Study on Assessment of Role of Digital Information Through Social Media on Society in The Context of COVID-19

By

Sneha Pattnaik

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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This certificate is awarded to

Dr. Sneha Pattnaik

Pursuing MBA-Hospital & Health Management from IIHMR University, Jaipur

In recognition of having successfully completed her

Dissertation & Internship in the department of

National Health Mission, Rajasthan

and has successfully completed her Project on

A study on Assessment of Role of Digital Information through Social Media on Society in context of COVID-19

Date : 11th March to 10th June, 2020

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.

Special Secretary
Medical, Health & Family Welfare
Mission Director, NHM
Rajasthan

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Sincerely

Dr. Sneha Pattnaik

MBA HM -23

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1. LIST OF ABBREVIATIONS

COVID-19 – Novel corona virus

MS – Microsoft

H1N1- Swine Flu

GOI – Government of India

IAMAI – Internet and Mobile Association of India

NBA – News Broadcaster Association

WHO – World Health Organization

IPC – Indian Penal Code

PG – Paying Guest

2.1 INTRODUCTION

In the digital era, the internet is a great source of health information which has the ability to influence its users. More than a decade ago, social media and network services emerged to enable the emergence of real-time and dynamic communications between patients and healthcare workers which is considered to be a vital public health development. Though, the information discovered on internet often lacks scientific precision, as anybody may upload content. This factor is a great concern to government and users.

The beginning of 2020 marked the emergence of the outbreak of COVID-19 that turned into an international pandemic. As a result, social media is both an indispensable source of vital information and a fertile ground for dangerous rumours all over the world. Inaccurate information is also common in other recent large-scale outbreaks. World Health Organization has stated that critical measures be required to be taken to address coronavirus infodemic.

This infodemic encompasses outbreak responses and intensifies public confusions about who and what information source to rely on causing fears and panic caused by unproven information and exaggerated claims and encourage xenophobic and racism in the form of digital vigilantism and condemning.

Government, Public health authorities and digital corporations should not only encourage digital literacy, but also prevent the social media influences that may cause irreversible real times, even after the COVID-19 pandemic dissipates.

Pandemic in the era of social media

The coronavirus outbreak was not the first in the age of social media: three other world-wide pandemics occurred in the ten years preceding it. The H1N1 (swine flu) pandemic, the Ebola epidemic and the Zika outbreak all had prominent, and broadly documented, impact on social media discussions. Accurate and reliable propagation of accurate information about the virus causing a pandemic can benefit in controlling the spread of virus and accompanying panic in the population.

Influencing Outbreak Responses

In the event of an emergency and disaster, urgent queries arise and necessitate immediate response. The issue lies in the fact that the spokespersons do not constantly deliver the precise information that is required swiftly.

In the digital era, the time required to analyse, evaluate & disseminate information could not compete with the immediate dissemination of inaccurate information on social media platforms.

Social media platforms also acts as a promoter and multiplier of COVID-19 related information as well as misinformation. In the times of pandemics and crises, a number of queries arise seeking instant clear and constant responses. The Government or the officials don't always respond with precise, timely information due to numerous reasons, through welfare of public interest at the top. Sometimes, evidence required to support statements and arguments, and the standards concerned with how and why individuals are socially responsible for whatever they say are overlooked. With overabundance of information in the digital era, it has become difficult for individuals to find truthful and reliable sources from false or misleading ones because of which the concerned authorities and experts inclined to lose their legitimacy among the public. People continue to rely on the condemned inaccurate information once requested to draw inferences and make judgments about the news story.

Due to confirmation biases, the tendency to accept statements that support our established views and to limit statements that contradict these views, the impact of inaccurate social media information may be more pronounced.

Misinformation during outbreaks

Misinformation has been persistent in recent large-scale outbreaks. Rumours are another form of misinformation. Fallacious, exaggerated, and suspicious medical claims and hoaxes are other common forms of misinformation. Several unverified natural and traditional remedies were preferred treatments for both Ebola and COVID-19.

2.1 LITERATURE REVIEW

INFORMATION AND SOCIAL MEDIA

Social media can basically empower a community from structural, psychological, and resource empowerment process and help achieve group participation, shared identification, and collective control in the community (Carmen Mei Ling Leong, Peter Ractham, Shan L.Pan and Laddawan Kaewkitipong, 2015). In today's scenario, social media should be responsibly utilized to disseminate constant, consistent, and reliable information to bring about clarity and awareness eliminating confusion and panic. As a best and fastest way to share news, social media takes Covid-19 news from individual states, nation, and parts of the world to everyone who can gain access to it.

MISINFORMATION AND SOCIAL MEDIA

Sharing of misleading information is as old as humanity, and a regrettable concomitant of the current digital scenario is the augmentation and accelerated spread of medical misinformation (Eric Perakslis & Robert M. Califf, 2019). Social media has also become a conduit for mushrooming rumours and deliberate misinformation, and many are deploying sites such as Facebook, Twitter, YouTube, and WhatsApp to create a state of panic and confusion. With fake news and the spread of misinformation as the defining issues, incorrect, misleading, or false medical advice can travel around the world before anyone has a chance to correct it (Emma Charlton, 2020). Currently, we are facing an unprecedented crisis of public understanding, with the social media platforms, like Facebook, Instagram, Twitter, YouTube, Snapchat, Reddit, WeChat, and Tencent, at the heart of it.

Misinformation could be deliberately promoted or accidently shared on social media. It can spread rapidly as anybody can say almost anything to anyone, with billions of individuals online each day, it has become pervasive with multiple digital sources without editorial oversight and could easily be trusted or taken seriously (Paul W. Armstrong, C. David Naylor, 2019). These platforms are the facilitators as well as multipliers of Covid-19 related misinformation.

Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organisation (WHO), noted and necessitated the urgent measures to be taken now in order to address the ‘coronavirus infodemic.’ This infodemic compromises outbreak response with increased public confusion with regard to trusting information sources. It generates fear and panic through exaggerated and unverified rumours and claims. Even after the dissipation of COVID-19 pandemic, the governments, public health authorities and digital corporations have to not only promote digital literacy, but also combat the irreversible post-truth age spawned by the impact of social media. Policymakers and civil society organisations could take initiatives to upgrade media literacy that could possibly influence the social media trends, independently of any actions by the platforms (Zubrzycki 2017, Strauss 2018).

Always misleading posts have been far more popular than the ones disseminating accurate and relevant public health information about a disease (Megha Sharma et al., 2017). The senseless cruelty of conspiracy theories during a crisis has been a phenomenal response at all times. A natural response that sometimes offers clarity or at least an opportunity to blame somebody for all the happening. Reasonable to this, various conspiracy theories ‘emerged’ and 'blew up' that seemed dangerous and interesting, ending up with completely incorrect ways of viewing the situation.

Fear Mounts over WhatsApp’s Role In Spreading Fake News (Jim Waterson 2018), The researcher has used the method of a case study. The main purpose of the study is to see how people react depending upon the fake news that is perceived by them, how the forwards on WhatsApp creates confusion among people in the countries like Kenya, India. The result of this study is that since this social media site is encrypted so even the makers of the WhatsApp would not know if any news is being circulated and the medium in which this news is being spread to others.

