article from November 2020 titled “Global survey shows worrying signs of Covid-19 vaccine hesitancy” similarly contrasts vaccine hesitancy to other vaccine attitudes. Although describing the alleviation of hesitancy as a potentially challenging task, the article still presents it as achievable, furthering the notion that “hesitant” does not mean “opposed.” The article also directly claims that “vaccine hesitant people are not necessarily vaccine opponents” (Ratzan 2020). Distinguishing vaccine hesitancy from opposition reinforces South African agency in making informed decisions that affect their health and well being. Refining the definition of vaccine hesitant as a temporary stance situates South Africans in the current moment, enabling decision-making that takes into account both their historical and contemporary

experiences and exposures. Focusing on vaccine hesitancy as a contemplative, transitional state also may work to encourage important actors (the government, public health officials, etc.) to provide the necessary tools and educational resources for informed decision making.

Many of the South African articles are titled and embedded with phrases that mirror this sentiment of vaccine hesitancy as impermanent. An opinion piece published in the *Citizen* is titled “Empower citizens with more info on vaccines” and details the numerous ways that vaccine hesitancy can be countered, specifically with “credible news about vaccines... that is easily understood... [and] in everyone’s home languages” (Mcobothi, 2021). In the same month, a *News24* article was published with the title: “Ahmed Kathrada Foundation goes door-to-door to allay ‘vaccine hesitancy’” (Mthethwa, 2021). This article describes an outreach foundation which provided vaccine education to senior citizens in Gauteng, South Africa. After the vaccine literacy programme, all thirty “vaccine hesitant” adults decided to receive a vaccination. Thus, the article reports a story in which vaccine hesitancy represents a temporary state of indecision which can be easily recast with vaccine education. A third article, also published in the *Citizen*, is called “Counter the growing trend of vaccine hesitancy” (The *Citizen* 2021). All three portray vaccine hesitancy as temporary issues in the title and then maintain this position throughout the article by describing the many ways that hesitant individuals can be persuaded to vaccinate.

The importance of representing vaccine hesitancy as a temporary obstacle is manifold:

Reducing Vaccine Hesitancy

Methods of alleviating vaccine hesitancy are represented reasonably uniformly throughout all the selected articles. Most articles mention education and public health communication to create vaccine literacy amongst the population. This view posits that vaccine

hesitancy is due to insufficient access to vaccine resources and information, which can be remedied by disseminating public health messages. The message of the articles suggests that given the proper tools, South Africans have the agency to make informed decisions regarding the Covid-19 vaccine and ultimately to get vaccinated.

In addition to contrasting vaccine apathy and vaccine refusal, most of the South African sources clearly distinguish vaccine hesitancy from vaccine access. With few exceptions, the dominant discourse circulating through these sources is that vaccine hesitancy and vaccine access are different concerns, each of which factors into low vaccination rates in the nation. For example, a *Sunday Times* article describes barriers to uptake as including vaccine hesitancy *and* vaccine accessibility (Farber, 2021). Later in this chapter, we will see to what extent the South African media represents each of these issues as contributing to low vaccination rates in the country.

Some outliers do exist, in which vaccine hesitancy and vaccine access are reduced to a single issue. For example, two articles published on August 19, 2021 discuss contributors to vaccine hesitancy, including concerns about side effects, consumption of fake news, and vaccination sites being too far away (*News24* 2021, the *Citizen* 2021). Distance from vaccination sites is therefore considered to be a cause of vaccine hesitancy, condensing their definitions under the umbrella of vaccine hesitancy. Similarly, the previously mentioned *News24* article, which describes the Ahmed Kathrada Foundation's attempts to alleviate vaccine hesitancy, states that the thirty senior citizens were "transported... to the hospital. This was done to alleviate vaccine hesitancy" (*News24* 2021). In both articles, vaccine accessibility, determined by distance from vaccination site, is considered as a component of vaccine hesitancy.

I choose to note this ambiguity in how the media operationalizes the term “vaccine hesitancy” to bring attention to the way that this analysis is inherently limited. It is a much more complicated feat to analyze the ways that vaccine hesitancy is being used to explain vaccine uptake when there is little consensus on the full scope of what vaccine hesitancy entails. However, regardless of whether vaccine hesitancy and vaccine access are represented as equivalent or confounding variables, the dominant South African media discourse is that both contribute to low vaccination rates in the nation. In the subsection titled “*Contextualizing vaccine hesitancy*”, I expand on how the South African media represents the extent to which vaccine hesitancy and vaccine access differently contribute to uptake.

What Causes Vaccine Hesitancy? According to the Media

Nearly all the articles which discuss vaccine hesitancy as a contributor to low vaccination rates list at least one of its potential causes, the majority citing more than three. Of the articles which do reference these potential sources of hesitancy, the majority condemn the circulation of anti-vax propaganda and conspiracy theories, distrust of the government, fears over efficacy and safety of the vaccine, or the spread of misinformation.

Fear of Vaccine Safety:

Many articles depict hesitancy as due in large part to fears of side effects and safety of the Covid-19 vaccine. An article published in January 2021 by the *Human Science Research Centre* states that “unsure adults or opposing adults mostly listed fears over efficacy and safety” (HSRC 2021). These fears are similarly noted in a *Moneyweb* (and later, *Citizen*) article published nine months later, which references the *Ask Afrika* survey. The survey showed that over 50% of

respondents attributed hesitancy to “fear of side effects and efficacy” (Matshoba, 2021). These fears are vaccine specific; the population worries about the health consequences of the particular Covid-19 mRNA vaccine recipe. Thus, these representations further construct vaccine hesitancy as existing in and being shaped in the present, in direct response to the information (or misinformation) that is available to the population.

The Spread of Misinformation:

Of the litany of potential causes the South African media provides for vaccine hesitancy, the most common is the spread of fake news via social media. Although usually mentioned without further elaboration, a few articles do delve deeper into the issues that social media presents. An article titled “Counter the growing trend of vaccine hesitancy” writes that social media is being used to spread “unverified reports” of vaccine related deaths along with other anti-vax propaganda to “undermine the government’s vaccination efforts” (the *Citizen* 2021). The spread of misinformation and disinformation is not South Africa specific—this “infodemic” (occurring simultaneously with the Covid-19 pandemic) affects “human populations across the planet” (Heyerdahl 2022).

Government Mistrust:

In Chapter 2, I discussed American anthropologist Heidi Larson’s ethnographic research which showed that public opinion of political institutions plays an important role in shaping vaccine opinions (Larson 2011). About one third of the South African articles cite government distrust as a reason for vaccine hesitancy (even if this point is not further elaborated upon). Some of the articles further this claim by explaining how the failures of the government during the

early stages of vaccine rollout have either created or fueled these attitudes⁴. Phrases like “mishandling of the pandemic,” “slow,” and “failure” represent the rollout process once vaccines became available in the country. An article published in the *Citizen* explains that the lack of government transparency regarding “the acquisition of vaccines, the stoppages, and so on” as well as “the theft of PPE, food parcels and other corruption around the whole issue of Covid” provokes this distrust by the public (Mcobothi, 2021).

South African media actors use similar language to describe the National Health System more generally (NHI, 2022). Describing the public and private sectors as “overburdened” and “failing” fuels population mistrust in the capacity of the nation’s health system and, as an extension, likely contributes to mistrust in the Covid-19 vaccine campaign. For example, a 2021 *News24* article criticizes the ANC’s discarding of two million Johnson and Johnson vaccine doses (which were potentially contaminated). The journalist argues that this blunder significantly fueled distrust in the government and its capacity to successfully distribute safe Covid-19 vaccines (Whitehouse 2021). The article also claims that mistrust is enhanced by the “sudden caring nature” of the government toward public health, which has previously been depicted as apathetic to the needs of the population (Whitehouse 2021).

It is important to note that these sources construct government mistrust as a phenomenon occurring in the present, fueled by contemporary (and recent) governmental failures. Mistrust in the South African government’s capacity for healthcare provision, and the related mistrust in a national vaccination campaign is portrayed as a direct consequence of Covid-19 and other current and recent public health specific failures. In other words, the South African media does

⁴ Throughout 2021, the South African government was primarily criticized for “putting all of its eggs in one basket” by attempting to procure vaccine doses solely through the COVAX initiative, rather than through multiple organizations and manufacturers. Additionally, while the government worked to obtain these vaccines, they were criticized for not having a deployment plan for once the vaccines were received, which ultimately slowed vaccine distribution (especially to health care providers) (Daley 2021).

not reduce South Africa to its history by contributing Covid-19 vaccine hesitancy to the legacies of colonialism and Apartheid. As I will discuss in later chapters, this is in contrast to Western media representations, which often claim that South Africa's colonial and post-colonial past shaped Covid-19 vaccine opinions.

Historical Experiences:

However, a few of the South African articles do potentially suggest that the history of vaccines and biomedical intervention in Africa have contributed to Covid-19 vaccine hesitancy. One article, written by the health sector program manager of ACTIVATE! Change Drivers, states that the primary cause of vaccine hesitancy is a fear that “people are trying to kill South Africans and young people and all of that” (Mcobothi, 2021). No further elaboration is given after this point, the article then moving on to discuss methods of alleviating vaccine hesitancy. It is possible that this statement is based on the legacy of other eugenic medical interventions and vaccine developments in South Africa, such as that of Wouter Basson's antifertility vaccine (Thabethe, 2018). However, without further elaboration by the article, it is unclear whether Mcobothi is referring to historical eugenic and/or genocidal plots in his statement.

Another article more clearly references the potential of historical abuses to shape vaccine opinions. Published in October 2021, the article states that vaccine hesitancy “is shaped by a history of medical research not always having the best interest of participants—especially from minority communities—at heart” (Johnson, 2021). This statement more clearly portrays Western and colonial medical experimentation on the continent as shaping Covid-19 vaccine decisions for South Africans.

As I will make clear throughout the three chapters of this discourse analysis, it is extremely important to recognize the potential for history to shape vaccine opinions. However, it is equally important to refrain from reducing the entire discussion on Covid-19 vaccine hesitancy to this history. To clarify, I argue that a comprehensive media representation of vaccine hesitancy will consider all potential origins of mistrust, including historical experiences of medical abuse, without attempting to explain vaccine hesitancy solely through a historical lens. To do so is to ignore the agency of South Africans in the present and to center the abusers (whether the Apartheid regime or colonial entities) in a way that maintains existing and problematic power relations.

Contextualizing Vaccine Hesitancy:

After investigating the complex definition(s) and causes of hesitancy, I analyzed the themes and representational frames used by the South African media to contextualize South African vaccine hesitancy. I explore the way that these news sources nuance (or do not nuance) vaccine hesitancy in terms of race, class, gender, and geographic location, arguing that the majority of articles lack this complexity in their discussions. Additionally, I argue that vaccine hesitancy is represented more so as a global phenomenon than a South African or African specific phenomenon. I then looked at the extent to which vaccine hesitancy was portrayed as impacting vaccination uptake rates.

In my research, I came across several sources which satisfied the search criteria, but which criticized other media representations of vaccine hesitancy rather than discussing its causes or resolutions. Thus, the last theme I will describe in this section is the way that South African media sources understand, support, and criticize international representations of South

African vaccine hesitancy. Including this discourse will round out my contextualisation of vaccine hesitancy in the South African media, as well as provide a brief segue to the following chapter on Western media representations.

How do Demographics Affect Vaccine Hesitancy and Access?

