

IMPACT OF COVID-19 INFODEMICS ON KNOWLEDGE, ATTITUDE & SOCIAL BEHAVIOR IN INDIA

MIXED METHOD CROSS SECTIONAL SURVEY



BACKGROUND

India, which has a growing base of 350 million social media users and large proportion of which are not familiar about fact checking of the sources, this has affected the control measures of the pandemic and social behaviour of the people.

AIM & OBJECTIVE

- Assess the impact of COVID-19 misconceptions on knowledge, attitudes and social behavior in India.
- Determine the factors associated with the flow of misinformation.
- Assess the impact of misconceptions related to COVID-19 on the individual and social behaviour.

METHOD & MEASURES

-KAP (knowledge, aptitude and practices) survey questions adopted from UNICEF with slight modifications.

-Quantitative survey in 4 local dialects via kobotoolbox.org.

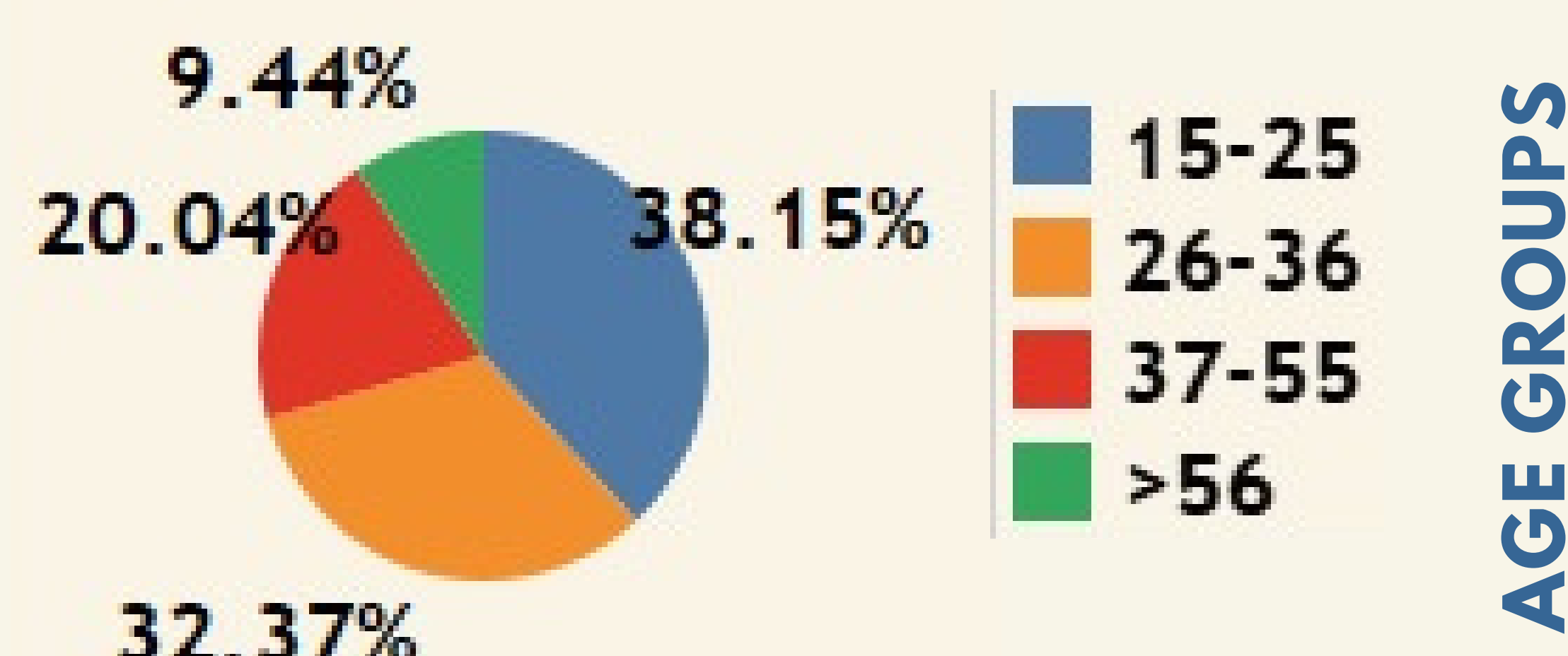
-Qualitative interviews via phone calls (10).