A study on the effects of fake news on consumer trust in social media marketing was carried out by Tomi Pesonen (2018). The main purpose of his study was to find out, how fake news has an effect on the consumer trust in social media marketing, The procedure that the researcher used to arrive at the conclusion was quantitative methodology. The results proved that there has been seen a moderate rise in consumer distrust in social media marketing platforms compared to other places. Users feel that companies like Facebook should take certain responsibility and work with those sites that are responsible for the spread and in fighting fake news.

Ananya Bhattacharya (2019) in her article written for Quartz India states that, even though social media sites like Facebook and WhatsApp disseminates fake news in high quantity, it is the newspaper that sways the Indians. The methodology used in this paper is survey method. The aim of the study was to prove that in India, more than social media sites, newspaper holds a lot more responsibility in the spread of fake news. The result of the survey was as seen in a research study conducted by non - profit Internet and Mobile Association on India (IAMAI) and data journalism portal "Factly" that only 2.7% of Indians believe in the information that is disseminated on social media sites like Facebook, WhatsApp, Twitter, Instagram etc(Dubbudu,2019) and also that Indians blindly trust in propaganda that is opinionated on social media platforms.

According to Aditi Singh (2018) in her article titled Limited legal options on fake news lead to internet shutdowns attempts to examine different laws present in the legal Government of India, pertaining to the dissemination of fake news. The methodology used by the researcher here is content analysis. Therefore, it is seen that there are no laws in India for fake news but there are statutory body that would help curb the fake news.

An article on How to tackle fake news legally without a law in India written by Prabhash K Dutta (2018) explains how the constitution on India does not have a strict law for the spread of fake news but have a statutory body. The researcher has used the method of case study Results also inform on what are the main statutory bodies prevalent in our country and IPC codes and who can people go complain, also found out people can always lodge a complaint with News Broadcasters Association (NBA) who run private current affairs and news broadcasting.

3. RESEARCH IMPLICATIONS

This study analyses the implications of social media information as well as misinformation for global health risk communication. We describe information and misinformation, define the pathways through which it can adversely affect responses to risk communication efforts, highlight vulnerabilities in prevailing interventions and present an agenda for further research to understand and address this problem.

3.1 OBJECTIVE

To study the role of digital information through social media on society in context of COVID-19 outbreak.

SPECIFIC OBJECTIVE

1. To assess the knowledge level of the participants regarding source of information on COVID-19.

2. To assess the source of information mostly preferred for COVID-19

3. To assess the acceptability of the source of information (social media) among the study population

4. To assess the reliability of source of information (social media) among study population

5. To assess the social media platforms involved in digital Information

6. To assess the behaviour of the study population towards digital misinformation

4. METHODOLOGY

Study design – Cross-sectional study

Sampling technique – Non-probability sampling (Snowball technique)

Method of data collection - Primary data was collected in the form of questionnaire during the outbreak of COVID-19 for assessing the knowledge level of study participants on COVID-19 and source of information preferred by them, assessing the acceptability and reliability of the source of information, assessing the type of social media platform spreading most of the information as well as misinformation, assessing the role of the social media in spreading misinformation in the society and the behaviour of the study participants towards the spread of misinformation through social media platforms.

Study Tools Used

- Through use of MS Excel
- Through descriptive statistics (Percentage distribution and graphs)

5. FINDINGS

- Through use of MS Excel
- Through use of descriptive statistics (Percentage distribution and graphs)

A set of questionnaires in the form of Google form was circulated to access the knowledge, Preference, Perception, and their behaviour towards misinformation through social media platforms. Data for 158 respondents were collected through online survey forms which had closed ended questions according to defined objectives.

1. Demographic status of the respondents

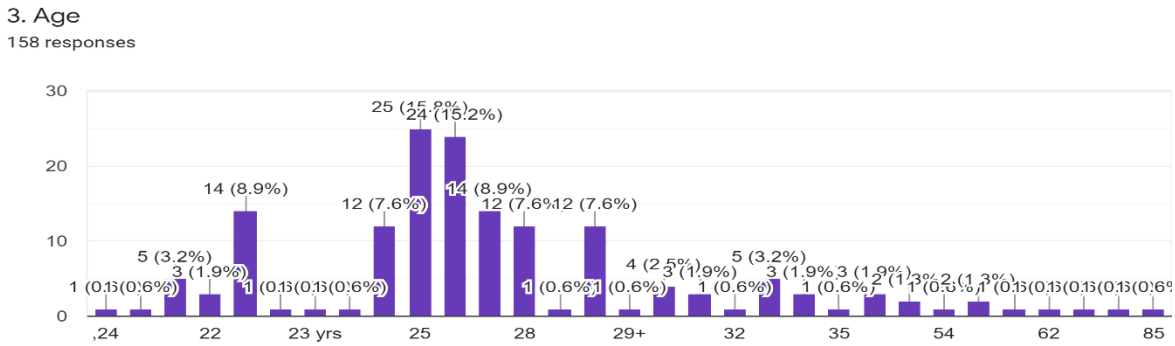

Fig 1. Age of the respondents

The Mean age of the respondents of the study is 28.67

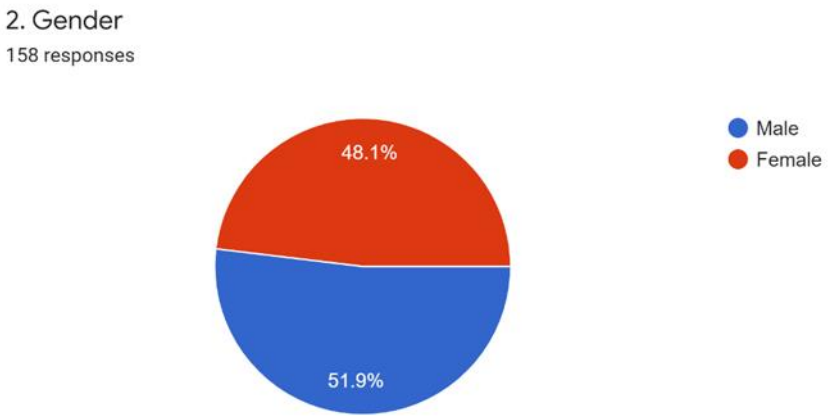

Fig 2. Gender of the respondents

Gender of the respondents participated in the study were 51.9 % male and 48.1% female.