Some of the articles mention that demographic factors influence rates of vaccine hesitancy amongst the South African population. These characteristics include household income, race, gender, and location in either a city, suburb, or rural/ remote village. For example, an article posted in the *City Press*, titled “An insight into why South Africans are vaccine hesitant” lists “socio-demographic characteristics” as a major contributor to vaccine hesitancy (Whitehouse, 2021). Including socio-demographic characteristics illustrates that the South African media is not representing vaccine hesitancy as a homogenous, national phenomenon, but rather one that can be better understood alongside demographic factors. The media does not make monolithic assumptions about the entire population of South Africa, but rather seeks to reflect the diversity of experiences and attitudes towards vaccine hesitancy in the country.

However, of the sources which do nuance representations of vaccine hesitancy by these demographic characteristics, the majority simply reference the UJ Survey or *Ask Afrika* data, adding little to the conversation apart from the statistics. Of all demographic characteristics, race is mentioned the most, followed by gender, class, location, and then education level. Most of the articles which include these demographic factors do so in one or two sentences, something like: “vaccine hesitancy is a complex social phenomenon... influenced by factors such as age, race, geographical location and employment,” but do not elaborate further (Farber, 2021).

Building on Herman Wasserman’s theory of “History as Presence: Journalism as Continuity” discussed in Chapter 3, which posits that Apartheid era social inequalities persist and continue to be reflected and reproduced in the media, I argue that this lack of elaboration may be deliberate or the product of ideological and social constraints. As discussed in Chapter 3, the commercial news media of South Africa is primarily written by and for the elite (wealthy, most often white) population in the country. As their intended audience and political agenda setting functions are oriented toward this subset of the population, there may be some hesitation to further an analysis of the structural barriers to vaccine education and acceptance. Additionally, as the South African media attempts to compete with international news outlets, they may adopt Western reporting styles which lack local nuance. This lack of nuanced discussion may reproduce inaccurate and harmful stories about South Africans, reducing the entire population to a monolith and obscuring the realities of vaccine access.

I wish to emphasize that this matter is not unilateral. As I mentioned, a number of articles do mention the intersections of demographic characteristics and rates of vaccine hesitancy. For example, an August 2021 article references an *Afrobarometer* survey and suggests that race and age affect vaccine levels, with “younger white people” being the most vaccine hesitant (Kahla, 2021). The same author, in a later *Citizen* article, writes about these racial geographies, again describing the increasing and decreasing rates of hesitancy in the white and Black population, respectively (Kahla, 2021). The UJ survey is referenced in a similar one-or-two line manner in other articles as well, including one in the *City Press* (Whitehouse 2021).

The Paradox: Higher Vaccine Hesitancy Rates Correspond to Higher Vaccination Rates?

These socio-demographic characteristics are rarely mentioned to describe the disparity observed between vaccine acceptance rates and vaccination uptake rates (i.e why are white South Africans the most hesitant *and* most vaccinated?). For example, race is referenced as a factor which feeds into vaccine opinion *and* vaccine accessibility in much of the South African news sources. Conversations which investigate vaccine hesitancy with respect to race were more common after the University of Johannesburg survey clearly documented rates of vaccine hesitancy amongst different racial groups in South Africa, and articles often reference these (or the *Ask Afrika*) statistics. For example, an August 2021 article focuses specifically on this difference in the title: “Whites far more scared than blacks, survey reveals” (Sokotu 2021). The article describes that “The [*Ask Afrika*] poll has... made startling revelations in reference to race...vaccine acceptance... with the level of black Africans standing at 75%, coloureds (64%), Indian or Asian (68%) and whites (52%).” (Sokotu 2021). He goes on to describe that “the survey found the rate of vaccination among whites, at 16%, higher than among black Africans at 10%.” (Sokotu 2021). Sokotu identifies this paradox, acknowledging that the demographic group with the highest rates of vaccine hesitancy are also the most vaccinated. However, the article does not attempt to explain this paradox, instead shifting to a conversation on how to alleviate vaccine hesitancy.

One article builds on this observation, clearly stating the relationship between socio-demographic characteristics and vaccination rates. The 2021 *Mail & Guardian* article references the UJ Survey data, noting the discrepancy that Black South Africans are less vaccine hesitant but still the least likely to be vaccinated. He continues that “Class—and to an extent race—help explain some of the mismatch between vaccine intention and action” (Madhvani,

2021). One of the only articles with which this claim is elaborated upon, he explains that “People with access to better health systems are far less concerned about side effects than those without, who may be wary of even going to hospitals. It’s also easier to get vaccinated if you have a car” (Madhvani, 2021). Interestingly, the first point appears to be a contradiction—if people with access to more comprehensive health systems were less concerned, we would expect to see lower rates of hesitancy. However, the second point illustrates that class *and* race may inform vaccine access, as multiply disadvantaged individuals may have a more difficult time in obtaining transport to vaccination sites.

Additionally, only one news source argues that alleviating vaccine hesitancy should be a race specific undertaking (Farber 2021). The article lists tailoring strategies for reducing Black South African vaccine hesitancy through social media, as the younger population is more likely to influence (and drive) their elders to vaccinate. The article then explains that white South Africans can be targeted through the church (Farber, 2021). While the article risks generalizing entire demographic populations, this is the only article which attempts to consider how demographic factors may be considered in the effort to alleviate vaccine hesitancy.

To summarize, the majority of South African news articles which discuss vaccine hesitancy do not analyze the influence of demographics on vaccine opinion. Of those that do mention demographics, most simply provide a list of these characteristics (e.g race, gender, class) without further elaboration. Only one of the selected articles attempts to explain the paradox between high rates of vaccine hesitancy and high vaccination rates (and, in parallel, low rates of vaccine hesitancy and low vaccination rates) by identifying the inequalities that exist along these demographic lines. Only one of the selected articles argues for vaccine hesitancy alleviation campaigns which consider demographics.

Vaccine Hesitancy: A Global or National Phenomenon?

Vaccine hesitancy is a global phenomenon, especially during a borderless pandemic. However, this does not necessarily equate with different news media outlets representing hesitancy in a globalized framework. In my preliminary research, I considered whether the South Africa media sources used language and rhetoric which represents vaccine hesitancy within a more South African specific or global context. I wanted to know if the causes of vaccine hesitancy are represented in the news as products of a South African infodemic, a consequence of globalization, or something in between. Similarly, I wanted to know if the selected articles represented vaccine hesitancy as a threat that is especially worrisome in South Africa, less relevant in South Africa, or of equal concern as elsewhere in the world.

Regarding the former, I observed that the causes of vaccine hesitancy are represented in a more global matter; they can occur anywhere in the world. Barring the exception of government mistrust, which is represented predominantly as South Africa specific (due to the reasons mentioned in the previous section), the media represents vaccine hesitancy causes generically.

For example, a *Citizen* article from November of 2020 discusses South Africa's rates of vaccine hesitancy in relation to the rest of the world: "South Africa came closer to any other country to a 70% vaccine acceptance standard" (The *Citizen* 2020). Another article published in the *Citizen* also rejects the sentiment that vaccine hesitancy is a South African concept, stating that hesitancy "is not only experienced in South Africa, but globally, hence several countries had to dispose of expired vaccines as well" (Richards, 2022). Recognizing vaccine hesitancy as a global issue is crucial in dispelling any attempts by other countries to distance themselves from the pandemic and the issue of vaccine hesitancy by solely focusing on South Africa.

To What Extent Does Vaccine Hesitancy Contribute to Low Vaccination Uptake?

The South African media discusses vaccine hesitancy as one of many potential barriers to Covid-19 vaccination campaigns in addition to insufficient vaccine supply and unsuccessful vaccine distribution programmes. As a result, the media often contextualizes the extent to which vaccine hesitancy is an issue in relation to these other sources of vaccination delay and prevention. In this section, I draw attention to the ways that vaccine hesitancy is understood to contribute to low vaccination rates in the country, in comparison to these other factors. I argue that the South African media represents vaccine hesitancy as a less significant issue than vaccine access, especially during the time prior to adequate vaccine supply. In later chapters, we will see how this is in direct contradiction to Western representations of the South African vaccination campaign, which often focuses on vaccine hesitancy as the most salient determinant of vaccination rates.

Although slightly less common than discussion of vaccine supply, some articles do contextualize hesitancy in terms of vaccine distribution. For example, *Independent Online News (IOL)* South Africa published an article which references the University of Johannesburg survey (Round 4). The article states that despite vaccine acceptance rates hovering at 72%, “getting vaccines to the people” remains a challenge for the public health sector (*IOL* 2021). Thus, the media depicts vaccine hesitancy as a non-issue; arguing that low levels of vaccine hesitancy are not synonymous with high levels of vaccination. The article also clearly states that vaccine hesitancy “does not account for the major challenges to vaccination rates” but rather “vaccine accessibility is the major hindrance” (*IOL* 2021). Thus, in comparison with vaccine access, the South African media represents vaccine hesitancy as a significantly less critical issue.

According to another article, published in August 2021 in the *Citizen*, vaccine hesitancy becomes an easy way to “blame the people” and obscure the structural failings of distribution programmes, the government, and the realities of vaccine (in)accessibility (Richards 2022). Therefore, not only does this article represent vaccine hesitancy as less critical than vaccine access, it also uses language which criticizes the construction of vaccine hesitancy as a ‘scapegoat.’ Using the phrase “knee- jerk reaction,” Richards argues that it is becoming a reflex to blame vaccine hesitancy, and thus blame the South African population, for low vaccination rates. As Black South Africans are the least likely to have been vaccinated, according to the aforementioned surveys (some of which are mentioned without name throughout this article), blaming low vaccination rates on vaccine hesitancy would not only be inaccurate, but would also reproduce racist and colonial rhetoric. The article criticizes this style of reporting, often utilized by the West, and instead refocuses the discourse on the critical issue of vaccine access.

Of the sources that mention vaccine supply *and* vaccine hesitancy as stumbling blocks of vaccination campaigns, some do not specify the extent to which each contributes and instead just list each as issues that must be dealt with. However, the majority of news articles, especially prior to adequate vaccine supply in the nation, represent vaccine supply as a greater threat to vaccination rates than vaccine hesitancy. As mentioned earlier, as vaccination supply becomes less of an issue on the ground, the South African media sources shift toward a greater focus on hesitancy. After this time, fewer articles that contain the phrase “vaccine hesitancy” or “vaccine hesitant” also contain arguments about vaccine supply. This is not to say that vaccine hesitancy became a more pressing concern after September 2021, but rather that *compared to vaccine supply*, which had increased to sufficiency, vaccine hesitancy was a more relevant issue to contend with and report.

An exception to this apparent shift in media representations is a *News24* opinion piece published by the Bhekisisa Centre for Health Journalism in the middle of October 2021. More representative of earlier discourse, this article represents vaccine access as a greater issue than hesitancy, claiming that “as a consequence of neocolonial economic and social policies in Africa, fragile health systems impact communities’ access to health services” (Johnson, 2021). This article, titled “The inconvenient truth: the real reason why Africa isn’t getting vaccinated,” asserts that international focus on vaccine hesitancy in South Africa is misplaced (whether intentionally or not), and obscures the focus that should be placed on accessibility and supply issues. The author, Tian Johnson, a queer activist and founder of the African Alliance, writes: “[Low vaccination rates are] not because the people are hesitant, it’s because there is not enough vaccine in stock” (Johnson 2021). Although Cyril Ramaphosa had already declared sufficient vaccine supply in the country by this time, it is possible that the article was written (or the idea for the article conceived) prior to this achievement. Regardless, the article contextualizes vaccine hesitancy as less relevant than access in terms of contribution to low vaccination uptake rates.

