

The Effect of Social Media on Spreading Fear and Panic during COVID-19 Pandemic in Sri Lanka

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Abstract: People around the world have been directly and indirectly affected due to the COVID-19 pandemic. Its spread has heavily impacted global health and mental health. The rapid spread, uncertainty, and high death rates due to the corona pandemic created huge fear and panic all over the world. With physical isolation, people heavily rely on social media to seek information regarding this pandemic. This paper presents how social media affected on spreading of fear and panic during the first wave of the COVID-19 pandemic in Sri Lanka. An online questionnaire (Google Form) was prepared and conducted with a sample of 102 participants from the Western province in Sri Lanka. Correspondently, data were analyzed using SPSS software. The study reveals that social media has a significant impact on spreading fear and panic related to the COVID-19 outbreak in Sri Lanka, with a potential negative influence on people's mental health and physical well-being. Facebook is the most used social media network for spreading fear and panic about the COVID-19 outbreak in Sri Lanka. In conclusion, can say that social media has played a crucial role in creating and spreading fear and panic about the COVID-19 outbreak in Sri Lanka.

Keywords: Social media, Fear and panic, COVID-19

I. INTRODUCTION

The outbreak of pneumonia of unknown reason was first identified in December 2019 from Wuhan, China. The WHO declared the outbreak a public health emergency of international concern on 30th January, renamed the disease as COVID-19 on 11th February, and a pandemic on 11th March 2020 (Liu & Liu, 2020). More than 109.4 million cases of COVID-19 have been reported from more than 217+ countries with more than 2.4 million deaths, and 81.5 million recoveries as of February 2021 (worldometers.info). COVID-19 has been considered by the WHO as a severe acute respiratory disease (Torales et al., 2020). The new coronavirus initially named 2019-nCoV is the seventh member of the coronaviruses' family that infects humans, different from both MERS-CoV and SARSCoV, SARS-CoV-2 (Torales et al., 2020).

Evidence of person-to-person transmission of the COVID-19 was first disclosed to the public by the National Health Commission on January 20, and self-quarantine was suggested (Chao et al., 2020). Primarily viruses spread via the nose and mouth by coughing, sneezing, and talking. Also, people can infect by touching a contaminated surface and then touching the face. Recommended preventive measures include frequent hand washing, wearing a face mask in public settings, maintaining physical distance with others, covering mouth and nose when coughing and sneezing, self-isolation, etc.

COVID-19 Pandemic and Sri Lanka

Briefing the COVID -19 situation in Sri Lanka, on 27th January 2020 a Chinese national was identified as the first case of COVID-19, and a 52-year-old tour guide was identified as the first local case on the 11th February 2020. At the time of writing after one year, Sri Lanka is in a rapidly evolving situation where 74,852 cases with 390 deaths and 68,696 recoveries are reported (worldometers.info). Since then, various sequential measures were introduced by the Sri Lankan government to improve social distancing and to control the pandemic situation. Such as giving instructions on how to prevent contaminating and spreading with the virus such as keeping physical distance, wearing face masks, and frequently washing hands with antibacterial soap or hand sanitizer, closure of schools and educational institutes, introducing work from home model to reduce the public gathering, introducing travel bans to international arrivals, and imposing curfew island-wide. After several months of the first wave of COVID-19, the second wave was reported on 4th October 2020 from Minuwangoda and it is still rapidly spreading over the country.

Social media has become the latest in a series of technological breakthroughs in interpersonal communication and the dissemination of information. Social media is all about communication and interaction (Akuratiya & Maddage, 2020) and as a means of staying up to date with a vast amount of medical knowledge (Ahmad & Murad, 2020). Same as other countries Sri Lankans also more depend on social media to obtain more information regarding this virus. Kemp (2020) reported that 10.1 million use the internet and 6.4 million use social media in Sri Lanka in January 2020. Social media have played a vital role in spreading awareness and knowledge about public health during the last decade over epidemics, however, it has also been misused for spreading fake news, hatred, and creating racism during epidemics and civil unrest (Agarwal, Parmieka & Ahmad, 2020).

