

Mediating COVID-19 Discourse as Mechanism for Institutionalising Culture of Fear: A Review

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Abstract

The wave of fear and psychological anxiety triggered by the advent of the novel human coronavirus disease (COVID-19) in Wuhan, Hubei Province, Central China, in December 2019, is believed to have been intensified by the already existing ‘culture of fear and anxiety’. This ‘culture of fear’ is believed to have been deeply entrenched, most especially, within the Western societies, likewise in other communities around the world, long before the COVID-19 originated. This article reviews related literature on the negative effects of fear-mongering and proliferation of psychological anxiety resulted from the media’s unfavourable coverage of the disease. It also highlights the way the seemingly overblown COVID-19’s grand discourse provides a fertile soil for various media organisations, both the mainstream and the online platforms, to partake in spreading excessive anxiety as well as institutionalising the already deep-rooted culture of fear around the globe. The review is focused on select social contexts in Europe, Africa, and Asia. This critique revealed that the discursive construction of the pandemic by the media appears to have been unfavourable and somewhat scary to the public. In so doing, the discourse would be controlled, the masses would be inconceivably subdued by unnecessary fear and anxiety over the pandemic and, eventually, specific vested interests would be realised. With the entire attention of the global community paid to the emergence of the virus as well as the enormous resources invested in fighting its spread, despite its higher recovery rates and lower mortality rates, this review article recommends moderate, hope giving and more professional media coverage of possible emerging health crises in the future.

Keywords: COVID-19 pandemic, discourse, culture of fear, media, anxiety, institutionalisation

Introduction

Research in human sociology has provided pieces of evidence on how deeply entrenched the ‘culture of fear’ has been in the Western societies and the way it is being gradually transferred to other parts of the world. It has also established how fear has turned the same societies to become so vulnerable and insecure over the last “few decades”, as much as health-related matters are concerned (Chaiuk and Dunaievskia 184). Even with the improvements in medicine, control of infections and good health care system, which guarantees wellness and longevity, modern societies appeared to be constantly living in psychological worries and health problems (Buckingham and Burgess). Fear has ceased to function as the normal human reaction to any threats; it has rather become a “cultural idiom” in the modern societies (Furedi vii). Scholars are of the opinion that fear, as a “product of social construction”, is deliberately disseminated to the target society so as to have the masses controlled and certain interests realised (Glassner and Altheide). With human existence shifting from the traditional “fearsome life” dichotomy to “a life with fearsome media” dichotomy, the syndrome of “fear” is now being “powerfully communicated and disseminated through the media” (Fischer and Bonss 10). That is to say, the coverage of the fear-mongering media is

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mostly focused on the “negative, extraordinary” and the “sensational news” injected with potential harmful effects on the wider audience (Chaiuk and Dunaievskia 185). It is operated in such a way that the tabloid categories of the media reportage function as the “fear generators”, where they always re-ignite the already engrained fears in the society (Altheide and Furedi). In effect, the repetitive and, mostly, negative coverage of certain events by the media dominates people’s discussions and influences their thoughts and perception of the reality around them (Mazzoleni and Schultz, Furedi and Matsaganis and Payne). For example, it is reported that excessive unfavourable media reportage of COVID-19 disease has pushed so many people in parts of India and Bangladesh to contemplate committing suicide out of mere suspicion that they have contracted the virus (Goyal, Pakpour and Griffiths and Mamun and Griffiths). More specifically, for instance, COVID-19 motivated suicide cases have been reported in some places in Southeast Asia and Africa (Abdullah and Nicomedes and Avila). Evidence from the literature shows that cases of potential media induced extreme fear of the outbreak have been reported far and wide. The following segments of the review present instances of such media propaganda.

Proliferation of Fear in Parts of Europe

Scholarly literature on COVID-19 established the leading role played by the media around the world in proliferating excessive imaginable fears of the pandemic right from its emergence in Wuhan city, China (Ahorsu et al., Huynh and Djalante et al.). For instance, Chaiuk and Dunaievskia assessed the way COVID-19 the pandemic was presented in the British newspapers as well as the “language means” employed to raise the expectation of danger among the wider public even before the first index case was reported in the United Kingdom (UK). The study revealed that newspapers’ reportage during the time conceptualised the pandemic in terms of “fear-mongering by dramatizing reports on the epidemic in China”. They also used different metaphors to describe the diseases as actually coming to the UK, which has finally hit the country like a tsunami. The disease was described as a global phenomenon, which the UK government appeared so incapable to handle properly (184).

