

NARRATIVES OF THE CORONAVIRUS PANDEMIC: CONSPIRACIES, PROPHECIES, PUNISHMENT, CURSE, REMEDIES, STIGMA AND PREJUDICE.

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ABSTRACT

This article draws attention to the narrative discourses and interpretations of coronavirus (COVID-19), on social media, with the objective to proffer knowledge for decision making in responding to the pandemic in the Zimbabwean context. The study employs qualitative research methods of text analysis and relies on descriptive techniques in the analysis of those narratives of the pandemic. Narratives were categorized into four domains :- (a) conspiracy theories, (b) prophecies: punishment or curse, (c) remedies, and (d) stigma and prejudice. As evidenced in a number of narratives, the study established that the current COVID-19 outbreak is spurring fear on a societal as well as on an individual level. It is steadfastly giving entrenched ways of seeing the world as a violent place. The study has taken the position that the rumors that are circulating are as a result of lack of accurate and consistent information and messages. Luckily, the fears inspired by conspiracy theories now exist in parallel with knowledge of how the virus is transmitted; hence people understand that COVID-19 is real. People are increasingly realizing that the coronavirus infects all human beings, regardless of race or socio-economic standing. The study suggests that Individuals need to be enlightened that the coronavirus, and any other views that instigate a form of discrimination, should not be condoned. The study hopes that the post-COVID-19 narrative will embrace a third truth, that people may care about others in negative as well as positive ways.

KEYWORDS: - *Conspiracy theories, curse, pandemic, social media, stereotyping, medical mistrust.*

1. Introduction

Narratives of the pandemic have taken a global complexion on social media, since the advent of the coronavirus towards the end of the year 2019. COVID-19 is ravaging the world and unleashing old and new forms of prejudices, stigmatization, discrimination as well as strange narratives among categories of people. Green, (2020) laments that as the COVID-19 public health crisis impacts our world; it is harder than ever to stay reliably informed. It has become abundantly clear on social media that the COVID-19 pandemic has resulted in misinformation of its diagnosis, and remedy. Like veld fire, false information circulates around the world. Meanwhile, panic-spreading narratives, irresponsible journalism, and social media only further distort the catastrophe. Neeley, (2020) brings to people's attention that in some countries, journalists have actually been arrested for allegedly spreading fake news about the pandemic.

Just like the absence of definitive treatment for other pandemics in the past such as the Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS), the coronavirus has exacerbated unparalleled anxiety among communities around the world, and a plethora of theories continue to emerge. This anxiety could be as a result of human beings' inability to hold on and patiently wait for scientifically proven and reliable information about an unprecedented phenomenon. The result has been reckless circulation of inaccurate and inconsistent messages about the COVID-19 disease on social media. During such an epidemic it is essential to have reliable and unbiased resources to help keep families, friends, co-workers and everybody informed and safe.

Montgomery, (1996) proposes a scientific explanation of what individuals generally go through, when engaging their receptive skills (listening and reading), before propagating the narratives to others and presents that: -

When reading or listening to a story, whatever one's age, one is transported mentally to another time and place. One's brain waves start to synchronize with those of the storyteller. Reading or listening to a narrative activates brain regions involved in deciphering or imagining a person's motives and perspective. There is always this delicious feeling of being swept into a story world (Montgomery1996).

Listeners or readers keep thinking about the stories and talk to others about them, in exaggerated fashion. What we are witnessing in the face of COVID-19, are narratives that carry shocking conspiracies, prophecies and interpretations. Social media channels are awash with these narratives of the pandemic whose major themes seek to understand the phenomenon as either some form of punishment or curse or some other explanation.

What has also become evident in these narratives is that the theories continue to breed, among other adverse effects, stigmatization, prejudice and isolation. An observation is made, that the current loss of life worldwide due to coronavirus (2019-nCoV), has been articulated differently within individual nations and institutions, particularly, in search for clear, detailed messaging to global constituencies about the pandemic. Perhaps different formats of information may be better suited to different situations, though stories wield a similar strong influence over people's attitudes and behaviors.

