

# COVID-19 in South Africa and its Impact on Youth: The Media's Representation of the 2020 Super-spreader Matric Rage Festival

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## Abstract

The article explores how the emergence of the coronavirus in 2020 affected the youth. Health communication and behaviour change communication theories are used to explain how the youth need to cognitively alter their mindsets about the seriousness of this virus. Health messages were communicated from the government (senders) to the youth (receivers) in relation to precautionary measures that could be taken to protect oneself from infection. Social distancing, sanitising and wearing of a mask were precautions communicated to the youth to inform them via health promotional campaigns. The Elaboration Likelihood Model (ELM) explains how youth (in the context of this article) need to understand and implement persuasive health communication for protection against COVID-19. The context of this article explains how the youth, as per the Precaution Adaption Process Model (PAMP), still engaged in risky behaviour and attended the Matric Rage Festival in Ballito, KwaZulu-Natal (KZN) during the second wave of the virus infection in South Africa (SA). The youth paid little heed to the health messages and partook in this “super-spreader” event. A qualitative research paradigm was used to purposively select news reports that were available in the public domain. A thematic analysis was used to interpret the news reports. Findings indicated that “super-spreader” events increase the risk of infection, which implies that protocols need to be adhered to as per government regulations.

**Keywords:** COVID-19; youth; Rage Festival; thematic analysis; qualitative; behaviour change communication; health communication; infodemic; E-health; media representation

## Introduction

COVID-19 has become a global pandemic that has caused havoc worldwide. “The COVID-19 pandemic is the biggest threat in living memory to health and wellbeing, social welfare, and the global economy” (Kickbusch et al. 2020, 1). The first recorded coronavirus case was in December 2019, in Wuhan, China (WHO 2019). By 2020, the virus had spread far and wide and had caused a global state of emergency as the number of infected people rose daily in different countries worldwide.

While the youth were becoming more knowledgeable on the illness through the media (Germani et al. 2020, 15), many still engaged in risky behaviour and, for example, partook in the Ballito, KwaZulu-Natal Rage Festival, which took place during the second wave of the virus. “Rage” is an annual South African music festival held to coincide with the end of the final matric exam. The festival aims to provide attendees with nonstop entertainment (Dayimani 2021). According to Germani et al. (2020, 15), “news and media showed riskier behavior in emerging adults; the advice to practise social distancing and stay home was ignored.” Social distancing and wearing of masks were not fully adhered to at the festival due to the nature of the party atmosphere. Thus, the risk of contracting the virus, or spreading it to others, was rife. Two people knew they had COVID-19 but still went to the event. “This indicat[ed] a lack of discipline and irresponsible risk behaviour among revellers as there [was] little or no adherence to the recommended prevention measures” (Dayimani 2021). Infections rose after the event: of 2 253 festival attendees, 848 (37.6%) tested positive for COVID-19 (Knowler 2020; Ritchie 2020; *TimesLive* 2020). The purpose of this explorative study was to establish what themes emerged from selected news reports about the 2020 Rage Festival held in Ballito, KwaZulu-Natal. A qualitative methodology was used in order to obtain an in-depth analysis of the newspaper reports, which were analysed according to a thematic analysis.

## The Context of the Infection in South Africa

During the COVID-19 pandemic, developing countries suffered the most and were harshly affected due to the economic situation of the country’s social structures (Arndt et al. 2020, 4). Countries with low income and large populations, where healthcare services are limited, were faced with huge challenges when infection rates peaked. Lockdowns impacted negatively on communities, where feeding the family was more important than maintaining forceful stay-at-home measures. With limited or no food, and no savings, people from lower socio-economic backgrounds rely on “casual labour” for survival (Bargain and Aminjonov 2020, 1).

Initially, South Africa was placed under strict lockdown on March 27, 2020, and the country was under a total shutdown. As a result, many businesses and households experienced difficulties that caused many job losses. This brought about a state of economic decline with a widespread decrease in employment and trade. The country continued to move between different restrictive stages, referred to as levels, from one

to five—five being the harshest, where the country was totally shutdown (South Africa Government News Agency 2020b). Movement between restriction levels varied as the infection rate changed and different variants emerged in the country. These lockdown levels extended well into 2021.

With the arrival of the second wave (December 2020) and third wave (June 2021), the country resumed higher restrictive levels, but with no return to the constraining and confining level 5. During levels 3 and 4, measures included no sales of alcohol, closure of schools and restaurants, and limited or no gatherings (Abdool Karim 2021; Mailovich 2020). To offset the economic effect, the government aimed to re-introduce a basic social grant to try and help vulnerable individuals (Sonjica 2021). In July 2020, “the average daily case increases over seven days rose above 10 000 new cases a day, rising to a high of almost 12 000, and thereafter declining again slightly to just over 10 000” (Cowan 2020).

