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Community Perceptions and Experiences of the South African Government's Response to the First Wave of the COVID-19 Pandemic in Johannesburg, South Africa

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Abstract

In response to the COVID-19 pandemic, governments in low- and middle-income countries largely followed the strategy of national lockdowns adopted by high-income countries. The South African government imposed some the most restrictive policies in the world. In this article, we examine the perceptions and lived experiences of South Africans in Johannesburg in relation to this initial response to the pandemic. In-depth interviews were conducted with a diverse group of 38 South African adults in Johannesburg, South Africa. The analysis followed an inductive approach. The data revealed that the majority of participants had a positive view of the strong response to the first wave of the pandemic by the South African government, including the restrictive lockdown measures. However, concerns regarding the government's response

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included worries about the economy and livelihoods of poor people under lockdown, divisions in compliance between townships and wealthier communities, poor funding in the healthcare sector, corruption and nepotism in the distribution of government aid, and the lack of cultural adaptation of awareness-raising campaigns about COVID-19. The ability of governments to gauge how populations perceive the effectiveness of public health measures is essential for identifying obstacles to disease-control objectives.

Keywords

COVID-19; coronavirus; lockdown; government pandemic response; South Africa

Introduction

With the declaration of COVID-19 as a global pandemic on 11 March 2020, governments around the world rapidly invoked various strategies including lockdowns to reduce human interaction and control viral transmission (Alfano & Ercolano, 2020; Hale et al., 2021; Siedner et al., 2020). Stringent stay-at-home (or shelter-in-place) orders, colloquially referred to as "lockdowns," were at the forefront of restrictions implemented as emergency protocols by authorities globally to prevent transmission (Verma et al., 2020). Low- and middle-income countries (LMICs) largely adopted the same response strategies as high-income countries (HICs), despite their populations having less access to basic resources necessary to survive as well as comply with lockdown restrictions (Eyawo et al., 2021; Manderson & Levine, 2020). In addition to lockdowns, government responses to the pandemic included those focused on health systems such as mass COVID-19 testing schemes, public information campaigns, emergency investment hospitals, and economic responses such as income support, debt relief for households, and donations of food and other necessities (Hale et al., 2021).

In South Africa, there were five levels of lockdown regulations with five being the most stringent and one being the least (Greyling et al., 2021). The government declared a nationwide level-five lockdown on 23 March 2020 to halt the rapidly increasing transmission rate (De Groot & Lemanski, 2021). Viewed as among the most restrictive in Africa and the world, all non-essential businesses were closed and people were only allowed to leave their homes for food, medical care, and work that was deemed "essential" (Stiegler & Bouchard, 2020). To enforce the lockdown as well as distribute food, medicines and other essentials, the government deployed the police, national army and private security forces in parts of the country (Manderson & Levine, 2020). Additional measures included banning the sale of cigarettes and alcohol, closing schools, banning public transport, closing borders, and enforcing strict stay-at-home orders for millions who relied on daily earnings to pay for basic necessities such as food and lodging.

Initial reactions to the South African "hard" lockdown were mixed (National Department of Health [NDoH], 2020; Ogbolosingha & Singh, 2020). While some have criticised these harsh measures, resulting in hunger, domestic violence, destruction of informal settlements, and increased militarisation of the police, others praised an orderly and necessary lockdown

and its general respect by the population as a whole (Labuschaigne, 2020; Manderson & Levine, 2021; Stiegler & Bouchard, 2020). Similarly, while some extolled the distribution of government aid to the population through supplements to pre-existing social protection payments, the introduction of a special COVID-19 Social Relief of Distress grant and food parcels, others saw widespread corruption and system failures as marring the effectiveness of mitigation efforts (Broadbent et al., 2020; Mahlangu, 2020).

Many studies around the globe have investigated the levels of overall compliance with COVID-19 lockdowns; however, owing to the recency of the pandemic, few studies to date have examined the perceptions people have of their government's response—including lockdowns—in LMICs. In addition, this study is significant as it was conducted during the periods of hard lockdowns in which access to the research participants was largely limited, and therefore represents perspectives and experiences during a time when few studies were being conducted. Using a qualitative approach, we examined perspectives of the government and its responses to the first wave of the COVID-19 pandemic in South Africa. Lastly, we describe our participants' recommendations for changes or additional actions the government could take in the event of future pandemics or public health crises. These findings reflect not only the perspectives that South Africans have of the government and community responses to the COVID-19 pandemic, but also present possibilities to develop future interventions to ensure pandemic preparedness.

