

Finding the Balance: Public health and social measures in South Africa

This report describes findings from a telephone survey with 1,266 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the South African Medical Association Research Ethics Committee to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

What are the highlights from this report?

Situational Awareness

South Africa's third wave of new infections peaked in early July 2021. The height of the third wave coincided with social unrest driven by a combination of factors, including income inequality and economic hardship exacerbated by the pandemic.

PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to individual measures has remained high; however, support for measures restricting social gatherings and movement has fallen considerably since the first survey in August 2020. Despite this, support for many measures the government has promoted through its alert-level system have remained high, suggesting continued utility of this system.

Information and Risk Perception

Risk perception remained high from previous survey rounds, with respondents expressing especially high levels of personal concern about COVID-19. Those with high levels of risk perception reported higher levels of support for PHSMs, adherence to PHSMs, and intent to get vaccinated.

Vaccine Beliefs and Uptake

Three in four respondents (76%) reported receiving at least one dose of the vaccine or were planning to get vaccinated, while fewer than one in five (18%) said they were unlikely to get the vaccine. Survey results suggest there is still a sizable portion of the population interested in getting vaccinated, despite a recent slowdown in daily vaccination rates and challenges in vaccine roll-out.

Secondary Burdens

Two in three survey respondents reported income loss since the start of the pandemic, and nearly half reported having to reduce the number or size of meals consumed in the past week. However, missed or delayed health visits dropped by nearly half since February, suggesting that access to health care is rebounding after three waves of COVID-19 infections.

National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	15%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	21,882,980
Cumulative incidence per 100,000 people	4,901
Total reported cases	2,906,422
Total confirmed COVID-19 deaths	87,780

Data source: Africa Centres for Disease Control and Prevention

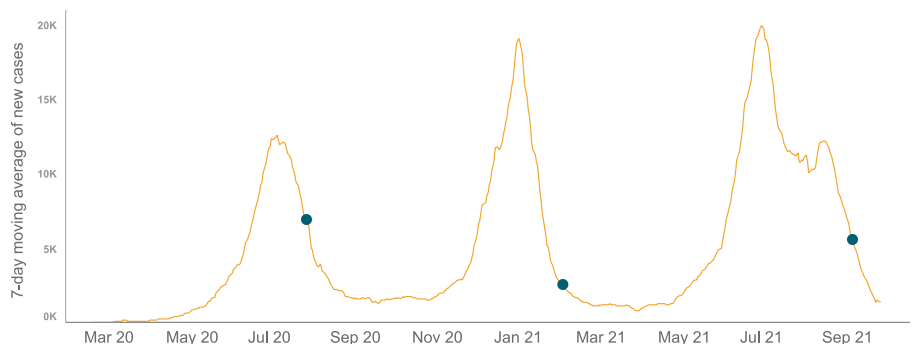
What are the key trends from this survey?

While many trends remained stable through the first two waves of COVID-19 cases, support for staying home and perceptions of risk both decreased after the third wave. Loss of income has remained high, but stable, through the pandemic.

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	89%	→ 87%	↓ 70%
Personal risk perception	49%	→ 49%	↓ 43%
Satisfaction with government response	70%	→ 68%	→ 65%
Vaccinated/likely to get vaccinated	*	61%	↑ 76%
Income loss since pandemic start	69%	→ 69%	→ 66%

* Vaccines were unavailable at the time of the survey

Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



Situational Awareness

What is the situational context influencing COVID-19 response?

