



INFLUENCE OF MEDIA ON RISK PERCEPTION DURING THE COVID 19 PANDEMIC: EVIDENCE FROM THAILAND

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Abstract - This empirical study of the effects of media on risk perception during the Covid 19 pandemic in Thailand was carried out during the first 9 months of the Covid pandemic from March-December 2020. Media as a tool and medium for public consumption of information is becoming more complex with more diverse outlets and mediums. However, during the Covid pandemic, especially the early phase, media was in conformity with government sources to get fast, accurate and up to date information to the public. This study finds that during the pandemic people's consumption of information were similar.. Their perception of the trustworthiness of the source did influence their behaviors in order to mitigate risk associated with Covid as a deadly pathogen. Lastly, while sources of information were similar, the occupation of the consumer had a marked impact on their risk mitigation behavior.

Keywords: Risk Perception; Media and Risk; Covid 19; Covid Pandemic; Health Crisis and Risk

INTRODUCTION

According to WHO (2013), an emerging infectious disease outbreak is considered as the appearance of disease that is not generally expected to exist in a particular community, geographical area, or time period. Emerging infectious diseases can be either diseases that were previously unknown such as Ebola, or existing diseases that spread to new areas/regions such as West Nile Virus (Holmes, 2008). On December 31, 2019, the Wuhan Municipal Health Commission of China announced that they have found a cluster of suspected cases of pneumonia in the Wuhan city, Hubei Province. These suspected cases eventually turned out to be the novel coronavirus. Coronavirus Disease-19 (Covid-19) has significantly and completely altered the life of people around the world. On March 11, 2020, the World Health Organization officially declared the COVID-19 disease as a global pandemic. As of January 2021, there were more than 100 million confirmed cases, and more than 2 million people died from effects of Covid infection around the world.

COVID-19 also rapidly spread in Thailand. In March 2020, the report from the Department of Disease Control in Thailand revealed that there were more than 20,000 confirmed cases, and around 80 people had died from the disease. Starting from January 2020, Thailand was considered a hotspot for the virus. Due to the high number of infections both in Thailand and around the world Covid-19 raised considerable anxiety and panic among the population. The Thai government employed many policies to combat the virus.

The Thai government utilized a containment strategy which was adopted at the beginning of the pandemics' spread. The government intensified its control measures by declaring a nationwide "State of Emergency" to mitigate the spread of Covid-19. Within 2 months, Thailand reduced its global infection rate. However, the government did not relax restrictions. Social distancing policies remained strictly enforced and practiced throughout the country. Free alcohol cleansing gel was available throughout all public areas. Facial masks are worn by most all when in public.

When any public health issue emerges, it is necessary to communicate the health information to the public so that they can understand and respond effectively. The media disseminated information has played a significant role in affecting the risk perception and anxiety of the public during the spreading of this pandemic (Brug et al., 2004). There is evidence that people have a tendency to interpret information depending on their information processing mode (Kosicki & McLeod, 1990; Eveland, 2005). Thus, the way people process all information is likely to influence their perception and



cognition, such as perception of risk of particular issues (Lee & Oh, 2013). It is important for individuals in the case of public health issues to feel or believe that they can confidently cope with public health conditions. This belief can influence how people form and their perception of risk. There are extensive debates discussing risk perception during the Covid-19 situation globally, but when it comes to Thailand, there are few studies. This study then attempts to fill the gap by examining the influence of the media on Thai people's risk perception during the Covid-19 outbreak in Thailand. This study is beneficial in that it can help improve people's understanding of the influence/impact of the media on the formation of risk perceptions during an infectious disease outbreak.

THEORETICAL FRAMEWORK

During the Covid pandemic, people around the world including Thailand adopted the widespread practice of using hand sanitizer, social distancing and wearing face masks to prevent the spread of the virus. But while some individuals strictly follow the restrictions, others ignore or delay following the rules and regulations. The fact that some individuals act so differently indicates that the risk perception relating to this pandemic strongly differs between different individuals and other factors. The authors believe that this arises from risk perception which may be a strong determinant or modifier of human behavior.

H1: The more frequently the public are exposed to media coverage of the Covid-19 situation, the stronger their perceived risks are.

Social Amplification of Risk Framework or SARF was developed to explore the implications of interactions between risk communications, media attention, and the public responses, this conceptual framework then was developed (Frewer, Miles, and Marsh 2002). SARF seeks to understand how risk information spreads between different social actors and how people react to and process the information. Thus, it leads to amplified (increase) or attenuated (decrease) public risk perception and related social impacts. In mediatized societies, the public perceive and understand about risks from media in most cases, and the bulk of media coverage appears to stress the risks embedded in the issue under examination (Kasperson et al., 1988). This makes mass media a major influence that has an amplification impact on people's risk perception. Studies have found that the frequent exposure of people to media coverage of health risk-related events strengthens their risk perceptions. In short, the media coverage has a tendency to increase the magnitude of their perceived risks if people are frequently exposed to news (Wahlberg & Sjoberg, 2000). Some studies about health risk-related have shown that there was a positive relationship between the frequency of media exposure and people's risk perceptions during the smoke haze in Singapore (Ng et al., 2018).

H2: Media exposure positively increases perceived efficacy and vulnerability which lead to the increase in people's risk perception and level of protective behaviors.

Protection Motivation Theory (PMT) assumes that adopting protective behavior against any health threats is largely dependent on personal motivation for self-protection. People are more likely to protect themselves when they encounter negative consequences, to have the desire to avoid those situations, and to feel that they have capabilities to adopt preventive measures. In PMT, fear is appraised to predict and encourage protective behaviors and explain the cognitive processes involved in threat and coping appraisals (Roger, 1975). Threat appraisals consist of 3 factors: perceived severity, perceived vulnerability, and perceived rewards (belief in positive aspects of risky events) (Roger, 1975). Thus, if the perceived severity and vulnerability are high, and the perceived rewards are low, there is a stronger motivation for engagement in health-promoting behaviors. Coping appraisals involve 3 factors: response efficacy, self-efficacy, and the response costs (Roger, 1975). Previous research found that response efficacy and self-efficacy are expected to increase the coping appraisals, while response cost is expected to decrease it (Taheri et al., 2020). In general, fear acts as a mediator between vulnerability, severity, and threat appraisal. As a consequence, if people feel vulnerable to hazard events, their level of fear will increase and they tend to be motivated to adopt some preventive behaviors (Rad et al., 2021). The theory can be suggested that risk perception and adoption of personal protective behavior increase when people have reason for concern.



DEFINITION AND PERSPECTIVES OF RISK PERCEPTION

The existing literature on the topic of influence of media on risk perception of people can be categorized into four main themes: definitions of risk perception, dimensions of risk perception, factors influencing risk perception, media and risk perception.

The existing literature related to utility theories in economic and psychology gave the definition of risk as the product of people's assessment of the intensity and likelihood of negative outcomes (Loewenstein et al., 2001; Slovic, 2016). Another study mentioned that risk perception involves the subjective judgement or assessment of people about the probability of unfortunate consequences such as diseases, illness, and death (Slovic, 1987). Le and Arcodia's (2018) define risk as the sum of outcomes instead of the product of the outcomes. Risk perceptions are considered as significant determinants of health and risk related decisions in how people care about them and how they deal with them. Several health behavior theories apply risk perception as a central part of their studies. For example, health belief models (Rosenstock, 2005), self-regulation models (Leventhal, Meyer, & Nerenz, 1980), and protection motivation theory (Rogers, 1975), all of which have been developed specifically to predict health behavior.

