

Media Coverage on COVID-19 Pandemic: A Critical Analysis on the Promptness of the Online TV Channels in Tanzania in Reporting COVID-19 Issues

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Abstract

The objective of this study was to analyze the promptness of the Online TV Channels in Tanzania in reporting the issues of COVID-19 when the case of the pandemic was very severe in the country. Specifically the study explored the extent through which the selected YouTube channels or online TV were fast and prompt in informing the general public about all important issues of the pandemic. A total of 30 online TV channels were selected using a convenience sampling procedures. A content analysis was used to collect the data for this study. Thematic analysis was used to clean and analyze the data. The findings suggest that the YouTube channels or Online TVs in Tanzania were very prompt in reporting all COVID-19 issues. The implication of this study is that the media in Tanzania have showed a patriotic example of playing well their social responsibility roles which requires all media practitioners to act as voices of the voiceless.

Keywords:

Media coverage, COVID-19, critical analysis, promptness, Online TV, Tanzania

1.0 Background Information

1.1 The COVID-19 Pandemic

COVID-19 has been define in different perspectives, according to WHO (2019), COVID-19 is a disease caused by a new strain of coronavirus. WHO explains that 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV'. On the other hand, Cennimo (2020) defines COVID-19 as an illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. The author (Cennimo, 2020) explains that the disease was initially reported to the WHO on December 31, 2019 and on January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. Cennimo (2020) further argues that the disease is caused by SARS-CoV-2 but was recently termed COVID-19 by the WHO, the new acronym derived from "coronavirus disease 2019. He says that the name was chosen to avoid stigmatizing the virus's origins in terms of populations, geography, or animal associations.

The history of COVID 19 commonly known as Corona virus can be trace back in 1960s when the pandemic is said to have emerged. According to Procknow (1966), the first case of Corona virus was reported early back in 1960 when the disease was known as B814 and later on it was renamed 229E. Few years later, the disease B229E was then named as CORONA (Witte KH, Tajima M, Easterday, 1968). It is reported that (McIntosh K, Kapikian AZ, Turner HC, 1970) CORONA virus occurred more in rainy, winter and spring seasons compared to the summer season.

Furthermore, Jahangir (2020) reports that Coronaviruses are capable of causing a variety of diseases in animals like pigs, chickens, cows, cats and dogs causing major loss of economy and livestock. He explains that Porcine Epidemic Diarrhea Virus (PEDV) and Transmissible Gastroenteritis Virus (TGEV) causes severe gastroenteritis in piglets, Feline enteric coronavirus (FCoV) causes a mild or asymptomatic infection in domestic cats, Bovine CoV causes respiratory tract infections in cattle, Rat CoV causes respiratory tract infections in rats and Infectious Bronchitis Virus (IBV) cause mild to severe respiratory tract infections in cattle.

The Coronavirus disease commonly known as COVID 19 is reported to first appear in its current form in the Wuhan city of Hubei province in China and was declared a global health emergency by World Health Organization on 30th January 2020 [42]. Jahangir points out that by 29th March 2020, the WHO database had confirmed about 574444 cases of corona globally with 26654 reported deaths from 201 countries. At the early begging and spread of the disease by March, 2020 the most affected countries were Italy with more than 86000 confirmed cases and 9000 deaths, United states with 85000 confirmed cases and 1243 deaths and china with 82000 confirmed cases and 3300 deaths.

In the case of preventions, the WHO (March 2020) released a number of recommendations to control the spread of the diseases as there is no cure yet includes: Washing of hands regularly with alcohol based hand wash or sanitizer or daily using soaps, avoiding frequent touching of eyes, nose and mouth as they are the most exposed site for catching the infection, observing social distance of about one to two meters between persons who are coughing or sneezing, covering mouth and nose while sneezing and coughing, wearing of face mask when in contact with another person, cleaning and sanitizing home and workplaces.