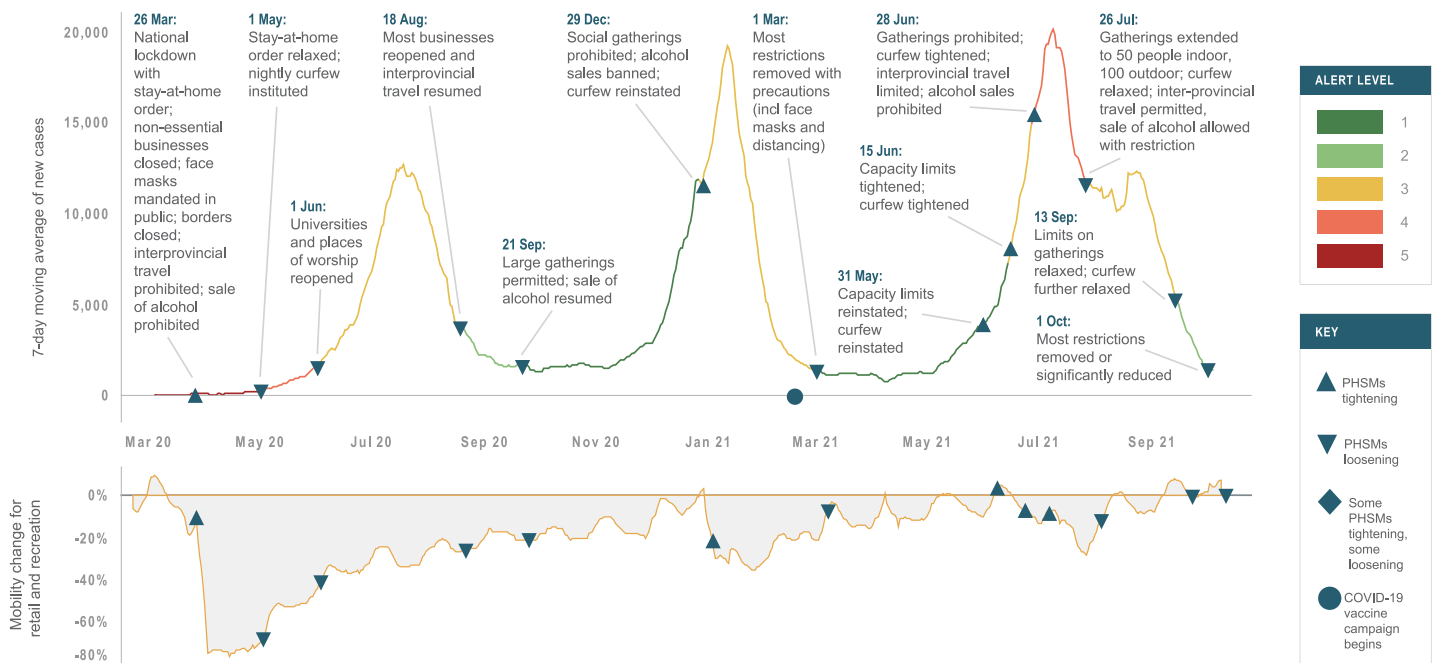
South Africa experienced a third wave of new infections from May through August 2021; the Delta variant, [first detected](#) on 18 Mar 2021, was a major contributor to the surge. New daily infections peaked on 8 Jul at about 20,000 — nearly identical to the second wave peak. Unlike in previous waves, however, there was a second surge through mid-August before cases began falling again in September. As it has since the start of the pandemic, the government deployed its 5-step [Alert-Level system](#) to increase the stringency of PHSMs as cases rose. Just prior to this survey, schools reopened for in-person learning, and PHSMs were loosened to Alert Level 2, with restrictions on individual behavior (such as mask mandates and social distancing) intact and mandates on social behavior (such as gathering size limits and curfews) relaxed.

South Africa is one of the few African Union Member States to track excess mortality, and the data paint a stark picture of the toll of the pandemic. Although South Africa has officially reported about 88,000 COVID-19 deaths, the South African Medical Research Council now estimates more than [264,000 excess deaths](#) between May 2020 and October 2021, suggesting the direct and indirect death toll has been considerably higher than reported.

While the first phase of the vaccination program began in February 2021 with the Johnson & Johnson vaccine, vaccinations picked up speed starting at the beginning of May with the launch of the [national vaccination strategy](#) and program. Coverage significantly increased between June and September with the introduction of Pfizer/BioNTech vaccines, and since 20 Aug, the entire adult population has been eligible to receive the vaccine. However, despite more abundant vaccine supply, South Africa's daily vaccination rate [has decreased](#) in recent weeks, leading to new, [more targeted](#), campaigns. South Africa is using J&J and Pfizer/BioNTech and has vaccinated 14M people with at least one dose, roughly 15% of the total population.

