

9 Psychological Toll of COVID-19 Communication Patterns in Malawi

Peter Mhagama

9.1 Introduction

During the first phase of the COVID-19 outbreak, the media in Malawi abounded with infodemics, misinformation, and disinformation about the disease to the extent that many people were left wondering which information to believe. Whenever there is a pandemic, people respond differently due to the information they receive concerning the disease and its effects. How people respond to the information they receive about the disease could have psychological consequences for their mental health, such as anxiety and emotional distress (Su et al., 2021). This could further affect how they adhere to the preventive measures of the disease and how they might react after contracting it. Mental health is defined as “a state of well-being in which the individual realises their abilities, can cope with normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community” (World Health Organization [WHO], 2004, p. 14). Studies have shown that psychological factors could also affect how a pandemic is managed and how people cope with infection and the fear of death (Cullen et al., 2020; Mach et al., 2021; Zhou et al., 2020). For instance, Cullen et al. (2020, p. 311) argue, “During an outbreak of an infectious disease, the population’s psychological reactions play a critical role in shaping both the spread of the disease and the occurrence of emotional distress and social disorder during and after the outbreak.” In light of the nature and effect of COVID-19, it was expected that information dissemination about the pandemic would be regular as the government and other stakeholders took measures to mitigate its effect. This is where the role of the media in curbing the spread of a pandemic manifested.

The media serve as a primary source of health information, which could help curb disease transmission and could bring health professionals, policy-makers, and the general public together to have a common understanding in the fight against the pandemic (Laing, 2011). The media disseminate risks to their audiences and shape public perceptions of them through the volume of information, the content, and the tone of reporting (Mach et al., 2021). However, during the initial stages of the pandemic, there was a considerable amount of information, misinformation, and disinformation about COVID-19

in Malawi. This created panic, fear, mental distress and disorder, and anxiety among the people to the extent that their mental health was affected negatively. News biased, negative, and misleading could adversely affect mental health (Su et al., 2021).

Several studies have been done, which have found a positive correlation between the consumption of negative COVID-19 news and the mental health of the people. For instance, a study conducted among university students in France by Wathelet et al. (2020) found that individuals who reported spending much time seeking COVID-19 news daily during the lockdown developed high levels of anxiety, distress, stress, and depression. This evidence confirms the view that the media negatively affect the mental health of their audiences. Similarly, a study by Buchanan et al. (2021) found that as little as two minutes of exposure to negative news about COVID-19 can have negative effects and that research on social media exposure to COVID-related news has been correlational, leaving open the possibility that unhappy people are more likely to seek out negative news. The COVID-19 news mainly focused on negatives and rumours, making people unhappy because of the fear it created. To find the truth about the disease, they resorted to seeking information from any available source that could either confirm or dispel the rumours. A study conducted to examine the relationship between happiness and the rise of media consumption during COVID-19 confinement by Muñoz-Velázquez et al. (2021) found that far from cultivating greater happiness, those who engaged in heavy consumption of media during confinement were less happy than those who did so more moderately and spent more time performing other activities (p. 146). Being unhappy can be one of the signs or causes of stress or mental depression. For instance, Li et al. (2022) investigated the effect of media use among the elderly during the COVID-19 era and found that more frequent media use increased the rate of depression.

It is clear from the foregoing that seeking news or information on COVID-19 from different news sources was a common habit among many people during the pandemic, and this had the potential to affect people's psychological well-being. To help understand how the media affected people's mental well-being during the COVID-19 pandemic, the current study was informed by media effects theory, which explains how the mass media influence the attitudes and perceptions of their audience. According to Valkenburg et al. (2016), the media effects theory has two features concerning how people consume news. First, people only attend to a limited number of messages out of a myriad that could attract their attention. The second is that only those messages people select have the potential to influence them (see also Knobloch-Westerwick, 2015). Under the media effects theory, we can further identify two theories to help us understand how news about COVID-19 affects people.

The agenda-setting theory of media states that the mass media determine the issues that concern the public rather than the public's views. This theory posits that the issues that receive the most attention from the media become those that people discuss and debate (Hanson, 2009). In the process, readers

become affected by such issues. A study by McCombs and Shaw (1972) on how the day-to-day selection of news influences the public agenda found a high correlation between the importance of issues on the media agenda and how those issues become the public agenda. Concerning COVID-19 news, it was noted that the media focused much attention on negative news and that this overcrowded people's thinking and affected their behaviour. It is further argued that by shaping their own selective media use (deliberately or not), individuals also somehow shape their own media effects (Valkenburg et al., 2016). In times of a pandemic, such as COVID-19, it is normal for people to seek information. However, the type of information they sought or to which they were exposed during COVID-19 brought a whole range of effects.