Given the above background and the vast concern for and interest in the pandemic, the overall aim of this research is to draw attention to the narrative discourse and interpretations about COVID-19, with reference to Zimbabwe. The first objective of this paper, therefore, is to investigate and report narratives of COVID-19 by the general public at the time, with reference to Zimbabwe. The second objective is to proffer knowledge for decision making in responding to the pandemic for Zimbabwean community.

2.1 Literature review

According to Bal, (1997) a narrative is anything that tells a story. It could be a text, an image, an event or a cultural artifact. This section reviews literature on the coronavirus (now known as COVID-19) pandemic narratives on social media. The virus earns its name from the shape of a crown that it assumes as shown in Figure 1 below: -

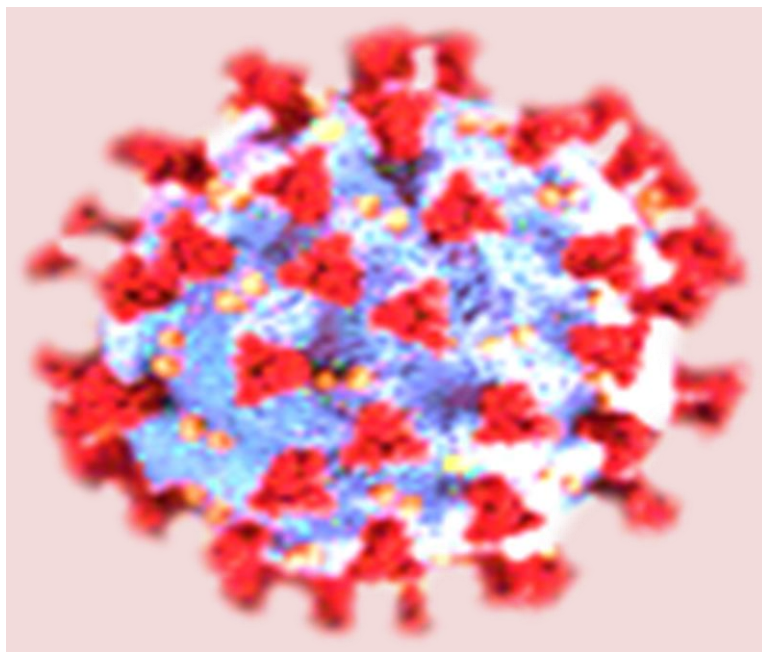


Figure 1 showing the image of coronavirus.

Source: - Monika and the House of Beautiful Business team (2020).

2.1.1 Conspiracies

Today's information ecosystem has drastically changed the ways in which mis- and disinformation are produced, disseminated, and consumed (Benkler et al., 2018). Social media platforms and digital technologies have facilitated high-speed information sharing between news media producers and consumers, as well as cross-platform information

cascades (Shu et al., 2016). In light of COVID-19, Storer, (2020) observes that it has generated ceaseless debate over the virus' origins, in the face of unclear global explanations. Conspiracy theories and rumors proliferate, especially in regions with few recorded infections. Certain groups of people have been blamed before, for disasters both man-made and natural, and the COVID-19 pandemic has not been an exception. Early evidence and reports show a dramatic increase in homophobic and trans-phobic rhetoric and attacks (Health, Bell and Sternberg, 2001).

Of much interest, is a general observation by the researchers, of transnational conspiracies that circulate on social media, and refer to COVID-19 as a 'Chinese sickness?' In speaking of its origins, it is linked to Wuhan, in China. While some people peddle stories that the virus emerged from bats (nocturnal flying mammals) sold in certain food outlets in Wuhan. Others believe that it is manipulation for political ends by some super powers, and that the virus' emergence is as a biological weapon intended to cause World War III; from a failed experiment in China to manufacture tear-gas; or a biological weapon made by Americans sent to China to weaken its economy.