In another study, Trnka and Lorencova investigated the unjustifiable negative media extensive coverage of the COVID-19 pandemic during the first weeks of the outbreak in the Czech Republic, which appeared to have affected the older population. The study was mostly focused on the “pessimistic picture” of the outbreak, as designed and presented in the mass media, which is believed to have intensified fears, anguish, anxieties, and psychological trauma within the older population community in the country. The study believes that the senior citizens in Czech Republic were unnecessarily subjected to hundreds of very disturbing media contents, where “bad ending stories” of COVID-19 patients and their sufferings appeared to have contributed negatively to their emotional stability, most especially given their lifestyle of isolation that provides “limited opportunity” of sharing their problems with others. The study categorised the types of fears that came as a response to COVID-19 pandemic into: “(a) fear of the negative impact on household finances, (b) fear of the negative impact on household finances of significant others, (c) fear of unavailability of health care, and (d) fear of an insufficient food supply” (547-548). With such a situation at hand, the study recommends that authorities should come up with clear-cut guiding principles to be strictly applied by the media when it comes to addressing a distressed and potentially vulnerable audience (Horesh and Brown).

In another instance, Kaba and Akin Sari reported the situation of a 10-year-old Turkish patient diagnosed with some “anxiety disorder” and “panic attacks”, which are believed to have been triggered by the media reporting of COVID-19 related news. Symptoms of anxiety and panic in the patient were represented in his fear of the imminent coming of COVID-19 to his native country, Turkey. He was also very concerned for his parents not to get infected by the disease. In addition to that, the young patient experienced some kind of “emotional distress, increased heart rate, shortness of breath, nausea, crying” and would always want to talk to either of his parents whenever COVID-19 is mentioned. His parents indicated that, with the news of

the outbreak, the young pupil appeared to have lost appetite, lost any will to get his homework done, slept late with much difficulty and woke up early. He had developed the habit of vomiting in the morning before getting set for school. The study suggested proper follow up and observation in such cases, for an adequate period, so as to arrive at a reliable and “final diagnosis” for this seemingly anxiety and panic related symptoms.

Fear-Mongering in Parts of Southeast and Far Asia

Having discussed cases of COVID-19 related anxiety and panics in the UK and some parts of Eastern Europe above, this segment of the review assesses a few reported similar cases in some parts of southeast and far Asia. For instance, an investigation conducted by Abdullah reported the Indonesian experiences of psychological distress, fear and anxiety during the first two months of the COVID-19 outbreak. The trauma is believed to have emanated from the widespread “frightening” media coverage of the pandemic at both the “conventional” and “online” platforms. The situation was worsened by what appeared to be a lack of preparedness, a badly equipped health system and a series of stringent lockdown policies put forward by the government to curb the spread of the virus. The study highlighted four major types of psychological trauma believed to have emerged and continue to increase over time within the wider Indonesian society. The traumatic manifestations include: (i) social withdrawal, (ii) hysteria, (iii) individual violence, and (iv) collective violence. The study suggested that trauma should not be viewed from an “individual perspective”, rather from a “social one”. Also, it is only through a rapid government response and a positive community mindset that the virus can be adequately contained (488-489).

In Japan, Yoshioka, and Maeda investigated and reported cases of people who have subjected to some forms of stigmatisation after being diagnosed with the COVID-19 virus (40). This social stigmatisation came because of the way the statistics about the outbreak was presented by the local government authorities likewise the way it was carried out by the media in the country. Yoshioka and Maeda indicated that local governments in Japan revealed almost complete personal information of COVID-19 patients, which made its way to the public through the social media and, ultimately, resulted in “stigma and discrimination”. Yoshioka and Maeda’s analysis compared the COVID-19 outbreak to the Fukushima Daiichi Nuclear Disaster that occurred in 2011. During the said nuclear disaster, so many people experienced so much stigma due to the mostly “unsubstantiated” media reportage through both the mainstream and the online platforms. The level of stigmatization then is believed to have pushed many Fukushima residents to either seek mental care or treatment at a certain point in time (372). That is to say, it is feared that having another health emergency situation of COVID-19 magnitude at hand may likely trigger old bad memories, most especially, when the biodata of COVID-19 patients is made public by the media.

