
| RESEARCH ARTICLE

The Multivocality of Covid-19 Pandemic: A Reflection of Social Representations from Presidential Speeches in Tanzania

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| ABSTRACT

The study investigated how news of the Covid pandemic has been constructed and shared among the common public. The study assessed whether presidential speeches or discursive others influenced the nature of their discursive constructions on mitigation measures. The study employed participants from the four major cities of Tanzania. A sample size of 60 respondents was purposively selected. The data for this study were qualitatively analysed. The study used Social Representation Theory (SRT) to guide the study on how the public received the pandemic news. The study also assessed how the presidential speeches or discursive others influenced the nature of their discursive construction on mitigation measures. The findings showed that discursive constructions and sharing of the pandemic news among the public were constructed around the polysemous definition of Covid-19 as normal flues, asthma and complicated diseases. Results showed that presidential speeches positively influenced audiences' panic relief and raised self-consciousness. On the other hand, presidential speeches negatively influenced the audiences to delay responses and downplay the pandemic self-consciousness. This study recommends that political leaders need to consider their discourse choices when addressing global issues, as the public trusts people in power.

| KEYWORDS

Covid-19, Tanzania; Social Representations, Presidential Speeches, Pandemic, Mitigation Measures, Common Public.

| ARTICLE INFORMATION

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1. Introduction

Creating public perceptions of events or actions is subject to a battleground between scientific and public knowledge. The general public may interpret a social phenomenon using their social reality as social representations (Howarth, 2006). The general public may have the social terms of social realities, which may deviate from the original scientific knowledge of the phenomenon. They may oppose formalised communication and independent knowledge of the scientific domains such as biology and chemistry, unlike informal communication, polysemic definitions and knowledge that depend on the carrier system (Bangerter, 1995). Their social representations may simultaneously express their ideologies or personal beliefs of the phenomenon through language in social interactions.

Common sense knowledge has been necessary due to its communication function. They may turn unfamiliar to familiar by integrating them into the group's structure through social representations (Moscovici, 1961). However, their function may alter the intended direction of the state and international goals. They turn scientific knowledge through social representations into "scientific myth", which takes the form of multiple voices. Such multiple voices are deviations from scientific knowledge, inessentials, pathos, immoral thinking, and polysemous mixing (Bangerter, 1995). These multi-vocals are shared through social interactions, falsified

and promoted by political, social media, health, and public discourses (Moscovici, 1961). Following social representations on the emerging surface of an event, the appearance of Covid-19 received different attention among the public worldwide.

1.1 The Pandemic Context in Tanzania

The pandemic context in Tanzania can be traced from March 2021, when the first case was reported in the country. Since then, the disease spread all over the country. In the same month, 509 new confirmed cases and 21 deaths were reported in big cities such as Dar es Salaam, Mwanza and Dodoma. Following social unrest caused by the rapid spread of the pandemic and its consequences, the government intervened (WHO, 2022). The government employed different mitigation measures. The mitigation measures included closing schools and universities, banning gatherings and international travelling, and closing borders. Despite measures taken, the 5th government regime downplayed the seriousness of the pandemic and discouraged the use of masks and vaccinations; alternatively, the government encouraged the use of local herbs.

The government later reopened the schools, universities and borders with the claim of a Covid-19-free zone. Its claim of "Tanzania Covid-19 Free Zone" was, however, against both the World Health Organisation (WHO) and the African Centre for Diseases Control and Prevention (ACDCP) (Kangwerema et al., 2021). After the death of the former president, Dr Samia took over the government. Her 6th government regime insisted on the seriousness of the pandemic and the use of protective masks. She even launched the vaccination campaigns in July 2021. In cooperation with WHO, she also adopted different measures whereby the National Covid-19 Response Team (NCERT) developed a readiness package. The packages included surveillance, laboratory, case management, Infection, Prevention and Control (IPC) and Risk Communication and Community Engagement (RCCE) (WHO, 2022). These different approaches used to advocate against the pandemic by the two government regimes affected the direction of the general public toward Covid-19 mitigation measures, leading to various social representations of the pandemic.