Later in this same article, the discourse shifts to consider (and critique) how the international media is representing South African vaccine hesitancy, much like this thesis aims to do. The article argues that centering vaccine hesitancy in the media actively obscures the realities on the ground and reifies inaccurate and discriminatory sentiments. The article heavily references an interview with Albert Bourla, in which the CEO of Pfizer argued that sending vaccines to the African continent was foolish due to the high levels of vaccine hesitancy on the continent (*CNN* 2021). The article claims that representing vaccine hesitancy as an explanation for low vaccination rates “perpetuates a far too common narrative, grounded in racism and which

paints people in Africa as being science shy and resistant towards vaccines and other medical advances” (Johnson 2021).

This statement is followed by claiming that “it is more convenient for a fully vaccinated Boula to glibly cite ‘hesitancy’ as the reason for the low number of vaccinations in Africa than to engage with the ongoing supply crisis and the complexity of historical mistrust, exclusion, and inequitable access” (Johnson 2021). These claims criticize the way that hesitancy is used by different actors as a scapegoat, obscuring the role of vaccine inaccessibility, and especially the West’s role in vaccine inaccessibility, as a major contributor to low vaccination rates.

Conclusion

The South African commercial news media predominantly represents vaccine hesitancy as a separate issue to vaccine access and vaccine supply. Distinguishing these three issues allows the media to rank and compare them in terms of their urgency and contribution to low vaccination uptake in the nation. Generally, the South African media represents vaccine hesitancy as less of an issue than vaccine supply, especially in the period prior to September 2021 when President Cyril Ramaphosa still deemed vaccine supply insufficient. The media predominantly represents vaccine hesitancy with positively coded language, as an easily surmountable obstacle. The South African media reports the causes of hesitancy in a fairly uniform manner, with many causes that fall under a more ‘global’ rather than South Africa- or Africa- specific context. While many of the news sources do mention the contribution of race, gender, class and other demographic characteristics in influencing vaccine opinions, the majority do not elaborate further. Almost no sources in the South African media cite historical reasons as contributing to Covid-19 vaccine hesitancy.

Chapter 5: Western News

As with the South African media sources, in this chapter I analyze the ways that South African vaccine hesitancy during the Covid-19 pandemic was depicted in international, specifically Western, news media. My analysis encompasses the ways that the media defines vaccine hesitancy, explains vaccine hesitancy's contribution to low vaccination rates, and contextualizes vaccine hesitancy in both the local and global context. I also address the extent to which the media portrays vaccine hesitancy as an imminent danger (prior to the availability of vaccines on the continent) and as an objective reality once vaccines were available.

It is important to note that I will discuss two different types of Western discourse: The first are the news sources which discuss vaccine hesitancy in South Africa. The second are the few articles which criticize how the dominant Western media represents South African vaccine hesitancy. As an example of the latter, the *STATNews* opinion piece which heavily inspired this research and that I will discuss in greater detail later, is titled: "Claims of vaccine hesitancy in African countries are at odds with the reality on the ground" (Hossain 2021). These articles question and contradict the dominant rhetoric that the Western media uses to depict vaccine hesitancy in South Africa.

It is also relevant to address my inclusion of a number of non South African specific articles and news broadcasts. Though my search terms always included "South Africa," many hits considered South Africa as lumped in with other southern African, or just African, nations. I chose to use these sources in my analysis because the lack of specificity itself illustrates the generalizing nature of Western media representations of the continent. South Africa is assumed to be comparable or collapsible with other African nations with regards to the success or failures of Covid-19 vaccination campaigns and levels of vaccine hesitancy. International news is less

likely to include small scale, local conversations due to the geographical and ideological scope they cover, but the Western media reduces Africa's experience of the pandemic in a way unlike how they represent western Europe, Europe, or the Global North.

The trends that I analyze in this chapter both reflect and contradict my original hypotheses. The Western news sources tend to describe the causes of vaccine hesitancy in a uniform way, citing both South Africa- specific and more general or global reasons. Of these South Africa specific causes, however, a large number reference historical experiences of medical and Western abuses on the continent during and after the colonial period. Others reference the horrors of Apartheid and the legacy of distrust which followed. My analysis does not intend to argue whether or not these histories are informing vaccine opinions during the Covid-19 pandemic. Instead, I intend to illustrate how the articles, published in major, elite Western media sources, assume that populations within African countries are vaccine hesitant as a consequence of their history, rather than as a combination of multiple modern and global factors.

Additionally, I argue that the Western news media centers vaccine hesitancy as the most critical issue to low vaccination rates in South Africa. I assert that this misrepresentation reproduces racist and colonial rhetoric by assuming South African specific failures of the vaccination campaign. Drawing from Ferguson, I also argue that the Western media misrepresents the complicated reality of vaccine uptake due to the incompatibility of the facts with the interests of "nations, classes, [and] international agencies" (Ferguson 1990 p.18). In "The Anti-Politics Machine", Ferguson discusses how statistics were ignored in reports of Lesotho when they did not conform to existing Western assumptions on development projects. He writes:

The trade figures contradict the agricultural picture of Lesotho the Report has been straining from the first paragraph to draw, and so they are rejected; meanwhile, the estimates on remittances- for which there exists no evidence- are taken as facts which can be used to rebut the offending trade statistics. The picture of Lesotho as a country that exports ... is constructed here not on the basis of flimsy numbers, as in earlier sections, but in contradiction to them (Ferguson 1990 p. 47-48).

Just as with these reports on Lesotho, we see the Western media blatantly ignore statistics which paint vaccine hesitancy as an issue primarily amongst the privileged demographics, and as a poor indicator of vaccination uptake rates.

To set the stage for later analysis, I am including a most glaringly obvious example of this phenomenon, occurring during a 12 minute *DW News* video special. During the special, reporters discussed Covid-19 vaccine hesitancy with a number of South African medical professionals, including South African Medical Research Council director, Charles Shey Wiysonge (*DW News* 2021). In his interview, Wiysonge explains that around 60- 70% of South Africans have indicated that they want the vaccine and around 10% have indicated complete vaccine refusal. This leaves around around 20- 30% of the population falling under the ‘vaccine hesitant’ category, if vaccine hesitancy is considered as the temporary position between acceptance and refusal. However, the video is captioned “Less than 15% of South Africans are fully vaccinated so far and surveys show every second South African does not want to get the jab. Why are so many South Africans hesitant to get vaccinated?” (*DW News* 2021). The broadcast does not provide statistical data to back up their claim in the caption. Thus, *DW News*

appears to be completely misrepresenting the facts (as given to them by South African medical professionals) in a way that situates the South African vaccine campaign into pre-existing and discriminatory representational frames.

The American reporter claims that vaccine hesitancy is hindering and “threatening” the roll out process in “the country worst hit by the pandemic in Africa.” Ironically, as the reporter continues to discuss vaccine hesitancy on screen, the background image shows a South African holding up a sign decorated with the words “We Want a Vaccine” (*DW News 2021*). The headline in the foreground at the same time still reads “Vaccine hesitancy in South Africa stalls inoculation” (*DW News 2021*).



The juxtaposition of the two phrases makes abundantly clear that *DW News* is reporting on preconceived assumptions rather than information coming directly from the source.

Limited both by these assumptions and the ideological constraints of media reporting, the Western report directly reproduces misinformation about South Africa’s experience with the Covid-19 vaccine. As discussed in Chapter 3, these representations have the power to dictate policy decisions. If the media constructs an image of a vaccine hesitant South Africa, overtly ignoring what South Africans themselves are saying, the results can be deadly. Large scale

pharmaceutical companies can feel supported in their rejection of IP waivers, nations can justify vaccine hoarding, and international organizations can fail to meet goals for vaccine distribution. Ultimately, South Africans lose access to a life saving vaccine while a deadly pandemic continues to spread.

Operationalizing and defining 'vaccine hesitancy' in the Western news media

There is limited discussion in the selected Western news sources on how vaccine hesitancy is defined. However, the majority of sources which do include a definition refer to the World Health Organization. According to the WHO, vaccine hesitancy is defined as the “delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context-specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence” (Nossier 2021). The WHO Strategic Advisory Group of Experts on Immunization (SAGE) contradicts this definition by operationalizing vaccine hesitancy as “a continuum between full acceptance and outright refusal” (Nossier 2021). Therefore, the WHO definition of vaccine hesitancy includes vaccine refusal, whereas the WHO SAGE definition differentiates the two. When considering the selected articles, especially those which do not clarify their specific working definition, it is often unclear where the boundaries of “hesitancy” lie. As with the South African sources, such an ambiguous and contradictory definition also reduces the ability to easily compare statistics reporting on levels of hesitancy and their subsequent interpretations. It is also relevant to note that the WHO definition of vaccine hesitancy hinges on the clause: “despite availability of vaccination services” (Nossier 2021). Under this definition, vaccine accessibility is a distinctly separate concern than vaccine hesitancy, with the latter only existing if the former is not an issue.

The ambiguity in definitions of vaccine hesitancy is apparent: Sometimes vaccine hesitancy *includes* vaccine refusal and sometimes it does not. Sometimes vaccine hesitancy *hinges on* vaccine accessibility, and sometimes it does not. These two frames introduce potential confusion and, due to their oversimplification, ultimately distort the discourse to some extent.

Additionally, the WHO definition of vaccine hesitancy enforces the notion that the phenomenon is vaccine-specific. This suggests that vaccine hesitancy is not an ideological position which is then applied to each new vaccine, but that a person may be hesitant to receive a particular inoculation for reasons specific to that vaccine. As will be discussed in further detail, this suggests that vaccine hesitancy should not emphasize history (whether with previous vaccines or medical experiences more generally) in explanations of Covid-19 vaccine hesitancy. Despite this, we will see a large number of western media sources which attempt to explain vaccine hesitancy in exactly this way.

Causes of vaccine hesitancy

The main causes of vaccine hesitancy discussed in the western media are fairly consistent throughout all of the selected articles. The majority of the sources, including those published in the *World Bank*, *France24*, and *The NYT* mention fear of side effects and effectiveness, dis- and misinformation being spread on social media, and mistrust in the government and pharmaceutical companies. The media represents these causes of vaccine hesitancy as if they can and do exist globally, rather than represent social media misinformation, for example, as a specifically South African problem. However, the majority of the articles simply list these potential sources without elaborating or specifying on their origins further.

Some articles do list additional causes for concern that are more (South) Africa specific. For example, *DW News*, in their South Africa Vaccine Hesitancy special, cites worries over how the vaccine will interact with HIV anti- retrovirals and apparent fears over reduced fertility (*DW News* 2021). The article posits that as South Africa is the nation with the highest rates of HIV globally, there is a comparatively greater risk for vaccine hesitancy based on concerns for how it will interact with HIV drugs. A *France24* article attributes vaccine hesitancy in Africa to its lower death rates from Covid compared to other continents (Rich 2022). According to this perspective, vaccine hesitancy is less about fears over efficacy or safety and more related to apathy or belief of vaccine insignificance.

Other articles attribute vaccine hesitancy to a lack of vaccine education. Interestingly, this is portrayed as a (South) African specific cause of hesitancy, as it is almost always talked about in tandem with existing medical or governmental mistrust in African nations. One example is a *NYT* article from December 2021, where the author describes the “lack of vaccine education” that feeds into “an underlying mistrust of many medical treatments” in the country (Leonhardt 2021).

A few sources, including a *CNN* broadcast from December 2021, consider vaccine hesitancy in its relationship to government mistrust. Although vaccine hesitancy has been linked to government/authority mistrust both historically and globally (see, for e.g. Thabethe 2018, Tilley 1968, Larson 2011), these sources depict the sentiment in a South African specific context. For example, the South African interviewee in the *CNN* broadcast argues that Covid-19 vaccine hesitancy is largely a result of the slow South African vaccine rollout (*CNN* 2021). This sentiment blames the government for mishandling the vaccination campaign.