Methods

Study Sample

The data were obtained from in-depth qualitative interviews with 38 adults aged 18 years and older living in South Africa, conducted between 4 June 2020 and 8 January 2021. The participants were recruited through snowball sampling techniques. All participations (n = 38) came from the greater Johannesburg metropolitan area. In keeping with COVID-19 precautions at the time, the interviews were conducted by telephone. The study received clearance by the Human Research Ethics Committee at the authors' institute in South Africa and all participants provided informed consent before data collection.

Data Collection

The interviews explored the participants' understanding of the virus and associated diseases, experiences under quarantine and lockdown, perceptions of government safety regulations, and coping and social support. The research assistants administered the interviews using the preferred languages of the participants, namely, English, isiXhosa, isiZulu, Sesotho and Xitsonga. An interview schedule was used for all qualitative interviews, which were in-depth and semi-structured, and questions were translated and back translated to ensure the proper meaning and validity of the interview questions. All questions were required to be administered, and the interviewers were also encouraged to probe the interviewees to gather more information or specific details. The interviews were recorded and summarised extensively into field notes which captured key ideas and experiences, and observable behaviours, cues or interactions. The researchers read the transcribed field notes as they were developed during the data collection phase. This process was reflective and

systematic, which provided a broader understanding of the participants' experiences. The interviews typically lasted between 45 minutes and two hours. The individuals in the sample predominantly identified as black South Africans and the majority identified as female. The interview guide and codebook are presented in Tables 1 and 2.

Data Analysis

The researchers developed key ideas and patterns from the field notes, and discussed these key patterns with the research assistants, who were qualified qualitative researchers and who were closely connected with the data. Any identified interpretive discrepancies were discussed and resolved at this level. Constantly evaluating and re-evaluating the already grouped data helped the research team to come up with new research questions and observations that informed the next course of data analysis to a point where no new themes emerged. A list of major themes was then generated to propose codes and definitions, which were then reviewed and revised through mutual agreement between three individuals. These codes were then applied to the interview data using Dedoose (version 9.0.17) qualitative analysis software, and discrepancies were regularly discussed and resolved within the study team. Inter-coder reliability was thus established among all three coders. The coded data were then extracted from Dedoose and thematically analysed to identify perceptions and experiences of the South African government's response to COVID-19 and recommendations.

Results

Sample Characteristics

The total sample size for this qualitative analysis was 38 adults (Table 3). The average age of the adults was 38.5 years, ranging from 19 to 65 years. The majority of our sample identified as black South Africans ($n = 28$), followed by white South Africans ($n = 9$), Indian South Africans ($n = 2$), and other ($n = 1$). English was the most common language spoken during the interviews ($n = 21$), followed by isiZulu ($n = 11$), Sesotho ($n = 2$), isiXhosa ($n = 1$) and Xitsonga ($n = 1$). The average participant had some post-matric schooling (for example, partial completion of university degree, nursing diploma, or trade certificate). Finally, the participants resided in the greater Johannesburg region across a broad spectrum of neighbourhoods, including Soweto, the CBD, Johannesburg South, Sandton and Randburg. In this study, we therefore aimed to reach the widest range possible of different communities that make up the Johannesburg area.

Theme 1: Perception of Government Response

Among the 38 participants interviewed in this study, the majority had a positive view, with the remaining participants having a mixed or negative view of the South African government's response during the first COVID-19 lockdown. Of the participants with positive views of the government's response, eight praised the lockdown, particularly for its ability to give the health system and hospitals time to prepare for an expected surge of patients. As one participant said,

> Initially, I think it was excellent to go into lockdown, because it gave the hospitals and other health facilities time to get ready for the coronavirus. As we know, there is a great influx of people, a very high incidence of people testing positive and of people being reported as having come into contact with someone that tested positive, so it gave them some time to prepare the hospitals.