2. Literature Review

What is known as far as a social representation of the pandemic is concerned is how political discourses, media and health discourses employed different strategies to (de) legitimise various covid-19 mitigation measures (Allen & Ayalon, 2021; Aspriadis, 2021; De Rosa & Mannarini, 2020; Ivic, 2020; Moscovici & Personnaz, 1986; Wang et al., 2022). For instance, presidential speeches in the USA, Europe, Africa and Asia blamed and associated the virus with the Chinese, immigrants and foreigners (Kozłowska et al., 2020). Health discourses in the USA, Italy, and Serbia stigmatised both health experts and the use of protective masks, discouraged hand washing, delayed closing borders and allowed shopping (Allen & Ayalon, 2021; De Rosa et al., 2020; Milutinović et al., 2021). Social media in Rome stigmatised the use of Chinese protective masks and devaluated official engagements with the pandemic (Cmeci, 2023). Moreover, in Tanzania, political discourses have been reported with mixed findings. For instance, other political strategies reported included using official, emotional and rational strategies to legitimise Covid-19 vaccines (Robinson & Malima, 2021).

On the other hand, other political discourses have reported stigmatising Western masks and vaccinations and downplaying the pandemic's seriousness (Kamazima et al., 2020; Kangwerema et al., 2021; Makoni, 2020). What is not known from the above studies is how their use of (de) legitimisation strategies influenced the common public constructions of Covid-19 mitigation measures. In that case, the study specifically analysed how the pandemic news had been constructed and shared among the general public. It assessed whether the nature of their discursive constructions on mitigation measures resulted from presidential speeches or discursive others.

2.1 Theoretical Framework

Social Representation Theory-SRT guided this study (Moscovici, 1961). The theory assumes that scientific knowledge is diffused into common senses through scientific myth using different communication channels that are the core of social representations. The actions or events, in that case, are anchored to past experiences or memories of the group. Others are blamed for their actions, and even the actions or events are condemned. Moral or immoral acts are based on members' values, feelings, and beliefs. The individual members of the group determine what is good or bad, what is accepted or not accepted in social interactions until their social realities are established. They may assign different polysemic definitions of an event or action (De Rosa & Mannarini, 2020; De Rosa et al., 2020; Mannarini et al., 2020). The theory has been widely used in social presentations of madness, gender, health, disability, AIDS and social representations of the Covid-19 Pandemic (De Rosa & Mannarini, 2020; Duveen, 2000; Leape, 2020). Its use in the current study is because of the theory's non-individualistic approaches to making sense of threatening events and its ability to reveal common public knowledge, their emotions, deviations and correct memories relating to threatening events (De Rosa et al., 2019; Moscovici, 1961).

3. Methodology

3.1 Data collection procedures

The study was done in Tanzania's four cities: Mwanza, Dodoma, Dar es Salaam, and Arusha. These regions were the focus of the study because they were hot-spot areas of the pandemic. The cities have diverse mobility caused by business, tourism and government interactions. The study employed sixty respondents using purposive sampling. The selection criteria involved participants with different levels of education, mixed age groups, and professionals, residents of the study area. Purposive sampling was employed to get the informative participants.

With the consent of the participants, a convenient day and time was set for an interview. The study used an interview as the method of data collection. The following were the step-wise methods used for an interview: the first stage involved ten hours of familiarisation research aim, conventions during an interview and brief explanations of the research ethics (Jonker & Pennink, 2010). During the first stage, participants were also allowed to be introduced to the researchers for familiarity and to create an environment for participants' confidence. In one hour of the second stage, the researchers played video-recorded speeches of Dr John Pombe Magufuli and Dr Samia Suluhu Hassan on the Covid-19 pandemic using a mini-speaker. The participants listened to the video-recorded speeches to become familiar with an issue under investigation (Bryman, 2004). In the 35 hours of the third stage, researchers used structured interview questions to collect the data. The structured interview questions had six main questions relating to social representations of the pandemic. During this stage, a tape recorder was used to record the interactions for future retrieval. The last five minutes were used to summarise the interview and thank the respondents.

3.2 Data Analysis

The analysis adopted a Social Representation Analytical Framework to guide the extraction of themes from the raw data. Attride-Stirling (2001) six-step-wise thematic analysis was employed to analyse qualitative data. The following systematic procedures were used: The first stage involved transcribing data sets. After the transcription, transcripts were translated into English, the official language of communication and a medium of instruction in secondary schools and higher levels of education in Tanzania. The second stage involved coding of raw data guided by the theory, objectives and salient emerging themes to avoid redundancy. The third stage involved the task of identifying themes both specific and broader themes. There were twenty-six basic themes, five organised themes and one global theme (see Table 1).