Looking critically, one would realise the striking contrast between the Indonesian context as reported by Abdullah and the Japanese situation as revealed in Yoshioka and Maeda’s findings. In both contexts, the reportage of the pandemic appeared to have been subscribed to by the local authorities in the two countries. The Indonesian case study testifies to the active role of the conventional media in a continuous and deliberate broadcasting of COVID-19 related fear and psychological trauma to the wider populace. To worsen the matter, such a negative campaign over a presumed deadly pandemic was launched in a country where lack of preparedness and adequate healthcare equipment is evidenced (Setiati and Azwar and Gudi and Tiwari). In the case of Japan, the way detailed personal data of COVID-19 patients were handled by the local authorities, upon whom it was entrusted, sounds very unethical and inappropriate. Given the country’s technological advancements, coupled with her long history in managing both natural and artificial disasters, a much better medical records control would have been expected during the ongoing pandemic. Unfortunately, the local authorities appeared to have been too unsympathetic and unnecessarily overzealous as they generously released classified medical records to the media, which, in the long run, victimised and subjected the patients to disgrace and discernment. Possibly, the aftermath of this apparent

bureaucratic malpractice would turn out to be more torturing and humiliating to the patients, while the impacts of the damages inflicted would be far more tormenting and psychologically upsetting.

Domesticating Fear in Parts of West Africa

In the wake of the outbreak, the international community and, more specifically, the World Health Organisation (WHO), appeared to have foreseen the worst for Africa given the widely perceived lack of capacity in terms of healthcare systems and facilities, which is assumed to have been the norm in the continent for “decades” (Yoshioka and Maeda 1). The continent was envisioned by the WHO to be the “next epicentre” for the disease (Gyasi 1). Fortunately, reports show that it took the entire continent 90 days to record 100,000 cases of infection. Moreover, it was until July 8, 2020, almost five months since the first infection was recorded, that the death toll hit 12,000 in the whole 54 countries on the continent. During the time, countries such as “Algeria, Egypt, Ghana, Nigeria, and South Africa” were understood to have been hit harder by the COVID-19 outbreak, with 43% of the infections detected in South Africa alone. Somehow, these figures made Africa look as if she has been “spared the brunt of the pandemic”, for the time being, but not of the “constant vigilance and fear” associated with the presumed fight against the spread of the virus (Yoshioka and Maeda 1).

In Ghana, for example, Gyasi expressed serious concerns over the elderly population, within the age bracket of 60 years and above, who may likely be exposed to higher chances of “infection and mortality rates” during the pandemic (1). The elderly represent the most vulnerable category in the society among which individuals could be dealing with deadly illnesses such as heart diseases, protracted lung disease, vigorous cancers, and diabetes (Kang et al.). Gyasi explained that the reality of being aged is a very “critical variable”, which has already caused some psychological anxiety and excessive fear of the risks posed by the COVID-19 virus within the elderly community. He further lamented that the public discourse and perception in Ghana took advantage of the elderly population to subject them to psychological anxiety and fear, danger, negligence, domestic abuse and other forms of discrimination. In conclusion, Gyasi appealed to the Government’s interventions in terms of “psychological counselling” and proper health services for the aged population. It is in so doing that public compassion and understanding towards the elderly would be enhanced and the elderly community would be prevented from any sorts of “mental health” issues that may be related to the outbreak (1-3). This appeal sounds so much relevant as cases of COVID-19 related stigmatisation seem to be reported everywhere around the world, not necessarily in Ghana alone. The major factor leading to the stigma is the existing fear, which is already worsened by the pandemic (Ahorsu et al.). The good news remains that, regardless of the exacerbated fear-mongering, the Ghanaian authorities are believed to have done wonderfully well in handling the pandemic. The country recorded successes in terms of putting preventive measures in place. It also happened to be the first African nation to ease the imposed “three weeks” national lockdown (Yoshioka and Maeda 2).

Nigeria, the most populous black nation, with an approximate 196 million people appeared to have been hit the hardest, as much as the fear of COVID-19 is concerned. The media-induced fear of the pandemic informed the sudden excessive consumption of garlic, lemon, ginger and other locally made herb concoctions as prevention against the virus (Nicomedes and Avila and Yoshioka and Maeda). To douse the overwhelming anxiety, some religious clerics reportedly assured their disciples of some ‘divine immunity’ from the coronavirus infections (Lichtenstein et al.). More so, a handful cases of suicide believed to have been caused by the disproportionate amount of fear and anxiety over the COVID-19 disease have also been reported (Nicomedes and Avila). Surprisingly enough, ordinary Nigerians generally had some hard time believing the origins and the workings of the virus in the first place and many dismissed the whole idea of the pandemic as illogical and unverified (Olapegba et al.). With the earliest cases of COVID-19 infections reported in the country involving government executives and the people of higher social class, the

widespread perception among the masses was that the disease was basically meant for the wealthy and powerful (Nwaubani and British Broadcasting Corporation).