Some articles attempt to explain or justify South African vaccine hesitancy by drawing on the nation's history of colonialism and Apartheid. For example, an article published by the *World Bank* discusses causes of vaccine hesitancy in sub-Saharan Africa (not specifically South Africa) before delving deeper into the perceived roots of mistrust. The article describes vaccine hesitancy as being rooted in a more general mistrust of the West due to a history of unethical practices on the continent, including the use of biological weapons (*World Bank* 2021). This explanation draws on events such as Wouter Basson's creation of an "anti-fertility vaccine" which he intended to distribute among Black South Africans during Apartheid, as well as histories of medical experimentation and abuse performed on colonized subjects.

Similarly, an article authored by David Leonhardt in the *NYT* on December 1, 2021 is titled: "Africa, Far Behind on Vaccines, *Every Other Country is Ahead*" (Leonhardt 2021). In this article, the author clearly distinguishes between "the sources of the skepticism... in the U.S. and in Africa," arguing that "In much of Africa, they are related to decades of exploitation and poverty" (Leonhardt 2021). The media's distinguishing between causes of vaccine hesitancy here draws attention to negative stereotypes of Africa. I do not intend to argue whether or not these historical experiences do contribute to Covid-19 vaccine hesitancy, but rather to identify the way that the Western media is using these histories in its explanation.

For example, instead of acknowledging that a majority of vaccine hesitant or vaccine refusing population have been influenced by the global anti-vax movement and consumption of Western anti-vax rhetoric on social media, the article focuses on South Africa's history of exploitation as a contributor to low vaccination rates. In focusing on the sources of vaccine hesitancy that are different between the continents, especially those that pull on historical experiences of abuse, the media confines South Africa to its past and simultaneously works to

distance the West from issues of vaccine hesitancy. Vaccine hesitancy becomes a problem that is happening in an already stigmatized nation, rather than a very critical issue on the ground in a number of Western nations. Additionally, as the West centers itself in its historical explanations of vaccine hesitancy, it simultaneously obscures its contemporary role in contributing to vaccine inequity (and therefore low vaccination rates) in South Africa.

The author also includes that “the mistrust has its roots in a history of horrific experiments under colonialism” (Leonhardt 2021). Not only does this point generalize the entire African continent, it also assumes that the populations most affected by these historical abuses are the populations who are the most Covid-19 vaccine hesitant. Since the reality on the ground (as illustrated in the statistics being published at the same time as these articles’ publications) is that young, wealthy, white Christian South Africans, *not* Black or Coloured South Africans, are the most vaccine hesitant population, we can see that the journalist is basing this claim on existing assumptions rather than facts.

Additionally, while the authors who blame vaccine hesitancy on colonial and Apartheid histories may not always distinguish the population by race, they are implicitly referring to non white South Africans, as White Africans were not the target of these interventions for the most part. Thus, when the Western media centers historical explanations of vaccine hesitancy, they are inherently assuming (and reproducing the assumption) that Black, Coloured, and non White South Africans are vaccine hesitant. Alternatively (or simultaneously), the journalists are failing to recognize that the South African population is extremely diverse.

In another article, posted in December 2021 in *The NYT*, authors Lyndsey Chutel and Max Fisher discuss the causes of vaccine skepticism in Africa. Titled “The Next Challenge to Vaccinating Africa: Overcoming Skepticism,” the article discusses the “deep distrust of

governments and medical authorities, especially among rural and marginalized communities” contributing to low vaccination rates. The authors argue that “the legacy of [W]estern exploitation and medical abuses during and after colonialism is weighing heavily, too” (Chutel and Fisher 2021). While drawing attention to the horrors of colonialism is vital, the Western media overemphasizes the extent to which this history contributes to the current trends in vaccine hesitancy and uptake in South Africa.

Although the *World Bank* and *NYT* articles, among a few others, might be drawing on these historical explanations as an attempt to relocate blame for low vaccination rates away from the African populations, the rhetoric they use reinforces ‘Dark Continent’ representations. The articles lump together many of the African countries into a single entity where vaccine hesitancy exists mainly as a repercussion of its history. Simultaneously, these explanations center the historic role of the West in a way that maintains existing power dynamics. As highlighted in Chapter 3, the news media operates within social structures that are often so ill perceived that the ideological work the discourse performs may be a distorted version of the author's original intention.

The South Africans who endured the horrors of colonial and Apartheid abuses are primarily the non White populations. Yet as illustrated by the previously mentioned survey data, the Black South African population consistently measured the lowest rates of vaccine hesitancy and highest rates of vaccine acceptance of any racial group. White South Africans were less vaccine accepting, with the highest rates of hesitancy recorded in the nation. Therefore, not only do these historical “explanations” of Covid-19 vaccine hesitancy contribute to a false image of South African agency and modernity, they also introduce the misconception of *who* is vaccine hesitant. This misconception may unintentionally reinforce racist sentiments, representing non

White South Africans as vaccine hesitant due to events that happened in the past, rather than their active decision making in the present, and constructing the idea that vaccine hesitancy is primarily a non White issue.

Demographic Nuance:

A few articles more overtly discuss vaccine hesitancy in a race-specific manner. For example, journalist Olga Khazan's December 2021 article in *The Atlantic* suggests that white South African hesitancy may be amplified by government mistrust, "which is led by politicians from the Black majority" (Khazan 2021). Khazan then argues that Black South African hesitancy "might arise from the fact that pro-Apartheid arguments were often rooted in wrong, but supposedly "scientific," beliefs about differences between races" (Khazan 2021). Again, Khazan references historical events as the cause of vaccine hesitancy; however, she nuances the argument by saying that this history might contribute to hesitancy in the "Black South African" population. With this distinction, she acknowledges that the causes of hesitancy in the nation may be race- specific.

The concern with such discourse is again generalizing the Black population, especially in such a way that reduces their agency; however, her use of the phrase "might contribute" declares that historical experiences may be one of many factors in determining vaccine opinions. She is also careful to situate potential historical causes alongside contemporary causes, citing other reasons for vaccine hesitancy including social media circulation of false information and conspiracy theories (Khazan 2021).

A *Reuters* article from May 2022 also makes a claim about the roots of hesitancy in the nation, a claim that is overtly prejudiced. The author writes that “the white population [was] the most likely race group to eschew the vaccine” based on the fifth round of the UJ survey statistics. The first notable observation is the author's use of the term "eschew" instead of "refuse" when describing the action. This deliberate word choice reflects a less confrontational tone in discussing vaccine attitudes. This word choice embeds an extra sense of justification, rationality and agency to the decision making of the vaccine- refusing white population.

The article attempts to further associate white South African vaccine hesitancy with rationality and agency by directly following this statement with a quote from a presentation on the survey’s findings: “What this analysis has demonstrated is that the majority of those that express hesitation about taking the vaccine are not anti-science, but are expressing rational and legitimate doubts” (Roelf 2022). The author therefore concludes that vaccine hesitancy amongst the White population in South Africa is based on well-founded concerns, rather than anti-science sentiments or unreasonable apprehension rooted in history. This conclusion reinforced racist stereotypes and misconceptions of the nation, as it implies that vaccine hesitancy amongst the non White populations of South Africa is associated with the latter. As Reuters is the world’s largest international multimedia news provider, the way they portray South Africa has a significant impact on how the world views the country. If their reporting reinforces negative stereotypes, it can have widespread and dangerous consequences. Not only can these representations perpetuate discrimination against South Africans, they can influence the global distribution of life saving vaccines.

Emphasizing Vaccine Hesitancy in (South) Africa

In my analysis, I investigated how the media represented the extent to which vaccine hesitancy was a concern in South Africa. First, I wanted to look at how the Western media was comparing rates of vaccine hesitancy in South Africa to rates in the West, especially given the survey data (see Chapter 4) which illustrate comparable levels of hesitancy between South Africa and a number of Western nations. This interest was amplified when I came across a *DW News* special aired on 13 September, 2021 called “COVID-19 Special: Vaccine hesitancy in South Africa” which was described in the introduction of this chapter.

DW News, a global English-language news TV program broadcast by German public international broadcaster, *Deutsche Welle*, has a number of COVID-19 specials that are accessible on the internet. After seeing this special, which I will discuss in detail, I investigated whether *DW News* had covered vaccine hesitancy in other countries around the same time. Despite comparative rates of vaccine hesitancy in South Africa and Western nations including France and the United States of America at the time the special aired, there were no equivalent specials on vaccine hesitancy covered in Western countries. In fact, a quick google search of “DW News Vaccine Hesitancy” produced these top four links:

[https://www.dw.com > video-59169449](https://www.dw.com/video-59169449) ⋮

[COVID-19 Special: Vaccine hesitancy in South Africa - DW](#)

Less than 15% of South Africans are fully vaccinated so far and surveys show every second South ... Why are so many South Africans hesitant to get vaccinated?

[https://www.dw.com > video-58833206](https://www.dw.com/video-58833206) ⋮

[Vaccine hesitancy in Africa – DW – 08/11/2021](#)

African countries have been struggling to get COVID-19 vaccines. But when they do, ... DW News. Full-length news bulletins - on the hour, every hour.

[https://www.dw.com > video-62555991](https://www.dw.com/video-62555991) ⋮

[Ghana struggles with vaccine hesitancy – DW – 07/21/2022](#)

Ghana was the first country in Africa to take delivery of COVID-19 vaccines under the UN's COVAX initiative. So far, though, less than half the population ...

[https://www.dw.com > video-59086060](https://www.dw.com/video-59086060) ⋮

[Battling vaccine hesitancy in South Africa – DW – 09/16/2021](#)

A survey has indicated that every second South African does not want to get a jab. With less than 25% of the adult population fully vaccinated, ...

Therefore, regardless of the fact that I did not include the search term “Africa’, and that *DW News* covered more general Covid-19 related topics in Western nations, *DW News*’s discourse on vaccine hesitancy emphasizes African nations. With continued scrolling, the first link mentioning Covid-19 vaccines for a Western country was called “Portugal’s successful vaccine rollout - DW - 09/28/2021.” Here the juxtaposition of successful Western vaccination campaigns in the West versus the “struggles” plaguing Africa is made clear, with the latter dominated by discourse on vaccine hesitancy.

As described at the start of this chapter, the special begins with the reporter ignoring the statistics and communication by South African medical professionals, instead claiming that vaccine hesitancy is a critical issue which must be promptly dealt with. The special then jumps to the Southern Africa news correspondent, Adrian Kriesch, who conducts interviews with South Africans in the Mpumalanga province who are on line to pick up their social grants from the government. A mobile clinic was set up by health workers to distribute vaccines adjacent to the queue, with one interviewee explaining that “it [was] easier for me when I can get vaccinated at

the same place where I pick up my social grant. They only came once to my village to vaccinate, and I only heard about it once it was too late. That's why I am happy that I can get it here today.” Jane Simmonds, another member of the South African Medical Research Council, explains that geographic location and proximity to vaccination sites is presenting a great barrier to vaccine uptake.

Throughout the special, the South African medical professionals work to shift the discourse from vaccine hesitancy to vaccine accessibility, with more than half of the special dedicated to the latter. Although we have seen that some operational definitions of vaccine hesitancy may include vaccine access, this special seems to consider the two separately: The reporter asks about the issue of vaccine accessibility “next to” that of hesitancy, indicating that the definition of hesitancy she is using does not consider the two as coupled. Thus, despite the majority of the special centering around vaccine accessibility, rather than vaccine hesitancy, *DW News* still opted to label and caption the news special with a clear focus on hesitancy. Overall, this program completely ignores facts, misrepresents the extent of vaccine hesitancy and simultaneously disregards South African voices in South African specific discourse.

