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Comparative and Regional Media Communication During the COVID-19 Pandemic: A Study of Information Dissemination and Public Response

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Abstract-- The COVID-19 pandemic constituted an unprecedented global public health emergency, significantly disrupting social, economic, and communicative structures worldwide. In this context, mass media emerged as a central institution for disseminating critical health information, shaping public awareness, and guiding individual and collective behavioral responses (WHO, 2020). Media platforms—including print, broadcast, and digital media—became primary sources through which governments, health authorities, and experts communicated risk information, preventive measures, and policy decisions. However, media communication strategies during the pandemic were far from uniform and varied considerably across regions due to differences in socio-cultural norms, levels of media penetration, literacy rates, political systems, and governance frameworks (McQuail, 2010; UNESCO, 2020).

This research paper undertakes a comparative and regional analysis of COVID-19 communication strategies to examine how national and regional media outlets framed pandemic-related information and influenced public understanding and response. By comparing national media narratives with regional and local media coverage, the study highlights variations in agenda-setting, framing, and tone, particularly in addressing region-specific challenges such as healthcare accessibility, migrant crises, and vaccination outreach. Furthermore, the paper explores urban–rural disparities in media access and consumption, emphasizing how digital divides affected information dissemination and public engagement during lockdowns (Kumar, 2021).

Keywords-- COVID-19, Mass Communication, Regional Media, Comparative Media Studies, Health Communication

I. INTRODUCTION

The role of mass communication in managing public health crises has been extensively examined within the fields of communication and media studies, particularly in relation to its influence on public understanding and behavioral responses during emergencies. Scholars argue that during pandemics, media operate not merely as channels for transmitting information but as powerful social institutions that actively construct meanings, frame risks, and shape public discourse (McQuail, 2010).

Through processes such as agenda-setting and framing, mass media determine which health issues receive prominence and how these issues are interpreted by audiences, thereby influencing levels of concern, trust, and compliance with recommended health behaviors.

Health communication literature further emphasizes that the effectiveness of media communication during health emergencies depends largely on the timeliness, accuracy, and credibility of the information disseminated. Timely reporting enables populations to respond quickly to evolving risks, while accurate and evidence-based messaging helps prevent confusion and misinformation (World Health Organization [WHO], 2020). Credible communication, often supported by expert sources and official health authorities, plays a crucial role in building public trust, which is essential for encouraging adherence to preventive measures such as vaccination, quarantine, and hygiene practices. Inadequate or inconsistent media messaging, on the other hand, has been shown to intensify fear, panic, and skepticism, undermining public health efforts and increasing vulnerability to misinformation during crises (WHO, 2020; McQuail, 2010).

Several studies on pandemic communication emphasize the critical role of media framing and agenda-setting in shaping public understanding of health risks and crisis situations. Agenda-setting theory suggests that media influence what audiences think about by prioritizing certain issues over others, while framing theory explains how media shape the interpretation of those issues through selection, emphasis, and presentation (Entman, 1993; McCombs & Shaw, 1972). Entman (1993) argues that media frames define problems, diagnose causes, make moral judgments, and suggest remedies, thereby significantly affecting how audiences perceive the severity, causes, and consequences of a health crisis.

During the COVID-19 pandemic, national media outlets predominantly framed the crisis through quantitative indicators such as daily infection rates, mortality figures, vaccination statistics, and government policy announcements.



This approach contributed to establishing COVID-19 as a dominant public issue and ensured sustained public attention at the national and international levels (UNESCO, 2020). However, several scholars note that such macro-level framing often lacked localized relevance, as it failed to adequately address region-specific challenges, lived experiences, and socio-economic disparities. As a result, audiences in different regions experienced varying levels of engagement and comprehension, particularly in communities facing distinct healthcare infrastructure limitations or cultural barriers (UNESCO, 2020).

Furthermore, the emphasis on global comparisons and national policy narratives sometimes overshadowed community-level perspectives, reducing the visibility of localized solutions and grassroots responses. This gap in framing underscores the importance of regional and local media in complementing national narratives by contextualizing health risks and policy measures within specific social and cultural environments. Existing literature thus highlights that while national media play a crucial role in agenda-setting during pandemics, effective public health communication requires a balanced integration of national and regional framing strategies to ensure inclusivity, relevance, and behavioral impact (Entman, 1993; UNESCO, 2020).