Dimensions of Risk Perception

Previous studies have shown that there are two main dimensions of perceived risks; the cognitive and emotional dimensions (Dohle, S., Keller, C., & Siegrist, M. 2010; Coleman, 1993; Dunwoody & Neuwirth, 1991). These two dimensions are significant in that they help contribute to shaping people's perception of risk characteristics (Coleman, 1993; Dunwoody & Neuwirth, 1991). The cognitive dimension is usually associated with the probability and severity of consequences which are evaluated based on available scientific information and objective assessment (Bonnet et al., 2012; Lee et al., 2010). The cognitive dimension includes knowledge, familiarity and controllability. Knowledge can be explained as perception of the public in regard to how well they know of a risk (Slovic, 1999). First, people are more likely to consider events to be risky if they are unknown or unfamiliar with those events (Chung & Yung, 2013). Second, familiarity can be defined as how people become accustomed to a risk (Slovic, 1999). Last, controllability is people's perception of how confident they are towards control of the hazard. If people believe that they are able to control the risky events, they will consider it as less dangerous (Renn, 2006).

Alternately, the emotional dimension expresses the feeling of worry, concern, and dread about a hazard (Coleman, 1993; Lee et al., 2010). The emotional dimension includes dread and immediacy. Dread is described as a fearful reaction that occurs when people perceive the consequences of encounter with a hazard to be extreme. People who experience more dread are more likely to perceive a hazard as having greater risk (Slovic, 1987). Immediacy is defined as the extent to which the effect is immediate or might occur at some later time (Marris et al., 1997, p. 303). It has been argued that immediacy should be grouped with cognitive or emotional dimension. Emerging infectious diseases are usually perceived to have more immediate consequences than ordinary diseases. It typically attracts widespread media coverage, which helps to make the public aware of the disease and its effects over a limited period of time (Reynolds & Seeger, 2005). Within this context, evaluating the immediate effects may not be part of a cognitive process. The previous study has suggested that immediacy is considered as the emotional dimension that is closely linked to the perception of a disease's possible harmfulness (Sandman, 1989)

FACTORS INFLUENCING RISK PERCEPTION

There are multiple factors that can influence risk perception. Some demographic variables can have an influence on risk perception and other behaviors during the pandemic. During the SARS pandemic in Hong Kong Lau et. al. revealed that women and the elderly were more likely to take precautions against SARS (Lau et al, 2003). During the Covid-19 pandemic, the trend of greater risk perception among women has already been noticed in the survey of 10 countries and 3 continents (Dryhurst et al., 2020). Capraro and Barcelo (2020) stated that in the United States, women were more likely to have an intention to wear face masks because of the greater perceived risk. As well as in Germany, Gerholds' study revealed that women were more concerned about the Covid-19 than men, but age



played a role as well with older people perceived the risk as being less than younger people (Gerhold, 2020).

Huynhs' study from Vietnam examined the role of socioeconomic factors and the use of social media on the risk perception during the Covid-19 pandemic. The study found the habit of searching for information and frequency of using social media increases people's risk perception (Huynh, 2020). Jahangiry et. al. study of Iran's population showed similar results in which socioeconomic and demographic factors were the main determinants of people's risk perception during the Covid-19 pandemic (Jahangiry, et al., 2020).

Media and Risk Perception

Media is considered as a primary medium for delivering thematic and detailed explanations about risks and hazards. Information is argued to influence the cognitive dimension of perceived risk (Fung et al., 2011). Traditional media such as television, radio, and newspapers are often chosen to be the primary sources of information when obtaining the details about the health hazard (Coleman, 1993; Morton & Duck, 2001; Dudo, Dahlstrom, & Brossard, 2007; Paek, Oh, & Hove, 2016). As people rely on the media as a source of information, the media then plays a considerable role to help people understand and shape their perception of risks. Chang has been found that television exposure to H1N1 flu is correlated with the development of people's risk perception of a possible pandemic (Chang, 2012). Fung et. al. has linked the cognitive dimension and people's perception of risk. Fung et. al. argues that as media coverage of disease increases, the public will be more likely to recognize the prevalence and seriousness of the disease being reported (Fung et al., 2011).

Globalization has caused a shift in technologies associated with communication, there is increased use of social media such as Facebook, Instagram, and Twitter as health information sources (Mano, 2014; Lin et al., 2016). Social media transforms the way people interact with media in which they are able to obtain and share health information from others. Also, they can post their own health-related information or comments as well as joining the health-related group in order to keep updated with the news (Fox, 2011). Davies (2009) revealed that people used social media as a public discussion platform in order to discuss and exchange information during the H1N1 flu outbreak. In addition, it is evident that people's risk perceptions of health-related issues can be influenced by social media (Chung, 2016). Social media can also have an influence on people's emotional perception in terms of the feeling of worry, anxiety, and fear toward the disease (Chew and Eysenbach, 2010; Signorini, Segre, and Polgreen, 2011).

Many studies have shown the association between media exposure and risk perception during the pandemic. During H1N1 in South Korea, the researchers found that exposure to news media is positively correlated with the cognitive dimension, but exposure to entertainment media could indirectly affect personal levels of risk perceptions through the emotional dimension (Oh, Paek and Hove, 2015). Another study during Mad Cow disease revealed that reports from the media could affect risk behavior as well as knowledge and attitude toward MCD (Park and Sohn, 2013). During the MERS outbreak, social media exposure was positively correlated to forming risk perceptions among the public (Choi et al., 2017).

Existing literature covers the assessment of risk perception and preventive behaviors, with some having media among their primary factors. Most studies are conducted by employing quantitative approaches. However, there is no relevant study in Thailand about risk perception on the Covid-19 situation. This study then attempts to fill the gap by examining the influence of the media on Thai people's risk perception during the Covid-19 outbreak in Thailand. The central research question in this study is - **How does the media influence Thai people's perception of risks during the Covid-19 situation in Thailand? And How does it affect their lives?** In order to answer the question, the study needs to explore the media channels they use, the information they receive from each channel, and their feelings and/or perceptions towards that information.

METHODOLOGY

Primary data for this study will be qualitative data collection by conducting semi-structured interviews. The qualitative data collection requires approaches on subjectivism which will help gain



an in-depth social understanding by getting the opinions and perceptions of the participants. The qualitative approach is more exploratory interns of understanding at a general level as well as the intensity of perceptions. Semi-structured interviews allow for approaches to gain information which would not be gathered from a rigid structural approach, instead allowing respondents to speak to their thoughts on a particular topic whilst allowing the interviewer flexibility to follow different lines of pertinent inquiry (Henrirk et al, 2020). Secondary data will help support the empirical primary research and enhance analysis of the study. As the situation of the Covid-19 is a recent phenomenal topic in which the number of studies has just been published, this study then required the secondary data relating to the topic to be the supportive information.