RESPONDENT'S PROFILE

530 (10)

55 % | 45 %

North : 30 %
South : 27 %
East : 15 %
West : 29 %



MAJOR SOURCE OF COVID-19 INFORMATION

64% **MASS & SOCIAL MEDIA** followed by **Community workers**

COMPREHENSIBILITY OF COVID-19 INFO

EASY 67% **DIFFICULT** 39%

Graduate School

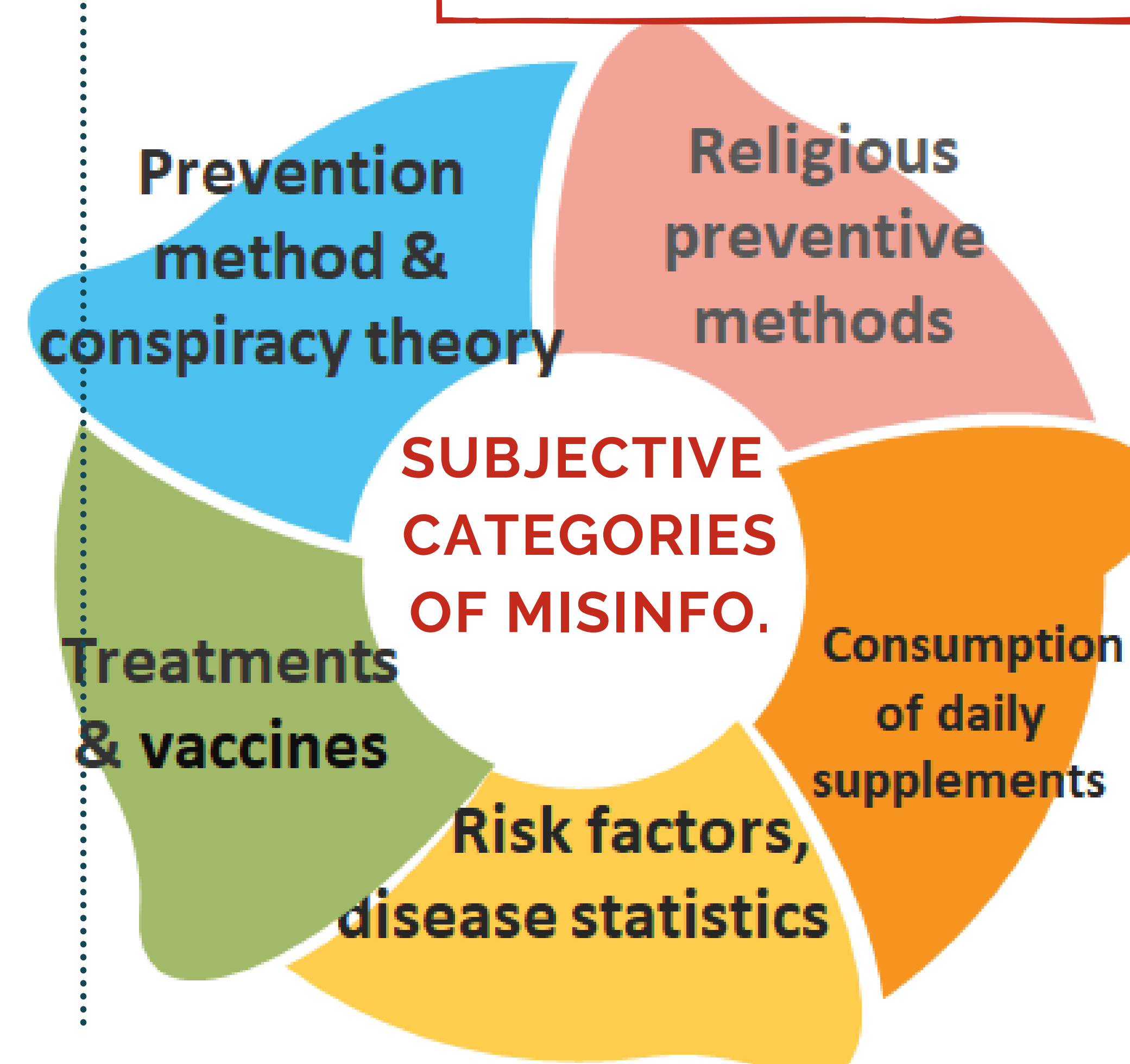
RESULTS & FINDINGS

Percent of respondents who agreed to the following as TRUE

Frequent washing clothes can reduce spreading of COVID-19	50.87%
Coronavirus is airborne disease	43.55%
Consuming herbal products, home cures & supplements can prevent COVID-19	43.93%
Gargling with salt water or vinegar can prevent COVID-19	31.98%

- Respondents who agreed to these misinformation have shown less knowledge of COVID-19 (OR=12 ; C.I =5.9 -24.2) and negative attitude towards Govt. authorities & Healthcare workers (HCW).
- Respondents from East India have shown less knowledge of COVID-19.
- Difficulty in comprehending information & decrease in age are predicted factors associated with flow of misinformation.

