

A STUDY ON IMPACT OF SOCIAL MEDIA WITH REFERENCE TO COVID -19.

Submitted in partial fulfillment of the requirements for the award of

Bachelor of COMMERCE

By

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DECLARATION

I **ISHWARYA . S (39740104)** Hereby declare that the Project Report entitled “ **A STUDY ON IMPACT OF SOCIAL MEDIA WITH REFERENCE TO COVID -19**” done by me under the guidance of Dr. JOHN BRITTO MBA., Ph.D., School of Business Administration in submitted in partial fulfilment of the requirements for the award of Bachelor of Commerce degree.

DATE:

PLACE: CHENNAI

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ABSTRACT

Social Media usage has been shown to increase in situations of natural disaster and other crises. It is crucial for the scientific community to understand how social media works in order to enhance our capabilities and make a more resilient community. Through social media communication, the scientific community can collaborate around the globe in a faster way the most important findings of a disease, with a decreased knowledge transition time to other healthcare providers (HCPs). This is greatly important to coordinate research and knowledge during a time of uncertainty and protentional fake news. During the 2020 global pandemic, social media has become an ally but also a potential threat. High volumes of information compressed into a short period can result in overwhelmed HCPs trying to discern fact from noise. A major limitation of social media currently is the ability to quickly disseminate false information which can confuse and distract. Society relies on educated scientists and physicians to be leaders in delivering fact-based information to the public. For this reason, in times of crises it is important to be leaders in the conversation of social media to guide correct and helpful information and knowledge to the masses looking for answers.

Key Words: Social media, Impact, Covid-19, Infodemic, Awareness

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION:

Even before the detection of first case of COVID-19 in India, the epidemic of social media panic hit India, which led to stock out of masks and sanitizers from the market. Further, fake claims about transmission of virus through air and its survival on different surfaces created a panic. Though people started wearing different types of masks such as N95, surgical and simple cloth masks, many had lack of knowledge about their appropriate use and disposal which was evident from actions such as frequent touching to mask, use of same mask for more than a day, reuse of disposable masks and throwing the masks on the roads or in regular dust bins. Besides, an unwarranted use of N95 masks by common people during travelling and daily activities resulted in the shortage for frontline healthcare workers who actually needed those. Such behaviours continue to pose challenges for COVID-19 control efforts.

Due to existing medicopleuralism in India, messages containing fake claims about use of herbal and immunity-booster medicines, religious and spiritual ways for prevention and treatment were widely circulated which added to the confusion. The confusion was also due to lack of knowledge about non-pharmaceutical interventions like social distancing, quarantine and isolation because of which travellers from abroad and their contacts faced social stigma in the localities they stayed. The panic was escalated by fake news such as mass killing of patients in China and possibility of extending the lockdown, which resulted in individuals fleeing from quarantine or isolation facilities and unnecessary travel prior to lockdown or even during lockdown for returning hometown. Unfortunately, logos and website links of national and international health agencies, news channels and leading newspapers are being misused in such fake news. There were a few incidences where health care providers involved in providing care to COVID-19 cases also faced discrimination.

The above observations underscore an urgent need for India's Government to effectively control the social media seeking a careful balance of its use and misuse. Policies such as complete banning of social media or suppressing messages related to COVID-19 can

have serious implications as it may suppress life-saving information related to COVID-19 or may cause distrust in the motives of governing power. Researchers who successfully mitigated the negative impact of social media and effectively used social media for Ebola control, Ebola vaccine acceptance and other vaccines acceptance suggested measures such as, creating real-time information sharing system, creating a multidisciplinary team of experts to draw data and analyse from range of social media platforms across the global diaspora to understand peoples' perceptions and attitudes as well as to detect early signals of misinformation to address them before they snowball.

They also suggested to emphasize the importance of addressing existing perceptions of people in messages aimed toward creating awareness and education so as that the social media can be harnessed in a positive way to build public trust, cooperation and better adherence to epidemic control measures. Even though the results offer essential information on the importance of social media in disseminating information by this – the impact

➤ Why

According to research, the novel coronavirus spread of 2019 has caused panic in the world like never experienced before. This is due to the rapid spread of information through social media and many media platforms.

➤ Where

In Kumbakonam and surrounding location.

➤ When

The problem arises today scenario.

➤ Who

My target is both men and women at the age group (18-70)

➤ How

I found this problem during current scenario.

- How Much

I will take maximum of samples and minimum of samples.

1.2 STATEMENT OF THE PROBLEM

- It has been observed that social media platforms have had both a positive and negative effect on how India has dealt with the COVID 19 pandemic.
- As the corona virus took over the world, many took to social media to learn about how the virus spreads and what it is.
- Although this helped inform everyone on how to take precautions against this deadly virus, a lot of the information that users were reading was not verified or fact-checked and labeled as "fake news".

1.3 OBJECTIVES OF THE STUDY

- To identify the reasons for using social media during COVID-19 disease.
- To specify the topics covered by social media.
- To visualize the contribution of social media in spreading positive and negative rumors about the virus.
- To outline the impact of COVID-19 rumors on society's social and psychological situation that threatens countries' sustainable development.

1.4 NEED TO STUDY

- Social media has played a crucial role in spreading awareness and knowledge about public health; however, it has also been misused for spreading fake news, hatred and creating racism during epidemics and civil unrest.
- We discuss how social media and societal response to COVID-19 positively and negatively affected its control measures in India and what should be possible corrective measures.

1.5 SCOPE OF STUDY

- The current study aims to assess the impact of social media with reference to COVID-19 pandemic.

- Social media's benefits have led to a continuous increase in social media use during the pandemic period.
- This was accompanied by challenges such as misinformation, rumors misconceptions about the disease.
- These factors can have psychological impacts on social media users, especially those with pre-existing mental and anxiety disorders.
- It also affects the quality of knowledge shared, affecting intellectual capital that may arise from proper use of those sites.
- As a result, the current study aims to discuss the prevalence of social media positive, negative and psychological impacts on users during the COVID-19

CHAPTER 2

REVIEW OF LITERATURE

2.1 REVIEW OF LITERATURE:

(Pan, S.L., Zhang, S. 2020) Given that COVID 19 is a new disease, a few studies assess the role of misinformation and its psychological impact on users. However, the available research shows that social media was a significant source of misinformation about the pandemic and the disease's path physiology.

(Househ, M. 2016), argues that even that "contrary to the popular belief, COVID-19 is not the first "digital infodemic." In the recent past, the outbreaks of Zika in Brazil, Ebola in Africa, influenza in Europe, and Nipah in India had similar bidirectional relationships with media. Human history has accounts of pandemics of biblical proportions that caused the devastation of large groups of people."

(Zu, Z.Y., Jiang, M.D., Xu, P.P., Chen, W., Ni, Q.Q., Lu, G.M., Zhang, L.J. 2020), the breakout of the coronavirus pandemic of 2019 began in Wuhan's region in Hubei province, China. It came to the authorities' attention that a new virus was causing a severe form of pneumonia, especially among people with a history of contact with Wuhan's seafood market. Since the initial identification of the virus, it has spread to more than 190 other countries. China was quick to respond to the country's virus cases after the authorities were aware of it.

(Kupferschmidt, K. 2020), the outbreak in China peaked in February, and it was entirely under control by the end of March. However, as the virus was controlled in China, it went out of control in territories out of China. In January and February of 2020, the virus spread to regions in Europe and the United States

(Gralinski, L.E., Menachery, V.D. 2020) report that the virus, which was initially called Novel Coronavirus 2019 now and later SARSCoV-2, causes flu-like symptoms in many patients, developing into pneumonia.

(French, M., Monahan, T. 2020) Governments have moved to protect their citizens from the disease's rapid speed by initiating policies to limit human contact. Many governments issued directives to close schools as an initial measure to determine the virus's spread.

(Anderson, R.M., Heesterbeek, H., Klinkenberg, D., Hollingsworth, T.D. 2020) All non-essential service providers were also incentivized to work from home, with some countries and regions having to lock down entire populations at their homes. The World Health Organization issued a global alert on the disease, and it was named Severe Acute Respiratory Syndrome. The pathogen that caused this disease was found to originate from bats with an intermediary host called a Palm Civet.

(Pan, X., Ojcius, D.M., Gao, T., Li, Z., Pan, C., Pan, C. 2020) reports that the second recorded incident of the spread of a coronavirus was identified in the Middle East in 2012. This new virus came to be called the Middle East Respiratory Syndrome. MERS CoV was first identified in Saudi Arabia, and it came to spread to South Korea, France, the United States, and England, among other states. However, the spread rate was not high, and as of 2019, 2468 individuals had been reported to have gotten infected by the virus.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 METHODOLOGY:

Research methods are the techniques and tools by which you research a subject or a topic. Research methodology involves the learning of various techniques to conduct the research and acquiring knowledge to perform tests, surveys and critical analysis.

