Media and Mental Health: Examining the impact of Information Overload during COVID-19 and Creating awareness on fake-information through the #CheckTheFake campaign of ARMT

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Abstract

The COVID-19 pandemic brought an unprecedented surge in the consumption of both traditional and social media as individuals sought information on the evolving crisis. This research examines the impact of information overload on the mental health in India, more particularly among the students, a population vulnerable to the psychological effects of the pandemic. Drawing from surveys, interviews, and existing literature, the study highlights how excessive exposure to pandemic-related content triggered anxiety, stress, and feelings of helplessness among the communities. The 24X7 media cycle, combined with sensationalisation of the news reporting and the unregulated spread of misinformation, disinformation and malinformation on social media platforms, exacerbated mental health challenges.

The findings from a triangular method of quantitative data of 562 respondents, discourse analysis of a month-long campaign on fake information and qualitative data gathered through FGDs reveal that while media served as a vital source of information and connection, its overwhelming nature contributed to cognitive fatigue, reduced academic performance, and impaired emotional well-being. Social media platforms amplified 'doomscrolling', a habit that intensified negative emotions, while traditional media's repetitive focus on alarming statistics heightened anxiety, depression and nervousness. Additionally, the study explores forwarding the fake contents strategised by different sources, such as digital detoxes and reliance on curated content, to mitigate the adverse effects.

The research concludes by recommending the promotion of digital literacy, responsible media consumption habits, and the development of media guidelines to foster balanced and accountable reporting during health crises. These measures aim to empower communities and mitigate the mental health impact of future information surges. The research also provides a discourse analysis of the #CheckTheFake – a monthlong campaign to create awareness about fake information initiated by Dr Anamika Ray Memorial Trust in India.

Keywords: *Media, Mental Health, Anxiety, Depression, Information Overload, Fake News, Misinformation, Disinformation, Malinformation, ARMT, #CheckTheFake Campaign*

Introduction:

The relationship between media and mental health has garnered increasing attention among the communication scientists, particularly during global crises like the COVID-19 pandemic. Media, in its various forms of conventional traditional and new digitised forms, play a dual role in shaping mental health outcomes, acting as both a support mechanism and a potential stressor. Social digital media platforms have emerged as vital tools for mental health awareness and support. Studies show that social media outlets accelerate dissemination of mental health information, connects individuals with support networks, and promotes awareness of coping mechanisms. During the pandemic, social media platforms saw increased discussions about mental health, offering spaces for individuals to share experiences and find resources. Digital mobile tools like health applications also provided access to therapy and mindfulness practices, enabling mental health management even during lockdowns (Holmes et al., 2020; Naslund et al., 2020).

But at the same time, these digital platforms, more particularly the messaging apps became popular for sharing fake and misleading information. Social media has emerged as a key vehicle for spreading superstitions during the unfolding pandemic crisis. Countless messages from unidentified sources were circulated daily, generating widespread panic among the public. Many individuals, including those new to digital literacy, often share such messages with the genuine intention of protecting their loved ones, rather than causing harm. However, the root of the issue lies in the manipulation of this trust. Misinformation, superstitions and false beliefs were not solely the product of obscure corners of the internet; they were often perpetuated by seemingly credible individuals as well. Another segment of 'homo digitalis' actively fuels this trend for financial gain, while some malicious actors, or 'prosumers', derive pleasure from propagating misinformation. Regrettably, many inexperienced social media users and newly digital-literate individuals unknowingly amplified the reach of such content, spreading it to a vast audience (Dutta, 2020).

Overexposure to media and overload of information, particularly news and unregulated content, have been linked to heightened anxiety, stress, and depression (Garfin et al., 2020). The phenomenon of 'doomscrolling', or excessive consumption of negative news, became widespread during the pandemic, exacerbating feelings of afraid, helplessness and fear. Similarly, misinformation, disinformation and malinformation on social media platforms have been

associated with confusion and mistrust, further aggravating mental health challenges (Cinelli et al., 2020; Dutta, 2020).

It's important to understand the fine line between media as a helpful resource and a source of distress, which depends on content regulation and individual consumption patterns. Research suggests that tailored intrusions, such as fact-checking mechanisms and mental health literacy campaigns, media literacy campaigns can mitigate the negative effects of media overload. Additionally, fostering digital literacy helps users separate credible sources and adopt healthier media consumption habits.