PARTICIPANTS AND SAMPLING

This study will employ quotas sampling in which 20 of participants will be selected to participate in interviews. Quotas sampling is considered as a non-random sample selection in which the researcher is able to control the characteristics of the participants. As a non-probability sampling, there is always a chance of personal bias because the researcher is the one who recruits the certain group of participants. However, it allows the researcher to control the qualifications and the knowledge of the interviewees more effectively as this study requires the participants who have experienced the Covid-19 situation in Thailand. In addition, quota sampling helps save time and costs which is important for this research. In terms of participants and population, this study will select the participants who lived in Thailand during the early outbreak of Covid-19. The participants will be divided into five main groups based on the occupations. The researcher will interview 3-5 participants of each group.

1. Local students
2. Medical staffs
3. Office workers
4. Entrepreneurs and solopreneurs
5. Retired people, Self-employed, or freelancers

Semi-structured interview design

There are 19 open-ended questions in total which are divided into three sections. Each section helps answer different aspects of the influence of the media on risk perception.

Section 1 is for demographic background information of the participants. Section 2 aims to explore their general knowledge and understanding about the Covid-19 pandemic. Section 3 looks at the aspects of media exposure. Lastly, section 4 aims to explore people's perception of risks toward the Covid-19 pandemic after they acquire all information from the media. Interview questions will be translated into both Thai and English versions.

Interview questions

1. Demographic Background

- 1.1.1. Gender
- 1.1.2. Age
- 1.1.3. Educational Level
- 1.1.4. Occupation group
- 1.1.5. Which city do you live in during the pandemic?
- 1.1.6. Do you belong to the following groups during the pandemic? (Confirms case/Suspected cases/Close contacts/none)
- 1.1.7. Do you have to work in the front line of dealing with the pandemic?

2. Knowledge of Covid-19

- 2.1. What is Covid-19?
- 2.2. How would you describe the Covid-19 situation?

3. Media Exposure

- 3.1. Where do you receive most information about this pandemic from? Give top three
- 3.2. Why do you choose to get information from those sources?



- 3.3. How often do you keep updated about the news and what information do you keep updated? (State the differences between last year and now)
- 3.4. Do you think the media you consume cover all information about covid-19 that the public needs to know?
- 3.5. What do you think about the way the media is framed (words, image, phrases and presentation)?
- 3.6. How would you feel when you consume those media (anxiety, worry, scared...)?
- 3.7. What types of news about the Covid-19 cause you to feel worried or fear?
- 4. Risk perception**
- 4.1. How likely do you think it is that you will develop or contract a (disease) and Why?
- 4.2. How confident are you that you can prevent/avoid getting COVID-19/flu in case of an outbreak?
- 4.3. How does the media influence your thoughts about this pandemic? And how does it affect your life?

LIMITATIONS

There are some potential limitations needed to be concerned. Due to the outbreaks of Covid-19 in Thailand, face-to-face interviews that would help capture both verbal and non-verbal cues and gain more attention, were not conducted. In addition, due to the time limitations, the sample size of the study is modest. The research has been conducted with the quota sampling method which is divided by 5 occupations, so the study might confront some difficulties and delayed time processing due to the difficulties in recruiting the participants. However, the timeline of the study will be made up in order to make sure that all processes were run on time. However, the researcher will control the process of data collection in order to prevent the bias from influencing results.

Thai Government Measures During the Pandemic

Thailand was praised by the WHO as a good model in surviving the Covid-19 pandemic (WHO, 2020). At the initial phase of the Covid-19, there was widespread fear and panic among the Thai population. The level of trust between the Thai government and the public was very low because of the unstable political situation. However, the country's public health system and infrastructure was quite strong. On January 28, 2020, Thailand became the 2nd highest risk country for the virus, but just after 3 months, Thailand was able to control the spread of the virus and emerged as one of the safest countries regarding the virus. There are several measures that the government adopted to tackle this pandemic which are elaborated on in the following.

Early and intensive airport screening measures

During the immediate pre-crisis period, Thai government implemented its surveillance protocol by fever screening travelers from all direct flights from China to Suvarnabhumi, Don Mueang, Chiang Mai, Phuket, and Krabi airports. The government and the Ministry of Public Health closely monitored the situation at the national and international level. This policy would be known as arrival containment which was based on the assumption that the virus had already spread outside of China.

Nationwide state of emergency decree

On March 25th, 2020, Prime Minister Prayut Chan-Ocha declared a "Nationwide State of Emergency". This emergency decree gives the government full authority to enforce restrictive measures. These measures could include restrictions on movement, curfews, bans on gatherings, and shutting down media accused of spreading false information (Satrusayang, 2020).

NATIONWIDE CURFEW

In April, the Prime Minister announced the increase of measures against Covid-19 ordering a "Nationwide 10 PM to 4 AM Curfew" with the exception of necessary tasks, medical workers, banks, delivery of consumable goods, crops, medicine, medical supplies and equipment, newspapers, fuel, parcels, goods for export or import, transporting people to quarantine sites, those working on the night shift, and those coming from or going to airports with certified documents of travel during this period of time (Crisis24, 2020).



Restriction on traveling

Shortly after the declaration of the Nationwide State of Emergency Decree, the initial restriction was to prohibit foreign travelers from entering Thailand with the exception of Thai citizens, diplomats or representatives of international bodies who have to work in Thailand. Moreover, police officers, transportation officers and district officers set up screening checkpoints for people who were travelling to Bangkok in order to check and find people who might have the Covid-19. The urgent letters were sent to all governors in order to jointly set up the checkpoints at provincial crossings. In the southern border, a checkpoint for Thai people currently in Malaysia to return to Thailand was set up. Later on, during April, the Civil Aviation Authority of Thailand announced a temporary ban on all international flights to Thailand to prevent further spread of the Covid-19 and to maintain the continuity of the prevention and control measures. In addition, each province started to implement lockdown measures by refraining and delaying travel across provinces. In April, there were more than 20 provinces that implemented the lockdown measures (Hua, 2020).

Nationwide prohibition of all alcohol sales

After the cancellation of the Songkran celebration, the Centre for the COVID-19 Situation Administration (CCSA) and the Ministry of Interior, all 77 provincial governors ordered banning alcohol sales in order to help reduce the risk of infection. This policy was implemented based on the concerns that Thai people would gather and drink during the holiday which could lead to a spike in new virus cases (Thanthong-Knight, 2020).

Closing risk places

In Bangkok, all department stores, markets and risk places such as service centers, bars, entertainment spots, sport centers and so on throughout Bangkok were ordered to close with the exception of food zones and drug stores. If people continue to go to crowded places such as entertainment venues, places where they drink and eat together, and parties or meals at beaches and parks, the number of infections will not be reduced.

Applications to track people

The DDC Care application helps monitor and track patients under investigation. The “Thai Chana” (Thai Wins) application was developed to record population movement data for the benefit of contact tracing among risk groups and bringing them into the disease surveillance and investigation process. The data collected from this platform are analysed to guide the development of preventive and control measures. The “Mor Chana” (Doctor Wins) application contains a questionnaire regarding their travel, social, and medical histories to allow users to assess their risk level of getting COVID-19. This application will also be beneficial for medical staff because having patients upload their information on this application will aid quick and safe medical treatment (Promchertchoo, 2021).