Research methodology simply refers to the practical “how” of any given piece of research. It’s about how a researcher systematically designs the study to ensure valid and reliable results that assess the research aims and objectives.

3.2 RESEARCH DESIGN:

A research design is the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research purpose. The research design applied for the study is “Descriptive Research”.

3.2.1 Descriptive research design:

Descriptive research aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, when, and how questions, but not why questions. A descriptive research design can use a wide variety of research methods to investigate one or more.

3.3 SAMPLING TECHNIQUE:

Sample design is a theoretical basis and when we are interested in a population, we typically study a sample of that population rather than attempt to study the whole population. The purpose of sampling techniques is to help you select units to be included in your sample.

3.3.1 Non-Probability sampling:

Non-probability sampling is defined as a sampling technique in which the researcher selects samples based on the subjective judgment of the researcher rather than random selection.

3.3.2 Convenience sampling

A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach.

3.4 SOURCE OF DATA:

Sources of Data begins with figuring out what sort of data is needed, followed by the collections of a sample from a certain section of the population. Next, you have to utilize a certain tool to gather the data from the chosen sample. The two types of sources of data are:

3.4.1 Primary data

The Primary data for this study was collected through questionnaire.

3.4.1 Secondary data

Secondary data was collected from external sources like Websites, Journals etc.

3.5 STRUCTURE OF THE QUESTIONNAIRE:

The questionnaire follows a simple and basic layout. It is made easy for the participate to respond to the questionnaire without any delay or conclusion. The set of question and the answer options present in the questionnaire are predetermined and are constructed by myself based on general questions regarding the main topic. The structure of questionnaire used in this project is as follows.

3.5.1 Basic Introduction:

The questionnaire begins with small and simplifies description regarding questionnaire – Title and description of the topic.

3.5.2 Personal details:

The actual questionnaire begins here where the participants are asked about personal details such as their name, age and gender.

3.5.3 Research related questions:

The next set of questions in the questionnaire consists of the questions related to public where the participants are asked on their

3.5.4 Perception questions:

The next set of questions in the questionnaire focus on covid-19 cases related question on whether the participants are affecting due to covid-19 cases.

3.5.5 Suggestion questions:

The last and final questions in the questionnaire focus on the suggestion questions of the participants regarding the questionnaire.

3.6 SAMPLE SIZE:

The sample size for the project had a target of 65-90 participants. The fixed target of the sampling size has been achieved as the total number of respondents for the survey questionnaire was 108. Total of 108 responses helped the project to analyze more response and it helped to derive a conclusion recording people's perception towards a study of satisfaction of public how they consider it.

3.7 PERIOD OF STUDY:

This is one-time research where the research is conducted only for one-time and that the project is based on the responses derived from a definite period of time. The period of study for the project of about 30 days project is based on the responses collected from 108 participants in the 10 days' time period.

3.8 PROFILE AREA OF THE STUDY:

- My survey location is Kumbakonam and surrounding area.
- My survey targeted people is both Men and Women at the age group of (18-45)

3.9 HYPOTHESIS/ ANALYTICAL TOOLS:

- H0: There is no significant difference between the age
- H1: There is an significant between the people

CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

The following consist of the data analysis and interpretation of my questionnaire:

4.1. PERCENTAGE ANALYSIS:

Table No 4.1:

Age wise classification of the respondents

AGE	NO.OF.RESPONDENT	PERCNTAGE
18-25	82 responses	75.9%
26-35	7 responses	6.5%
36-45	11 responses	11.2%
Above 45	8 responses	7.4%
Total	108 responses	100%

Interpretation:

From the above table, it is interpreted that 75.9% of respondents are age group of 18-25, 6.5% of them belong to age group 26-35, 11.2% of them belong to age group 36-45 and 7.4% of them belong to age group above 45.

Chart No.4.1:

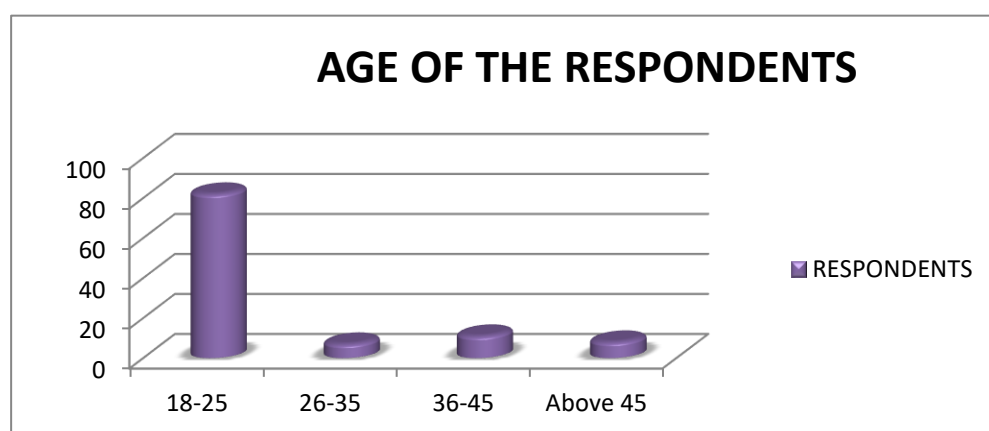


Fig.4.1 Age of respondents

Inference:

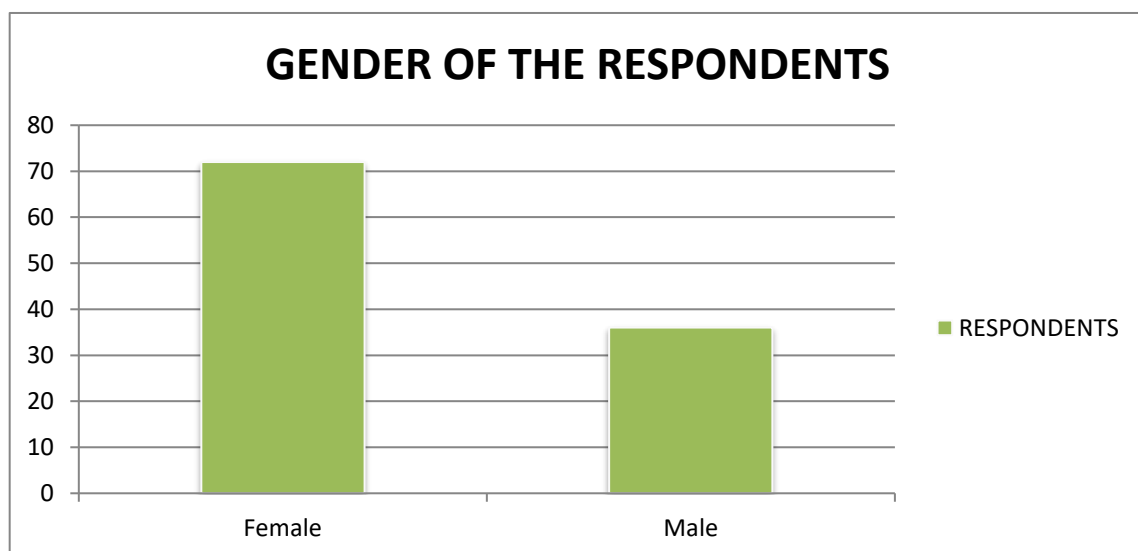
Majority (75.9%) of the respondents of my questionnaire belong to the age group 18-25.

Table No.4.2:

GENDER	NO.OF.RESPONDENTS	PERCENTAGE
Female	72	66.7%
Male	36	33.3%
Others	0	0
Total	108	100%

Interpretation:

From the above table, it is interpreted that 66.7% of respondents are female category and 33.3% of them belongs to male category. It is also to be noted that none of them opted for the option prefer not to say.

Chart No.4.2:**Fig.4.2.Gender of the respondents**

Inference:

Majority (66.7%) of the respondents of my questionnaire are female.

Table No. 4.3:

Q. Marital status wise classification of the respondent.

OPTIONS	NO.OF.REPONDENTS	PERCENTAGE
Unmarried	82	78.7%
Married	23	21.3%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that out of the option given 78.7% of respondents are unmarried, 21.3% of respondents are married.