Communication scholars and social scientists advocate for the role of media organisations in promoting mental health-friendly content. This includes avoiding sensationalisation of the information, prioritising evidence-based reporting, and offering resources for mental health support within news stories. Media can amplify awareness campaigns and reduce stigma, as seen with initiatives, not only confined to the World Mental Health Day and suicide prevention campaigns.

From the media's role during COVID-19 pandemic it's visible that relationship between media and mental health is multifaceted, offering both opportunities and challenges. While it serves as a critical tool for awareness and support, its unregulated and over emphasising contents can harm mental well-being. Future efforts should emphasise balanced content, digital literacy, and collaborative initiatives between mental health professionals and media organisations to harness media's potential for a well-informed society.

Methodology

This study employs a triangulated methodological approach, integrating quantitative, qualitative, and discourse analysis methods to comprehensively explore the relationship between media and mental health during the COVID-19 pandemic. The quantitative data is derived from a survey of 562 respondents during 2020-21, which provided insights into the frequency, nature, and emotional outcomes of media consumption during the pandemic period. These respondents were sampled across diverse demographic groups in India to ensure representativeness, focusing particularly on the student community in the northeastern part of the country.

To complement the survey data, qualitative insights were gathered through eight Focus Group Discussions (FGDs) conducted with students, housewives, unemployed youth, and senior citizens. These discussions offered nuanced perspectives on how different social groups experienced and coped with the psychological strain caused by excessive media exposure. The FGDs explored themes such as emotional responses to misinformation, disinformation and

malinformation, fake and misleading contents, and the role of digital and traditional media in shaping pandemic-related information and perceptions.

Additionally, the study included a discourse analysis of a month-long campaign titled #CheckTheFake conducted by Dr Anamika Ray Memorial Trust from 1st to 30th of April 2020 addressing the spread of fake information named as 'infodemic' about COVID-19 on social media. This analysis examined the narratives, tone, and strategies used in combating misinformation and their reception among audiences. The triangulated approach not only enhanced the reliability of findings but also provided a multidimensional understanding of how media influences mental health, particularly in vulnerable populations like students.

The Impact of Media on Mental Health

Media, including traditional outlets like newspaper, television, radio and social media platforms, profoundly influences public health behaviours and perceptions. While these media outlets can enhance health education and awareness, they also contribute to misinformation, manipulated information, stress, and anxiety, particularly during health crises like COVID-19. This dual-edged nature of media necessitates careful scrutiny of its impacts on health.

There is no doubt about the fact that media plays a pivotal role in disseminating health-related information, enabling widespread education and creating awareness. Campaigns leveraging media platforms have successfully addressed issues such as addiction cessation, vaccination awareness, and mental health stigma (Wakefield et al., 2010). Social media platforms further amplify these efforts by creating interactive and community-based environments. For example, public health authorities have used platforms like content sharing and messaging apps to share real-time updates and preventive measures during pandemics (Ahmed et al., 2020). Studies have shown that health-related content on social media positively impacts health behaviours by encouraging preventive practices, such as exercise and healthy eating (Laranjo et al., 2015). Furthermore, platforms like video, visual and textual sharing platforms have provided access to patient experiences and expert opinions, empowering individuals to make informed decisions about their health.

Despite these benefits on health awareness, traditional media and social media can exacerbate health issues through misinformation, disinformation and malinformation, overexposure to distressing content, and addictive usage patterns. Firstly, the multiplying of false or misleading health information on social media undermines public health efforts of the government. During the COVID-19 pandemic, misinformation regarding vaccines and treatments spread rapidly, leading to vaccine hesitancy and risky behaviours. Studies indicate that

individuals exposed to misinformation are more likely to distrust scientific guidelines and adopt harmful practices. Secondly, media exposure during health crises often results in increased stress and anxiety. Constant exposure to negative news, termed 'doomscrolling', has been associated with feelings of helplessness and heightened psychological distress. Excessive social media use also correlates with symptoms of stress, depression and anxiety, particularly among young adults and students. Thirdly, overload of information and overuse of social media contributes to sedentary lifestyles, poor sleep quality, and digital addiction. These behaviours are linked to chronic health conditions such as obesity and cardiovascular diseases (Cinelli et al., 2020; Roozenbeek et al., 2020; Garfin et al., 2020).

