

Deconstructing the Problematic Roles of Pakistani Media During the Covid-19 Pandemic

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Abstract

[Purpose] This study assesses the duties of the mass media operating in Pakistan, the state of its affairs, and the domestic roles it can play in benefiting communities in distress, especially during the pandemic caused by the coronavirus. Media workers use “emergency” as a generic term to describe all sorts of crises, including an outbreak. Although it fulfills the essential criteria on which disseminators can devise a crisis management plan, it does not address the core issue: how a health emergency differs from other disasters. In the sociocultural context, the role of media personnel in Pakistan becomes more problematic due to several shortcomings. As public and community health is not up in mainstream media’s agenda and they focus more on politico-social issues, the media workers’ job of collecting data, writing facts, and sharing information becomes more challenging.

[Methodology/Approach/Design] This study entails a mixed method with a descriptive approach based on empirical data to analyze the media’s role in Pakistan and forecast its duties during the COVID-19 epidemic. For COVID-19 integrated statistics, it drew upon the numeric data provided by domestic and international health organizations.

[Findings] For a qualitative assessment, the authors organized a survey reflecting the responsibilities of media and problematics of Pakistani media amid emergencies using a 5-point Likert Scale. The survey was conducted through random phone calls, following the government’s directions regarding standard operating procedures (SoPs) amid the pandemic.

Keywords: Coronavirus. Pandemic. Health Hazards. Newsgathering. Dissemination Operations. Pakistan.

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INTRODUCTION

SARS-CoV-2, most commonly COVID-19, has taken 6,018,803 lives (as of March 3, 2022), infected 446,752,452 others (JHU, 2022), and is continuously teasing the behaviors and attitudes of the rest of the world, leaving them psychologically distressed. In Pakistan alone, COVID-19 took 30,218 lives and infected 1,511,754 others (MNHS, 2022). “The COVID-19 pandemic... was declared as such by the World Health Organization on March 12, 2020” (Hickok, 2020). “This is a crisis of unprecedented proportions that arrived in full view yet caught everyone off guard” (Jong, 2021). “Global media coverage on the coronavirus began to rise after January 20, when the Chinese government officially confirmed the local outbreak to the world” (Fu & Zhu, 2020), which instantly transformed into a pandemic.

An endemic is a condition that keeps getting worse over time and can be seen on a larger scale than just one person. In contrast, an outbreak leaves behind an endemic level that goes a bit steady and at a pace that people cannot immediately predict. An outbreak turns into an epidemic, and people over a vast geographic area are infected. An epidemic becomes the mother of a deadly pandemic, affects people globally, and creates a global health emergency (Grennan, 2019).

Pandemics portray a grim picture of community-level ignorance, reveal the fundamental importance of global health, and teach us that at all costs, we must prepare to fight an endemic so that it does not go beyond a certain predicted level and is appropriately managed and diminished. Troubled times require specific, urgent, and extraordinary measures, as they not only challenge governance at massive scales like we are currently witnessing during the days of the COVID-19 pandemic but also try to test the resilience of those responsible for informing the public of their safety. The disseminators must set priorities for disease control and precautions ahead of time. Numerous factors influence the spread of a health condition that inadvertently hides in our daily habits, determining how easily a health condition can pass from one to the other and how far one can carry a health condition with him, i.e., through travel (Grennan, 2019). Communities that do not follow simple interaction protocols, such as forming a queue or staying a significant distance apart, are particularly vulnerable to the community-level spread of a health condition becoming the basis of an outbreak or epidemic. And suppose the people of a specific vulnerable community are unaware of the disease’s reach. In that case, it is the responsibility of communication institutions to spread information before the spread of the disease and make people aware of healthy habits that they can usually forget. Such practices will help to solve the equation of responsibility to restrain and correct

people's habits linked to health conditions and motivate them to follow protocols of healthy interactions. This way, we can adopt procedures for sustainable community development through better, brief, and timely information, preventing health conditions from spreading quickly in the future. And as described by Koplan et al. (2009), "global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide," as every community has the right to health due to access to health information as well as the deservingness to know the methods and procedures for disease prevention and eradication. And to do so, it is essential to first figure out the determinants of health on various levels for effective disease control. As all humans have three basic demands for life, i.e., physiological, psychological, and environmental, these determinants occur in all three directions (Bircher & Kuruvilla, 2014) as described in the Meikirch Model of Health, see Figure 1.

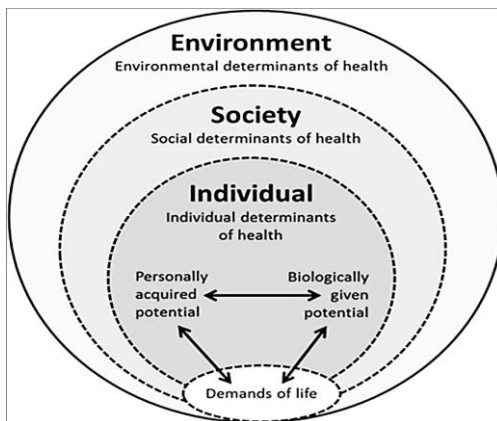


Figure 1 – The Meikirch Model of Health, retrieved from (Bircher & Kuruvilla, 2014)

An emergency, especially an epidemic or a pandemic, can be challenging for individuals and communities. Sudden and unpredictable situations, growing fears of health hazards, the psychological impact of deteriorating physical conditions, and an increasing number of deaths can affect their understanding of an emergency. Hence, they can panic, act randomly and unpredictably, and try to take measures to make an already troubled situation alarmingly hazardous. People would require proper, accurate, and timely guidance in such a situation. Suppose the right person disseminates the correct information at the right time, is comprehensible for the general audience, is precise and brief, and possesses a more direct approach; it will benefit a community hit by an emergency and desperately waiting for its information. During such troubled times, the responsibility of the mass media significantly increases, and the scale of its newsgathering, reporting and dissemination operations expands.

Emergencies demand extraordinary measures, especially from communicators who disseminate information for public safety, conduct the most demanding work amid crises, and reach where it is required along with much-needed information or aid. “For individuals exposed to COVID-19, psychological harm can occur in the immediate aftermath of COVID-19 exposure and can persist over a long period, ultimately contributing to lower quality of life and functional impairments in social, occupational, and physical domains” (First, Shin, Ranjit, & Houston, 2020). So, for communicators, it is a matter of foremost importance that they perfectly understand all these determinants of health, quickly figure out how to deal with the people affected by any given health condition or emergency, and carefully address their concerns while disseminating their voices for psychological satisfaction to keep them from mental illness or its impact for causing physiological futility. Hence, the responsibility of the media is of extraordinary significance and is a matter of great responsibility. For a community affected by an emergency, understanding information disseminated for their safety becomes a challenging area, as “a substantial body of research has documented problematic mental health reactions associated with paying more attention to traditional media (e.g., television, newspaper, radio) ... Additionally, individuals with direct disaster exposure use more media coverage of that event” (First, Shin, Ranjit, & Houston, 2020). “By assessing how countries have reacted to this developing pandemic, the field of crisis communication enriches itself with new best practices” (Jong, 2021).