The Sri Lankan government established a presidential task force to control the COVID-19 pandemic even before the report of the first case in Sri Lanka. Also, created an official webpage to update the community regarding COVID-19 cases in Sri Lanka. Even government acknowledged the people rely on the information published by the Ministry of Health regarding COVID-19, most people rely on social media and search for information on social media platforms rather than using the official webpage. To the researcher's knowledge, the

effect of media use and certain invisible harm caused by social media including the toll on mental health like fear and panic during severe epidemics have been seldom studied especially in the Sri Lankan context. So, this unique situation provides an opportunity to examine the effect of social media use on Sri Lankans' mental health who are indirectly exposed to the virus. Thus, the objective of this study is to investigate how increased social media exposure spread fear and panic on people who are indirectly exposed to the disease, as neither the respondents nor anyone they knew was reported infected with COVID-19. This study was guided by the following research questions:

1. How Sri Lankans used social media in their daily life during Covid-19?
2. Do Sri Lankans prefer social media as a means of communication as opposed to traditional mass media?
3. Is there an effect of social media exposure on spreading fear and anxiety among Facebook users who are indirectly exposed during COVID-19 in Sri Lanka?

II. LITERATURE REVIEW

Social media function as a first-hand information channel where the users can obtain disease-related information and exchange it with their family, friends, and neighbors in real-time during recent infectious outbreaks (Oha, Leea & Han, 2020). This was proven during the outbreak of the H1N1 flu where it was first reported via social media (Ahmad & Murad, 2020; Oh et al., 2020). Even before the outburst of COVID-19, people all over the world relied on social media to gather information and news. With the outbreak of new virus disease in December 2019 from Wuhan, China, people more relied on social media to obtain information about this new virus (Ahmad & Murad, 2020). Soon it was confirmed that the cause of this new disease as novel coronavirus. Since then the infection has spread to many countries outside the Mainland of China and has become a pandemic disease (Gao et al., 2020). Since then web media started to publish information about novel coronavirus and have given instructions to their followers regarding how to prevent contaminating and spreading the virus such as keeping physical distance, wearing face masks, and frequently washing hands with antibacterial soap or hand sanitizer (Ahmad & Murad, 2020).

COVID-19 virus itself spread rapidly as well as information and misinformation about virus outbreaks also sprung rapidly. Thus, created panic among the public. The social media panic traveled faster than COVID-19 spread (International Society of Travel Medicine, 2020). Social media panic hit Sri Lankans even before the detection of the first case of COVID-19 in Sri Lanka. Which created panic buying behavior among people such as buying masks and sanitizers which cause price hikes and stock-outs in the market. Brewer (2020) suggests that hearing a lot of information and news about COVID-19 has affected the public and created panic, causing people to live

with anxiety (as cited Ahmad & Murad, 2020). Also, social media cause spread panic and fear among social media users according to Rothschild and Fischer (2020). Ahmad and Murad (2020) stated social media impacted the buying crisis in some countries when many people tried to buy toilet paper and other items because of the spreading fear of COVID-19 on social media.

By considering previous literature evidence it is evitable that publishing inaccurate information on social media about the spread of viral diseases harmed people's mental health. Witnessing the traumatic course of the infection in others can result in fear and panic about becoming ill or dying themselves (Chao et al., 2020). Moreover, access to reliable information about an outbreak is widely supported as a key resource to maintain wellbeing (Chao et al., 2020). However, few studies have examined the association between engagement with social media and acute psychological consequences among populations who are uncertain whether they will become infected and who are also exposed to the disease indirectly via the media.

The World Health Organization (WHO) named the new coronavirus as a massive 'infodemic' referring to the dissemination of massive information where some are accurate and some are not, and which makes it harder for people to find trustworthy sources and reliable guidance where they need it (Hao & Basu, 2020). So, it has set a different image of the coronavirus apart from previous viral outbreaks. Hao and Basu (2020) reported that even there was global panic during SARS, MERS, and Zika, this time social media has amplified fears about COVID-19 on people around the world.