Findings from Quantitative Data

The pandemic COVID-19 led to unprecedented global lockdowns beginning in 2020 to 2021. With limited physical communications, confinement and quarantine in homes, mental health emerged as a critical concern. This analysis focuses on two key areas: health service-seeking behaviours and influence of media on mental health. The findings, derived from surveys of 562 respondents from the North-East India, highlight how people engaged with media and health services during this challenging time.

Demographic Profile

As the demographic profile of the 562 respondents enumerates that the majority of the respondents, i.e. 62.5%, reside in urban areas, indicating a strong representation from individuals with higher access to digital infrastructure and media platforms. This urban dominance suggests that the findings may heavily reflect the digital behaviours, better internet connectivity and experiences of urban populations, who are typically more exposed to information overload and online media influences. On the other hand, semi-urban (19.4%) and rural (18.7%) respondents provide valuable perspectives from regions with comparatively limited digital and internet penetration, offering insights into the digital-divide in media usage and its effects on mental health across different areas. Female respondents constitute a significant majority at 65.1%, suggesting either a higher inclination of women to participate in studies related to mental health, particularly female students and the house wives or a greater perceived impact of the pandemic on women. Male respondents, at 34.5%, add diversity to the data, ensuring a balanced view of the issues at hand. The representation of transgender individuals, although small at 1.6%, highlights an inclusive approach to the study, recognising the unique challenges faced by this group, particularly regarding access to mental health resources and media literacy.

The age distribution showcases a well-balanced mix of participants, with young adults (aged 18–25) forming the largest segment at 40.8% of the total respondents, who are students of higher education institutions. This reflects the prominence of students and early-career professionals, who are highly active on social media and thus more susceptible to its psychological impacts. Adults aged 25–50, who make up 52.9% of the sample, represent working professionals and middle-aged individuals. This group likely provides insights into how information overload affects productivity and family dynamics. Older adults (50 years and above) constitute 6.6% of respondents, a smaller yet essential group, providing perspectives on how traditional and social media influence mental health among less digitally-savvy populations. The research captures a wide spectrum of life stages, with single respondents making up the majority at 56.2%. This highlights the significant representation of individuals who may be students or young professionals, grappling with academic or job-related pressures during the pandemic. Married participants account for 39.9%, indicating perspectives from family-oriented individuals, mostly housewives managing not just their own well-being but also that of their households. Other categories, including widowed (1.2%), divorced (1.1%), and separated individuals (0.4%), represent smaller but meaningful groups that add depth to the study by bringing in experiences from those dealing with unique personal circumstances during the pandemic.

The demographic data emphasises the predominance of young, urban, and female respondents, reflecting the likely greater exposure and engagement of these groups with digital media. However, the inclusion of rural, semi-urban, and older populations ensures a well-rounded understanding of media's impact on diverse groups. By capturing the perspectives of single individuals and students alongside married and working-age respondents, the study provides a comprehensive view of how information overload influences mental health across varying life stages and demographic contexts.

Health support during COVID-19

The lockdown transformed the way individuals sought mental health support and consultancies, primarily shifting to online platforms. Despite the availability of virtual platforms, only 55.2% of respondents attended mental health awareness webinars and online events, with the majority participating occasionally (39%) or less frequently. The data indicates that access barriers, lack of awareness, or minimal concern might have deterred wider participation. A significant majority, 84.9%, engaged with mental health content on social media platforms, either occasionally (53.4%) or frequently (24.9%). This suggests that social media became a primary source for information on mental health during lockdowns, likely due to its accessibility and convenience. A notable 94.3% of respondents did not consult mental health professionals during

the pandemic. This underlines the stigma or other constraints preventing individuals from seeking expert help. Regular physical activity emerged as a coping mechanism, with 84.2% engaging in exercises or yoga to varying extents among mostly with the elderly people. This reflects a positive shift toward health consciousness during the lockdown. Similarly, 89.7% of respondents reported efforts to adopt healthier diets, indicating a broader shift toward holistic health practices in response to the challenges of COVID-19 pandemic.