However, the reported common symptoms which are present in a COVID19 patient includes fever, dry cough, fatigue and shortness of breath (Jahangir, 2020). However, some patients may even complain about sore throat, headache, diarrhea, runny/stuffy nose and body ache (Guan W, & Ni Z, Hu Y., 2020).

1.1.1 The Spread and Fatality Rates

COVID-19 is a respiratory illness which is mainly spread during close contact and via respiratory droplets produced when people cough or sneeze. Respiratory droplets may be produced during breathing but the Virus is not generally airborne. People may also contract COVID-19 by touching a contaminated surface and then their faces. It is most contagious when people are symptomatic, although spread may be possible before symptoms appear. The virus can live on surfaces up to 72 hours. Time from exposure to onset of symptoms is generally between two and fourteen days, with an average of five days. The standard method of diagnosis is by reverse transcription polymerase chain reaction (rRT-PCR) from a nasopharyngeal swab. The infection can also be diagnosed from a combination of symptoms, risk factors and a chest CT scan showing features of pneumonia (WHO, 2020; Wikipedia, 2020).

It is reported (Scoones, 2020) that people with mild or no symptoms may have a very high viral load in their upper respiratory tracts, meaning they can shed the virus through spitting, touching their mouths or noses and then a surface, or possibly talking. Likewise, the new COVID-19 outbreak has also been found to persist for days on surfaces, though that doesn't necessarily mean these virus particles could still infect other people. That could be diminished by ultraviolet light, heat or humidity (WHO, 2020; Scoones, 2020).

The risk of death has been difficult to calculate, as it relies on accurate numbers of those who have symptoms but survive and some countries, including the US, have been slow to increase capacity for testing. A small study of people who contracted COVID-19 in Wuhan suggested that the risk of death increases with age, and

is also higher for those who have diabetes, disease, blood clotting problems, or have shown signs of sepsis (Hamzelou, 2020).

Children, on the other hand, seem to be less likely to get severely ill and die from the new Coronavirus, possibly due to less developed immune responses. Pregnant people don't seem to be at greater risk of experiencing severe COVID-19 than other adults, and it doesn't seem to pass on to fetuses, but further larger studies are needed to confirm this. Young, healthy adults are still at risk of contracting COVID-19 and developing severe, life-threatening disease (Hamzelou, 2020).

1.2 COVID-19 Pandemic in Tanzania

The first confirmed case of COVID-19 in Tanzania was on 16th March, 2020 when the first patient in Arusha was tested and confirmed positive. The patient is reported to have arrived in Arusha from Belgium and said to have visited some other European countries while in Belgium. Furthermore, on March 18th 2020, two other new cases of COVID-19 were confirmed in the business city of Dar es Salaam by the Ministry of Health in Tanzania. Moreover a continuous reportage of confirmed cases in both Tanzania mainland and Zanzibar were witnessed in the country. As of 30 March 2020, Tanzania's Minister of Health, Gender, Elderly and Children Hon. Ummu Mwalimu announced that the confirmed cases that were tested positive for the COVID-19 were 19 out of the 273 in both Tanzania Mainland and Zanzibar. Likewise, out of the 19 confirmed cases; 11 cases were in Dar es Salaam, 5 in Zanzibar, 2 in Arusha and 1 case in Kagera.

In an imitative to control the spread of the disease, the government of Tanzania has taken several initiatives including those commended by WHO. They include; washing of hands regularly with alcohol based hand wash or sanitizer or daily using soaps, avoiding frequent touching of eyes, nose and mouth as they are the most exposed site for catching the infection, observing social distance of about one to two meters between persons who are coughing or sneezing, covering mouth and nose while sneezing and coughing, wearing of face mask when in contact with another person, cleaning and sanitizing home and workplaces.

In addition to the fore mentioned initiatives by the Tanzania government, the government also closed all schools, colleges and universes. Other initiatives are prohibitions of all public gathering, controlling the number of people to attend in social events such as marriage ceremonies and funeral. However, religious activities were hardly affected by the provided guidelines and directives of the government thus, churches and mosques were open and people were insisted to use them to pray the disease to come to an end (*The Citizen, 17 March 2020*).