During the third wave of new infections, South Africa experienced some of [the worst violence and social unrest](#) since the end of apartheid 30 years ago. In July, after former president Jacob Zuma was imprisoned as part of a corruption trial, riots broke out across KwaZulu Natal and Gauteng provinces. The unrest quickly escalated to widespread looting and violence, [killing more than 300 people](#) and causing over [\\$1.7B in damage](#). The violence also [disrupted the rollout of vaccines](#) and provision of other essential health services in some of South Africa's most populous regions. Unemployment, which had been [increasing since 2008](#), ballooned from 28.5% in 2009 to 34.4% in the second quarter of 2021—among the [highest in the world](#)—and exposed [long-standing structural problems](#), such as inequality and labor market volatility that have been exacerbated by the pandemic.

PHSMs were steadily tightened through the third wave of new infections before loosening in late July, as caseload was declining



PHSM Support and Self-Reported Adherence

Do people support and follow measures?

What the data say

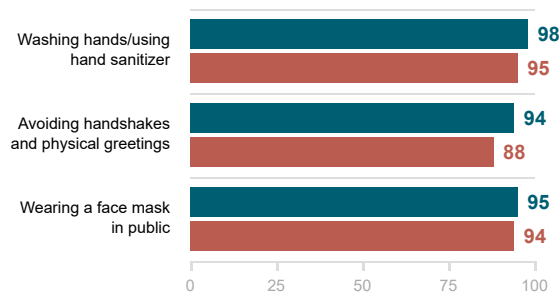
Support for and self-reported adherence to individual measures to limit the spread of COVID-19 remained high in South Africa; however, there has been a pronounced drop in support for measures restricting social gatherings and movement since February 2021.

- Compared to lower-income respondents, those from the highest income bracket reported higher levels of support for most restrictions on social gatherings and movement, including avoiding social gatherings (93% vs. 79%), reducing trips to the market or grocery store (90% vs. 82%), and avoiding places of worship (81% vs. 73%).
- Those expressing high perceptions of personal COVID-19 risk and trust in government reported higher levels of support for and self-reported adherence to PHSMs than those with low risk perception and low trust in government.

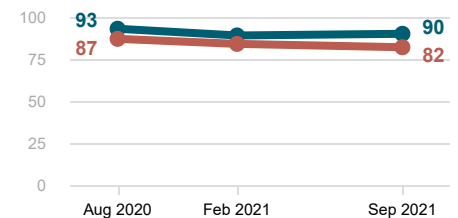
Individual measures

Support for and self-reported adherence to all individual measures have remained high across all survey rounds. Individual PHSMs, including mask mandates and social distancing requirements, have remained in place throughout the pandemic.

Support for and adherence to each individual measure in Sep 2021



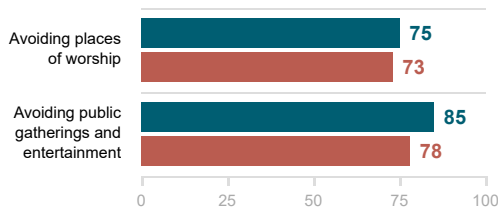
Trend in support for and adherence to all individual measures (composite score)



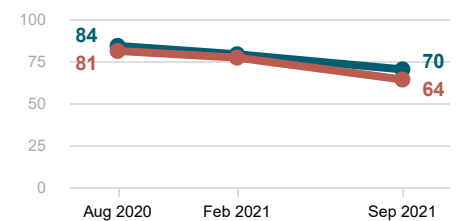
Measures restricting social gatherings

Levels of support for and self-reported adherence to measures restricting social gatherings have trended downward since the first survey in August 2020. Prior to the most recent survey, these types of restrictive measures were loosened.