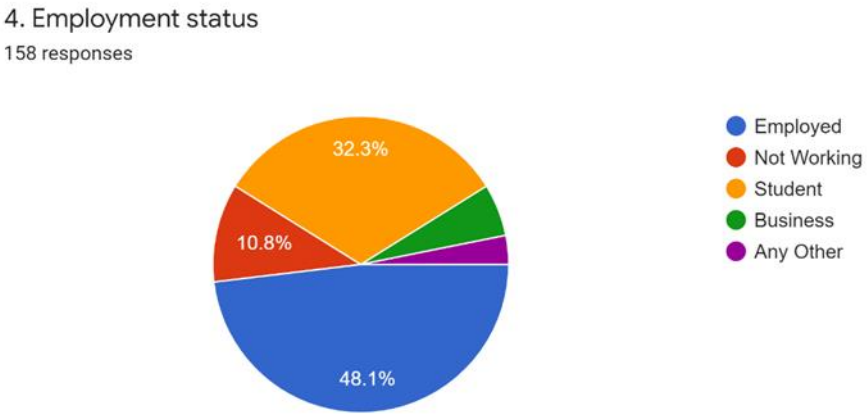

Fig 3. Employment status of the respondents

48.1 % of the respondents of the study are employed 32% comprises the students 10.8 % are not working whereas 5.7 % are businessman

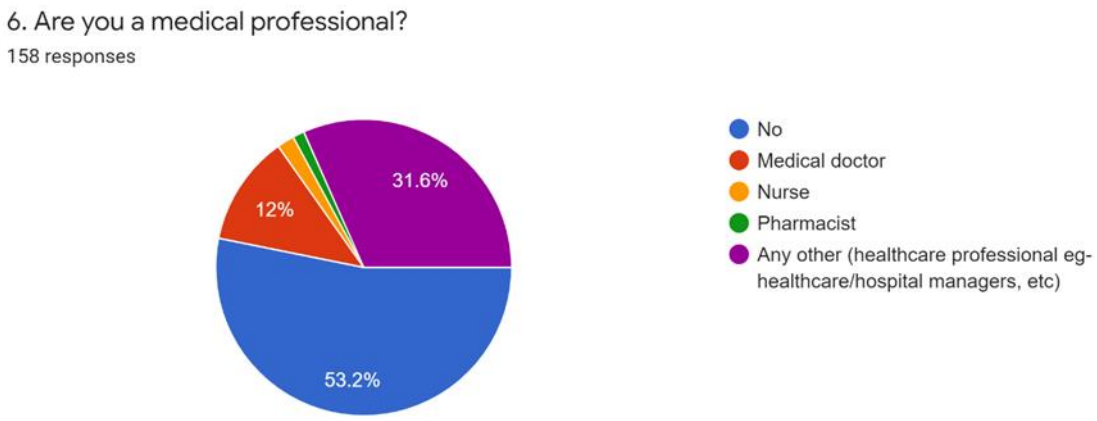

Fig 4. No. of Respondents with Medical Profession or background

Only 12% of the respondents are medical doctor and 1.9% are nurse, 1.3% pharmacists whereas 31.6% are someway related to medical profession and rest of the population that comprises 53.2% are not medical professional.

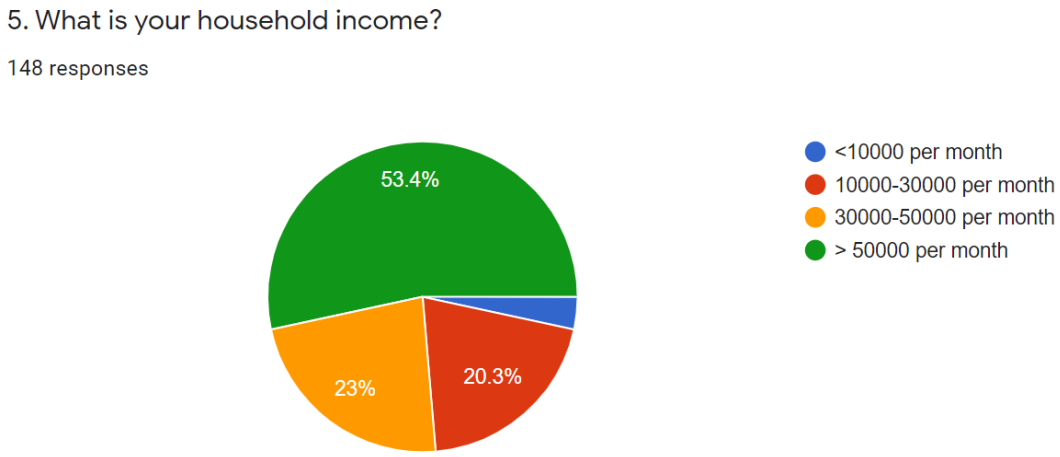

Fig 5. Household Income status of the respondents

53.4% of the respondent's household income is more than 50000 per month and 23% has household income between 30000-50000 per month whereas 20.3% has 10000-30000 per month and only 3.4% has less than 10000 per month as household income.

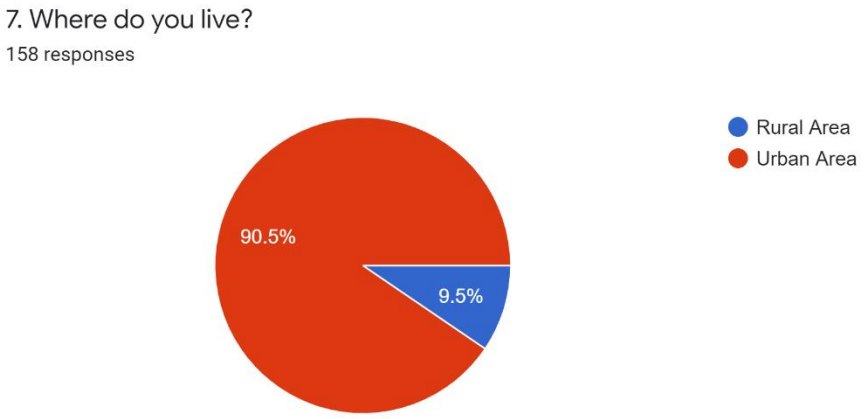

Fig 6. Area where respondents live

90.5% of the respondents lives in urban areas whereas only 9.5% respondents live in rural areas.

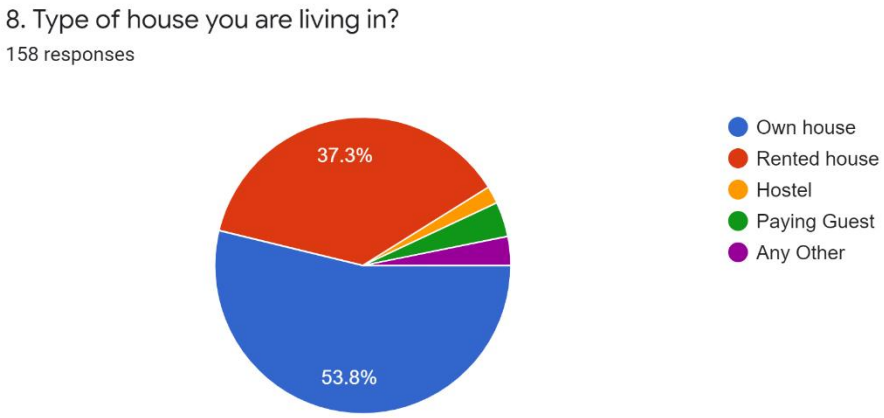

Fig 7. Type of house respondents living in

53.8% of the respondents lives in their own house whereas 37.3% in rented houses and 3.8 % lives in PG 1.9% in Hostels and 3.2% any other