1.3 Media Coverage to COVID-19 in Tanzania

Media coverage sets the agenda for public debate and the news tells the public what to think about. Analyzing news coverage during the outbreak period provides insight into the role of the media in creating and disseminating public information and shaping the discourse on emerging threats. New media influence the public in a number of ways, including through an agenda-setting function and they populate the menu of items covered during a particular news cycle. News coverage can link medical and public conceptualization of health, while turning medical findings into public knowledge (Smith, Rimal, & Links, 2013).

Online TV channels are potentially useful tool for the effective communication of Emerging Infectious Diseases (EID) outbreak like COVID-19 updates and essential medical information to the public. How these EIDs are portrayed and communicated in YouTube channels shapes people's perceptions of risks, which in turn have a significant impact on their decision-making process and risk management behaviors (Tang, Zhi, Bie, and Eun Parks, 2018).

1.3.1 Media Promptness and Preparedness

Infectious disease epidemics such as COVID-19 pose unique challenges to healthcare as well as national surveillance systems. Since it is often not easy to predict the emergence of infectious diseases, many countries are caught up unprepared in the middle of outbreaks. Preparedness for infectious diseases however begins at personal level. It starts by having accurate information about the infectious diseases that are likely to cause epidemics in a specified geographical area. The value of such information is to foster preparedness, including keeping personal protective equipment (PPE) such as respiratory masks and gloves stored at home as part of personal epidemic preparedness plan. In addition, preparedness at personal level should also be accompanied by the ability to report in case of unusual syndromes related to emerging diseases (Mangu, et al., 201).

In today's 24-hour news and digital media environment, people constantly receive information from many sources, ranging from print media to Television to alerts and social media on mobile devices (Tumpey, Daigled & Nowak, 2018). Immediately after the news media or community learned of a public health-related Coronavirus outbreak in Tanzania, they wanted to know what was happening and who was affected. When the cause was rare but might cause substantial harm, news outlets from online TV channels often treated the outbreak as breaking news and began sustained coverage. From the beginning of the COVID-19 outbreak in Tanzania to its resolution and follow-up, online TV channels are expected to provide the news media with timely, accurate information and to answer about the outbreak's effects. Because the ways in which receipt of news was evolving and the ways in which public health authorities communicated with the media enabled public needs to adapt in similar ways. Online TV channels communication's strategies during COVID-19 outbreak response should include a mix of source outreach, partner and stakeholder outreach.

Online TV channels are used daily to inform the public on current health issues including COVID-19 pandemic. Online TV channel's campaigns can elicit positive behavior change and even prevent negative behavior change in individuals towards COVID-19 in Tanzania. Intensive education awareness and multi directional care from online TV channel's programs can improve the prevention of Coronavirus disease outcome. Therefore an accurate knowledge of their reservoir, their transmission, presenting symptoms approach to their investigation and best possible management together with preventive steps was necessary. Empowering public regarding the incubation period and epidemiology of the disease is needed (Collinson, et al., 2015). Frequent communication between online TV channels, healthcare providers/ authorities and the public was recommended to help the Tanzanian government in controlling the COVID-19 disease outbreak.

Research Questions

RQ: *To what extent were the YouTube Channels in Tanzania prompt in reporting the COVID-19 cases?*

2. Research Method

This is a qualitative research which utilized a content analysis. The data were collected using a documentary analysis (content analysis). A convenience sampling technique was used to access a total of 30 YouTube channels. They included; *ABC Habari, Ade Link TV, AhlusunnahWal-ja, AYO TV, Bongo5, Channel N TZ, Clouds Media, Dar24 Media, DarMpya TV, Dizzim Online, East African TV, Gilly Bonny Online TV, Global TV online, Islamicftz, Jamvi Online TV, JWEE info, Kingcharz TV, Kishk Online TV, KTV TZ Online, Lyimo Media, Masjidntoro TV, MCL Digital, Mishplus TV, Muungwana TV, Mwangi TV, Ngasa TV, Sibuka Media, The One TV, Wasafi Media and ZANJIBAR TV.*