Support for and adherence to each social measure in Sep 2021



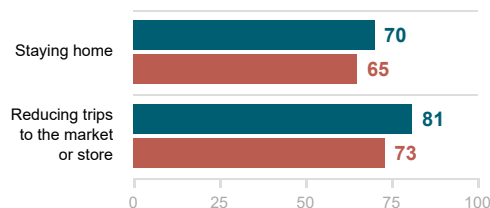
Trend in support for and adherence to all social measures (composite score)



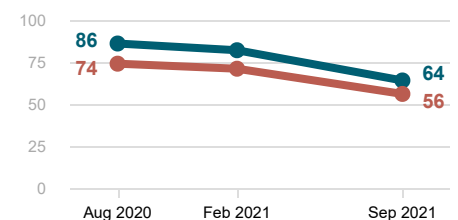
Measures restricting movement

Both support for and self-reported adherence to measures restricting movement fell considerably since February 2021. However, mobility has remained at or below pre-pandemic levels nearly uniformly since the first PHSMs went into place in early 2020, suggesting that while movement may be increasing, it is still constrained by COVID-19.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



Information and Risk Perception

How do people understand risk?

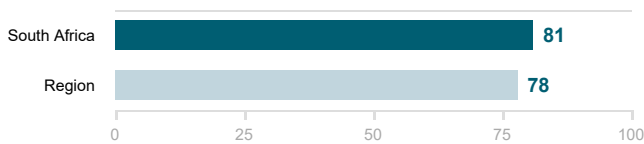
What the data say

Respondents in South Africa reported high perceived risk that COVID-19 poses to their country and themselves, above the Southern regional average for each measure and similar to February 2021. South Africa has recorded more COVID-19 cases than any other Member State, and more than half of respondents listed COVID-19 as one of their top three concerns, second only to concerns about employment.

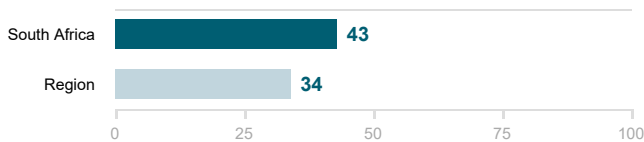
- Respondents reporting having longstanding illnesses reported higher perceptions of personal risk of COVID-19, possibly suggesting an understanding of the association between comorbidities and negative health outcomes. They reported higher levels of concern of catching the virus (54% vs. 40%) and beliefs that COVID-19 would seriously affect their health (79% vs. 62%) than those without longstanding illnesses.
- Compared to those with low personal risk perception, respondents with high risk perceptions reported higher levels of support for nearly every type of PHSM, higher levels of self-reported adherence to those PHSMs, and higher likelihood of getting a vaccine.
- Despite South Africa's high crime rate and recent civil unrest, respondents reported COVID-19 as one of their top three concerns nearly twice as often as crime or safety. Other frequent responses included corruption and leadership (22%), access to food (20%) and education (18%).

How do people understand the risk of COVID-19?

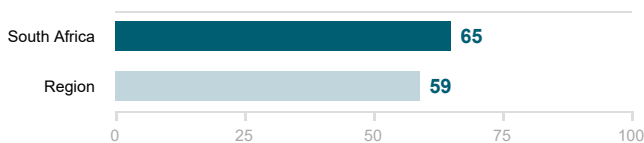
81% believe that COVID-19 will affect many people in their country



43% believe that their personal risk of being infected with COVID-19 is high

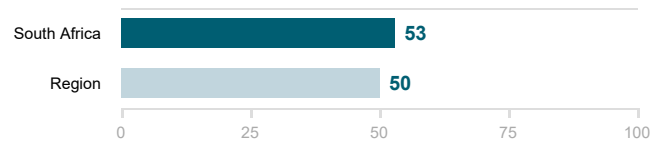


65% believe that their health would be seriously affected by COVID-19

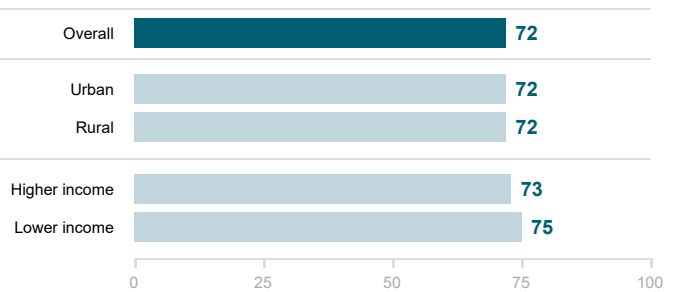


How concerned are people about COVID-19?

