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Panic during Covid-19 Pandemic: An Analysis of Media Coverage in India

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Abstract

The COVID-19 pandemic came as a nightmare across the Globe. In time of crisis, people rely on Mass Media for information and updates on the present situation. News related to death rates and the shortage of proper medical infrastructure caused panic and anxiety. The infodemic created mental health concerns. The role of television became crucial as a source of information leaving behind the newspapers and magazines, which people refrained because of contactless preference of information. The BARC India report confirmed that a substantial jump in television viewership was seen during the Pandemic and the average time spent per day per viewer increased. After the onset of the coronavirus, India underwent a strict lockdown, which led people to be confined to their houses and television screens. This is a review-based paper to explore the Media coverage and the panic caused by the news coverage during the COVID-19 pandemic. Different news articles, journals, and studies related to Media coverage affecting people during COVID-19 were reviewed. The research is descriptive in nature and the data is secondary. In this study, prior research is combined to obtain a full overview of the research conducted in this area.

Keywords: Mental Health, Covid-19 Pandemic, Television Coverage

Introduction

Coronavirus (COVID-19) is a contagious disease caused by the SARS-CoV-2 virus. Initiating its spread from China, it spread all over the world. The first three cases in India were reported between 30 January and 3 February in the State of Kerala. Later it took the whole country under its tide. "The Corona outbreak was declared as a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020" (WHO, 2020). People affected with the virus experienced slight respiratory problems and recover without any special treatment. However, some people become seriously ill and seek serious medical attention and guidance. The best way to be careful and slow down transmission is to be wellinformed about the virus and to keep oneself updated about how it spreads. As the country began to witness a high number of cases, the Prime Minister announced a nationwide lockdown until 14 April 2020. The lockdown led to a dependency on Media for an update about the situation. According to the Centres for Disease Control and Prevention (CDC), "the COVID-19 outbreak has proved to be stressful for most people. During an infectious disease outbreak, stress and panic can include changes in sleeping or eating patterns, worsening of mental health conditions, fear and worry about health, and difficulty in concentrating". "The exposure of people to a constant stream of news on a continuous basis adds to worsen the situation". (Debashish, 2020). "Unfortunately, a lot of news we consume today is not so much reporting as it is a way of keeping people addicted to the news cycle because sensational headlines get more



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attention" (Jones, 2020). As people remained confined to their homes, they preferred spending time on Media to get Information about the ongoing situation in the country. According to the Broadcast Audience Research Council (BARC), "COVID Disruption period has seen an increase in television viewership, 6% increase in TV Reach and 8% increase in TV viewing minutes /week. The time spent on TV/viewer has seen a jump by 2%".

Methodology

With the objective to analyse the Media coverage and the panic caused by the news coverage during COVID-19 pandemic in India, this review-based paper explores different news articles, journals and studies related to Media coverage affecting people during Covid-19. The study focused on the research studies that shows Media coverage causing Panic among the mass. The study incorporates descriptive narrative reviews from the available secondary data starting from March 2020 to October 2021. Thirty Research articles based on the panic caused by Media coverage during the pandemic were analysed. The analysis of Media coverage includes primarily Television Reports/News coverage and few print media coverage. People stopped purchasing Newspapers and magazines as a precautionary measure to avoid the transmission of Corona Virus by contact. Consequently, which led to the decline in the readership pattern. The study lies in line with the Moral Panic theory given by Stanley Cohen, with regard to Media. It states, "A moral Panic occurs when someone or something is defined by Media as a threat to the values or interests of the society". In this study taking situations and conditions as a threat to the society. The study was divided into certain themes highlighting the different kinds of Panic situation by the Media Narratives, the representation of news, communal polarisation highlighted in the news, Fake news, misinformation and the Panic due to increased exposure to Media.

Media Narratives and the Content of Discourse

It was reported, "Prime Minister Narendra Modi called print and electronic media owners and editors of the country, they were asked to support government efforts to fight the pandemic, and were advised to present 'positive news' regarding COVID-19. Editors and journalists from national and regional level media were advised, to abide by the official narrative and present information as provided to them by the government about COVID-19" (Sharma,2020). On March 31, The central government sought a regulation from the Supreme Court of India that "No electronic/print media /web portal or social media shall print/publish or telecast anything without first ascertaining the true factual position from the separate mechanism provided by the central government" (Singh, 2020)

Living amid the pandemic jolted the majority of the population all over the world. COVID-19 pandemic paralyzed not only the society but also the mental wellbeing of the people. Hearing news mainly the sensational and containing spread of misinformation all over the places, people experienced peculiar characteristic of panic disorder. "Fake news heightens fear among people; however, reading valid and reliable source makes it easier to maintain composure" (Avila, 2020)