During the COVID-19 pandemic, people did not deliberately seek negative news. Still, because there were few facts available about the disease, it was inevitable for anyone to land on negative stories about COVID-19 because the media were full of them, and unfortunately, this is what hurt people's well-being – directly or indirectly. According to Buchanan et al. (2021, p. 2), “Indeed, information seeking during a pandemic may prove problematic because negative information is ubiquitous and unending, and no amount of information can eliminate the pervasive sense of uncertainty.” In agenda-setting theory, the relative salience of a news item determines how the audience will be affected or influenced by it (Dearing & Rogers, 1996). By frequently broadcasting some news items, the media give salience to such news, which makes people attracted to it and, in the process, influenced or affected by it either positively or negatively.

Another media effects theory is the uses and gratifications theory, which states that consumers use the media to satisfy specific needs or desires (Lule, 2016). Many people use the media for several purposes, such as entertainment or relaxation, social interaction, education, or information. Whatever the purpose might be, Papacharissi (2009) observes that each of the uses satisfies a particular need (i.e., gives gratification), and the needs determine the way in which people use the media. The severity of COVID-19 forced people to seek more information about prevention and control in the news media, including social media. Informed by media reports, people were able to change their behaviours. They took corrective measures, such as frequent hand washing with soap, wearing masks, observing social distancing, and observing social isolation at home to avoid passing on or contracting the infection from others (Zhou et al., 2020). This is one of the positive effects that the media had on various audiences during the COVID-19 pandemic. However, understanding the effects of media on audiences has become increasingly complicated over the years as more and more people are now relying on social media for their news. According to Buchanan et al. (2021, p. 8), “People seek out social media for many reasons other than news consumption and may not realise that minimal exposure to negative news on these platforms can have such negative consequences.” This was particularly the case during the COVID period because social media provided conflicting information, infodemics, and

disinformation, confusing many people and creating fatalistic beliefs regarding their mental well-being (Spiteri, 2021).

Some research found that the benefits of using social media were satisfying the basic human need for belonging, increasing life satisfaction, and reducing loneliness (McLaughlin & Sillence, 2018; Zhan et al., 2016). However, other studies found that excessive use of social media has been linked to serious mental health issues, such as depression and anxiety (Primack et al., 2017; Reer et al., 2019; Van der Velden et al., 2019). The emphasis is placed on excessive use of social media as a contributing factor to negative mental health, implying that if people reduced their consumption of social media content or did not believe everything to which they had been exposed, there would have been fewer cases of depression and anxiety among the populations. Nonetheless, it must be appreciated that the need to be updated with new information – possibly of hope – about the disease raised the people’s desire to seek more information using any available means, obviously becoming mentally affected.

However, according to Cushion (2019), some studies have dismissed the simplistic correlations between media consumption and audience responses, arguing that media effects cannot only be measured in many direct and indirect ways, but that sociocultural, political, and economic factors also contribute to shaping human behaviour (see also Preiss et al., 2007). Considering that the media effects theory is not enough to explain how the media influence people, the social cognitive theory was also used to inform this study. According to Fiske and Taylor (1991), the effects of the media can be understood from the perspective of social cognition, which generally emphasises how people gain, understand, interpret, store, and apply social information. These processes often involve relying on limited and sometimes biased information, especially from the media, by drawing people’s attention to specific knowledge, ideas, values, and behaviours, oftentimes at the exclusion of others (Dhanani & Franz, 2020). Such exclusion could be intentional or not. According to Bandura (2001), human behaviour can be explained as one-way causation, in which behaviour is shaped and affected by environmental influences or inherent qualities or factors.