Certain individuals have claimed that the virus is a bio-weapon accidentally or purposefully leaked from a laboratory, a population control scheme, the result of a spy operation, or the side effect of improvements, called 5G, to cell telephone networks (Kgatle, 2020). Of course, these rumors and transnational conspiracy theories are contested and as a result of these contestations more and more theories are generated. Kata, (2012) is of the view that, while conspiracy theories position nations within imaginations of global geopolitical power struggles, conversations simultaneously have a more local grounding. For example, he argues that historically, when new forms of sicknesses or mortality appeared in West Nile, their origin was located in particular places, or in particular types of people. Devastating outbreaks of cerebra-spinal meningitis and sleeping sickness in the early colonial period were explained in relation to European colonizers. More recently, Ebola was understood to come from the DRC, promoting fears of Congolese citizens' cross-border movements. Changing economic

conditions feed into explanations for new afflictions, and the movement of people has long been linked to explaining their genesis (Kata, 2012).

New waves of rumors have emerged in relation to characteristics of the virus. One belief is that the virus only infects the old aged. Another, especially coming from young men reports that governments are manipulating the threat of COVID-19 for political ends, such as delaying scheduled elections and so forth. These ideas have reportedly promoted a flouting of restrictions and public health measures, especially by those young people. Just as Vincent, (2000) put it, some of these narratives are at odds with the messaging recommended by the World Health Organization and other leading public health authorities, creating a conflict of interest that has a direct impact on public message consumption and public health needs.

2.1.2 Prophecies: - punishment/curse from god

Research has shown that only a small percentage of the world's population does not identify with any religion. Religion is an indispensable reality in the everyday lives of the vast majority of people world over (Kalu' 2008). However, the series of prophecies made by men of God across the globe have shaken the faith world in the wake of an outbreak of the COVID-19 pandemic. Rubin, (2020) observes that since the World Health Organization (WHO) declared COVID-19 a global pandemic on 11 March, 2020, social media have been inundated with 'Pentecostal voices.' These voices' narratives either depict hope, or conceptualize COVID-19 as a curse or punishment or fulfillment of 'prophecy' in the Bible (Georgiou, Delfabbro, and Balzan, 2020).

Generally, suffering which cannot be explained, from war to incurable sickness, is often lamented as a curse from God (Allport and Postman, 1947). From Biblical theology and cosmological understandings that connect punishment through sickness to the sins of individuals, it is unsurprising that Christians may find these explanations relatable. Another conviction from contemporary Pentecostal Churches is a narrative that suggests that COVID-19 infection is either a 'sign of end of the world', or an indication of Jesus'

second coming. The narrative does not proffer a solution, but only states that it is written in the Word. Logically, therefore, this would not necessarily be considered as a punishment, but a fulfillment of the scriptures and Christians naturally find these explanations relatable. This theory argues that Jesus Christ warned that at the end of the age ‘wars and commotions’ (confusion, instability, a state of disorder) will be major noticeable events (Luke 21:9)—but He added that we should ‘not be terrified, for these things must come to pass first, but the end will not come immediately.’ The message, therefore, here, is that we simply must be cautious at this time, but not fearful, because plagues like COVID-19 must occur. Close to that, some Christians declare on social media that even if they get infected, they will be okay because they are healthy and by His stripes they will be healed. They claim that the problem is that Christians are driven by fear and not by faith. For them, again the solution is faith in the word of God.

Storer (2020) draws our attention to some other explanations that adapt to changing circumstances. Before cases of COVID-19 were registered in most African countries, Africans spread news that they (Africans) were immune to the virus and that it only attacked the Whites, or that the virus cannot stand the high temperatures in Africa. As cases began to be registered on the continent, these explanations were disproved yet evolved, invoking new conspiracy theories. As COVID-19 became central to everyday life all over the world, new theories such as allegation of the virus having been infused from a particular source to the rest of the continent emerged.