53% report COVID-19 as being a top concern



72% are anxious about resuming normal activities



Note: 35% of respondents did not report their income category; results should be interpreted with caution.

The issues most concerning to people

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	62%
COVID-19 pandemic	53%
Personal safety/crime	28%

Information and Risk Perception

Whom do people trust?

What the data say

The recent spate of civil unrest, the health minister stepping down amidst [corruption charges](#) and third wave of new COVID-19 infections created an uneasy backdrop to this survey. As was the case in February 2021, respondents reported the lowest levels of satisfaction with the government's response to the pandemic and trust in the president (68%) in the Southern region. Trust in the Ministry of Health rose by eight percentage points between February and September 2021, however, suggesting that trust in the ministry was not negatively affected by the recent scandal.

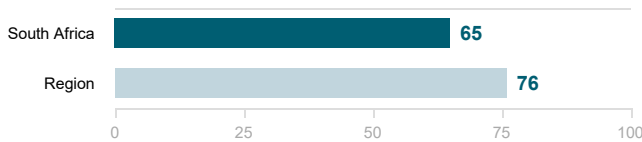
- Income level appeared to be associated with trust in government; lower-income respondents reported higher levels of satisfaction with the government's pandemic response than higher-income respondents (74% vs. 60%), as well as higher levels of trust in the president's approach to the pandemic (71% vs. 63%).
- Satisfaction with the government's pandemic response, and trust in the president and the Ministry of Health, were all positively associated with support for and self-reported adherence to PHSMs, as well as likelihood of getting a vaccine.

Respondents listed local media – both television and radio – as the top two most trusted sources of information.

- Nearly half of respondents reported trusting information from WhatsApp (44%) and one-third in Facebook (33%). Such findings are concerning given the prevalence of misinformation circulating on these platforms; however, they also represent an opportunity for the government to continue to use these platforms for disseminating accurate health information.

What do people think about their country's institutions?

Respondents reported the lowest levels of government satisfaction in the region, similar to results from the February 2021 survey.

65% are satisfied with the government's pandemic response

Top three most trusted institutions and individuals

Percentage of people reporting trust in each person's or institution's approach to the pandemic

Hospitals/health centers	79%
Community health workers	75%
Ministry of Health	75%

Do people believe accurate information?

Respondents reported high levels of understanding of some of the transmission dynamics of COVID-19, especially around asymptomatic transmission. While nearly two in five respondents said they believe health care workers should be avoided due to their likelihood of spreading COVID-19, this figure was down considerably since February 2021, when nearly half held this view. Furthermore, health care workers were listed among the most trusted sources of information, suggesting a decrease in health care worker stigma through the third wave of new infections. Additionally, a greater proportion of respondents from South Africa (62%) reported believing that COVID-19 is curable with herbal remedies than the Southern regional average of 45%. Because local media was both highly trusted and widely consumed, policymakers should continue efforts to utilize local television and radio platforms to help dispel myths and promote accurate health information.

Most trusted sources of information

Percentage of people reporting trust in information sources about COVID-19

Local television	83%
Local radio	81%
Health center/health workers	75%

84% understand that infected people may never show symptoms but could still infect others.

78% understand that infected people may not show symptoms for five to 14 days.

62% believe that COVID-19 can be cured with herbal remedies.

38% think they should avoid health care workers because they could get COVID-19 from them.