Social media can use many sources, whereas the internet supports platforms for social communications. These sources include various unconventional social interaction applications such as Facebook, Twitter, YouTube, and Dailymotion, which use visual data, e.g., images, texts, and videos. These platforms offer ease of access, the cost of which is zero, and may possess financial benefits to engage users. Social media users get the liberty of “posting content and responding to other posts” (First, Shin, Ranjit, & Houston, 2020), and indeed become vulnerable to negative propaganda and fake news.

In Pakistan, mass media plays its role in the people’s right to information, both in peaceful times and during emergencies and disasters. These problems are particularly associated with the financial and intellectual capacity of domestic media outlets, effective use of the human resource, availability of efficient communicators and field professionals for all social domains, accessibility to a stress-free inhouse work environment as well as protection during the fieldwork, both in terms of finances and gear.

Agenda-setting is one of the primary characteristics of media. The researchers frequently studied the masses-media relationship and drew their opinions through qualitative analyses that involved behavioral theory. Media

influences scopes of public opinion but mostly leaves them with newer dimensions to think about and form their attitudes (Siddique, 2020).

The scope of this study involves all characteristic dimensions of crisis communication, management, and planning, but the current research is limited to specific distinct parameters intricately linked to the capacity of Pakistani media. Moreover, this study is confined to the capability of responses of Pakistani media to health emergencies and disasters, primarily the current COVID-19 pandemic. Moreover, CERC principles are discussed only briefly. Further research is required to study some/all other outstanding/concerning issues, media responses, and outcomes.

SIGNIFICANCE OF STUDY

This study aligns with the Crisis and Emergency Risk Communication (CERC) principles. Center for Preparedness and Response (CPR) describes that “these principles are used by public health professionals and public information officers to provide information that helps individuals, stakeholders, and entire communities make the best possible decisions for themselves and their loved ones” (CPR, 2017). In doing so, all the ideas discussed in this writing comprehensively elaborate and reflect CERC ideology and rhythm that inculcates motivation and provides guidance to all those souls involved in the benefit of communities at large, putting their lives at risk for the people in distress and providing quick and timely information (Yong, et al., 2020). These principles, as the Center for Disease Control and Prevention (CDC), describes, include (a) be first, (b) be right, (c) be credible, (d) express empathy, (e) promote action, and (f) show respect (CDC, 2020). These principles possess harmony in action, effectiveness in use, and universality in intellectual interpretation.

When an emergency hits a community, i.e., the current COVID-19 pandemic, the lives of all information officers, professional communicators, video journalists, and survey teams remain at stake. They can easily catch harmful substances that can infect them and their loved ones at home. So, they must make tough decisions while in the field to fulfill their responsibility as a media person and for their and the community’s safety.

Pakistani media has seen numerous troubles since its inception in 1964 in the form of Pakistan Television (PTV, 2019). Private organizations began playing their roles in information and broadcasting affairs in 2002 (Din, 2020). However, mass media in Pakistan remained entangled in political and socio-political affairs, resultantly lacking experience in handling emergencies, especially health conditions such as COVID-19.

In Pakistan, people living in urban outskirts and rural areas are particularly at stake because of poor hygiene and sanitation conditions, which make data

collection, fact writing and dissemination of news operations, and social peer-to-peer interactions and processes more problematic for media personnel. So, in Pakistan, where scarcity of resources often becomes a hurdle, *what* should be communicated? And *how*? These are the two most important questions. For a media person, it is essential to understand *what* describes the role and how it reflects responsibility fulfillment. The current study draws upon the outcomes and results of studies conducted worldwide to understand health problems better and answer *what* and *how* in a more generalized way so that domestic health issues are in line with global solutions.

LITERATURE REVIEW

Lohiniva et al. (2020) stated that the nature and magnitude of COVID-19 is an unprecedented emergency. It is essential to understand how the public reacts to this pandemic and to comprehend their perceptions for better communication during this crisis. Authors have put forth specific proposals, primarily based on email messages and social media discourse, to develop a complete understanding of evident and hidden risk factors associated with public perceptions, further developed into a coherent set of risk communication recommendations. The survey by Lohiniva et al. (2020) is suitable for journalists to comprehend risk communication fully.

The United States Department of Health & Human Services runs the Center for Disease Control and Prevention (CDC). The literature offered by the said department's website [emergency.cdc.gov](https://www.emergency.cdc.gov) is particularly significant both in terms of understanding the nature of emergencies and for practicing, teaching, and imparting knowledge for the betterment of the public. All the content is widely and freely available to the public, especially on Communication and Emergency Risk Communication (CERC). Comprehensive literature is available regarding crisis communication, psychology of crisis, general perceptions of the people amid emergencies, guidelines and manuals for information experts, emergency workers, and communicators for planning and conducting crisis communication, and strategies and recommendations for mass media.

The research article of Jong (2021) is particularly interesting for this study. The author has made an extensive effort to explore and enlist possible questions that directly address crisis communication. Jong has categorized these questions into several subsections based on the nature and demand of crisis communication, especially for mass media. These categories and subcategories become an extensive collection of ideas that can be easily described as a manual for communicators during all kinds of health emergencies, especially pandemics. Jong's work is significant for this writing, and his approach is carried out within

this manuscript to analyze the intellectual perceptions and planning of communicators during the COVID-19 pandemic.

Khan et al. (2020) conducted questionnaire-based surveys to analyze public perceptions regarding COVID-19 and developed a hypothesis based on the outcomes. Through these surveys, the public's mood and attitudes which create a general ambiance related to a particular health condition, are studied.

Siddique (2020) elaborates on how media sets the agenda and why this setting is vital amid the current pandemic. Siddique (2020) discussed several Pakistani newspapers and outlined why the public is forced to depend on media for critical information, i.e., during lockdowns, and what roles the newspaper editorials and news stories play in such situations.

MATERIALS AND METHODS

For COVID-19 integrated statistics, this study used a mixed method. It drew upon the numeric data provided by domestic and international health organizations, i.e., the Ministry of National Health Services Pakistan, World Health Organization (WHO), John Hopkins University Coronavirus Resource Center, Kaiser Family Foundation (KFF), Institute of Health Metrics and Evaluation (IHME), Global Health Data Exchange (GHDx) and numerous others for quantitative analysis.