It has spread misinformation at unprecedented speeds worldwide and is fueling panic and fear among people (Ahmad & Murad, 2020). Correspondingly social media is responsible for much of the panic surrounding COVID-19 (Frenkel, Alba & Zhong, 2020). Conspiratorial whispers spread on social media such as a new coronavirus made secretly in the government lab of China, and then there were fake medicines such as gels, liquids, and herbs that increase immunity to face the virus (Frenkel et al., 2020). However, while helpful, media exposure may also create new problems. Large volumes of information may amplify the perception of risk, and fear-based messages by the media may have negative effects on media consumers who cannot discern real versus fake news or view more balanced media coverage of the event (Kasperson et al., 1988 as cited in Chao et al., 2020). Thus, "infodemic" has the potential to affect the population's mental health and wellbeing (Chao et al., 2020).

Even the impact of this epidemic on global mental health is not registered and measured, similar information may be derived from previous literature with coronavirus infections. Evidence suggests that frequent exposure to media during disaster periods may negatively impact psychologically those who see it. In contrast, past literature shows a potential differential impact on the mental health of traditional and

social media coverage. Such as more post-traumatic stress disorder (PTSD) symptoms were reported among young people who were indirectly exposed to September 11 attack via the internet compared to television or printed media (Chao et al., 2020).

During the outbreak of Ebola in 2004, the media published more trauma-related content regarding Ebola, and as a result, media users got more anxious about the Ebola virus (Liu & Liu, 2020). Also, during the MERS outbreak fear and anger were the more noticeable emotion on Twitter (Oh et al., 2020). A three-year national survey in the United States showed a positive link between contending with trauma-related media information and anxiety after the Boston Marathon explosion in 2013 and the nightclub massacre in Orlando in 2016 (Liu & Liu, 2020). As per the WHO report during epidemic outbreaks individuals are more likely to experience a variety of acute psychological reactions as a consequence of their exposure (Chao et al., 2020). Chao et al. (2020) had suggested in their study that new media use rather than traditional media, was significantly associated with negative psychological outcomes such as depression, anxiety, and stress. Further, Ahmad and Murad (2020) stated during the COVID-19 outbreak in Iraq, people more dependent on social media to gain information regarding the new virus and it had been a key player in spreading anxiety among the Kurdistan population.

The new coronavirus became a persistent invisible threat in people's lives due to its easy spread. To contain the spread of the virus, infection control measures were taken such as isolation procedures, travel restrictions, and banning public gatherings. In such a situation people have highly depended on media to gather information, especially those who are not directly affected by this disease. So, it is crucial to understand how frequent exposure to information and misinformation on social media effect people's mental health during this deadly pandemic.

III. METHOD

This study employed a descriptive survey research design method. The target population of the study was participants who are indirectly exposed to the disease, as neither the respondents nor anyone they knew was reported infected with COVID-19. The sample population was restricted to the western province in Sri Lanka because the western province is the most affected during the first wave of the COVID-19. A structured questionnaire was used as the instrument for data collection. The questionnaire was designed after an elaborate literature review (Ahmad & Murad, 2020; Liu & Liu, 2020). To ensure the validity of the questionnaire, face and content validity was done by experts in the fields of psychology and instructional technology. The first part of the questionnaire comprised demographic information of the respondents. The second part of the questionnaire assessed the respondents' media exposure, the effect of hearing distressing news, fear and panic statuses experienced during the outbreak of coronavirus from late March to May 2020 in Sri Lanka. The

questionnaire was pre-tested and indicated it is very reliable with 0.83 in the Cronbach Alpha coefficient test. An online questionnaire using Google form was sent out via the WhatsApp platform.

Data was collected between the periods of 20th November to 22nd December 2020. The data obtained was extracted, cleaned, and transferred onto Statistical Package for Social Sciences (SPSS) version 21 for the analysis. Descriptive statistics such as frequency, tables, and percentages were used to present the findings. A total of one hundred and two (102) participants filled the questionnaire and were found useful for the analysis.

IV. RESULTS & DISCUSSION

Figure 4.1 represents the gender distribution of the target population. With a total of 102 participants, 59 (57.8%) were females and 43 (42.2%) males. This shows a high level of gender equality between respondents and also how diverse and gender-sensitive the opinions that informs the findings of the study.