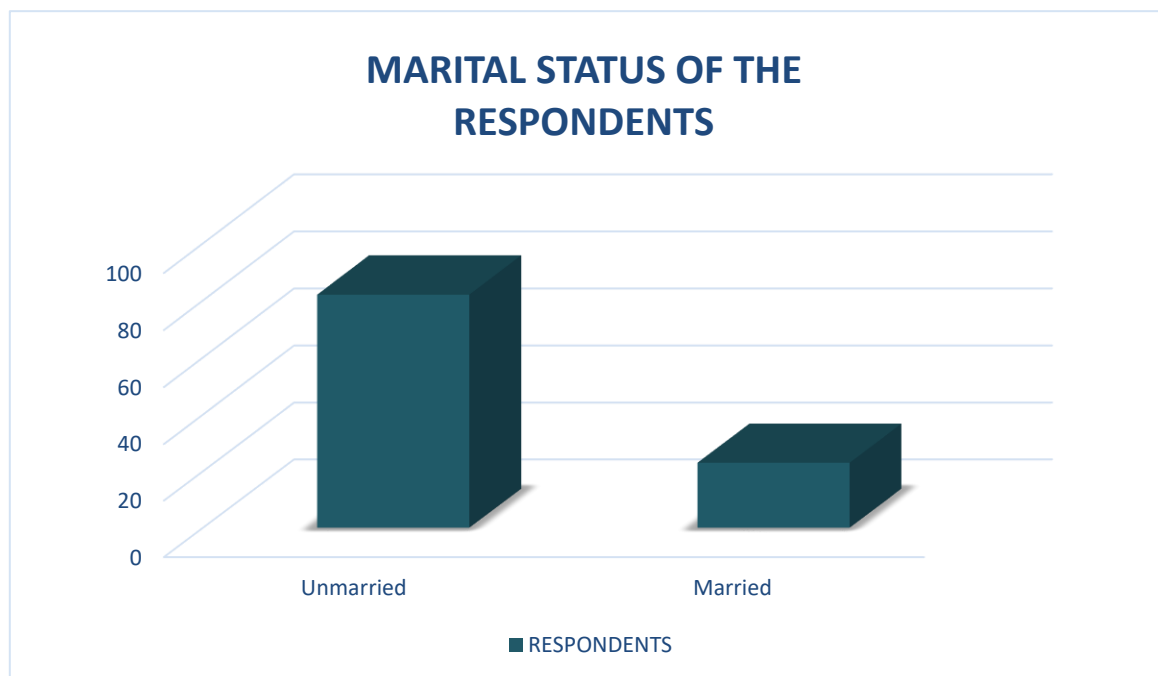
Chart No. 4.3:

Fig 4.3: Marital status of the respondents.

Inference:

Majority (78.7%) of respondents are unmarried.

Table No. 4.4:

Q. Occupation of the respondent.

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Student	68	63%
Employee	24	22.2%
Business	7	6.5%
Others	9	8.3%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that out of the option given 63% of respondents are students, 22.2% of respondents are employee, 6.5% of respondents are business person, 8.3% of the respondents are doing other works.

Chart No. 4.4:

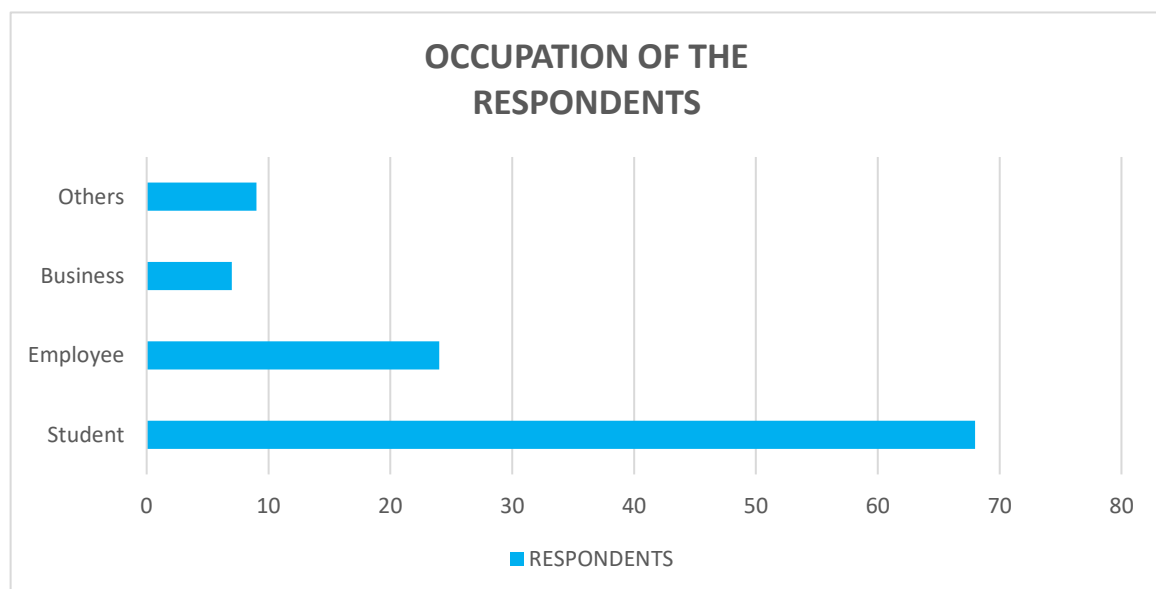


Fig 4.4: Occupation of the respondents.

Inference:

Majority (63%) of respondents are Students.

Table No.4.5:

Question Based responses:

Q: Which social media platform do you use to get news & information about COVID-19?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
YouTube	36	33.3%
Instagram	25	23.1%
Facebook	13	12%
Twitter	1	0.9%
All of the above	30	30.6%
Total	108	100%

Interpretation:

From the above table, it is interpreted that 33.3% of the respondents using YouTube get news, 23.1% of the respondent using Instagram, 12% of the respondents using Facebook, 0.9% of the respondents using Twitter and 30.6% of the respondents using all the above social media platforms to get news.

Chart No.4.5:

Q: Which social media platform do you use to get news & information about COVID-19?

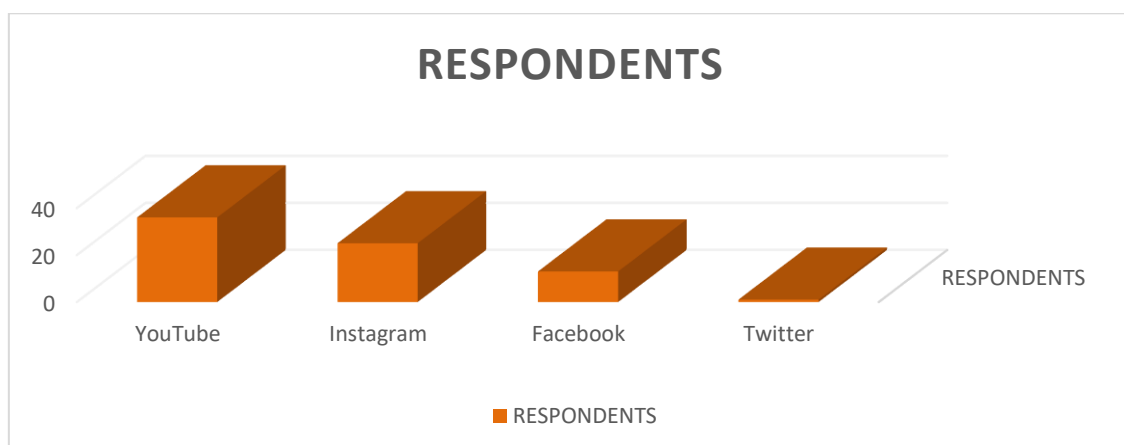


Fig 4.5: Respondents using all the above social media platforms to get COVID-19 news.

Inference:

Majority (33.3%) of the respondents using YouTube to get news about Covid-19.

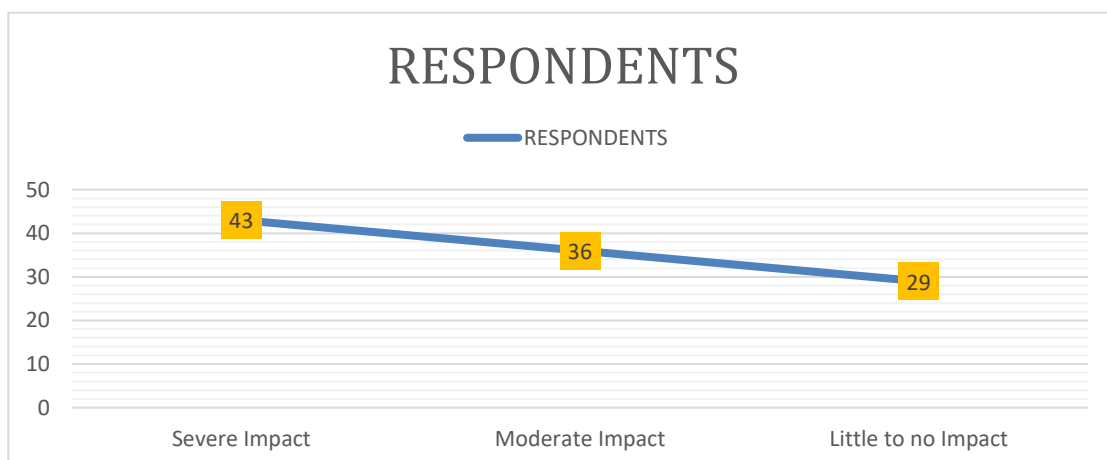
Table No. 4.6:

Q: How do you expect your livelihood will be impacted as a result of disruptions from COVID-19?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Severe Impact	43	39.8%
Moderate Impact	36	33.3%
Little to no Impact	29	26.9%
Total	108	100%

Interpretation:

From the above table, it is interpreted that 39.8% of the respondent's livelihood are Severely Impacted by COVID-19, 33.3% of the respondent's livelihood are Moderately Impacted by COVID-19 and 26.9% of respondent's livelihood are Little Impacted by COVID-19.