(Male, 23)

Others noted that lockdown rules prevented people from moving around and that the government "did what is necessary" in terms of restrictions on movement. Six participants reported supporting the government's prohibition on alcohol and cigarette sales during the lockdown, with half of these saying they thought the government could have extended these bans longer or even indefinitely. Ten participants extolled the government programme of delivering food parcels and other aid to the many who could not work during the lockdown. Some additionally praised the special COVID-19 Social Relief of Distress grant of ZAR350 (USD23), although others felt that this sum was insufficient. The information campaign surrounding COVID-19 was also applauded with three participants saying the government provided people with enough information to protect themselves. One participant noted that "even small children knew what corona was", emphasising the extensive nature of the public information campaign.

Among the participants with mixed views of the government response, some cited a lack of clarity in the messaging surrounding the lockdown. One argued that the government sent "mixed messages" and another said that more people would follow lockdown rules if they understood the reasoning. For example, one participant commented that many people did not understand that "staying home" during the lockdown actually meant staying in one's house. In addition, while the participants noted that government aid programmes for unemployed people were good policies, they were at times poorly executed and many were angry when aid did not reach them. Eight participants specifically mentioned either corruption or nepotism in the distribution of aid, stating that officials were "defrauding the system" through these programmes and referring to South Africa as a "country with a lot of corruption" (Male, 23). Several participants mentioned aid parcels being distributed unfairly, with people who are connected to distributors receiving them first:

> The way that they rolled it [the distribution of aid] out was unsuccessful and the time that it took for them to roll it out was also not acceptable. They promised people money and then they ended up paying massive amounts of money into one account instead of everyone's account, so yeah their systems weren't correct and it wasn't handled well.

(Male, 26)

Of the participants with a negative view of the government's response, four argued that the lockdown should have lasted longer. In addition to extending the length of the lockdown, these participants also argued for a larger presence of soldiers in the streets to force people to obey lockdown rules, and stricter punishments for not wearing masks or skirting social distancing in places such as public transport. Dissatisfaction with weak enforcement was highlighted by one female participant:

I think our government disappointed us. The lockdown was supposed to be tighter, though the lockdown is difficult because people lost their jobs. Being on Level 5 lockdown was the only way to prevent it from spreading.

(Female, 41)

On the other hand, three participants criticised the government for imposing lockdowns that lasted too long, comparing the response to a "police state". Many people lost their livelihoods and these participants argued that people were "dying more easily of the effects of poverty than COVID". One female participant argued that although she understood prioritising human life over money, the importance of the economy was key to many people's survival and that the lockdown resulted in "too much damage to the economy". As South Africa is a middle-income country, the participants also argued that "we don't have the economic status to keep the country on lockdown" (Male, 26) compared to wealthier countries in Europe or North America. However, other participants said that human life was not prioritised enough over the economy in the government's response.

With regard to government aid to the population, some participants criticised the distribution of "insufficient" food parcels. Three participants reported that some recipients received food parcels with half the contents missing, while others received none at all. This led two participants to describe the situation as "every man for himself" and people needing to "take their lives into their own hands". As another stated, "Some people from next door get groceries and others don't. You see that it's a dog eat dog world. If you don't know anyone, you're on your own" (Female, 41). The alcohol and cigarette bans were also criticised as "senseless":

This [alcohol and cigarette ban] caused lots of problems and unrest because no alcohol was available, but it was actually still available because people are still smoking, people are still drinking alcohol now, they are just getting it illegally. So, they didn't really succeed in anything.

(Male, 65)

However, four other participants said that the government's reopening of liquor stores was premature:

I think that the government definitely will need to, in my opinion, ban alcohol again. Like, we saw … violence has increased significantly against women, children and between people in general since alcohol was allowed again. And also, the [COVID-19] cases have increased a lot.