Table 1: Audiences' Social Responses

Basic themes	Organised themes	Global Themes
Asthma, normal flues, carelessness, normal measures,	Polysemous	
Brought by whites, the government, and our travelling colleagues, you cannot be serious, the local pandemic, not be touched, distance.	Blaming	
Contagion with viruses, a lot of eyes, local mask.	Moral evaluation	Audience responses
Men's sexual performance ability, mental disability, human mobility, personal safety, cotangent with viruses, untested vaccines, motivation from friends.		
Ebola, HIV, Malaria, not taken seriously, panic relief, raised self-consciousness, instigating more spread, washing hands, avoiding unnecessary journeys.	Anchoring (familiarisation)	
Cultural hygiene, African cultural practices, mobility, public transport, commuter transport, Rapid Bus Transit, dictatorship.	Pathology of spatial relative closeness	

The fourth stage involved refining and discarding irrelevant ones and separating related ones. Moral evaluations on Western masks and Covid-19 vaccinations were combined to form one theme. Moreover, one new theme emerged from the data: "pathos of spatial closeness". The fourth stage involved the establishment of the interconnectedness of themes and raw data by constructing networks. The fifth stage involved descriptions of the networks by supporting with origin transcribed materials. This stage also

involved exploring their underlying patterns. The sixth stage involved interpreting the themes using theory, argumentations and past studies.

The trustworthiness of the findings was achieved through refinements of the themes, which involved separating similar themes, discarding irrelevant ones, combining similar themes and even developing new ones (see also Braun & Clarke, 2006). Theoretical data saturation was ensured during data collection (Herley & Pieters, 2015; O'Leary & Cryan, 2014). Similarly, inter-coder consistency was employed by involving two independent researchers during the coding processes. The inter-coding aimed to achieve themes similarities and transparency in coding procedures (see also Herley & Pieters, 2015; Saunders et al., 2009).

4. Findings

The findings showed five sub-themes related to the multivocality of the Covid-19 pandemic found out from this study. The themes are polysemous, blaming, moral evaluations, anchoring and pathos of spatial closeness. Themes reflected in mitigation measures influenced by presidential speeches and discursive others are also presented in the following sections.

a) Polysemous

Multiple public meanings regarding the nature of the pandemic emerged from the data. The study found that participants perceived the Covid-19 pandemic as asthma and influenza. They also associated the origin of the Covid-19 pandemic with animals. When the respondents were asked how the speeches by Dr John Pombe Magufuli influenced their understanding, they claimed that the speeches negatively influenced their experience, leading to poor mitigation measures. They presented discursive responses related to a lack of interest in wearing masks, lack of directions and confusion among themselves. They also claimed to have developed care-free habits and downsized the pandemic's seriousness. For example, the respondent (P6, Dar es Salaam) employed a transitive clause and an attributive relative clause to downplay the severity of the pandemic, as shown in the excerpts below:

"For me, the first presidential speech made me take issues of Covid-19 lightly; after all, the symptoms of this infection are not very new, though I can admit that this one seems more serious., I think we need to use those normal mitigation measures which we have somewhat neglected them (P 6, Dar es Salaam)."

b) Blaming

Blaming is one of the respondents' discursive strategies used to set complaints about the Chinese and Europeans as the source of viruses. The discursive strategy used included disparaging words to those travelling abroad. The respondents blame those travelling abroad as a source of viruses. They also accused the government of being irresponsible in that it did not take early measures to close the borders. The respondents, having known that the source of the viruses was abroad, could care less about using mitigation measures and undermined the seriousness of the pandemic. They perceived the pandemic as a Western problem. Their perception of how they regarded the disease can be reflected by the respondent (P6, Mwanza City), who employed a negative behavioural clause, and the respondent (P8, Arusha City), who used the perception mental clause and infection mental clause to downplay the seriousness of the pandemic. The following quotations show:

" I could care less because we heard that this disease has not originated in our Country (P6, Mwanza City)."