The social cognitive theory postulates that most external influences, such as consumption of media content, affect behaviour through cognitive processes rather than directly. Cognitive processes determine, to an extent, which external factors will be observed, what meaning will be derived from them, what behavioural effects they will have, what emotional impact they will have, and how the information they convey will be used (Bandura, 2001, p. 267). In summary, Bandura (2001) believes “unless people believe that they can produce desired effects and forestall undesired ones by their actions, they have little incentive to act” (p. 267). This implies that self-efficacy is the driving force that can determine whether one is affected negatively or positively by the media content one consumes as opposed to the direct effect propagated by the media effects theory. This argument presents two groups of people, namely passive and active media audiences. Passive audiences can easily be affected by

the news they consume because they believe it without question. At the same time, the active group has the ability to question the news and then decide what to do with it.

The arguments presented earlier point to one thing, and that is that the way the media reported about the COVID-19 pandemic had the potential to cause psychological distress among various population groups. Therefore, the current study aimed to examine the psychological effects of COVID-19 information dissemination on people's emotional well-being in Malawi and how they reacted to the information.

Key informant interviews were conducted with editors and reporters from media houses across Malawi. Four people – two editors and two reporters – in each media outlet were interviewed. These were media personnel involved in conceiving, designing, producing, and disseminating COVID-19 news reports and programmes. These media personnel were drawn from the following media houses: *The Nation Newspaper* (national), *Daily Times* (national), MBC Radio 1 (national) and MBC Television (national), Times Television (national), Zodiak Radio Station (national), Lilanguka Community Radio, Mudzi Wathu Community Radio, Tuntufye Community Radio, Nkhotakota Community Radio, Mzimba Community Radio, and Gaka Community Radio. The study also conducted eight focus group discussions (FGDs) with community members across the country's three regions. The FGDs were conducted in Mangochi and Chiradzulu in the southern region, Salima and Mchinji in the central region, and Mzimba and Karonga in the northern region.

9.2 Initial Reaction to the News about COVID-19

In the initial stages of the pandemic, many people in Malawi thought that COVID-19 would not last for long and would not reach countries such as Malawi, but to everyone's surprise, the disease spread fast, and the death toll rose in the same fashion. Many people are still wondering about the disease because there has been no disease like this before in recent years. Very little information was available about the disease through the media, and a few people knew and understood it. One respondent in a focus group discussion said, “[a]t first, we took COVID-19 for granted, just like a hearsay, but later we started believing after officials raised our awareness and encouraged us to be wearing masks.” The disease took everyone by surprise and destabilised people's daily living, which in itself, was a cause for concern. In their article, Moreno et al. (2020, p. 814) observe that the general public displayed “increased symptoms of depression, anxiety and stress related to COVID-19, as a result of psychological stressors such as life disruption, fear of illness, or fear of negative economic effects.” A participant in one focus group discussion lamented:

At first it reduced our affection for one another, people stopped greeting each other through the normal affectionate way of shaking hands and hugging; people could leave dead bodies alone in the vigil room/house,

and people stopped using public transport which led to loss of business for the vehicle owners.

The lack of contact with family members during the time of quarantine, failure to observe funeral rites and to properly mourn loved ones and accord them a dignified burial could have a long-lasting psychological effect on people's mental health and could be traumatising as well. News that the government was going to impose a lockdown was even worse. "It was like telling us to go and die in our homes," someone reported in a focus group discussion. This corresponds with what is available in the literature, namely that restrictive measures in the form of lockdowns, isolation, and quarantine have psychological effects on people's well-being and the way they respond to the pandemic itself (Taylor, 2019; Talevi et al., 2020; Brooks et al., 2020; Rubin, 2020). The restrictive measures were blamed for exacerbating the risk factors and causing adverse health behaviours among people (Tsao et al., 2021; Su et al., 2021). Similarly, research studies conducted in West Africa on psychological response to quarantine during the Ebola outbreak confirm that there was fear, anger, and anxiety-induced insomnia among the people (Talevi et al., 2020).

During the COVID-19 pandemic, many people lost their jobs or businesses, which had been their sole source of income, and this caused emotional stress not only among those directly affected but also for those who depended on them. Loss of one's job or business meant an increase in the unemployment rate, financial insecurity, and an inability to meet basic needs. According to Moreno et al. (2020, p. 813), "these economic factors can induce mental health problems in previously healthy people and negatively affect those with pre-existing mental disorders." The number of infected people and the death toll as a result of the disease was another major cause of emotional distress, as everyone thought that once they had been diagnosed with COVID-19, it would eventually lead to death, since there was no cure for it. Studies have shown that "seemingly endless newsfeeds related to Covid-19 infection and death rates could considerably increase the risk of mental health problems" (Su et al., 2021, p. 1). The rate at which people were dying and the speed with which the disease took away people's lives were so alarming that most people thought that the disease would not spare anyone. Fears of death of oneself or one's close relatives and friends were enough to trigger emotional distress and depression among the population. Many people came to know about all that was happening through the media, and it can be concluded that it was the information coming through the media about COVID-19 that was responsible for causing the mental distress.