Kövecses’ (2020) also says social media have not only propagated doubtful rumors on the emergence of the virus, but also have brought forth absurd methods for prevention

2.1.3 Remedies

Generally, the narratives rarely pay attention to public health messaging. These narratives could safely be construed as at odds with public health messaging at times. Monaghan, (2020) states that a huge number of religious groups have claimed their faith will protect them from the virus and that they need not to worry much. This is evidenced by the persistence by Pastors onto followers to ‘repent’ and pray against the COVID-19 ‘pestilence’ with little regards for promoting measures such as isolation and social distancing. Followers are told that scientists will do everything, but God alone shall give a solution to His people. Basically, therefore, Pastors and Prophets emphasize on prayer and fasting to defeat the virus. One Pentecostal Prophet in Johannesburg called for a twenty-one days (24/7) prayer chain against the ‘curse’ of the coronavirus on our nations. In Zimbabwe, the President also called for a national prayer day on the 15th of June 2020 against the pandemic. Other nations have followed the trend.

The WHO stipulates a long list of specific precautionary measures to be adhered to by all nations such as the following, despite beliefs and convictions:

1. Staying indoors,
2. avoiding handshakes,
3. putting on face masks,
4. ensuring good ventilation,
5. avoiding touching the face,
6. maintaining social distancing,
7. coughing and sneezing into one’s elbow,
8. having alcohol-based sanitizers at points of entry,
9. washing hands frequently with soap and water, and so on and on.

On a more malicious feat, commercial scams circulate on social media claiming to offer at-home tests, supposed preventives, and ‘miracle’ cures for the disease for a fee. Internationally, however, experts have invested in ways to combat misinformation related to COVID-19. *At the Munich Security Conference* in February, the WHO Director, General Tedros Adhanom Ghebreyesus highlighted how rumors could present a problem for public health measures. In his words Ghebreyesus, (2000) said, “...we are not just fighting an epidemic; we are fighting an info-demic.” The WHO also urges nationals to spread sound infection control practices and help their communities maintain civil, courteous, and rational communication – since a low index of suspicion of mental distress could help in early detection and treatment and spare patients much suffering.

2.1.4 Stigma and prejudice

Gupta, (2019) defines social stigma in the context of health as the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

During infectious pandemics, medical mistrust has been linked to conspiracy theories. In one US study, up to half of those surveyed endorsed belief in at least one health-related conspiracy theory. At its extreme, medical mistrust can lead to movements such as anti-vaccination trends, which have been linked to measles outbreaks. Ricci, (2020) suggests that mistrust of medical organizations can reinforce stigma and perceived discrimination, resulting in lower adherence to health recommendations.

Romer, and Jamieson, (2020) observe that the reinforcement of stigma and perceived discrimination can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who do not have the disease but share other characteristics with this group may also suffer from stigma. The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of

certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

In some circles, the COVID-19 has transformed into a vehicle for racism, discrimination and stigmatization. There is a constant feeling of malaise, exclusion and anger accompanying certain individuals. Talking about stigmatization, Kosovo, (2020) says, in a context such as the COVID-19 era, stigmatization is not only dangerous just because it triggers racism and xenophobia, but most of all because it puts everyone at risk. Many people could fake not to have the virus just because of being scared of being labeled as the one with the Coronavirus (Kosovo, 2020). He goes further to say, they may not seek health care when they need it and may even isolate themselves, which comes with its own health risks.

In addition, stigmatized groups are more likely to be un- or under-insured, to have difficulty accessing culturally appropriate care, and to face bias in health-care systems, all of which ultimately compound the difficulty of containing the spread of viruses.

It must be noted though, that not only infectious diseases like Corona are linked to discrimination and prejudice. Vincent, (2020) regrets that even though most of these stories were quickly debunked and proven untrue, the pervasiveness of misinformation and conspiracy theories on social media and in the news cycle remain high. It is this same concern which led the Director-General of the World Health Organization (WHO) to warn that "...We are not just fighting an epidemic; we are fighting an info-demic. Fake news spreads faster and more easily than this virus, and is just as dangerous" (WHO, 2020a).

The authors agree that it is important to speak out and combat online misinformation and conspiracist narratives, whether on COVID or climate change or anything else.