"Since the pandemic has not originated from our country, and considering the distance of its origin, I believe that I would not get infected; you know what, China is far from here, so I think there is no need to worry (P8, Arusha City)."

c) Moral Evaluations

Discursive immoral values regarding the use of Western masks and vaccines during the pandemic in the Tanzanian context are reported in this study. The respondents claimed that the Western masks were contaminated with viruses. The speeches by Dr John Pombe Magufuli influenced their perceptions towards the masks. The respondents said that his speeches motivated them to design their local masks. They trusted the speeches because they believed that the head of the state had already foreseen the pandemic consequences better, and he could not deceive them. For example, the respondent (P10, Arusha City) employed the material clauses to express his response to making his local masks. While (P6, Dodoma City) used visual imagery, "he has many eyes," to refer to the brevity of His Excellency. See the following quotations:

".....because of the speech by the Head of the State....., the president "has many eyes." He has given precautions on the western masks that they are of no good, and because of that, I designed my local mask using local cloth materials (P 6, Dodoma City) ."

One of the participants also claimed to dislike Western masks because of the existing panic about them among the common public. The participant employed the existential clause to mean "there were.." to explain a lot of panic about the use of Western masks, which were associated with coronaviruses, as expressed in the excerpt below:

"There were a lot of panics that western masks may be Covid-19 virus contaminated (P10, Arusha City)."

The study reports mixed responses on the nature of Covid-19 vaccinations in the Tanzanian context. They presented a variety of immoral discursive responses that attributed to the use of vaccinations. Some of these responses could be free from the influence of presidential speeches. Regarding Covid-19 vaccination, the respondents believed that their use would reduce men's sexual performance and could lead to infertility ability and even cause mental disability. The participant (P 23, Mwanza City) employed existential clauses to express the emergency of rumours about the vaccines, as shown in the following quotations:

"There emerged rumours about vaccines, that the vaccination would make men infertile, or undergo mental illness and things of that kind. So many rumours made us lose our trust in the vaccines. We are unsure what would happen for vaccinated people (P 23, Mwanza City)."

Furthermore, the respondents said that the president's prudent speech on vaccines prevented them from taking them. They then decided to rely on local herbs. One respondent (P 22, Dar es Salaam City) employed negative clauses to show his vaccine denial. Similarly, the same respondent used attributive and possessive identification clauses to declare the vaccines' attributions and origins. Likewise, the participant (P18 Arusha City) employed a material clause to show his denial of the vaccines alternatively to local herbs. By describing the perceptions of vaccines, the following quotations support the idea:

"I did not vaccinate because vaccines were invented within a short duration since the pandemic outbreak made us doubt their effectiveness and the side effects that would come with them. You know, vaccines should run various tests before their use. I am also questioning their country of origin (P 22, Dar es Salaam)."

" Because of the precautions we heard regarding the vaccines, I continued using local herbs and exercise. We thought these remedies were less harmful (P18, Arusha City)."

Other participants' decision to vaccinate was explained by their claims based on the following discursive others: nature of human mobility, personal safety, fear of death and discouragement from family and friends. However, when the respondents were asked if Dr Samia Suluhu Hassan's presidential speech influenced their perspectives on vaccines, they agreed with it. For example, the participant (P15, Dodoma City) employed evaluative perception, mental clause and visual imagery, "let us follow Samia's footsteps", to claim the importance of vaccines. Her speech demonstrated the seriousness of the pandemic; hence, the vaccine was crucial. The influence of her speech is elaborated in the following quotation:

"After seeing that these traditional medicines are not scientifically proven, I decided to agree, follow Samia's footsteps, and vaccinate." Her speeches made us realise the transmission would escalate if we did not vaccinate (P15, Dodoma, City)

d) Anchoring

There were mixed responses on whether such a strategy worked properly. On the one hand, some respondents reported that Dr John Pombe Magufuli's speech relieved their panic, raised their self-consciousness and convinced them to use alternative medicines. On the other hand, other participants claimed to have not taken so seriously the impact of the pandemic. One of the participants (P35, Mwanza City) used negative perceptions of mental clauses to deny the value of the statements. At the same time, he employed cognitive mental clauses to show his decision to use mitigation measures. Likewise, the respondent (P42, Arusha City) employed the direct effect clause to acknowledge the statement from the head of the state. We quote their agreement below:

"I didn't see whether the statements of not taking precautions were good; I did not take them seriously. Instead, I continued with the mitigation measures of washing hands and avoiding unnecessary journeys, as I explained before. For me, those statements instigated more pandemic spread (P35, Mwanza City)."