Media and Mental Health

As seen in the survey responses, the influence of media on mental health during the pandemic was profound. Overloaded of information and sensationalising media coverage led to widespread psychological effects. Around 70% of respondents reported feeling depressed, anxious, or afraid due to excessive content presented in horrifying way. Nervousness, stress, and frustration were also common, with high ratings (4 or 5 out of 5) from about 40% of participants. This underscores the adverse impact of unfiltered, excessive information during crises. Overload of information and negative media coverages significantly affected respondents' concentration levels, with 44% reporting substantial impacts. However, sleep disturbances were relatively less reported, with 38.8% rating no significant effect (1 out of 5).

The data reveals that 19.2% of respondents 'always' felt depressed or anxious due to overloaded media coverage, while 23% rated their experience as 4 out of 5, indicating significant distress. Together, this accounts for nearly half of the participants (42.2%) experiencing notable mental health impacts. Another 29.2% rated their anxiety and depression at a moderate level (3), while a smaller percentage, 13.7%, reported never experiencing these symptoms. This indicates that media overload was a considerable source of emotional strain for many. Fear due to media overload was reported at higher levels, with 15.7% feeling with maximum ranking afraid and 25.1% rating their experience at 4 out of 5. Together, 40.8% felt significant fear. A notable proportion (26.3%) reported moderate fear, highlighting how repetitive exposure to alarming media content amplified negative emotions. Only 15.8% of respondents reported not feeling afraid, suggesting that fear was a pervasive response among the majority.

Feelings of nervousness were slightly more moderate. While 14.4% of respondents reported 5 out of 5 feeling nervous and 20.6% rated their experience at 4, the largest portion, 27.2%, expressed moderate nervousness at level 3. This cumulative 62.2% experiencing nervousness (levels 3-5) underlines the psychological tension caused by media overload. 19% of participants claimed they never felt nervous, highlighting resilience among some respondents. Stress levels showed a similar trend, with 16.7% of respondents reporting 'always'

feeling stressed and 23.3% rating their stress at 4 out of 5. A significant portion (25.3%) indicated occasional stress levels, bringing the total proportion experiencing stress to 65.3%. Only 18% stated they never felt stressed, suggesting that stress was a common outcome of excessive exposure to COVID-related media content. Frustration emerged as one of the more pronounced impacts, with 24.2% of respondents all the time feeling frustrated and 25.3% rating their frustration at 4. This indicates that nearly half of the respondents (49.5%) experienced high levels of frustration. Another 23% reported moderate frustration, making this one of the most significant emotional impacts, with very few respondents (14.4%) stating they never felt frustrated. Concentration issues were reported by 16.7% of respondents at the highest level and 23.8% at high with another 21.9% experiencing moderate effects. Combined, 62.4% acknowledged impaired concentration to varying extents due to media overload. However, 20.6% of participants reported no impact, suggesting that concentration difficulties were slightly less pervasive than emotional responses.

The data highlights that media overload during COVID-19 significantly affected respondents' mental health, particularly through feelings of frustration, stress, and anxiety. Emotional impacts such as fear and nervousness were also prevalent, while sleep disturbances were comparatively less common. The findings emphasise the need for interventions to manage media consumption and its psychological impacts, especially during crises.

Awareness on Mental Health

Digital platforms like Zoom, Google Meet, and Microsoft Teams became key channels for awareness programmes and discussions on health. Despite these innovations, the survey suggests that webinars did not resonate widely, likely due to competing interests or limited outreach. Conversely, informal media like social media platforms and the messaging apps played a pivotal role in disseminating mental health-related contents, reflecting a preference for asynchronous, user-controlled information consumption. The avoidance of professional mental health support during lockdown underscores a gap in mental health advocacy. The reliance on self-help through exercises and dietary changes highlights an inherent preference for accessible and self-managed solutions over formal interventions. The pandemic spurred a noticeable shift in health behaviours. Regular exercise and dietary changes became prominent, indicating an increased focus on physical health as a coping mechanism. The emphasis on nutritious diets aligns with broader trends of wellness-driven consumer behaviour during the lockdown. Excessive media coverage emerged as a double-edged sword. While its increased awareness and access to mental health content, the unregulated nature of online media often exacerbated stress, anxiety, and

other mental health issues. This paradox highlights the need for curated, balanced content during public health crises.