3.1 Methodology

This study used qualitative approach and content analysis technique. The study's aim and objectives render relative suitability of qualitative approach in a number of ways. The term "qualitative" is understood to mean any kind of research that produces findings not arrived at by means of statistical procedures or other means of qualification. Qualitative research can give the researcher a broad understanding of events, data about human groups, and broad patterns behind events and people (Smith, Thorpe and Lowe, 1991). Qualitative methods try to understand the interpretations and the motivations of people. It gathers data about lived experiences, emotions or behaviors, and the meanings individuals attach to them. It assists in enabling researchers to gain a better understanding of complex concepts, social interactions or cultural phenomena (Melia, 2000). The choice of a qualitative approach is also based on the realization that the method relies on data which is more detailed, variable in content, closely linked to everyday life and has a concrete meaning. Data with a concrete meaning are written texts and documents, photos, videos, interviews, questions, observations and so forth.

A qualitative method of inquiry, therefore, investigates the why and how of a phenomenon, not just what, where, and when. Hence, smaller but focused samples are more often needed than large samples which would make this study feasible when the researcher focuses on a reasonable sample of text-message narratives. Apparently, a number of studies exploring the experience of human beings within a specific unprecedented occasion have chosen qualitative method.

3.1.1 Research method

In tandem with the qualitative approach, this research article adopts a content analysis on the narratives of the pandemic as a source of informing. The corpus of texts consists of short stories, fairy tales, newspaper articles and text messages (WhatsApp messages), all sharing the capacity of concealing prejudice, stigmatization, discrimination and bias.

3.1.2 Methods of data collection

Data were collected using two methods. The first one involved contracting a group of fifteen (15) undergraduate students from Catholic University of Zimbabwe, Chinhoyi campus. These assisted in the collecting of narratives from print sources with a flare of the covid-19 pandemic. The second method involved the researchers joining numerous social WhatsApp groups for purposes of collecting a wide range of the COVID-19 pandemic narratives.

A total assortment of seventy-six (76) short stories, fairy tales, newspaper articles and text messages were collected between May to mid-July 2020. The collections were classified according to the following four domains: - conspiracy theories, prophecies: punishment or curse, remedies, stigma and prejudice. The number of artifacts was limited to seventy-six due to the limited time and scope of the article. The decision was also made in order to allow for an in-depth analysis of the selected narratives.

3.1.3 Data analysis

The analysis focuses on the four groupings identified in the topic and these were: conspiracies, prophecies-punishment/curse, remedies and stigma and prejudice. The general trend of the content from the four established categories in this paper tended to be spread evenly with negligible margins. The distribution of narratives in the four groupings, therefore, showed that each of the four actively fed into the narratives of the coronavirus pandemic. Table I below shows a summary of the distribution pattern of the seventy-six artifacts.

Table: 1 Distribution of categories

CATEGORIES	FREQUENCY	%
Conspiracies	20	26.3
Prophecies: - punishment/Curse from God	25	32.9
Remedies	15	19.7
Stigma and Prejudice	16	21.1
Total artifacts	76	100

In this paper, prophecies are understood to be the inspired declarations of divine will and purpose. This area falls under the preserve of prophets. From the category of narratives that dealt with prophecies, it was clear that prophecies and pronouncements gained momentum and sat on top, with 32.9%, a total of 25 artifacts. The narratives explained the disease in terms of punishment or a curse from God. The arguments were that the scourge is a way in which people were made to understanding the virus as a manifestation of divine wrath. Some narratives suggested that the disease was a sign of the wrath of God on the people on earth because the human nature has turned away from God, and that is why God is wiping the human race. Complimentary narratives also carried information purporting that coronavirus was a curse from God because people have failed to obey Him. The message carried Biblical evidence and instructed readers to look at the following Bible verses - Leviticus 26 vs. 14 – 16; Deuteronomy 28 vs. 15 and 22; and Isaiah 26 vs. 20 – 21.