Globally, people are confused about whether to go for preventive measures for temporary safety and relief, i.e., wearing masks, following social distancing, washing hands, or go for a suggestive permanent cure, i.e., vaccine intake. In such situations, studying individuals and communities socially and integrating the outcomes with historical findings would carry a high percentage of randomness until the COVID-19 pandemic is over, giving firm grounds for researching an ideal environment. Hence, for media personnel, the word *emergency* was used to express pandemic as a generalized term, and it was aligned with measures that could be taken during all emergencies (outbreaks or disasters) and coupled with specific improvised ideas that were assessed from studies conducted by other researchers regarding the current pandemic and its impact on Pakistan. So, analyzing the role of media in Pakistan, and predicting its responsibilities amid the COVID-19 pandemic, would be confined to a more descriptive approach to empirical findings.

For qualitative assessment, a survey on the responsibilities of media amid emergencies and problems of Pakistani media was conducted using a 5-point Likert Scale, see Table 1. The five categories for all responses included (a) strongly disagree, (b) disagree, (c) cannot decide, (d) agree, and (e) strongly agree.

#	Question	Strongly Disagree	Disagree	Cannot Decide	Agree	Strongly Agree
1	My organization tries to be first and promotes respect & empathy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I impose self-censorship in newsgathering and dissemination, and my organization encourages this act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	My organization encourages crisis communication planning and stakeholder interaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	My organization has a specialized social media monitoring desk to debunk fake news.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	My organization hires medical experts or healthcare professionals as full-time/part-time employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	My organization encourages citizen journalism/voluntary newsgatherers, especially amid emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	It will be a good idea if my organization receives governmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	assistance amid emergencies.					
8	My organization provides emergency protective gear & gives a special emergency allowance.	○	○	○	○	○
9	My organization offers health/life insurance or special fund in case of accidental death.	○	○	○	○	○

Table 1 – Standard Questionnaire Based on a 5-Point Likert Scale

The authors contacted the respondents through random phone calls and noted their responses manually. To improve clarity and fair evaluation, demographics, i.e., age, gender, education, employment status, and location of the respondents, as listed in Table 2, were also noted.

	Breakup	Tally	%
Age	25-34 Y	17	53.1
	35-44 Y	6	18.7
	45-60 Y	8	25
Gender	Male	24	75
	Female	8	25
	Transgender	0	0
Education	Undergraduate	21	65.6
	Graduate	10	31.2
	Postgraduate	1	3.1
Employment Status	Employed	27	84.3
	Unemployed	5	15.6
Location	Lahore	18	56.2
	Karachi	8	25
	Islamabad	6	18.7

Table 2 – Demographic Enquiry of Respondents

Table 3 describes the professional association of respondents. However, upon respondents’ request, the authors did not mention their institutional or

organizational affiliation anywhere in the survey results or discussion. Any situational or linguistic resemblance in this regard would be unintended.

	Sources Tally	%	Respondents	%
National-Level TV Channel	7	53.8	21	65.6
Citywide TV Channel	2	15.3	5	15.6
National Level Newspaper	3	23.3	4	12.5
Citywide Newspaper	1	7.6	2	6.2
Total	13	100.0	32	100.0

Table 3 – Professional Association of Respondents

This study also includes outcomes of surveys, interviews, and behavioral case studies conducted by individual researchers, and other health and educational institutions, for a better qualitative understanding.

Emergencies are extraordinarily demanding and studying them may include every noticeably meaningful idea. The outcome and magnitude of destruction by COVID-19 are still unknown, so the approach remained inductive. Hence, for future research, the findings of this study can be categorized into the following two categories.

The Generalized Findings and Outcomes that We Can Apply Based on Their Applicability

- Specific findings that we can only apply to (or after) a certain point where the magnitude of destruction and definite measures for future prevention is known.

As the COVID-19 pandemic is still affecting communities, infecting people at large, and taking lives on a massive scale, only probabilistic analysis can explore its futuristic dimensions. Research into the current pandemic has many angles and associated themes that researchers can find to explore (Ågerfalk, Conboy, & Myers, 2014).

Although it was a cross-sectional insight and referred to specific bottleneck points in time, i.e., the current COVID-19 health emergency, it also becomes longitudinal owing to the nature of the study on pandemics, which can be both historical and futuristic.

RESULTS

The principal author had an honest insight into the limitations of Pakistani media as he had spent about 20 years as a professional journalist. The authors

randomly contacted one hundred and nine individuals to post their responses. However, thirty-two individuals recorded their responses based on Table 1. Of these thirty-two respondents, twenty-seven were employed, and five had lost their jobs amid the current pandemic. However, all individuals had a fair insight into the limitations of their previous/current working environments, the capacity of their media houses, and their capacity to work amid emergencies. All thirty-two individuals responded to nine questions. Their results varied from question to question and are briefly described below. The percentage factor of all responses is also mentioned in the chart, reflecting the scores in each category.

“My Organization Tries to Be First and Promotes Respect & Empathy.”

The impact of tragedy doubles if journalists disrespect a patient infected by the virus, deny any service, or discourage him (Seeger, Reynolds, & Sellnow, 2020). So, all communicators, field surveyors, video journalists, writers, and professional experts must carefully choose their words and actions. All thirty-two respondents were explicitly asked about CERC’s “be first” and “promote empathy” principles. Only two respondents disagreed with the idea that their organization intends to reach first. A high percentage, around eighty-seven, either agreed or strongly agreed that their organizations not only plan to be first but also promote respect and empathy for the troubled communities, as illustrated in Figure 2.

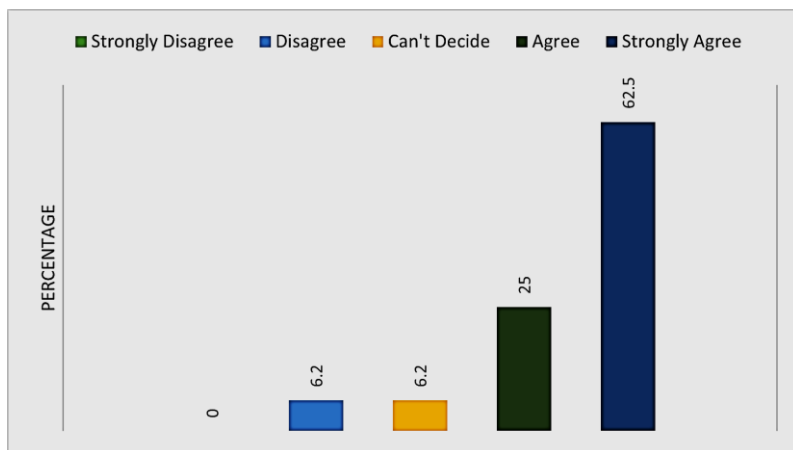


Figure 2 – Attitudes towards CERC’s “Be First” and “Promote Empathy” Principles

“I Impose Self-Censorship in Newsgathering and Dissemination Processes, And My Organization Encourages This Act.”

