Perceptions & Awareness in the times of Coronavirus Crises: An Analysis of Media Reports

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The Secretary-General of United Nations (UN), António Guterres described the impact of the Coronavirus aka COVID-19 as the “most challenging crises that we [the world] have faced since the Second World War” (UN News 2020). Since the onset of globalisation in 1990s, the world has been inter-connected, which has led to rapid flow of goods and services, information and technology. A consequence of this development is that diseases can potentially turn into pandemics just like the virus that originated in Wuhan, China continued to spread rapidly since December 2019. According to World Health Organisation (WHO), the virus has affected 261 countries, areas or territories. In India, the confirmed cases have reached 131,868, with 3867 deaths as on 24 May 2020 (World Health Organisation 2020). On 22 March 2020, India observed its first 14-hour voluntary ‘Janta Curfew’ or public curfew, and since then the country has been under lockdown in different phases. At the time of writing this paper, India is under Lockdown 4.0, in which relaxations have been provided to revive the economy; nonetheless, restrictions are enforced to contain the spread of the virus.

During the crises, the media organisations have played an essential role in spreading awareness and minute-to-minute updates regarding the pandemic. Considering mainstream media as the fourth pillar of the democracy-influencing behaviours and norms in the society, it is crucial to analyse how media has been reporting about the measures implemented against the spread of Coronavirus (Vibound and Vespignani 2019).
Various Western Media reports have portrayed a gloomy picture of India, and it’s fight against this crisis. A news network, Al-Jazeera narrated, the story of Manisha Uke, a farmworker in Maharashtra, who was dependent on daily wage and monthly pension for her survival. However, due to the lockdown, both the options have halted and the plight she faces is immense (Purohit 2020). Another report by CNN World narrated the story of Hafiz Mohammed Naseeruddin, who was assaulted by a police officer in Karnataka for being a Muslim (Regan, Sur and Sud 2020).

The Reporters without Borders (RSF) have revealed that the Government of India (GoI) through various means tried to control information and curb journalists’ right to the “Freedom of speech” in the due process. They have cited the Indian Prime Minister (PM) Narendra Modi’s video-conference with media organisations, which took place few hours before the declaration of the “Nationwide Lockdown” on 24 March 2020. While the PM asked the Media organisations to “act as a link between the government and people and provide continuous feedback”, the objective was to “tackle the spread of pessimism, negativity and rumour and to assure citizens of the Government’s commitment” (Sagar 2020). However, the RSF reported that such efforts to create a positive perception about how India is tackling with the COVID-19 scenario and under covering the negative fallouts of the Government during the crises is a way to spread disinformation and suppress the “freedom of speech”. The Head of RSF’s Asia-Pacific desk, Daniel Bastard, has accused the Indian authorities of lack of transparency and controlling of information in public interest. Even the Government’s outreach to the Supreme Court of India on 31 March, which meant to prevent the spread of fake news and misinformation, was reported as the means to suppress and control information that is in public interest. Some analysts criticise this step as being a condition of pre-censorship, in which the Government reached the Supreme Court (Reporters without Borders 2020).

However, the RSF report fails to mention the reactions of media Heads after the video-conference with PM Modi. The following day of the video-conference was followed by tweets from various media Heads, including Malini Parthasarthy – the Co-Chairperson of Hindu Group, Viveck Goenka – the Chairperson and Editorial Director of the Indian Express Group, who appreciated the interaction with the
media persons to coordinate the efforts between media and the Government, as media in popular understanding is the fourth pillar of the democracy (Sagar 2020).

Moreover, one must understand that in such times, every Government is trying to restore stability to protect economic, social and political institutions. A senior correspondent with Doordarshan network, Tapas Bhattacharya emphasised on the need to provide information on “Corona warriors” rather than just showing ruptures in the system. He supported this as part of responsible journalism in such times of crises, when there is a need to cover stories that instil faith rather than create panic in the society (Chadha 2020).

Furthermore, the allegations that the government is controlling the media falls short as various media organisations have had a critical approach towards the implementation plans of Government to tackle this situation. A science writer with The Wire – Priyanka Pulla questioned the opacity in the functioning of the Indian Council of Medical Research (ICMR) and National Centre for Disease Control (NCDC) – two of the main central agencies, which are responsible for technical aspects of COVID-19 response in India (Pulla 2020). There were numerous findings and analysis which, suggest that the India’s testing facilities were inadequate and less than 200 per million of population, which if compared with the air travels and transmission rate, indicates that India is already in the community transmission stage. However, in a report released on 28 April 2020, the WHO, has clarified that India is yet to enter the community transmission rate (Geovan 2020). The following sections will analyse several issues, which have emerged and covered by the Indian media organisations during the on-going Coronavirus situation.