The first peak in SA was reached between July and early August 2020, the emergence of the “South African” (SA) variant and the move to the second wave of infections in late 2020, early 2021. The second wave of the virus was fuelled by a new variant found in SA. This mutation was termed 501Y.V2, simply referred to as the Beta variant, which was first identified in SA (Abdool Karim 2021; Makoni 2021, 267). This variant spread more quickly and caused an increase in infection rates and levels of illness, which increased hospitalisation cases. During December 2020 and mid-February 2021, SA moved to alert level 3 (South African Government News Agency. 2020a) to try and contain the spread of the virus by imposing measures detailed above. Infections and deaths were increasing rapidly as different hotspots emerged in different provinces around the country (Mahlahla 2020).

South Africa is made up of nine provinces, introduced after the dismantling of the apartheid era in 1994. South Africa experienced a third wave, fuelled by the Delta variant, as the country approached the winter months during May-July 2021 (Abdool Karim 2021; Bhengu 2021). This was confirmed by the COVID-19 Ministerial Advisory Board as a concern, with the possibility of a fourth wave even later in the summer months in 2021 (Meyer 2021). Delayed vaccines and virus mutations were causing different variants, which were negatively affecting the country.

## Background of the 2020 Matric Rage Festival and its Effects on the Spreading of the virus in SA

The “Rage” party is an annual music festival event hosted and celebrated at the end of the matric examination (Dayimani 2021). Also known as the “Rage Festival,” it is usually held in Ballito (KwaZulu-Natal Province), Johannesburg (Gauteng Province), Plettenburg Bay (Western Cape Province) and Jeffreys Bay (Eastern Cape Province). In 2020, these festivals were not allowed due to COVID-19 and the prohibition of large gatherings or “super-spreader events” as they are termed (Pitt and O’Regan 2020).

Entertainment events such as these mean that people gather to party on a social level with dancing, music, alcohol, and so forth. At such large-scale gatherings, people travel from other provinces to join in, risking contracting or spreading the coronavirus. These dance festivals are characterised by clearly limited social distancing, which means that the virus can be spread rapidly.

The festival scheduled for Ballito, KwaZulu-Natal, was held between 27 November and 4 December 2020, during the country's second wave, and while experiencing high infection rates. A total number of 2 253 attended the festival, of whom "1 954 were revellers and 299 were rage crew" (Dayimani 2021). The SA National Institute for Communicable Diseases (NICD) conducted investigations after this "super-spreader" event and discovered that two people had already been COVID-19 positive before they attended the festival. After the event, 848 people tested positive for the virus. COVID-19 protocols were not fully met at the event. Almost 1 000 revellers from the Gauteng Province, who had attended, tested positive after the gathering (Dayimani 2021). An increase in COVID-19 cases amongst the youth was noted after this event in Ballito, KwaZulu-Natal in 2020 (Pitt and O'Regan 2020).

## COVID-19 and its Effects on the Youth

The coronavirus pandemic has affected the youth on a large scale. They have been challenged by higher stress levels, psychological maladjustment, anxiety, and the effect of altered lifestyles and different routines (Germani et al. 2020, 1). According to Sanderson and Brown (2020, 319), "psychological, developmental, and economic fallouts" have occurred since youth activities had been halted. The aspect of social distancing changed the "normal" way of life where youth "normally" engage in "social situations with peers, adults, or other feared social stimuli" (Khan, Bilek, and Tomlinson 2021, 1). Lockdowns affected the youth since social interaction, daily lifestyles, sports, and exercise, amongst other activities, were stopped (Courtney et al. 2020, 688). Financial implications were dire, where in some cases, parents lost jobs due to the virus. The effects of the pandemic on working environments caused a further restriction and a negative effect on family life (Sanderson and Brown 2020, 317).

Society's way of life changed abruptly and the youth were now forced to stay at home. Education moved to on-line learning from home. According to McCarthy et al. (2021, 2), "through closures of schools and restrictions on movement and gatherings, the containment measures greatly altered the key social and developmental contexts of adolescents' lives." Social interaction is an aspect that is part and parcel of our lifestyles. Hence, this immediate separation and core maintenance of social distancing affected adolescents on a higher level because their cognitive mindsets were still not fully matured. The usual "protective" structures of schools and religious organisations, which created safeness and familiarity, were removed and they became socially isolated (Del Ciampo and Del Ciampo 2021, 15).

## Health Communication

Health communication is core to educating citizens about illnesses. Health communication aims to empower citizens by informing them about behaviour change processes for the benefit of achieving and maintaining good health. It aims to ensure that communication for healthcare aspects is understood effectively. Rimal and Lapinski (2009, 247) note the need for effective health communication by saying, “this approach is pertinent at a time when many of the threats to global public health (through diseases and environmental calamities) are rooted in human behaviour.” The coronavirus has emerged as a global public health emergency, which has been causing massive death and illness on a global scale. Behaviour change communication is essential with an illness such as COVID-19. This aspect will be elaborated on in the theoretical framework discussion on behaviour change communication theories.