Village health volunteers

Village health volunteers were a significant part of primary health care in Thailand for the past four decades. There are more than 1 million village health volunteers across the country, including more than 10,000 volunteers in Bangkok. Tasks for this group of people focus on educating and informing. They help people to understand the causes of the disease and the most effective way to prevent and treat the disease. During the Covid-19 situation, they keep a close eye on anyone entering or leaving the communities, particularly during outbreaks. Furthermore, these volunteers collaborate closely with health authorities at all levels of the district and province. According to the Ministry of Public Health, from 2 to 26 March, volunteers visited 3.3 million households, and between 27 March to 11 April, they visited 8 million additional households to search for potential cases of the Covid-19 infections (Narkvichien, 2020).

TABLE 1: TIMELINE OF THE MEASURES' IMPLEMENTATION

Month and Year	Date
January 2020	
Thailand started screening travelers from Wuhan at the airports	3
Opening of EOC (Emergency Operations Center)	4

Opening of EOC, Ministry of Public Health	22
The screening protocol has expanded to cover all arrival and departure flights at Suvarnabhumi airport	29
February 2020	
Thai prime minister conducted a meeting of the National Committee for Emerging Infectious Disease Preparedness, Prevent and Response	3
March 2020	
Establishment of the Center for COVID-19 Situation Administration.	12
Bangkok announced the closure of all department stores, markets and risk places throughout Bangkok, from 22 March to 12 April 2020	21
The National Communicable Disease Committee sent out an urgent letter to every provincial governor, requesting cooperation in developing an action plan for detection, surveillance and disease prevention at the district and village levels after the temporary closure of Bangkok and its surrounding areas.	22
Khon Kaen and Chiang Mai province announced the temporary closure of areas at-risk	23
Airlines in Thailand temporarily halted their flights including Thai Airways, Thai Smile, Nok Air, Thai Lion Air, Air Asia, VietJet Air, and Bangkok Airways	25
The government declared the “Nationwide State of Emergency Decree” Screening checkpoints for people, passengers, and drivers who were traveling to Bangkok were set up	26
Chachoengsao province announced the temporary closure of areas at-risk	27
Phuket lockdown	30
April 2020	
Nonthaburi province announced the temporary closure of areas The State Railway of Thailand announced to stop operating 22 commercial services	1
The Ministry of Foreign Affairs banned Thais and foreigners from entering the country Surin announced the temporary closure of areas. Satun province lockdown	2
The announcement of the Nationwide curfew 10 pm to 4 am	3
The Civil Aviation Authority of Thailand (CAAT) announced the temporary restriction of all flights entering Thailand Yala lockdown	4
Ratchaburi, Udon Thani announced the temporary closure of areas Songkhla, Chiang Rai province lockdown	5
Mae Hong Son, Nan, Tak, Trat, Satun, Yala, Pattani and Narathiwat provinces lockdown	6
Cancelling of Songkran festival Pattaya and Bueng Kan lockdown	8
Phangnga and Nakhon Phanom provinces lockdown	10
May-December 2020	
Samut Sakhon lockdown for 14 days after finding new active cases from markets	19
Announcement of Rayong being high-risk areas	27
The governor of Rayong announced closing risk places	28
January 2021	
Bangkok announced temporarily closed of 25 risk places	1
The government announced 28 provinces to be the maximum control areas	3



Thai Government’s Communication Strategies

This section aims at providing background on the communication strategies that Thai government used during the Covid-19 pandemic. The main strategy employed by Thai government to communicate is the establishment of the “Center for COVID-19 Situation Administration” or “CCSA”, which was led by the Prime Minister Prayut Chan-Ocha. The CCSA served as a single command center employing a whole of government approach in order to manage the Covid-19 response in a comprehensive manner. The Ministry of Public Health designated a spokesperson to provide the situation update and knowledge of the disease daily through live broadcasting. The main spokesperson for the live broadcasting was Dr. Taweessin Visanuyothin, a psychiatrist. In addition, two more doctors were appointed as assistant spokesperson’s, Dr. Apisamai Srirangsan and Dr. Panprapa Yongtrakul. There were two live broadcasts daily; the first from the CCSA which was broadcast every day at 11.30 AM via NBT channel; and second from the MOPH which was broadcast every day at 3 PM via Facebook live.



FIGURE 1: THE LIVE BROADCAST FROM CCSA



Figure 2: The live broadcast from MOPH

There were three primary media channels that the government uses to communicate with the public, which are Facebook, NBT television channel, and the official MOPH website. Starting from Facebook, there are four main Facebook pages provided by the government to be the sources of information. The four main pages are as follows.

Facebook

ศูนย์ข้อมูล COVID-19 Center

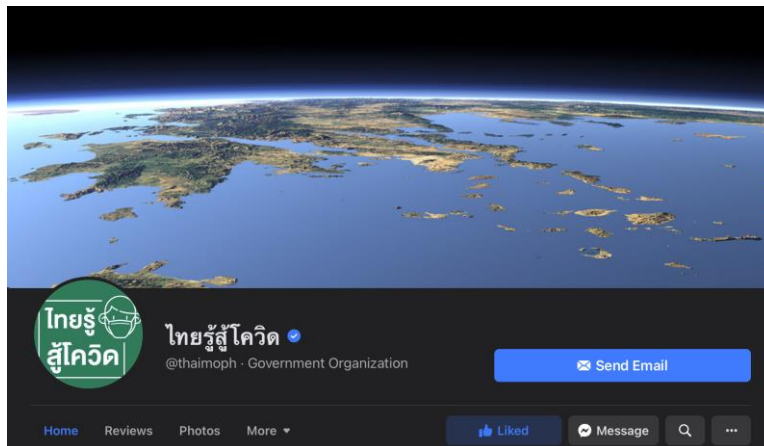
This page is created by the Government Public Relations Department on March 7, 2020. Up until now, March 2021, there are around 1 million people following this page. This channel provided daily and hour updates about the Covid-19 situation in Thailand. It is the most active channel amongst the others. Most information displayed is in the form of infographics which aims at providing the public with the easiest data to understand.



Source: <https://www.facebook.com/informationcovid19>

ไทยรัฐโควิด: Thai Rath Covid

This page is created by the Ministry of Public Health on March 4, 2020. Most information here are quite the same as the ศูนย์ข้อมูล COVID-19, but as observing, some data in this page would be more numeric and specific.



Source: <https://www.facebook.com/thaimoph/>

กระทรวงสาธารณสุข Ministry of Public Health

Below was the official Facebook pages from Thai Ministry of Public Health. Also, it is the main channel for live broadcasting of the Center for COVID-19 Situation Administration. The daily live updates are broadcasted every day at 3 PM. The length of the broadcast is approximately 45 minutes to 1 hour.