However, other pastors tried to bestow hope onto individuals by telling them that the whole issue is merely a fulfillment of Jesus Christ's warning that at the end of the age - a state of disorder will prevail, these things must come to pass first, but the end will not

come immediately. In other words, for everyone, these are the telltale signs of the second coming of the Lord that should occur before the ultimate end.

The second highest percentage went to conspiracies with 26.3%, a total of 20 narratives. This paper conceives conspiracies as beliefs that some individuals in communities are responsible for an unexplained event(s). Narratives gathered on conspiracies suggested a lot about the COVID-19 global pandemic's origins and how it spreads. Some narratives circulated the myth that Bill Gates wanted to use vaccination program to implant digital microchips that will somehow track and control people. The other popular theory was that the Chinese, somehow, created the virus for political purposes. Some narratives touched on genetically modified crops and blamed them as causes of the COVID pandemic. COVID-19 has also been regarded as a plot by Big Pharmacies, that urge people to buy expensive miracle pills that they claim, can cure all known diseases. Another narrative was the idea that COVID death rates were being inflated and therefore there was no reason to observe lockdown regulations or other social distancing measures.

Coming third was stigmatization and prejudice with 21.1%, a total of 16 narratives. These are closely related terms in meaning. In this paper, however, stigma was understood as a mark of disgrace associated with COVID-19 virus and prejudice as preconceived opinion about COVID-19 virus that is not based on reason. This category had its share of narratives that carried practices of some individuals who took advantage of the unprecedented desperation of the majority, and design scam messages to hoodwink unsuspecting 'clients' by purporting to test and cure the ailment at a reasonable fee. The reviewed narratives in this category also showed that coronavirus has been associated with certain races, age groups and ethnic groups. Racist and discriminatory comments emerged on social media. Pejorative comments with overtones of sarcasm were evident in this category from even government officials in Zimbabwe. Another observation was also made on name calling postings to COVID-19 quarantine Centre escapees.

The last category focused on remedies. In this case, remedies were taken as entities that correct or counteract COVID-19 pandemic. The majority of the narratives in this category showed little disagreement on the fact that by the time of writing this paper, there were no specific vaccines or medicines for COVID-19. Some narratives positively

bolstered the numerous precautions prescribed by WHO, such as staying home, maintaining social distancing in public places, wearing face masks, and practicing all the recommended hygienic measures. While it is normal to feel sad, stressed, or confused during a crisis, some of the remedial clues suggested in this category included drinking plenty of fluids and eating nutritious food, cleaning and disinfecting frequently touched surfaces, keeping a healthy lifestyle at home, staying active, and making social contact with loved ones through the phone or internet. Some narratives in this category encouraged home remedies (traditional treatments). Massages of traders packaging '*Zumbani*' tea leaves for sale in the cities, to treat Covid-19 related symptoms imaged.

4.1 Informed consent

The selected undergraduate students were asked to complete the informed consent draft as shown under appendix 1(b).

4.2 Findings and discussions

Zimbabwe has not been an exception of the narratives of COVID-19 pandemic, though the pandemic in Africa seems to be attenuated as compared to Europe and Asia. An important finding is that while opinion and analysis have their role, it may be too early to really understand large-scale ramifications. It is too early to know the long-term socio-economic effects.

As such, it should be important to emphasize the control and prevention interventions at the moment. Conspiracies, prophecies, stigma and prejudice equally abundantly take Centre stage in Zimbabwe. Narratives take slightly different twists in different nations, because of different socio-economic situations as well as the degree of presence of the deadly virus in these different nations.

Another important finding for discussion is that the virus affects people across countries, cities and social strata. It has been scientifically proven that the infection has an estimated incubation period for COVID-19, which is the time between exposure to the virus and symptom onset is on average of up to fourteen days, which means that it is possible for

someone to contract the virus and not show any signs for two weeks. The experience of those affected in one setting will not be the same as those in another. Even within a country, or city, there exists a great deal of differences. For example, Zimbabwe is currently among the least nations to be affected with the virus in terms of death cases, with only seven confirmed deaths as at 01 July 2020 as illustrated on the Zimbabwean map and table below.