Chart No. 4.6:**Fig 4.6: Respondent's livelihood impacted by COVID-19 disruption.**

Inference:

Majority (39.8%) of the respondent's livelihood are severely impacted by covid-19.

Table No. 4.7:

Q: Are you aware of COVID-19 and its spreads?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	102	94.4%
No	6	5.6%
Total	108	100%

Interpretation:

From the above table, it is interpreted that 94.4% of the respondents says yes, they aware of COVID-19Spread and 5.6% of respondents says no, they didn't aware of COVID-19Spread.

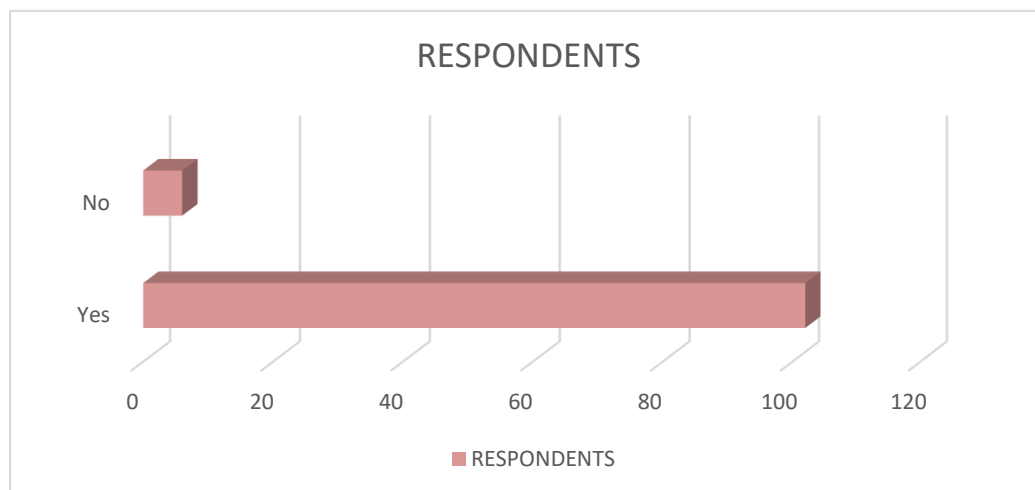
Chart No. 4.7:

Fig 4.7: No of respondents Awareness about COVID-19 spread

Inference:

Majority (94.4%) of the respondents are aware about COVID-19 Spread.

Table No. 4.8:

Q: Are you wearing mask regularly, when you're in public place?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	106	98.1%
No	2	1.9%
Total	108	100%

Interpretation:

From the above table, it is interpreted that 98.1% of the respondents are wearing mask regularly and 1.8% of the respondents are not wearing mask regularly.

Chart No.4.8:

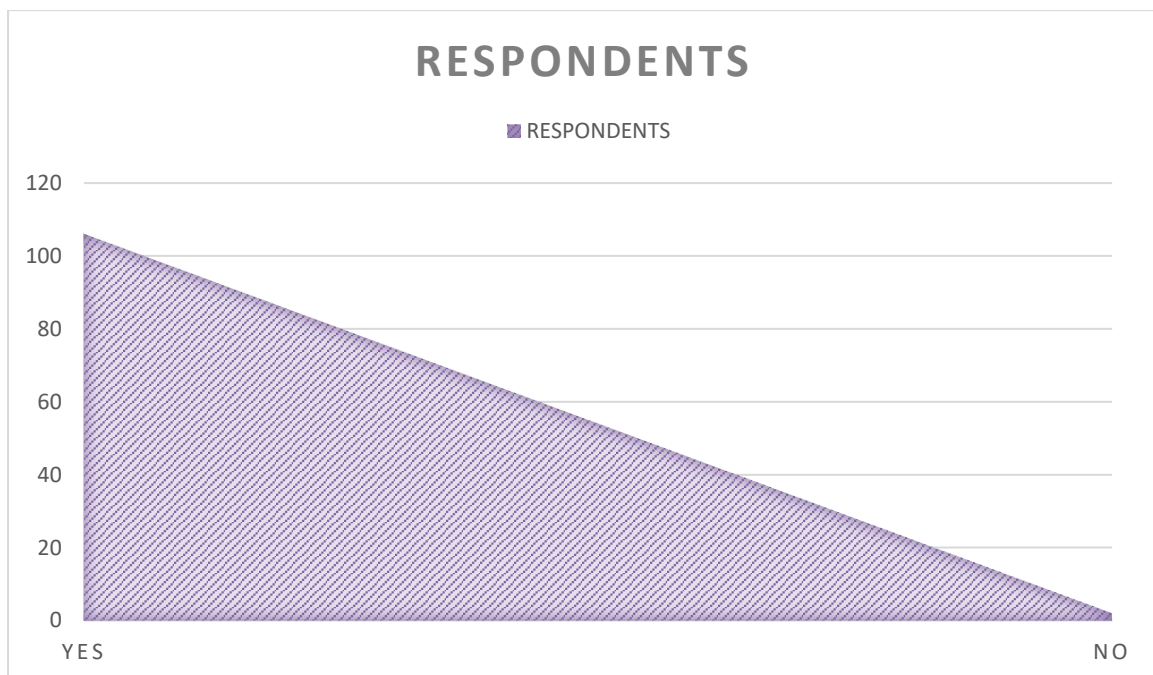


Fig 4.8: No of respondents wearing mask regularly.

Inference:

Majority (98.1%) of the respondents are wearing mask regularly.

Table No. 4.9:

Q: When did you last use social media?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Few minutes before	62	57.4%
Few seconds before	32	29.6%
One week before	11	10.2%
One month before	3	2.8%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 57.4% of respondents says used social media few minutes before, 29.6% says used few seconds before, 10.2% says used one week before and 2.8% says used social media one month before.

Chart No. 4.9:

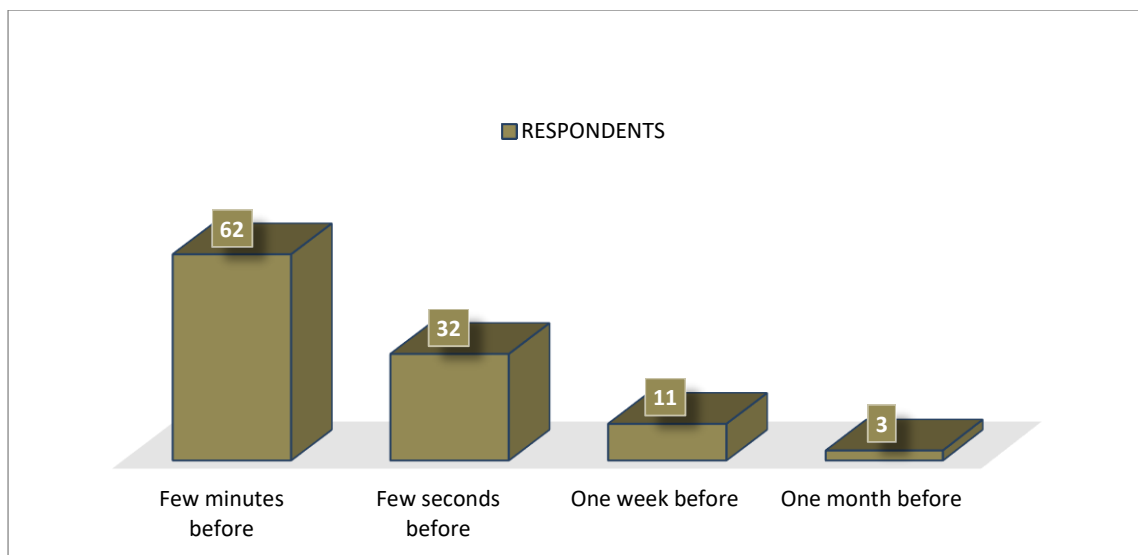


Fig 4.9: Respondents used social media.