Critiquing Institutionalised Fear of COVID-19

The discussion above is based on the media-engineered fearmongering and proliferation of psychological anxiety due to the COVID-19 outbreak and its negative effects on select social contexts in some areas around the world. These seemingly systematic attempts to institutionalise the ‘culture of fear’ in the society (Chaiuk and Dunaievskia, Glassner and Altheide), appears to be deeply rooted in the way powerful individuals and organisations usually interfere with media coverage to have discourses and social practices controlled and manipulated (Fairclough, Abousnnouga and Machin and Carvalho). Such attempts at discourses or social practices normally leave the door wide open for a range of interests to interplay at different levels, be it commercial, ideological, or economic (Hall). Unexpectedly enough, the unprecedented nature of the COVID-19 pandemic seems to have unavoidably provided a grand discourse, where various parties suddenly became interested to cultivate in the fertile soil at their disposal and subscribe to it (Fischer and Bonss).

As a very important institution on its own, the media has always been perceived to have the power of influencing and shaping people’s thinking and the way they understand the reality around them (Daddow and Khalid). Its coverage of social events determines, largely, people’s choice of public discourse, which eventually becomes their everyday central agenda for deliberations (De Freitas). The excessive fear and anxiety attributed to the coronavirus outbreak is believed to have been contextualised within a “broader culture of fear and anxiety” which has been deeply rooted, more specifically, in the “Western societies” and by extension, around the world. Moreover, it is also very relevant to indicate that local and international responses to “epidemics” are mostly seen to be “political” by their nature (Chaiuk and Dunaievskia 188-192). This suggestion could be substantiated when one takes a critical look at the way the ongoing COVID-19 pandemic is being handled locally in so many countries as well as internationally. Evidence suggesting that the handling of the outbreak is being politicised, to some certain extent, could easily be traced. At the end of the day, the media appears to have remained firmly at the forefront of whatever is being propagated, be it the politics of the pandemic or the perpetuation of the so-called ‘culture of fear’ among the masses, as it relates to the COVID-19 outbreak (Trnka and Lorencova, Abdullah, Chukwuorji, Kaba and Akin Sari and Chaiuk and Dunaievskia). Given the tradition with the powerful individuals and corporations, the grand narrative of the pandemic would continue to be interfered with using the media, so as to have the discourse controlled and the perception of the common people about the very reality of the pandemic manipulated (Abousnnouga and Machin).

Conclusions

This review article has focused on the negative effects of media-induced proliferation of fear and psychological anxiety over the ongoing COVID-19 pandemic. It highlighted literature demonstrating how the grand discourse provided by the pandemic has been used as a vehicle for institutionalizing and normalizing a ‘culture of fear’ in the areas covered by the present review. However, evidence from the literature suggests that there was no need for the propagated level of fear, as practical experiences and reported clinical cases indicate higher rates of recovery from COVID-19 infections (Magaji). Research also proved that the virus targets specific vulnerable groups, primarily aged individuals with underlying health conditions (Chen et al., Gyasi and Huang et al.). Additionally, the “mortality rate of COVID-19” infections is placed at 15% for elderly people aged 80 and above, compared to only 0.2% for individuals below 20 years of age (Gyasi 1-3).

Given these methodical evidences, one might wonder why there have been incessant campaigns and unprecedented fearmongering over the COVID-19 disease. Other deadlier diseases, such as malaria,

HIV/AIDS, typhoid, diabetes, Ebola, hepatitis B and C, dengue, and Zika infections, among others, have not received the same level of media attention, despite causing significant mortality in underdeveloped and developing countries. Additionally, despite advancements in modern medicine and viral infection control, there are no vaccines rolled out yet for terminal illnesses such as cancer, HIV/AIDS, and diabetes, while a vaccine for the COVID-19 virus was manufactured within the space of one year.

These observations raise critical questions about the motivations and consequences of media coverage during health crises. As Altheide would argue, understanding the projected benefits behind this deliberate and excessive use of the media to disseminate fear about COVID-19 is essential. Future research should explore these dynamics to develop strategies for more balanced and constructive media engagement during global health emergencies.