Comparative media research has consistently demonstrated that media systems vary significantly across regions due to differences in political structures, cultural traditions, levels of media freedom, and institutional arrangements. These structural variations shape journalistic norms, professional practices, news values, and the manner in which crises are reported and interpreted by audiences. Hallin and Mancini (2004), in their influential comparative framework, argue that media systems are deeply embedded within political and social contexts, and that these contexts determine the degree of state intervention, journalistic autonomy, and pluralism within media landscapes.

Applying this framework to the context of COVID-19 communication, several studies reveal that regions and countries with decentralized or pluralistic media systems allowed greater space for regional and local media outlets to operate independently and address community-specific concerns. Such media environments enabled journalists to move beyond national-level narratives and focus on localized challenges, including shortages in healthcare infrastructure, migrant displacement during lockdowns, and the effectiveness of local governance responses (Kumar, 2021). This localized reporting was particularly significant in regions where national media coverage failed to capture

the diverse socio-economic realities experienced at the grassroots level.

Furthermore, decentralized media systems facilitated greater audience engagement by allowing regional media to frame the pandemic in culturally and socially relevant ways. By highlighting local voices, regional policies, and community-led initiatives, these media outlets enhanced public understanding and trust, thereby improving compliance with health guidelines. The literature suggests that comparative analysis of media systems is essential for understanding why certain regions demonstrated more effective communication and public response during the pandemic. Consequently, existing studies emphasize that regional media autonomy and institutional diversity play a crucial role in strengthening crisis communication, especially in large and heterogeneous societies (Hallin & Mancini, 2004; Kumar, 2021).

The role of regional and vernacular media has attracted significant scholarly attention, particularly in the context of developing countries characterized by linguistic diversity, uneven digital access, and varying levels of media literacy. Research indicates that regional-language media serve as vital communication channels for populations with limited access to English-language or digital media platforms, especially in rural and semi-urban areas where traditional media continue to dominate information consumption patterns (Jeffrey, 2000). These media outlets often function as trusted sources of information, owing to their cultural proximity and linguistic familiarity, which enhance audience engagement and credibility.

During the COVID-19 pandemic, vernacular media played an instrumental role in bridging the communication gap between public health authorities and local communities. By translating complex medical terminology, epidemiological data, and government advisories into locally understandable language, regional media facilitated better comprehension of public health guidelines such as masking, social distancing, quarantine protocols, and vaccination procedures (UNESCO, 2020). This process of linguistic and cultural mediation was particularly crucial in countering misinformation and rumors that proliferated through informal communication networks and social media platforms.

Moreover, vernacular media contextualized national and global health narratives within local socio-cultural frameworks, addressing region-specific beliefs, practices, and concerns. Studies suggest that such localized communication significantly improved public awareness and compliance with preventive measures, as audiences were more likely to trust and act upon messages delivered in



their native language and framed within familiar social contexts (Jeffrey, 2000; UNESCO, 2020).

Consequently, existing literature underscores the indispensable role of regional and vernacular media in ensuring inclusive and effective public health communication during crises, particularly in linguistically diverse and resource-constrained settings.

Another significant area of scholarly inquiry in pandemic communication research concerns the proliferation of misinformation and the phenomenon widely referred to as the “infodemic” during the COVID-19 crisis. The term “infodemic,” as defined by the World Health Organization, refers to an overabundance of information—both accurate and false—that makes it difficult for individuals to identify trustworthy sources and reliable guidance during a health emergency (World Health Organization [WHO], 2020). Empirical studies suggest that excessive exposure to unverified and misleading information, particularly through social media platforms, intensified public confusion, fear, anxiety, and uncertainty, thereby undermining trust in official health authorities and contributing to vaccine hesitancy and resistance to preventive measures (Cinelli et al., 2020).