Inference:

Majority (57.4%) of respondents says they used social media few minutes before.

Table No. 4.10:

Q: In Which social media do you get more awareness about Covid-19?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
YouTube	35	32.4%
Instagram	30	27.8%
Facebook	10	9.3%
Twitter	2	1.9%
All these above	31	28.7%
Total	108	100%

Interpretation:

From the above table, it can be interpreted as 32.4% of respondents are using YouTube to get awareness about covid-19, 27.8% of respondents are using Instagram, 9.3% of respondents are using Facebook, 1.9% of respondents are using Twitter and 28.7% of respondents are using all these above social media platform to get awareness about covid-19.

Chart No. 4.10:

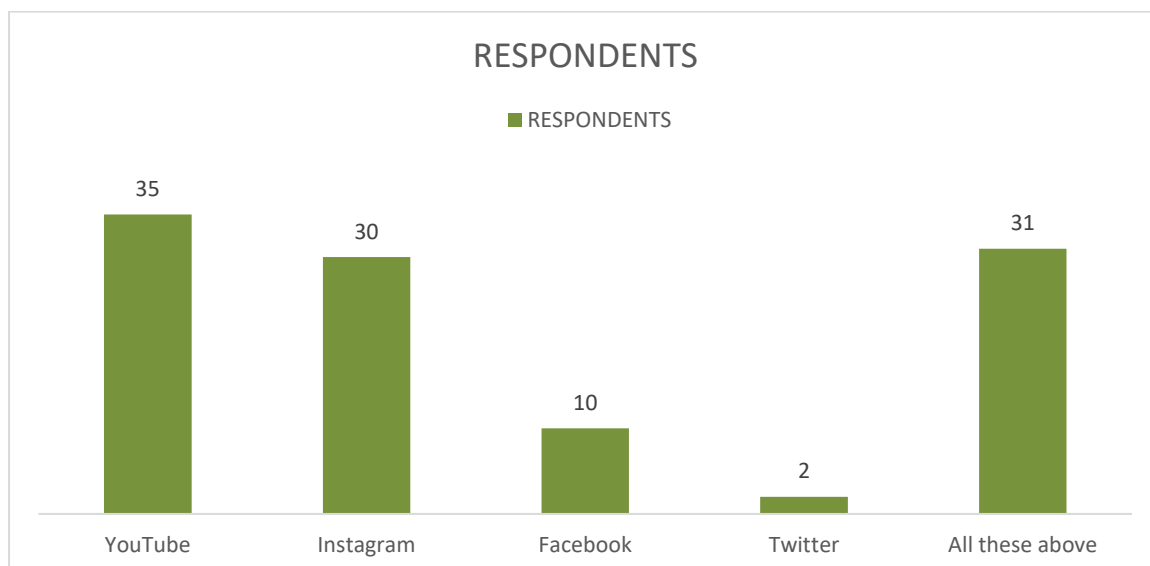


Fig 4.10: Getting awareness about covid-19 by social media platform

Inference:

Majority (32.4%) of the respondents are using YouTube to get awareness about covid-19

Table No. 4.11:

Q: What news topics have you mostly heard/seen/read on social media during past year 2021?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Social news	54	50%
Health news	80	74.1%
Political news	28	23.1%
Sports news	17	15.7%
Total	108	100%

Interpretation:

From the above table, it is interpreted that 50% of respondents says they have mostly heard/seen/read on social media during past year 2021 is Social news, 74.1% of the respondents says Health news, 23.1% of the respondents says Political news and 15.7% of the respondents says sports news.

Chart No. 4.11:

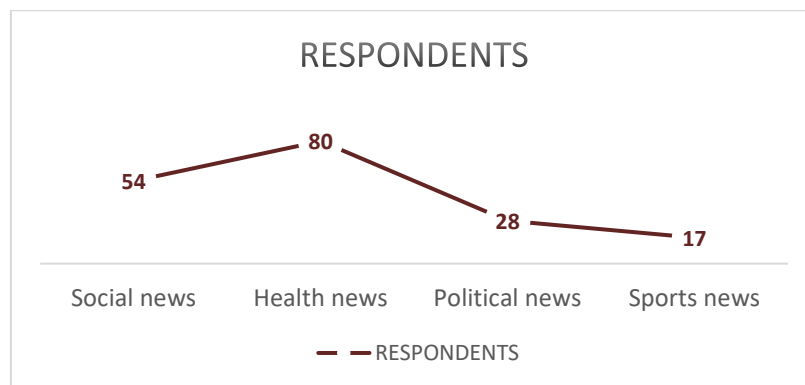


Fig 4.11: Mostly seen/hear/read news topic last year (2021)

Inference:

Majority (74.1%) of the respondents are says they seen/hear/read mostly in news is Health news.

Table No. 4.12:

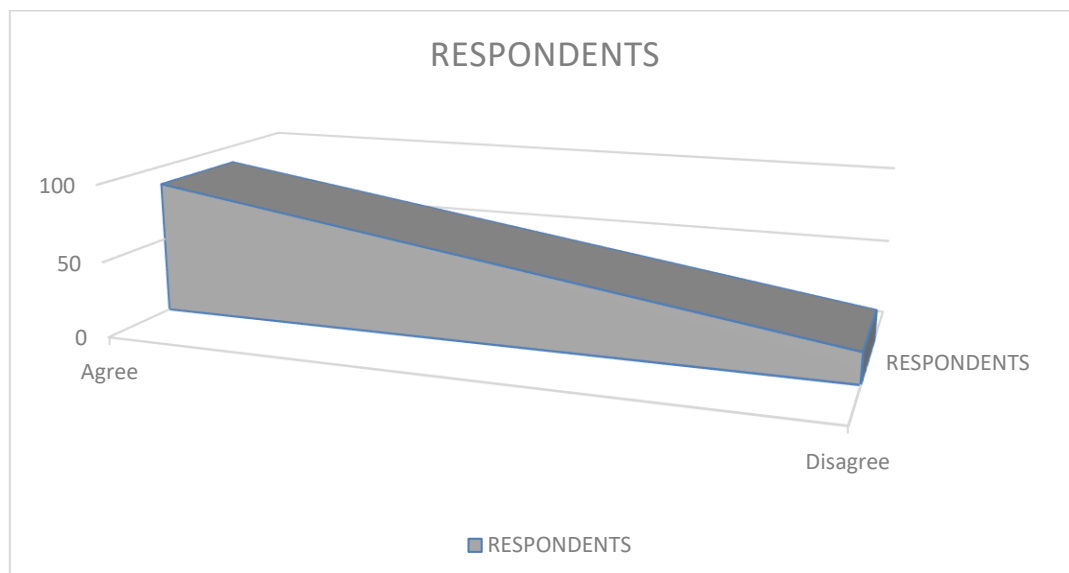
Q: Do you agree that publishing more news related to COVID-19 on social media has spread fear and panic among the people?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Agree	88	81.5%
Disagree	20	18.5
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 81.5% of respondents Agree that publishing more news related covid-19 on social media has spread fear among the people and 18.5% of respondents disagree this statement.

Chart No. 4.12:



**Fig 4.12: Publishing more news related to COVID-19 on social media has
Spread panic among the people.**

Inference:

Majority (81.5%) of respondents agree that publishing more news related covid-19 on social media has spread fear among the people.

Table No. 4.13:

Q: Have you published any information and news related to COVID-19 on social media?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	69	63.9%
No	39	36.1%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 63.9% of respondents says they share information and news related to covid-19 on social media and 36.1 of the respondents says they don't share information related to covid-19 on social media.

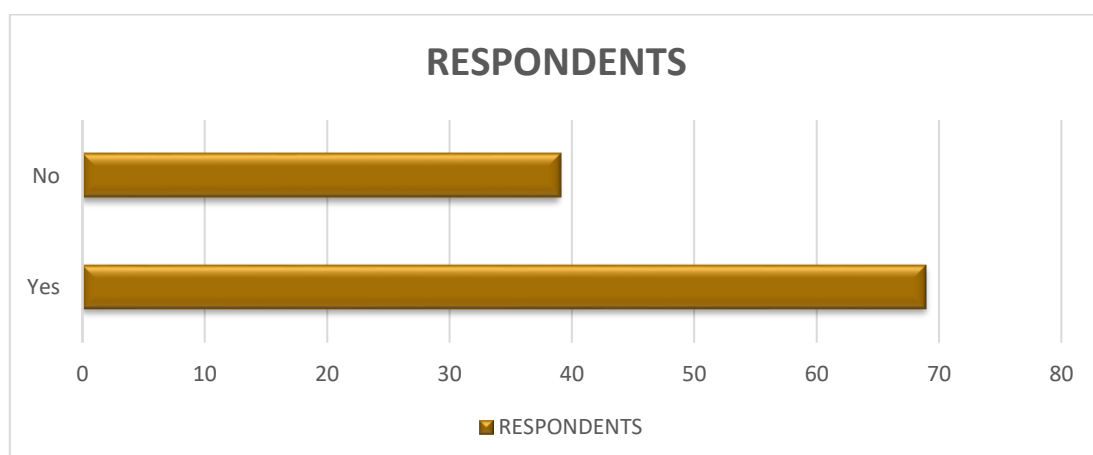
Chart No. 4.13:

Fig 4.13: respondents share information and news related to covid-19 on social media.