(Male, 23)

Theme 2: Perception of Community Response

With regard to the community response to the COVID-19 lockdown and adherence to lockdown rules, nearly all the participants interviewed reported following the rules themselves—going out only when they absolutely needed to, wearing a mask when required to protect themselves and others, and advising others to also wear masks. As many of these participants were interviewed during the hard lockdowns, they only observed the community response to COVID-19 restrictions in their neighbourhood, as movement during

these periods was largely limited. Five participants noted that members of their community were generally following the rules, and that streets were largely empty with people staying in their homes for the duration of the lockdown. However, 10 participants argued that people in their community were not following lockdown regulations: many people were gathering in the streets and continuing to gather in large groups in public, neighbours were drinking and having parties every weekend, and public transport minibus taxis were carrying too many passengers at a time. As one female participant said, "People are just living their lives. There's a hidden tavern just next door so people are always packed there and they have parties. It's business as usual, they have no concerns" (Female, 41). Six participants noted that masks are not generally worn by people in their community unless absolutely required, and not in social settings. Lastly, the participants noted a lack of solidarity between generations with younger people being less concerned about restrictions based on the perception that COVID-19 has a more severe impact on older people: "A lot of the younger generation … aren't as nervous or scared to contract the virus, they do feel like they can't be affected as badly as someone that is older" (Male, 26).

Four participants argued that people were more concerned about the economy than the virus, with one saying that the "average South African lives on the streets, their livelihoods are on the streets, the vendors are on the streets". Three participants cited how people living in townships or rural areas are less likely to follow lockdown rules. One argued this may be owing to lower education levels outside cities as "not everyone understands this disease in rural areas". Another commented on the disparity between rural and urban areas,

> People are not following the rules in the recommended way. Because this is a rural area it is not everyone who understands this disease. Many people do not wear masks, social distance is not maintained, sanitizer is not used in the appropriate way. Not everyone, but most people are not educated in this area and others do not have time to listen to the media.
>
> (Male, 59)

According to four participants, people in low-income areas did not follow the rules not by choice but rather because of poverty as they often live in crowded homes and could not afford protective equipment. Six participants cited the township of Soweto in particular and how people who made their living on the streets—such as street vendors—were unemployed and hungry, continued to buy alcohol, and were often still out after curfew.

Others noted that some people were suspicious, and that community members did not fear COVID as they questioned if the virus actually existed, or if it existed, were not concerned about contracting the virus. One man argued that the virus may exist but was still far from his community; another noted that people will only start to believe in the virus and its impacts when someone close to them gets infected. However, one woman recounted that in her neighbourhood there had been four recent deaths in the previous two weeks, but despite this, the local people were still not adhering to lockdown rules including social distancing and mask wearing.

Regarding overall community response to COVID-19, three participants said they considered alcohol and drug use major factors in the spread of the virus and were glad they

were banned as part of the lockdown. While people continued to sell alcohol and cigarettes illegally—at higher prices—this often resulted in people being unable to afford them and thus sharing bottles or cigarettes with others. One man who said he regularly shares because of the higher prices knows there is a possibility of infection from this but tries not to think about it. Other reasons for difficulty adhering to COVID restrictions include difficulty wearing a mask as it can be "sweaty" and "hard to breathe or talk," and general lockdown fatigue. Two participants said they were tired of the masks and social distancing as it was increasingly difficult to communicate with others, and "people are becoming less open". This lack of ability to interact with others had strong impacts, as related by one participant:

> Not being allowed to be in groups was a challenge because those who play football, being in friendship circles, people who go to church, it was very tough. Life was very tough.
>
> (Male, 59)

Among the positive results of the pandemic restrictions according to the participants was the forced break from daily routines, stronger reliance on means of social support from family or close friends, and the chance to shift life priorities.

Theme 3: Recommendations for the Government

The participants' recommendations for the government in the case of future pandemics ranged widely. Among the most common suggestions was that the government strengthen the healthcare system. The participants suggested providing more equipment to hospitals and healthcare providers to prevent the system from being overwhelmed as it was during the national peaks in infection rates.

As discussed above, nepotism and corruption in the system were commonly mentioned themes, particularly in reference to the distribution of food parcels and other aid provided during the lockdown. As one male participant said,

> We need to check for things like nepotism. Because when people are given things like, for example, [gas] tanks. Those who received such donations will give their family and the communities of their friends and those who belong to the same political party as them, and neglect the citizens of South Africa, that is the challenge. Even when it comes to money and food parcels, people give to those they know.
>
> (Male, 59)

The participants suggested more "open and honest communication" from the government, and "more transparency in decision-making processes" to curtail or prevent further corruption. As one participant noted, more close consultation with people at the local level would improve some of these processes:

> I think it might have helped if they could just have consulted people, more on the ground level. I know they are stuck in a difficult situation and they have to make decisions for everyone, but I got the idea that they didn't plan the regulations very well.

