

# How Media Credibility Shapes Risk Perception during Public Health Emergency: A Comparative Study Model and Research Propositions

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## ABSTRACT

Public health emergencies such as the COVID-19 pandemic are serious global concern and deserve urgent attention. Media, as one of the primary channels through which risk information reaches the public, has played a pivotal role in shaping how individuals perceive and respond to health threats, and scholars anticipate that the influence of media credibility on public risk perception is expanding, especially in the presence of widespread misinformation. Despite this alarming concern, less research attention has been paid to how media credibility interacts with belief in conspiracy theories to shape risk perception, particularly in non-Western, state-influenced media contexts. The present article aims to propose a conceptual model to depict the external and internal factors determining public risk perception during a health crisis. We propose a framework originated from the Social Amplification of Risk Framework (SARF) to delineate the role of traditional and social media credibility (i.e., the external informational factors as amplification stations) and belief in COVID-19 conspiracy theories (i.e., the internal cognitive factor) in explaining public risk perception of COVID-19. By adopting SARF as a guide, this study develops a comparative conceptual model between China and Tanzania—two developing countries with contrasting pandemic communication strategies. The model posits that media credibility shapes belief in COVID-19 conspiracy theories, which in turn attenuates risk perception. This article contributes to our understanding of risk communication in state-influenced media environments and suggests possible solutions to strengthen resilient health communication systems in society. Theoretical and practical implications are subsequently discussed in light of the conclusion.

**Keywords:** media credibility; conspiracy theories; risk perception; Social Amplification of Risk Framework (SARF), comparative study

## INTRODUCTION

### Background of the Study

Infectious diseases do not recognize borders. Whether a nation is developed or developing, none can avoid their spread. Over the past few years, the world has seen a rise in various contagious diseases—such as Dengue fever, influenza, the Zika virus, Ebola, and most recently, COVID-19. It highlights the urgent need for effective communication strategies to combat them. COVID-19 stands out as an unparalleled pandemic not seen in many decades (Beaunoyer et al., 2020; Guitton, 2020). It was reportedly first identified in Wuhan, China, in late 2019, before rapidly spreading to numerous countries around the globe. Thus, this study will take COVID-19 pandemic as the empirical context.

A major factor shaping public risk perception of this infectious disease is belief in COVID-19 related conspiracy theories—alternative explanations suggesting that a small group of powerful actors secretly orchestrates major events for hidden agendas (Tonković et al., 2021; Sunstein & Vermeule, 2009). Such theories tend to flourish when evidence is scarce and inferences are difficult (Craft et al., 2017; Sunstein, 2014), which is why they emerged immediately after the first COVID-19 reports and spread rapidly on social media (Gogarty & Hagle, 2020; Sanders, 2020).

Conspiracy theories spread mainly through media, which people rely on during outbreaks when direct information on health risks is scarce (Oh et al., 2015). Media thus plays a dual role—amplifying risk perception by stressing a threat's seriousness or attenuating it by diverting attention to speculative narratives (Brennen et al., 2020; Cinelli et al., 2020). Crucially, this influence hinges on perceived media credibility: audiences trust and act on information from sources they consider credible, accepting high-credibility messages with little scrutiny while questioning low-credibility ones (Metzger et al., 2010; Hung, L., & Lin, 2022; Trumbo, C.W., & McComas, 2023). Media credibility therefore functioned not merely as a communication variable but as a key determinant of how risk information was filtered, accepted, or resisted, including conspiracy theories related misinformation.

## **Comparative Media Environments and COVID-19 Governance in China and Tanzania: The Study Context**

Comparative research on how governance and media shape public risk perception during crises remains limited outside the West, leaving a gap in understanding how divergent systems influence media credibility, conspiracy theories, and risk perception (Sellnow-Richmond et al., 2023; Ng et al., 2018). This study compares China and Tanzania—two dominant-party systems (CCP and CCM) where media serve as instruments of state power, yet which sit at opposite ends of the pandemic governance spectrum (Guo, 2020; Nyabuga, 2019).