SOCIAL BEHAVIOUR



THE IMPACT OF MISINFORMATION:

-PSYCHOLOGICAL DISTRESS

-STIGMA OF DISCRIMINATION

-INCREASED UNWARRANTED HYGIENE PRACTICES

MITIGATION TOOLS

IDENTIFYING EVIDENCE AND GATHERING THE NECESSARY KNOWLEDGE

-WHO, Myth Busters, Epiteetwetr, GAWQ for dissemination of info with fact checks.

- Updating features in "AarogyaSetu" (contact tracing app) that enables fact checks & removes opinions, non-news & non paid news.

-Collaboration with local pharmacists to analyze the trends in self medication in each location.

SIMPLIFYING KNOWLEDGE FOR DIFFERENT AUDIENCES:

-Behavior-change" messages and should be expanded to local languages, without any political or commercial distortion

- Promotion of Gov. launched e-Health literacy, www.mohfw.gov.in, by the users and involving HCW to cross check the info.

- Visualization tools like Tableau, Canva & SocialMention can be used in the Govt. portals to maintain transparency between the public .

AMPLIFYING ACTION

- Coordinated campaigns of social media influencers & other trusted public figures supporting facts and health related infos.

-Proactive engagement calls & creative posts to educate youth and trusted organizations (NGO, AYUSH) which can be shared within communities.

ASSISTING THE GOVERNANCE OF ALL THESE ACTIVITIES:

-HCW, AYUSH workers, data scientists & related professionals, should help the public understand the circulating narratives & monitor changes in the flow of information in communities

-Use of Artificial intelligence methods in public socio-behavioural analysis & implement in elimination of hate comments & mass misinformation