These sentiments are also reflected in the title and message of the previously mentioned *NYT* article: “Africa, Far Behind on Vaccines. *Every Other Country is Ahead*” (Leonhardt 2021). As the article only briefly mentions that vaccine supply is adequate, and does not mention vaccine distribution, the low vaccination rate is thus almost entirely blamed on vaccine hesitancy. In fact, in Leonhardt’s discussion of vaccine waste in South Africa he asks: “How could that be?” followed directly with what he attributes as the “main answer”: vaccine hesitancy (Leonhardt 2021). Leonhardt’s language both centers vaccine hesitancy as a critical issue on the continent and suggests that hesitancy is contributing to the relative failure of vaccination

campaigns in Africa compared to the rest of the world. Leonhardt overemphasizes Africa's "troubled" nature, reproducing what Wainaina describes as an image of the "Dark continent" (Leonhard 2021, Wainaina 2005).

A broadcast by *Inside Story News TV*, a Washington D.C. based programme, on February 11, 2022, shares a similar tone and message to that of the *DW News* special and *NYT* article. During the program, the American reporter interviews a Nigerian physician and the South African head of CDC, Dr. Sarah Wambui Mwangi. During a discussion on vaccine supply and distribution issues in the country, led by Mwangi, the US reporter asks to shift the conversation to hesitancy. He asks "Why is vaccine hesitancy as bad as it is on the continent?" The reporter's phrasing again condenses many African countries with varying success in their vaccination campaigns while simultaneously reinforcing the "struggling" and "troubled" nature of the continent, as described previously.

Even more important is Dr. Mwangi's response to this question: "Vaccine hesitancy is not an Africa problem. It's a global problem." She goes on to explain that "Africa doesn't have more vaccine hesitancy than other parts of the world. In fact, some research says 80% receptivity to vaccines, so hesitancy is *not* the challenge" (Mwangi 2022, my italics). Mwangi represents South African vaccine hesitancy in a *global*, rather than South Africa or Africa- specific way, simultaneously arguing that hesitancy is not a major contributor to low vaccination rates. Despite these truths and availability of these statistics, the *Inside Story News TV* reporter had come into the interview with the assumption that vaccine hesitancy, rather than supply or access, is the major issue plaguing (South) African vaccine campaigns.

Over-emphasising vaccine hesitancy in Africa compared to the rest of the world is a theme that was common throughout many of the Western news sources. Along with those

previously mentioned, a *France24* article published on February 19, 2022 discusses factors contributing to low vaccination rates on the continent. The article is broken up into three sections. The first and longest section discusses the “launch of a Covid-19 vaccination production programme in Africa” to eliminate reliance on imports. The second discusses vaccine hesitancy, amongst supply, as a factor preventing vaccination success. The last section describes issues of vaccine accessibility, specifically in rural and remote areas of African countries. Despite the fact that the article subsections on hesitancy and accessibility are equal in length, and that the majority of the article focuses on the establishment of an Africa specific vaccine production programme, the article is still titled: “Covid-19 in Africa: The doses are here, but vaccine hesitancy remains high.” The title is not only misleading in terms of its accuracy, but also in its representation of the content of the article. The author chose to sensationalize the article title by depicting Africa’s experience with the pandemic in a way that would be readily and widely accepted, reconstructing an image of a failing African continent.

In a press briefing with British House of Parliament, Vicky Ford, on 30 November, 2021, Ford similarly shifted the discourse towards vaccine hesitancy. When questioned whether it is finally time for the government to “drop their opposition to the Intellectual Property waiver on Covid-19 vaccines, of which South Africa was one of the key supporters, and to provide whatever vaccine capacity and technical support they can offer to speed up the roll- out,” Ford replies that the British government is “fully committed to doing all that we can to get vaccines out to poorer countries, but when it comes to delivery, there are three different issues. The first is supply, the second is the need to ensure that the local health services are able to deliver the vaccine, and the third is, sadly, the very serious issue of vaccine hesitancy in many countries.” Ford answers a question about vaccine access with an emphasis on vaccine hesitancy, centering

the latter as a contributor to low vaccination rates. Ford emphasizes the extent of vaccine hesitancy through her use of the modifier “very serious” as well as the word “sadly.” Not only does this sentiment oppose the statistics being published, but Ford also ignores the question of the West’s role in vaccine inequity, instead reifying claims of African hesitancy. These claims can be used to justify the withholding of vaccines by Western nations such as the United Kingdom. In this press briefing, we see a government leader obscuring the role of her country in the inequitable distribution of vaccines by instead shifting the focus of the discourse to African vaccine hesitancy.

Interestingly, even when articles list comparable statistics of vaccine hesitancy between South Africa and the rest of the world, they are still likely to overemphasize the extent of hesitancy for the former. In an article in *The Atlantic* from December 2021, author Olga Khazan writes that South Africa has a “high level of vaccine hesitancy when compared globally” (Khazan 2021). In the next sentence, she writes that “22 percent of South Africans weren’t willing to accept a COVID-19 vaccine, according to a study from this past spring” (Khazan 2021). Interestingly, the article opens with survey statistics on vaccine hesitancy in other countries including Russia (“Nearly a quarter”) and the United States (“18 percent”) (Khazan 2021). Despite having a nearly identical proportion of vaccine hesitant respondents, the article still emphasizes South African vaccine hesitancy. Just as with the Lesotho development reports that Ferguson writes about in “The Anti- Politics Machine”, Khazan is blatantly ignoring the statistics which do not fit with her pre existing assumptions of South African vaccine hesitancy.

The fact that Western broadcasters assume vaccine hesitancy to be exceptionally bad in South Africa illustrates the underlying preconceptions of the nation. For example, a *CNN* broadcast from December 2021 begins with a US reporter shifting the conversation from vaccine

access to vaccine hesitancy, asking “There is a larger problem, though, is there not... with vaccine hesitancy?” (CNN, 2021). The reporter’s use of the phrase “is there not?” indicates that his immediate assumption is that there *is* a “larger problem” of hesitancy in the nation. Both the interviewer’s word choice and his decision to center the discourse around hesitancy illustrates his belief that hesitancy is the major contributor to low vaccination rates. Interestingly, the South African medical professional responds to his question by trying to redirect the conversation away from hesitancy, claiming that although “we’ve seen a lot of worrying in the past few days basically saying that the reason we have this [Omicron] variant is because people in Africa don’t want to get vaccinated”, many studies suggest that hesitancy’s role is not so expansive (CNN 2021). Not only does the interviewee’s response reject the notion that hesitancy is to blame for low vaccination rates, citing recent statistics to further his point, but he also acknowledges his awareness of the common narrative being reproduced in the international media: that Omicron (and the continuation of the Covid-19 pandemic) is due to vaccine hesitancy delaying and preventing vaccination in the nation.

Another example of the Western media assuming vaccine hesitancy is an issue can be observed in a January 2022 *Inside Story* interview. An American reporter interviewing a British global health and human rights lawyer living and working in Johannesburg asks (as his very first question): “Now that millions of vaccines have been dispersed across the African continent,” but vaccine uptake is still low, “to what extent is vaccine hesitancy to blame” (*Inside Story* 2022). The interviewee shifts the conversation back to delays in obtaining vaccines, criticizing the failure of global funding, COVAX, and other international initiatives. Regardless of the interviewee’s response, it is important to note that the very first explanation proposed by the interviewer is that which concerns vaccine hesitancy. From the way that the question was

proposed, it seems as though he expected the interviewee to report on the extensiveness of hesitancy in (South) Africa. Additionally, despite his question being countered with information on vaccine supply and a discussion on vaccine inaccessibility due to long travel distances and queue times, the interviewer asks a second interviewee the same question: “To what extent is vaccine hesitancy contributing to low vaccination rates?” (*Inside Story* 2022). This further illustrates how the Western news media continues to misrepresent the vaccine situation in South Africa. Disregarding any facts which do not fit into pre-existing Western representational frames, the Western media proliferates harmful misconceptions.

One article, published in *CBC News* in December 2021, goes so far as to criticize the “number of articles” citing vaccine inequity as the major barrier to vaccination uptake (Gollom 2021). Titled “Vaccine inequity is only partially to blame for Africa’s low vaccination rates, experts say,” Gollom quotes Ron Whelan, head of DISCOVERY’s Covid-19 task team, that “it’s not just vaccine inequity” but rather “1 part supply, 1 part capacity, 1 part hesitancy” (Gollom 2021). While there is much statistical support to the idea that hesitancy, supply and the capacity of existing health infrastructure in the country contributes to the comparatively low vaccination rates during the Covid-19 pandemic, this accusation works to recenter the conversation around hesitancy. The title and remainder of the article go on to discuss the threat of vaccine hesitancy across many African nations. Interestingly, the majority of articles which fit the search criteria for this analysis focused on vaccine hesitancy, obscuring the discourse on inequitable supply or insufficient capacity. Of the articles which did mention vaccine inequity, none claimed that it was “just vaccine inequity,” as Whelan describes in his statement.

Internal Criticism

It is an oversimplification to say that all western news headlines blamed hesitancy as the sole contributor to low vaccination rates in South Africa. A number of articles also underlined vaccine inequity and inaccessibility as central factors delaying vaccine uptake, and some went so far as to criticize the misinformed or skewed narratives in other western media reports.

In the December 2021 article in *The Atlantic* described extensively above, Khazan argues that access to vaccines is a major contributor to low vaccination rates. She furthers her claim by citing the August Johannesburg survey results, arguing that “Vaccine hesitancy is higher among white South Africans than among Blacks, though whites are more likely to have been vaccinated, possibly because of better access” (Khazan 2021).

Some opinion pieces and news articles published in western media sources (and authored by westerners) criticize the way that the dominant western media is representing vaccine hesitancy in South Africa. These pieces, often published in smaller, lesser known news and media sources, attempt to draw attention to the commonly oversimplified and harmful portrayals of South African vaccine hesitancy in the time of Covid-19.

For example, the *OpenDemocracy* piece titled “Vaccine apartheid is prolonging COVID - not vaccine hesitancy” which inspired this thesis highlights how the western elite are quick to emphasize hesitancy as the main contributor to low vaccination rates rather than acknowledge other pressing issues, (especially those that might be classified as self- incriminating for those in the west). The title of the article juxtaposes vaccine access and vaccine hesitancy, highlighting the central role of the former in low vaccination uptake rates and criticizing claims that emphasize the latter. The British author Alena Ivanova writes that “politicians and CEOs in the Global North have been busy excusing their dreadful track record on cooperation with low- and

middle-income countries, blaming the low vaccination levels in southern Africa on hesitancy” which has “has long been the colonizer’s excuse to dominate and subjugate” (Ivanova 2021). The author’s use of the words “blaming” and “excuse” locates direct responsibility onto western media actors for misrepresenting South African vaccination in a manner that reifies colonial and racist sentiments.

The author goes on to write that there is a “colonial tendency to portray people in Africa as anti-science and averse to progress, when the real problem is Big Pharma’s monopoly.” (Ivanova 2021). Again, she criticizes the role of pharmaceutical agencies in the west for creating and maintaining a “vaccine apartheid”, while simultaneously exposing the common narrative in the western media which claims otherwise. In the article, Ivanova does not attempt to explain the reasons for vaccine hesitancy in the country; neither global nor country specific causes are suggested. The author of the article therefore doesn’t reproduce passive notions of South Africans, but instead focuses on the harm that is done by mis- or over- representing vaccine hesitancy in the nation.