For the purposes of this article, health communication is assumed to make use of the media to educate the masses on the coronavirus. During the pandemic, the media spread news of the illness, its symptoms, as well as how to protect oneself by taking precautions against contracting the virus. According to Rimal and Lapinski (2009, 247), communication can be used to process information via “channel, source, receiver, and message.” In this manner, health messages (health education) were sent from the government to citizens to educate themselves on the virus. Health promotional campaigns were created to promote health awareness on the seriousness of the virus and to educate people how “staying home” can benefit society. In addition, we were taught that sanitising, washing your hands and wearing a face mask can protect you and others around you.

With the wide-spread use of the Internet and technology, the process of E-health has emerged where audiences make use of various digital communication channels to access, engage with, and become informed on different healthcare matters. Social media has contributed to this technological evolution. This shift has been seen with the coronavirus outbreak since human contact was avoided or reduced to try and curb the spread of the virus. According to Neuhauser and Kreps (2003, 7), E-health communication is defined as “health promotion efforts that are mediated by computers and other digital technologies, [that] may have great potential to promote desired behavior changes through unique features such as mass customisation, interactivity and convenience.” The mass media utilised ample E-healthcare services and mass information, which the youth could access to educate themselves on the coronavirus and the dangers of mass gatherings such as the Rage Festival, which could become super-spreaders. However, they chose to ignore all this information and not to apply such health information at their disposal, and they chose to still partake in the festival, whereafter the coronavirus spread rapidly amongst themselves. In the case of the Rage Festival, the youth cognitively chose not to alter or change their behaviour, even after receiving information or being exposed to health messages regarding the virus, its symptoms or how it is spread.

## COVID-19 Infodemic and Fake News

During the COVID-19 pandemic and the impact of the coronavirus, people have become exposed to an information overload and, therefore, have become victims of an infodemic. This information includes authentic as well as false or misleading information on COVID-19, which was distributed through the media. According to Van der Linden, Roozenbeek, and Compton (2020, 2), “COVID-19 conspiracies and rampant misinformation can adversely impact the effectiveness of containment strategies” due to ignorance or lack of knowledge (Bang et al. 2021, 1). Fake news, as well as myths, have emerged on social media about the virus and have hampered people’s cognitive mindsets negatively. This can affect how people behave and take precautions to avoid the virus. In the same manner, the youth could have been misled and, hence, chose to willingly partake in the event, endangering themselves by being in such crowded spaces as with the case of the Rage Festival.

The concern of “false information regarding health issues constitutes a probable threat to public health” (Apuke and Omar 2021, 2). With the emergence of E-health interventions and healthcare information (as discussed above), plus services available via social or online media facilities, the youth need to take caution against accessing fake news or myths about the virus. Information authenticity needs to be double checked in order for verified and truthful information to be noted. For example, information can be sourced from verified Twitter handles to ensure that authentic information is being read (Patwa et al. 2021).

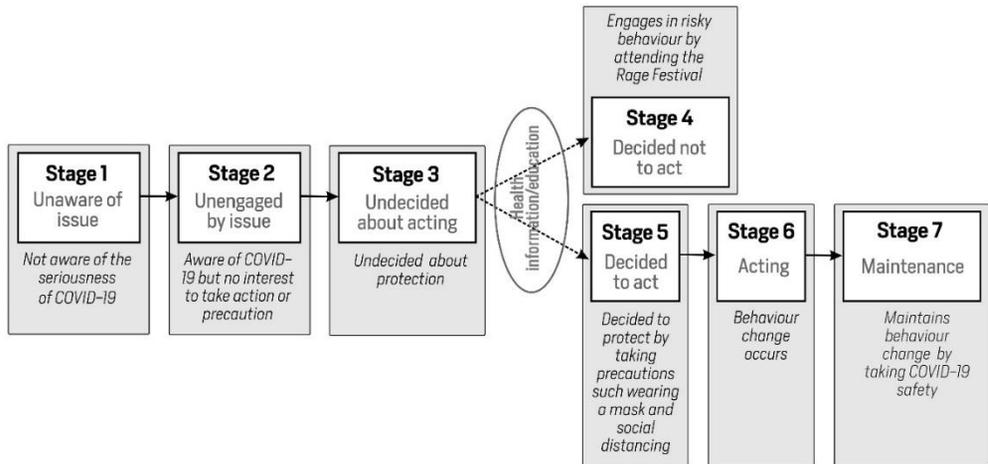
## Behaviour Change Communication Theories

Behaviour change communication is fundamental with an illness such as COVID-19. To engage in positive behaviour change patterns, health communication messages about the illness, how it is spread, as well as precautionary measures, need to be understood and accepted by the youth.

The Elaboration Likelihood Model (ELM) explains how positive or negative attitude changes occur in recipients of health messages (Cottrell et al. 2015, 106). The persuasive messages, in this case, refer to health communication messages or information sent to the youth about COVID-19. Health messages need to be cognitively processed by the youth on an individual level before they decide to change their attitude about the seriousness of COVID-19. The individual then experiences either favourable, unfavourable or neutral thoughts about the health communication messages/information received (Petty and Cacioppo 1986, 4).