Social media platforms, while enabling rapid information sharing, also facilitated the spread of rumors, conspiracy theories, and false health claims, often amplified by algorithm-driven content circulation. This information overload posed serious challenges to public health communication, as audiences struggled to differentiate between credible medical advice and misleading content (Cinelli et al., 2020). In response to this communication crisis, regional and local media emerged as critical corrective agents by verifying information, debunking myths, and contextualizing national and global health policies within local realities.

Regional media outlets, owing to their proximity to communities and higher levels of audience trust, were particularly effective in addressing misinformation at the grassroots level. By consulting local health experts, community leaders, and regional authorities, these media platforms provided culturally relevant explanations and clarifications that enhanced public understanding and reduced panic (WHO, 2020). Existing literature therefore underscores the importance of strengthening regional media capacities in crisis situations, as localized and credible communication is essential for countering misinformation and fostering informed public engagement during public health emergencies.

Urban–rural disparities in media access and consumption have also been widely discussed in existing literature. Research shows that urban populations benefited from greater access to digital media and real-time updates, while rural populations relied more on traditional media such as radio, television, and regional newspapers due to limited internet connectivity (Kumar, 2021). These disparities influenced levels of awareness, risk perception, and adherence to public health guidelines, underscoring the importance of inclusive and diversified communication strategies.

Despite the growing body of literature on COVID-19 and media communication, gaps remain in comparative and regional analyses that systematically examine differences between national and regional media coverage. Many studies focus on national-level narratives, often overlooking the critical role of regional and vernacular media in shaping public response. This study seeks to address this gap by providing a comparative and regional perspective on COVID-19 communication, emphasizing the need for localized, culturally sensitive, and decentralized media strategies in managing future public health crises.

II. OBJECTIVES OF THE STUDY

The primary objectives of this research are elaborated as follows:

1. To analyze differences in COVID-19 communication between national and regional media

This objective seeks to examine how national and regional media outlets differed in their framing, tone, and prioritization of COVID-19-related news. National media generally emphasized macro-level narratives such as nationwide statistics, government policy announcements, and international comparisons, whereas regional media focused on localized issues including healthcare availability, containment zones, and community-level challenges (McQuail, 2010; UNESCO, 2020). By analyzing these differences, the study aims to understand how varying communication approaches influenced audience perception, trust, and behavioral responses during the pandemic.

2. To compare media coverage across different geographic and cultural regions

This objective aims to conduct a comparative analysis of COVID-19 media coverage across diverse geographic and cultural regions.

Media messages are shaped by regional socio-cultural contexts, linguistic diversity, and political environments, which influence how health risks and preventive measures are communicated (Hallin & Mancini, 2004). Comparing media narratives across regions helps identify patterns in agenda-setting and framing that reflect local values, beliefs, and health communication needs, thereby revealing the role of culture and geography in shaping pandemic discourse.

3. To examine the role of vernacular and local media in public health awareness

This objective focuses on assessing the contribution of vernacular and local-language media in disseminating COVID-19 information to linguistically diverse populations. Vernacular media played a crucial role in translating complex medical information into accessible and culturally relevant messages, particularly in developing countries where English-language media has limited reach (UNESCO, 2020; Kumar, 2021). By examining this role, the study highlights how local media enhanced public health awareness, reduced misinformation, and encouraged compliance with preventive measures such as vaccination and hygiene practices.

4. To assess the effectiveness of regional media communication during the pandemic

The effectiveness of regional media communication is evaluated in terms of audience reach, credibility, and influence on public behavior. Regional media often enjoy higher levels of trust among local audiences and are better positioned to address region-specific concerns, making them effective channels for crisis communication (WHO, 2020). This objective seeks to assess how regional media contributed to public understanding, emotional reassurance, and behavioral change during various phases of the COVID-19 pandemic.

5. To understand urban–rural disparities in media access and messaging

This objective examines disparities in media access and messaging between urban and rural populations during the COVID-19 pandemic. Urban audiences generally had greater access to digital and online news platforms, while rural populations relied more heavily on regional newspapers, radio, and television due to limited internet connectivity (Kumar, 2021). Understanding these disparities is essential for evaluating how uneven media access influenced awareness levels, misinformation exposure, and compliance with public health guidelines across different population groups.