Vaccine Beliefs and Uptake

Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

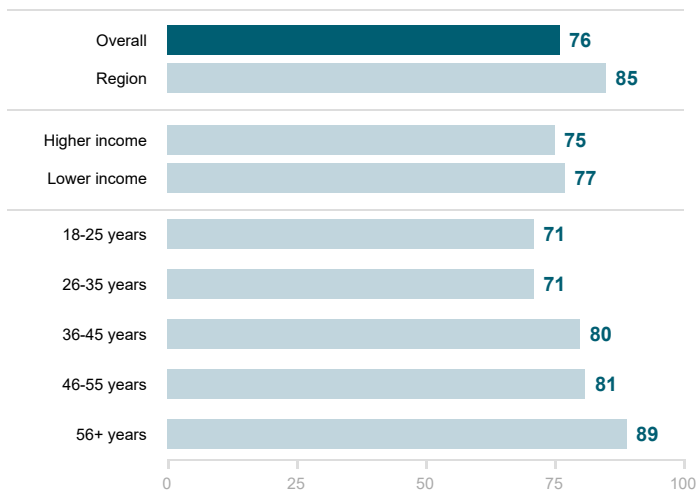
What the data say

Three in four respondents from South Africa reported that they were either vaccinated or likely to get the COVID-19 vaccine, while about one in five reported that they were unlikely to get vaccinated. Such high positive vaccine sentiment suggests that despite the current challenges in reaching unvaccinated portions of the population, there may still be meaningful unmet demand in South Africa.

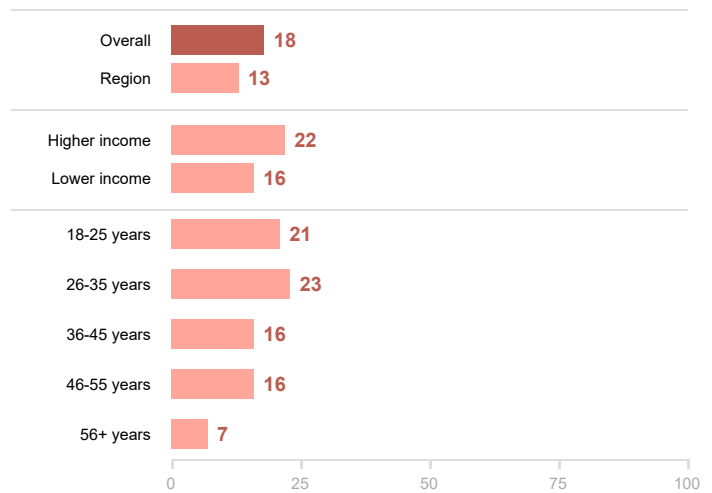
- Older respondents reported a higher likelihood of vaccination, with over 80% of those 36 years and older reporting either receiving the vaccine or planning to do so. Those with longstanding illnesses also reported high intentions of getting the vaccine (85%).
- Given high levels of trust in local media (both radio and TV), as well as the relatively high levels of trust in social media, policymakers can continue targeted media appearances and social media outreach to disseminate information and dispel falsehoods. Two of the top three reasons listed by respondents who were unlikely to get the vaccine were beliefs that it could kill you or transmit the disease. Respondents reported wanting more information on the different types of vaccines, their safety and their effectiveness.

How many people reported getting or planning to get the COVID-19 vaccine?

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

76% are vaccinated or are likely to get vaccinated


Note: 35% of respondents did not report their income category; results should be interpreted with caution.

18% are unlikely to get vaccinated


Note: 35% of respondents did not report their income category; results should be interpreted with caution.

What do people think about COVID-19 vaccines?
Top information wanted about vaccines

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	49%
How safe is the vaccine?	41%
How effective is the vaccine?	39%

Top reasons people would not get the vaccine

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	33%
The vaccine is killing people/it is a deadly vaccine	28%
I believe vaccines can give you the disease they are designed to protect you against	24%

Secondary Burdens

Are people skipping or delaying health care?