A December 2021 article on *ForeignPolicy*, authored by economist David Adler, similarly critiques how South African vaccine hesitancy is the focus of most (international) news headlines, despite not being a full or accurate story (Adler 2021). Adler contextualizes vaccine hesitancy *amongst* the history of vaccine supply issues and the continuation of inaccessibility. He also describes how South African vaccinations increased by nearly 25% within a week of a speech given by President Ramaphosa urging South Africans to take responsibility for their health and get vaccinated. Whether or not there is a correlation/ causation relationship, this depicts vaccine hesitancy as easily alleviated via strong public health messaging. Overall, Adler nuances the western media discourse by depicting vaccine hesitancy as less debilitating and

unsolvable of an issue, contextualizing hesitancy amongst other contributors to low vaccination rates, and criticizing the dominant western media discourse for their oversimplification of the story.

Conclusion

Through this analysis, I encountered many articles that (over-) emphasize South African vaccine hesitancy. This oversimplification absolves key actors of key responsibilities and ignores the failings of global health programs and Western (pharmaceutical) vaccine selfishness. These articles, like the screencap from the *DW News* broadcast, ignore the discourse coming from South Africans themselves, instead misrepresenting the extent of vaccine hesitancy in the country. Similar disregard is shown by Western media actors as they repeat their questioning on the topic of vaccine hesitancy, regardless of the way that South Africans attempt to shift the discourse toward the other, more critical contributors to low vaccination rates. These assumptions reflect the predominant Western conceptions of South Africans with regard to the Covid-19 vaccine rollout. These assumptions are then reproduced in the broadcast or news articles, thus maintaining inaccurate, colonial and racist representations of South Africans, especially those from marginalized communities.

It would also be an oversimplification to say that all of the Western news headlines focus on South African vaccine hesitancy as the major contributor to vaccine inequity. A number of articles underline vaccine inequity and inaccessibility as factors delaying and preventing vaccine uptake. Some of these articles go so far as to criticize the dominant Western discourse in its centering of hesitancy and distorting of the realities of the South African vaccine campaign. Unfortunately, the majority of these articles are published in smaller, lesser impact sources

compared to the more elite, commercial news media. Thus, the dominant Western media defines South Africa's vaccine campaign in terms of vaccine hesitancy, sensationalizing news and situating inaccurate statements into existing representational frames of the nation. Vaccine hesitancy is constructed as a critical African issue, rather than a global one.

In the next chapter, I synthesize my analyses on the South African and Western media representations of vaccine hesitancy in South Africa. I aim to identify the key similarities and differences, as well as to identify the roots and consequences of these representations.

Chapter 6: Synthesis and Discussion

In the previous two chapters, I described the media's common representational frames and language used to describe vaccine hesitancy in South Africa. I carried out these analyses independently of one another: I first investigated the common themes used by the South African media and then I separately explored those used by the Western media. Through these analyses, I show that even within a particular geographic or cultural context (or even a specific news source!) there is a great extent of ambiguity and contradiction in how the media defines and represents South African vaccine hesitancy. However, there are also some clear themes woven throughout the selected sources within each region. For example, the South African news sources tended to represent vaccine hesitancy as a surmountable issue which contributes less significantly to low vaccination rates in the nation than does vaccine inaccessibility. Western news sources tended to emphasize the role of vaccine hesitancy in contributing to low vaccine uptake, as well as consider the historical explanations for vaccine hesitancy in the nation.

In this chapter, I aim to synthesize and compare how the South African and Western media represents South African vaccine hesitancy, while simultaneously drawing attention to the potential consequences of these representations. Here I show that both the South African and Western media sources tend to contextualize vaccine hesitancy in terms of vaccine supply and accessibility in order to determine how extensively each contributes to low vaccination uptake rates. While the Western media tends to focus on vaccine hesitancy, the South African media takes a more comprehensive approach to recognizing the role of each. As we have seen, the Western media tends to invoke historical explanations for vaccine hesitancy, whereas the South African media often focuses on more contemporary explanations of mistrust. In this chapter, I will further investigate why the South African and Western media sources tend to have limited

discussion of the ways in which demographic characteristics nuance rates of vaccine hesitancy, with the latter discussing race, gender and/or class factors significantly less.

The Problem of Definitions

We have seen that both the South African and Western news media define vaccine hesitancy in contradictory or ambiguous ways. As discussed in Chapter 6, the Western media tends to rely on WHO definition(s) of vaccine hesitancy⁵, but unfortunately, the WHO and the WHO's SAGE group operationalize the phenomenon differently⁶. The former considers vaccine *refusal* to fall within the definition of vaccine hesitancy, whereas the latter distinguishes between the two positions. Media depictions of vaccine hesitancy in South Africa could be substantially affected by this ambiguity: considering complete refusal of the vaccine as a part of vaccine hesitancy can make the situation appear less solvable. Thus, the media might portray the situation on the ground as more dire than reality, simultaneously portraying the nation as impossible to help and discouraging western assistance in increasing vaccine supply. Therefore, a lack of one concise and uniform definition of vaccine hesitancy immediately presents danger for the media representations which draw on this concept in their analyses. Such ambiguity risks portraying South Africans as unwilling to accept a vaccine, even if it were available to them.

This danger becomes increasingly apparent in the Western sources, as the majority of the South African sources represent vaccine hesitancy as a temporary obstacle, distinct from opposition or other more rigid positions. Representing hesitancy this way, the South African media is able to frame the issue as easily solvable through action and education. While the

⁵ **WHO definition of vaccine hesitancy:** "Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context-specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence".

⁶ **WHO SAGE definition of vaccine hesitancy:** a continuum between full acceptance and outright refusal and recognises that hesitance can be to a single or multiple vaccines

majority of the sources, whether South African or Western, represent vaccine hesitancy as a temporary position which can be persuaded toward vaccine acceptance with the proper education and outreach, this optimistic framing is more common in the South African sources.

An extremely important note regarding the WHO's definition of hesitancy is that vaccine hesitancy is only possible when vaccines are available. This definition distinguishes vaccine accessibility and supply from vaccine hesitancy in a manner similar to many of the South African media sources. While there are some exceptions across all media sources, the majority of both Western and South African sources consider vaccine hesitancy and vaccine accessibility as two distinct issues that both contribute to low vaccination uptake in the nation.

In general, there is a lack of consistency in how vaccine hesitancy is defined between both South African and Western sources. Not only does this make it more difficult to understand how the media is representing the extent and causes of hesitancy, since hesitancy is so ambiguously defined, but it also makes cross national comparisons significantly more difficult. It may appear, for example, that a particular source is exaggerating the rate of vaccine hesitancy in the nation compared to published statistics, when in reality they are just including vaccine refusal in their working definition of vaccine hesitancy.

The WHO definition of vaccine hesitancy is also important as it represents vaccine hesitancy as context- specific. This means that Covid-19 vaccine hesitancy is rooted in reasons relating specifically to the Covid-19 vaccine, recent lived- experiences, or based on current exposure to (mis) information. In this chapter, we will see that not all of the media sources represent South Africa this way (both in Western and South African sources). While more Western than South African media sources cite the WHO's definition of vaccine hesitancy in

their analysis, more Western sources also *ignore* this definition when it comes to explaining the social, political and historical causes of vaccine hesitancy.

Causes

The news media lists multiple causes of South African vaccine hesitancy, many of which overlap between Western and South African sources. As discussed in the previous chapters, the media often lists fear of side effects and effectiveness, dis- and misinformation being spread on social media, and mistrust in the government and pharmaceutical companies as the main causes of hesitancy. All sources primarily represent these major causes in a non-South Africa specific manner. For example, social media is a global tool for spreading information, and almost none of the news sources argue that there is misinformation being circulated specifically by and in South Africa. Instead, the sources mention social media misinformation fueling South African vaccine hesitancy in the same way that it is depicted in any Western nation.

Both the South African and Western news media do represent certain causes of vaccine hesitancy in a way that is more specific to South Africa. While many media sources mention mis/distrust in the government as a cause of hesitancy, without further elaboration, others delve further. As described in Chapters 5 and 6, respectively, articles in, e.g., *The Citizen* (South Africa) and *CNN* (USA) both portray government distrust as a present-day phenomenon. In the South African sources, the media relates this distrust to the failures of the government in the original roll out of the vaccine. Similarly, they juxtapose the governmental eagerness in distributing the vaccine compared to (public perceptions of) their lackadaisical approach to public health in the past (Whitehouse 2021). The *CNN* broadcast highlights the connection between vaccine hesitancy caused by government distrust and the slow vaccine rollout. Both the

Western and South African sources represent government distrust in a manner that considers South Africans in the present, rather than explaining distrust as a consequence of historical experiences.

Additionally, the media tends to represent the history of (medical) abuses committed against populations by colonial and postcolonial entities (governments, scientists, physicians, etc.) as a cause of vaccine hesitancy that is more specific to South Africa. While a few South African sources do indirectly refer to such abuses, these historical explanations are more commonly invoked by Western media sources. Often, the Western media invokes these explanations in an Africa specific manner (rather than South Africa specific), furthering the ‘monolith’ assumption of the continent. These representations not only simplify the diverse histories and cultures of countries on the continent but also reduce them to a common characteristic of being subjected to colonialism and mistreatment.

I argue that invoking historical explanations of Covid-19 vaccine hesitancy in South Africa has the potential for two harmful consequences. First, explaining hesitancy in South Africa as a byproduct of historical abuses during and after colonialism and Apartheid assumes that the populations affected by those abuses are the populations that are vaccine hesitant. This not only generalizes the entire South African population, but implies that it is non white South Africans who are vaccine hesitant. As we have seen in Chapter 5, the Black South African population was consistently recorded to have the highest levels of vaccine acceptance, and correspondingly the lowest rates of vaccine hesitancy. In every survey conducted by the University of Johannesburg (as discussed earlier), the statistics illustrate that the white South African population is the most vaccine hesitant demographic. Thus, when the media represents

vaccine hesitancy as a product of colonialism, they misreport the reality of who is vaccine hesitant while simultaneously reinforcing racist and colonial rhetoric.

The second consequence of such representations is that the news media reduces South African agency, relegating the nation to its past. Instead of portraying vaccine hesitancy as a position informed by exposure to (mis)information and contemporary relationships or experiences, the Western media constructs South African Covid-19 vaccine hesitancy as a consequence of colonialism. This is not to say that historical experiences do not feed into vaccination opinions. As discussed in Chapter 2, many scholars argue that history does contribute to vaccine hesitancy to some extent. Instead, I argue that focusing on the legacy of colonialism as the cause of Covid-19 vaccine hesitancy oversimplifies reality and reinforces racist and colonial rhetoric which denies South African agency and coevalness. Through these representations, the Western media centers itself in its historical explanations of vaccine hesitancy in a way that obscures the contemporary role of the West in contributing to vaccine inequity as well as the parallel experience of vaccine hesitancy in a number of Western countries.

As discussed, almost every news article or broadcast which explains South African vaccine hesitancy through these histories is a Western source. These assumptions do little to accurately represent the reality on the ground and instead construct vaccine hesitancy as a symptom of South African- specific historical contexts, in a way that obscures parallels to the West. This depiction of a South African- specific cause of vaccine hesitancy, especially one that reduces South African agency, can be seen as a form of “Othering”. The Western media’s construction of the Other in this way has the capacity to inform the decision- making of key players in global vaccination distribution campaigns. If the media represents vaccine hesitancy as an African problem, Western pharmaceutical companies and national governments may be

dissuaded from providing vaccine supply to the continent. As the interview with Pfizer CEO, Albert Bourla, illustrates, these key actors may ask “Why send vaccines over if they will simply go to waste?”

Contextualisation: Race, Gender, Class

Much of the news media which relates vaccine hesitancy and historical experiences of injustice are inherently assuming the Black and Coloured populations of South Africans are those that are hesitant. The Western media pays very little attention, apart from this implied assumption, to the role that race, gender, class and other social factors play in contributing to vaccine hesitancy.