Inference:

Majority (63.9%) of respondents says they share information and news related to covid-19 on social media

Table No. 4.14:

Q: Did you fully acknowledge about (covid-19 news), what you share on social media?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	47	43.5%
May be	42	38.9%
No	19	17.6%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 43.5% of respondents says they acknowledge about covid-19 news they share on social media, 38.9% of respondents say they know little about that and 17.9% says they didn't know what they share on social media.

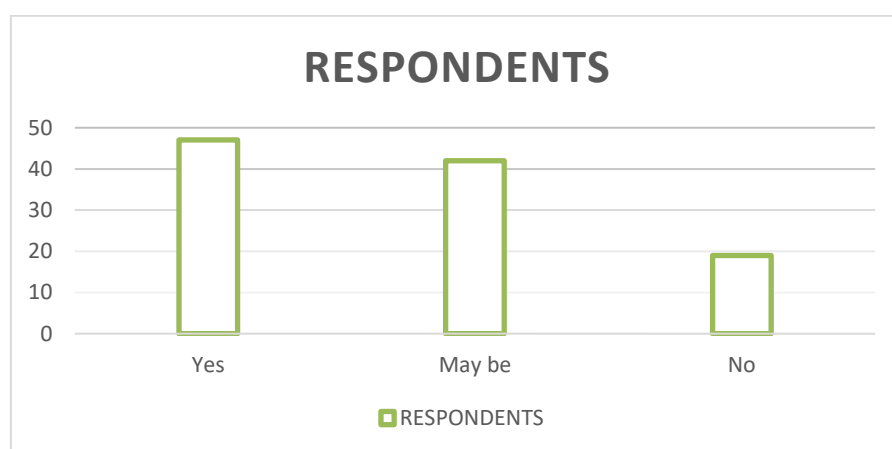
Chart No. 4.14:

Fig 4.14: Respondents fully acknowledge about (covid-19 news), you share on social media.

Inference:

Majority (43.5%) of respondents are fully acknowledge about (covid-19 news) what they share on social media.

Table No. 4.15:

Q: Did you follow World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	59	54.4%
No	49	45.4%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 54.4% of respondents says they follow World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news and 45.4% of respondents say they didn't follow.

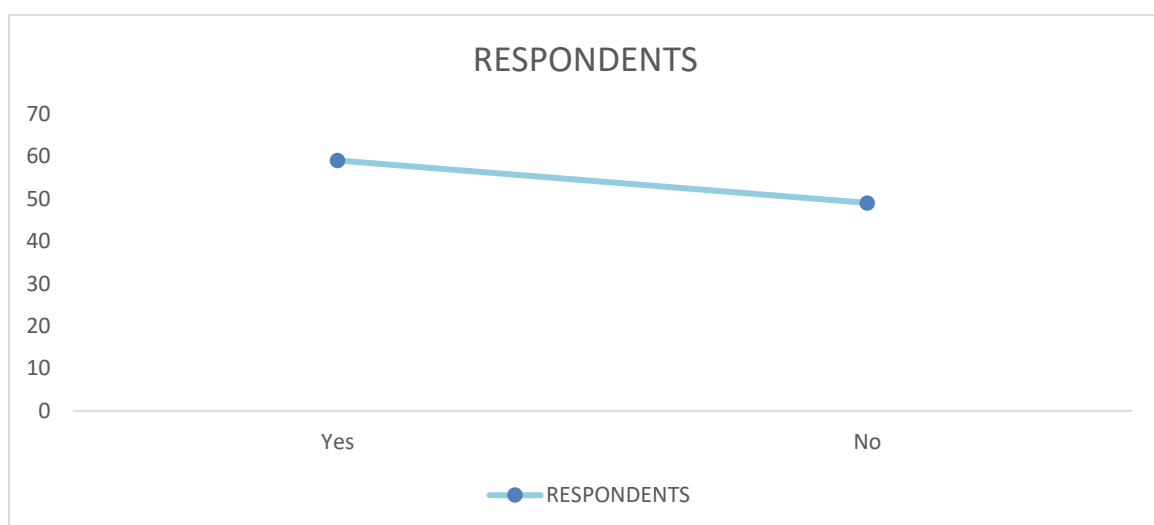
Chart No. 4.15:

Fig 4.15: Respondents says they follow World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news.

Inference:

Majority (54.6%) of respondents are follows World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news.

Table No. 4.16:

Q: Have you ever compared the news what you read/seen in other social media accounts on WHO's accounts?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	29	26.9%
Sometimes	38	35.2%
No	41	38%
Total	108	100%

Interpretation:

From the above table, it can be interpreted that 26.9% of respondents says they compared the news what read/seen in other social media accounts on WHO's accounts, 35.2% of the respondents says sometimes and 38% of the respondents say they didn't compared the news what read/seen in other social media accounts on WHO's accounts.

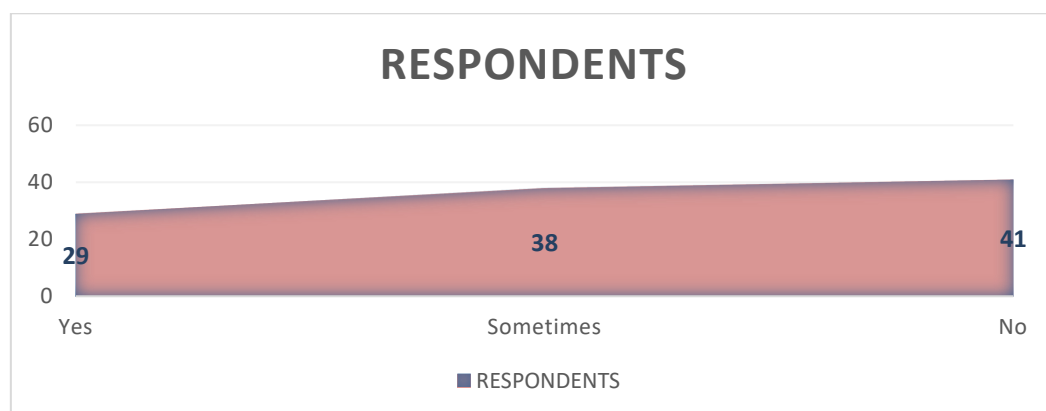
Chart No. 4.16:

Fig 4.16: Respondents they compared the news what read/seen in other social media accounts on WHO's accounts

Inference:

Majority (38%) of respondents say they didn't compared the news what read/seen in other social media accounts on WHO's accounts.

Table No. 4.17:

Q: Have you ever heard/read fake news about COVID-19 in social Media?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	81	75%
No	27	25%
Total	108	100%

Interpretation

From the above table, it can be interpreted that 75% of the respondents says they heard/read fake news about COVID-19 in social Media and 25% of the respondents say they didn't heard/read fake news about COVID-19 in social Media.

Chart No. 4.17:

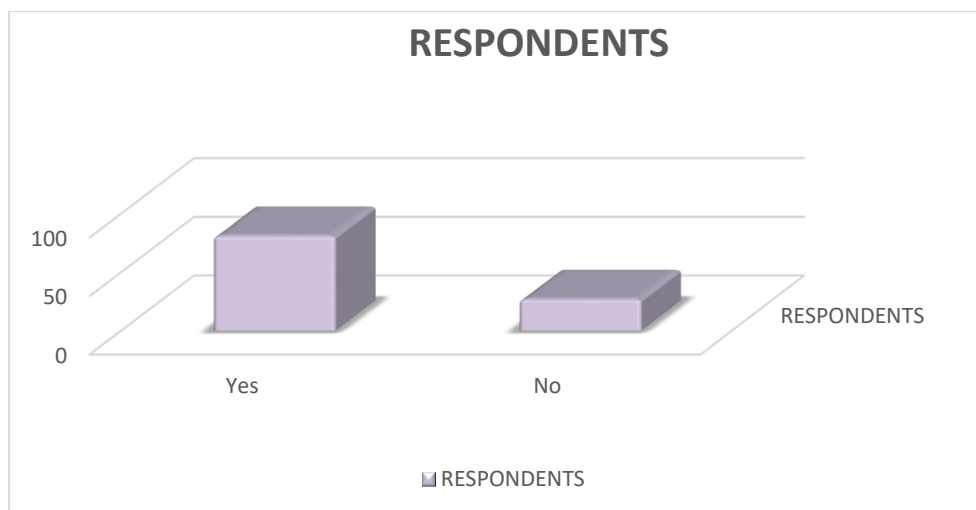


Fig 4.17: Respondents they heard/read fake news about COVID-19 in social Media.