**Reporting about Migrants’ Issue**

Since the Government announced the ‘Nationwide Lockdown’ on 24 March 2020, lakhs of migrant workers started their journey from their place of occupation in urban areas to the place of their residence to rural areas. On 28 March, the Ministry of Home Affairs (MHA) issued guidelines to the State Governments to organise
relief camps for such migrant workers. On 12 April, the MHA status report filed before the Supreme Court of India, raised worries about the spread of the disease to the rural areas, which were mostly safe till then. The continuous movement of migrant workers led to the issuance of stricter guidelines by MHA on 19 April – restricting the inter-state movement of such workers (Singh 2020). To ensure the health testing of migrant workers, the ICMR had released an advisory in which the responsibility to identify potentially COVID-19 infected person is given to District Administration and the Integrated Disease Surveillance Programme (IDSP) team.

While the lockdown was an imperative move to control the spread of the virus, its implementation left lakhs of workers and labourers suddenly without work. Many State Governments took efforts to help migrants reach their respective hometowns. The Uttar Pradesh (UP) Government arranged buses from Haryana to UP; similarly, the Maharashtra Government operated special trains on 20-21 March 2020. In UP, the Jaypee Sports Complex was prepared to provide shelter to migrant workers and lay vacant, as it was ready by 30 March, when already workers had started their journey back home. Nonetheless, for lakhs of migrants working in other States, these efforts were 'too little and too late' to accommodate even a few of them.

Various media groups like The Hindu, The Wire have reported on the arduous journey undertaken by migrant workers. The stories have been written of various individuals, such as Gopal Das, a construction worker in Mumbai but native of Bihar who walked several kilometres to reach his hometown (Rashid, Ahmad and Mahale 2020). IndiaToday covered the story of a pregnant woman, who on her way from Nashik (Maharashtra) to Satna (Madhya Pradesh) delivered a baby and then continued walking for another 150 kilometres. Soon, the Satna Block Medical Officer arranged a bus for the mother and their family and got the medical check-ups done (India Today 2020).

The Mumbai Mirror published photos of migrant workers undertaking risky journey back home (MMCL 2020). Many were killed in accidents while undertaking these journeys. The Indian Express reported the tragic Aurangabad train accident, in which 16 migrant workers lost their lives. The migrant workers on their way from Jalna to Bhusawal, slept on the railway tracks and a freight train mowed them
down. The mishap happened in the Nanded division (The Indian Express 2020). Many such incidents about the loss of lives, the troubles the migrant workers faced are being reported. In the next section of the paper, we analyse the stigmas and discriminations the migrant workers faced back home and the fear that eventually led them to run away from testing and screening processes.

**Rural Areas under the impact of COVID-19**

During the video-conference with the Village Heads, PM Modi praised the villages’ self-dependency and launched unified a-Gram Swaraj portal and a mobile application to stay connected with the villages. He gave the motto of “Do gaj doori” or “Distance of two feet” for village residents, rather than social distancing. The Panchayats all over India have proactively supported this PM call. For example, a Sarpanch or Head of the Village – Priyanka Ramdas Medankar from Pune district in Maharashtra, undertook an extensive “sanitisation drive” on 26 March 2020 and erected two sanitisation tunnels, along with the preparation of more than 5000 masks made by in-house women Self Help Groups. They also implemented an odd–even policy for ration/grocery shops/vegetable stalls to prevent crowding (Ministry of Panchayati Raj 2020).

However, the New Indian Express reported a spike in new cases from rural India on 13 May 2020. Numerous districts of Madhya Pradesh, Bihar, Tamil Nadu, West Bengal and Jharkhand have reported cases predominantly from their respective rural areas (Express News Service 2020). The recent updates compiled by Hindustan Times stated on 17 May that out of 736 districts in India, 550 had recorded positive cases of Coronavirus. It further noted that even though, 21 per cent of the total numbers of confirmed cases are in rural areas, it is of huge concern due to the continuous movement of migrant workers. In addition to the migration of workers, the weak health care infrastructure in rural areas is going to multiply the spread and effect of the virus (Chauhan 2020).

On the same concern, the Times of India gave an overview of the situation in rural areas of Maharashtra as on 16 May. It reported that in Kolhapur, there are total 26
positive cases amongst which around 13 or more are from rural areas; in Sangli out of the total 43 cases around 37 are from rural areas; similarly, in Satara, there are over 100 cases from rural areas (Bhusari 2020).