The Precaution Adoption Process Model (PAPM) is made up of seven stages that an individual moves through before he/she can decide to avoid engaging with risky behaviour (Gurung 2006, 189). Adoption of risky behaviour requires conscious awareness. As shown in figure 1 below, the theory explains how a person comes to a decision that translates into action. In the context of this article, risky behaviour includes

mass gatherings, not wearing a mask, or not maintaining social distance, as was the case during the Rage Festival.



**Figure 1:** The Precaution Adoption Process Model explains the action taken by youth. Based on the chart by Glanz, Rimer, and Viswanath (2008, 127), the stages include (Cottrell et al. 2015; Gurung 2006):

- Being *unaware of the issue*, for example, not being aware of COVID-19 and how serious it is.
- Being *unengaged with the issue*, where one is aware but not fully interested in taking action or precaution. In this case, students knew about COVID-19 but had not considered the consequences of attending the Rage Festival, even though it was during the second wave of the virus.
- *Undecided about acting* towards behaviour change for the issue. Here a decision is made either *not to act* or *to act*, positively or negatively towards behaviour change. Some students attended the festival, while others opted not to.
- The *acting* stage is where behaviour change occurs.
- *Maintenance* occurs where the behaviour change is managed during this final stage.

## Methodology

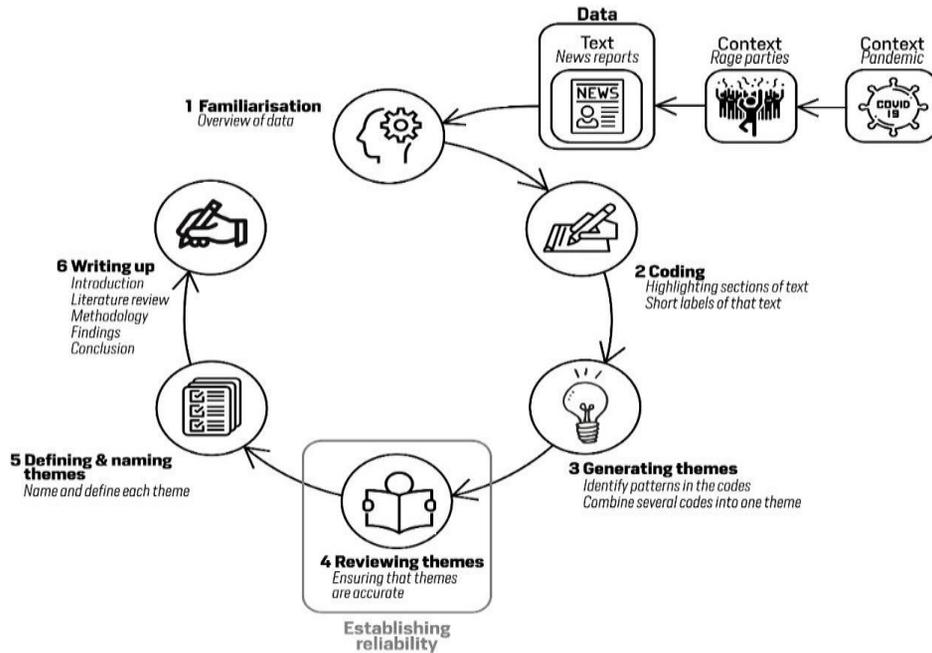
Basically, a thematic analysis (TA) is a matter of looking for and constructing patterns from the data provided by relevant news reports. The patterns are slotted into specific categories, which then form the themes. Patterns of social action, as reported, are designated into particular categories during qualitative data analysis. Category construction is the best attempt to cluster the most seemingly like things into the most seemingly appropriate groups. Categorising is organising and ordering a vast array of

data. It is from these larger and meaning-rich units that we can better grasp the particular features of each theme (Saldaña 2011, 91–92). However, themes are not perfectly bounded. TA is an attempt to cluster the most seemingly like things into groups by establishing the interrelationships within each theme (Saldaña 2011, 81–82).

The analysis is content and context driven in that the categories and codes are not predetermined but derived while reading the news reports. This process, in turn, generates the data. This means that TA is subjective, as it requires interpretation by the researcher that is supported by the data (Guest, MacQueen, and Namey 2012, 10). One theme can influence and affect others. A theme can be a single word or a short phrase that symbolises the text (data) and contains the manifest and latent meaning of that text (Saldaña 2011, 108). A theme can be broad, while others are more focused and specific. The research question can then be stated as: “What are these [news reports] talking about that is relevant to the research problem?” (Guest et al. 2012, 67). Thus, a theme is a unit of meaning that was observed in the text. TA provides a rich and detailed account of social actions that shape the subjective experience of certain health issues, *viz*, the effect of a mass gathering by youth during the COVID-19 pandemic. It is noted that a limitation of TA is that some data may be missed (Guest et al. 2012, 17).

Using a qualitative research methodology, a purposive sample was used to source and collect news reports related to the Rage Festival from three different media houses, namely, *TimesLive*, *IOL* and the *Daily Maverick*. A total of six online news reports were thus purposively selected after conducting a search of the topic (Neuman 2007, 142). The text of the six online news reports formed the unit of analysis. The data were analysed using thematic analysis as per the steps of Braun and Clarke (2006, 88–93). Validity was achieved through a process of theoretical triangulation from the literature and theories used in this study (Du Plooy 2009, 40–41). Regarding ethical concerns, no authors’ names were published, while the news reports were numbered in no particular order.