Discourse Analysis of the ARMT Campaign #CheckTheFake

On June 8, 2018, a tragic incident occurred in Dokmoka, Karbi Anglong district of Assam, India, where two innocent young men were lynched by villagers allegedly incited by rumors and superstitions. The killings sparked widespread outrage across the country. Media outlets and social media platforms amplified the issue, sometimes fueling further communal tension and resentment. In response to the public outcry, researchers formulated a set of questions to investigate the root causes behind the incident. The origin of the misinformation was traced to a viral WhatsApp message warning of alleged child abductors roaming in the area. Heightened by fear and paranoia, the villagers, misled by these rumors, attacked the two unsuspecting youths.

Though regional in nature, the incident highlighted a broader issue—India's vulnerability to misinformation, especially on WhatsApp, the country's most widely used messaging platform with over 400 million users. Years later, this vulnerability was again exposed during the COVID-19 pandemic, as waves of fake news swept across the nation, crippling efforts by healthcare workers and administrators.

Following Prime Minister Narendra Modi's first public address on the pandemic, in which he called upon citizens to show appreciation for frontline workers by clapping and banging utensils, a viral WhatsApp message misrepresented his appeal. It falsely claimed that simultaneous clapping and conch-blowing by 1.3 billion Indians would generate vibrations strong enough to destroy the virus. The rumour spread so widely that the Press Information Bureau's fact-checking unit had to issue a clarification debunking the claim.

Soon after, yet another fake message surfaced, alleging that NASA satellite imagery had shown the coronavirus receding over India. Bollywood actor Amitabh Bachchan even shared the claim on Twitter, which he later deleted following backlash from the medical community. The Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus, aptly remarked that the world was not only fighting a pandemic but also an "infodemic"—a deluge of misinformation.

Adding to the confusion, on March 19, 2020, India's Minister of State for Health, Ashwini Kumar Choubey, publicly suggested that sun exposure and rising temperatures could eliminate the virus. At the same time, unverified home remedies—such as consuming basil and herbal teas—began circulating on WhatsApp as purported cures.

Recognising the urgent need to counter this wave of disinformation, researchers launched an action-oriented study. Over a span of 30 days, they tracked trending fake news stories and debunked them through simple, accessible cartoons. Two fictional characters, "Corona" and "Infodemic," were created to serve as communicative tools. These characters were used to explain and dismantle false information in a manner that could be understood across different sections of society, thereby promoting digital literacy and critical thinking in the face of misinformation.

Introduction of two characters

To effectively communicate with a broad and diverse audience, two anthropomorphic characters-**Pandemic** and **Infodemic-**were introduced in a daily cartoon series published in *The Assam Tribune* and the digital platform *NorthEast Now*. These characters served as discursive agents, embodying the dual crises faced during the COVID-19 outbreak: the biological threat of the virus and the socio-epistemological threat posed by misinformation. The narrative strategy employed involved dialogic exchanges between these two characters, through which the cartoon plots were developed daily based on trending fake news and rumors circulating across various digital and traditional forums.

The cartoon series employed satirical discourse and visual allegory as tools for media literacy, social critique, and public health communication. What follows is a thematic discourse analysis of selected cartoons to unpack how these media artifacts reflect, critique, and intervene in the circulation of misinformation.

a) Satire as Counter-Discourse: Fake News and April Fool's Day

The series commenced on April 1st with a cartoon showing Pandemic and Infodemic exchanging greetings on April Fool's Day. Infodemic quipped that every day had become a fool's day due to the rampant spread of misinformation. This cartoon set the tone for the series, using humor and irony to underscore the normalisation of irrationality in times of crisis.

b) Competing Territories: Health vs. Rationality

A subsequent cartoon depicted *Pandemic* declaring his global dominance over health systems, while *Infodemic* claimed dominion over public rationality. This interplay framed the virus and misinformation as twin epidemics—one attacking the body, the other the mind. It also critically referenced lockdown-related rumors that destabilised economic and social cohesion.

c) Communalisation and Counter-Narratives

One notable cartoon rejected communal interpretations of the virus by illustrating that COVID-19 did not discriminate based on religion. This was a direct response to rising communal discourse, such as the 'Corona Jihad' narrative, and was explicitly countered in a later cartoon where *Infodemic* sarcastically celebrated the politicization of a public health issue.