In China, the "dynamic zero-COVID" policy was reinforced by a tightly regulated media system in which state-aligned outlets held near-monopolistic credibility, framing COVID-19 as a controllable risk under Party leadership while suppressing dissent and conspiratorial accounts (Meadows et al., 2022). This informational saturation amplified public risk perception in line with official narratives. Tanzania under Magufuli took the opposite path—halting case reporting, declaring the country "coronavirus-free," and dismissing tests, masks, and vaccines (Mwai & Giles, 2021; BBC, 2020). Tanzanian's restrictive media laws also silenced independent outlets (Nyabuga, 2019; Edrine Wanyama, 2020), allowing officially credible voices to amplify conspiracy theories and informal networks like WhatsApp and JamiiForums to incubate rumours (J. H. Lee et al., 2023), thereby attenuating perceived risk.

## **Problem Statement**

Although misinformation has been widely studied in communication research, conspiracy theory beliefs—a critical subset of misinformation—remain underexplored in health and risk communication contexts (Craft et al., 2017; Sunstein & Vermeule, 2009; Su et al., 2021). During public health crises, media shape how individuals interpret events and respond behaviourally (Investigação & Educação, 2021), yet prior work linking conspiracy beliefs to variables such as media scepticism, institutional trust, and selective exposure (Su et al., 2021; (Mari et al., 2021; Romer & Jamieson, 2021) has not integrated media credibility, conspiracy beliefs, and risk perception within a single coherent framework.

A first gap concerns media credibility in controlled or state-influenced systems, which has received insufficient attention. In countries with limited press freedom, governments position official sources as highly credible (Hasan, 2007; Becker et al., 1976), and credibility reflects alignment with state ideology rather than the Western ideals of fairness and balance (Meyer, 1988; Pan & Lu, 2003; Zhang et al., 2019). Few studies examine how such state-shaped credibility reinforces or challenges conspiracy thinking and downstream risk perception (Freeman et al., 2022). A second gap is contextual: most research has been conducted in Western, pluralistic media systems (Soveri et al., 2021; Tonković et al., 2021; Mulukom et al., 2021), leaving restricted media environments understudied. Following calls by Su et al. (2021) and De Coninck et al. (2021), this study compares China and Tanzania—two developing countries with contrasting COVID-19 communication strategies (Wang et al., 2020; Basillioh, 2020). A third gap is theoretical: prior work links these variables atheoretically. The present study applies Kasperson et al.'s (1988) Social Amplification of Risk Framework (SARF), treating media as "amplification stations" whose credibility shapes whether conspiracy narratives intensify or attenuate public risk perception, thereby extending SARF to non-Western information orders.

## Research Questions

This research is guided by the following research questions:

RQ1: How do perceptions of traditional media credibility influence belief in COVID-19 conspiracy theories and how do these relationships differ between China and Tanzania contexts?

RQ2: How do perceptions of social media credibility influence belief in COVID-19 conspiracy theories and how do these relationships differ between China and Tanzania contexts?

RQ3: How does belief in COVID-19 conspiracy theories influence risk perception of COVID-19, and how do these relationships differ between China and Tanzania contexts?

## Purpose Of Statement

The current conceptual paper aims to develop a theoretical framework by proposing the relationships among media credibility, conspiracy theory beliefs, and risk perception in the context of health crisis communication. To ground this framework, the Social Amplification of Risk Framework (SARF) (Kasperson et al., 1988) is employed as the guiding theoretical lens. While prior studies have offered valuable insights into these constructs individually, a more integrated understanding of how they interact within controlled or state-influenced media systems remains to be more fully developed. Further research would therefore benefit from a more holistic framework with greater explanatory power—one that illuminates how credibility and conspiracy beliefs may jointly shape public risk perception in cross-national contexts.

## The Theoretical Lens: The Social Amplification Of Risk Framework (Sarfb)

This paper adopts the Social Amplification of Risk Framework (SARF) as its primary theoretical lens to explain how risk-related information during public health emergencies is socially constructed, communicated, and translated into public perceptions. Originally proposed by Kasperson et al. (1988), SARF was developed to address a persistent observation in risk research: public responses to risk events often diverge from technical assessments of hazard magnitude. Rather than treating risk perception as a direct reflection of objective danger, SARF conceptualises risk as a signal that is interpreted and transformed as it travels through social, cultural, and institutional processes (Kasperson et al., 1988; Pidgeon, Kasperson, & Slovic, 2003). Subsequent developments by Renn (1991) and Renn et al. (1992) clarified the framework's structural components and introduced the concept of amplification stations, positioning SARF as a flexible lens for analysing how communication environments shape public interpretations of risk during health emergencies characterised by uncertainty and contested information.