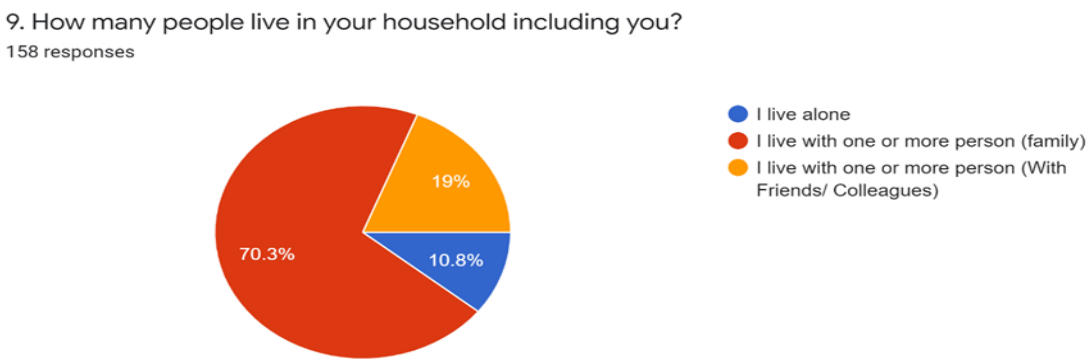

Fig 8. No of people living along with respondents

70% lives with family, 19% with colleagues and friends and 10.8% alone

2. Knowledge level of the respondents on covid-19 outbreak and related information

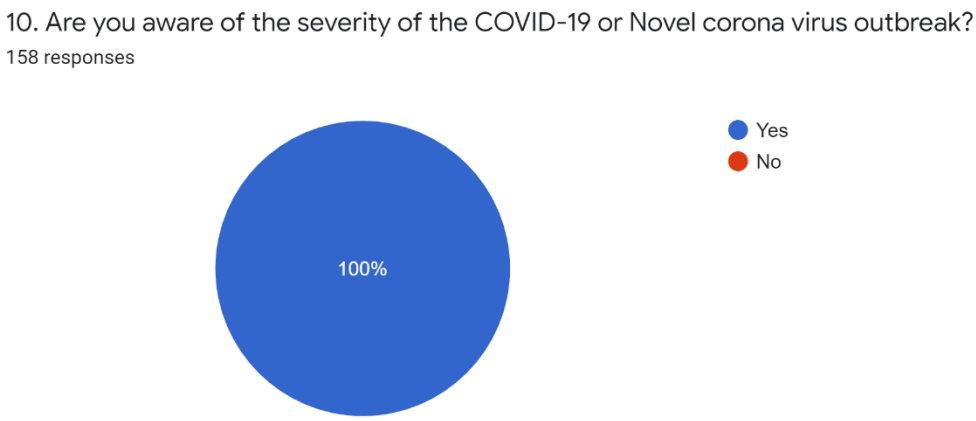

Fig 9. Percentage of respondents aware of the severity of COVID-19 outbreak

This table shows 100 % awareness among the respondents of the study about the severity of the COVID- 19 outbreak

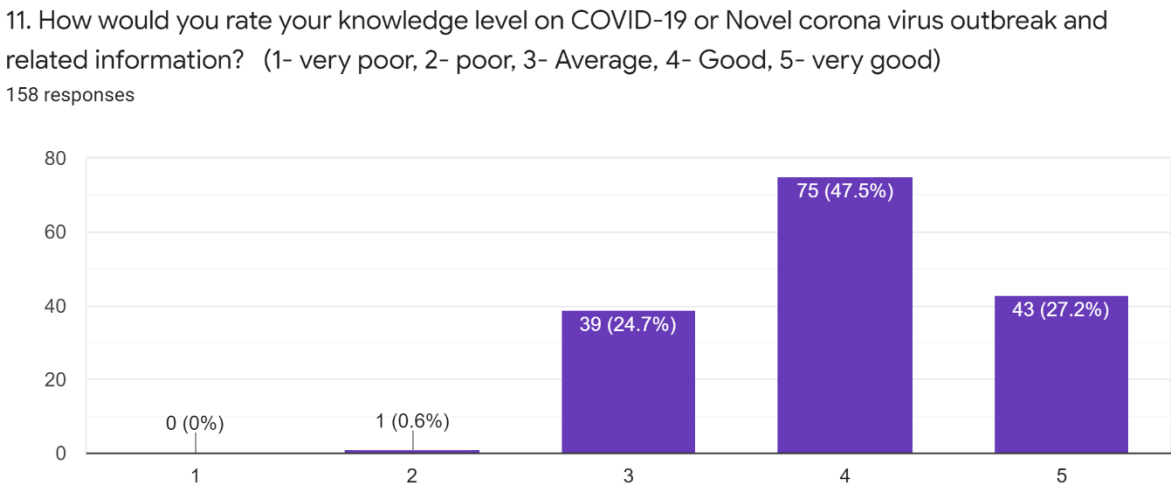

Fig 10. Rate of knowledge level of the respondents on COVID-19 related information

27.2% respondents rate themselves very good at knowledge level on COVID-19 and related information 47.5% rated themselves good whereas 24.7% rated average and 0.6% as poor.

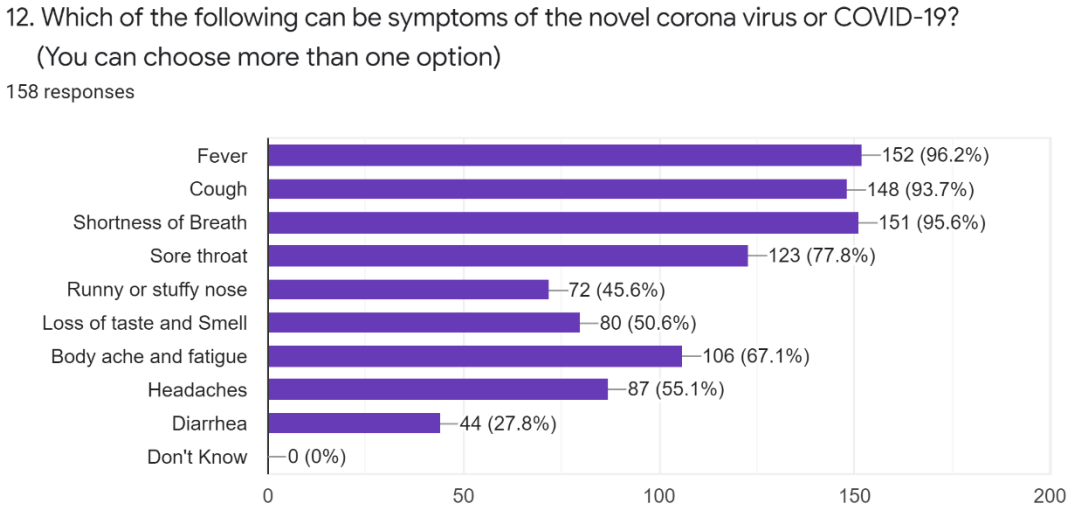

Fig 11. Percentage of respondents aware of the symptoms of novel coronavirus infection

67-96% of the respondents were aware of the most common symptoms of COVID-19 whereas 44- 77.8% were aware of the less common symptoms of COVID-19.