Inference:

Majority (75%) of respondents says they heard/read fake news about COVID-19 in social Media.

Table No. 4.18:

Q: The viral Misinformation about COVID-19 that spread in Social media?

OPINIONS	NO.OF.RESPONDENTS	PERCENTAGE
Vaccination cause side effects	86	79.6%
About death cases	16	14.8%
Pregnant women don't get vaccination	6	5.6%
Total	108	100%

Chart No. 4.18:

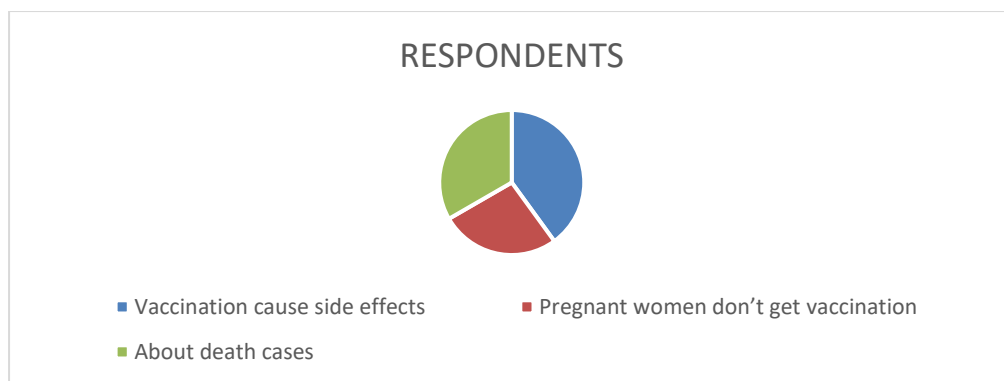


Fig 4.18: Respondents says what the misinformation they hears a lot about covid-19.

Interpretation

From the above table, it can be interpreted that 27.7% of the respondents says vaccination cause side effect, 18.5% of the respondents says pregnant women did not allowed to get vaccination and 23.1% of the respondents says the fake news about death cases.

Table No. 4.19:

Q: Did you learn anything about COVID-19 & COVID-19 Pandemic using social media?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Yes	86	79.6%
Sometimes	16	14.8%
No	6	5.6%
Total	108	100%

Interpretation

From the above table, it can be interpreted that 79.6% of respondents says they learn about COVID-19 & COVID-19 Pandemic using social media, 14.8% of the respondents say they learn sometimes COVID-19 & COVID-19 Pandemic using social media and 5.6% of respondents says they didn't learn COVID-19 & COVID-19 Pandemic using social media.

Chart No. 4.19:

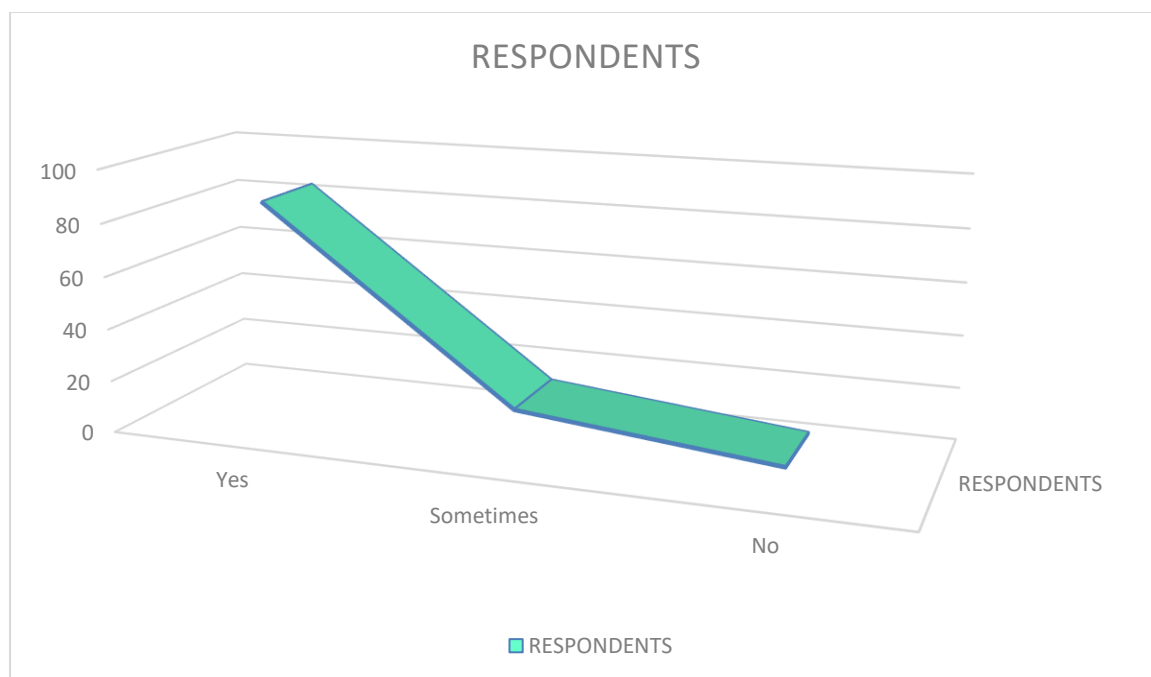


Fig 4.19: respondents learn about COVID-19 & COVID-19 Pandemic using social media.

Inference:

Majority (79.6%) of respondents says they learn about COVID-19 & COVID-19 Pandemic using social media.

Table No. 4.20:

Q: Do think social media is partially gives fact & false information about COVID-19 and other viral news?

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Agree	93	86.1%
Disagree	15	18.9%
Total	108	100%

Interpretation

From the above table, it can be interpreted that 86.1% of respondents agree social media is partially gives fact & false information about COVID-19 and other viral news and 18.9% disagree about this.

Chart No. 4.20:

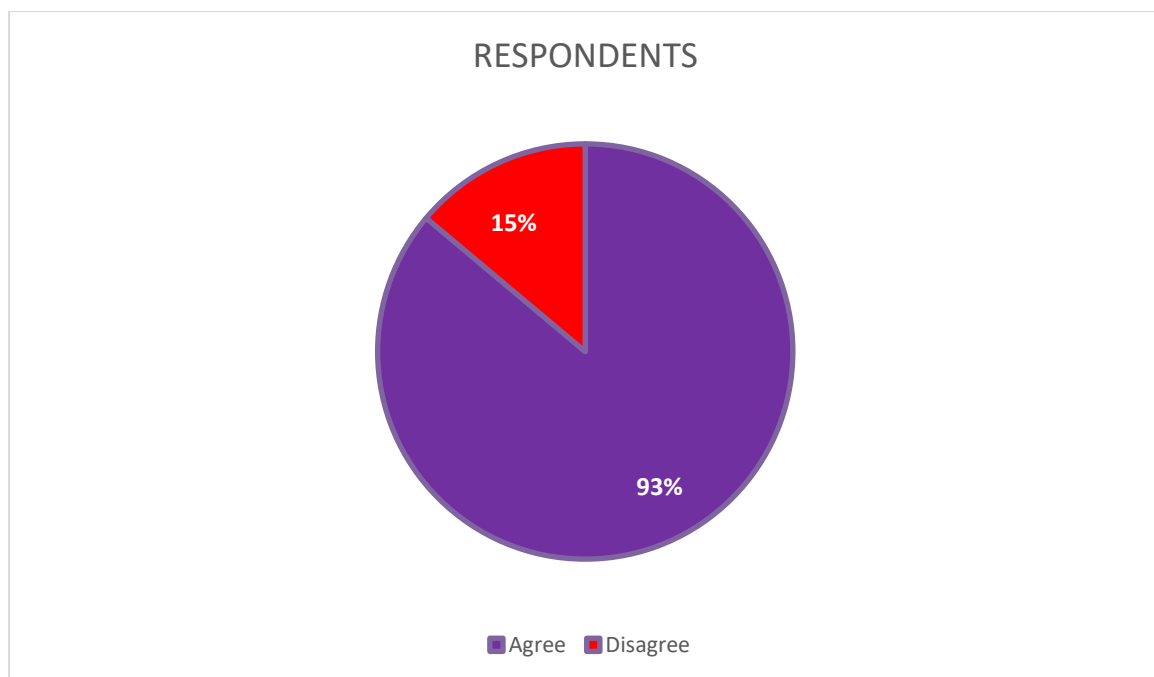


Fig 4.20: respondents think social media is partially gives fact & false information about COVID-19 and other viral news.

