Role of Media and Communication Channels in Creating Panic during Covid-19 Movement Control Order

Ali Salman

Centre for Languages and Generic Development
Universiti Malaysia Kelantan
ali.salman@umk.edu.my
+6019-6126568

&

Manahil Shahzad
manahil42@gmail.com

Abstract. Media and Communication Channels as carriers of news on COVID-19 might have a role in spreading panic among the population. This study was conducted to determine the media and communication channels responsible for creating panic among Malaysians during COVID-19 Movement Control Order (MCO). A survey using questionnaire was used to collect data from 253 respondents across Malaysia. In terms of media and communication channels, most of the respondents reported that they panic due to the exposure to reports from online media (Internet and social media). This is followed by communication with family members. TV, radio and newspaper reports are the third contributors of panic among Malaysians during COVID-19 MCO. Meanwhile about half of the respondents said they panic because of curiosity about COVID-19. It is an irony that online media, which contributes to the panic is also a source of information on COVID-19 and platform to work from home.

Keywords: Media, communication channels, COVID-19, Movement Control Order, panic

1 Introduction

In late December 2019, a novel coronavirus disease (COVID-19) was reported to spread from Wuhan, China that eventually affected 200 countries worldwide [1].With the accelerated dissemination of the worldwide COVID-19 pandemic, people around the world were and still are expressing fear and panic in diverse behaviors. Positive confirmed cases and death toll are increasing daily, spanning over 200 countries, where both numbers, as of 20 April 2020, have surpassed 2 million and 100,000 cases, respectively [2]. It has not only effected the economy of different countries but also had global impacts on social values and psychological stress of the people involved. Such pandemic effects also influence human behavior; issues of panic buying (overbuying) and noncompliance with government orders and law [3]. Panic and fear are emotions that mobilize energy to deal with threats by triggering safety behaviors. For instance, when fear is too excessive, this may have detrimental effects both at the individual level and at the societal level [4]. Issues of panic buying have surfaced all around the world causing disputes to the supply chain and food insecurities among individuals with low socioeconomic status and other vulnerable populations [5].

A particularity of this pandemic was the coincidence of virology and virality: not only did the virus spread very rapidly, but so did the information—and misinformation—about the outbreak and thus the panic that it created among the public [6]. The misinformation regarding the pandemic is masking healthy (such as hand washing, social distancing etc.) behaviors and promoting misguided practices that increase the spread of the virus and ultimately result in poor physical and mental health outcomes among individuals [4]. The hoaxes that surfaced on various social media platforms regarding the prevention and cure of COVID-19 have damaged the news ecosystem [5]. The risk of misinformation surrounding the pandemic has motivated the World Health Organization (WHO) to launch a "Mythbuster" page, as well as partner with social media platforms like Facebook, Google, LinkedIn, Microsoft,

Reddit, Twitter, and YouTube to dissolve the misinformation.

Efforts to contain the pandemic, numerous scientific clinical trials and medical research have been undertaken, aiming to develop vaccines to treat the disease, as well as government interventions (e.g., social distancing policies, quarantines, movement control orders, travel restrictions, and lockdowns) are in place to 'flatten the curve' and mitigate the economic situation [3]. However, the effectiveness of these control measures is highly dependent on cooperation and compliance of all members of society. This cooperation and compliance is highly based on the knowledge, attitudes and practices people hold toward the disease [7].

The COVID-19 pandemic situation has also threatened the well-being of children and families due to the emerging financial challenges and isolation stress. Social-distancing and self-isolation has challenged all the aspects of mental health, wellbeing, emotional health, psychological and social wellness at the collective level [8]. This period of unemployment for a large population around the world had temporarily caused an intense level of grief and trauma among families [9]. Where the situation has had negative impacts on family setting, on the other hand it has also reframed the daily lives by allowing people to be more mindful, focus on personal growth, building resilience and adopting new behaviors, such as hand-washing, healthy diet and physical activity [10].