The Indian Express reported a finding of the study "COVID-19 induced Lockdown – How is Hinterland coping” collectively done by civil society organisations. They surveyed around 5000 households in rural areas and reported that 50 per cent of them are eating less since the lockdown was imposed. They have also changed their food habits and the number of items in their meals (PTI 2020).

The media has covered the impact of COVID-19 and nationwide lockdown in the agricultural sector, which is the primary source of income for the rural population. In an article – "How COVID-19 is impacting the rural market", the Financial Express emphasised on six major impacts. They range from disruptions in supply chains to employment opportunities in the agricultural sector to hampering of exports due to restrictions at ports and other means of transportation (Khan 2020).

However, beyond the use of digital technologies and reporting by mainstream media – the digital divide that has existed in India, has further widened the gap between rural and urban areas. As the Government has fastened its efforts to reach out to rural India by employing digital solutions such as the e-Gram app and the mainstream media has reported about their concerns, rural and tribal areas remain isolated.

The digital have-nots, i.e. the rural and the tribal population, women and other groups lag behind in the access to internet. In its report "India Internet 2019", the Internet and Mobile Association of India (IMAI), outlined the profile of internet users in India. The penetration of the internet in urban areas is twice than that in rural India. In terms of gender, female internet users are half of the 258 million male internet users. The disparity between female and male internet users is more evident in rural India (Internet and Mobile Association of India 2019). Such disparities isolate these groups from access to information and resources, which are essential in this crisis.
Social Distancing becoming Social Boycotts: The Need for De-stigmatisation

The pandemic has raised concerns over Coronavirus’ association with its epicentre and the community living in that region. Much mass-media coverage has used headlines such as ‘Chinese Virus Pandemonium’ or ‘Yellow Alert’ (Coste and Sandrine 2020, Rich 2020). In a study done by Jun Wen and his team, revealed the biased and misleading information that is being spread regarding the origins of Coronavirus, and which has further created undue stress upon Chinese nationals residing especially outside China (Wen, Aston et al. 2020). According to this study, the public reaction was an act of racism against Chinese nationals and other Asian people from other parts of the world. They are facing discrimination in schools, areas of business establishments, barring entries into restaurants in several countries including the United States, Canada, and in some European countries. Due to a misperception about the facial-features of the people from India’s North-East, few cases of discrimination against them have been reported in India. A woman from Manipur was attacked in Delhi’s North Campus area, where a man spat on her and called her ‘Corona’ (PTI 2020). Such incidents were widely reported by several media networks.

The stigma attached to COVID-19 prohibits the Government to identify the “real” cases as people don’t report their symptoms. There are incidents reported where people ran away from quarantine facilities at hospitals, making it difficult to trace and identify the affected people. Shruti Jain from The Wire reported how migrant workers in tribal belts of Dungarpur in Rajasthan, are avoiding screening process at the borders. Due to lack of information and fear of being sent to the isolation wards, people in the tribal belts have been deliberately avoiding the health screening process. Panchayat leaders and social workers note that the migrants are not informed about the reasons for such screening, which has created fear in their minds (Jain 2020). Various media reports have reported the mistreatment done at hospitals to COVID-19 patients. Some incidents have been reported where COVID-19 suspects have run out of hospitals or quarantine centres. For example, in Mangaluru, a suspected patient ran out from the government hospital to be admitted in a private hospital (HT Correspondent 2020). In the Indian Army quarantine facility in Manesar, patients raised demands for better facilities (Gurung 2020).
The Wire news network explicitly focussed on highlighting the peculiar social-cultural factors of Indian society, where social stigma has been attached to this new disease. Smeeta Mishra from The Wire in her article calls out to reduce the fear of medical isolation and the need to run campaigns to reduce social stigma being attached to COVID-19 patients through various media platforms. (Mishra 2020). Even though efforts are made to create awareness, there is a need for door-to-door campaign or phone calls and extensive use of other forms of media to inform people regarding the crisis’s situation, especially in rural and tribal belts.

**Concerns of Minorities under the COVID-19 Crises**

Incidents of mistreatment of the Muslim community have been recorded throughout India. against a massive religious congregation under Tablighi Jamaat in New Delhi during mid-March 2020, was attributed to the increase of Coronavirus cases. The event led to increase in incidents of violence and mistreatment towards Muslims community. At the international level, the Organisation of Islamic Cooperation (OIC) consisting of 57-member States, with 53 States being Muslim majority nations, had accused India of ‘Islamophobia’ (Organisation of Islamic Cooperation 2020). On social media platforms, there was a wave of angry reactions on Twitter by citizens, rights activists and various Arab countries, blaming the Muslims for the spread of Coronavirus in India. A series of Islamophobic hashtags were followed such, as #Coronajihad, #CrushTablighiSpitters.