Works cited

- Abdullah, I. "COVID-19: Threat and Fear in Indonesia." *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 12, no. 5, 2020, pp. 488-490. <http://dx.doi.org/10.1037/tra0000878>
- Abousnnouga, G., and Machin, D. editors. "Defence Discourse I: The Visual Institutionalisation of Discourses in War Monuments." *Language and power: An Introduction to Institutional Discourse*. Continuum. 2008.
- Ahorsu, D. K., et al. "The Fear of COVID-19 Scale: Development and Initial Validation". *International Journal of Mental Health and Addiction*, 2020, pp. 1-9. <https://doi.org/10.1007/s11469-020-00270-8>
- Altheide, D. L. *Creating Fear: News and the Construction of Crisis*. Aldine De Gruyter, 2002.
- British Broadcasting Corporation. "Coronavirus Na Rich Man Sickness? [Is coronavirus a disease of the rich?]. Retrieved April 8, 2020. <https://www.bbc.com/pidgin/media-52207644>
- Buckingham, A. "Doing Better, Feeling Scared: Health Statistics and the Culture of Fear." *A Sociology of Health*, edited by D. Wainwright, SAGE. 2008.
- Burgess, A. "Health Scares and Risk Awareness." *A Sociology of Health* edited by D. Wainwright, SAGE. 2008.
- Carvalho, A. "Media(ted) Discourse and Society: Rethinking the Framework of Critical Discourse Analysis". *Journalism Studies*, vol. 9, no. 2, 2008, pp. 161-177. doi: 10.1080/14616700701848162
- Chaiuk, T. A., and Dunaievska, O. V. "Producing the Fear Culture in Media: An Examination on Coronavirus Discourse". *Journal of History Culture and Art Research*, vol. 9, no. 2, 2020, pp.184-194. <http://dx.doi.org/10.7596/taksad.v9i2.2636>
- Chen. N., et al. "Epidemiological and Clinical Characteristics of 99 Cases of 2019 Novel Coronavirus Pneumonia in Wuhan, China: A Descriptive Study." *The Lancet*, no. 395, 2020, pp.507-513. doi: 10.1016/ S0140- 6736(20)30211-7.
- Chukwuorji, J. B. C., and Iorfa, S. K. "Commentary on the Coronavirus Pandemic: Nigeria. *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 12, no. S1, 2020, pp. S188-S190. doi: <http://dx.doi.org/10.1037/tra0000786>

- Daddow, O. "The UK Media and Europe: From Permissive Consensus to Destructive Dissent". *International Affairs*, vol. 88, no. 6, 2012, pp. 1219-1236.
- De Freitas, W. "Coronavirus: How Media Coverage of Epidemics Often Stokes Fear and Panic. *The Conversation*. 2020. <https://theconversation.com/coronavirus-how-media-coverage-of-epidemics-often-stokes-fear-and-panic-131844>
- Djalante, R., et al. "Review and Analysis of Current Responses to COVID-19 in Indonesia: Period of January to March 2020". *Progress in Disaster Science*, vol. 6, no. 100091, 2020, pp. 1-9. <http://dx.doi.org/10.1016/j.pdisas.2020.100091>
- Fairclough, Norman. *Media Discourse*. Edward Arnold, 1995.
- Fischer, D., and Bonss, W. *The Induction of Fear by the Media in Increasing Resilience in Surveillance Societies*. The University of Edinburgh, 2013.
- Furedi, F. *Culture of Fear: Risk-Taking and the Morality of Low Expectation*. 2nd ed, Cassell, 2006.
- Glassner, B. *The Culture of Fear*. Basic Books, 1999.
- Goyal, K., et al. "Fear of COVID 2019: First Suicidal Case in India." *Asian Journal of Psychiatry*, vol. 49, 2020, pp.101989.
- Gudi, S. K., and Tiwari, K. K. "Preparedness and Lessons Learned From the Novel Coronavirus Disease". *The International Journal of Occupational and Environmental Medicine*, vol. 11, 2020, pp. 108-112. <http://dx.doi.org/10.34172/ijoem.2020.1977>
- Gyasi, R. M. "Fighting COVID-19: Fear and Internal Conflict Among Older Adults in Ghana". *Journal of Gerontological Social Work*, 2020, pp. 1-3. Taylor & Francis Group. <https://doi.org/10.1080/01634372.2020.1766630>
- Hall, S. editor. Encoding/Decoding. In M. G. Durham and D. M. Kellner, *Media and Cultural Studies: Keywords* (revised edition). Blackwell Publishing Ltd. 2006.
- Horesh, D., and Brown, A. D. "Traumatic Stress in the Age of COVID-19: A Call to Close Critical Gaps and Adapt to New Realities." *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 12, 2020, pp. 331-335. <http://dx.doi.org/10.1037/tra0000592>
- Huang, C., et al. "Clinical Features of Patients Infected with 2019 Novel Coronavirus in Wuhan, China". *The Lancet*, vol. 395, no. 10223, 2020, pp. 497-506. [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5)
- Huynh, T. L. D. "The COVID-19 Risk Perception: A Survey on Socioeconomics and Media Attention." *Economics Bulletin*, vol.40, no.1, 2020, pp.758-764.
- Kaba, D., and Akin Sari, B. "Acute Stress Disorder with Panic Episodes Induced by Exposure to COVID-19 Outbreak News in a Child. *Dusunen Adam: The Journal of Psychiatry and Neurological Sciences*, vol. 33, 2020.