Figure 2 below provides a graphic representation of the steps of the thematic analysis as per Braun and Clarke (2006) and Van Dijk (2008, 20, 22, 24). The context of the event influences, determines, and affects the text to be analysed. In this case, the context for this research was COVID-19 and the Rage Festival during the second wave of the pandemic in South Africa. Data were collected and analysed from newspaper reports (texts).



**Figure 2:** The methodological process for a thematic analysis

**Source:** Based on Braun and Clarke (2006) and Van Dijk (2008)

## Findings and Analysis

The themes are provided below as they emerged from the newspaper reports.

### “Super-spreader” Event: Matric Rage 2020

The term “super-spreader” and a description, or explanation thereof, as well as its link to the Rage Festival, surfaced in five of the six news reports. The Rage Festival was definitely a super-spreader event because it took place in clubs, crowded spaces and did not always adhere to COVID-19 protocols in most cases (Article 1). Two of the six articles even used the phrase “super-spreader” in the header of the report. This emphasised how the event contributed negatively to the second wave of the virus.

“Matric rage declared a COVID-19 super-spreader event ...” (Article 2) and “Ballito Rage labelled a COVID ‘super-spreader’ event: Joburg ...” (Article 4).

“Zweli Mkhize (the former SA health minister) declared Rage a “super-spreader” event” (Article 6).

“... the National Department of Health described as a “super-spreader event” (Article 1).

“... while super-spreader events such as Matric Rage ...” (Article 3).

Crowded spaces, as well as the lack of social distancing and non-usage of masks, gave rise to the wide spreading of the virus. Rimal and Lapinski (2009, 247) note that the core importance of health communication is to curb health challenges. This—when linked to COVID-19—indicates that behaviour change is core. If the youth are not willing to alter and maintain behaviour change by avoiding the “three C’s, namely, closed spaces, crowded places and close-contact settings” we cannot aim to reduce positive cases (Article 5 2020). Health messages cannot always be ignored, and precautions for COVID-19 need to be adhered to due to the seriousness of the illness.

### **Ballito KwaZulu-Natal (KZN): Host to Rage Festival 2020**

All six articles mentioned the text, *Ballito, Matric Rage, KZN*, as this was the location of the only post matric Rage Festival in 2020. The other host cities cancelled or postponed their events due to the second wave of COVID-19. The Rage Festival marked the end of the matric exams and constituted a breakaway for the pupils to have fun and enjoy themselves. According to Article 6, “rage is a comparatively new phenomenon, borrowed like so much else from the US. It’s a Spring Break for matrics who have just finished their exams.” Partaking in such an event defies the call for lockdowns, staying home, avoiding crowded spaces and mainly maintaining social distancing to avoid the spread of COVID-19.

“KZN Matric Rage” (Article 1); “Matric Rage Festival” (Article 2); “Ballito Rage” (Article 3); “Rage Festivities in Ballito Bay” (Article 4); “Rage in KZN” (Article 5); “Matric Rage” (Article 6).

For attendees’ behaviour change, information communicated from the government and other forms (message senders) to the receivers (youth who attended the festival) were ignored and not cognitively processed (Cottrell et al. 2015, 106; Rimal and Lapinski 2009, 247). This unfavourable and, hence, negative attitude change resulted in them attending this festival, even though the second wave of the virus was fuelled by 501Y.V2 variant and the virus was spreading rapidly (Cottrell et al. 2015, 106; Makoni 2021, 267).

### **Second Wave of COVID-19 Infections in SA**

Three of the six articles mentioned the concern about the event due to the country being in the second wave of the virus. A further challenge was the spreading of the Beta variant that emerged in South Africa in 2020 (Makoni 2021, 267). The death rate increased, and hotspots in provinces emerged, as explained above. The KwaZulu-Natal coast was amongst these hotspots (Mahlahla 2020). The youth were affected due to the avoidance of restrictions put in place to curb the spread of the virus. They chose to ignore the health information communicated about the second wave and engaged in risky behaviour by attending the festival. They refused to alter their lifestyle in order to protect themselves from the virus (Germani et al. 2020, 1).

“As of Thursday, 836 764 COVID-19 cases have been reported, 8 166 of them new. This week, the health minister confirmed South Africa is experiencing a second wave of infections” (Article 3).

“And so, it came to pass that South Africa officially entered the second wave of COVID-19” (Article 5).

As per the PAMP, these youths preferred to be unengaged by COVID-19 and its complexity and chose to engage in the risky behaviour of attending the festival. They, therefore, decided not to act against the risky behaviour and hence, did not alter their behaviour change positively (Cottrell et al. 2015; Gurung 2006).