False or indoctrinated videos and images were circulated, spreading misinformation claiming that Muslims were deliberately spreading the virus. The Alt News, a non-profit fact-checking web portal, clarified that the videos and images were fake and an act of communalising a pandemic (Patel and Zubair 2020). These incidents have eventually led to people practising social boycott against the community. The Hindu reported that people are practising social distancing in the name of caste, race and religion. There are racial discrimination incidents as mentioned earlier against the Indian citizens from North-East regions, and prejudices against Muslims for the Tablighi Jamaat incident and spreading of the virus (Acharya 2020).
However, the Union Minister of Minority Affairs, Mukhtar Abbas Naqvi dismissed the allegations of Islamophobia in a blog titled “Islamophobia – Bogey of Bogus Bashing Brigade”. He also pointed out to the recent Vande Bharat Mission, in which the Indian government brought back thousands of stranded Indians from countries such as the Maldives, the UAE, Saudi Arabia, Iran, Qatar and other countries, which include a large number of Muslims (PTI 2020). In a post on LinkedIn, Indian PM clarified that the virus does not see any race, religion or caste and thus is a universal challenge (Modi 2020).

**Stigma and Discrimination Against Health Care Service Personnel**

Even though doctors and medical staff, as well as Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) workers in rural areas facing the shortage of safety gears have acted with due responsibility. Despite protecting the lives of millions, they face mistreatment, discrimination and violence.

The members of the medical community are facing issues of social boycott, as they are perceived as carriers of the virus. They have become the most vulnerable victims of stigmatisation, violence and harassment. One of the earliest cases was reported from Madhya Pradesh in Taat Patti, Indore, where two women doctors were attacked by a mob with stones and sticks when they reached their areas for screening and testing (Dwary 2020). In Tamil Nadu, an ambulance was attacked by the mob, which was carrying a doctor’s body for burial to the cemetery after he died of COVID-19 (Stalin 2020).

Mob attacks due to fear of COVID-19 spread is becoming an issue of law and order. To combat stigma and discrimination, the Ministry of Health and Family Welfare (MoH&FW) has dedicated a separate section of “Awareness Material” on their website. There are many audio-visual material and videos addressing stigmas related to COVID-19 in various languages. It also contains written material to create awareness regarding stigma and discrimination, which is being practised against health care professionals and workers, patients and their families, essential service providers and others.
The GoI has approved an ordinance to amend the Epidemics Diseases Act 1897, to protect healthcare service personnel and their working as well as living premises against violence. Such acts of violence have been made cognisable and non-bailable offences and adequate compensation for the same (Ministry of Health and Family Welfare 2020).

However, a change in the law is not adequate to bring about change in social behaviours, incremental interventions at various fronts are required. Sufficient medical personnel need to be appointed to bridge the gap in facilities being provided in hospitals, to unburden medical staff of undue pressures. Mainstream media can fill these gaps in and establish communication links through awareness campaigns. Therefore, there is an immediate need that the media take strong steps to dispel fears and thereby destigmatise the COVID-19 and its impacts.

**Social Media: A New ‘Infodemic’/ ‘Misinfo-demic’/ ‘Disinfodemic’**

Social Media platforms directly help in accessing a massive amount of content and information and thus facilitate in construction of perceptions. These narratives influence policy-making, political communication, public debates and
behaviours of the individuals. A recent study conducted data analysis on Twitter, Instagram, YouTube, Reddit and Gab, to understand the discourses on COVID-19 on social media platforms. The reproduction rate of Coronavirus has been adopted as a tool that means the average number of secondary cases that start posting content after following an individual already posting on COVID-19. In this context, the reproduction rate suggests the epidemic-like information spread, i.e. unprecedented spread of information. There were no significant differences in the spread of reliable or unreliable information through social media platforms. The spread of information has thus increased, and depends heavily on the interaction paradigm, with specific interaction patterns and a group of people (Cinelli et. al. 2020).

India, with the world’s second-highest population and increasing internet penetration, has reported a significant increase in the use of social media during the lockdown. The Hammerkopf Consumer Survey released a report stating that 75 per cent of people were spending more time on Facebook, Twitter and WhatsApp. In the comparison of pre- and post-lockdown situation, the survey indicated that before lockdown, social media usage was on average 150 minutes per day, which increased to 280 minutes per day (Business Today 2020). Similarly, the Financial Express cited another report by a data intelligence firm, KalaGato, to highlight the increase in the average time spent by Indians on social media platforms (Singh 2020).