III. RESEARCH METHODOLOGY

The present study adopts a qualitative and comparative research design to examine regional and national differences in COVID-19-related media communication. Qualitative methods are particularly appropriate for analyzing media content, as they allow for an in-depth understanding of meanings, narratives, framing patterns, and contextual interpretations embedded within media texts (Bryman, 2016). A comparative approach is employed to systematically assess variations in media coverage across different geographic and cultural regions, enabling a nuanced understanding of how communication strategies differed during the pandemic.

IV. RESEARCH DESIGN

The study is exploratory and descriptive in nature, focusing on how mass media communicated COVID-19-related information during critical phases of the pandemic, such as lockdowns, migrant crises, and vaccination drives. Comparative media analysis is used to identify similarities and differences between national and regional media outlets, as well as between urban- and rural-oriented media content. Such a design is widely used in media and communication research to examine crisis reporting and health communication practices (Hallin & Mancini, 2004).

V. SAMPLE SELECTION

The sample for the study consists of selected national and regional media outlets, including newspapers, television news channels, and digital news platforms. Media content was purposively selected to ensure representation of both national-level narratives and region-specific reporting. Purposive sampling is considered appropriate in qualitative research when the objective is to analyze information-rich cases relevant to the research questions (Creswell, 2014).

The study focuses on media coverage published or broadcast during key periods of the COVID-19 pandemic, particularly during nationwide lockdowns and vaccination campaigns, as these phases involved intensive public communication and heightened media engagement.

VI. DATA COLLECTION METHODS

Data for the study were collected through qualitative content analysis of news reports, editorials, headlines, and broadcast segments related to COVID-19. Content analysis is a systematic technique used to examine media texts in order to identify recurring themes, frames, and patterns of representation (Krippendorff, 2018).



Secondary data were also collected from academic journals, policy documents, and reports published by international organizations such as the World Health Organization and UNESCO to contextualize media narratives and support analytical interpretation.

Units of Analysis

The primary units of analysis include:

- News headlines and lead stories related to COVID-19
- Editorials and opinion pieces
- Television news bulletins and talk shows
- Digital news articles published on official media websites

These units were analyzed to examine framing strategies, agenda-setting patterns, language use, and emphasis on local versus national issues.

Data Analysis Technique

The collected data were analyzed using thematic analysis, which involves identifying, analyzing, and interpreting recurring themes within qualitative data (Braun & Clarke, 2006). Media content was categorized under themes such as public health messaging, government communication, regional challenges, migrant issues, misinformation, and vaccination awareness. Comparative analysis was then applied to assess differences between national and regional media coverage.

Ethical Considerations

The study relies entirely on publicly available media content and secondary sources; therefore, it does not involve human participants or personal data. Ethical research practices were maintained by ensuring accurate representation of media content and proper citation of all secondary sources used in the analysis (Bryman, 2016).

Limitations of the Study

While the qualitative and comparative approach allows for in-depth analysis, the study is limited by its reliance on selected media outlets and time frames. Findings may not be generalized to all regions or media platforms. However, the study provides valuable insights into regional communication patterns and contributes to the broader understanding of media's role in public health crises.

Comparative Analysis of COVID-19 Media Communication

National vs. Regional Media Coverage

During the COVID-19 pandemic, clear distinctions emerged between national and regional media coverage in terms of focus, framing, and narrative priorities.

National media outlets predominantly emphasized macro-level narratives, including daily infection and mortality statistics, nationwide lockdown measures, vaccination policies, and international comparisons of pandemic management. Such coverage played a crucial agenda-setting role by establishing COVID-19 as a central public issue and reinforcing the authority of government-led responses (McCombs & Shaw, 1972; UNESCO, 2020). However, the reliance on quantitative data and policy-driven narratives often resulted in limited attention to region-specific experiences and challenges.

In contrast, regional media outlets focused more intensively on localized realities, such as hospital bed availability, oxygen shortages, local containment regulations, migrant displacement, and community-level coping mechanisms. By foregrounding local contexts, regional media were able to present a more nuanced and human-centered portrayal of the pandemic (Kumar, 2021). Moreover, regional media provided greater visibility to local voices, including frontline healthcare workers, district-level administrators, community leaders, and affected citizens. This proximity to audiences enhanced the credibility and emotional resonance of regional reporting, making it more relatable and impactful in influencing public understanding and behavioral responses (Hallin & Mancini, 2004).