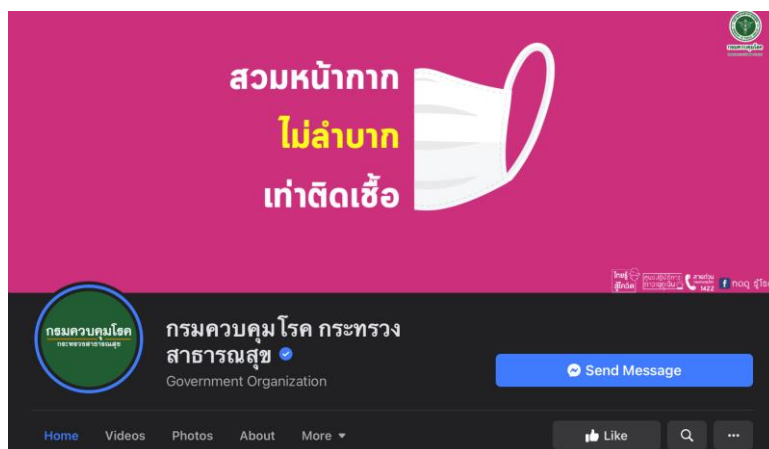


Source: <https://www.facebook.com/fanmoph>

กรมควบคุมโรค กระทรวงสาธารณสุข Department of Disease Control, Ministry of Public Health



Below was the Department of Disease Control. The information provided here is related to medical and public health knowledge, which are more specific and scientific than others. What is same as other channels would be the updated on the number of cases every day.



Source: <https://www.facebook.com/กรมควบคุมโรค-กระทรวงสาธารณสุข-470988516420706/>

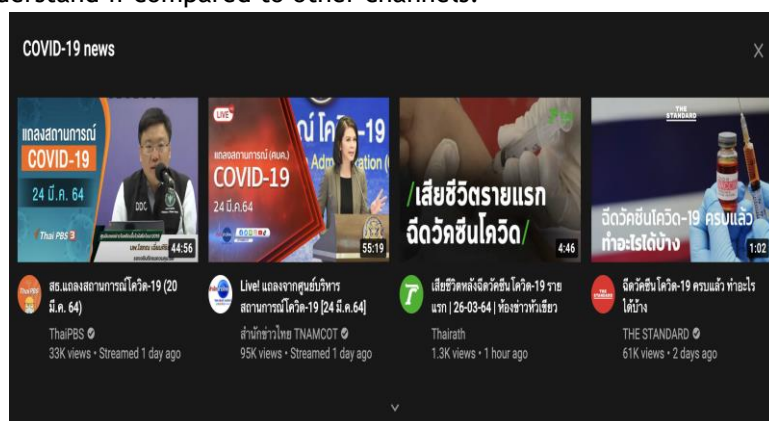
NBT Television Station

Second media channel is the NBT television station. It is the National Broadcasting Services of Thailand. This is the main channel for daily live updates of the CCSA, which is led by the spokesperson, Dr. Taweessin. It is broadcasted every day at 11.30 AM. The length is around 40 to 50 minutes which provides both Thai and English versions. The information is segmented into sections.

- The daily situational report worldwide
- The daily situational report in Thailand including the new number of confirmed cases each day, the number of active cases, the cumulative number of cases, and the total number of recoveries, and the cumulative number of fatalities
- The updated from the government general meeting
- The updated on the measures implemented
- The global news related to the Covid-19 such as vaccines, the Covid-19 test and so on.

MOPH Official Website

The third media channel is the official website from the Department of Disease Control. They created the separate link to the Covid-19 information. The data on this website are quite detailed and might be difficult to understand if compared to other channels.



FINDINGS AND DISCUSSION

The purpose of the findings and discussion of this study is to interpret the data that the researcher has collected during the interview, and also theoretically applied with the existing literature in order to fulfill the researcher questions and achieve the objectives of this study.



Demographic background and media consumption

The results of this study are based on interviews of fifteen Thai person from five different occupation groups, which there are three participants in each group. All participants resided in Thailand during the outbreak of the Covid-19.

Table 2: Demographic of participants

		Age	Gender	Consumption		
1	Participant A	20	F	Facebook	BBC News	Twitter
1	Participant B	23	F	Facebook	Line Group	
1	Participant C	23	M	Facebook	BBC News	Twitter
2	Participant D	26	F	Facebook	Twitter	Television
2	Participant E	55	F	Facebook	Thai online newspaper	Television
2	Participant F	25	M	Facebook	Line (Hospital group)	Instagram
3	Participant H	20	F	Facebook	BBC	Instagram
3	Participant I	24	M	Facebook	Thai online newspaper	Twitter
3	Participant J	30	M	Facebook	Instagram	Television
4	Participant K	28	M	Facebook		
4	Participant L	35	M	Facebook		
4	Participant M	45	M	Facebook	Television	
5	Participant Q	29	M	Facebook	Twitter	
5	Participant R	24	M	Facebook	Youtube	Blockdit
5	Participant S	32	F	Facebook	Twitter	

Group 1 are university students. 1 male and 2 females are selected. All of them are university students between 20-23 years old. The findings show that Facebook is the most popular channel for this group, following BBC online news and Twitter. Both participants A and C choose BBC news as their main sources of global news updates.

Group 2 are the medical staff. 1 male and 2 females are selected. Still, Facebook is the most consumed channel for them. Interestingly, 2 out of 3 participants in this group choose television as one of their media channel consumption. Participant D said that she still watches television because it is one part of her everyday life. For instance, she said that “when I work at the hospital, televisions are everywhere so I cannot avoid it, so when I have a break, I sometimes watch it.” (Participant D, 2021). Similarly, participant E said that watching television is her habit, so she still watches it every morning.

Group 3 are office workers. 1 female and 2 males are selected. All of them are office workers in private companies, which at the time of interview, there was no work from home policy. They all have to go outside for work. Facebook is still the main channel for them to receive the news. Participant J who chooses television claimed that “during the 1st phase, everyone needed to stay at home, right...so when I stayed at home, I watched TV every morning.” (Participant J, 2021).



Group 4 are entrepreneurs. 3 males are selected. All of them have their own businesses, which can be considered as small businesses. 2 participants consume information and news from only Facebook. They believed that Facebook could cover everything, so they do not need to consume from other channels. For participant M, he said that he would watch television only when there was a lockdown, but after the lockdown, Facebook is his main platform.

Group 5 is freelancers. 1 female and 2 males are selected. All participants in this group choose Facebook as their main channel, followed by Twitter, YouTube, and Blockdit. From 15 participants, there is only 1 participant mentioning Blockdit. Participant R said that “it is a new social media platform in which there will be only news, knowledge or articles without fake news.” (Participant R, 2021).

By interpreting the data, it seems that ages are not the influential factor in choosing the media platforms. Even though the participants who are older such as participant E (55 yrs.) and participant M (45 yrs.), their main channel of consumption is still Facebook as same as the younger generation. Also, the findings suggest that the main reason why people choose television is not because of its fast and accurate information. Instead, it is because they are forced to stay at home or being where television is available, so television then becomes to play a significant role. Moreover, gender does not make any significance in influencing the media consumption during this pandemic according to the findings.

Knowledge and understanding of the Covid-19

This part of the interview question will examine the knowledge and understanding of the participants about the Covid-19 pandemic and its situation. 2 questions were asked based on the participants’ responses; What is the Covid-19? and How would you describe the Covid-19 situation? In this section, it is quite obvious that most of the participants have some broad and general knowledge about this situation. They all knew that the Covid-19 is one kind of virus that can spread easily, and they could prevent it by wearing masks. Some participants also mentioned that this virus can damage lungs when they get infected. However, participants who belong to the medical staff group could give more specific details and information. For instance, participant D said that “This virus can cause the infection in your respiratory system and also affect other systems as well. The symptom is very versatile from dry cough, high fever up to severe respiratory distress.” (Participant D, 2021). Similarly, participant E claimed that “As it is the new emerging infectious disease, it allows the virus to spread more easily, and people also don’t have immunity to this disease. For the symptom, it is similar to normal flu, having fever, cough but the most different symptom from normal flu would be your sense of smell and taste will be destroyed.” (Participant E, 2021). Moreover, some participants mentioned the origin of this virus that came from bats and from Wuhan, China.