### **Social Distancing and other precautionary COVID-19 Protocols: Inverse in KZN Matric Rage 2020**

Social distancing is an important measure devised to try and reduce the spread of the coronavirus between people. Maintaining a distance of 1.5 to 2 metres is recommended as a precaution against contracting the virus. This information is posted at all supermarkets, stores, malls, amongst other places. Hand sanitiser is also placed at the entrance to all public venues. This information was also made available via the media, especially during the beginning stages of the virus emergence (Germani et al. 2020, 15). Youths were exposed to this health information and campaign messages to educate them on the virus.

Many of the reports mentioned COVID-19 protocols as not being maintained:

“... antithesis of social distancing—in every imaginable way” (Article 6).

“... particularly one of the pre-Rage “Litchie” parties at a Durban venue were packed, and no protocols were enforced” (Article 1).

### **Quarantine and Testing**

Following the Rage Festival, all participants and crew were requested by the Department of Health (DoH) to have a COVID-19 test and quarantine themselves accordingly. The DoH was trying to trace attendees by providing free COVID-19 tests for them and their families. Many participants tested positive in the KZN and Gauteng area after the event (Article 1): “1 300 Gauteng teens urged to quarantine after attending KZN matric rage” (Article 1). Medical personal in the KZN area noted an increase in positive cases amongst teens who returned from the festival (Article 2). The former Minister of Health, Dr Mkhize, mentioned that large gatherings such as these, which allow alcohol consumption, negatively affect the government efforts to try and curb the spreading of COVID-19 (Article 2).

“All who went to the Rage events need to quarantine themselves for 14 days and go for testing as a matter of urgency, said the department. Those who test positive will need to isolate for a mandatory 10 days. Family contacts of those who test positive must also go for testing and must go into quarantine” (Article 1).

“The department said family contacts of those who tested positive should also go for testing and into quarantine” (Article 5).

The aspects of quarantine and testing link back to the youth and their need to implement behaviour change positively for the betterment of their health. In this case, they had already chosen to ignore health messages about how to protect themselves from COVID-19 and attended the rage festival in crowded spaces. The aftermath of the festival was testing and isolation, if positive. Hence, as per the ELM, they (the youth) now needed to alter their attitude positively and adhere to the COVID-19 rules of testing and quarantining if positive, by listening to the government’s message (persuasive communication) of doing so (Cottrell et al. 2015, 106). The stages of the PAMP explain how risky behaviour should be avoided. However, now that the attendees had already engaged in the risky behaviour and attended the festival, they needed to become engaged and decide to act towards implementing behaviour change by testing and quarantining if need be (Cottrell et al. 2015; Gurung 2006).

## Conclusion

Six online news reports from three news organisations were purposively selected in order to investigate what themes emerged in the coverage of the Rage Festival held in Ballito, KwaZulu-Natal. An exploratory thematic analysis, based on the six stages identified by Braun and Clarke (2006), was used. Following a detailed reading of each report, five themes were identified, namely, *super-spreader event*; *Ballito*; *second wave*; *social distancing*; and *quarantine and testing*. These five themes can, in turn, be clustered under the broad theme of “irresponsibility.”

Health communication is significant in educating people on the coronavirus pandemic. The youth need to implement behaviour change patterns that ensure protection against the virus by avoiding crowded spaces, wearing a mask, and sanitising, amongst other precautionary measures. Attitude change is vital for ensuring effective behaviour patterns when aiming to avoid risky behaviour by becoming aware of the virus and taking effective action for protection (Cottrell et al. 2015, 106; Gurung 2006, 89). COVID-19 health information is available widely for access by the youth to engage and become educated with. With E-health interventions, various digital platforms host authentic information, where fake news and infodemics can be avoided (Neuhauser and Kreps 2003). The Rage Festival was indeed a COVID-19 “super-spreader” event where youth from both KZN and Gauteng were infected by the virus.