More often than in Western sources, the South African media nuances discussions of vaccine hesitancy by considering the impact of race, gender, class and geography. However, the scope of this discourse is quite limited in the South African sources. Of the sources which do consider the impact of demographics on vaccine hesitancy, the majority reference the survey data illustrating that the white population is the most vaccine hesitant. These sources do not elaborate further on the causes or implications of these demographic differences, nor do they attempt to explain the inverse relationship between the rates of vaccine acceptance and vaccination. Drawing attention to this paradox of the white South African population being the most hesitant and the most vaccinated, and the Black South African population being the least vaccine hesitant and least vaccinated, would force the conversation to shift from vaccine hesitancy toward vaccine accessibility as the most critical and relevant issue to vaccination rates.

While there is slightly more depth in the South African sources, both the South African and Western articles truly lack nuance in the way that they represent vaccine hesitancy. It is essential to draw attention to the demographic differences in rates of vaccine hesitancy, not only

to prove the inaccuracy of historical explanations (as we have seen in the previous section) but also to highlight the true issues contributing to low vaccination uptake in the country. The paradox of low vaccination rates with high vaccine acceptance suggests that the lack of access to vaccines, rather than vaccine hesitancy, is responsible for the failures of the Covid-19 vaccine campaign. Assuming that the population(s) most affected by colonialism and Apartheid are the ones who are vaccine hesitant obscures the paradox, reinforces colonial and racist inaccuracies, and overlooks the role of vaccine inequity and inaccessibility.

These representations are likely limited in similar ways and serve similar functions. As discussed in the previous chapters, the South African media outlets may adopt similar news reporting styles to the West in an attempt to compete with international news organizations for profit. South African news reporters therefore adopt “mainstream”, Western representational frames which reproduce generalized and often discriminatory images of the African continent. Additionally, the South African commercial media, written primarily by and for an elite audience, serves to benefit by ignoring the paradox of vaccine hesitancy and vaccination rates. Likewise, the Western media is able to distort the role of the West in contributing to low vaccination rates as well as distance itself from the very real issues of vaccine hesitancy in Western nations by centering and sensationalizing vaccine hesitancy in South Africa.

What contributes to low uptake?

The news media often contextualizes the extent to which vaccine hesitancy is contributing to the low vaccination uptake rates in South Africa in relation to vaccine accessibility and vaccine supply. As we have seen in Chapter 5, the South African media sometimes discusses vaccine hesitancy in the context of either or both of these other factors. The

news sources draw attention to the fact that vaccine hesitancy is not alone in explaining low vaccination rates. Even more often, the South African media does so to assert that vaccine hesitancy is not even the most salient issue to be considered when it comes to vaccinating the public, arguing that the main obstacles are actually one of the other two factors. In fact, a number of the articles go so far as to criticize the Western media's overemphasis of vaccine hesitancy (and its contribution to low vaccine uptake) in the country.

Interestingly, even before there were enough vaccines in the country (and even prior to the distribution of vaccines anywhere in the world), the Western media was publishing stories stating their worry about the critical nature of South African vaccine hesitancy. From the beginning of the pandemic, the Western media has emphasized vaccine hesitancy in their titles, content, and explanations-- sensationalizing their news and simultaneously representing South Africa using existing representational frames which depict the country (and the entire African continent) as failing, passive, and desperate.

The South African media, oppositely, did not rely on these frames. The South African media primarily considered vaccine hesitancy in relation to the statistics which were produced by the University of Johannesburg. Oppositely, although the Western news media sources sometimes referenced these statistics, they continued to reproduce the assumption that vaccine hesitancy was especially noteworthy in South Africa.

As I described in the introduction, the CEO of Pfizer, Albert Bourla, argued in the middle of 2021 that sending more vaccines to the African continent would not be beneficial, as vaccine hesitancy was too high. Despite numerous statistics available during this time which proved otherwise, Bourla repeats the sentiments of the dominant Western news media, claiming that South Africans are extremely vaccine hesitant. This statement allows key actors in the vaccine

production and distribution realm to feel justified withholding vaccines. It is the clearest example of the devastating consequences that such media representations can have on the health and well being of the South Africans (and all peoples!) during a pandemic. To withhold vaccines during a deadly pandemic is to heavily skew mortality rates.

Conclusion

The media has the power to shape responses to public health crises. In the case of the Covid-19 pandemic, a comparative discourse analysis of Western versus South African news media representations of vaccine hesitancy illustrate the similarities and differences in how different actors explained the phenomenon. From their invocation of specific causes and explanations, we can begin to recognize the context, purpose, and potential outcomes of such representations.

Comparing Western news sources to South African news sources helps to clearly illuminate the representational frames that the media uses to depict vaccine hesitancy. While both South African and Western news sources based their discourse on ambiguous and non-uniform definitions of vaccine hesitancy, it is clear that the Western sources heavily emphasized vaccine hesitancy in the nation as a contributor to low vaccination rates. While a few of the South African news sources list demographic factors as they relate to vaccine hesitancy, both Western and South African news sources have limited analyses of how demographic characteristics contribute to rates of vaccine hesitancy, with only one South African article attempting to explain the explain discrepancy between vaccination hesitancy and vaccination rates between populations.

The ways that the news media constructs reality can have devastating consequences for those being reported on. If, for example, the major actors in global vaccination distribution

programmes (majorly in the West) consumed the news media which depicts South African vaccine hesitancy as a major issue, they may be dissuaded from sending vaccines to South Africa. In a time when international collaboration for vaccine distribution is vital, like throughout the Covid-19 pandemic, this can have life and death consequences for South Africans waiting to receive a vaccine.

While the causes of hesitancy were largely overlapping between sources, the Western news media more often invoked historical explanations which situated South Africans temporally behind the West and reduced South African agency. At the same time, these explanations assume that the hesitant populations are those that were affected by these historical abuses. This is an entirely inaccurate understanding, as the South African media shows in their reproduction of survey statistics.

I am not arguing that we must ignore the racial and colonial histories of South Africa, nor attempt to obscure the role that the West has played in these abuses. It is essential to acknowledge the role that historical experiences of inequality and exploitation in South Africa may play in fueling vaccine distrust. While it is extremely important to recognize these historical implications, and for the West to take responsibility for its role in this history, we must also not compound the contemporary experiences of Covid-19 vaccine hesitancy in South Africa to this history. To do so means to condemn South Africa to its past, to minimize South African agency, and to allow the media to obscure the West's contemporary role in vaccine hesitancy and inequity by centering historical explanations.

While we must recognize the societal factors that contribute to vaccine hesitancy, we must not let preconceived assumptions related to these explanations obscure the realities on the ground. For example, it is essential to recognize that medical and institutional mistrust in the

Black and coloured populations of South Africa is linked to systems of institutionalized racism and the histories of medical abuses by the West. However, it is easy for this explanation to forefront the assumption that the non- White populations in South Africa are the most vaccine hesitant. As discussed throughout Chapter 7, this is the complete inverse of what the surveys have illustrated in terms of demographics and vaccine hesitancy rates. Therefore, I am arguing that conversations around vaccine hesitancy must be extremely nuanced. The media must recognize the influence of historical and social factors on the rates of vaccine hesitancy within various demographics and communities, while also avoiding an oversimplification and reduction of these communities to the nation's historical experiences. The news media should balance contextualization with sensitivity and nuance, and avoid perpetuating stereotypes that may further contribute to vaccine inequity.

Bibliography

News Media:

AFP. 2021. "'There was no trust': Apartheid ghosts stalk SA's vaccine fears - Scepticism and suspicion have fed into a flurry of unsubstantiated conspiracy theories about the coronavirus pandemic.," Citizen, The (South Africa), February 5.

<http://dx.doi.org/10.1353/ff.2018.0003>

Citizen, The. 2021. "Enough vaccines in stock, says Phaahla as government targets 70% of SA," Citizen, The (South Africa), August 25.

Citizen, The. 2021. "More than enough vaccines being produced, but rich countries are buying them all - New data on Covid-19 manufacturing and supply capacity worldwide indicate up to 12 billion doses from 13 different vaccines could be available by the end of the year.," Citizen, The (South Africa), March 25.

Citizen, The. 2021. "No more excuses! Vaccinate, and own your life," Citizen, The (South Africa), September 23.

Citizen, The. 2021. "Ramaphosa: Vaccines must be available to all, not just highest bidders - Currently, 55% of the existing vaccine manufacturing capacity is located in East Asia, 40% in Europe and North America, and less than 5% in Africa and South America.," Citizen, The (South Africa), May 10.

Citizen, The. 2021. "Vaccinations ramp up in Africa but it's still not enough," (South Africa), September 20.

Conversation, The. 2021. "Why forcing people to get vaccines will not work in SA," Citizen, The (South Africa), August 21.

Fabian, J. 2014. "Time and the Other: How Anthropology Makes Its Object." *Columbia University Press*. <https://doi.org/10.7312/fabi16926>

Garrick, N. 2012. "Can Media Enhance Africa's Development?" *The Global Journal*. <http://theglobaljournal.net/group/international-trade-and-investment/article/791/>

Kahla, Cheryl. 2021. "'Health apartheid slap in the face': African excellence deserves respect," Citizen, The (South Africa), December 4.

Kahla, Cheryl. 2021. "SA 'spearheading' vaccine development in Africa – expert," Citizen, The (South Africa), November 6.

Kahla, Cheryl. 2021. "Vaccine hesitancy in SA: Nearly half believe in the power of prayer," Citizen, The (South Africa), August 2.

- Kahla, Cheryl. 2021. "'Worst pandemic in 100 years' and still no vaccine equity for Africa," Citizen, The (South Africa), September 16.
- Makwea, Reitumetse. 2021. "Here's why most people aren't getting jabs," Citizen, The (South Africa), October 25.
- Makwea, Reitumetse. 2021. "It's time to take vaccines to the masses, says expert," Citizen, The (South Africa), September 25.
- Makwea, Reitumetse. 2021. "Young people now more reluctant to get vaccine – survey," Citizen, The (South Africa), August 19.
- Moneyweb, Content partner. 2021. "Two-thirds of South Africans willing to get vaccinated, new survey shows," Citizen, The (South Africa), September 7.
- Moneyweb, Content partner. 2021. "Hesitancy or misinformation – why are South Africans not getting vaccinated?," Citizen, The (South Africa), November 30.
- Ratzan, Scott C.. 2020. "Global survey shows worrying signs of Covid-19 vaccine hesitancy - It would be tragic if scientists developed, made and distributed safe and effective Covid-19 vaccines and people refused to take them, when health infrastructure and equipment levels cannot stem the pandemic.," Citizen, The (South Africa), November 2.
- Sunday Times. 2021. (Johannesburg, South Africa), June 27, pp. 6.
- Wire, News24. 2021. "SA vaccine campaign calls on top US scientist, Anthony Fauci, and others to strengthen vaccine access - In the letter, Archbishop Thabo Makgoba asked top US scientist, Dr Anthony Fauci to intervene in what seems like a "deliberate decision to not allow production scale up to what the global pandemic requires.," Citizen, The (South Africa), February 2.