When the researchers asked them to describe the Covid-19 situation, participants mostly talked about the negative consequences they faced during the pandemic. For participants who have their own business, they claimed that this pandemic caused the disruption to their business. Participant K said that “this pandemic forces a lot of business to change or adapt themselves to the crisis like everything needs to change from offline to online 100%.” In addition, they claimed that this crisis was even worse than the Tom-Yum-Kung crisis because it does not only affect the business but also people’s mental health.

Discussion

By interpreting the data, this would support the ideas that risk perception is usually shaped by one’s knowledge. It is associated with the cognitive dimension of risk assessment. If people are unknown or unfamiliar with the events, they are more likely to perceive events to be risky (Chung & Yung, 2013). In this study, it is evident that all people know some basic information about the Covid-19. They know what the Covid-19 is, how it can spread, and how to prevent themselves. These findings imply that the media play a constructive role in shaping the knowledge of Thai people. It helps reduce the probability and uncertainty about the disease. However, assessing knowledge might offer a limited explanation of the influence on risk perception. Only knowledge might not be enough to ensure the risk perception of people. It needs to consider the



understanding of people from what they have received so far. The findings show some knowledge gaps between different groups of people. These knowledge gaps, if not addressed urgently, may lead to serious consequences for the public. It is important that public health interventions incorporate COVID-19-related education for different groups. The government also needs to investigate the specific knowledge needs so that it can help shaping one's risk perception effectively.

Media channels, frequency and coverage of consumption

For this part, the participants were asked to list the media channels/platforms they use in order to receive the news or information about the Covid-19 situation. In order to understand the influence of the media on one's perception, exploring the channels they consume is crucial. Also, participants were asked about the frequency of media consumption comparing between the first phase of the outbreak and now. Facebook is the first platform that all fifteen participants choose. It is the most convenient channel and always up to date. For instance, participant J said that "Facebook it's also real time which makes it very accessible." (Participant J, 2021). Participant B also supported that "it's fast and self-updated so I can keep up with them... you can find everything on Facebook...I think like they share their information to every channel they have including Facebook, so I don't need to go to many sources." (Participant B, 2021).

Six participants also keep updated with the news through Twitter and 3 participants used Instagram. These social media are considered to be daily platforms that participants use every day. Thus, the information they acquire through these platforms is not their intention to search for it, but they just acquire through their timeline of everyday use. By using Twitter, most participants search for news through #hashtags about the Covid. For those who choose Instagram supported that "like from Instagram I heard it from friends who post in their stories." (Participant C, 2021). Four participants consumed traditional media such as television to keep updated with the news. They claimed that television was their main source of information during the first phase of the Covid-19 in Thailand because everyone could not go outside. Thus, by staying at home all day and every day, watching television was the easiest way. For participants who did not choose television as their main sources claimed that sometimes, information from television was not real time, and they could not choose information they would like to know instantly. Participant J supported that "on the tv, sometimes it is quite hard to catch all information you receive, and I think it needs to be interpreted more than on social media." (Participant J, 2021). Three participants mentioned global online newspapers such as BBC as a main channel for them to get the global news and information related to the Covid-19 situation. They believed that BBC posts a standard when reporting the global news. Participant A supported that

...in order to keep updated on the worldwide pandemic situation the broadcasting company like BBC will be able to give better information. (Participant M).

The researchers also asked the participants about the frequency of media consumption. This question could help understand the intensity of influence of the media on people's thoughts. All participants claimed that for last year when the Covid-19 first hit Thailand, they tended to check and keep updated with the news every day. However, nowadays most people are quite used to the situation. The Covid-19 disease became the normal situation for them in which they need to adapt themselves to live with this disease.

at that time, I read all about Covid like every day...searching a lot like what are they, where are they come from...I've been watching Youtube video a lot...but now I'm like yeah I know it exists, I know how it goes so nowadays I just want to know how many people get infected each day...that's it (Participant H).

Well actually last year and now I check it regularly, but if you look closer at the daily basis, for last year I checked almost 24 hours. But now I check like only in the morning and at night...that's it to keep update what happened yesterday night and what might happen tomorrow (Participant K).

Moreover, 5 participants further emphasized that by checking the news every day since the first phase of the Covid-19, it made them develop new habits in keeping updated with the information.



It's same for me....Everyday, I think it became my habit looking at how much new cases in Thailand, which countries receive vaccines and reading article that analyze how long will we be able to go back to our life before the pandemic. (Participant A).

DISCUSSION

According to the first hypothesis, the more frequently the public are exposed to media coverage of the Covid-19 situation, the stronger their perceived risks are. The findings partly support and validates the media amplification of the public risk perceptions. Especially during the beginning of the outbreak, they did not have sufficient information about this new emerging infectious disease. Thus, people then rely on different media as their main sources of information to satisfy their information needs. The findings revealed more than 5 platforms as their sources of information, namely Facebook, Twitter, Line, Instagram, Television, online newspaper and Youtube. This could show that there is no media censorship in Thailand which allows people to locally and globally access various information about the Covid-19. The findings also show that most people would consume more than 2 channels because they believed that only one source is not adequate to know all information related to the Covid-19 (see Table.1). The findings suggest that the choices people make in choosing media outlets is mainly based on how easy and how fast to access the information.

Also, the findings could indicate the high frequency of media consumption, especially during the first phase of the pandemic. People were more exposed to the media because they would like to know as much as they can about this new emerging disease. There are some differences between traditional media like television and social media according to the findings. The findings show that traditional media such as television sometimes do not provide sufficient information about the disease and they are too slow in presenting the information. Thus, they need to rely on social media such as Facebook as their main sources of information. Findings could support the previous finding that when people are unable to obtain contents from traditional media, they are more likely to turn to the Internet to generate and disseminate information (Austin et al., 2012). In this case, the findings suggest that Thai people are more exposed to social media which can positively affect the formation of risk perception. It can be noticed that in the future, traditional media will become outdated, and social media will become the main source of information. Thus, the Thai government should develop the risk communication strategies presenting through various social media platforms. It also suggests that public health communicators should pay more attention to the role of social media in shaping people's risk perception. It is particularly significant to promote disease-preventive behaviors to prevent the rapid spread of the disease. Health practitioners should use common social media sites to disseminate reliable COVID-19 information, correct inaccurate information, and with medical knowledge in an easily understandable way.

Media contents and trustworthiness

This section asked the participants to explain the detailed information about the Covid-19 they received when consuming the media. Also, the researcher asked the participants' opinions on the media coverage. If the media devote a lot of coverage to the risk issue, it will become more salient to the public. In turn, people might be more aware of the issue of the Covid-19. The contents of media that people choose to consume can sometimes cause the shift in their cognition and emotion. All participants always keep updated with the number of active cases, the number of fatalities, and the number of recoveries. For the official government Facebook pages, they tend to post the numbers of new cases and the information about where they came from (abroad or domestic) which are mostly presented in the format of infographics, posters, and pictures. Some participants did mention using Facebook as a main channel for them because they intended to follow the official government pages which are the most reliable sources from them. Participant A supported that "there are many fake news during the pandemic so by reading the information or statistics from the government's Facebook page is more reliable compared to other Facebook pages." (Participant A, 2020). Also, Facebook and Twitter provide informal



information including the debate and discussion of the current situation, the short and precise conclusion of the symptoms from the experienced patients, and other points of views.