## References

- Abdool Karim, A. 2021. “Three for three: Understanding the COVID-19 Variants Circulating during South Africa’s Third Wave.” *Mail and Guardian*, 11 June. Accessed August 17, 2021. <https://mg.co.za/health/2021-06-11-three-for-three-understanding-the-covid-19-variants-circulating-during-south-africas-third-wave/>.
- Apuke, O. D., and B. Omar. 2021. “Fake News and COVID-19: Modelling the Predictors of Fake News Sharing among Social Media Users.” *Telematics and Informatics* 56 (101475): 1–16. <https://doi.org/10.1016/j.tele.2020.101475>.
- Arndt, C., R. Davies, S. Gabriel, L. Harris, K. Makrelov, S. Robinson, and L. Anderson. 2020. “COVID-19 Lockdowns, Income Distribution, and Food Security: An Analysis for South Africa.” *Global Food Security* 26: 100410. <https://doi.org/10.1016/j.gfs.2020.100410>.
- Bang, Y., E. Ishii, S. Cahyawijaya, Z. Ji, and P. Fung. 2021. “Model Generalization on COVID-19 Fake News Detection.” Accessed August 10, 2021. <https://arxiv.org/pdf/2101.03841.pdf>. [https://doi.org/10.1007/978-3-030-73696-5\\_13](https://doi.org/10.1007/978-3-030-73696-5_13).
- Bargain, O., and U. Aminjonov. 2020. “Between a Rock and a Hard Place. Poverty and COVID-19 in Developing Countries.” IZA Discussion Papers, No. 13297. IZA Institute of Labor Economics. Accessed August 17, 2021. <https://www.econstor.eu/bitstream/10419/223739/1/dp13297.pdf>.
- Bhengu, C. 2021. “Delta Variant is Dominating SA’s Third Wave: 5 Things you Need to Know about the COVID-19 Strain.” *TimesLive*, 28 June. Accessed August 17, 2021. <https://www.timeslive.co.za/news/south-africa/2021-06-28-delta-variant-is-dominating-sas-third-wave-5-things-you-need-to-know-about-the-covid-19-strain/>.
- Braun, V., and V. Clarke. 2006. “Using Thematic Analysis in Psychology.” *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Cottrell, R. R., J. T. Girvan, J. F. McKenzie, and D. Seabert. 2015. *Principles and Foundations of Health Promotion and Education*. Upper Saddle River, NJ: Pearson.
- Courtney, D., P. Watson, M. Battaglia, B. H. Mulsant, and P. Szatmari. 2020. “COVID-19 Impacts on Child and Youth Anxiety and Depression: Challenges and Opportunities.” *The Canadian Journal of Psychiatry* 65 (10): 688–691. <https://doi.org/10.1177/0706743720935646>.
- Cowan, Kyle. 2020. “Infographics: As SA Reaches 500 000 COVID-19 Cases, Key Indicators Show Early Signs of Decline.” *News 24*. Accessed August 17, 2020. <https://www.news24.com/news24/SouthAfrica/Investigations/infograp>.
- Dayimani, M. 2021. “Rage Festival Report: Two People Knew They Had COVID-19, but still Went to the Event.” *News24*, 31 January. Accessed August 17, 2021. <https://www.news24.com/news24/southafrica/news/rage-festival-report-two-people-knew-they-had-covid-19-but-still-went-to-the-event-20210131>.

- Del Ciampo, L. A., and L. R. L. del Ciampo. 2021. "Social Isolation in Times of COVID-19: Effects on Adolescents' Mental Health." *Asian Journal of Paediatric Research* 5 (1): 13–18. <https://doi.org/10.9734/ajpr/2021/v5i130164>.
- Du Plooy, G. M. (Eds). 2009. *Communication Research. Techniques, Methods and Applications*. Cape Town: Juta.
- Germani, A., L. Buratta, E. Delvecchio, and C. Mazzeschi. 2020. "Emerging Adults and COVID-19: The Role of Individualism-collectivism on Perceived Risks and Psychological Maladjustment." *International Journal of Environmental Research and Public Health* 17 (3497): 1–15. <https://doi.org/10.3390/ijerph17103497>.
- Glanz, K., B. K. Rimer, and K. Viswanath (Eds). 2008. *Health Behavior and Health Education: Theory, Research and Practice*, 4th edition. San Francisco: Jossey-Bass.
- Guest, G., K. M. MacQueen, and E. E. Namey. 2012. *Applied Thematic Analysis*. Los Angeles: Sage. <https://doi.org/10.4135/9781483384436>.
- Gurung, R. A. R. 2006. *Health Psychology: A Cultural Approach*. Boston, MA: Thomson Wadsworth.
- Khan, A. N., E. Bilek, and R. C. Tomlinson. 2021. "Treating Social Anxiety in an Era of Social Distancing: Adapting Exposure Therapy for Youth during COVID-19." *Cognitive and Behavioral Practise* [Article in Press]. <https://doi.org/10.1016/j.cbpra.2020.12.002>.
- Kickbusch, I., G. M. Leung, Z. A. Bhutta, M. P. Matsoso, C. Ihekweazu, and K. Abbasi. 2020. "COVID-19: How a Virus is Turning the World upside down." *British Medical Journal* 369: 1–3. <https://doi.org/10.1136/bmj.m1336>.
- Knowler, W. 2020. "1 300 Gauteng Teens Urged to Quarantine after Attending KZN Matric Rage." *TimesLive*, 8 December. Accessed July 27, 2021. <https://www.timeslive.co.za/news/south-africa/2020-12-08-1300-gauteng-teens-urged-to-quarantine-after-attending-kzn-matric-rage/>.
- Mahlahla, S. 2020. "Map: COVID-19 Hotspots in South Africa. SABC News," 30 December. Accessed February 3, 2020. <https://www.sabcnews.com/sabcnews/map-covid-19-hotspots-in-south-africa/>.
- Mailovich, C. 2020. "It's Official: SA's Second COVID Wave Has Arrived." *BusinessDay*, 9 December. Accessed August 17, 2021. <https://www.businesslive.co.za/bd/national/health/2020-12-09-its-official-sas-second-covid-wave-has-arrived>.
- Makoni, M. 2021. "South Africa Responds to New SARS-CoV-2 Variant." *The Lancet* 397 (10271): 267. [https://doi.org/10.1016/S0140-6736\(21\)00144-6](https://doi.org/10.1016/S0140-6736(21)00144-6).