![Socially active]

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<thead>
<tr>
<th>Social media platforms</th>
<th>Time (minutes)</th>
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<tbody>
<tr>
<td>Facebook</td>
<td>62</td>
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<td>Helo</td>
<td>38</td>
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<tr>
<td>Instagram</td>
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<td>LinkedIn</td>
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<td>Pinterest</td>
<td>15</td>
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<td>ShareChat</td>
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<tr>
<td>Snapchat</td>
<td>37</td>
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<tr>
<td>Twitter</td>
<td>34</td>
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<tr>
<td>Bigo</td>
<td>66</td>
</tr>
<tr>
<td>Live.me</td>
<td>315</td>
</tr>
<tr>
<td>TikTok</td>
<td>44</td>
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</tbody>
</table>

Image 2: Total Time spent on social media platforms from 5 February to 29 March 2020 (Source: Financial Express)
However, in a video message, António Guterres gave the term a "global misinformation" to describe "Falsehoods are filling the airwaves. Wild conspiracy theories are infecting the Internet. Harmful health advice and snake solutions are proliferating. Hatred is going viral, stigmatising and vilifying people and groups". He laid special emphasis on the role of social media to eliminate hate surrounding COVID-19 spread.

The UN Communications Responsive Initiative has been launched to counter misinformation, and provide facts ([UN News 2020](https://www.un.org/development/desa/demography/news/2020/communications-responsive-initiative-2020/)). The WHO has added a "Mythbusters" section to its online Coronavirus advice page ([WHO 2020](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters)). The Indian MoHFW has also added a "Myth Busters" section to create awareness about symptoms, precautions and solutions. ([MoHFW 2020](https://www.mohfw.gov.in/)). The WHO has also established the Information Network for Epidemics ([EPI-WIN](https://www.who.int/emerging-diseases/topics/epi-win)) that collaborated with technical and social media teams to track and respond to misinformation ([WHO 2020](https://www.who.int/)). Further, in collaboration with Facebook and WhatsApp, the WHO has launched dedicated messaging services in various languages such as Arabic, English, French, and Hindi to share critical guidance on COVID-19 ([WHO 2020](https://www.who.int/)).

Twitter has rolled out a new feature to position itself as a news-centric social media platform via Twitter’s real-time training workshop. As Twitter acts as a platform to serve public conversations, the journalists would know what is on public’s mind. It has also promoted a dedicated COVID-19 search prompt, which highlights content from credible sources. Twitter, in its most recent efforts, has tried to engage with different kind of news portals, irrespective of size and language so that wider audiences can be reached ([Sharma 2020](https://www.thehindu.com/opinion/op-ed/the-need-for-responsible-reporting/article37850419.ece)).

**The Need for ‘Responsible Reporting’**

Mainstream and social media, have made pandemic coverage a priority. The efforts of journalists to document and report in such times of crises are appreciated worldwide. With over 80 journalists, camerapersons and photojournalists tested positive for Coronavirus in India; they face the wrath of social boycott too. The Business Standard reported the plight of journalists like Manisha Mondal working
with The Print who was not allowed to enter her hostel after she returned from Rajasthan covering COVID-19 stories (Chadha 2020).

However, State Governments like the Delhi Government has set up a free COVID-19 testing centre for journalists. The Odisha Government has taken a proactive step to provide compassionate INR 15 lakh assistance to families of journalists who lose their life due to COVID-19 infection (ANI 2020).

To sensitise media, the Press Information Bureau (PIB) and the United Nations International Children’s Emergency Fund (UNICEF) organised a webinar in Guwahati, The Director-General of North East Zone of the Ministry of Information and Broadcasting, LR Vishwanath has said that journalists are in the frontline to cover the pandemic. So far, three webinars have been conducted; however, there is a need for more collaborations to reach out to journalists (The Sentinel 2020). To ensure that media acts responsibly, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) has published two policy briefs to address the ‘disinfodemic’ of falsehood, fabrications and misinformation (UNESCO 2020).

India has been declared as a global leader in fighting this outbreak through its strategy against this crisis. It is vital to consider that in such times, media must respond collectively and responsibly. It is critical to improve knowledge, perceptions and attitudes about Coronavirus over social media. The media platforms could be used to create preparedness and disseminate reliable information regarding “When, What and Where” to be tested & receive care and daily updates to keep people informed. António Guterres prescribed “the vaccine” of trust in science, in institutions such as media that are grounded in evidence-based reporting and Governments that are performing efficient governance. Most importantly trust in each other is to uphold human rights and mutual respect to navigate through this crisis.
References


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