(Male, 65)

Others suggested that care packages—including food, toiletries and other essential items—be given to people who test positive, as this would encourage them to self-isolate to prevent the spread of the virus to others.

With regard to awareness raising about COVID-19, three participants suggested that the government make a greater effort to inform people who do not speak English or do not understand the concept of a virus. Three other participants recommended that the government improve targeted awareness raising campaigns for people in rural areas—who, they noted, are often less fluent in English (the language used in most existing campaigns) than urban dwellers—to inform them about why social distancing or mask wearing is effective in preventing the spread of a virus such as COVID-19. Another participant demanded the involvement of more local government officials, and not just national officials, to better target rural or isolated parts of the country. As rural areas are more likely to use traditional approaches to healing, two participants suggested that the government involve traditional healing practitioners (THPs) to reach populations in rural areas regarding health-related decision-making during the pandemic. One participant suggested that the government distribute traditional medicines for other respiratory diseases that are commonly used by THPs to treat COVID-19:

> The government should also allow us as traditional healers [to treat people], even in the past there were diseases like influenza and the like, there were traditional medicines traditional healers used to prepare and they [the patients] drink, and that flu gets healed.

(Male, 51)

Other suggestions related to awareness raising included setting up peer education groups across the country to help those who have difficulty understanding the virus, and the government issuing more frequent reminders about lockdown rules.

Lastly, the participants suggested that the government take a stronger stand against rumours circulating about the virus. The participants voiced concern about scepticism towards changing information in the media, reports of exaggerated death tolls, rumours that "testing for corona will give you corona", that COVID-19 has an impact only on rich people, conspiracies about 5G, or that COVID is "God's way of telling people to change their evil ways". Another participant claimed, "I hear that it [COVID-19] is Satanism, that there are devil worshipers that spread it like a powder in the air so they spray it" (Female, 30). Also reflecting high levels of religiosity in South Africa, some participants suggested that the pandemic is "in God's hands" (Female, 41), that the government should have left churches open for people to pray during the pandemic, and that the government should simply "surrender to God" as "this is the only way the country can be healed of corona".

Discussion

The goal of this study was to examine perceptions of the South African government's response to the first wave of the COVID-19 pandemic which began in mid-March 2020, and

to identify the key factors associated with these experiences. As previously noted, this study is significant as it examines perspectives during a period of hard lockdowns in which little research was being conducted.

Globally, governmental responses to the COVID-19 pandemic have varied widely. Governments have sought to contain the pandemic with a range of restrictions including travel bans, closure of schools and places of worship, and stay-at-home orders, although approaches and timetables have differed significantly (Hale et al., 2021). One large-scale survey of perceptions of government responses to COVID-19 with over 100 000 respondents in 58 countries found that the majority of people believe that their governments should enact strong policy measures—such as shop closures and curfews—to stem the pandemic (Fetzer et al., 2020). For example, 97% of the respondents believed that social gatherings should be cancelled, and only 9% believed their government's response had been too extreme—highlighting that far more citizens believe their governments are not doing enough rather than doing too much in response to the pandemic.

Similarly, the findings from our study in South Africa found that most participants had a positive view of the strong government response. Other studies in South Africa confirm that public opinion related to the government's response was initially overwhelmingly in support of these actions (De Groot & Lemanski, 2021). Among the participants with a negative view, some were split between those who thought the government was too harsh and those who thought the government's response was too lenient. This indicates that the overall majority of the participants interviewed felt that the South African government's hard lockdown in response to the first wave of the pandemic was either the right response or not harsh enough, with only a small percentage stating it was overly strict.