For example, when the US got the vaccine there are some Thai people that talk about they are Thais living in the USA and they also receive the vaccine like other US citizens or reviews about Thai people receiving vaccines in other countries. (Participant A).

In addition, whenever a new topic related to Covid-19 comes up, such as the vaccines topic, participants go directly to the BBC website in order to search for more information about that topic. Participants supported that they rarely show bias in reporting the news. These channels offer more specific and accurate information about this pandemic such as vaccines. The participants also claimed that Thai media or Thai news have not explained the information as specific as BBC does, so that is why they choose to consume the news from global media channels. Reliable, by no means, is not always trustworthy, some participants claimed. They do believe that there is no trustworthy media every way, however, the media do not show bias or attacking anyone as far as they are concerned. Reliable does not mean completely trustworthy. That is why many participants choose to gather information from more than one source.

I mean I'd rather have news than not knowing anything especially during the pandemic. There I say they are reliable, but that doesn't mean that they are completely trustworthy. I don't gather news from only one source, I tend to find the same information from different sources so I can conclude what's going on. (Participant I).

When the participants were asked about the media coverage of the Covid-19 information, all participants agreed that Thai media covers enough basic information that can be used as a regular basis to keep updated with the situation. However, when it comes to the more specific and in-depth information, Thai media still has not covered enough. Participant K claimed that for his business in the massage and spa industry, the government as well as the media has not provided enough information and guidelines.

The public yes they cover...just enough...but then for my business industry (spa) I think it's not enough...like what are the procedures that we can conduct our business, what is the preventive measurement to prevent like my customers...they don't give us enough guideline...I have to create by my own. I made infographics and gave them to my customers. I have everything prepare. (Participant K).

Moreover, the participants did mention the power of the government to control the media. Media definitely does not cover all information because there are some certain things that the government does not want the public to know, such as the real number of cases. In addition, the participants said that in every channel, the media extremely emphasizes on wearing masks but, in turn, they have not emphasized on how to deal with the masks after using them.

Discussion

By interpreting the data, it shows that the type of sources that are used in media coverage influence the people's thoughts. People's risk perceptions will be affected by their perceptions of sources' trustworthiness. The findings suggest that people tend to rely on the government official sources such as the Covid-19 center Facebook page and the Ministry of Public Health Facebook page.

The main reason for selecting these media channels is that because of its reliability and trustworthiness. This implies that Thai people still believe in the government in dealing with this pandemic. The belief that information is accurate because it comes from reliable sources would influence the level of risk perception. This would support the study of Vaughan & Tinker (2009) that trust has been found to be the main factor in influencing people's risk perceptions, risk-preventive behaviors, and support for the government. However, Thai media channels still could not fulfill the information needs in some certain aspects. For example, the news about the vaccines. Some participants mentioned that Thai sources are not able to provide detailed information for them to have a better understanding of the products, so they need to rely on the global media channels such as BBC. It is clearly seen that for uncertain health risk issues, people may rely on the scientists, experts or government officials who present as reliable sources in



media coverage. This point of argument can support the previous findings that people are more likely to accept certain risks if the institutions that deal with the risk issues are trustworthy (Peter et al., 1997). By having proper knowledge and accurate information from trustworthy sources, people's risk perceptions positively increase. On the other hand, these findings can pose some suggestions to Thai government in terms of the access to comprehensive information. As the result shows that some people need to rely on global media channels for more specific and accurate information, it could be better for Thai media to provide that information as well. It is normal for people to firstly choose their local media as the main source, so if the local media could not provide the information, it would affect the risk perception of people in terms of uncertainty and untrustworthiness.

Media and emotional dimension

In this section, the researchers were trying to assess the emotional perspectives of the participants. The participants were asked how they would feel when consuming the media, and what type of news about the Covid-19 can cause them to feel worried or anxious. Emotional dimensions could help to evaluate how people's risk perception is shaped and influenced. The interview results are quite varied. Most feelings since the beginning of the Covid-19 in Thailand are all expressed in a negative way. Participant C accepted that since the beginning of the Covid-19 in Thailand, every time he watched/looked at the news about the Covid, he began to feel fear. Participant L also claimed that "I feel hopeless...you know...it seems like there is no ending for this situation and I'm concerned about how long this situation will last...when we can go back to the normal situation." (Participant L, 2021).

By assessing each platform of media, it was evidence that Twitter can pose the most impact on people's emotion. Participants A said all information from Twitter mostly comes from individuals' minds and thoughts. Thus, it made the participant feel more emotional than consuming another media. She supported that-

there are several that I never knew about because it's not on the official news platform. For example, there will be some people who tweet about how they got affected by the crisis, after reading about it by knowing that there are chances that it may be fake new but I still feel bad for them for experiencing those things without any help. (Participant A).

For participants who belonged to medical groups, they did not have much emotional influence from the news. Participant E said that she just felt that she needed to increase her protection or to be more cautious, but she did not feel scared or anxious. She also supported that "I have medical knowledge and public health so it's not that influence me." (Participant E, 2021). Participant F also supported that

At the beginning I felt like the media portrayed the situation to be more dangerous than usual...but it did not that affect me because last year as I worked at the hospital, the area was designed to be the safe zone. (Participant F).

When the participants were asked to give some examples of types of news that can cause them to feel worried or anxious, the answers were quite varied. For the participants who have their own business would feel anxious when they saw news about the implementation of lockdown measures. This was because the measures directly affected their businesses which caused them such a hard time to deal with the situation. For example, participant M said that "if there are some news related to my business, like lockdown or ease lockdown...I would feel anxious sometimes if they're bad news." (Participant M, 2021). Other participants were more concerned and began feeling fear when they saw the news about there being new spreading of the virus near their place of living. Participant J supported that-

I think the news that said about covid-19 is back and it is transmitted in the place where my home is near. For example, Food Villa has more people who are infected covid-19. Thus, this kind of news makes me anxious. (Participant J).

Discussion

The findings show that the media has positively influenced the emotional dimension of people which can affect the level of perceived risks. These findings support the notion that perceiving



risks is essentially an emotional experience (Sinaceur, Heath, & Cole, 2005). It is also suggested that emotion might play a more crucial role than knowledge in evaluating risks. The interview results emphasize the feeling of fear and anxiety amongst Thai people when they consume the news related to the Covid-19. However, the self-rated anxiety can be varied depending on the type of information they receive. Some Covid-19 information increased the public anxiety, while others decreased it. The findings reveal that people tend to have stronger emotions when they perceive risks that are related to themselves. Information about new spreading of the disease near their places positively increases people's anxiety level. This can influence people to adopt more serious preventive behavior. For people who have their own businesses, information about the lockdown that directly impacts one's own business increases their level of anxiety. However, this kind of negative emotion does not seem to influence the risk perception of people. What is more, the findings also suggest that people who have fundamental knowledge related to health and disease do not have emotional influence from consuming the news.