- Kang, C., et al. "Patients with Chronic Illness Urgently Need Integrated Physical and Psychological Care During the COVID-19 Outbreak. *Asian Journal of Psychiatry*, vol. 51, 2020, p.102081. <https://doi.org/10.1016/j.ajp.2020.102081>
- Khalid, P. "Modality Analysis of the Newspaper Articles About the Scottish Ship RMS Queen Elizabeth". *Academic Journal of Interdisciplinary Studies*, vol. 2, no. 9, 2013, pp. 458-461.
- Lichtenstein, A., Ajayi, R., and Egbunike, N. "Across Africa, COVID-19 Heightens Tension Between Faith and Science: Some Leaders Reject Expert Advice to Ban Religious Gatherings." Retrieved May 5, 2020. <https://globalvoices.org/2020/03/25/across-africa-covid-19-heightens-tensionbetweenfaith-and-science/>
- Magaji, R. A. "COVID-19 as a global pandemic in disaster management: Overview of the corona virus disease, 2019 (COVID-19)". 2020.
- Matsaganis, M., and Payne, G. "Agenda Setting in a Culture of Fear: The Lasting Effects of September 11 on American Politics and Journalism." *American Behavioral Scientist*, vol. 49, 2005, pp. 379- 392.
- Mazzoleni, G., and Schultz W. "Mediatization" of Politics: A Challenge for Democracy? *Political Communication*, vol. 16, no. 3, 1999, pp. 247-261.
- Nicomedes, C. J. C., and Avila, R. M. A. "An Analysis on the Panic of Filipinos During COVID-19 Pandemic in the Philippines." Unpublished manuscript. doi:10.13140/RG.2.2.17355.54565
- Nwaubani, A. T. "Coronavirus: Why some Nigerians are gloating about Covid-19". BBC News. Retrieved April 23, 2020. <https://www.bbc.com/news/world-africa-52372737>
- Olapegba, P. O., et al. "COVID-19 Knowledge and Perceptions in Nigeria". In press. PsyArXiv. <http://dx.doi.org/10.31234/osf.io/j356x>
- Pakpour, A. H., and Griffiths, M. D. "The Fear of COVID-19 and Its Role in Preventive Behaviors. *Journal of Concurrent Disorders*, 2020.
- Setiati, S., and Azwar, M. K. "COVID-19 and Indonesia. *Acta Medica Indonesiana: The Indonesian Journal of Internal Medicine*, vol. 52, 2020, pp. 84-89. <http://www.actamedindones.org/index.php/ijim/article/view/1426>
- Trnka, R., and Lorencova, R. "Fear, Anger, and Media-Induced Trauma During the Outbreak of COVID-19 in the Czech Republic". *Psychological Trauma: Theory, Research, Practice, and Policy*, vol. 12, no. 5, 2020, pp. 546-549. <http://dx.doi.org/10.1037/tra0000675>
- Wadvalla, B. A. "How Africa Has Tackled Covid-19". *BMJ*, vol. 370, no. 2830, 2020, pp. 1-3. <http://dx.doi.org/10.1136/bmj.m2830>
- Yoshioka, T., and Maeda, Y. "COVID-19 Stigma Induced by Local Government and Media Reporting in Japan: It's Time to Reconsider Risk Communication Lessons From the Fukushima Daiichi Nuclear Disaster." *Journal of Epidemiology*, vol. 30, no. 8, 2020, pp. 372- 373. <https://doi.org/10.2188/jea.JE20200247>