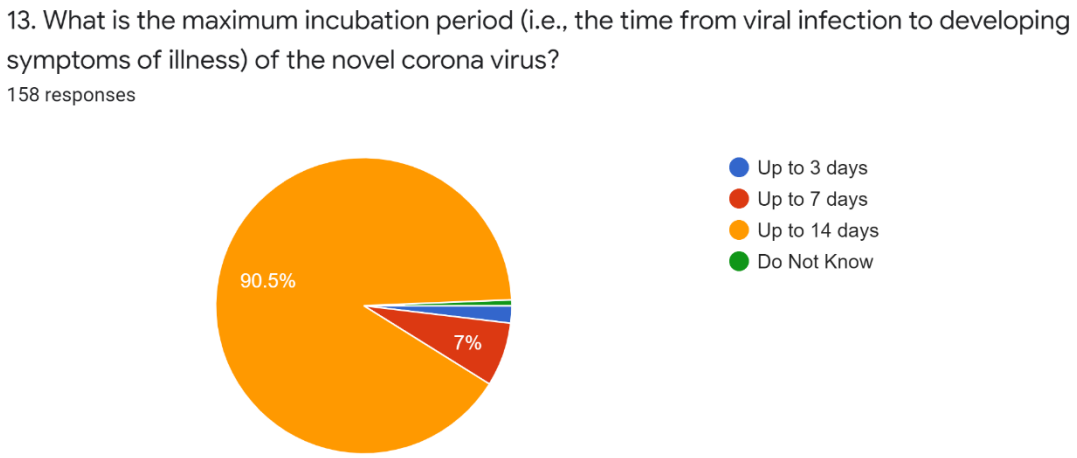

Fig 12. Percentage of respondents aware of the period of incubation of Covid-19 infection

90.5% of the respondents were aware of the maximum incubation period of the novel corona virus infection.

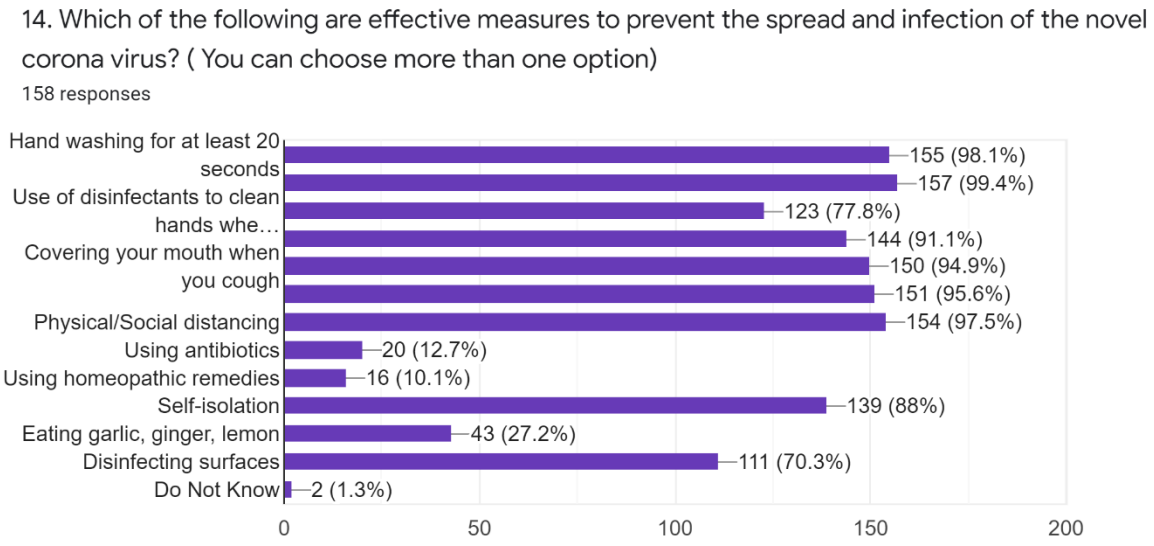

Fig 13. Percentage of the respondents aware of the preventive measures of Covid-19

10-27% of the respondents had misconception regarding the preventive measures of novel corona virus infection and 1.3% were not aware of the preventive measures. Whereas 70-90% of the respondents were aware of the preventive measures.

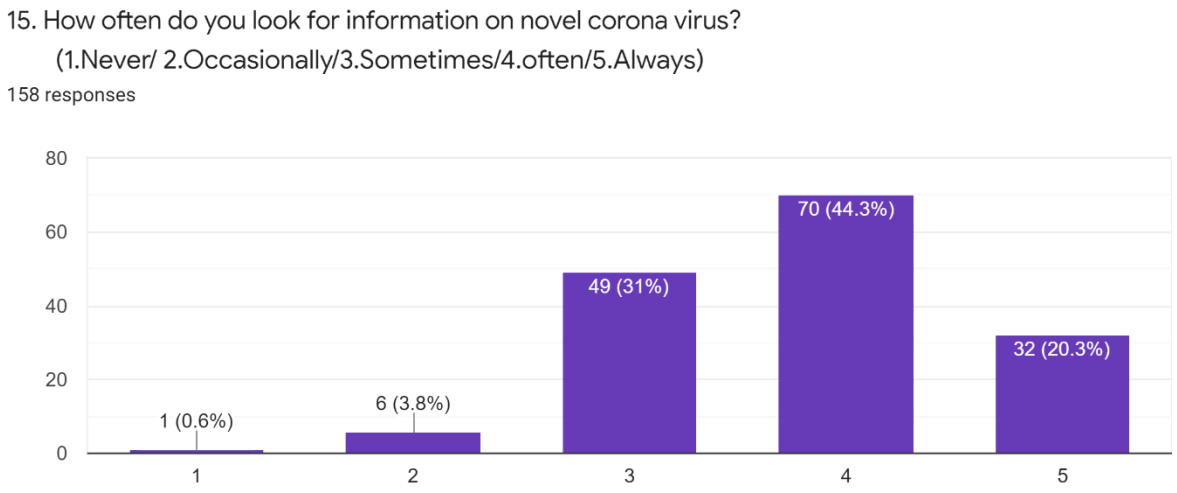

Fig 14. Percentage of respondents look for information on Covid-19

32-44.3% of the respondents often or always look for information whereas 3.8 – 31% look for information occasionally or sometimes and 0.6% never look for any information

3. Preferred Source of Information

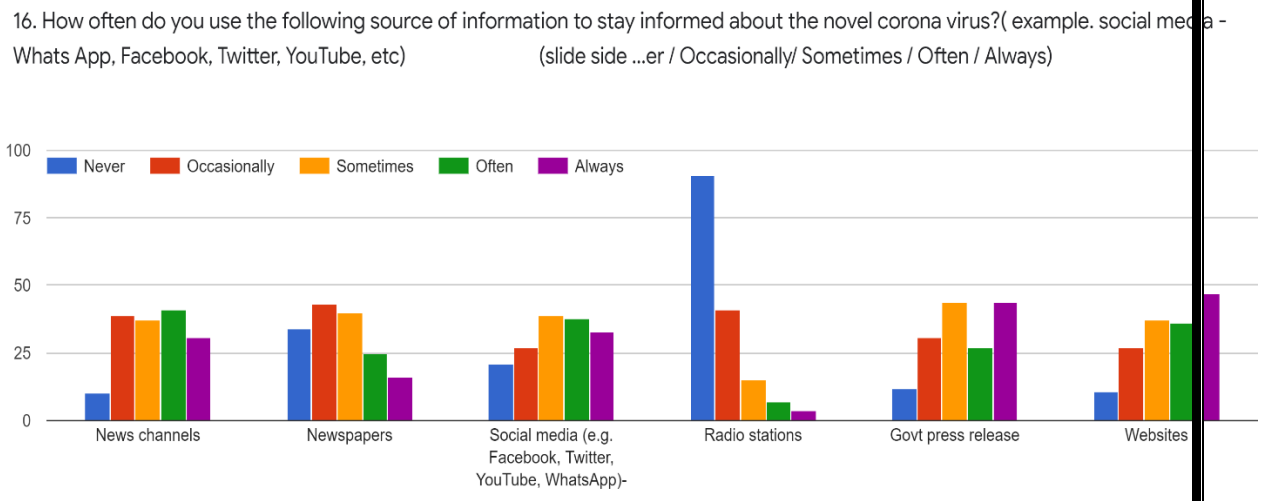

Fig 15. Preferred Source of information by the respondents

Most preferred source of information is website (23.2-29.7%), Govt press release (17-27.8%), social media (20.8-24%) & News channels (19.6-25.9%)