## Core Mechanisms of SARF

SARF conceptualises risk communication as a multi-stage process in which risk signals are selectively emphasised, simplified, dramatised, or downplayed as they move through communication networks (Kasperson et al., 1988). These interpretive processes may produce risk amplification, where public concern is heightened, or risk attenuation, where perceived risk is minimised or normalised (Renn, 2011). Both outcomes are understood not as communication errors but as socially patterned results of interaction between institutional practices, cultural narratives, and communication structures (Pidgeon et al., 2003). Central to this process are amplification stations—individuals, organisations, or platforms that receive and transmit risk signals while shaping their meaning through mechanisms such as framing, repetition, and credibility signalling (Renn, 1991; Renn et al., 1992). Because credibility has been examined as an integral element of amplification stations in the health domain (Boyd & Jardine., 2011; Boyd & Jardine., 2011; Fjaeran & Aven, 2021), the present paper incorporates media credibility as a key characteristic of amplification stations shaping how audiences interpret risk information.

## Justification of applying SARF

SARF has been widely applied to infectious disease and pandemic contexts, including COVID-19 (Wirz et al., 2018; Mzoughi & Garrouch, 2021; Angela & Cozma, 2022), demonstrating that risk perceptions are shaped less by the objective magnitude of a hazard than by the social and communicative processes surrounding it. However, existing SARF applications to COVID-19 have paid relatively limited attention to the role of misinformation—particularly conspiracy theories—in reshaping risk signals. Conspiracy narratives may reinterpret risk information by questioning the severity of the threat or undermining trust in official sources, thereby contributing to the attenuation of perceived risk. Building on these considerations, the present conceptual paper extends SARF by positioning media credibility as a defining feature of amplification stations and COVID-19 conspiracy theory beliefs as a form of misinformation that distorts risk signals, together shaping public risk perception during the pandemic. This integration offers a theoretically grounded account of how credibility and conspiracy beliefs jointly amplify or attenuate risk perception across differing information environments, such as China and Tanzania.

## Proposition Development

### Traditional Media Credibility to Belief in COVID-19 conspiracy theories

Traditional media—television, radio, and newspapers—are associated with institutional routines such as editorial review and fact-checking that signal verification and accountability (Hovland, 1953; Shoemaker & Vos, 2009). During public health emergencies, they act as major amplification stations in SARF terms, transmitting official updates from governments and health authorities, and shaping public attention through agenda-setting and gatekeeping (White, 1950; Camaj, 2014).

Because credibility increases message acceptance and reduces reliance on alternative explanatory communities, stronger trust in mainstream media has been linked to lower endorsement of conspiracy narratives, while distrust fosters openness to them (Tsfati, 2003; Radu & Schultz, 2017; Marmura, 2014). Since governments generally rely on scientific explanations about COVID-19, credible traditional media are expected to reduce belief in conspiracy theories—though this effect may differ between China and Tanzania given their contrasting media systems and climates of public trust.

Proposition 1a: Traditional media credibility has a negative effect on belief in COVID-19 conspiracy theories.

Proposition 1b: There is a significant difference in the effect of traditional media credibility on belief in COVID-19 conspiracy theories between respondents in China and Tanzania.

### Traditional Media Credibility to Belief in COVID-19 conspiracy theories

Unlike traditional media, social media enables decentralised content creation and rapid diffusion through personal networks and algorithms, often without editorial verification (Brennen et al., 2020; Su et al., 2021). In SARF terms, it functions as a high-velocity amplification system where risk signals are intensified through repetition, emotional framing, and peer endorsement.

When social media is perceived as credible, users more readily accept peer- or influencer-shared content as authentic even without scientific verification (Harff, Bollen, & Schmuck, 2022). This dynamic especially relevant to conspiracy narratives that thrive on identity-based appeals and simplified explanations under uncertainty (Craig & Sadovykh, 2022; Shin et al., 2017). Empirical evidence links social media trust to greater exposure to misinformation and higher endorsement of COVID-19 conspiracy claims (Mulukom et al., 2021). Higher perceived social media credibility is therefore expected to increase belief in COVID-19 conspiracy theories, though platform governance and information controls in China and Tanzania may shape this effect differently.

Proposition 2a: Social media credibility has a positive effect on belief in COVID-19 conspiracy theories.

Proposition 2b: There is a significant difference in the effect of social media credibility on belief in COVID-19 conspiracy theories between respondents in China and Tanzania.