Malaysia and neighboring Southeast Asian countries, such as Thailand and Singapore, were among the first few countries to report COVID-19 cases outside of China [11]. In Malaysia, The first wave of infection started on 24 January 2020, with the identification of 22 cases. There were 11 days with no cases, from 16 to 26 February 2020. After the first wave, The WHO advised Malaysian health authorities to be prepared for a larger spread of infection and ensure that health facilities can treat most susceptible and serious cases [12]. The second wave began on 27 February 2020 and is still ongoing [2]. Lockdown measures were perceived as necessary to curb the spread of the virus due to which a movement control order (MCO) was enforced in Malaysia on the 18th of March, 2020. The MCO prohibited all visitors and residents from traveling abroad, closing all places of worship, schools and business premises excluding essential services. Malaysia, like many countries also had the issue of spread of false information, such as false reports of infected individuals in various locations and unverified remedies to cure the infection [11].

Based on the situations that occurred due to the pandemic, the objective of this paper is to determine the extent of panic caused by information about COVID-19 obtained from media, colleagues and families among Malaysians. The paper will also look at what the people do during the MCO and how they rate the government and front liners.

2 Literature review

In the first few months of 2020, information and news reports about the coronavirus disease (COVID-19) were rapidly published and shared on social media and social networking sites. The COVID-19 pandemic has been referred to as the first social media *infodemic* [13]. However, there is limited evidence about whether and how the social media infodemic has spread panic and affected the mental health of social media users. The researchers aimed to determine how social media affects self-reported mental health and the spread of panic about COVID-19 in the Kurdistan Region of Iraq. A total of 516 social media users were sampled for the study. Participants reported that social media has a significant impact on spreading fear and panic related to the COVID-19 outbreak in Iraqi Kurdistan, with a potential negative influence on people's mental health and psychological well-being. Facebook was the most used social media network for spreading panic about the COVID-19 outbreak in Iraq. There was a significant positive statistical correlation between self-reported social media use and the spread of panic related to COVID-19. It implies that during lockdown, people are using social media platforms to gain information about COVID-19. Further, social media has played a key role in spreading anxiety about the COVID-19 outbreak in Iraqi Kurdistan.

Panic caused by media was also experienced during the Ebola outbreak. During times of hot crises, traditional news organizations have historically contributed to public fear and panic by emphasizing risks and uncertainties [14]. The degree to which digital and social media platforms contribute to this panic is essential to consider in the new media landscape. The authors set out to examine news coverage of the 2014 Ebola crisis, exploring differences in presentation between newspaper coverage and news shared on the social news platform Reddit. Results suggest that news shared on Reddit amplified panic and uncertainty surrounding Ebola, while traditional newspaper coverage was significantly less likely to produce panic-inducing coverage.

Studies on pandemic are not new. They date back to many years ago focusing on containing the spread and developing vaccines to prevent and cure pandemic outbreak. As we shall see, studies on pandemic in relation to role or function of online media are scarce. Seasonal epidemic influenza continues to cause worldwide disease and death on a yearly basis, and current vaccines offer sub-optimal protective immunity [15]. The authors reviewed the scientific opportunities for developing influenza vaccines with broad coverage, commonly referred to as "universal" influenza vaccines, that would better protect us against the global burden of seasonal epidemics and offer the potential to protect us from a 1918-like pandemic event. The researchers attested that new vaccines are often derived by exploiting new technologies. [15] provided some clear pathways to explore and knowledge gaps to fill in the immediate future using currently available technology. Among them is by harnessing high-throughput sequencing and computational biology, more sophisticated algorithms based on sequence analysis, glycan patterns, and other features that may anticipate high transmissibility, can be developed for predicting the next dominant strain. They also suggested improving strain selection for seasonal vaccines as this would increase the likelihood of an antigenic match between the vaccine and dominant circulating strains and thereby improve the utility of current vaccine technology.