Proper dissemination of messages helps recognize and channel the infected people’s anger and frustration. If the disseminator also knows the processes of self-censorship, the dissemination procedure becomes more effective. During the survey, most respondents agreed to self-censorship and reflected on their organizations’ intentions to encourage such notions (Figure 3).

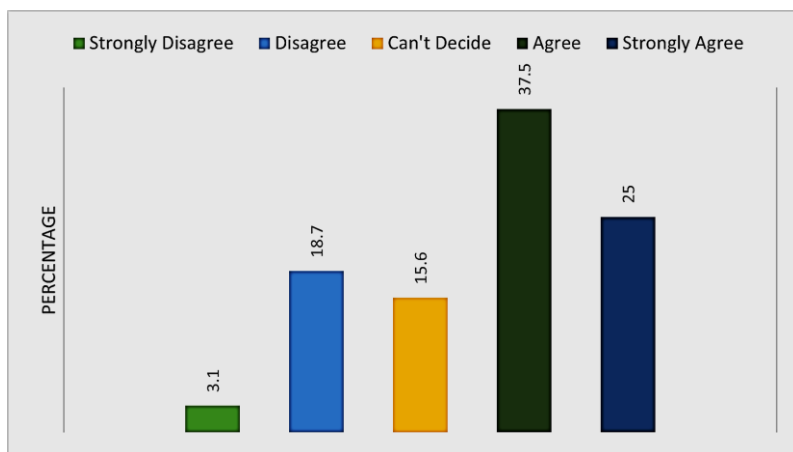


Figure 3 – Percentage of Opinions of Respondents toward the Notion of Self-Censorship

“My Organization Encourages Crisis Communication Planning and Stakeholders’ Interaction.”

Random actions cannot guarantee success. So, a comprehensive plan is essential for achieving the goal of making people feel safe and secure. An organization without the proper planning, skills, and prearranged resources will eventually fail and cannot satisfy its troubled audience. But in the survey, most respondents (around 49 percent) disagreed that their organizations develop rigorous crisis communication plans and encourage stakeholder interactions. However, some respondents mentioned that they keep interactions with stakeholder communities individually but not with the primary stakeholders, i.e., financiers and partners (Figure 4).

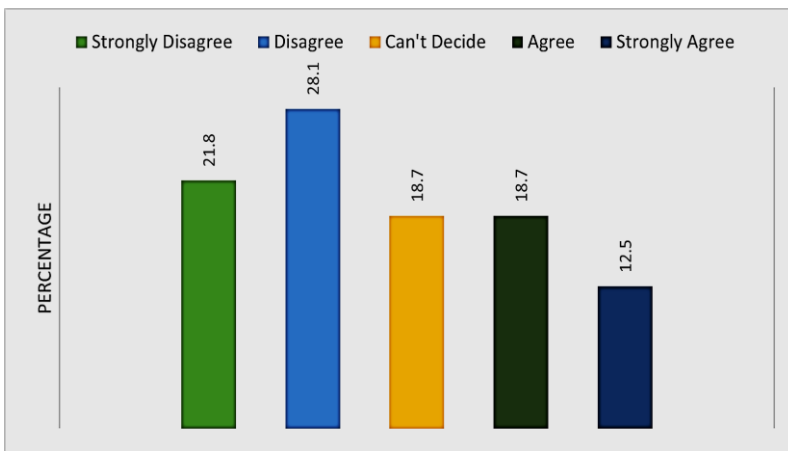


Figure 4 – Percentage of Aspirations of Respondents toward Crisis Communication Planning and Interaction with Stakeholders

“My Organization Has a Specialized Social Media Monitoring Desk to Debunk Fake News.”

Every media house needs a monitoring desk to debunk fake news amid the growing influence of social media. All respondents were asked whether their organization can identify fake news, has appointed individuals to monitor them, or has a specific fake news monitoring desk. A total of ten individuals strongly disagreed with the notion, and fifteen others disagreed. Only one respondent agreed with the question, and two others strongly agreed, whereas four individuals could not decide whether their organization possesses a fake news monitoring system (Figure 5).

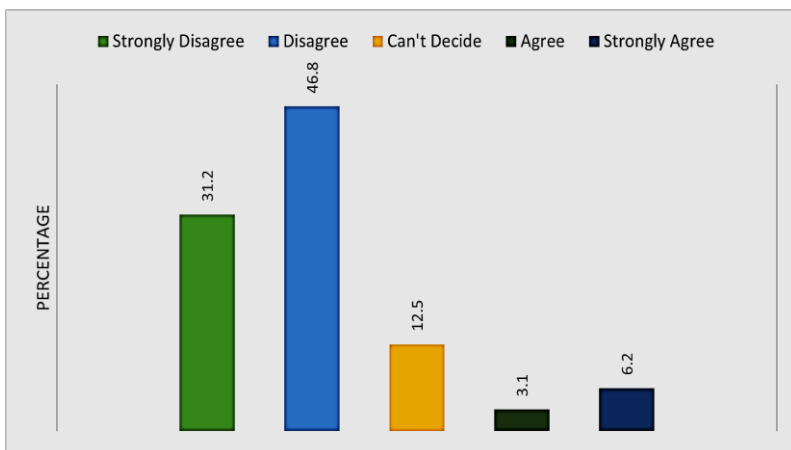


Figure 5 – Percentage of Viewpoints of Respondents towards Debunking Fake News

“My Organization Hires Medical Experts or Healthcare Professionals Full-Time/Part-Time Employees.”

The survey shows that about 62 percent of respondents strongly disagreed that their organization hires, or has hired, healthcare professionals. This number is significant, especially in understanding the capacity of news gatherers, reporters, and news editors in Pakistan. Only one respondent strongly agreed that his organization hires healthcare experts and two others agreed. However, the two individuals could not decide in favor of or against the question, see Figure 6.