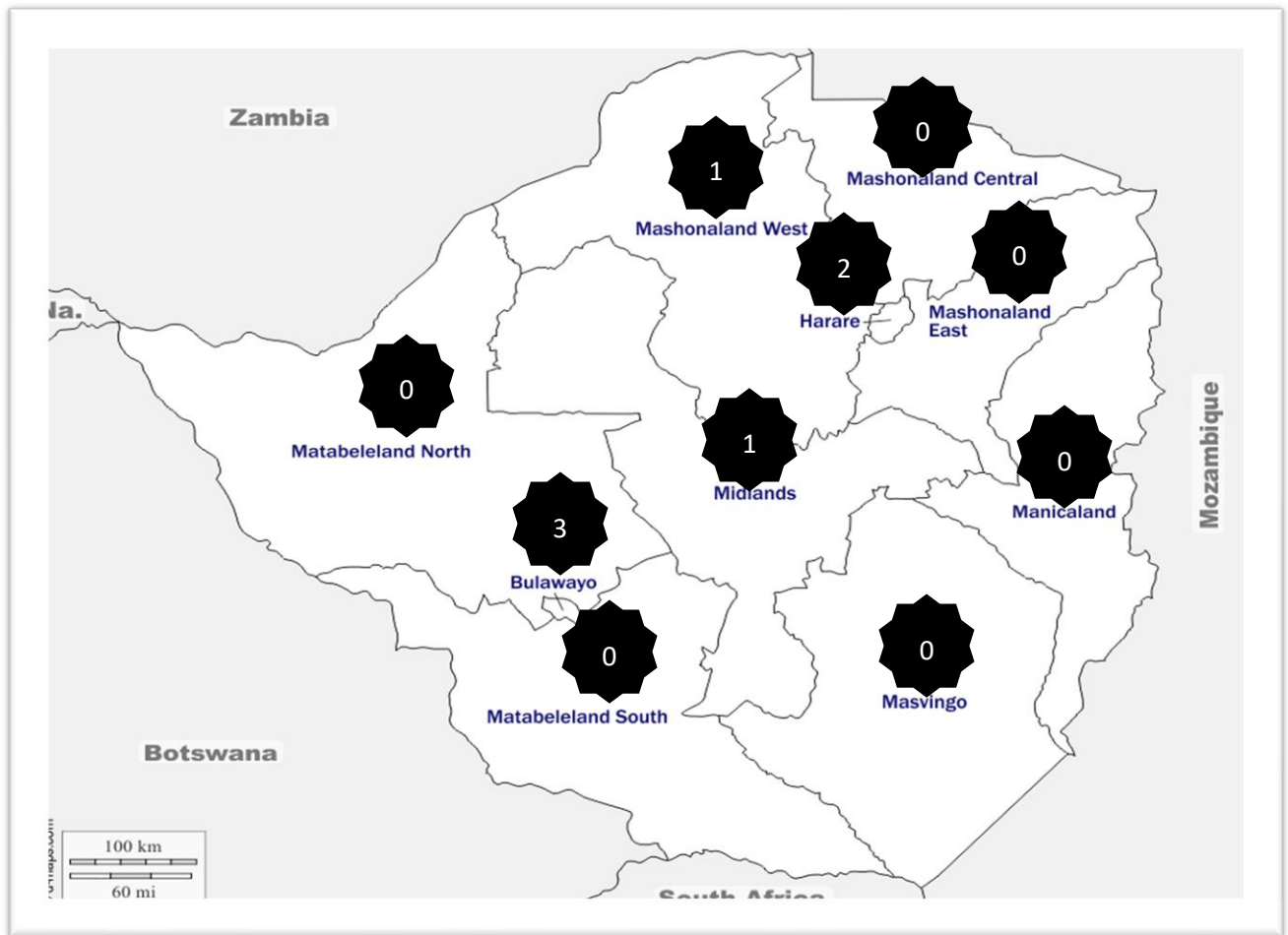


Figure 1: Showing statistics of confirmed deaths by province Zimbabwe

Source: Ministry of Health and child care COVID-19 update.