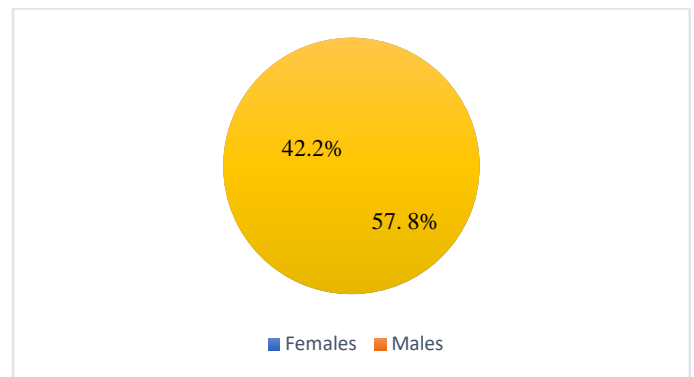


Fig.4.1 Gender of the participants

The age distribution of respondents reflects a great deal in their capacity to use smartphones and social media platforms for information gathering and dissemination. Majority were aged between 18 to 25 (67, 65.7%), 13 (12.7%) above 50, 11(10.8%) age between 26 to 30, 6 (5.9%) age between 36 to 40, 4 (3.9%) aged between 41 to 50, and 1(1.0%) aged between 31 to 35. All the participants were well educated where more than half of (60, 58.8%) participants have a diploma, 18 (17.6%) have a degree, 15 (14.7%) postgraduates, and the least number of participants were qualified with Advanced Level 9 (8.8%). Among the participants 39(38.2%) reported having very good health, 38 (37.3%) said they have relatively good health, 21 (20.6%) average, while 4 (3.9%) had relatively poor health while, 82 (80.4%) stayed with their families, 18 (17.6%) stayed with friends/colleagues/classmates/roommates while 2(2.0%) staying alone during the COVID-19 pandemic.

According to Gao et al. (2020), the proportion of frequent social media use among youngers (aged <30 years) was higher than among elders (aged 41- years). Participants with low education (middle school and high school) had a lower

proportion of frequent use of social media platforms than those with high education (college and master). Participants who are students or retired had a higher proportion of frequently using social media.

4.1 Social media exposure and social media platforms used during COVID-19

The second section of the questionnaire included questions about time spent on COVID-19 information, irrelevant information, then media experience during the pandemic. To answer these questions participants had to recall their experience during the first wave of the coronavirus from late March to May 2020. The majority of the participants spent 1 – 3 hours daily to get COVID-related information and less than an hour on irrelevant information (Table 4.1) which is more similar to the findings of Liu and Liu (2020). This shows that they were more alert about this unexpected and sudden situation during that period. Also, they were asked about different media uses during the pandemic. When compared to the data it shows social media use is more popular among participants than commercial media like TV, radio, newspapers, and overseas media. According to Liu and Liu (2020), participants’ frequency of social media use was rated higher than commercial media use, and overseas media use.

When asked from participants about their use of social media 45.1% responded they are using social media always and 37.3% often daily while parallelly had used commercial media (36.3%) and overseas media (50%) occasionally. More information regarding these questions was included in Table 4.1. Then asked participants which social media platform was used to get COVID-19 news and information 69.6% use most popular social media, Facebook, then WhatsApp (63.9%), and YouTube (48%).

As shown in Table 4.2 Instagram, Viber, Twitter, and Skype were the least used to get daily information on COVID. Results show that respondents are using more than one social platform. By the end of March 2020, Facebook was top-ranked among other social media with 6.6 million users in Sri Lanka (Akuratiya & Meddage, 2020). These results are inline with Ahmad and Murad (2020). According to their findings, the majority of Kurdistan people in Iraq used Facebook to acquire information about COVID-19 and it is the most popular platform in Iraq. Correspondently, in the discussion on social media, Cellan-Jones (2020) stated that people depend on social media to gain information and facts about COVID-19, as some countries use filters, which is why social media gives some information but not all the facts (as cited in Agarwal et al., 2020).