Planning is critical to mitigating the sudden and potentially catastrophic impact of an infectious disease pandemic on society [16]. They observed that national pandemic policy documents cover a wide variety of control options, often with nonspecific recommendations for action. Despite advances in analytical methods for gaining early situational awareness (i.e., of a disease's transmissibility and severity) and for predicting the likely effectiveness of interventions, a major gap exists globally in terms of integrating these outputs with the advice contained in policy documents. The researchers observed that decision models provide an approach to defining and evaluating alternative policy options under complex and changing conditions. A decision model for infectious disease pandemics is an appropriate method for integrating evidence from situational and intervention analysis tools, along with the information in policy documents, to provide robust advice on possible response options (including uncertainty). However, a decision model for pandemic response cannot capture all of the social, political, and ethical considerations that impact decision-making. Such a model should therefore be embedded in a decision support system that emphasizes this broader context.

Using online social networks to track a pandemic, a systematic review of the use of Online Social Networks (OSNs) was conducted [17]. The researchers conducted a systematic literature search for studies with the primary aim of using OSN to detect and track a pandemic. The found out that OSNs have rich information that can be utilized to develop an almost real-time pandemic surveillance system. They identified the extent of using OSNs to track a pandemic and concluded that OSNs contain significant information to track a pandemic almost in real time.

In the face of COVID-19, social media is a great way for individuals and communities to stay connected even while physically separated. With the advent of social media in the 21st century, not only are we learning the latest news updates, but we're also using platforms like Facebook and Twitter to provide personal and business updates [18]. For businesses, this means leveraging social media to support employees and customers like never before. For the government, it means doing its best to efficiently share factual and up-to-date information. [18] by observing how individuals, businesses, and government agencies have been sharing information and interacting with others on social media during COVID-19 pandemic, outline four primary roles that social platforms are playing during the outbreak. This include, as a source of information (and misinformation), an influence on public response to the outbreak, a marketing platform and a powerful way to bring positivity to a scary time.

Today, many methods of sharing information have been subsumed by giant social media platforms that have incredible speed, reach, and penetration [19]. The researchers posited that current understanding of how these platforms can be harnessed to optimally support emergency response, resilience, and preparedness is not well understood. They outline a framework for integrating social media as a critical tool in managing the current evolving pandemic as well as transforming aspects of preparedness and response for the future. The framework include the use of social media to direct people to trusted sources, to counteract misinformation, as a diagnostic tool and referral system, to enable connectivity and psychological First Aid, to advance remote learning, to accelerating research, to enable a culture of preparedness.

3 Materials and method

The study employed a quantitative approach. An online survey method was used to collect data. The questionnaire was developed on Google document and distributed to respondents via WhatsApp and email. Simple random sampling was used to sample 253 respondents across Malaysia. Data collection was done from the third to fifth week of the MCO. The age group comprise 19 - 24; 25 – 30; 31 – 35; 36 – 40; 41 and above. The closed ended data was analysed based on descriptive statistics using SPPS software. Meanwhile, the open ended data was analysed thematically.

4 Findings and discussions

This section is divided into three, COVID-19 and panic, activities done at home during the MCO and satisfaction towards the measures taken by the authorities.

4.1 COVID-19 and Panic

Social media has become central stage in spreading information. During pandemics, social media is seen as playing a major role in spreading information about pandemic, which has been termed as social media *infodemic*. From the results of this study, 43.5% of the respondents reported panic because of the online media reports (Internet; social media). The finding concurs with [13] where participants reported that social media has a significant impact on spreading fear and panic related to the COVID-19 outbreak. Moreover, in addition to reporting, the lack of proper messaging and reports of an outbreak of a novel disease causes panic [5]. Meanwhile 31.2% of the respondents said they panic because of report by family members. This is followed by 27.7% of the respondents who said they panic because of reports by conventional media (TV; Radio; Newspapers). This finding is in line with the finding by [14] that during times of hot crises, traditional news organizations have historically contributed to public fear and panic by emphasizing risks and uncertainties. Reports from colleagues and friends (26.5%) are the least cause of panic among the media and interpersonal communication channels.