Furthermore, during the initial stages of the pandemic, many people did not know how to differentiate COVID-19 or its main signs and symptoms from other diseases, especially respiratory diseases. Mere knowledge that one had signs and symptoms similar to those of COVID-19 was cause for anxiety and depression. Testing positive for COVID-19 was like getting a death sentence because in people's view, that meant that one was going to die, considering

the fact that the disease had no cure and also looking at the high fatality rate attributed to it. For this reason, some people stopped going to the hospital to be treated for other illnesses or to access other health services for fear that they might end up being told that they were COVID-19 positive. For instance, one participant in a focus group discussion reported

People stopped going to the hospital for fear that doctors would end up killing them because we have seen people who were strong but after going to the hospital, they were told that they had corona virus and then they died immediately.

It was also due to the same fears that some people refused to go for COVID-19 testing and also refused to receive the vaccine because they were afraid that they might end up being killed. According to Su et al. (2021, p. 2), there were “rumours circulating that hospitals were told to inflate covid cases so that the government can receive more funding from international bodies to assist with the fight against Covid-19.” These rumours were also heard in Malawi. For instance, one participant reported

There were stories going round [in social media] that health workers were getting allowances for every dead person who succumbed to COVID-19. So, it was like doctors were deliberately killing people so that they can get more allowances. For this reason, people stopped going to the hospital.

Such was one piece of misinformation that raised fears and caused stress in people. This is where the media needed to come in to quell such fake news and misinformation. However, as reported later, journalists, too, were as ignorant about the disease as everyone else was, and dispelling such news without valid facts was a challenge.

There was also hesitancy among some health experts in commenting on the disease. At the very beginning of the pandemic, some health experts had little information about the disease. They, too, relied on the international media before commenting on the pandemic. The same was the case with the vaccine. Journalists, too, did not have the right information with regard to the pandemic and the vaccine, and so they could not provide the correct information to the people. In other words, journalists’ confidence levels in reporting about COVID-19 were low, and sources of information with regard to COVID-19 were limited. Journalists, therefore, had a difficult time getting the right information. Most media houses relied on information given by sponsors and donors through already produced programmes. Because of this, it was difficult to get feedback.

As if that was not enough of a problem, one journalist reported, “[t]here are too many jargons associated with COVID-19, which makes it difficult to dilute the message in such a way that the common man or woman may grasp

the issues.” The lack of adequate scientific knowledge about a pandemic, such as COVID-19, by journalists is risky and results in poor coverage of the disease and failure to inform the masses about preventive measures. Mach et al. (2021) observe that pandemic-related coverage with low scientific quality and which also fails to raise public awareness exacerbate public health effects of the disease. This could have psychological effects on people’s decision-making processes, particularly when immediate solutions are needed but not enough information is given. Such reporting can also worsen the disease outcomes and cause unnecessary fear in relation to other factors that shape people’s perceptions (Hoffman & Justicz, 2016; Laing, 2011). In times like these, people resort to any available channel that can fill the gap. Unfortunately, this is where social media came in. However, some social media sites have quality control limitations on what is published and, sometimes, the source.

That being the case, it was difficult to give feedback to the audience because the public was asking questions for which the reporters did not have the answers. The mere lack of information amidst a pandemic that threatened to wipe out a population had a lot of potential to cause panic, fear, mental distress, and impatience, as reported by the participants in this study. In one of the focus group discussions, a participant said, “[w]e were afraid because we were receiving news that once infected by COVID-19 virus, we would die very quickly.” The fear factor created around the dissemination of COVID-19 messages was further exacerbated by the media’s focus on negative news. Research studies on media effects have documented that negative news could result in mild to severe mental health problems among public members (Su et al., 2021). Audiences complained that the media were focusing too much on negative issues around COVID-19, much to the detriment of news focusing on prevention, raising hope, and the fight against the pandemic. The focus on negative news obscured the progress and other successes registered in the war against COVID-19. In relation to media effects, it has been argued, “the novelty of the virus has required the public to formulate new ideas and attitudes about the virus, which have taken shape in the context of the media messages one has been exposed to” (Dhanani & Franz, 2020, p. 64). Many people were exposed to negative news about COVID-19 in the media. By doing so, the media were constructing a social reality about the nature of the disease, which consequently created fears in the people.

