

COVID-19: Dos and Don'ts for Media¹

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Abstract: This policy brief suggests 22 dos and don'ts for media (includes print, visual, public engagement by authorities and also shares and forwards by lay public) during pandemic. While they are drawn from a related social and behavioural discussion on threat perception, leadership, individual and collective interests, science communication, social context, and stress and coping, our suggestions are intertwined from these broad themes and not specifically categorized as such.

Introduction

The world has now realized that COVID-19 pandemic, an offshoot of the SARS-CoV-2 virus, cannot be cured but has to be endured. To minimize its impact, the spread needs to be arrested and the morale of the people has to be protected. The role of media, including social media shares and forwards, during this crisis is paramount. Having access to larger audience it can play a significant role in managing the current risk in public health.

Media is a great connector and disseminator. It is an important partner in communication of interventions that could limit the transmission of the virus. However, media sometimes runs the risk of adversely affecting the sensibilities of the mass when the information about the pandemic is shared with the public without careful thought, particularly when the science on this disease is itself evolving and nascent. The socio-cultural factors coupled with psychological make-up of the people can interact with the shared information in ways that can have far-reaching implications on the collective interest of the nation. Therefore, media needs to exercise caution regarding the standards of accuracy, quality and style of information and its dissemination.

Dos and Don'ts for Media

In a recent paper, Jay J Van Bavel et al, [Using social and behavioural science to support COVID-19 pandemic response](#), *Nature Human Behaviour* 4, 460-71 (2020), discuss six aspects, viz., threat perception, leadership, individual and collective interests, science communication, social context, and stress and coping. This policy brief, drawing largely from that discussion and also from our observations from India in general and that of Odisha in particular, suggests dos and don'ts for media communication. We are of the view that the suggestions can serve as guiding principles during the current pandemic not only for the established print and visual

¹ The views expressed in this policy brief are those of the authors and do not represent the views of the organisations that they are affiliated to or are associated with. Usual disclaimers apply.

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media, but also for public engagements by the authorities and for the lay public in their shares and forwards. The dos and don'ts are elaborated in Table 1.



Table 1: Dos and Don'ts for Media Reportage of COVID-19 Pandemic

Dos	Don'ts
Do bring into light rational, factual and objective information that can sensitize the public and draw the attention of policymakers.	Do not give exposure to irrational, unfounded and outraging information that can exacerbate the existing prejudice and polarisations.
Do strengthen professional health journalism for benefit and safety of community. This should be for the greater good.	Do not promote commercial, yellow journalism for profit. For instance, avoid promoting a particular brand of sanitizer or mask.
Do keep up with updated information, new cases and new guidelines, and disseminate it for public consumption and policy makers' attention.	Do not use old information that is no more relevant in the current context and can create confusion.
Do be alert to counter fake news and conspiracy theories. Urge relevant professionals and experts to address questions and concerns, if any, and take up necessary studies.	Do not propagate misinformation. For instance, there was a news that members of a particular community have self-inflicted themselves and have come as bio agents to spread the disease.
Do act as a myth buster.	Do not become a myth spreader.
Do adhere to what the Director-General Tedros Adhanom Ghebreyesus of the World Health Organization (WHO) has stated: "This is the time for science, not rumours. This is the time for solidarity, not stigma."	Do not allow trivial matters and rumours to draw mass attention for creating sensation. This is not the time for dogma, but for evidence-based inquiry. This is not the time for one-upmanship, but for togetherness.
Do convey, as much as possible, that we are all in this together. It is about us.	Do not convey messages of 'we versus they'. It is not about them.
Do use language that is sensitive and that it is a common cause.	Do not use languages like super spreader, or <i>patient zero</i> .
Do maintain anonymity and confidentiality of the reported cases.	Do not reveal personal or other socio-ethnic details that can create hatred or xenophobia.
Do insist on use of physical distancing, as WHO is now doing, or safe distancing and to reiterate the fact that it is intended for mutual safety while insisting that a social connect is essential now.	Do not use the term social distancing as it may convey that there is no need for meaningful social exchanges during the time of crisis. Avoid linking distancing for public health with social ills like untouchability.
Do exhibit news, people can use, such as, phone/toll free numbers of essential services.	Do not highlight news that can bring abuse, such as, Chinese virus or an Islamic agenda.
Do communicate with appeals to morality, and protective behaviour that safeguards family and collective interest as well as scientific norms.	Do not send messages that appeal to superstitions or those that that serves the interest of a specific community.
Do play a connecting role to foster camaraderie and strengthen the fact that: "Together we stand, divided we fall." Promote a feeling of oneness that create cooperation and shared concern while respecting differences.	Do not spread divisive news and glorify any ideology or political stand that divides to rule. Avoid making community or group specific statements that alienate people from each other and can narrow down their belongingness.