Scholarly Sources:

- Aborode, Abdullahi Tunde, Emmanuel Adebawale Fajemisin, Osmond C. Ekwebelem, Christos Tsagkaris, Edeh Abigael Taiwo, Olivier Uwishema, Oluwasola Oluwabusayo Awoniyi, Shoaib Ahmad, Mohammad Yasir Essar, Irem Adanur, and Ismaeel Yunusa. 2021. "Vaccine Hesitancy in Africa: Causes and Strategies to the Rescue." *Therapeutic Advances in Vaccines and Immunotherapy* 9:25151355211047510. doi: 10.1177/25151355211047514.
- Ahearn, Laura M. 1999. "Agency." *Journal of Linguistic Anthropology* 9(1/2):12–15.
- Anon. 2019. "How to Write About Africa." *Granta*. Retrieved March 30, 2023 (<https://granta.com/how-to-write-about-africa/>).
- Anon. 2021a. "Behind Vaccine Doubts in Africa, a Deeper Legacy of Distrust." *Christian Science Monitor*, March 4.
- Anon. 2021b. *Global Biopharma CEO/Top Executives COVID-19 Media Briefing – 7 September*

- 2021.
- Anon. n.d. "National Health Insurance | South African Government." Retrieved May 7, 2022 (<https://www.gov.za/about-government/government-programmes/national-health-insurance-0>).
- Apter, Andrew. 2007. *Beyond Words: Discourse and Critical Agency in Africa*. Chicago, IL: University of Chicago Press.
- Bangalee, Avania, and Varsha Bangalee. 2021. "Fake News and Fallacies: Exploring Vaccine Hesitancy in South Africa." *South African Family Practice* 63(1):5345. doi: 10.4102/safp.v63i1.5345.
- Bonsu, Samuel K. 2009. "Colonial Images in Global Times: Consumer Interpretations of Africa and Africans in Advertising." *Consumption Markets & Culture* 12(1):1–25. doi: 10.1080/10253860802560789.
- Bosch, Tanja, and Herman Wasserman. 2023. "South African Tabloid Coverage of Covid19: The Daily Sun." *Media, Culture & Society* 01634437221140514. doi: 10.1177/01634437221140514.
- Brantlinger, Patrick. 1985. "Victorians and Africans: The Genealogy of the Myth of the Dark Continent." *Critical Inquiry* 12(1):166–203. doi: 10.1086/448326.
- Brooks, Dwight, and Lisa Hébert. 2006. "Gender, Race, and Media Representation." Pp. 297–318 in *The SAGE Handbook of Gender and Communication*. 2455 Teller Road, Thousand Oaks California 91320 United States: SAGE Publications, Inc.
- Butchart, Alexander. 1997. "The 'Bantu Clinic': A Genealogy of the African Patient as Object and Effect of South African Clinical Medicine, 1930-1990." *Culture, Medicine and Psychiatry* 21(4):405–47. doi: <https://doi.org/10.1023/A:1005346621433>.
- Charles, Nicole. 2018. "HPV Vaccination and Affective Suspicions in Barbados." *Feminist Formations* 30(1):46–70. doi: <http://dx.doi.org/10.1353/ff.2018.0003>.
- Coovadia, Hoosen, Rachel Jewkes, Peter Barron, David Sanders, and Diane McIntyre. 2009. "The Health and Health System of South Africa: Historical Roots of Current Public Health Challenges." *The Lancet* 374(9692):817–34. doi: 10.1016/S0140-6736(09)60951-X.
- Das, Pamela. 2020. "Heidi Larson: Shifting the Conversation about Vaccine Confidence." *The Lancet* 396(10255):877. doi: 10.1016/S0140-6736(20)31612-3.
- Dearden, Nick. n.d. "Vaccine Apartheid: The Global South Fights Back." Retrieved May 6, 2022 (<https://www.aljazeera.com/opinions/2021/9/30/vaccine-apartheid-the-global-south-fights-back>).
- Entman, Robert M. 1993. "Framing: Toward Clarification of a Fractured Paradigm." *Journal of Communication* 43(4):51–58. doi: 10.1111/j.1460-2466.1993.tb01304.x.
- Fair, Jo Ellen. 1993. "War, Famine, and Poverty: Race in the Construction of Africa's Media Image." *Journal of Communication Inquiry* 17(2):5–22. doi: 10.1177/019685999301700202.
- de Figueiredo, Alexandre, Clarissa Simas, Emilie Karafillakis, Pauline Paterson, and Heidi J. Larson. 2020. "Mapping Global Trends in Vaccine Confidence and Investigating Barriers to Vaccine Uptake: A Large-Scale Retrospective Temporal Modelling Study." *The Lancet* 396(10255):898–908. doi: 10.1016/S0140-6736(20)31558-0.
- Gamlin, Jennie, Jean Segata, Lina Berrio, Sahra Gibbon, and Francisco Ortega. 2021. "Centring a Critical Medical Anthropology of COVID-19 in Global Health Discourse." *BMJ Global Health* 6(6):e006132. doi: 10.1136/bmjgh-2021-006132.
- Gans, Herbert J. 2004. *Deciding What's News: A Study of CBS Evening News, NBC Nightly News, Newsweek, and Time* / Herbert J. Gans. Evanston, Ill: Northwestern University Press.
- González-Silva, Matiana, and N. Regina Rabinovich. 2021. "Some Lessons for Malaria from the Global Polio Eradication Initiative." *Malaria Journal* 20(1):210. doi: 10.1186/s12936-021-03690-6.

- Hall, S. 2003. "THE SPECTACLE OF THE ' OTHER '."
- Harman, Sophie, Parsa Erfani, Tinashe Goronga, Jason Hickel, Michelle Morse, and Eugene T. Richardson. 2021. "Global Vaccine Equity Demands Reparative Justice — Not Charity." *BMJ Global Health* 6(6):e006504. doi: 10.1136/bmjgh-2021-006504.
- Hassan, Fatima, Gavin Yamey, and Kamran Abbasi. 2021. "Profiteering from Vaccine Inequity: A Crime against Humanity?" *BMJ* 374:n2027. doi: 10.1136/bmj.n2027.
- van Heyningen, E. B. 1989. "Agents of Empire: The Medical Profession in the Cape Colony, 1880-1910." *Medical History* 33(4):450–71. doi: 10.1017/S0025727300049930.
- Jackson, Miles. 2015. "A Conspiracy to Commit Genocide: Anti-Fertility Research in Apartheid's Chemical and Biological Weapons Programme." *Journal of International Criminal Justice* 13(5):933–50. doi: 10.1093/jicj/mqv060.
- Lachenal, Guillaume. 2017. *The Lomidine Files*. Johns Hopkins University Press.
- Larson, Heidi J., Louis Z. Cooper, Juhani Eskola, Samuel L. Katz, and Scott Ratzan. 2011. "Addressing the Vaccine Confidence Gap." *The Lancet* 378(9790):526–35. doi: 10.1016/S0140-6736(11)60678-8.
- Lee, Na Yeon. 2022. "Headlines for Summarizing News or Attracting Readers' Attention? Comparing News Headlines in South Korean Newspapers with the New York Times." *Journalism* 23(4):892–909. doi: 10.1177/1464884920929202.
- Makura, Moky. 2022. "A 'good News Law' for Africa?" *New African*, August, 30–31.
- Matthews, Luke J., Sarah A. Nowak, Courtney C. Gidengil, Christine Chen, Joseph M. Stubbersfield, Jamshid J. Tehrani, and Andrew M. Parker. n.d. "Belief Correlations with Parental Vaccine Hesitancy: Results from a National Survey." *American Anthropologist* n/a(n/a). doi: 10.1111/aman.13714.
- Molek-Kozakowska, Katarzyna. 2013. "Towards a Pragma-Linguistic Framework for the Study of Sensationalism in News Headlines." *Discourse & Communication* 7(2):173–97. doi: 10.1177/1750481312471668.
- Ogunyemi, Ola. 2011. "Representation of Africa Online: Sourcing Practice and Frames of Reference." *Journal of Black Studies* 42(3):457–78. doi: 10.1177/0021934710378747.
- Pels, Peter. 2008. "What Has Anthropology Learned from the Anthropology of Colonialism?" *Social Anthropology* 16(3):280–99. doi: 10.1111/j.1469-8676.2008.00046.x.
- Poncian, Japhace. 2015. "The Persistence of Western Negative Perceptions about Africa: Factoring in the Role of Africans." *Journal of African Studies and Development* 7(3):72–80. doi: 10.5897/JASD2014.0317.
- Rao, T. S. Sathyanarayana, and Chittaranjan Andrade. 2011. "The MMR Vaccine and Autism: Sensation, Refutation, Retraction, and Fraud." *Indian Journal of Psychiatry* 53(2):95–96. doi: 10.4103/0019-5545.82529.
- van Rensburg, H. C. J., and Charles Ngwena. 2001. "Health and Health Care in South Africa Against an African Background." Pp. 365–91 in *The Blackwell Companion to Medical Sociology*. John Wiley & Sons, Ltd.
- Ribeiro, Barbara, Sarah Hartley, Brigitte Nerlich, and Rusi Jaspal. 2018. "Media Coverage of the Zika Crisis in Brazil: The Construction of a 'war' Frame That Masked Social and Gender Inequalities." *Social Science & Medicine (1982)* 200:137–44. doi: 10.1016/j.socscimed.2018.01.023.
- Richardson, Eugene T. 2020. *Epidemic Illusions: On the Coloniality of Global Public Health*. The MIT Press.
- Robbins, Rebecca, and Benjamin Mueller. 2021. "Covid Vaccines Produced in Africa Are Being Exported to Europe." *The New York Times*, August 16.
- Sarwar, Maliha. 2022. "Contextualizing COVID-19 Vaccine Hesitancy Among Black Americans." *International Social Science Review (Online)* 98(1):1-14,1A-1B.
- Scott, Martin. 2015. "The Myth of Representations of Africa." *Journalism Studies* 18:1–20. doi: 10.1080/1461670X.2015.1044557.

- Soulé, Folashadé. 2022. "Addressing Vaccine Inequity: African Agency and Access to COVID-19 Vaccines." *China International Strategy Review* 4(1):156–65. doi: 10.1007/s42533-022-00105-2.
- Stoler, Ann Laura. 2010. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule, With a New Preface*.
- Thabethe, Siyabonga, Catherine Slack, Graham Lindegger, Abigail Wilkinson, Douglas Wassenaar, Philippa Kerr, Linda-Gail Bekker, Kathy Mngadi, and Peter A. Newman. 2018. "Why Don't You Go Into Suburbs? Why Are You Targeting Us?: Trust and Mistrust in HIV Vaccine Trials in South Africa." *Journal of Empirical Research on Human Research Ethics* 13(5):525–36. doi: 10.1177/1556264618804740.
- Tilley, Helen. 2016. "Medicine, Empires, and Ethics in Colonial Africa." *AMA Journal of Ethics* 18(7):743–53. doi: 10.1001/journalofethics.2016.18.7.mhst1-1607.
- Tsikata, Prosper Yao. 2014. "The Historical and Contemporary Representation of Africa in Global Media Flows: Can the Continent Speak Back for Itself on Its Own Terms?" *Communicatio* 40(1):34–48. doi: 10.1080/02500167.2014.835530.
- Weaver, David H., Lars Willnat, and G. Cleveland Wilhoit. 2019. "The American Journalist in the Digital Age: Another Look at U.S. News People." *Journalism & Mass Communication Quarterly* 96(1):101–30. doi: 10.1177/1077699018778242.
- Wise, Jacqui. 2001. "Pfizer Accused of Testing New Drug without Ethical Approval." *BMJ: British Medical Journal* 322(7280):194.
- Witeska-Młynarczyk, Anna. 2015. "Critical Medical Anthropology--a Voice for Just and Equitable Healthcare." *Annals of Agricultural and Environmental Medicine: AAEM* 22(2):385–89. doi: 10.5604/12321966.1152099.
- Yahya, Maryam. 2006. "Polio Vaccines : Difficult to Swallow : The Story of a Controversy in Northern Nigeria."