Apart from the type of information, the media platforms could possibly influence the emotional dimension as well. The findings indicate that if people choose to consume media from informal platforms such as Twitter, which is opened for the public to discuss and talk about experience related to the Covid-19, it can influence the perception of people more than usual. Interestingly, information about the number of reported Covid-19 cases is negatively associated with anxiety and fear. Instead, it actually lowers the uncertainty level because uncertainty level often arises with lack of information (Anderson et al., 2019). The findings imply that people tend to have stronger emotions when they perceive risks that are more self-relevance, which causes them to adopt more serious preventive behaviors (increasing risk perceptions). On the contrary, people are likely to feel less anxious when they get to know more information about the seriousness of the disease through the media.

What the authorities could do to help minimize the mental health impact is crucially needed to consider. As the previous study mentioned that people have 2 possessing modes when accessing risks; cognition and emotion. What the government can do is to increase the cognitive dimensions by firstly educating the public more about the disease. When people have enough accurate and solid knowledge, they tend to feel less scared, as evidenced by the medical participant group. Secondly, the government needs to increase perceived familiarity and controllability. Actually, the Covid-19 is like a normal flu but it is just caused by a different virus (NCIRD, 2021). They need to make people feel that this pandemic is not that dangerous as they think, and everyone can prevent and control it. However, this suggestion is also needed to be considered. Too much familiarity can lead to neglect behaviors which can decrease risk perception.

Risk Perception

The interview questions asked about perceived vulnerability and self-efficacy in order to assess people's risk perceptions. Perceived vulnerability, also called perceived susceptibility or perceived likelihood, is defined as the belief of individuals about the likelihood of a health threat's occurrence. Participants were asked "How likely they think that they will develop or contract disease, after they have all information from the media? All participants agreed that they still have a chance to be contracted with a disease even though they protect themselves seriously. For example, participant B said that

"I think risk is always with us at this time, but it depends on how serious you would protect yourself and how serious people nearby you are as well...for me I think it might be low." Some people also mentioned that they were always at the high risk but up until now they are still fine. Participant Q said that

"I am always at the high risk. You know I'm fat, having a high blood pressure. I have a risk of diabetes...I worked in the hospital, frontline...I drink I smoke...but I'm still fine." (Participant Q, 2021).

Participants aged between 20-30 years old insisted that their health might have a stronger immune system than the older people, so this could be one of the main factors to help them have lower possibility of developing a disease. In addition, participants who are medical staff all said



that they are unlikely to develop the disease because of their behaviors. For example, participant D claimed that

“I think for myself the risk is low since I'm not going out a lot and my job is in strictly clean area.” (Participant D, 2021)

Self-efficacy can be explained as the individuals' beliefs in their own capabilities to manage a risk or threat they are facing. Participants were asked how confident they are that they can prevent the disease in the case of an outbreak. Participants all know how to protect themselves from the virus; wearing face masks, using alcohol gel or washing hands frequently, avoiding crowded places, having social distancing. They are confident in what they have been doing to prevent the disease. Participant I supported that

“I am pretty certain that as long as I am aware of wearing a mask and cleaning my hand as well as stay 3 feet apart from strangers, it is unlikely that I will contact any diseases at all” (Participant I, 2021).

However, many participants claimed that they are not sure about the other people's sides. As long as they still have to go outside and meet a lot of people, they are still concerned. Participant A supported that

I think by going outside the house it means there is a higher chance of getting Covid-19. I knew as a fact that that by going outside the house does not mean I will get Covid-19 but there are many things to be concerned about. (Participant A).

Discussion

As predicted, the findings showed that the media influence the level of self-efficacy for the Covid-19. People's decisions and actions they pursue are influenced by their self-efficacy values. Most people tend to do things in which they are knowledgeable and assured and avoid those in which they are not (Pajares, 1996). All media channels they choose to consume can provide adequate details and information that they need to know in order to develop the protective behaviors. This could also affect the level of confidence in self-protection. This would support the previous research that optimistic confidence from an individual's self-efficacy is a significant predictor of risk perceptions (Rimal & Real, 2006)). Information from the media is evident to help people have more self confidence in dealing with the disease. People, on the other hand, claim that their confidence might be affected by the external factors which are out of their controls. Intuitively, these findings make sense because people who have a greater level of confidence in their capabilities to deal with the Covid-19 might perceive lower risks. But the level of perceived risk might be influenced by the external factors even though they have a higher self-efficacy. The findings imply some significant point of the influence from external factors. This might be because previously there is a lot of news reporting that new spreading cases are caused by people who do not follow the regulations and measures. There are some irresponsible people who still cause trouble to others. Also, there is no punishment for those who break the rules. This kind of information can decrease the level of confidence. Thus, this is the important point for the government to consider. Social responsibility is not something that can be taught, but at least the government should implement the serious and proper punishment to those who break the regulations. Otherwise, many people will perceive that violating the regulations will not cause them any trouble.

CONCLUSION

The study sheds light on the influence of the media in shaping risk perception of Thai people during the Covid-19 outbreak period. Notably, there are four influential factors revealed according to the results. The first influence found is the level of social media exposure. Thai people tend to rely on different social media platforms to access information which can influence the formation of people's risk perception. Secondly, the source's trustworthiness has positively influenced the risk perception. If they receive information from the trustworthy sources, they tend to accept the risk easily. Thirdly, the study reveals that media has influenced the emotional dimension of people when assessing risks. They are more likely to have stronger emotions when they perceive risks that are related to





themselves, which can increase the risk perception of the people. Because when they receive this kind of information, they would adopt more preventive behaviors. Fourthly, the media influence the level of self-efficacy. The findings suggest that Thai people have a high level of self-efficacy which can decrease the risk perception of the people. This is because information from the media enables people to have more confidence to deal with the disease. However, the study also suggests that external factors such as preventive behaviors of other people, can decrease the level of self-efficacy because it has a negative impact on people's confidence. The study also suggests that demographic factors such as ages and gender do not have an impact on people's risk perceptions. They consume media channels in a similar manner. What can be distinct is the occupation group between medical staff and others. It has been suggested that people who have medical knowledge tend to have more understanding in the situation than other occupation groups. They are more familiar with the disease, and they do not have stronger emotions when dealing with the situation.


The overall satisfaction of people on the role of the media in Thailand indicates that the media plays a good role in informing people about the situation. Without media, people cannot know what is going on in society. Even though some people might not be interested in the news, they still have some sources where they can receive the information every time. Moreover, media help prevent people from going to risk places, and to be more aware of themselves and everything around them. On the other hand, people suggest that information from the media must be interpreted seriously and critically. There is some fake news everywhere, so believing in fake news might be more dangerous. Consuming too much information could affect their emotions as well. Some people tend to be more anxious, panic, paranoid, and concerned when receiving the news. Open communication between the government and the general public, experts, and relevant industries is essential for successful risk communication during a health emergency. Furthermore, risk communication should not be handled by a single agency but rather in partnership with the media, health experts, the government, and other industries. A health expert must provide reliable, scientific, and trustworthy information. Government management must assess the public's risk perception and determine the type of information that the public desires, and then provide the information through proper media. Depending on the situation, the media must develop successful messages while being objective and fair. Furthermore, the media should provide reliable and consistent information to reduce public fear. If this framework is in place, efficient measures can be taken in the circumstance of a potential emergency.

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