Dos	Don'ts
Do highlight constructive practices that keep people engaged during quarantine at home. Pictures and videos in the print, electronic and social media need to reduce the monotony and boredom of the people and show them ways to make proactive use of leisure time in health promoting strategies for self and family.	Do not spread anxiety provoking messages such as suicide by a patient detected with coronavirus, resentment in quarantine homes and domestic violence among others. While showing such news, the adverse implications on the individuals, their family members and the community at large needs to be indicated.
Do showcase the exemplary work of individuals or communities. For instance, the work of frontline workers, social activists, and self-help group members among others needs to be amply highlighted to boost their morale and inspire the common public.	Do not include only deviant behaviour of the public that disregards guidelines issued by authorities that is meant for collective good. The negative consequences of such behaviour on the person concerned as also the society at large also needs to be included.
Do frame the potential fear-arousing messages with words that compel people to adopt safety practices.	Do not send potential fear-arousing messages that weakens self-efficacy of people and renders them helpless during the bio disaster.
Do communicate figures or statistics that makes people neither underestimate nor exaggerate the severity of the event. For example, death tolls may be accompanied by recovery cases.	Do not share only positive or only negative facts which lead people to believe that they are either less or more likely to experience a negative event than what the reality is.
Do refer to credible sources of information that is available in public domain or one that has been subjected to appropriate review.	Do not share randomly selected piece of information leaving the audience to wonder on its veracity and authenticity.
Do supplement national leaders' directives with complementary voices from local authorities to generate greater compliance.	Do not share guidelines that sound impersonal, and appears too external to make an impact on peoples' health seeking behaviour and practices.
Do expose people to the impending danger that the country is going to face so that their behaviour is not risky.	Do not emphasize on past glory that may create over confidence among the public that nothing harmful is going to happen.
Do instil tolerance and fellow feeling for out-groups (including those who have recently returned and irrespective of the fact they belong to a particular community or have come from a hotspot zone).	Do not disseminate messages that steer ethno-centrism and intolerance towards out-groups. Avoid highlighting events that deteriorate out-group attitudes and then adversely affect international cooperation and understanding.
Do communicate the changes needed in policies, principles and practices that could enable better fight against the pandemic.	Do not emphasise the existing policies, principles and practices that may prove detrimental to pose a fruitful fight against the disaster.

Conclusion

The above 22 dos and don'ts are indicative and not exhaustive. It points out that responsible reporting needs to be the guiding principle for the media (including print, visual, public engagement by authorities as also shares and forwards by lay public) during the pandemic COVID-19. threat perception, leadership, individual and collective interests, science communication, social context, and stress and coping If the aforesaid dos and don'ts can be adhered to and media can wed to the twin principles of 'activism and accountability', it can help the country to fight the crisis as brave warriors.



This is the tenth NCDS policy brief in the COVID-19 series. The other nine have been on analysis of cases across countries and provinces of China ([PB12NCDS](#), 20 March 2020), on behavioural biases that could lead to panic like asking health care professionals to leave rented premises ([PB13NCDS](#), 25 March 2020), on strengthening COVID hospitals and concerns of community transmission in Odisha ([PB14NCDS](#), 28 March 2020), କୋଭିଡ-୧୯ ମହାମାରୀ ସମୟରେ ପୁଷ୍ଟିକର ଖାଦ୍ୟର ଉପଯୋଗିତା ([PB15NCDS](#), 7 April 2020), which is an Odia translation of “Maintaining a healthy diet during COVID-19 pandemic” prepared by the Food and Agriculture Organization of the United Nations, a cross-country analysis of positive cases and testing ([PB16NCDS](#), 11 April 2020), frequently asked questions on rapid antibody test ([PB17NCDS](#), 20 April 2020; ଯାହାର ଓଡ଼ିଆ ସଂସ୍କରଣ, [PB17aNCDS](#), 23 April 2020), on movement of migrant labourers ([PB18NCDS](#), 27 April 2020; ଯାହାର ଓଡ଼ିଆ ସଂସ୍କରଣ, [PB18aNCDS](#), 3 May 2020), on implications for malaria ([PB19NCDS](#), 15 May 2020; ଯାହାର ଓଡ଼ିଆ ସଂସ୍କରଣ, [PB19aNCDS](#), 28 May 2020), and କୋଭିଡ-୧୯ର ମୁକାବିଲା: ଖୋରାକ, ପୁଷ୍ଟିସାର ଓ ସୁସ୍ଥପୁଷ୍ଟିସାର (ମାଲକୋନ୍ସ୍ଟ୍ରିଏକ୍ସ)ର ୧୦ ଦଫା ସମ୍ବଳିତ ସଂକ୍ଷିପ୍ତ ବିବରଣୀ ([PB20NCDS](#), 25 May 2020) which is translation of a 10-pointer on [diet and nutrition](#) from NNEdPro, Cambridge.

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