The major theme emerging from the study was that during the initial period of COVID-19, communities experienced what they saw as contradictions and inconsistencies in COVID-19 information. For communities living in areas bordering Tanzania, this was particularly the case because of the stand taken by the former Tanzanian president, John Magufuli, who went against common knowledge on COVID-19. He believed and told Tanzanians that there was no such thing as COVID-19. A participant in a focus group discussion said,

We live near the border with Tanzania whose president [he late John Magufuli] believed and said it openly that there was no coronavirus. So,

it was difficult for us to believe that COVID-19 was real since our neighbours never closed schools. So, we didn't believe the truth. In Tanzania, the people were not observing the COVID-19 restrictions.

Malawians in these areas had access to Tanzanian media and, therefore, received such contradictory messages. However, over time and because of increasing levels of awareness, the information became more consistent. People's initial reactions to news about COVID-19 generally centred on fear, panic, and apprehension.

It must also be pointed out that at the time of conducting this study (March 2021), vaccines for COVID-19 had been developed, and countries, including Malawi, were vaccinating their people. This was when Malawi was in the third wave of the pandemic. The introduction of the COVID-19 vaccine was met with mixed reactions from different groups of people. Some people voluntarily received the jab while others hesitated until they had enough information, while yet others refused outright to receive the jab. The hesitancy and refusal to receive the jab were due to the conspiracy theories circulating, especially on social media, concerning COVID-19 and its vaccines.

9.3 Infodemics of COVID-19

At the time, various media houses were giving out conflicting and excessive amounts of information (causing an infodemic) concerning the pandemic, such that mitigating its effect was being made much more difficult. Infodemics have to do with the “purposeful spread of misinformation and disinformation via the media, particularly social media platforms” (Su et al., 2021, p. 3). In this chapter, an infodemic refers to an overload of dangerous misinformation circulating around the COVID-19 pandemic. It further relates to an overabundance of information (infodemics), some accurate and some not, making it hard for people to find trustworthy sources and guidance. Usually, there is a wide range of topics on which misinformation and disinformation are based and disseminated via social media platforms, such as Twitter, Facebook and WhatsApp – under the sponsorship of influential individuals and groups – to achieve political and economic gains (Brennen et al., 2020). In a situation like that, people may feel anxious, depressed, overwhelmed, emotionally drained, and unable to meet important demands. According to Buchanan et al. (2021), there is evidence suggesting that, in the initial stages of the pandemic, many people were increasingly spending time searching for COVID-19-related information as a result of being caught in a barrage of unending negative news, arguing that such behaviour is a sign of poor mental health. When asked whether they felt that the information they received about COVID-19 was too much, one participant had this to say, “[y]es, we were overloaded with information. The information was too much and it was scary.” Receiving information that is too much, conflicting, and scary – all at the same time and about a pandemic – could cause mental distress because of failure to digest it and know what to believe.

Infodemics could derail government's efforts to curb the transmission of the disease and might ignite public fear and mistrust, which could result in serious personal and economic repercussions (Brennen et al., 2020; Orso et al., 2020). Another participant said, “[y]es, there were fears. Sometimes we just ignored the messages.” Ignoring excessive and scary messages about COVID-19 should be seen as a coping or defence mechanism. When one cannot process all the messages being received and does not know who or what to believe, it is safe to ignore the messages or pretend that they are not true. This also points to the fact that in times of a pandemic, people select news that satisfies their need as postulated in the media effects theory. However, according to the social cognitive theory, “people typically avoid discomfoting cognitive dissonance caused by information that is incompatible with their existing dispositions (e.g., beliefs, attitudes)” (Valkenburg et al., 2016, p. 321; see also Festinger, 1957). Talevi et al. (2020) provide different types of psychological reactions to pandemics, namely maladaptive behaviours, emotional distress, and defensive responses, such as anxiety, fear, frustration, loneliness, anger, boredom, depression, stress, and avoidance behaviours. Although it was difficult to tell what might have happened if one decided to ignore COVID-19 news (Su et al., 2021), ignoring COVID-19 infodemics should be looked at as a defensive mechanism or avoidance to reduce levels of stress and depression in difficult times, such as the pandemic. To avoid discomfoting news or state of cognitive dissonance, people “actively seek information that reinforces their dispositions, and they avoid potentially contradictory information that would exacerbate dissonance” (Valkenburg et al., 2016, p. 321).

