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Abstract

Background: The issue of rumors associated with COVID-19 has gained importance in Punjab in North India. This is associated with a surge in numbers of patients, reluctance of people to cooperate with health care personnel and the arrest of people for rumor mongering.

Materials and methods: We accessed messages with content pertaining to rumors about COVID-19 being forwarded through WhatsApp (a popular messaging app in India).

Analysis and results: A content analysis of the messages suggests that they are brief, easily understandable, forwarded in text, audio and video formats. The messages pertain to the nature of COVID-19, the motivations of the government and health care agencies, and that people should avoid getting tested and getting admitted.

Conclusion: Messages spread via WhatsApp represent an anonymous, efficient and encrypted vehicle for spreading rumors. There is a need to counter this phenomenon.

Keywords

COVID-19; rumors; misinformation; fake news; India; WhatsApp

Main document

Introduction

A rumor can be understood as a currently circulating report of an uncertain truth. Rumors spread through social media usually take the form of fake news, misinformation or disinformation. Fake news can be defined as untrue information that is presented as news, misinformation can be defined as false information which is circulated regardless of the intention to deceive while disinformation can be defined as false information spread with the intention to intentionally deceive [\[1\]](#).

The COVID-19 pandemic has been associated with the spread of misinformation and rumors via social media since its arrival in India [2]. Of the various social media apps, WhatsApp is a popular messaging app in India and has been implicated in the spread of rumors in the past [3]. Given the ubiquity and ease of use of this app, it has been a vehicle to spread COVID-19 related rumors and fake news and this has led to adverse psychological consequences in consumers. The spread of this content is mainly by forwarding a message (text, audio or video) into a group or to an individual (also using WhatsApp) in the contacts list of the sender. Lately the issue of WhatsApp forwards being used to spread rumors about COVID-19 has gained importance in Punjab with the state administration having arrested some individuals for spreading rumors on social media [4]. These rumors have caused difficulties in carrying out testing and identification of patients [4]. Thus, it is important to be

aware about the form and content of these messages so that countermeasures can be taken.

Methods

These messages were collected through informal networks and WhatsApp groups. The authors also asked friends and acquaintances to forward them messages about COVID-19 that they may have received since the 1st of September 2020. These forwards were analysed and the results are presented.

Results

The authors accessed 6 messages. Of these, 3 were in the form of text messages (2 in Hindi and 1 in Punjabi), there were 2 videos and an audio message. The content of the text messages was read by the authors. A condensed version of the messages is presented below.

1.1 Message 1. (In Gurmukhi script)

Mobile testing service for COVID-19 has started, but the village headman should ask the following questions.

1.1.1 When there is no vaccine, why look for patients?

1.1.2 Why do people with COVID-19 die in hospitals and not in their homes?

1.1.3 When there is no treatment, why are patients taken to hospital? Only to die?

1.1.4 Who will pay the bill?

1.1.5 How is it that out of 33 lakh patients with COVID-19 in India, 25 lakh have improved without a vaccine?

1.1.6 You can test but we will not allow anyone to be taken away from the village.

Note: if anyone has symptoms of cough, sore throat, fever, difficulty in breathing, they should try home remedies and consult a family doctor. If you go to a hospital, you will be sent back packed. The choice is yours.

1.2 Message 2. (In Hindi script)

I have a testing lab, and I got 10 samples for testing today. All tested negative but if I report the truth, I will not earn anything. So, I reported 4 as positive and they got their family members also and I repeated the same procedure. This way I have many patients. Can anyone stop me from becoming a millionaire?

Think about these funny stories.

1.2.1 People have treated people for an illness with no cure and minted millions. Some have used the fear of Coronavirus to make millions.

1.2.2 After enough has been earned from the sale of N95 masks, they will be declared ineffective. Same will be the case with hand sanitizers, hand wash and immunomodulators. Then will come the stage of making money through vaccines. If the fear will remain, the market will remain.

1.2.3 WHO (World Horror Organization) is always with you.

1.3 Message 3. (In Hindi Script)

The WHO has prohibited the autopsy of people who have died from COVID-19. However, doctors in Italy have autopsied people who have died of COVID-19 to find out the truth and found that this is a fraud. There is no virus, deaths are caused by a bacteria due to 'Amplified global 5G electromagnetic radiation' which is poisonous. This bacteria causes 'clotting' of blood in the vessels and leads to death. Italian doctors recommend use of antibiotics, anti-inflammatory tablets and aspirin. There is no need for admission and ICU care. China has known this all along and kept it to itself. Italian doctors did not agree with WHO protocols and by the use of paracetamol and aspirin, saved 14000 lives in a single day. Source: Italian Ministry of Health.

1.4 Message 4.

An audio message in Hindi. The duration is 1 minute and 56 seconds. The audio clip is accompanied by the picture of a politician.

Please pay attention. The central government has approved 1.5 lakh rupees per patient to the local governments. Therefore, local governments are pressurizing labs to diagnose patients as COVID positive to make more money. These people are admitted without reason until the money is approved. This can be stopped only if people stop going to doctors and use home remedies and help each other. All important people have improved by staying at home. There is an unnecessary generation of fear so that more money can be made.