d) Superstition and Pseudoscience

Cartoons addressing superstitions—such as utensil-banging rituals to dispel the virus, or WhatsApp forwards claiming divine or sonic cures—highlighted the interface between traditional belief systems and the digital amplification of pseudoscience. These narratives mocked the substitution of scientific literacy with viral falsehoods.

e) Misinformation Velocity vs. Viral Spread

In one cartoon, *Pandemic* stated he had infected 1.5 million people in four months, to which *Infodemic* responded that he spread even faster. This metaphorical dialogue highlighted the information ecology of a hyper-connected society, where misinformation travels at speeds exceeding public health responses.

f) Targets of Misinformation: Religion, Age, and Media

Recurring themes included debunking ageist rumors that the virus only affected the elderly and critiquing the belief that newspapers were vectors of transmission. One cartoon addressed a rumor claiming a 30% pension cut for seniors, portraying *Infodemic* as triumphing over empathy and facts. These critiques spotlighted how misinformation strategically exploits socio-demographic vulnerabilities.

g) Debunking Claims Through Dialogic Irony

The creators employed dialogic irony to debunk myths—such as cow urine curing COVID-19, or fabricated advisories from WHO and other international entities. Infodemic's false confidence served to expose the illogicality of these claims, creating space for critical reflection through visual parody.

h) Disciplining the Infodemic: Law and Accountability

Some cartoons invoked legal and civic frameworks to underscore accountability. In one instance, *Infodemic* joked about offering a "free trip to jail" to those spreading fake news—highlighting legal repercussions under cyber laws. Another cartoon used the metaphor of *Infodemic* donning a lawyer's robe to exploit the absence of Intellectual Property Rights (IPR) on misinformation, exposing structural gaps in regulatory frameworks.

i) Public Behavior and Social Responsibility

The series also critiqued public apathy and behavioral lapses, such as mass hoarding based on salt shortage rumors, or the lack of social distancing.

Visual satire was used to depict reckless behaviors and their consequences, reinforcing the civic imperative to counter both the pandemic and the infodemic.

j) Marginal Voices and Institutional Integrity

Animal characters like bats and pangolins were used to metaphorically express protest against being blamed for the virus—a critique of scapegoating. Cartoons referencing the Press Council of India and WHO emphasised that institutional responses must address both journalism ethics and the health crisis simultaneously.

k) The Infodemic as Cognitive Pathogen

In the culminating cartoon, the *Pandemic* character remarks that humans' irrationality and selfishness are worse diseases than COVID-19, following the ostracization of healthcare workers. This concluding reflection underscores the cognitive dimensions of the crisis, where *Infodemic* emerges as a metaphor for decaying epistemic foundations in public discourse.

By summerising the discourse analysis, it can be said that the use of cartoon-based dialogue between *Pandemic* and *Infodemic* offers a potent model for health communication, particularly in low-literacy or highly polarised contexts. These cartoons not only visualised the informational and behavioural dynamics of the pandemic but also acted as a disruptive discursive intervention against misinformation. They serve as accessible counter-narratives, employing satire, irony, and popular culture to make complex health and media literacy issues intelligible to the public. In doing so, they constitute an alternative public pedagogy—one that uses visual discourse to restore epistemic responsibility in the age of the infodemic.

Qualitative Analysis of FGDs on the impact of the ARMT Campaign #CheckTheFake

To assess the perceived influence and reception of the cartoon series featuring *Pandemic* and *Infodemic*, two Focus Group Discussions (FGDs) were conducted with purposively selected participants. Each group comprised 20 individuals within the age cohort of 18 to 28 years, primarily consisting of students and young professionals. The discussions were guided by semi-structured prompts and aimed to explore how the cartoons were interpreted, emotionally received, and cognitively processed by viewers. The qualitative responses were thematically coded into the following broad categories:

1. Relevance of Themes

A significant majority of participants found the themes of the cartoons to be highly relevant and timely. Respondents appreciated the topical nature of the narratives, often anchored in current socio-political and health-related developments. One participant remarked, *"The cartoons brought up very*

contemporary issues that we could immediately relate to, making them feel personal and reflective of our lived experience."