A research conducted in North India showed that, "The anxiety due to COVID-related news through mass media was found to be reported highest (27.3 %) in the 40–49 years age group and lowest (14.49%) in the 20–29 age group". With passing days, misinformation started to dominate people and news like, Indian hindus are more immune to the virus began to spread. Some Indians were following Sadhu's who promoted drinking cow-urine for the protection from the virus. In April, Media promoted and became a part of the festivity announced by the ruling party i.e by switching off lights for 9 min and light a candle



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or Diya on their balconies across India. This was promoted on Television News channels showing #9baje9min on the bottom of the screens. Some media platforms showed the newly developing hotspots and the COVID situation of Italy. Video and stories of people falling on the streets, overcrowded and chaotic hospitals, and abandoned dead bodies were being shown repeatedly. All these visuals and news weighed heavy on the mental health of the people who were constantly looking for updates through mass media. In May, America emerged as the new hotspot after Italy. The media highlighted the protest of Americans against the extended and long-stretched lockdown. Along with this, all the news platforms and websites began showing the coronavirus cases and deaths per day as a highlight on one side of the screen on the majority of the websites and channels. "There were miscommunication and misunderstanding about the guidelines and relaxations during different phases of lockdown like night curfew timings and which institution/industry will remain open during the lockdown" (Dhanashree, 2021). "When risk information is communicated consistently and authoritatively, people learn and benefit from it but stress and anxiety can be exacerbated by too much media" (Wier, 2020) while our motive is to stay informed by the administrative sources and simultaneously be careful about the amount of time engaged in the news.

Communal polarisation and Deception

The issue of "sampling bias" was highlighted by the news reports stating "a large proportion of Tablighi attendees were positives because they were tested, whereas overall testing for the rest of India is low. This reflects that the issue of Tablighi Jamaat was highlighted intentionally by the media and had no subtle evidence. People from other gatherings were neither tested nor traced by authorities, whereas those that went to Tablighi people were visible and vilified" (Daniyal, 2020). Such highlighted coverage with targeting headlines made the Muslims at large the villains of India, they were engaging in "Corona Jihad" by trying to sneeze in public, lick fruits and vegetables before selling them, and dropping currency on the road to spread the coronavirus. Indian media seemed to be obsessed with the word "jihad" because it is a trigger word for immediately associating Muslims with violence. One video surfaced on Television channels from India's capital Delhi where residents of an area called Shastri Nagar were shown discussing the decision not to allow Muslims to enter the area. Flags were placed on the carts of vegetable and fruit vendors as a mark of identification that they were Hindus. Muslim vendors desperate to earn their living were caught on video pretending to be Hindus while selling their goods. A man was been beaten up under suspicion of spreading coronavirus in North Delhi. People socially ostracized another man in his village in the Una district of Himachal Pradesh under suspicion of having COVID-19 since he had given lift to two men who belonged to the Tablighi Jamaat. He was taken to a quarantine center. After being tested for coronavirus, he was found COVID-19 negative. However, it eventually led to that man fatally hanging himself in his house with a note that said, "I am no one's enemy" (Parth Sharma, 2021)

The constant demonization of Muslims in India was fuelled by communally run shows at primetime that highlighted over-exaggerated Headlines to attract people. This deepened the fissures between communities and initiated a loss of trust between communities leading to the situation of panic and stress. Baseless accusations to create a larger wave of Islamophobia were often circulated by famous media outlets. A murder by a Muslim man was spun into a story about the Tableeghi Jamaat where it was claimed that the Muslim man was killed because the victim spoke ill of the the Tableegh. Leading news presenters like Deepak Chaurasia of News Nation, Vikas Bhadauria of ABP News, and Suresh Chavhanke of Sudarshan went on to run this news story, claiming the same. When the investigation was done Allahabad Police of Uttar Pradesh debunked this fake news (Sikander, 2021) ANI News claimed that five people



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contracted coronavirus in Gautam Budh Nagar as they came in contact with the Tablighi Jamat. Amish Devgan, Managing Editor of News18, was also complicit in spreading this news. This fake news was debunked by Noida Police. But none of the news anchors and news organizations were held accountable for their ignorant and fake delivery of news which consequently led to panic among the people. Uncertainty, ambiguity, and mass anxiety are conducive to misinformation propagation and the pandemic offered a suitable occasion for that (Al-Zaman, 2021). In such cases, the moral panic created by this fake news creates mass hysteria within society. The public assumes that whatever is reported is true.