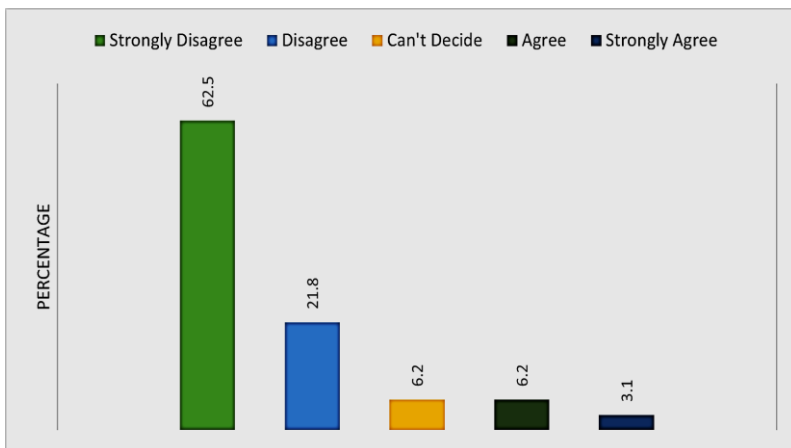


Figure 6 – Perspectives of Respondents towards Hiring Healthcare Experts

“My Organization Encourages Citizen Journalism/Voluntary Newsgatherers, Especially Amid Emergencies.”

Citizen journalism is the key to crisis communication and planning. Out of thirty-two respondents, ten journalists disagreed that their organization encourages citizen journalism, and two others vehemently disagreed. Eight respondents had an agreement, five responded strongly in favor, whereas about twenty-one percent could not decide in favor or against the notion as Figure 7 states.

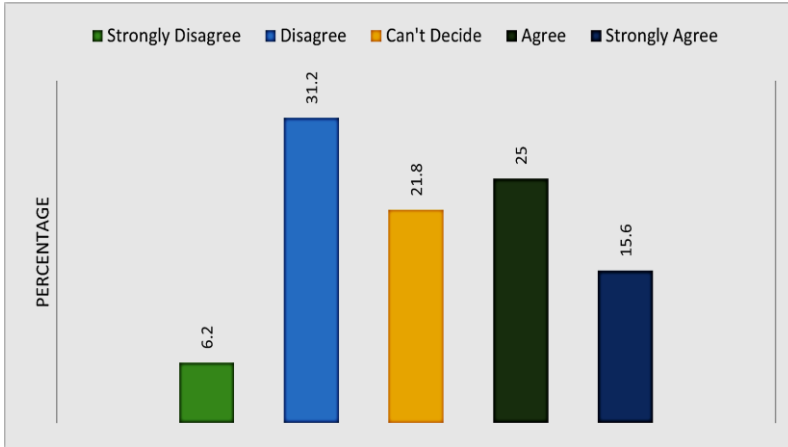


Figure 7 – Percentage of Aspirations of Respondents toward Citizen Journalism

“It Will Be Good If My Organization Receives Governmental Assistance Amid Emergencies.”

The results of the survey show that most of the journalists were in favor of governmental assistance amid emergencies. Around fifty-three percent strongly agreed, supported by thirty-one percent who agreed that the government should take measures to keep all media organizations, especially amid crises such as the current pandemic (Figure 8).

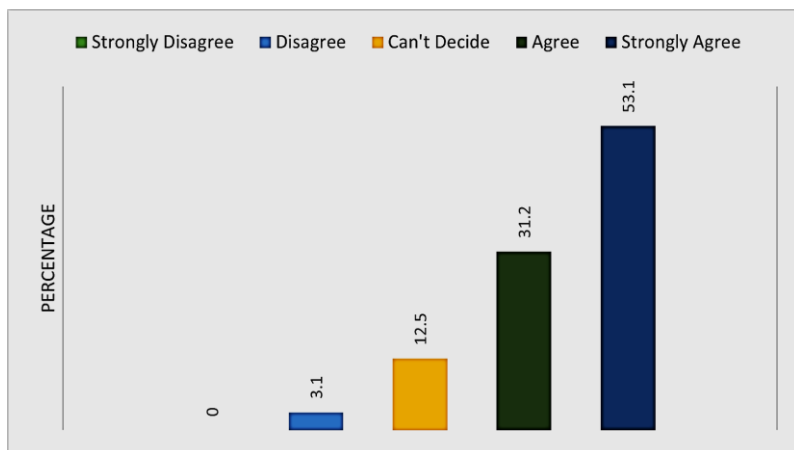


Figure 8 – Percentage of Viewpoints towards Governmental Funding amid Emergencies

“My Organization Provides Emergency Protective Gear & Gives Special Emergency Allowance.”

“Accidental death and dismemberment insurance provide coverage for death due to an accident. It also pays if you lose a limb or a function such as a sight, hearing, or speech in an accident” (Huddleston, 2020). Almost 25 percent of respondents did not know about it, while twelve disagreed, and six others strongly disagreed that their organizations offer such incentives. Only two respondents strongly agreed, and four others decided in favor as stated in Figure 9. The breakup of all Responses is shown in Table 4.

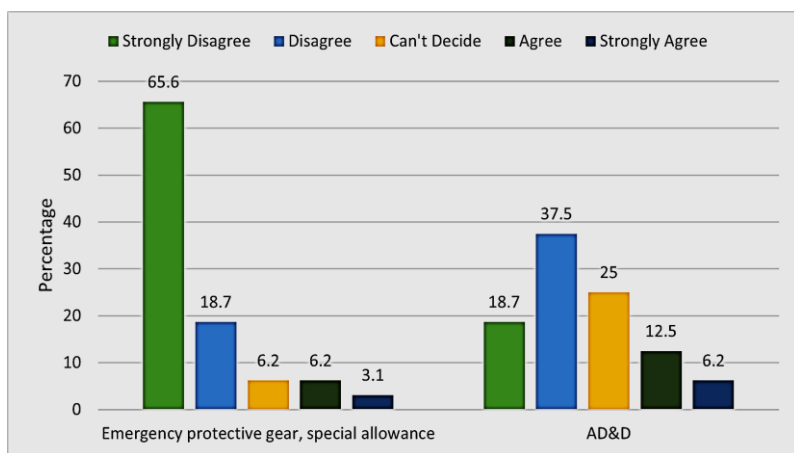


Figure 9 – Percentage of Views towards Strengthening the Employees and Making Them Feel Safe amid Emergencies.

	Strongly Disagree	Disagree	Cannot Decide	Agree	Strongly Agree
Be First, Promote Empathy & Respect	0	2	2	8	20
Self-Censorship	1	6	5	12	8
Crises Policy Planning & Stakeholders' Interaction	7	9	6	6	4
Fake News Monitoring	10	15	4	1	2
Hiring Healthcare Experts	20	7	2	2	1
Citizen journalism	2	10	7	8	5
Governmental Assistance amid Emergencies	0	1	4	10	17
Emergency Protective Gear, Special Allowance	21	6	2	2	1
Accidental Death Benefit & Dismemberment (AD&D)	6	12	8	4	2

Table 2 – The Breakup of All Responses

DISCUSSION

Communicating Amid Pandemics

All kinds of disasters, outbreaks, epidemics, and pandemics are emergencies that can be challenging, uncertain, and chaotic (Reynolds & Seeger, 2007), especially for older people and children. They need care, assistance, and patience. They would not be able to cope with the situation at hand, and may not meet the demands of time, as suggested by emergency experts and health professionals. In such a situation, they would need people for motivation and encouragement. Also, sudden, unpredictable conditions or deaths can affect their understanding of an emergency so they would need proper and timely guidance.