In addition to media and communication channels, 51.4% respondents said they panic because of curiosity to know more about COVID-19. This is some sort of unnecessary panic driven by curiosity. The "knowledge" that COVID-19 is dangerous (79.1%) is the highest contributor of panic among the respondents. The knowledge that the pandemic is dangerous and curiosity to know are the main cause of concern as Table 1 shows. The two have the highest mean of 5.53 and 3.59 respectively. The knowledge about the pandemic by the respondents could be understood to mean a lack of knowledge as it might have been built by media and interpersonal communication hype. This has been proven by earlier and latest studies. The current lack of knowledge and poor communication has been attributed as a precursor to the skyrocketing global panic [5].

Table 1. Panic Due to Reports by Media and Interpersonal Communication Channels

No.	Items	Mean*	Level of Effect**
1	I panic because of the knowledge that COVID-19 is dangerous.	5.53	High
2	I panic because of curiosity to know more about COVID-19	3.59	Average
3	I panic because of the online media reports (Internet; social media).	3.04	Average
4	I panic because of report by family members.	2.18	Low
5	I panic because of reports by conventional media (TV; Radio; Newspapers).	1.93	Low
6	I panic because of reports from	1.85	Low

	colleagues and friends.		
*1 (Strongly Disagree) – 7 (Strongly Agree) **1-2.99 = Low; 3- 4.99 = Average; 5- 6.99 = High			

4.2 Activities at home during MCO

The MCO is accompanied by a partial lockdown restricting movement among the population. Whilst at home, the people engaged in various activities. Almost all the respondents (96%) said they used social media to get information about COVID-19. Social media has now become handy source of information. This is confirmed by [13] who assert that during lockdown, people are using social media platforms to gain information about COVID-19. Second in the list of activities done at home during MCO was talking with family (91.3%). The MCO provided the opportunity for quality time with the family strengthening ties. This is followed by cooking (84.2%). Malaysians, especially the working class, who mainly eat outside became chefs during MCO since movement was restricted and a large number of restaurants were closed. Religiosity increased during the MCO as Malaysians (79.4%) turned to God to seek solace by reading religious books. Other activities included, Work (online) From Home (57.3%), watching TV (52.6%), sleep more (47%) and reading storybooks (39.1%).

4.3 Satisfaction with the measures taken by the authorities

In fighting to curb the pandemic from spreading widely among the population, in addition to the MCO, the authorities and health workers became the front liners in enforcing the SOP on COVID-19 and treating patients who have caught the disease. Almost all the respondents (98.85) were satisfied with the way the doctors and nurses performed their duties. This is followed by 95.7% of the respondents who were satisfied with the police and army saying they were professional in carrying out their duties. The Malaysian government was praised by the people as most of them (95.3%) agree the government did well in combating the spread of COVID-19. Further, a large number (93.7%) also said they are satisfied with the action taken by the government and front liners in combating the spread of the pandemic.

5 Conclusion

In summary, the present study was able to provide a comprehensive explanation of the knowledge, attitudes and practices of Malaysians toward COVID-19 Movement Control Order. The Findings suggested that internet and Social Media added to the panic, but at the same time came to the rescue by providing information on the pandemic. It also showed that Malaysians generally comported themselves very well during the MCO and largely turned to God for solace. In terms of personal relations and activities, the findings suggested that Family ties became closer while providing additional opportunities to practice and learn new hobbies. Even so, consistent messaging from the government and/ or health authorities were key to Satisfaction among Malaysians. Additionally, Malaysia was among the top 5 countries for effectively handling COVID-19). For future actions in such pandemic conditions, implementation of earlier MCO and more stringent measures will ensure sound mental health of the public. It will also reduce community panic and unhelpful measures disproportionate to the cause.

6 References

[1] Xu Z, Wang Y, Shi L, Zhang J, Huang L, Zhang C et al. Pathological findings of COVID-19 associated with acute respiratory distress syndrome. Beijing: The Fifth Medical Center of PLA General Hospital, National Clinical Research Center for Infectious Diseases; 2020 p. 1-3.