"Those statements relieved my panic about the pandemic and raised my consciousness of taking necessary measures against the pandemic (P, 42 Arusha City)."

e) The pathos of Spatial Closeness

The strategy was necessary for addressing audiences' anguish regarding their special-closeness strategies during the pandemic. The findings also showed that the audience found it impractical to keep a social distance because of the nature of public transport, which tends to be overfilling. They attributed the banning of gatherings as a dictatorship practice. They claimed that the lockdown violated human rights. They said that banning gatherings prohibits the human nature of mobility and well-being.

They also attributed shaking hands as an inevitable African cultural practice. A handshake symbolises generosity and a sign of caring. Washing hands was, however, attributed to cultural hygiene that needed to be enhanced even after the pandemic. The participant (P38, Dar es Salaam, City) elaborated this well by employing a behavioural clause to show his doubts about that statement regarding the use of public transport. This participant also employed the cognitive mental clause to stress the impracticality of banning gatherings. Likewise, another participant (P27, Dodoma City) used a verbiage clause to show his recommendation of a hand-washing strategy as one of the hygiene practices. The following quotations below show:

"We heavily rely on public transport as a common means of transport, when we are now advised to keep a social distance; yes, it could be one of the best measures, but its application is difficult. The overcrowding of the passengers commuter buses was common almost all over the country. It was, therefore, difficult to maintain distances (P38, Dar es Salaam)."

"You know it is impossible to keep a social distance, especially during ceremonies like weddings, as you have mentioned; it is also impossible to ban these ceremonies; these practices are our cultures. However, I agree with the habit of frequently washing our hands. I recommend it continues even after the pandemic because it is a good practice for maintaining hygiene (P27, Dodoma City)".

5. Discussion

The study analysed how the common public constructed and shared the pandemic news through presidential addresses. It also assessed how the nature of their discursive construction on mitigation measures was the influence of the presidential speeches or discursive others. The study found five dimensions of multivocality, including polysemy, blames, anchoring, moral evaluation and pathos of spatial closeness.

5.1 Constructions of the Covid-19 pandemic

Findings showed that the general public constructed the pandemic by anchoring it to past and present experienced diseases such as asthma, normal flu, complicated diseases and animals as its source. The findings further showed that such polysemous meaning assigned to the pandemic reflected the social reality of their memory and present experience of diseases like Malaria, HIV-AIDS, Ebola and other diseases (De Rosa & Mannarini, 2020). Their polysemous on the pandemic could be attributed to the newness of the pandemic as to why they called it "a complicated disease." The construction of the pandemic also manifested by blaming the Chinese ways of life (Wang et al., 2022), the business community travelling abroad, and the irresponsible practices of government engagement with the pandemic (Ivic, 2020).

The perceptions of Western masks and vaccinations in the Tanzanian context are what Bangerter (1995b) claims are excessive expressions, immoral thinking and multiple voices. For instance, different polarisation practices of western masks are said to be cotangent with viruses. Another polarisation included terrible representations of the use of vaccines with the decline in men's sexual performance (De Rosa et al., 2020). The polarisation of vaccinations among the common public was also based on the claim of untested vaccines. Spatial closeness revealed uncontrolled feelings and anguish among the common public on the impracticality of Covid-19 mitigation measures.

5.2 The Influence of Presidential Speeches

The political discourses regarding the pandemic were inconsistent, misleading, and confusing the public. Kangwerema et al. (2021) reported similar findings. The authors state that the public remains in a dilemma when multiple discourses exist. The presidential speeches in Tanzania did just that. The discursive strategy of the use of Western masks influenced the audiences negatively. The speeches made the public downplay the seriousness of the pandemic and caused careless habits and a lack of interest in wearing masks. Studies by (Allen & Ayalon 2021; Milutinović et al., 2021) reported findings showing incoherence to health and political discourses.