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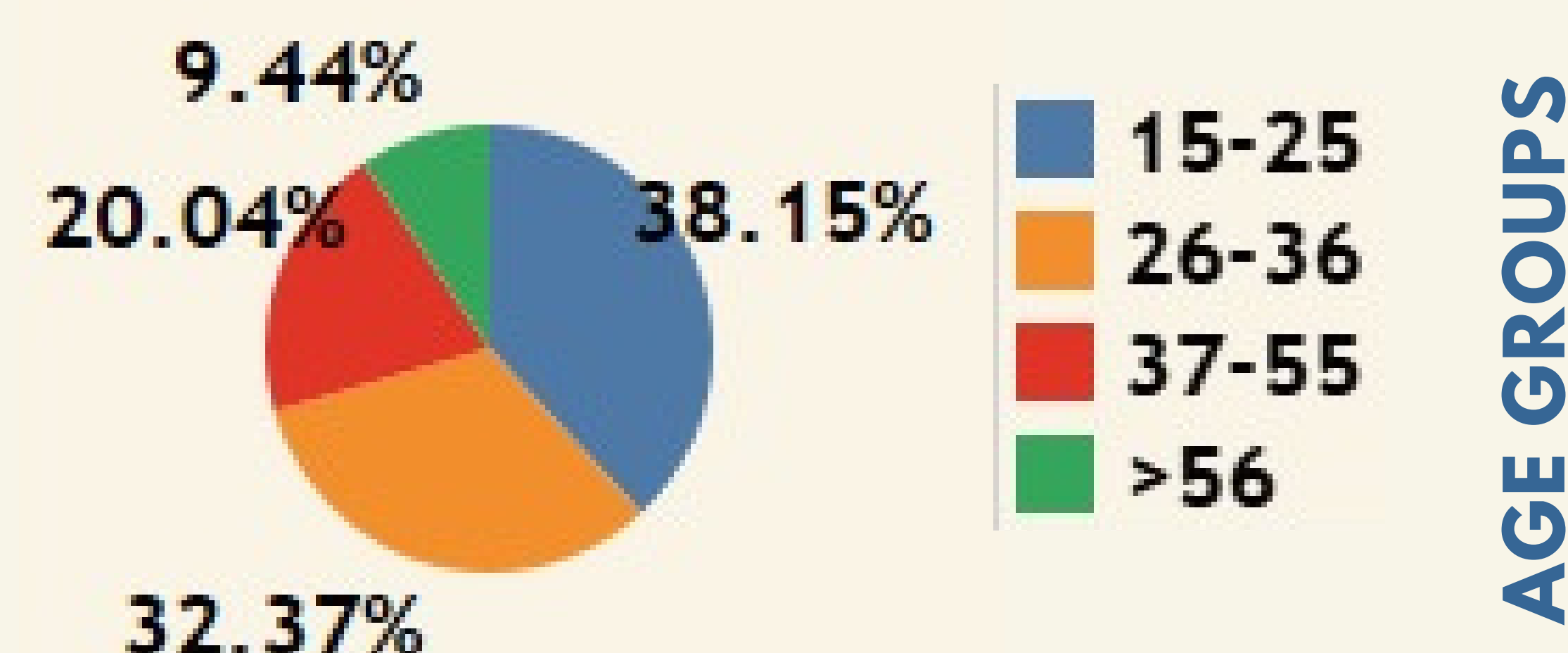
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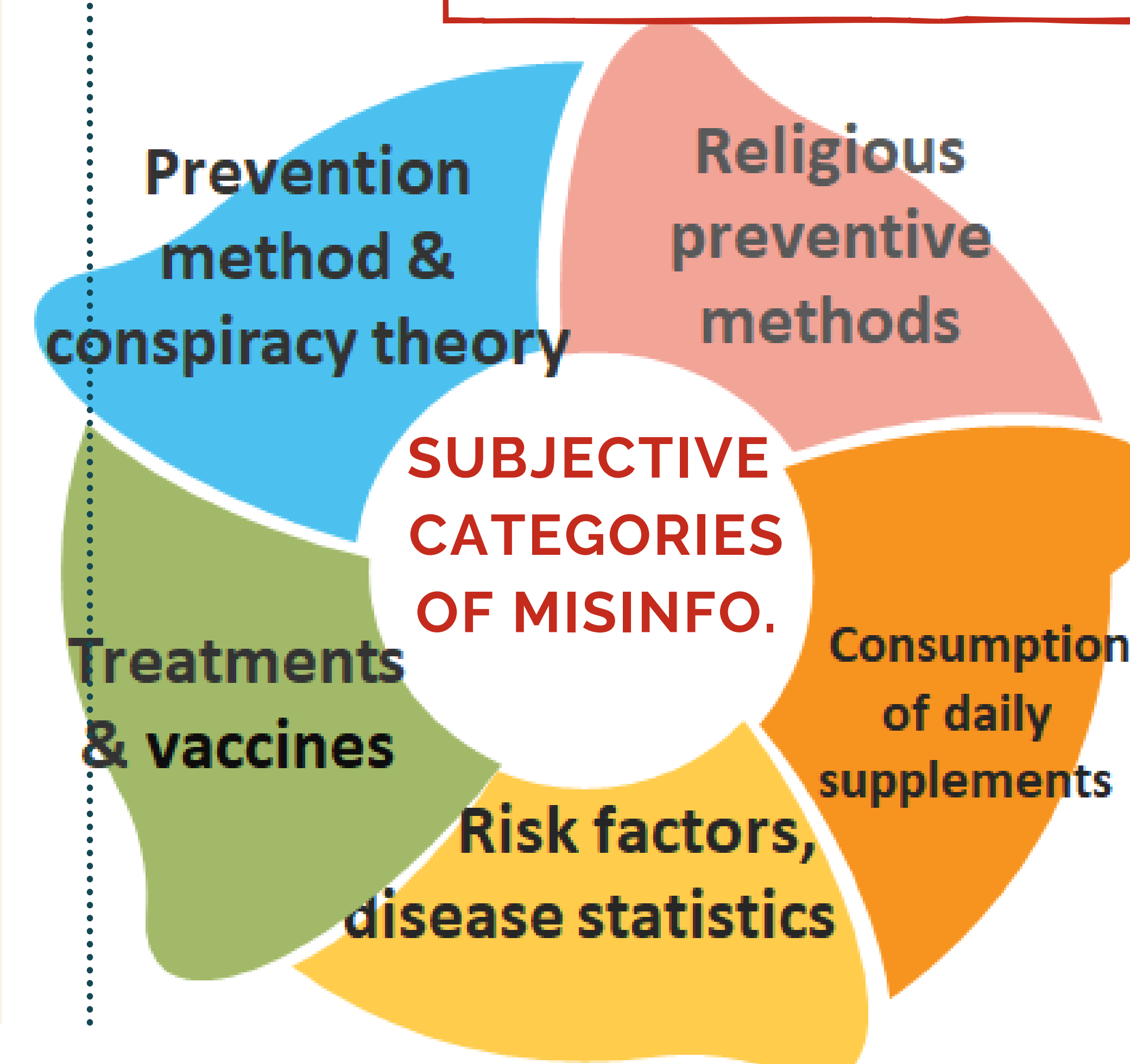
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