Table 4.1 Media exposure during COVID-19

Media Exposure	Response	f(%)
Time spend on corona virous information each day	Hardly ever	14 (13.7)
	<an hour	23 (22.5)
	1-3 hours	55 (53.9)

Time spend on information irrelevant to corona virous each day	3-5 hours	05 (4.9)
	> 5 hours	05 (4.9)
	Hardly ever	08 (7.8)
	< an hour	43 (42.2)
	1-3 hours	27 (26.5)
Use of different media sources- social media (e.g. WhatsApp, Viber, FB, You Tube, etc.)	3-5 hours	12 (11.8)
	> 5 hours	12 (11.8)
	Never	01 (1)
	Occasionally	17 (16.7)
Use of different media sources- commercial media (e.g. TV channels, Radio, News Papers)	Often	38 (37.3)
	Always	46 (45.1)
	Never	12 (11.8)
	Occasionally	37 (36.3)
Use of different media sources- Overseas media	Often	35 (34.3)
	Always	18 (17.6)
	Never	23 (22.5)
	Occasionally	51 (50)
	Often	23 (22.5)
	Always	05 (4.9)

Table 4.2 Social media platforms used to get new about COVID-19

Social Media Platforms (N=102)	f (%)
Facebook	71 (69.6)
WhatsApp	65 (63.9)
You Tube	49 (48.0)
Instagram	15 (14.7)
Viber	06 (5.9)
Twitter	06 (5.9)
Skype	02 (2.0)

When asked from the participants which news topics heard, seen, or read on social media during COVID-19, the majority of the respondents 83 (81.4%) said health news regarding COVID-19, and the least population used social media for cultural news 8 (7.8%) and other news 1 (1%) during that time (Figure 4.2). These results show that people more relied on health-related news published or shared on social media during the COVID-19 pandemic. Previous research also revealed the same results whereas the highest proportion of participants (76.4%) had heard, seen, or read health news (COVID-19), while the lowest proportion of participants had heard, seen, or read technology news (0.6%) (Ahmad & Murad, 2020). This shows that socialmedia has become an important source of health information and a platform for discussing personal experiences, opinions, and concerns regarding health, illnesses, and treatment, especially during this unexpected virus outbreak.

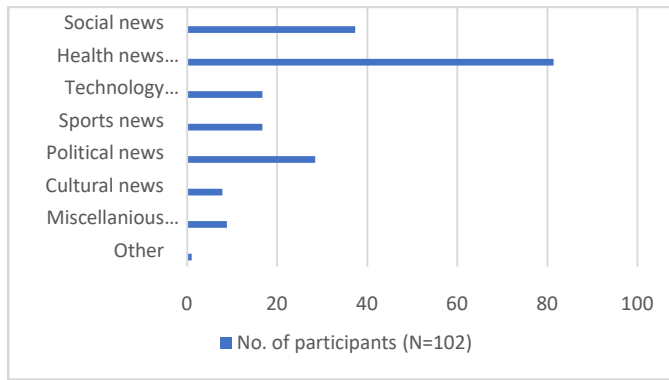


Fig.4.2 News topics mostly heard/seen/read on social media during COVID-19

4.2 Impact of fear and panic created by social media during COVID-19

When asked the question “whether you felt fear and panic due to COVID-19 pandemic” the majority responded yes 82 (80.4%). Also, for the question “do you think that publishing more COVID-19 news on social media has spread fear and panic among the people?” many participants 72 (70.6%) said yes. This indicates that hearing a lot of information and news about COVID-19 has affected the public and created panic, causing people to live with fear. Another question was asked from the participants “which category of information had created more panic on social media?”. Six choices were given with the provision of additional answers to be added by the respondents. The results are shown in Table 4.3. More than 57% reported “fake news about COVID-19”, the second-highest ranked statement is “distribution of the number of death toll”, and the least ranked is “other news”.

These findings are more similar to Ahmed and Murad (2020) where the majority in their study responded “fake news about COVID-19”, then “dissemination of the number of infections” and least reported is the “dissemination of the number of deaths”. This specifies that fake news and misinformation have an instant and huge impact on individuals during this pandemic, as well as realistic information such as the number of deaths or cases. In the same way, Rothschild and Fischer (2020) claimed that social media is spreading fear and panic among social media users (as cited in Agarwal et al., 2020). Torales et al. (2020), reported that during a community crisis like this people often seek out event-related information to stay informed on what is happening. However, due to lacking and or irregular dissemination of information by official channels, people can be exposed to misleading information published by social media. And those who had directly used social media for critical updates during the lockdown were exposed to more conflicting information and stress. Also, higher acute stress was reported by heavy social media users in the study.