Table 2: COVID-19 update in Zimbabwe as at 1 June 2020.

PROVINCE	Number of tests done as at 13/06/20		Number of confirmed cases as at 13/06/20		Number Recovered as at 13/06/20		Number of active cases	Deceased	
	RDT	PCR	NEW	CUM	NEW	CUM		NEW	CUM
Bulawayo	6	99	6	64	0	22	39	0	3
Harare	64	253	6	225	0	64	159	0	2
Manicaland	104	0	0	29	0	2	27	0	0
Mashonaland Cent	28	7	0	10	0	4	6	0	0
Mashonaland East	8	0	0	55	3	23	32	0	0
Mashonaland West	26	5	0	41	0	2	38	0	1
Midlands	0	0	2	57	0	4	52	0	1
Masvingo	23	0	0	53	0	15	38	0	0
Matabeleland North	4	16	0	17	0	8	9	0	0
Matabeleland South	2	0	3	54	0	22	32	0	0
TOTAL	165	380	14	605	3	166	432	0	7

Key:

RDT..... Rapid Diagnostic Test

PCR..... Polymerase Chain Reaction

CUM.... Cumulative

During the first round of lockdown, the nation had a lukewarm attitude, spreading information that the disease only infected the Whites. The other theory was that the temperatures in Africa naturally prevented the pandemic. These theories were relatable since there were no deaths recorded. However, during that first round of two weeks, people complied with government and health authorities' pieces of advice.

As time went on, people were generally pressed hard since majority of the population are in the informal sector and survive from hand to mouth. The majority began to perceive the lockdown not as a measure prescribed by WHO to curb the spread of the deadly virus, but as having been arm-twisted and taken as a favorable platform to take hostage of politically dissenting voices.

Another finding is that, while these theories are a source of conversation, a form of social currency in changing times, these understandings do not preclude taking public health measures advised by the government. Fears of conspiracy and curses exist in parallel with understandings of a virus transmitted through cough and human contact.

There is little doubt if any that the scourge is real in the minds of Zimbabwean, despite the small number of death cases. COVID-19 has taught us that we are all truly interdependent. We are all consecutively interdependent, because the behaviors and actions of people in our own communities and around the globe can have profound impacts on our lives and the health and safety of the people, we most care about.

5.1 Conclusion

In conclusion, the authors wish to re-frame and re-describe the COVID-19 pandemic moment as an opportunity, looking at what it is making possible that never existed before and the good we see coming out of this moment. Arguably, COVID-19 is a threat but also presents an opportunity. The pandemic has exposed the weaknesses of the region, both in medical and socioeconomic terms. It also brings dramatically, to the fore that building back to where the nation was is not enough, as that leaves the nation vulnerable to the next crisis. The nation has to build back into stronger, more sustainable, and more inclusive societies. And for that, people have to come together and commit to eradicating all forms of homophobia, trans-phobia, and bi-phobia from the societies. Although the concerns over the coronavirus are understandable, the stereotypes and exclusion are not. Instead of excluding an entire race, people should try to support them as a form of solidarity. It is imperative to see people in all their diversity and challenge the existing stereotypes. Everyone has a responsibility to help correct misconceptions. Furthermore, continuous public health education should be mandatory and accessible to everyone. Governments, through some social media channels should increase people's knowledge base and dispel beliefs and attitudes that may hinder measures and hygienic practices. Finally, it should be a journalist's duty and anyone who decides to take on social media to clearly and responsibly communicate reliable information to the general public.

Data availability

The datasets generated and/or analyzed in this study are available from circulating text messages on social media and WhatsApp platforms.

Disclosure

The authors do approve this manuscript for submission and claim that none of the material in this paper has been published or is under consideration for publication elsewhere. Other people's ideas have been acknowledged.

Conflicts of interest

The authors declare that they have no conflicts of interest.

Author contribution statement

E. Chirume wrote the text of the manuscript and N. Kaseke reviewed the manuscript.

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