When probed on the kind of messages that were scary and raised fear, one participant responded, “we were scared because we heard that COVID-19 mostly affects old people and so, I was afraid that if my parents were to be found COVID-19 positive, they would die and leave us alone.” Some of the information disseminated through the media was that older people – aged 50 and above – were at most risk of contracting COVID-19. These kinds of messages formed the basis of the fears that people had. Fear of losing loved ones, parents, relatives, or friends caused panic, uncertainty, and stress among the people, especially if the one affected was a breadwinner. The death of a breadwinner might mean a bleak future for those left behind, hence the fears.

9.4 Specific COVID-19 Information Received

From the FGDs, the COVID-19 information that participants had received centred on the following areas:

- nature, origins, causes, and transmission of COVID-19;
- preventive measures (e.g., washing of hands with soap, wearing masks, social distancing, isolation, quarantine);
- going to the hospital when one became sick;

- eating citrus fruits and other foods for prevention and treatment, such as oranges, lemons, ginger, and garlic;
- immunity boosters – as there was no specific cure or medicines for the disease, treatment was through addressing the known symptoms, such as cough and sore throat;
- old people were more likely to be attacked by COVID-19 than children; and
- people with known ailments, such as diabetes and HIV/AIDS could die quickly of COVID-19.

These responses from the participants show that many people were aware of the pandemic and ways of preventing its spread, which is another positive effect the media had on the people by raising their awareness to preventive measures. What made matters worse were the fake news and misinformation spread through social media, which many people tended to believe.

9.5 Myths and Misconceptions around COVID-19 Pandemic and COVID-19 Vaccine

The lack of correct information about COVID-19 and its vaccine resulted in a number of myths, misinformation, and disinformation, some of which were conflicting. Misinformation and fake news emerged as one of the major themes shaping the discourse on COVID-19. The discussion around COVID-19 misinformation focused mostly on the role of social media in spreading such information. With regard to media audiences, across all FGDs, participants said the major sources of misinformation were social media platforms and not the mainstream media. One participant had this to say:

The media are playing their rightful role but it is social media which is misleading people. All the misinformation has been spread through WhatsApp, for example, news that one would die after one year of getting the vaccine. All this comes through social media and not the radio stations.

“When news is biased and misleading, the adverse effects of Covid-19 media coverage on personal and population health and wellbeing could be more pronounced” (Su et al., 2021, p. 3). Another participant said, “[s]ocial media, especially WhatsApp, was the main culprit in spreading misinformation; nevertheless, people believed what was circulating on it.” This corroborates the postulates of media effects theory that people seek information to satisfy a particular need. However, in relation to excessive use of social media, it has been reported that its use could cause elevated psychological and social meltdown (Bollen & Gonçalves, 2018).

Some of the myths surrounding COVID-19 were, for instance, that COVID-19 was meant to reduce the world population; that men would

become impotent and so women would not get pregnant; and that the population would be reduced by the year 2024. Buchanan et al. (2021, p. 2) remark, “individuals who reported spending more time consulting Covid-19 related news each day also reported higher levels of anxiety, distress, and depression.” The myths about the COVID-19 vaccine that also created fear and psychological distress among the people were, among others,

- those who received the vaccine would die or be wiped out by 2024;
- COVID-19 could be spread through sexual intercourse;
- if you got vaccinated you were going to die within two years because vaccines were aimed at wiping out the population;
- vaccines were a satanic practice;
- one became impotent after being vaccinated;
- vaccines caused clotting of the blood; and
- only people aged 18 and above were eligible to receive the vaccines.

A respondent at an FDG in Mzuzu said this in relation to inconsistencies, “I didn’t get vaccinated because there were rumours that once you get vaccinated you will not bear any children, and that the aim is to reduce the population.”