Urban vs. Rural Communication Patterns

Significant differences were also observed in COVID-19 communication patterns between urban and rural populations. Urban audiences generally benefited from greater access to digital media, social networking platforms, and real-time updates through online news portals and mobile applications. This digital accessibility enabled faster dissemination of information regarding case numbers, vaccination registration, and policy changes (Cinelli et al., 2020). However, it also exposed urban populations to higher volumes of misinformation and information overload.

In contrast, rural populations relied predominantly on traditional media such as regional newspapers, radio broadcasts, and local television channels due to limited internet penetration and digital literacy (Kumar, 2021). These traditional media platforms became essential sources of verified information, particularly during lockdowns when physical mobility was restricted. The disparity in media access contributed to differences in awareness levels, vaccine acceptance, and compliance with safety protocols across urban and rural settings. Studies suggest that rural audiences exhibited delayed access to information but often demonstrated higher trust in the messages conveyed by familiar and local media sources (WHO, 2020).



Role of Vernacular Media

Vernacular media played a pivotal role in bridging communication gaps during the COVID-19 pandemic, especially in multilingual and culturally diverse societies. By presenting health guidelines, government advisories, and medical information in local languages, vernacular media ensured better comprehension among non-English-speaking populations and marginalized communities (Jeffrey, 2000). This linguistic accessibility was crucial in communicating complex health concepts such as virus transmission, vaccination efficacy, and preventive behaviors in an understandable and culturally appropriate manner.

Additionally, vernacular media acted as effective counterforces against misinformation by contextualizing national policies and debunking rumors circulating through informal networks and social media platforms. Their grassroots reach and high levels of audience trust enabled them to reduce panic, dispel myths, and promote adherence to public health measures at the community level (UNESCO, 2020; WHO, 2020). The literature thus underscores the indispensable role of vernacular media as a key component of inclusive and effective public health communication during large-scale crises.

Challenges in Regional COVID-19 Communication

Despite their significant contribution to public health communication during the COVID-19 pandemic, regional media outlets encountered multiple structural and operational challenges that affected the accuracy, consistency, and reach of their reporting. One major challenge was the limited access to verified medical and scientific information, particularly during the early stages of the pandemic when knowledge about the virus was rapidly evolving. Regional journalists often depended on secondary sources or delayed official briefings, which increased the risk of misinformation or incomplete reporting (World Health Organization [WHO], 2020).

Another critical constraint faced by regional media was the shortage of financial and human resources during prolonged lockdown periods. Many regional news organizations experienced reduced advertising revenue, staff layoffs, and operational disruptions, leading to diminished newsroom capacity (UNESCO, 2020). Journalists were frequently required to multitask, cover multiple beats, and work under unsafe conditions, which limited their ability to conduct in-depth verification and investigative reporting. These resource limitations sometimes resulted in reliance on press releases and official statements, reducing editorial independence and diversity of perspectives.

Regional media outlets also faced pressure from local authorities and political actors, which influenced editorial decisions and framing of COVID-19-related news. In certain regions, journalists encountered restrictions on movement, intimidation, or informal censorship, particularly when reporting on healthcare failures, migrant distress, or administrative shortcomings (UNESCO, 2020). Such pressures compromised journalistic autonomy and contributed to selective reporting, thereby affecting public trust and transparency.

Additionally, the rapid spread of misinformation through informal local communication networks, including social media groups, word-of-mouth channels, and messaging applications, posed a significant challenge for regional media. False claims related to home remedies, vaccine side effects, and conspiracy theories circulated widely at the grassroots level, often outpacing corrective media interventions (Cinelli et al., 2020). While regional media attempted to counter misinformation, limited digital reach and verification resources constrained their effectiveness.

Collectively, these challenges underscore the vulnerabilities of regional media systems during large-scale health crises. Existing literature suggests that strengthening institutional support, improving access to expert sources, and enhancing journalistic training in health communication are essential for improving the reliability and resilience of regional media reporting during future public health emergencies (WHO, 2020; UNESCO, 2020).