Least preferred source of information is Radio (2.5-4.4%) & Newspapers (10-15.8%)

4. Acceptability of the source of information

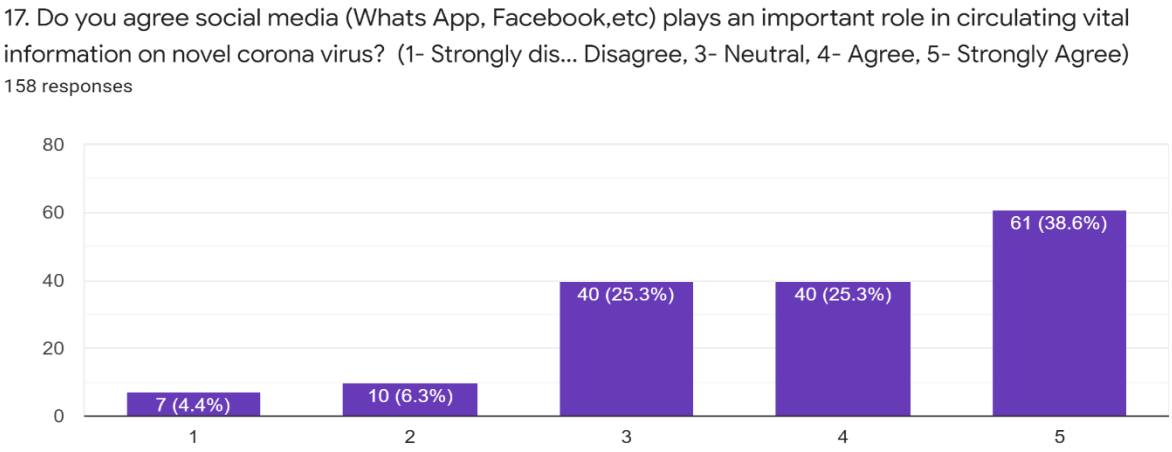

Fig 16. Acceptability of the source of information (social media) by the respondents

38.6% strongly agree and 25.3% agree that social media plays a important role in circulating vital information on novel corona virus whereas 4.4-6.3% of the respondents disagree

5. Reliability of the source of information

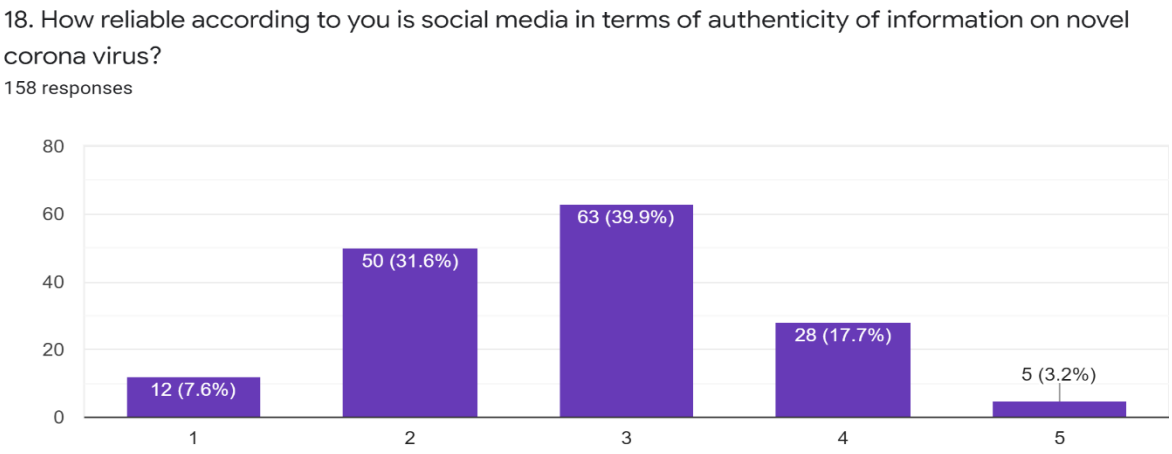

Fig 17. Reliability of the source of information (social media) by the respondents

3.2% thinks social media is completely reliable 17.7% consider social media as reliable and 39.9% holds a neutral opinion whereas 7.6 – 31.6% consider social media as non-reliable in terms of authenticity of information

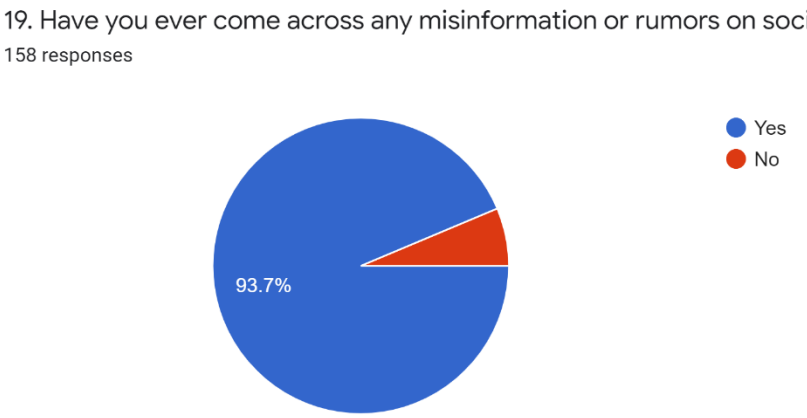

Fig 18. Percentage of respondents that has come across misinformation on social media

93.7% of the respondents have come across misinformation or rumours on social media