What the data say

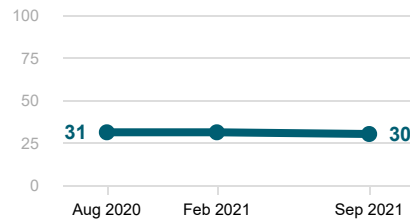
The level of missed or skipped health visits in the previous six months fell by 17 percentage points between February and September 2021 and was the lowest in the Southern Region. This represents a promising trend despite the recent wave of new COVID-19 infections. Difficulty accessing medicine has remained largely unchanged since the first survey in August 2020, hovering around 30%.

- Three of the top five most cited reasons for missing a health visit – health facility disruption, mobility restrictions and fear of catching COVID-19 – indicate that missed care remains largely driven by the pandemic and the government’s response. About one in five respondents cited caretaker responsibilities, roughly the same percentage as in February. With schools fully reopened for the first time in August, some of the burden on caregivers may now be reduced.
- The top two types of missed health visits – routine check-ups and reproductive, maternal or newborn health – remained unchanged from February. Such persistent gaps in preventive health care raise concerns about the overall health system and addressing them should be a priority for South Africa as it moves forward.

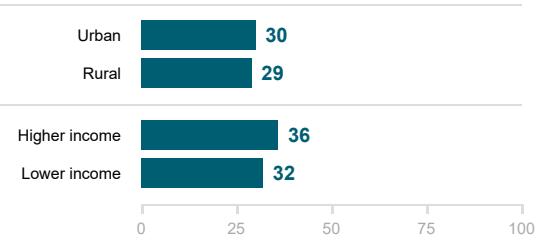
Difficulty getting medicines

Difficulty accessing medication has been roughly unchanged since August 2020. Both higher- and lower-income respondents reported high levels of disruption, suggesting that logistical and supply chain barriers may be playing a large role (rather than financial barriers alone).

Trend in percentage of households having difficulty getting medicines in the past three months



Percentage having difficulty getting medicines by category

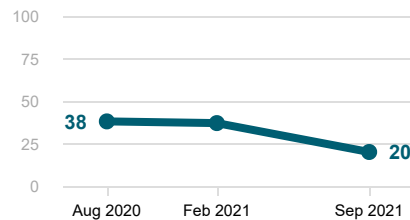


Note: 35% of respondents did not report income category; results should be interpreted with caution.

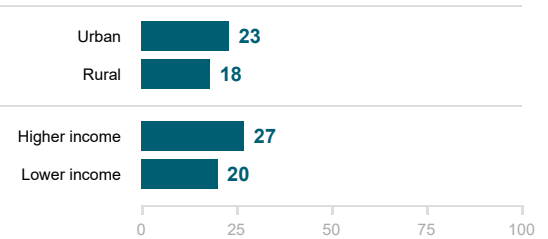
Skipping or delaying health visits

One in five respondents reported skipping or delaying health care, a considerable drop since both August 2020 and February 2021. As with other surveyed Member States in the Southern region, urban respondents were also more likely to have to skip or delay visits.

Trend in percentage of households skipping or delaying health care visits in the past six months



Percentage skipping or delaying health care visits by category



Note: 35% of respondents did not report income category; results should be interpreted with caution.

Reasons for skipping or delaying visits

People could choose multiple responses

Health facility disruption	26%
Caretaker responsibilities	22%
Mobility restrictions/transport challenges	18%
Cost/affordability	18%
Worried about catching COVID-19	11%

Types of health visits that were skipped or delayed

People could choose multiple responses

General/routine check-up	43%
Reproductive, maternal, newborn, child health	34%
Noncommunicable diseases	24%
Diagnostic services/symptoms	15%
Communicable diseases	10%

Secondary Burdens

Are people experiencing income loss or food insecurity?

What the data say

Two thirds of respondents in South Africa reported experiencing income loss since the start of the pandemic and nearly half reported having to reduce the number or size of meals in the previous week. Taken together, these numbers help illuminate a deep and unrelenting economic crisis, and highlight the pressure the government faces to limit the use of PHSMs that have strong effects on people’s earning potential.