[2] World Health Organisation. COVID-19 SITUATION OVERVIEW IN MALAYSIA. 2020.

[3] Teck Ling G, Chyong Ho C. Effects of the Coronavirus (COVID-19) Pandemic on Social Behaviours: From a Social Dilemma Perspective. Technium Social Sciences Journal. 2020;7:312-320.

[4] Mertens G, Gerritsen L, Duijndam S, Salemink E, Engelhard I. Fear of the coronavirus (COVID-19): Predictors in an online study conducted in March 2020. Journal of Anxiety Disorders. 2020;74:102258.

[5] Tasnim S, Hossain M, Mazumder H. Impact of Rumors and Misinformation on COVID-19 in Social Media. Journal of Preventive Medicine and Public Health. 2020;53(3):171-174.

[6] Depoux A, Martin S, Karafillakis E, Preet R, Wilder-Smith A, Larson H. The pandemic of social media panic travels faster than the COVID-19 outbreak. Journal of Travel Medicine. 2020;27(3).

[7] Azlan A, Hamzah M, Sern T, Ayub S, Mohamad E. Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia. PLOS ONE. 2020;15(5):e0233668.

[8] Mukhtar S. Mental Health and Psychosocial Aspects of Coronavirus Outbreak in Pakistan: Psychological Intervention for Public Mental Health Crisis. Asian Journal of Psychiatry. 2020;51:102069

[9] Blustein D, Duffy R, Ferreira J, Cohen-Scali V, Cinamon R, Allan B. Unemployment in the time of COVID-19: A research agenda. Journal of Vocational Behavior. 2020;119:103436.

[10] Mukhtar S. Pakistanis' mental health during the COVID-19. Asian Journal of Psychiatry. 2020;51:102127.

[11] Mohd Hanafiah K, Wan C. Public knowledge, perception and communication behavior surrounding COVID-19 in Malaysia. 2020;.

[12] Shakeel S, Ahmed Hassali M, Abbas Naqvi A. Health and Economic Impact of COVID-19: Mapping the Consequences of a Pandemic in Malaysia. Malaysian Journal of Medical Sciences. 2020;27(2):159-164.

[13] Ahmad, A. R., Murad, H. R. (2020). The Impact of Social Media on Panic During the COVID-19 Pandemic in Iraqi Kurdistan: Online Questionnaire Study. *J Med Internet Res*, 22(5). DOI: <u>10.2196/19556</u>

[14] Kilgo, D. K., Yoo, J., Johnson, T. J. (2019). Spreading Ebola Panic: Newspaper and Social Media Coverage of the 2014 Ebola Health Crisis. *Health Communication,* 34 (8):811-817.

[15] Crank, M. C., Mascola, J. R., Graham, B. S. (2019). Preparing for the Next Influenza Pandemic: The Development of a Universal Influenza Vaccine. *The Journal of Infectious Diseases*, Volume 219, Issue Supplement_1, pages S107–S109

[16] Shearer, F. M., Moss, R., McVernon, J., Ross, J. V., McCaw, J. M. (2020). Infectious disease pandemic planning and response: Incorporating decision analysis. *PLoS Med* 17(1)

[17] Al-Garadia, M. A., Khan, M. S., Varathan, K. D., Mujtaba, G., Al-Kabsib, M. A. K. (2016). Using online social networks to track a pandemic: A systematic review. *Journal of Biomedical Informatics,* Vol. 62: 1-11.

[18] Kushner, J. (2020). The role of social media during a pandemic. Retrieved from https://khoros.com/blog/social-medias-role-during-covid-19 (14 April, 2020)

[19] Merchant, R. M., Lurie, N. (2020). Social Media and Emergency Preparedness in Response to Novel Coronavirus. *JAMA Network*. Retrieved from https://jamanetwork.com/journals/jama/fullarticle/2763596 (15 April, 2020)