Inference:

Majority (86.1%) of respondents agree social media is partially gives fact & false information about COVID-19.

4.2 H0: There is no significant difference between:

TEST 1

Hypothesis 1

Case Processing Summary

Age of the respondents	Cases					
	Valid		Missing		Total	
	number	%	number	%	number	%
	108	99.0%	1	1.0%	108	100%

Result:

There is no significant between age of respondent.

4.3 H0: There is significant between:

TEST 2

Hypothesis 2

OPTIONS	NO.OF.RESPONDENTS	PERCENTAGE
Student	68	63%
Others	40	37%
Total	108	100%

Result:

There is significant between respondent.

CHAPTER 5

FINDINGS, SUGGESTIONS AND CONCLUSION

Based on the analysis and discussion on primary data in the previous chapter. Finding, Suggestions, and Conclusion of the study in logical manner.

5.1 FINDING OF THE STUDY:

From the questionnaire, the following points are found and noted:

- ❖ Majority (75.9%) of the respondents of my questionnaire belong to the age group 18-25.
- ❖ Majority (88.24%) of the respondents of my questionnaire are Female.
- ❖ Majority (78.7%) of respondents are unmarried.
- ❖ Majority (63%) of respondents are Students.
- ❖ Majority (33.3%) of the respondents using YouTube to get news about Covid-19.
- ❖ Majority (39.8%) of the respondent's livelihood are severely impacted by covid-19.
- ❖ Majority (94.4%) of the respondents are aware about COVID-19 Spread.
- ❖ Majority (98.1%) of the respondents are wearing mask regularly.
- ❖ Majority (57.4%) of respondents says they used social media few minutes before.
- ❖ Majority (32.4%) of the respondents are using YouTube to get awareness about covid-19
- ❖ Majority (74.1%) of the respondents are says they seen/hear/read mostly in news is Health news.
- ❖ Majority (81.5%) of respondents agree that publishing more news related covid-19 on social media has spread fear among the people.
- ❖ Majority (63.9%) of respondents says they share information and news related to covid-19 on social media
- ❖ Majority (43.5%) of respondents are fully acknowledge about (covid-19 news) what they share on social media.
- ❖ Majority (54.6%) of respondents are follows World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news.

- ❖ Majority (38%) of respondents say they didn't compared the news what read/seen in other social media accounts on WHO's accounts.
- ❖ Majority (75%) of respondents says they heard/read fake news about COVID-19 in social Media.
- ❖ Majority (79.6%) of respondents says they learn about COVID-19 & COVID-19 Pandemic using social media.
- ❖ Majority (86.1%) of respondents agree social media is partially gives fact & false information about COVID-19

5.2 SUGGESTION:

- ❖ It is suggested to conduct a serial, cross-sectional study: Data can be collected repeatedly, e.g. weekly, with different participants so the status quo can be assessed over time.
- ❖ Repeated assessment of the same core variables allows analyzing changes over time.
- ❖ Changing some variables allows adaptive research to a dynamic situation (e.g. asking for the acceptance of hand washing may be more important in the beginning while adding acceptance of closing schools or a lockdown may be relevant later in the epidemic).
- ❖ This allows in-time and adaptive monitoring of the variables (such as risk perceptions, knowledge, trust, behaviours and more) – and identifying changes over time to assess the relations between them.
- ❖ Variables can be adapted to target groups, cultural contexts and to the evolving situation and epidemiology over time. Randomization of answer options can be made where suitable.
- ❖ An automated data analysis website ensures immediate data analysis and provides fast access to the results.
- ❖ Results can be made available to the media to support high quality and responsible reporting.

5.3 LIMITATIONS OF STUDY

- The urgency of the situation incurs some limitations to the study.
- Using online panels limits the participation of certain important population groups, including the elderly (a risk group for COVID-19) and disadvantaged population

groups such as migrants, refugees, young people below 18 years, homeless people and other vulnerable groups.

- Still, it may be assumed that some population groups will not take part in the survey
- In addition, the complexity of the pandemic and crisis and the public response is considerable, and an online survey can only serve to monitor a few key issues - not explore them in-depth.
- The hope is that each person will collect and analyse at least several variables in common that may provide useful, but the main purpose of this tool is to help the people right now to determine the best approaches for their immediate COVID-19 response.

5.4 CONCLUSION

COVID-19 is reducing humanity's economic, physical, social, and now psychological resources. The novel coronavirus continues to infect people worldwide, with the WHO issuing a recent warning that this pandemic is not over and the world will have to face more devastating outcomes. Although social media can help us stay connected with the world in this time of isolation, it is very important to ensure its moderate and controlled use to avoid spreading fear of COVID-19 and prevent further depressive symptoms in people. Building and maintaining psychological and mental health is crucial for preventing adverse outcomes linked to problematic social media use during COVID-19. Mindfulness practices might help in relaxing tension in a difficult environment and may also help in strengthening people's mental ability to deal with the fear of COVID-19 and other mental health issues.

Reference:

- ◆ Angel Verner Venegas – Positive and Negative impacts of social media, 2020
- ◆ Matteo Cinelli - The COVID-19 social media infodemic, 2020
- ◆ WHO – Survey and analytical tools reviews-2020
- ◆ Jessica L Hamilton -Teens and social media during the COVID-19 pandemic: Staying socially connected while physically distant, 2020
- ◆ Gralinski L.E, Menachery, V.D.(2020) Return of the coronavirus 2019-nCoV viruses 12(2)

Appendix

A STUDY ON IMPACT OF SOCIAL MEDIA WITH REFERENCE TO COVID-19

QUESTIONNAIRE:

1. Name of the respondent -----
2. Age of the respondent :
 - a. 18-25 b. 26-35 c. 36-45 d. Above 45
3. Gender of the respondent :
 - a. Male b. female
4. Marital Status :
 - a. Married b. Unmarried
5. Occupation of respondent:
 - a. Student b. Employee c. Business d. others
6. Which social media platform do you use to get news & information about COVID-19?
 - a. Facebook b. Twitter c. Instagram d. Youtube e. All these above
7. How do you expect your livelihood will be impacted as a result of disruptions from COVID-19?
 - a. Little to no impact b. Severe impact c. Moderate impact
8. Are you aware of COVID-19 and its spreads?
 - a. Yes b. No
9. Are you wearing mask regularly, when you're in public place?
 - a. Yes b. No
10. When did you last use social media?
 - a. One week before b. One month before c. One minute before d. One second before
11. In Which social media do you get more awareness about Covid-19?
 - a. Facebook b. Twitter c. Instagram d. Youtube e. All these above

12. What news topics have you mostly heard/seen/read on social media during past year 2021?

- a. Social news b. Health news c. Political news d. Sports news

13. Do you agree that publishing more news related to COVID-19 on social media has spread fear and panic among the people?

- a. Agree b. Disagree

14. Have you published any information and news related to COVID-19 on social media?

- a. Yes b. No

15. Did you fully acknowledge about (covid-19 news), what you share on social media?

- a. Yes b. No c. Maybe

16. Did you follow World Health Organization's (WHO's) social media accounts to know detail about global COVID-19 news?

- a. Yes b. No

17. Have you ever compared the news what you read/seen in other social media accounts on WHO's accounts?

- a. Yes b. No c. Sometimes

18. Have you ever heard/read fake news about COVID-19 in social Media?

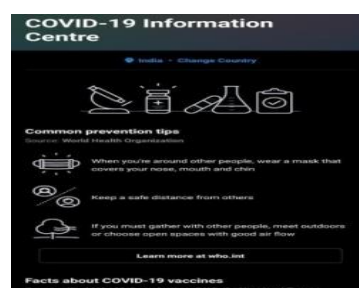
- a. Yes b. No

19. The viral Misinformation about COVID-19 that spread in Social media?

20. Did you learn anything about COVID-19 & COVID-19 Pandemic using social media?

- a. Yes b. No c. Sometimes

21. Have you seen this "COVID-19 Information centre" Portal on Instagram before?



- a. Yes b. No c. I don't know

22. You mentioned that you've seen this portal on Instagram before. What did you think or feel about it?

23. Have you ever seen this "false Information" label on Facebook before?



- a. Yes b. No c. I don't know

24. You said you've seen this "false Information" label on Facebook before. What did you think or feel about it?

25. Do think social media is partially gives fact & false information about COVID-19 and other viral news?

- a. Agree b. Disagree