Yet, significant debate remains about the ability of a middle-income country such as South Africa—with a large segment of the population living in poverty – to enforce hard lockdowns when so many struggle for day-to-day survival (De Groot & Lemanski, 2021; De Villiers et al., 2020). Studies estimate that between 2.2 and 2.8 million South Africans lost their jobs as a direct result of the first COVID-19 lockdown—of which 40% remained unemployed even after the lockdown was lifted—and the economy experienced a 5% decline in GDP (De Villiers et al., 2020; Posel et al., 2021). Severe impacts were seen on economic activity across the board, but these affected small businesses more severely (Fubah & Moos, 2022). In addition, other studies have shown that during health emergencies many people cannot realistically follow government advice: families without running water cannot wash their hands, people experiencing homelessness cannot shelter in place, those in high-density urban slums cannot practice social distance, and street vendors cannot "work remotely" (Bambra et al., 2020; Cevik et al., 2021; De Groot & Lemanski, 2021; European Centre for Disease Prevention and Control, 2020; Reddy et al., 2020).

Yet, despite the risk to the economy and the livelihoods of millions of mostly low-income South Africans, the participants overwhelmingly thought that it was important for the government to take a strong stance to stem the pandemic in the country during the first wave in early 2020. Nevertheless, studies conducted after the first lockdown lifted found that prolonged effects of the extended restrictions included increased depression, anxiety,

panic, fear and social unrest (Mbunge, 2020). While few published peer-reviewed articles currently examine the subsequent lockdowns—from 29 December 2020 to 1 March 2021 and from 31 May 2021 to 1 October 2021 respectively—existing evidence suggests that popular opinion turned against the government and its measures by mid-2021, in particular owing to information spread on social media, school closures and mental health effects, among other factors (De Man et al., 2022; Fubah & Moos, 2022; Gumede & Badriparsad, 2022; Wiysonge et al., 2022).

Concern about community adherence to the government-imposed lockdown measures was high among our sample. As other studies have indicated, responses to government restrictions vary across settings and age groups, with possible factors for non-compliance including distrust of government and conflicting or unclear COVID-19 information received from government sources or elsewhere (Gollust et al., 2020; Seale et al., 2020; Sibley et al., 2020). As mentioned in the global study mentioned above, a significant majority of participants in countries around the world felt their fellow citizens were not doing enough (Fetzer et al., 2020). Similarly, in South Africa, the participants reported many people in their communities not following government regulations during the country's first lockdown. In particular, residents reportedly continued gathering in the street, having parties and drinking alcohol, openly defying government restrictions. Other research has noted that socio-economic factors including gender, education and finances may have played a role in adherence to government restrictions (Swart et al., 2022).

The participants noted a divide between townships and other communities regarding both rule following and belief in the existence of COVID-19. As townships tend to be poorer and majority black African, reflecting policies from the apartheid era, the study participants living in these areas were unclear in their responses if they felt that people in especially low-income areas were simply flouting the rules or whether they were unable to follow the rules owing to poverty, overcrowding and lack of infrastructure. Some also suggested that the government's information campaign during the first lockdown was not strong enough in the townships, leaving destructive rumours circulating about COVID-19 related conspiracies. As several studies have indicated, effective, credible, and culturally informed health communication is vital to influencing positive health behaviours, particularly with regard to encouraging people to adhere to restrictions such as those imposed for COVID-19 (Fubah & Moos, 2022; Quinn et al., 2013). One way to ensure health information campaigns are more locally adapted is to ensure they are in a languages spoken locally, and not only in English. Government attempts to influence citizens to social distance or shelter in place must also grapple with citizens' capacity and willingness to comply with recommendations, including local variations in belief systems and the realities of daily life. Online social networks have been shown to amplify the spread of rumours leading to behaviour that is harmful to pandemic response regulations (Al-Hasan et al., 2020). This can lead to disparities between communities that can eventually threaten the national response to the pandemic through rising infection rates.

The participants in this study proposed several recommendations for the government in the case of future health emergencies. These included providing more support for the healthcare sector, cracking down on corruption and nepotism in the distribution of aid to the population,

better targeting of lower income communities with regard to awareness raising campaigns, and more targeted reactions to harmful rumours debunking COVID-19 that circulated widely in the population. These recommendations are important for public health officials and policymakers in the case of future pandemics, and point to potential gaps in the current governmental response to COVID-19 in South Africa.