People directly affected by an emergency are likely to understand it better than individuals without any contact with such a situation. An experienced person is expected to overcome mistakes by not repeating them, whereas a person who has been removed from an emergency cannot understand the mental,

psychological, and physical stress of someone hit by an emergency and trying to secure the lives of his loved ones and his own. Amid a crisis, such a person would need empathy, compassion, stimulus, motivation, physical and material help, and correct and timely information (Yong, et al., 2020).

Distressed communities require information and basic scientific knowledge at their earliest (Miller, et al., 2021). Information reaching late would not do any good for already troubled individuals. Information will benefit people only if it is *correct*, disseminated by the *right person*, and at the *right time*. First-hand information can be accurate, gain recipient stakeholders' trust, and help forge a relationship between communicators and communities. "The art of understanding what is going on, recognizing vague and sometimes contradictory signals" is all about sense-making amid crisis (Jong, 2021), which inadvertently is the primary job of an efficient communicator.

People entangled in an emergency are likely to be more affected physically and mentally if they do not find empathy and an act of compassion. The emotion of empathy and kindness can help people in an emergency in many ways, the absence of which will create a traumatic impact on already troubled individuals. The lack of empathy will shatter the trust of communicators and destroy the relationship between the target audience and the media organization. Resultantly, people who are either infected, or are seeing infected people and die, will be dragged into a state of loneliness where they will be easily caught by anxiety, fear, and stress. A media organization must develop trust, and it can be done by bringing "public leadership in times of crisis, where attributes such as charisma and inspiration appear to be important" (Jong, 2021). Affected individuals deserve more respect than the ordinary. During all communications, especially case studies and surveys, if they are disrespected, they may go into a never-ending trauma.

Dynamics of Better Communication During Crisis

There may be several reasons that can compel a communicator to either conceal or modify the information or withhold it for some time, especially if it is a matter of national interest or an opinion from experts (e.g., forensic experts, virologists, or biologists). A timely decision may be required to either maintain the information compiled for dissemination or to modify, temporarily conceal, or completely discard it.

A communicator must impose self-censorship before deciding what information to include for dissemination and whatnot. He must decide beforehand to discard information or choose if it is needed to avoid illness, reduce the spread of disease, and help cope with the impact of an ongoing emergency that is already stressful, disturbing, and traumatic. A news story should be helpful for concerned

experts to deliver opinions and to conclude about *how* or *why*. Moreover, journalists and communicators must maintain transparency in providing all communications. Clarity develops trust and increases the accuracy of information (Andrade, et al., 2020).

Whatever the nature and magnitude of an emergency, all actions in the field for news gathering and dissemination must be coordinated and follow the community norms and customs (Briseño, 2020). A troubled community's views, reservations, and objections must be heard, considered, and addressed. Listening to the recipient stakeholders helps a communicator to think of and build up the most relevant messages for the target community (Lohiniva, Sane, Sibenberg, Puumalainen, & Salminen, 2020). It also becomes a *call to action* and indicates that the people's concerns are shared. It helps develop a better understanding of what people are currently thinking and expecting from a news organization. It also aligns a news report with local customary laws and social ethics and helps a communicator form better content. Such news stories make affected people feel that they are not alone. It would be more impactful to have "crisis communication by public health professionals and expert voices" (Jong, 2021) to engage troubled people.

Planning to Communicate During Pandemics

Communities are the primary focus of emergency response and all relevant communications (Manuel, 2014). It would benefit a communicator to focus on the troubled audience's needs and priorities. It helps understand the resilience factor, which would be helpful for future planning (Yong, et al., 2020).

As every organization has policies, a communication plan must align with them. Getting approval, and holding partners and stakeholders in confidence, will be easier if a project is developed according to the presets of the organization. Every crisis communication plan should be able to verify a situation which can only be done by possessing sufficient resources. If a given condition cannot be verified, the public will not receive correct and consistent messages, and there is a danger that psychological pressure on the people caught in an emergency will worsen (Briseño, 2020).

Strong "interaction with external stakeholders who are both senders and receivers" (Jong, 2021), must be developed as quickly as possible. Once the audience has been identified, communication channels must be arranged well before an emergency, and a coherent mechanism of contact must come into place. It is vital for the rapid and credible dissemination of information (Manuel, 2014).

A communication plan should also include a mechanism of education for the desired audiences, even in an emergency. This plan should consist of brief theoretical knowledge that can be imparted in minutes, be straightforward, and

contain knowledge about what the community must do to keep themselves safe. “Instructional communication to the public on the need to wear face masks and social distancing” (Jong, 2021), must be conducted regularly.

Problematics of Pakistani Media Amid Emergencies

Fake News Monitoring

All media houses must regularly monitor social media to debunk fake, distorted, partially true, and propaganda posts. Access to verified sources, free of disinformation and malcontent, is the right of recipient stakeholders. Fake news is “either hard/mainstream news (based on real facts to inform) or “fake news” (made-up stories for entertainment)” (Molina, Sundar, Le, & Lee, 2021). As fake news stories have continually disrupted information systems worldwide, extensive research is underway globally to devise ways to cope with the situation in an online environment (Molina, Sundar, Le, & Lee, 2021). Pakistan’s media should also develop domestic parameters for authenticity, assessing all potential news that falls into this category.

The Hiring of Healthcare Professionals

Hiring healthcare specialists and professionals is necessary, as they know how to handle emotionally compromised people and what content they wish to read or watch. Without healthcare professionals, a media house cannot effectively manage an emergency. In such a situation, when healthcare professionals are unavailable, imported content will become more generalized, writers can become copycats, and news stories may be subject to redundant, invaluable, and obsolete data. Moreover, such generalized news will not seem concrete, and the public may perceive it as speculative stories. All media houses must analyze communication practices by amateurs and professional communicators, and timestamped responses should be available to the public immediately.

Citizen Journalism and Voluntary News Gatherers

Promoting citizen journalism and broadcasting their reports, visualizations, character-based stories, desirable situational monologues, and monographs would become highly effective. It will be much closer to reality and what people want to watch when they are in distress. Voluntary newsgatherers may also be encouraged, and beginner-level training sessions can be conducted to make their valuable time and efforts an asset for the broadcasting institution and, resultantly, for the public amid emergencies.