- McCarthy, M., J. Homel, J. Ogilvie, and T. Allard. 2021. "Initial Impacts of COVID-19 on Youth Offending: An Exploration of Differences across Communities." *Journal of Criminology*: 1–21. <https://doi.org/10.31235/osf.io/59bzv>.
- Meyer, D. 2021. "Government Preparing for Third Wave of COVID-19 Infections in June." *The South African News*, 5 February. Accessed February 10, 2020. <https://www.thesouthafrican.com/news/covid-19-third-wave-vaccine-when-will-karim-friday-5-february-2021/>.
- Neuhauser, L., and G. L. Kreps. 2003. "Rethinking Communication in the E-health Era." *Journal of Health Psychology* 8 (1): 7–23. <https://doi.org/10.1177/1359105303008001426>.
- Neuman, W. L. 2007. *Basics of Social Research Qualitative and Quantitative Approaches*, 2nd edition. Upper Saddle River, NJ: Pearson.
- Patwa, P., S. Sharma, S. Pykl, V. Guptha, G. Kumari, M. S. Akhtar, A. Ekbal, A. Das, and T. Chakraborty. 2021. "Fighting an Infodemic: COVID-19 Fake News Dataset." Accessed August 10, 2021. <https://arxiv.org/ftp/arxiv/papers/2011/2011.03327.pdf>. [https://doi.org/10.1007/978-3-030-73696-5\\_3](https://doi.org/10.1007/978-3-030-73696-5_3).
- Petty, R. E., and J. T. Cacioppo. 1986. *Communication and Persuasion Central and Peripheral Routes to Attitude Change*. New York, NY: Springer.
- Pitt, R., and V. O'Regan. 2020. "Ballito Rage Labelled a COVID 'Super-spreader' Event: Joburg and Jeffreys Bay Events Cancelled." *Daily Maverick*, 7 December. Accessed July 27, 2021. <https://www.dailymaverick.co.za/article/2020-12-07-ballito-rage-labelled-a-covid-super-spreader-event-joburg-and-jeffreys-bay-events-cancelled/>.
- Rimal, R. N., and M. K. Lapinski. 2009. "Why Health Communication is Important in Public Health." *Bulletin of the World Health Organization* 87 (2): 47–248. <https://doi.org/10.2471/BLT.08.056713>.
- Ritchie, K. 2020. "Matric Rage Festival is the Antithesis of Social Distancing in Every Imaginable Way." *IOL, Saturday Star*, 12 December. Accessed July 27, 2021. <https://www.iol.co.za/saturday-star/opinion/matric-rage-festival-is-the-antithesis-of-social-distancing-in-every-imaginable-way-e5193b30-809e-4590-902d-18c861a44551>.
- Saldaña, J. 2011. *Fundamentals of Qualitative Research*. New York: Oxford University Press.
- Sanderson, J., and K. Brown. 2020. "COVID-19 and Youth Sports: Psychological, Developmental, and Economic Impacts." *International Journal of Sport Communication* 13: 313–323. <https://doi.org/10.1123/ijsc.2020-0236>.
- Sonjica, N. 2021. "Lindiwe Zulu in Talks with Treasury about Extending R350 COVID-19 Grant." *Sowetan Live*, 2 July. Accessed August 17, 2021. <https://www.sowetanlive.co.za/news/south-africa/2021-07-02-lindiwe-zulu-in-talks-with-treasury-about-extending-r350-covid-19-grant/>.

- South African Government News Agency. 2020a. "Command Council Details Move to Lockdown Level 3." *South African Government News Agency*, 29 December. Accessed July 27, 2021. <https://www.sanews.gov.za/south-africa/command-council-details-move-lockdown-level-3>.
- South African Government News Agency. 2020b. "President Ramaphosa Announces a Nationwide Lockdown." *South African Government News Agency*, 23 March. Accessed August 17, 2021. <https://www.sanews.gov.za/south-africa/president-ramaphosa-announces-nationwide-lockdown>.
- TimesLive*. 2020. "984 Pupils from Gauteng who Went to Matric Rage in KZN Test Positive for COVID-19." *TimesLive*, 13 December. Accessed July 27, 2021. <https://www.timeslive.co.za/news/south-africa/2020-12-13-984-pupils-from-gauteng-who-went-to-matric-rage-in-kzn-test-positive-for-covid-19/>.
- Van der Linden, S., J. Roozenbeek, and J. Compton. 2020. "Inculcating against Fake News about COVID-19." *Frontiers in Psychology* 11 (566790): 1–7. <https://doi.org/10.3389/fpsyg.2020.566790>.
- Van Dijk, T. A. 2008. *Discourse and Context: A Sociocognitive Approach*. New York, NY: Cambridge University Press. <https://doi.org/10.1017/CBO9780511481499>.
- World Health Organisation (WHO). 2019. "Coronavirus Disease (COVID-19) Outbreak." Accessed March 5, 2020. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.