### Belief in COVID-19 conspiracy theories to Risk perception of COVID-19

Conspiracy beliefs tend to surface during public health emergencies, when events feel threatening and information appears incomplete. Broadly, they explain major events by attributing them to hidden actions by powerful groups, often against official or scientific accounts (Douglas et al., 2019). During early COVID-19, such narratives spread rapidly and claimed the virus was deliberately created, released, or covered up (Gogarty, K., & Hagle, 2020). Although their reach should not be overstated (Sutton & Douglas, 2020), many people endorsed at least some of them (Sanders, 2020). By portraying governments, scientists, and health agencies as dishonest or self-serving (Rutjens et al., 2021), these narratives weaken institutional trust and make official guidance easier to reject (Mulukom et al., 2021; De Coninck et al., 2021).

Within the Social Amplification of Risk Framework (SARF), conspiracy narratives act as risk signals processed through "social stations" that amplify or attenuate perceived risk (Kasperson et al., 1988). When they frame COVID-19 as exaggerated or fabricated, they contribute to risk attenuation, making the hazard seem less severe or personally relevant. This effect was supported by evidence linking conspiracy endorsement to lower perceived threat, severity, and vulnerability (Freeman et al., 2022; Earnshaw et al., 2020; Romer & Jamieson, 2021). This relationship may nonetheless vary between China and Tanzania, given their differing communication strategies, information visibility, and institutional trust during the pandemic.

Proposition 3a: Belief in COVID-19 conspiracy theories has a negative effect on risk perception of COVID-19.

Proposition 3b: There is a significant difference in the effect of belief in COVID-19 conspiracy theories on risk perception of COVID-19 between respondents in China and Tanzania.

The theoretical framework of the study is shown in below figure 1:

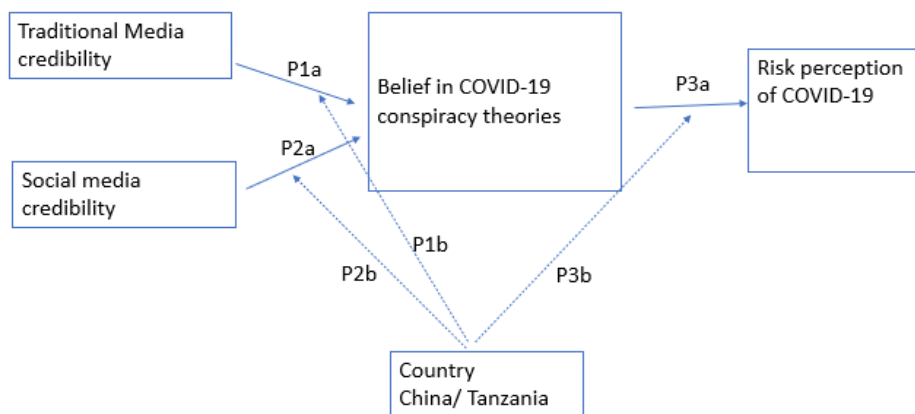


Figure 1 theoretical framework

## RESEARCH METHOD

This paper is a conceptual work that puts forward a set of research propositions aimed at understanding risk perception during public health emergencies. The proposed conceptual model is intended to be examined empirically in subsequent studies. To statistically validate the model, it will be necessary to measure respondents' perceptions of traditional and social media credibility as well as their risk perception of COVID-19. A survey-based approach is therefore considered the most appropriate method for capturing media users' perceptions, in line with prior studies that have similarly relied on surveys to investigate risk perception (Hughes et al., 2022). The empirical process would involve determining an appropriate sampling technique, developing suitable measurement instruments, and applying relevant data analysis procedures.

Regarding the sampling technique, the target respondents of this study are media users in China and Tanzania. Because the target population is extremely large, geographically dispersed across two countries, and lacks a complete sampling frame from which individuals could be randomly selected, a non-probability sampling approach was deemed the most appropriate and practical option for recruiting participants (Creswell & Creswell, 2017; Etikan, Musa, & Alkassim, 2016). More specifically, this study adopted a combination of purposive and quota sampling techniques.