VII. FINDINGS AND DISCUSSION

The findings of the study indicate that regional and localized media communication was significantly more effective in influencing public awareness, trust, and health-related behavior during the COVID-19 pandemic than generalized national-level messaging. One of the key factors contributing to this effectiveness was the higher level of trust audiences placed in regional and local media outlets. Existing literature suggests that audiences are more likely to trust media sources that reflect their cultural context, address immediate local concerns, and communicate in familiar linguistic forms (Jeffrey, 2000; Kumar, 2021). This trust enhanced audience engagement and increased the likelihood of compliance with public health guidelines.

Cultural relevance and linguistic familiarity emerged as crucial determinants of effective health communication. Regional and vernacular media translated complex medical information and government advisories into locally meaningful narratives, thereby improving comprehension among diverse population groups.



Studies in health communication emphasize that messages framed within culturally relevant contexts are more persuasive and more likely to result in behavioral change, particularly during crisis situations (World Health Organization [WHO], 2020). In contrast, national media messaging, while authoritative and wide-reaching, often relied on standardized and policy-driven narratives that lacked sensitivity to local socio-economic realities.

The comparative analysis further demonstrates that regions with strong and well-established local media networks exhibited higher levels of awareness, adherence to preventive measures, and acceptance of vaccination campaigns. This observation aligns with previous research suggesting that decentralized and pluralistic media systems enable more responsive and context-specific crisis communication (Hallin & Mancini, 2004). Regional media's emphasis on local healthcare capacity, community-level initiatives, and region-specific challenges enabled audiences to perceive public health measures as relevant and actionable.

Moreover, the findings highlight the limitations of centralized communication strategies during large-scale health emergencies. While national media played an essential role in agenda-setting and policy dissemination, their generalized approach was insufficient to address the diverse needs of heterogeneous populations. The study reinforces the argument that decentralized communication strategies, which integrate national messaging with localized media engagement, are essential for effective risk communication and community compliance during pandemics (WHO, 2020; UNESCO, 2020).

Overall, the discussion underscores the need for policymakers and public health authorities to recognize regional media as critical stakeholders in crisis communication frameworks. Strengthening regional media infrastructure and incorporating local voices into official communication strategies can significantly enhance public trust, reduce misinformation, and improve behavioral outcomes during future public health emergencies.

VIII. CONCLUSION

The COVID-19 pandemic has reaffirmed the central role of mass communication as a critical component of crisis management and public health governance.

As evidenced by this study, media communication significantly influenced public awareness, risk perception, and behavioral responses throughout the pandemic. Existing scholarship emphasizes that effective crisis communication depends not only on the volume of information disseminated but also on its credibility, relevance, and cultural adaptability (McQuail, 2010; World Health Organization [WHO], 2020). The findings of this research further reinforce the argument that mass media function as active social institutions that shape public understanding rather than merely transmitting information.

Comparative and regional analyses demonstrate that one-size-fits-all communication strategies are inadequate in socially, culturally, and linguistically diverse societies. National-level messaging, while essential for agenda-setting and policy dissemination, often failed to address region-specific realities and lived experiences. In contrast, regional media—particularly vernacular outlets—emerged as indispensable agents of public health communication by addressing localized needs, translating complex health information into accessible language, and incorporating community voices into pandemic narratives (Jeffrey, 2000; UNESCO, 2020). These localized communication efforts enhanced public trust and improved compliance with preventive measures.

Furthermore, the study highlights the necessity of integrating regional media into official public health communication frameworks as part of future pandemic preparedness strategies. International health organizations advocate for decentralized, inclusive, and culturally sensitive communication approaches that actively engage local media and community stakeholders to ensure effective risk communication and community participation (WHO, 2020). Strengthening regional media infrastructure, improving access to verified health information, and fostering collaboration between health authorities and local media can significantly enhance the effectiveness of crisis communication.

In conclusion, the COVID-19 pandemic offers critical lessons for future public health emergencies, underscoring the need for pluralistic, regionally responsive, and culturally informed communication strategies. Recognizing and institutionalizing the role of regional and vernacular media will be essential for building resilient communication systems capable of addressing diverse populations during large-scale health crises.



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