The political discourses cast blame on the source of the pandemic. The blames led to poor public responses to mitigation measures. As a result, their perceptions of the pandemic regarded it as if it was not their problem. These findings suggest that politicians

have the power to influence the public with their beliefs, so they need to assess their speeches before communicating them to the public.

The public perceived the vaccine as not crucial because the president said it. The public could believe everything the president said as they saw him as their role model, trusting whatever he said or advised them. The imagery expression made the people believe that their president had foreseen the challenges of vaccines. However, a new perception emerged among the public following the speech by the current president. Her speeches were consistent with the worldview regarding Covid-9. Her speeches, therefore, motivated the common public to vaccinate during the second phase of the pandemic. These two opposing findings created confusion regarding their responses to mitigation measures. Van Dijk (2000) reports how power influences ideology and beliefs. Past studies (Allen & Ayalon, 2021; Ayalon et al., 2021; Bangerter, 1995a; Carlitz & McLellan, 2021; Ivic, 2020; Kangwerema et al., 2021; Makoni, 2020; Robinson & Malima, 2021) emphasised that polarisation done during Covid-19 symbolised poor public responses against pandemic and misdirecting the public.

Anchoring strategies employed in these speeches may not only familiarise the pandemic but may also be used to defamiliarise the mitigation measure. These findings are congruent with (De Rosa & Mannarini 2020; Marková & Farr, 1995; Milutinović et al., 2021) findings. The presidential speeches by Dr John Pombe Magufuli normalised the pandemic by calming the public with panic attacks and declining their efforts toward mitigation measures.

5.3 Discursive-others

Findings showed that political speeches positively and negatively influenced the Covid-19 pandemic. Apart from the speeches, discursive others are reported to influence public responses to mitigation measures. Such discursive others include panic about using Western masks aired in different multi-communication channels (Moscovici, 1961) and stigmatisation practices of Western vaccinations associated with ill information such as untested vaccines. The findings imply that not only does the knowledge of the public defuse the deviations of scientific understanding to scientific myth. A similar result is seen in (Bangerter, 1995). On top of that, social media became a source of ill information in the Tanzanian pandemic context.

However, other discursive responses suggested positive mitigation measures during the pandemic. They include self-understandings of the nature of human mobility that creates a need to vaccinate. These findings imply that people do make rational decisions when the pandemic emerges. The seriousness of the pandemic guided the public on how to undertake mitigation measures despite hearing varied speeches of their leaders. It also implies that the public cannot be controlled by deviations, pathos, excess and multiple vocals of the pandemic. They are sometimes independent of the original knowledge. This observation mismatches the SRT, which sees the common public as responsible for the deviations of scientific expertise.

6. Conclusion and Recommendations

The study used Social Representation Theory (SRT) to analyse how the public received the pandemic news. The study also assessed how the presidential speeches or discursive others influenced the nature of their discursive construction on mitigation measures for Covid-19. The findings showed that discursive constructions and sharing of the pandemic news among the public were constructed around the polysemous definition of Covid-19 as normal flues, asthma and complicated diseases.

Secondly, the pandemic was constructed and shared around blaming Western countries and the international business community. The blame was also thrown on the government for being regarded as irresponsible and the causative source of viruses. Thirdly, the pandemic was built around the immoral evaluation of Western masks as virus-cotangent. Finally, the pandemic was constructed and shared around immoral evaluations of vaccinations as cotangent with coronaviruses, mental disorders, a decline in men's sexual performance and untested vaccines.

Whether the presidential speeches used during Covid-19 influenced the public discursive constructions on mitigation measures, it can be concluded that firstly, when presidential speeches blamed the Chinese as the source of viruses, they resulted in the audiences' delayed responses on mitigation measures and downplaying the size of the pandemic. Secondly, when presidential speeches employed devaluation strategies on the Western masks and vaccinations, they developed careless response habits, a lack of interest in wearing Western masks and denial of vaccinations. Thirdly, when the presidential speeches insisted on the seriousness of the pandemic, they turned the audiences' positive responses to vaccinations. Fourthly, when the presidential speeches anchored the pandemic to past and present diseases, they led to panic relief and self-consciousness on mitigation measures. Based on the findings, this study recommends that political discourses on the pandemic must consider language employed as the public trusts people in power. Political leaders must critically analyse choices of words and speeches before sharing them with the public to control the damage they might cause.

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