With respect to the measurement of constructs, the items in this study can be adapted from previously validated scales in the literature. Traditional media credibility can be measured using items adapted from (Meyer, 1988), while social media credibility can be drawn from Li & Zhang (2018). The measurement of belief in COVID-19 conspiracy theories can be adapted from Constantinou et al. (2020), Su et al. (2021), De Coninck et al. (2021), La & Katz (2022), and Uchechukwu et al. (2021). For risk perception of COVID-19, which comprises the sub-dimensions of risk severity and risk vulnerability, items can be adapted from Rosi et al. (2021). All items will be slightly modified to fit the COVID-19 context and the two study settings (China and Tanzania). Table 1 summarises the constructs in the proposed framework together with their original and modified measurement items.

For data analysis, this study proposes a two-stage approach using SPSS and Partial Least Squares Structural Equation Modelling (PLS-SEM). SPSS will first be used for data screening, descriptive statistics, and preliminary reliability checks. PLS-SEM will then be applied to test the proposed model, as it is well-suited for complex structural models (Hair et al., 2019). Following Hair et al.'s (2019) two-step procedure, the measurement model will be assessed for reliability and validity, after which the structural model will be tested via bootstrapping to examine the proposed propositions across the China and Tanzania samples.

Table 1 Variables and Measurement Items

| Variable                             | Original Items                                                                                | Modified Items                                                                                                       | Sources           |
|--------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Traditional media credibility</b> | Newspapers are:                                                                               | I think, in reporting “Covid-19”, generally, newspapers, TVs, and radios in China (Tanzania)                         | Meyer (1988)      |
|                                      | 1. fair-Unfair                                                                                | 1. are fair                                                                                                          |                   |
|                                      | 2. Unbiased-biased                                                                            | 2. Unbiased                                                                                                          |                   |
|                                      | 3. Tells the whole story- Doesn’t tell the whole story                                        | 3. tell the whole story                                                                                              |                   |
|                                      | 4. accurate – inaccurate                                                                      | 4. accurate                                                                                                          |                   |
|                                      | 5. can be trusted -can’t be trusted                                                           | 5. can be trusted                                                                                                    |                   |
| <b>Social media credibility</b>      | Overall dimension:<br>How do you rate following attributes of social media in China/Tanzania? | Generally, I think regarding the topic of “Covid-19”, social media in China (Tanzania) possess following attributes: | Li & Zhang (2018) |
|                                      | 1. fairness                                                                                   | 1. fairness                                                                                                          |                   |
|                                      | 2. Unbiasedness                                                                               | 2. Unbiasedness                                                                                                      |                   |
|                                      | 3. Completeness                                                                               | 3. Completeness                                                                                                      |                   |

|                                               |                                                                                                      |                                                                                                                |                            |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------|
|                                               | 4. Trustworthiness                                                                                   | 4. Trustworthiness                                                                                             |                            |
|                                               | 5. expertise                                                                                         | 5. expertise                                                                                                   |                            |
|                                               | 6. accuracy                                                                                          | 6. accuracy                                                                                                    |                            |
|                                               | 7. overall believability                                                                             | 7. overall believability                                                                                       |                            |
| <b>Belief in COVID-19 conspiracy theories</b> | 1. There is already a vaccine for COVID-19 and will be released when millions are infected           | 1. There was already a vaccine for COVID-19 but only released when millions were infected                      | Constantinou et al. (2020) |
|                                               | 2. Deaths from COVID-19 in Italy, Spain, and USA are not as many as reported                         | 2. Deaths from COVID-19 in the world are not as many as reported                                               |                            |
|                                               | 3. Most countries' presidents are in a conspiracy to keep us home so they can pass unwanted policies | 3. Most countries' presidents were in an agreement to keep people at home so they could pass unwanted policies |                            |
|                                               | 4. With COVID-19 vaccinations we will be microchipped unwillingly                                    | 4. COVID-19 vaccinations will secretly implant microchips into people without their consent.                   |                            |
|                                               | 5. Vaccinations before the age of 3 cause autism                                                     | 5. Getting COVID-19 vaccine before the age of 3 leads to the development of autism.                            |                            |
|                                               | 6. COVID-19 was created on purpose in a laboratory by scientists                                     | 6. Unmodified                                                                                                  |                            |
|                                               | 7. swine flu was created by pharma companies                                                         | 7. Covid-19 disease was deliberately created and spread by pharma companies to make money                      |                            |
|                                               | 8. The COVID-19 is a weapon of the biological warfare used by foreign countries                      | 8. unmodified                                                                                                  | Su et al. (2021)           |
|                                               | 9. The dissemination of the COVID-19 is due to a virus leak in a laboratory                          | 9. unmodified                                                                                                  |                            |
|                                               | 10. There is a link between 5G technology and the coronavirus                                        | 10. unmodified                                                                                                 | De Coninck et al. (2021)   |
|                                               | 11. COVID-19 vaccine can cause male infertility                                                      | 11. unmodified                                                                                                 | La & Katz (2022)           |
|                                               | 12. COVID-19 vaccine can cause male erectile dysfunction                                             | 12. unmodified                                                                                                 |                            |