Fake News and Misinformation

Trueness is considered one of the most important principles of news. To keep up with the television ratings and pursue a sensational effect. Television channels nowadays exaggerate and elevate "small events" and "small news", and most of the time end up manufacturing fake news to cater to the priorities of the audience. Media overreacts and sensationalize the news which leads to mental irritation for the people who are directly or indirectly associated with the news. "Over a year and a half into the pandemic, India has emerged as the biggest source of COVID misinformation, with one in six pieces of fake information coming out of the country" (Al-Zaman, 2020)

"The COVID-19 epidemic is going through an 'infodemic' of misinformation" (General, 2020). "Misinformation related to the pandemic produces deleterious effects on public health and action" (J.S. Brennen, 2020)

Remaining cut off from the real world leads to a belief that whatever people see on Television screens is true, they tend to believe on what they are shown. This leads to a moral panic when they find the conditions and situation unfavorable and different from what they believe it to be. Information hygiene emphasizes on verifying the news, checking the source, double checking with some fact-checking websites and checking with a doctor or an expert if needed. The information should be accessed and checked to the depth, it should only be passed on if found correct. But amid the pandemic, our media organizations and mainstream Media Television channels seem to forget information hygiene and continuously bombarded us with over-exaggerated news which makes people uneasy and disturbed. (Dr. Robin kabha, 2020)

"Media plays a crucial role at each step. The method of news reporting modifies the behavior of people and their attitudes. This was studied in the H1N1 influenza epidemic in the Shaanxi province of China in 2009" (Ayesha Anwar, 2020). A study published in 2016, Yan Q. et al. showed "how people's response can change with media reports and, hence, can affect emerging disease control".

Over Exposure to Media

Role of Television has become significant in keeping the population confined to homes and indoors. "The re-broadcast of several old television programs from the 1980s and 1990s has given a second life to the otherwise redundant television set" (Pant, 2021). "The emergence of COVID-19, with its rapid spread, has intensified anxiety in populations globally, leading to mental health disorders in individuals. This has even caused cases of stereotyping and discrimination" (Lima CKT, 2021). It becomes more important for people to take proper care of their, mental health. The inclination towards physical activities and decreasing the time spent in front of the screens can be beneficial for balancing out the panic created by overexposure to media. A study conducted in Northern India suggests, "Individuals may experience mental health outcomes such as anxiety, depression, and post-traumatic stress symptoms".



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Research shows that "people who follow COVID-19 news the most, experience more anxiety. Most of the news published on COVID-19 are distressing, and many times news is associated with rumors, which is why anxiety levels rise when a person is constantly exposed to COVID-19 news". "Misinformation and fabricated reports about COVID-19 can exacerbate depressive symptoms in the general population" (J-C, 2020). "The latest and most accurate information, such as the number of people who have improved and the progress of medications and vaccines, can reduce anxiety levels. Health professionals recommend avoiding exposure to negative news and using alternative communication methods such as social networks and digital communication platforms to prevent social isolation" (Anjali Chauhan, 2020). India being a third-world country has a significant population with improper health conditions. In the under-developed and developing regions of India, the practical conditions due to COVID-19 impose greater panic effects on the population. Confusion regarding health status, lack of treatment, and diagnosis among communities can also increase the vulnerability of such communities to panic state in the times of COVID-19. Media use pattern of the people affected by the Post post-traumatic stress disorder in the backdrop of the serious outbreak of Covid-19. For people under quarantine, the increased length of engagement with media and the higher exposure to media led to higher post-traumatic stress and moral panic among such people. The study also stated that "Demographic variables, young people, lower income group and the PG qualified respondents have shown higher PTSD than their counterpart" (Mukherjee, 2021)

Conclusion

After the review of the research done during the COVID-19 situation prevailing in India it is evident that the sensitivity of the people becomes high in the times of crisis and it becomes the duty of Mass Media to implement responsible flow of information to keep people informed and updated about the situations prevailing in the country. Along with that, the way news is represented in these severe times should be highly taken care. The misinformation and disinformation can create greater panic among the people. It was seen that the pandemic began to create havoc, journalists rushed to fill the information lacuna by sometimes providing inadequate and rampant information. "Contrary to past research suggesting that the increased conspicuous of a disease threat should improve attitudes toward vaccines, the research observed a decrease in intentions of getting a COVID-19 vaccine when one becomes available" (Ariel, 2021). However, no research was found that shows the media coverage related to vaccination drive and the status of people's belief regarding the uptake of vaccine in India. With the news and fear of next wave, hitting the population the majority of Indians would accept the vaccine. India being a country with large population, even a small proportion of hesitant individuals would translate to millions of unvaccinated individuals. As of writing, there have been (34,489,623) thirty-four million four hundred eighty-nine thousand six hundred twenty-three cases of COVID-19 in India and (1,136,168,939) over one billion vaccination doses have been administered. "Strategic measures and policy decisions to enhance the rate of COVID-19 vaccination should be continuously planned and implemented in India" (Sneha Chandani, 2021). To build trust in vaccination and to fulfill the goal of the government to vaccinate everyone across the country, community engagement with a credible communication approach is a must. The need of an hour is to systematically identify vaccine-hesitant areas and communities and to orient the people effectively.



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