The data collection was only limited to the period between March 16, 2020 when the first COVID-19 case was confirmed in Tanzania to March 30, 2020, other period of times are not part of this study. The sample size of the study was determined after saturation point and deepness of data to draw interpretation of the results and to proceed with report writing, a total of 160 newscast and headlines were reviewed. Thematic analysis was used to analysis the data obtained from the content analysis. According to Braun and Clarke (2006), thematic analysis is the best in scrutinizing and reporting patterns and themes within qualitative data, thus, the choice of this data analysis method was considered suitable and relevant for this study. Likewise, this approach has been described as one of the most common approaches to qualitative data analysis (Bryman, 2008).

3. The Results and Discussions

RQ: To what extent were the YouTube Channels in Tanzania prompt in reporting the COVID-19 cases?

The findings suggest that majority of the YouTube channels in Tanzania were very prompt and punctual in reporting the COVID-19 cases. It was revealed during the contents analysis of the YouTube channels that since the first case to be reported in the country the YouTube channels have actively been pioneers in reporting and giving frequent updates on the disease.

Furthermore, the findings disclosed that most of the contents covered by the YouTube channels included the reportage of the new infections across the country. In this case, the YouTube channels most of their time concentrated in reporting and giving updates of all new patients who were confirmed by authorized persons.

Moreover, apart from reporting the new cases, the YouTube channels were also discovered to have been very prompt in reporting all precaution and directives given by the responsible personnel. This included the

advocating of handwashing and the use of sanitizers were among the information which were never delayed by the YouTube channels.

Likewise, it was revealed that the YouTube channels were also very prompt in reporting all the dos and don'ts surrounding the COVID-19 pandemic as provided by the qualified spokesperson. Among the don'ts which were promptly reported by the YouTube channels included the avoidance of public and massive gathering and attending public gatherings.

Though it was not part of this study, the findings discovered that the Tanzania Communication Regulatory Authority (TCRA) also played a significant contributions by lessening the strictness on the use of the YouTube channels when the disease in Tanzania was expanding fast to other parts of the country. This played a significant contribution in allowing the YouTube channels to disseminate all information related to the pandemic.

Very surprisingly, it was also discovered that during the COVID-19 pandemic in Tanzania, most of the YouTube channels in Tanzania appeared to have foregone their normal business. This is because most of their headlines and contents were basically reporting issues of COVID-19 pandemic. They even went further by providing educative information.

Overall, what can be summarized from this findings is that the YouTube channels in Tanzania played a significant and credible role in reporting the issues of COVID-19. To a large extent, there were frequent flow of information running across the YouTube channels of which most of their contents were on the issues of COVID-19.

One of the practical implication from this findings could be that when it comes to issues of public interest, the media especially social media in Tanzania plays a credible role. This is because the example showed by the YouTube channels in Tanzania is a good and commendable example to all media outlets in making sure that when the country is in crisis, it is the role of all stakeholder; including the media to make sure citizen get all important information in a timely manner.

Another, implication of these findings could be that media practitioners in Tanzania are somewhat patriotic. This is due to the fact that majority of the online TVs in Tanzania are privately owned and operated and their main objectives to get profit out of the various advertisements they make. In other words, most of the YouTube channels in Tanzania are commercial in nature but despite of being commercial in nature, most of them became patriotic by helping the government to inform the public in all what it was supposed to be informed and they did this in a free of charge.

4. Conclusion

Basically, what can be concluded from these findings is that the social media in Tanzania through YouTube channels played a credible and commendable for being so prompt in reporting the issues of COVID-19 in the country, they always reported and provided all important updates concerning the disease. One of the lessons learnt from this good job done by the YouTube channels is that journalists in Tanzania are ready to sacrifice their profit and become patriotic when the country is in crisis. Therefore, this should be a lesson to all other social media and mainstream media to make sure that they fully play their social responsibility role more effectively like what the YouTube channels have demonstrated during the COVID-19 period.

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