|                                    |                                                                                                                                      |                                                                                                               |                           |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------|
|                                    | 13. COVID-19 was designed to reduce world population                                                                                 | 13. unmodified                                                                                                | Uchechukwu et al., (2021) |
| <b>Risk perception of COVID-19</b> | <i>Risk severity</i>                                                                                                                 | <i>Risk severity</i>                                                                                          | Rosi et al. (2021)        |
|                                    | 1. How severe do you think COVID-19 is?                                                                                              | 1. I think COVID-19 is severe.                                                                                |                           |
|                                    | 2. How awful it would be if you were to be diagnosed with COVID-19 in the next 12 months?                                            | 2. If I were infected with COVID-19, it would be very awful.                                                  |                           |
|                                    | 3. How harmful is COVID-19 for my health?                                                                                            | 3. If I were infected with COVID-19, it would be very harmful for my health.                                  |                           |
|                                    | <i>Risk vulnerability</i>                                                                                                            | <i>Risk vulnerability</i>                                                                                     |                           |
|                                    | 1. In general, how much do you think you are susceptible to getting COVID-19?                                                        | 1. I think I was susceptible to getting COVID-19 during the pandemic.                                         |                           |
|                                    | 2. How likely is it that you will be diagnosed with COVID-19 in the next 12 months?                                                  | 2. I think I was likely to be diagnosed with COVID-19 during the pandemic.                                    |                           |
|                                    | 3. how likely is it that you will be diagnosed with COVID-19 in the next 12 months, compared to others of your sex and age in Italy? | 3. Compared my sex and age to others, I think I was likely to be diagnosed with COVID-19 during the pandemic. |                           |

## CONCLUSION

This study conceptualises public risk perception during a health emergency as being shaped by two key influences: media credibility and belief in health-related conspiracy theories. Building on this conceptualisation, the paper proposes a comparative study model, grounded in the Social Amplification of Risk Framework (SARF), that offers both theoretical and practical contributions to understanding how risk is perceived across different information environments.

## Theoretical Implications

Theoretically, this study will contribute to the Social Amplification of Risk Framework (SARF) (Kasperson et al., 1988) by incorporating media credibility and belief in conspiracy theories as central variables within the risk communication process. While earlier SARF-based studies of public health crises have primarily examined collective societal responses generated by amplification or attenuation stations (e.g., Lewis & Tyshenko, 2009; Busby & Duckett, 2012; Wirz et al., 2018), they have paid comparatively little attention to how misinformation operates within these amplification dynamics. Considering that conspiracy theories can "deter effective preventative behaviours" (Vraga et al., 2020, p. 47), this study proposes examining the amplifying or attenuating role of conspiracy beliefs in shaping risk perception. In doing so, it will contribute to broadening the explanatory scope of SARF by integrating negative regulatory factors into the analysis of risk communication, offering a more comprehensive theoretical account of how credibility and misinformation jointly condition public risk perception during health emergencies.

## Practical Implications

Practically, the findings of this study are expected to offer actionable insights for government and policy makers, media institutions, and the general public in both China and Tanzania. For government and policy makers, understanding how media credibility and conspiracy beliefs shape risk perception can inform the design of digital literacy initiatives and risk communication strategies that mitigate misinformation during health crises (Vraga et al., 2020)—with Tanzania potentially prioritising community-based literacy programmes and China strengthening transparency within existing media governance frameworks. For media institutions, the findings can guide evidence-based communication practices that leverage credibility to build public trust and counter conspiratorial narratives, helping practitioners balance institutional constraints with audience trust-building across contexts of differing press freedom (Tsfati, & Cappella, 2003; Hellmüller & Trilling, 2012). For the general public, the results can enhance awareness of how conspiracy theories distort risk perception and health behaviours, empowering individuals to make informed decisions during crises (Soveri et al., 2021). Collectively, these insights contribute to more resilient public health communication systems in both countries, where misinformation continues to hinder effective pandemic response and preparedness.

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