It is important to recognise that the data in this study are not intended to be generalisable but rather to provide detailed information about a population of interest, namely South Africans living in Johannesburg. Our data therefore reflect the perspectives and experiences of a small sample of Johannesburg residents' perspectives and experiences during the first wave of the COVID-19 pandemic. However, there are some imbalances in the sample, such as the majority of interviewees identifying as female, which can have an impact on the findings. While we attempted to access perspectives from a diverse sample reflective and representative of the Johannesburg population overall, more research is needed to confirm the findings of this study more broadly.

Conclusion

In this study, we examined the perceptions of South Africans in Johannesburg with regard to the government response to first wave of the COVID-19 pandemic in the country. The rapid spread of COVID-19 around the world has generated great public interest as well as social unrest and economic downturns. Strict measures were instituted globally in early 2020 to avoid the breakdown of health systems and reduce mortality caused by the virus. Even in countries that instituted some of the most stringent restrictions in response to COVID-19, such as South Africa, efforts to contain the spread of disease have conflicted with attempts to sustain economic livelihoods for citizens. While this has resulted in significant hardship for many, the citizens in this study initially supported strong government regulations which restrict personal liberties in the case of health emergencies such as the first wave of the COVID-19 pandemic.

In the participants' views, despite difficulties—both economic and social—caused by the lockdown, the fear and uncertainty of COVID-19 nevertheless merited a strong initial government reaction. However, this support waned during the subsequent second and third lockdowns at the end of 2020 and in mid-2021, respectively (Mendelson et al., 2022). Effective control of COVID-19 requires governments and citizens to maintain a high level of mutual trust with shared expectations by both groups. In the case of South Africa, this trust eroded in particular owing to the high levels of perceived corruption and mismanagement by government (Gronbach et al., 2022). The ability of government and public health leaders to gauge how the population perceives the effectiveness of COVID-19 responses is essential for identifying obstacles to disease control objectives.

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Table 1:

Interview guide

	Interview Guide
1	To start, please tell me a little bit about yourself.
2	Describe your life before the pandemic started in the beginning of 2020.
3	What was your experience at the beginning of the coronavirus pandemic and lockdown (middle to end of March)?
4	What has been challenging during the pandemic?
5	What has helped you get through the pandemic?
6	Are people in your community following government-enforced rules to prevent coronavirus transmission? Why or why not?
7	What do you think about the South African government's response to the pandemic?
8	Could their response have been improved? If so, how?
9	What was good about the government's response?
10	What do you think the government should do moving forward?
11	Is there anything else you would like to tell me?
12	Is there anything else you would like to know about the coronavirus or the government's response to it?

Table 2:

Codebook

Expressions	Responses
Adherence to lockdown rules: Whether individuals followed instructions laid out by the president during the COVID-19 lockdown also includes whether other people in the community were adhering to the lockdown rules	No Yes
Communication during lockdown: Any mention of communication received during the lockdown or perceptions of communication about the pandemic	Do not trust news Trust source of news Online news People lack knowledge Poor communication Not sure
Follow Covid-19 prevention guidelines: Any mention of individuals or communities following government regulations put in place by the South African government to combat the spread of the virus	
Perception of community response: Any mention of individual views of their community's reactions to the pandemic and lockdown	
Perception of government response to COVID-19: Any mention of individual views of the government's response to reduce and prevent the spread of COVID-19	Mixed feelings Negative feelings Positive feelings
Recommendations for government: Any recommendations provided to improve or alter the government's response to COVID-19	Develop drugs, vaccines Increase testing Difficult to distribute vaccines Education/Sensitisation Engage traditional healers Government to surrender to God Open churches Open up the economy Personal responsibility Strengthen health system Strict lockdown, strict borders

Table 3:

Sample characteristics

Variable	*n*/Mean (SD)
Age (years): 19–65	36.5 (13.4)
Population group	
Black	26
White	9
Indian	2
Other	1
Language	
English	21
isiZulu	11
Sesotho	2
isiXhosa	1
Xitsonga	1
Education	
Primary school	1
Matric	10
College	7
Graduated from college	9
Postgraduate	5
Education or more	
Did not report	6