1.5 Message 5.

This is a video clip of a hospital ward. The duration is 3 minutes and 11 seconds. The relatives of a dead patient enter the ward and notice a dressing on the abdomen of the deceased patient and accuse the staff of having stolen a kidney. The relatives threaten the staff with dire consequences and that the video will be sent to the media. The relative making the video is loud and abusive.

1.6 Message 6

A video clip of a hospital ward of a similar duration as above. The relatives of a dead patient enter the ward and start abusing the healthcare staff. The relatives allege that the hospital has purposefully removed the ventilator from their patient while their patient is still alive. The group of relatives ask the doctors to switch on the ventilator again. As the ventilator is switched on, the chest of the patient starts moving and some graphs start appearing on the ventilator screen. The relatives start abusing that the patient is alive, and the hospital people have purposely switched off the ventilator to kill the patient and to get a new patient for earning more money.

Discussion

Rumors seem to be invariably associated with epidemics [5]. However, unlike before when rumors were spread by word of mouth, social media enables rumors to be spread efficiently and without loss of content. WhatsApp (and other messaging apps) are qualitatively different from other social media apps (such as twitter) in that the origination of

forwarded messages often cannot be traced back, one can post a message to a group and that message can be read by people who are not necessarily your contacts and messages are encrypted within peer-to-peer transmissions. Thus WhatsApp is an efficient means of spreading rumors [6].

An analysis of the messages suggests that there is a change in the content of the myths that were circulating online in the initial part of the pandemic [7]. The main themes that were identified are as follows.

1.7.1 COVID-19 is a bogey that is raised for unscrupulous governments, doctors, industrialists, labs etc. to make money off common people by various means.

1.7.2 Organ harvesting is being conducted by unscrupulous doctors and hospitals by admitting patients in the name of COVID-19 and causing their death. This notion is reinforced by the fact that as per government regulations, bodies of patients who have died with COVID-19 are packed in the hospital, the whole body is not visible to the relatives and is cremated by the local authorities without the relatives getting a chance to touch or otherwise inspect it other than confirming the identification.

1.7.3 The 5G conspiracy theory and COVID-19 is well known in the western countries, but we were able to access a version of the same which had been modified to make it easily understandable to Indian audiences. However, the theme is as described above.

Secondly these messages have been constructed for ease of understanding in the vernacular language, brief and free of jargon unless it is for giving an impression of scientific validity (Italian ministry of health etc.) and also attempts to validate it by providing a source.

These themes must be seen in a wider context where the proliferation of cheap internet and ubiquity of smartphones has enabled a culture of forwarded messages of various types. The acceptability and ease of these messages has led to the profusion of alternative news for the past few years, this has been used to bypass traditional media by political parties and other groups. There is also an increasing tendency for WhatsApp spread rumors to be contributory to mob lynchings which have been filmed and shared online with little lawful retribution [8]. In other words, online rumors and fake content has not been countered effectively for a long time and has hence gained validity as truth or is at least adequate to create a doubt in the minds of many consumers [9]. There is also a tendency to forward messages without evaluating it critically [9]. The currency that such rumors gain may also be indicative of the lack of trust between the people and the governmental agencies as was obvious during the exodus of the migrant workers following the nationwide lockdown in March 2020. The nature of the illness also plays an important role. For instance, the RT-PCR test may provide different results in the same individual at a short duration. Individuals with COVID-19 remain asymptomatic or mildly symptomatic but infective and do not understand the need for isolation. There is also a fear among vulnerable populations regarding the mortality inherent in COVID-19.

Finally, there are reports of shortages of medicine and oxygen in various parts of the country.

The current surge in rumors coincides with a surge in the number of COVID patients in the last 4-6 weeks in India (the milestone of 33 lakh patients in India mentioned in message 1 was achieved in the 2nd week of August 2020). This is accompanied by a surge in the number of deaths while the situation seems to be getting better in many countries barring a few exceptions. Mandatory isolation at home or hospital requires withdrawal from jobs and occupation which is inconvenient, stigmatizing and leads to financial stress in a majority of people [10]. Thus, many asymptomatic or mildly symptomatic patients would prefer not to get tested and have to get isolated as per the provisions of the law. Organ harvesting rumors seem to be cross-culturally prevalent in any such situation [11]. These rumors may be understood as a way of understanding a novel but dangerous situation or even wish fulfilment that it goes away [12].

Conclusion

The spread of rumors in the context of a pandemic is a complex psychosocial and cultural phenomenon. Attributing it to simply miscommunication or faulty knowledge which can be remedied by information to counter a rumor that has gained currency may be naive and simplistic. The response to the COVID-19 pandemic has been marred by obfuscation, denial, human right abuses, economic and social upheaval, stigmatization and blaming of entire communities. Rumors

have to be anticipated as givens in such a situation and pre-empted by transparency and facts. It is important to be able to nip the spread of rumors in the bud by identifying them and countering them before they grow too unwieldy. Emotional and social methods such as publicity of positive role models and involvement of local administration at the village level may be a better option. It may be worthwhile to devise means by which relatives have the chance to inspect the integrity of the dead body of their relative.

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