Governmental Assistance Amid Emergencies

There are times when the efficiency of a media buying house, or the whole media industry, is compromised. Disasters and health emergencies reflect such times. Viral pandemics, such as the current COVID-19, are uncharted waters. A media organization, whose primary responsibility is to reach where the problem exists and inform a community that needs information on that problem, may become prey to human or financial resource scarcity. A media organization's efficiency, pace, and accuracy will be compromised in both cases. COVID-19 has taught us many lessons, as Pakistan's television channels faced the worst financial crisis because of the closure of domestic and international financial markets. It is highly recommended that the government makes rigorous plans to fund media organizations, pay salaries to individuals responsible for information gathering and dissemination operations, and subsidize necessary equipment purchases amid emergencies. It will motivate working individuals to do more, with greater efficiency and extended capacity, and much-needed information will reach people with a health condition in time.

Emergency Protective Gear, Special Emergency Allowance, and AD&D

As a result of all the financial constraints involved, many media organizations in Pakistan do not offer benefits, i.e., communication allowance, transport allowance, health and life insurance, accidental insurance, emergency protective gear, or Accidental Death Benefit & Dismemberment (AD&D) in the case of accidental death. As a result, news gatherers are always vulnerable. Without protective gear, their field safety is compromised, and, in case of death, the financial future of their families remains at stake. So, every working individual should be entitled to these facilities and incentives. Providing financial satisfaction to their employees and emergency protective gear during crises is also the responsibility of news organizations.

CONCLUSION

Emergencies are desperate times that demand desperate measures both by affected communities and public and private institutions entangled in addressing distressed communities' requirements and fulfilling their vital needs. During emergencies, especially the current COVID-19 pandemic, the role of Pakistan's media organizations has been significantly widened, requiring increasing responsibility. Hence, all communicators representing electronic, print, or outdoor media, must adhere to the terms and principles that align with their domestic customs while addressing the needs of a collaborated international system working for global health. Besides other challenges, i.e., addressing the issue of fake news, training communicators for emergency and crisis communication, and

hiring health and disaster experts, financial and human resource scarcity are two more significant challenges for Pakistan's media organizations. Learning from the days of the COVID-19 pandemic and analyzing all the problems faced by news dissemination operations, government and media organizations must sit together to develop a comprehensive plan that encircles all current and future aspects that can challenge communicators and compromise critical information that must reach in time to affected communities.

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The authors declare that they have no conflict of interest.

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Abbreviations

AD&D	Accidental Death Benefit & Dismemberment
AIDS	Acquired immune deficiency syndrome
CDC	Center for Disease Control and Prevention
CPR	Center for Preparedness and Response
CERC	Crisis and Emergency Risk Communication
THL	Finnish Institute for Health and Welfare
GHDx	Global Health Data Exchange
IHME	Institute of Health Metrics and Evaluation
JHU	Johns Hopkins University
KFF	Kaiser Family Foundation
PTV	Pakistan Television
MNHS	Ministry of National Health Services
SoPs	Standard Operating Procedures
WHO	World Health Organization

REFERENCES

- Ågerfalk, P. J., Conboy, K., & Myers, M. D. (2014). Information systems in the age of pandemics: COVID-19 and beyond. *European Journal of Information Systems*, 29(3), 203-207. doi:10.1080/0960085X.2020.1771968
- Akmal, M., Crawford, L., Hares, S., & Minardi, A. L. (2020). *COVID-19 in Pakistan: A Phone Survey to Assess Education, Economic, and Health-Related Outcomes*. Center for Global Development. doi:10.7910/DVN/EGQ4XO
- Andrade, E. L., Barrett, N. D., Edberg, M. C., Rivera, M. I., Latinovic, L., Seeger, M. W., . . . Santos-Burgoa, C. (2020). Mortality Reporting and Rumor Generation: An Assessment of Crisis and Emergency Risk Communication following Hurricane María in Puerto Rico. *Journal of International Crisis and Risk Communication Research*, 3(1), 15-48. doi:10.30658/jicrcr.3.1.2
- Arcarazo, D. A., & Brumat, L. (2020, November). Political and Legal Responses to Human Mobility in South America in the Context of the COVID-19 Crisis. More Fuel for the Fire? *Frontiers in Human Dynamics*.
- Bircher, J., & Kuruvilla, S. (2014, June 19). Defining health by addressing individual, social, and environmental determinants: New opportunities for health care and public health. *Journal of Public Health Policy*. doi:10.1057/jphp.2014.19
- Briseño, L. (2020). *CERC Overview for COVID-19*. Centers for Disease Control and Prevention, Center for Preparedness and Response. Retrieved from https://emergency.cdc.gov/cerc/training/pdf/COVID19_CERC.pdf
- CDC. (2020, April 6). *CERC Overview for COVID-19*. Retrieved from Centers for Disease Control and Prevention: https://emergency.cdc.gov/cerc/training/pdf/COVID19_CERC.pdf
- Cemma, M. (2017, September 26). What's the Difference? Global Health Defined. *Global Health Now*. Retrieved from <https://www.globalhealthnow.org/2017-09/whats-difference-global-health-defined>
- CIDRAP. (2021). *Center for Infectious Disease Research and Policy*. Retrieved from University of Minnesota: <https://www.cidrap.umn.edu/>
- Collinson, S., Khan, K., & Heffernan, J. M. (2015, November 3). The Effects of Media Reports on Disease Spread and Important Public Health Measurements. *PLoS ONE*, 10(11). doi:10.1371/journal.pone.0141423

- CPR. (2017, March 24). *Emergency Preparedness and Response: What is CERC?* Retrieved from Center for Preparedness and Response: https://emergency.cdc.gov/cerc/cerccorner/article_011317.asp
- Din, N. U. (2020). *Pakistan Media: Overview*. Media Landscapes. Retrieved from <https://medialandscapes.org/country/pakistan>
- First, J. M., Shin, H., Ranjit, Y. S., & Houston, J. B. (2020, October 24). COVID-19 Stress and Depression: Examining Social Media, Traditional Media, and Interpersonal Communication. *Journal of Loss and Trauma*, 26(2), 101-115. doi:10.1080/15325024.2020.1835386
- Fu, K.-w., & Zhu, Y. (2020, April 24). Did the world overlook the media's early warning of COVID-19? *Journal of Risk Research*, 23(7-8), 1047-1051. doi:10.1080/13669877.2020.1756380
- Grennan, D. (2019, March 5). What Is a Pandemic? *JAMA*, 321(9). doi:10.1001/jama.2019.0700
- Hickok, K. (2020, March 13). *What is a pandemic?* Retrieved from <https://www.livescience.com/pandemic.html>
- Huddleston, C. (2020, May 19). What To Know About AD&D Insurance. Retrieved from <https://www.forbes.com/advisor/life-insurance/accidental-death-and-dismemberment-insurance/>
- Hussain, T., Gilani, U. S., Khan, S., & Raza, S. M. (2021, February). Assessment of general awareness among Pakistani students regarding COVID-19 outbreak. *Children and Youth Services Review*. doi:10.1016/j.childyouth.2020.105830
- JHU. (2022). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. Retrieved June 9, 2021, from <https://coronavirus.jhu.edu/map.html>
- Jong, W. (2021, January 17). Evaluating Crisis Communication. A 30-item Checklist for Assessing Performance during COVID-19 and Other Pandemics. *Journal of Health Communication*, 25(12), 962-970. doi:10.1080/10810730.2021.1871791
- Kata, A. (2012, May 28). Anti-vaccine activists, Web 2.0, and the postmodern paradigm – An overview of tactics and tropes used online by the anti-vaccination movement. *Vaccine*, 30(25). doi:10.1016/j.vaccine.2011.11.112
- Khan, S., Khan, M., Maqsood, K., Hussain, T., Noor-Ul-Huda, & Zeeshan, M. (2020, July). Is Pakistan prepared for the COVID-19 epidemic? A questionnaire-based survey. *Journal of Medical Virology*, 92(7). doi:<https://doi.org/10.1002/jmv.25814>
- Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., & Swankambo, N. K. (2009, June 2). Towards a common definition of