2. Engagement Through Dialogic Form
   Participants noted that the conversational structure between the two characters fostered ongoing interest and emotional engagement. The serial nature of the content created a sense of anticipation. Many stated they were drawn to the daily exchanges and looked forward to subsequent editions, suggesting that the cartoons served as both entertainment and commentary during the pandemic.
3. Entertainment Value and Emotional Relief
   Several respondents highlighted the entertainment quotient of the cartoons. Amid the backdrop of distressing pandemic news cycles, these visual narratives offered a form of comic relief. One participant articulated, *"The cartoons gave us a mental break—something to smile about when the rising case numbers were mentally exhausting."* This finding aligns with the role of humor as a coping mechanism in times of collective trauma.
4. Informational Impact and Dialogic Learning
   Beyond amusement, participants described the cartoons as informative, with the potential to stimulate dialogue and reflection. The use of dry humor and satire was noted to be effective in conveying factual corrections and debunking myths without sounding didactic. The cartoons were seen as an accessible medium to introduce critical thinking about misinformation in a palatable form.
5. Limitations in Dissemination and Language Diversity
   While the overall reception was positive, participants collectively recommended wider dissemination strategies. It was suggested that the cartoons be circulated across more diverse media platforms and in regional languages to maximize their reach and inclusivity. Participants specifically pointed out that, in addition to their presence on the ARMT website, *The Assam Tribune*, and *NorthEast Now*, the cartoons could be translated and distributed across vernacular print and digital outlets to engage broader demographics.

This focus group analysis underscores the pedagogical potential of visual satire in public health communication, particularly among youth audiences. The findings suggest that well-crafted cartoon narratives can operate at the intersection of education, entertainment, and engagement, creating space for both emotional relief and critical awareness in the face of an infodemic.

Conclusion

During public health emergencies such as the COVID-19 pandemic, media emerged as both a vital communication tool and a source of significant challenge. While it effectively facilitated the rapid dissemination of critical health information, its unregulated and excessive use also contributed to information overload, elevating stress, confusion, and emotional fatigue among the public. This duality underscores the urgent need for credible, curated, and balanced media content—especially during health crises—where the line between awareness and anxiety is easily blurred. Research affirms that mitigating the negative psychological impacts of media should become a central focus in future public health communication strategies.

To harness the constructive potential of media while minimising its harms, several strategic interventions are recommended. First, the promotion of media literacy and digital literacy is essential to empower individuals to critically evaluate health information, discern credible sources, and counteract the spread of misinformation. Initiatives such as the *#CheckTheFake* campaign by the Dr. Anamika Ray Memorial Trust demonstrate the value of creative and localized awareness programmes in combating disinformation. Second, coordinated efforts between public health institutions and media organizations are crucial. Through collaborative fact-checking, regulation of content, and amplification of authoritative information, the public's trust can be reinforced while misinformation is curtailed (Cinelli et al., 2020). Lastly, media outlets must assume a socially responsible role by emphasising balanced, evidence-based reporting that avoids sensationalism—especially during periods of public uncertainty and fear.

The empirical findings from this research reveal a complex and nuanced relationship between media consumption, mental health, and behavioural responses during the lockdown. While digital platforms offered essential coping mechanisms and resources, unfiltered media exposure often exacerbated psychological distress. The data illustrate that although 84.9% of respondents engaged with mental health-related content on social media, only 5.7% consulted mental health professionals—highlighting ongoing barriers of access and stigma. Similarly, despite 44.8% of individuals never attending a mental health webinar, a substantial proportion adopted positive behavioural adaptations such as regular exercise (84.2%) and improved dietary habits (89.7%).

Nevertheless, the adverse psychological outcomes were pronounced: significant numbers of respondents reported heightened anxiety, fear, and concentration issues, suggesting a direct correlation between intense media exposure and emotional strain. While digital platforms served as accessible sources of mental health discourse, they often lacked the structure and reliability

of formal interventions. This gap between informal consumption and professional support reflects a critical need for integrated, accessible mental health resources embedded within curated media environments.

In sum, both traditional and social media possess tremendous potential to advance public health objectives. Yet, their unregulated use poses serious risks, particularly to mental well-being. To mitigate these effects, a concerted focus on media regulation, promotion of evidence-based content, and audience education is imperative. As global health challenges become increasingly interconnected and complex, the responsible use of media—alongside balanced and informed consumption—will be essential in preserving both public health and psychological resilience.