Table 4.3 Category of information most impact on creating panic on social media

Information (N=102)	f (%)	Rank
Distribution of the number of infections	28 (27.5)	4
Distribution of the number of death toll	42 (41.2)	2
Distribution of fear including information about COVID-19	26 (25.5)	5
Publication of photos and videos of the cities and countries with high number of cases	29(28.4)	3
Fake news about COVID-19	59 (57.8)	1
Other	03 (3.0)	6

Table 4.4 demonstrates the psychological fear and panic felt by the participants via social media. To a certain extent, all the age categories felt fear and panic during the first wave of the COVID pandemic due to the information and news published on social media. 66.3% of participants responded “yes” to the question “I was exposed to distressing news and experiences about COVID-19”. For the questions “I find myself feared and panic by reading stories about COVID-19” and “It is hard to stay positive and optimistic with regards to COVID-19 information” most of the participants said “yes” respectively (68.3% & 65.1%). For the last question “I find it difficult to deal with social media content and reading reports about COVID-19” most had said, “yes” (62.0%). This indicates that information and news spreading panic and fear about COVID-19 are related to social media. Ahmad and Murad (2020) found a significant positive correlation between social media and the spreading of panic about COVID-19.

Table 4.4 Fear and panic created via social media

Fear and Panic created by Social Media (N=102)	f (%)
I was exposed to distressing news and experiences about COVID-19	
Yes	68 (66.3)
May be	16 (16.1)
No	18 (17.6)
I find myself feared and panic by reading stories about COVID-19	
Yes	70 (68.3)
May be	19 (18.3)
No	13 (13.4)
It is hard to stay positive and optimistic with regards to COVID-19 information	
Yes	66 (65.1)
May be	22 (13.5)
No	14 (13.5)
I find it difficult to deal with social media content and reading reports about COVID-19	
Yes	63 (62.0)
May be	24 (23.3)
No	15 (14.7)

Through the analysis of data and comparing with past studies, social media was found to cause psychological fear and panic among people especially during crisis events like COVID-19. As per Liu and Liu, (2020) effect of social media during crisis events is twofold. One is it carries a massive amount of information with negative emotion in most cases and the second one is it plays an important role in social support and emotional catharsis. Ball-Rokeach (1985) argued that during and following crisis times, people are dependent on the media not only for information seeking but also for tension release or as a coping strategy (as cited in Liu & Liu, 2020). According to Depoux et al. (2020), social media has played three main roles in the COVID-19 outbreak. First, social media had published facts about the outbreak, then misinformation, fake news, and inaccurate information about the outbreak were published. Third, social media had created fear and panic about the outbreak worldwide (as cited in Agarwal et al., 2020). Thus, it shows that social media can create panic and fear among people during a pandemic. Also, the study done by Gao et al. (2020) revealed there is a high prevalence of mental health problems, which is positively associated with frequent social media exposure during the COVID-19 outbreak.

V. CONCLUSION

Mass media have long been recognized as powerful forces shaping how we experience the world and ourselves (Agarwal et al., 2020). Hence, this study investigated how increased social media impact on spreading fear and panic among social media users during the COVID-19 pandemic. One of the main channels to get updated COVID-19 information is social media. This study also found that that majority of the participants frequently exposed themselves to social media. And shows frequent use of social media had created and spread fear and panic, which is consistent with previous studies. During the COVID-19 outbreak, disinformation and false reports about COVID-19 have shelled social media and stroked unfounded fear among many people, which may confuse people and harm people's mental health (Gao et al., 2020). In conclusion, findings show that exposure to social media has spread fear and panic among uninfected users in Sri Lanka during the COVID-19 pandemic.

This study is not without limitations. Firstly, this study involves only 102 participants from one province of Sri Lanka. Future research could look into seeking more respondents so that the findings can be generalized to the wider community. Other limitations include that this study was based on a one-time survey of western province residents, in which some respondents might not feel comfortable providing answers disclosing their true mental state regarding fear and panic. It was possible that some might have known how to cope with the fear and panic as the pandemic drags on and the study only targeted the early stage of the COVID-19 pandemic. A longitudinal study could be conducted in the future to observe the impact of media use in terms of mental health at different stages of the pandemic.

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