6. Role of the social media in digital Information

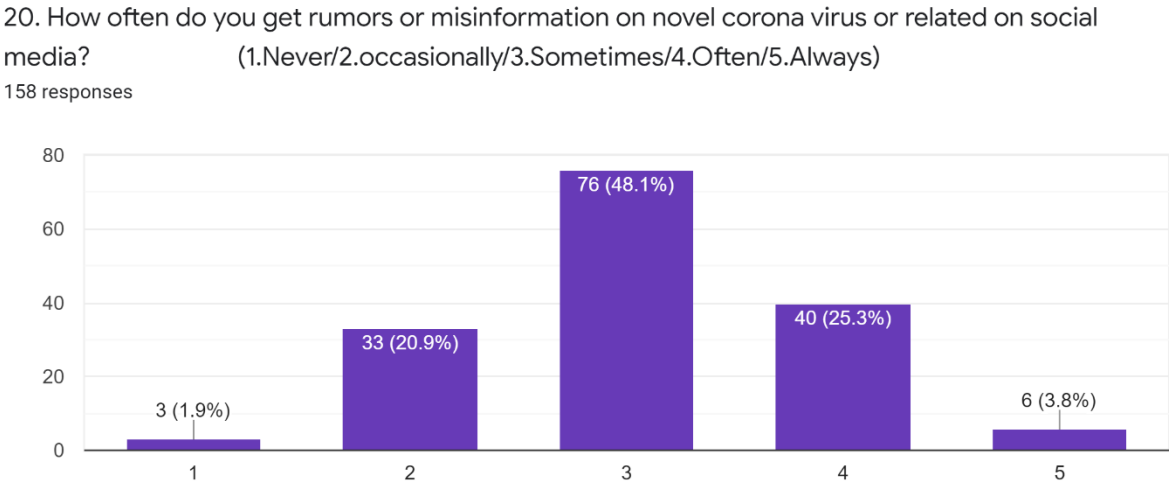

Fig 19. Frequency of getting misinformation on social media

3.8-25.3% of the respondents always or often get misinformation on novel corona virus or related on social media, 48.1% sometimes get misinformation on novel corona virus on social media whereas 1.9-20.9% of the respondents occasionally or never got misinformation on novel corona virus or related on social media

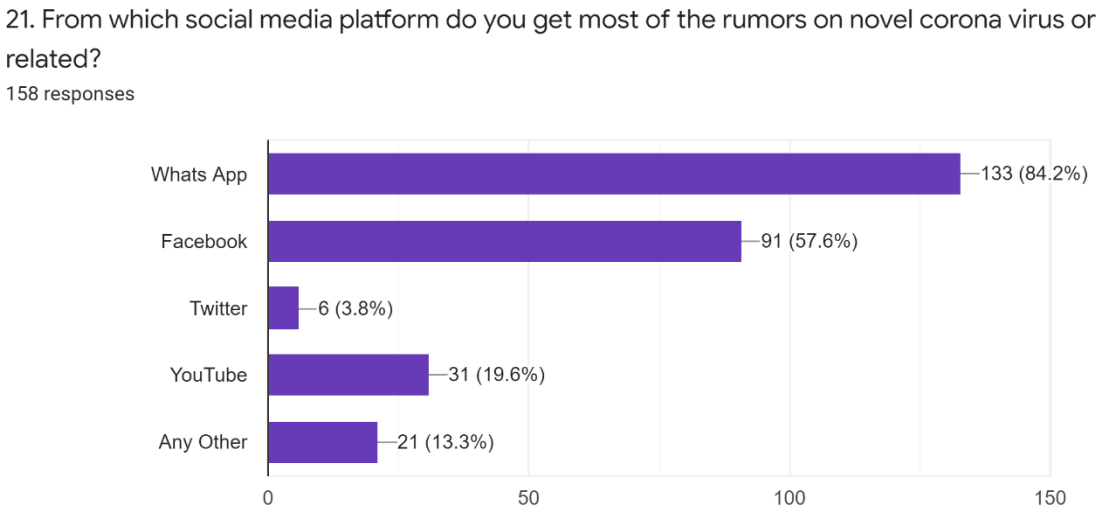

Fig 20. Social Media platforms circulating most of the misinformation

84.2% of the respondents get most of the inaccurate information or rumours through WhatsApp, 57.6% of the respondents get most of the misinformation from Facebook whereas 19.6 & 3.8 % get most the misinformation from YouTube & Twitter.

7. Behaviour of the respondents towards misinformation on social media

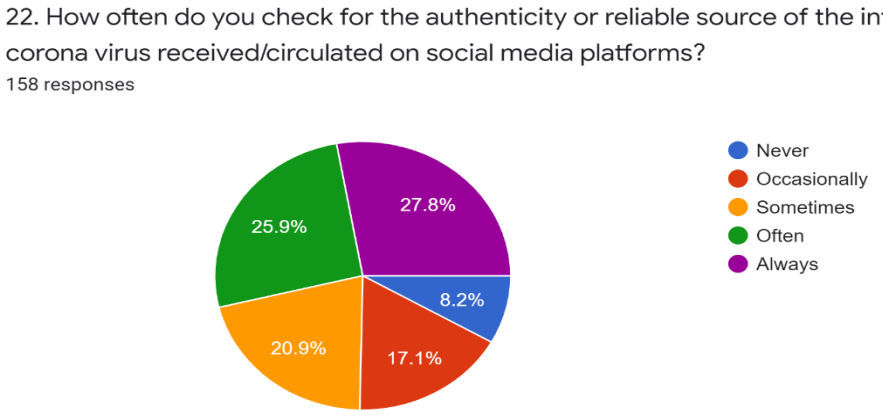

Fig. 21. Percentage of the respondents checking for the authenticity of information

27.8- 25.9% of the respondents always or often check for the authenticity of the information on novel corona virus received or circulated on social media platforms. 20.9% of the respondents check for the authenticity of the information on novel corona virus received or circulated on the social platforms whereas 8.2-17.1% of the respondents never or occasionally checks for the authenticity of the information on novel corona virus on social media.

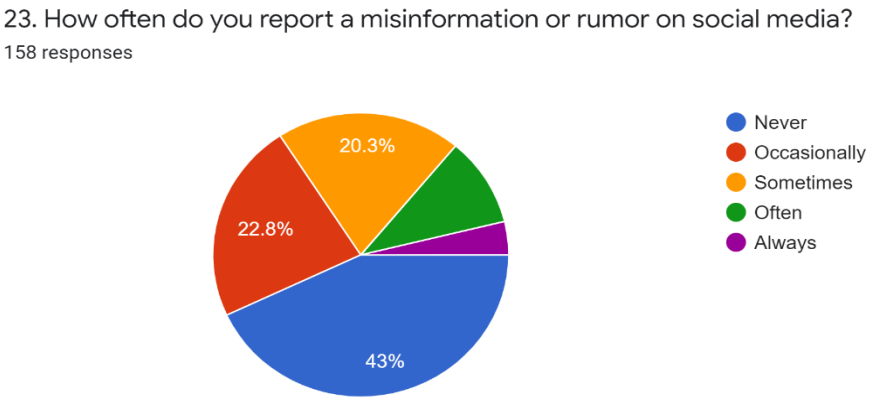

Fig 22. Percentage of respondents that reports a misinformation on social media

43% of the respondents Never report a misinformation or rumour on social media whereas 22.8% of the respondents occasionally report and 20.3% report sometimes a misinformation on social media. 3.8- 10.1% of the respondents often or always report a misinformation on social media.

6. DISCUSSION

6.1 Knowledge level of the study population regarding the information on COVID-19 outbreak

According to study findings most of the respondents have above average knowledge level regarding the symptoms, measures, and incubation period of novel corona virus. 67-96% of the respondents were aware of the most common symptoms of COVID-19 whereas 44-77.8% were aware of the less common symptoms of COVID-19. 10-27% of the respondents had misconception regarding the preventive measures of novel corona virus infection and 1.3% were not aware of the preventive measures. Whereas 70-90% of the respondents were aware of the preventive measures

Several studies conducted in other Asian countries have shown that similar findings indicate that the general population has a higher level of knowledge of COVID-19. In a cross-sectional study evaluating the public's knowledge, attitudes, and practices about COVID-19, most participants knew that people in contact with infected persons should be immediately isolated for 14 days (99.1%), which is an effective method to control the spread of the virus (98.9%). Even so, there was obvious confusion among the participants about the spread of the virus.