- global health. *The Lancet*, 373(9679). doi:10.1016/S0140-6736(09)60332-9
- LiveScience. (2020). *Pandemics*. Retrieved June 1, 2021, from <https://www.livescience.com/pandemic.html>
- Lohiniva, A.-L., Sane, J., Sibenberg, K., Puumalainen, T., & Salminen, M. (2020). Understanding coronavirus disease (COVID-19) risk perceptions among the public to enhance risk communication efforts: a practical approach for outbreaks, Finland, February 2020. *Euro Surveill*, 25(13). doi:10.2807/1560-7917.ES.2020.25.13.2000317
- Malik, S., Ullah, I., Irfan, M., Ahorsu, D. K., Lin, C.-Y., Pakpour, A. H., . . . Minhas, R. (2021, April). Fear of COVID-19 and workplace phobia among Pakistani doctors: A survey study. *BMC Public Health*, 21(1). doi:10.1186/s12889-021-10873-y
- Manuel, J. (2014). Crisis and Emergency Risk Communication: Lessons from the Elk River Spill. *Environ Health Perspect*, 12(8). doi:10.1289%2Fehp.122-A214
- Miller, A. N., Collins, C., Neuberger, L., Todd, A., Sellnow, T. L., & Boutemen, L. (2021). Being First, Being Right, and Being Credible Since 2002: A Systematic Review of Crisis and Emergency Risk Communication (CERC) Research. *Journal of International Crisis and Risk Communication Research*, 4(1), 1-28. doi:10.30658/jicrcr.4.1.1
- MNHS. (2022, June 9). *COVID-19 Situation*. Retrieved from Ministry of National Health Services, Government of Pakistan: <https://covid.gov.pk/>
- Molina, M. D., Sundar, S. S., Le, T., & Lee, D. (2021). “Fake News” Is Not Simply False Information: A Concept Explication and Taxonomy of Online Content. *American Behavioral Scientist*, 65(2). doi:10.1177%2F0002764219878224
- Muhammad Atif, I. M. (2020, September). Why is Pakistan vulnerable to COVID-19 associated morbidity and mortality? A scoping review. *The International Journal of Health Planning and Management*, 35(5). doi:10.1002/hpm.3016
- Mustvairo, B., & Bebawi, S. (2019, March 13). Journalism Educators, Regulatory Realities, and Pedagogical Predicaments of the “Fake News” Era: A Comparative Perspective on the Middle East and Africa. *Journalism and Masscommunication Educator*, 74(2). doi:10.1177%2F1077695819833552
- Naughton, J. (2021, May 24). How International Governmental COVID-19 Measures Impacted Freedom of Speech Around the World. *SSRN*. Retrieved from <https://ssrn.com/abstract=3852028>

- Nisar, M. I., Ansari, N., Khalid, F., Amin, M., Shahbaz, H., Hotwani, A., . . . Fyezah. (2020). *COVID-19 Sero-survey in Karachi, Pakistan*. medRxiv. doi:10.1101/2020.07.28.20163451
- PTV. (2019). *Introduction*. Retrieved June 8, 2021, from <https://ptv.com.pk/ptvCorporate/Introduction>
- Reynolds, B., & Seeger, M. W. (2007). Crisis and Emergency Risk Communication as an Integrative Model. *Journal of Health Communication, 10*(1), 43-55. doi:10.1080/10810730590904571
- Roos, R. (2012, June 27). *CDC estimate of global H1N1 pandemic deaths: 284,000*. Retrieved from CIDRAP: <https://www.cidrap.umn.edu/news-perspective/2012/06/cdc-estimate-global-h1n1-pandemic-deaths-284000>
- Salam, A. (2020). *Journalism in the Age of COVID-19: Perspectives from Pakistan*. Friedrich-Ebert-Stiftung (FES). Retrieved from <http://library.fes.de/pdf-files/bueros/pakistan/17234.pdf>
- Sallam, M. (2021, February 16). COVID-19 Vaccine Hesitancy Worldwide: A Concise Systematic Review of Vaccine Acceptance Rates. *Vaccines, 9*(2). doi:10.3390/vaccines9020160
- Saqlain, M., Ahmed, A., Gulzar, A., Naz, S., Munir, M. M., Ahmed, Z., & Kamran, S. (2020, June 2). Public's Knowledge and Practices regarding COVID-19: A cross-sectional survey from. *medRxiv*. doi:10.1101/2020.06.01.20119404
- Seeger, M. W., Reynolds, B., & Sellnow, T. L. (2020). Crisis and Emergency Risk Communication in Health Contexts: Applying the CDC Model to Pandemic Influenza. In *Handbook of Risk and Crisis Communication*. Routledge.
- Siddique, H. (2020). Thematic Analysis of the COVID-19 related agendas by Pakistani English Newspapers. *Sage Advance. Preprint*. doi:10.31124/advance.12609659.v1
- Wang, H., Li, Y., Hutch, M., Naidech, A., & Luo, Y. (2021, February 2). Using Tweets to Understand How COVID-19–Related Health Beliefs Are Affected in the Age of Social Media: Twitter Data Analysis Study. *Journal of Medical Internet Research, 23*(2). doi:<https://doi.org/10.2196/26302>
- Yong, L. M., Xin, X., Wee, J. M., Poopalalingam, R., Kwek, K. Y., & Thumboo, J. (2020). Perception survey of crisis and emergency risk communication in an acute hospital in the management of COVID-19 pandemic in Singapore. *BMC Public Health*. doi:10.1186/s12889-020-10047-2

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