- South Africa’s economy — which was already facing [deep structural challenges](#) prior to 2020 — has been hard hit by the pandemic. Its unemployment rate of 34.4% may actually be [as high as 44.4%](#) when accounting for those who have ceased looking for work, and helps explain the high levels of lost income recorded in this survey.
- Lost income was among the most commonly cited barriers to food access, along with high food prices. Income level appears strongly associated with likelihood of missing meals, affecting nearly two in three respondents from the lowest income group. Relatedly, long school closures [likely reduced access to food for lower-income households](#), as many rely on school lunches that were unavailable for much of the past 18 months.
- Similar to the previous two rounds of this survey, one in five respondents reported receiving government benefits that they had not received before the pandemic. After [extending](#) in February 2021 many of the social protection measures enacted earlier in the pandemic, the South African government is [facing renewed pressure](#) to further increase the social safety net. Proposals would either broaden unemployment benefits or provide an [outright universal basic income](#) — a move that could stimulate demand, but would come at a very steep fiscal price for the State.

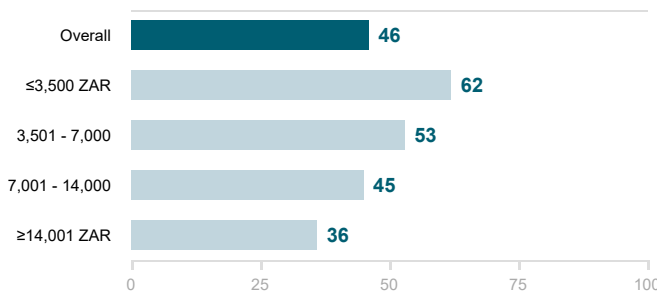
Reported barriers to food access

Percentage of people reporting each barrier

Less income	60%
Higher food prices	65%
Food markets closed	44%
Mobility restrictions	41%
Food market supply shortages	44%

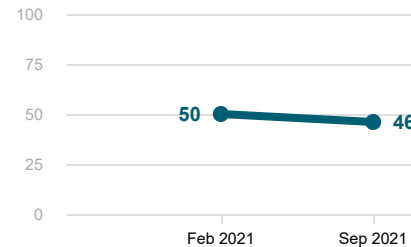
Missing meals

Percentage of households **missing meals** by category



Note: 35% of respondents did not report their income category; results should be interpreted with caution.

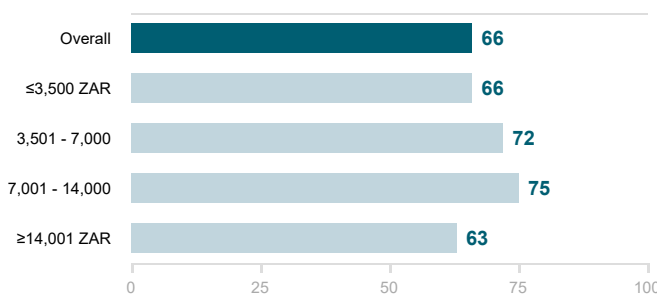
Percentage of households **missing meals** over time



Note: Data on missing meals were not collected in Aug 2020.

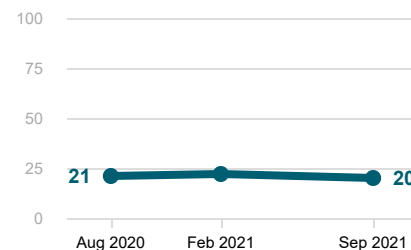
Income loss and receiving government assistance

Percentage of households experiencing **income loss** by category



Note: 35% of respondents did not report their income category; results should be interpreted with caution.

Percentage of households receiving **government assistance** over time



Appendix

Endnotes

Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see preventepidemics.org/perc.

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness.

Country notes

The survey sampled from South Africa consisted of 1,266 adults (728 urban, 538 rural), collected between 10 and 29 Sep 2021.

For details on South Africa's Alert Level system, please visit <https://www.gov.za/Coronavirus>

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 3,500 ZAR and below
- Low-middle income: Monthly household income 3,501 ZAR - 7,000 ZAR
- High-middle income: Monthly household income 7,001 ZAR - 14,000 ZAR
- High income: Monthly household income 14,001 ZAR and above