Another study "Corona virus (COVID-19) awareness assessment – A survey study amongst Indian population" revealed that a significant percentage of individuals learned about the pandemic through social media and news and were aware of the mode of spread of the virus and also initiatives to be taken to prevent it from spreading. But significant percentage of people were also not fully aware regarding the age groups this virus will be affecting.

6.2 Most Preferred source of information for COVID-19

The study shows that the most preferred source of information is Digital News 30% and Social media 24% whereas least preferred source is Traditional News with 16% whereas In contrast to the study another "study among Bangloreans: Propagation of Fake News in Social Media" states that 44% of the people still believe in traditional news like paper and magazine, 32% in digital sources, 22% on social media and 02% through others.

6.3 Assessing the acceptability and reliability of social media for novel corona virus misinformation

According to this study 38.6% strongly agree and 25.3% agree that social media plays a important role in circulating vital information on novel corona virus. 17.7% of the respondents consider social media as reliable and 39.9% holds a neutral opinion whereas 7.6 – 31.6% consider social media as non-reliable in terms of authenticity of information.

Whereas A descriptive study "(A study on validity and reliability in assessment of vulnerability of social networks)" was conducted with the intention of measuring the vulnerability of information on social media states that "Nowadays the importance of social networks is undeniable, and they will continue to be valid in an intermediate future."

6.4 Role of social media in circulating digital information

This study shows 93.7% of the respondents have come across misinformation or rumours on social media. Most of the misinformation is circulated through WhatsApp (84%) and Facebook (58%).

Another "study among Bangloreans: Propagation of Fake News in Social Media" shows similar findings that 93% of the study population have come across misinformation on social media and most of the misinformation is circulated through WhatsApp (95%) and Facebook (76%).

In a 2016 Pew Research Centre study which sampled over 1,000 individuals, 71 percent of respondents said they often or sometimes have come across fake news. The researchers stated that when misinformation campaigns challenges access to reliable information, citizens are left to make "uninformed choices".

6.5 Assessing the Behaviour of the individuals towards digital misinformation circulation

According to the study 63% of the respondents always checks for the authenticity of information on social media 21% sometimes check for authenticity and only 8% never checks for the authenticity of information on social media and 57% of the respondents report misinformation on social media whereas 43% still don't report misinformation on social media.

Another "study among Bangloreans: Propagation of Fake News in Social Media" shows similar findings 65% of the respondents always check for the authenticity of the information on social media 26% sometimes check for authenticity and only 9% never checks for the authenticity of information on social media. 53% of the respondents report misinformation on social media whereas 47% don't report misinformation on social media.

7. SUGGESSTIONS

1. To enhance knowledge level of the people

- Based on the findings of the study even though the knowledge of the population is above average it is essential to create awareness and update people to enhance their knowledge and understanding about the current situation of pandemic.

2. To Promote different sources of information among people

- The findings of this study show most preferred source of information is website (23.2-29.7%), Govt press release (17-27.8%), social media (20.8-24%) & News channels (19.6-25.9%) and least preferred source of information is Radio (2.5-4.4%) & Newspapers (10-15.8%) henceforth promoting different sources of information by disseminating reliable information through authorized public health organization will ensure acceptability among people. Ease of accessibility to different sources of information will further increase the usage of the sources of information among the people.

3. To ensure acceptability among the people

- According to this study 38.6% strongly agree and 25.3% agree that social media plays an important role in circulating vital information on novel corona virus. A communications strategy with toolkits would require to be established immediately as a contribution to the instant needs for a public health response and vital foundation for improving frameworks for response in the aspect of future global outbreaks. This is especially significant for countries that are lacking well developed media listening techniques or are in need of more efficient yet "controlled transparency" regarding the epidemic, and for populations that are more vulnerable during the outbreak due to lack of information. The impact of organising a toolkit would improve efforts to empower the public and enable them to develop more informed consumers.

4. **To ensure level of trust and reliability**

- This study shows that 17.7% of the respondents consider social media as reliable and 39.9% holds a neutral opinion whereas 31.6% consider social media as non-reliable in terms of authenticity of information. Therefore, it is essential to ensure the trust of the people on social media by encouraging the use of the websites of official public health organizations when seeking for information on COVID-19 preventive measures on the internet. In this way, users will be able to gain high-quality information more often, and such websites may improve their accessibility and positioning, given that search engines rationalise the positioning of links obtained in a search based on the frequency of access to them. Henceforth ensuring acceptability and reliability on social media among people.

5. **To control the spread of misinformation on social media**

- As the study shows 93.7% of the respondents have come across misinformation or rumours on social media. A digital toolkit could be installed to shape future tools for rapid deployment and engagement where multilingual and socio-cultural responses are desired. WHO has created a WHO myth busters webpage to address and correct misinformation about the COVID-19 outbreak. The mass panic can only be fought with information.

- According to the study findings Most of the misinformation is circulated through WhatsApp (84%) and Facebook (58%). social media platforms are progressively playing a role in controlling the dissemination of misinformation. Besides developing partnerships with misinformation watchdogs, Facebook has introduced initiative in ranking and controlling user news feeds using sophisticated algorithms. WhatsApp has introduced 'forwarding limits' to restrict dissemination and propagation of misinformation to public. YouTube has also published strict guidelines on sensitive COVID-19 related content. The platform is not only promoting progress of content related to positive social practices such as #stayhome and #cookwithme, but they are also handling and managing hoax, medical misinformation, and tricks such as toilet licking, coughing, and sneezing on bystanders.

6. **To change the behaviour of the individuals towards initiatives to be taken to control spread of misinformation**

- According to the study 63% of the respondents always checks for the authenticity of information on social media 21% sometimes check for authenticity and only 8% never checks for the authenticity of information on social media and 57% of the respondents report misinformation on social media whereas 43% still don't report misinformation on social media. Creating awareness among the population regarding the initiatives to be taken to check the authenticity of the source of information as well as to report any misinformation received or circulated on any social media platforms. Through behaviour change of the population misinformation can be traced and reported leading to the curb the digital misinformation.

8. CONCLUSION

From this study we can conclude that the study population were aware of the Covid-19 outbreak severity and their knowledge level regarding the symptoms and prevention was rated good. According to this study the 40%-50% study population accepted that the social media plays an important role in circulating vital information whereas a major percentage 33 %of the population believes that the social media platforms are not reliable in terms of authenticity of the information about the covid-19 outbreak and related information. The study population believes that social media plays a vital role in the digital misinformation on covid-19 and related information in the society. According to the study most of the misinformation is circulated through social media platforms like WhatsApp84% & Facebook 57 %. Most preferred source of information is website (23.2-29.7%), Govt press release (17-27.8%), social media (20.8-24%) & News channels (19.6-25.9%). Least preferred source of information is Radio (2.5-4.4%) & Newspapers (10-15.8%)

The study shows the behaviour and attitude of the study population towards checking the authenticity of source of information on social media(30% checks for the authenticity) as well as reporting a misinformation(48% never reports) on social media found to be neglecting.

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