Such myths and misinformation created anxiety among members of the general public, as they did not have anywhere to turn to for credible facts about the disease. This problem was exacerbated when sources of information were not available on time to give news, or were not open enough to provide accurate information. In such situations, people turned to social media to fill the gap but not without negative consequences. Social media were the major culprit spreading misinformation and fake news. Media attention was disproportionately skewed towards COVID-19 infodemics with little regard for its effects on people’s mental health (Su et al., 2021). According to one reporter, fake news led to the citizenry’s scepticism on anything to do with COVID-19, especially because people thought that COVID-19 was a social construction created by Western conspirators to decimate the African population. Any voice of reason from the media was quickly drowned out in waves of suspicion, and this negatively affected the role of the media in dissemination of COVID-19-related messages. Many people we interviewed reported that social media were responsible for increasingly spreading fake news, which was confusing them. The fake news was creating misconceptions that made people afraid of getting vaccinated. Social media were considered to have affected the fight against the spread of the disease negatively. In instances of receiving fake news and misinformation, people developed anxiety and fear because most of them believed the myth that COVID-19 vaccine was meant to wipe out the population, so they refused to be vaccinated.

Another respondent reported:

There was also fear, especially when we thought of our children. We didn’t want to leave them behind as orphans. They [the media] say that

children cannot die with the disease but that they can transmit it to adults who can die from it. This caused panic in us because we were afraid of dying and leaving our children behind as orphans.

Fears of becoming impotent upon receiving the COVID-19 vaccine were also commonplace because that is what was circulating in social media. Use of social media or accessing social media sites is not bad in itself, but media effects theory can explain its influence on people's mental attitude in terms of its excessive use, which resulted in spreading panic, fear, and misinformation during the COVID-19 pandemic. This also made people to fear COVID-19. A respondent in the focus group discussion said, "I didn't get vaccinated because there were rumours that once you get vaccinated you will not bear any children and that the aim is to reduce the population." Such rumours prevented some people from getting vaccinated because they were afraid that they would leave no offspring behind, and this fear was a major cause of hesitancy among the people to get vaccinated.

Furthermore, there was more information about COVID-19 circulating in the urban areas than in the rural areas. People in the rural areas were the ones who believed the fake news, myths, and misinformation about COVID-19 because of a lack of access to information. The pandemic was considered the disease of the urban area. However, people in the rural areas were dying from the disease without knowing.

One specific way to understand how the media have the ability to affect and influence the audience is by looking at how the media focus on the most salient aspect of the news. The results discussed previously can best be understood from that perspective. In view of the social cognitive theory and media effects theory, it has been argued that people tend to rely on the information they are most likely to recall through repeated messaging by the media, which reinforces chosen aspects of a topic (Happer & Philo, 2013). In so doing, the media exert sociocultural pressure on audiences to conform to the values, norms, or behaviours (Dhanani & Franz, 2020) disseminated, which causes mental disorders, especially when the news content is negative.

9.6 Conclusion

Based on the findings, it is clear that a wide range of information on COVID-19 was disseminated. The media disseminated both negative and positive stories about COVID-19. However, some of the information audiences received was from unreliable sources, such as social media, perpetuating fake news on COVID-19. Given the nature of the disease and its dramatic effect, people's reaction by displaying psychological disorders to information about COVID-19 was normal. Potentially, feelings of dying and leaving orphans behind could cause anxiety and mental distress in people, and this is what the current study has established. This was particularly the case when during the initial stages of COVID-19, information, knowledge, and awareness had not spread sufficiently enough. Most of the information that communities viewed as contradictions

concerned the COVID-19 vaccines. As the results show, social media was the main source of inconsistencies in COVID-19 information. People's daily consumption of infodemics, misinformation, and disinformation and being distressed by it were caused by how the media paid particular attention to the negative aspects of the pandemic. This is understandable, given the nature of the disease and its dramatic effect. It was recommended that efforts to curb the disease should also be directed at dealing with mental health issues, and the media should also focus on raising hope and progress made in the fight against the pandemic instead of dwelling on negative news.

Although the mainstream media had been able to provide a broad range of information on COVID-19, more information could have helped to reinforce the messages and to address persistent knowledge gaps around some areas of the disease, thereby reducing the anxiety and mental distress from which people were suffering. Furthermore, most journalists in Malawi were not trained in reporting about pandemics. There was also a lack of specialisation. Those who were called health or science journalists were general reporters with minimal skills on issues of pandemics. The journalists needed more profound knowledge and understanding of the pandemic to enable them to report issues of importance to the layperson confidently. COVID-19, therefore, exposed the ill-preparedness of the media to report on pandemics.

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