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Appendix: Glimpses of #CheckTheFake Campaign

#CheckTheFake 7

Who attributes WHO on fake lockdown phases? It's me, Infodemic!

If you were panic buying before the assumed phase-III of lockdown attributed to WHO, be sure that you have fallen prey to infodemic! A viral message attributing to WHO on the procedures and protocols of lockdown into four phases during COVID-19 created a chaos among the public. The message says that the WHO divided the lockdown period into four stages and the Indian government is also following the same. The Press Information Bureau of India (PIB), through their fake news detection initiative #PIBFactCheck, put out a tweet on Monday saying the WHO circular about the lockdown schedule was fake.

The virality of this message has coincided with the 21-days lockdown period announced by PM Narendra Modi earlier that is about to end on April 14. So, keeping in view the increasing cases of novel coronavirus and number of deaths in the country, people are anxious to know the next steps by the government to fight this pandemic. But unfortunately, many people influenced by the fake viral message stating that the third phase of the lockdown starts from April 20 for 28 days, planned to stock pile the essential commodities leading to a panic situation.

No country in the world is following the lockdown pattern as seen in the viral message. Each country has its own rules and regulations for lockdown. India, China, France, Italy, New Zealand, Poland, and the UK have implemented the world's largest and most restrictive mass quarantines so far.

#CheckTheFake on #COVID-19

FAKE: According to a message attributed to WHO on protocols and procedures of lockdown – in the first step, a one-day lockdown will be observed, followed by a 21-day lockdown in phase 2. This will be followed by a relaxation period of five days. After five days, the stage 3 of the lockdown will be enforced, which will last for 28 days. This again will be followed by a relaxation period of five days. The final lockdown will be of 15 days.

FACT: WHO South-East Asia on April 5 tweeted – Messages being circulated on social media as WHO protocol for lockdown are baseless and FAKE. WHO does NOT have any protocols for lockdowns.

#CheckTheFake 9

More subscribers and viewers than COVID-19 patients in hospitals

Infodemic is making it tough for the people struggling for relief from COVID-19 pandemic. All across the globe, doctors and other frontline warriors are fighting novel coronavirus, but overload of misinformation and fake messages have raised the waves of infodemic to a greater height. While a social media specialist, Deniz Unay told the Turkish news agency 'Anadolu Agency' that there are over 3 billion posts and over 100 billion interactions on #COVID-19, #coronavirus and similar hashtags; it has become difficult to trace, how many of these are based on facts and fakes. But nevertheless, it is an open secret that thousands of social media bots are created, which are actually fake accounts on Twitter, Facebook and Instagram with a single goal of spreading fear and anxiety through fake news on novel coronavirus.

YouTube, which has more than 265 million monthly active users in India has also been at the forefront in spreading panic over COVID-19. One of the videos of 'Prajapati News', a YouTube channel with over 6.21 million subscribers, says the coronavirus spreads through seafood. This particular video was viewed 4.7 million times. Such kind of videos are helping Vishal Prajapati, the founder of the channel to draw in more subscribers – he says his subscriber count is increasing by more than 10,000 dailies.

This increase in posts, viewers and subscribers attributing to the fake contents are laying down a red carpet to the infodemic over pandemic daily with a large gap of differences between the increasing percentage of false information and number of COVID-19 cases across the world.

#CheckTheFake on #COVID-19

FAKE: Novel coronavirus spreads through seafood (A YouTube video)

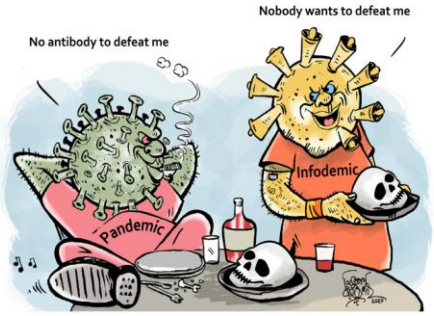
FACT: As of now, there is no such explanation or any confirmation from WHO about the spread of novel coronavirus from any animals. WHO is assessing ongoing research on the ways COVID-19 is spread and will continue to share updated findings.

But WHO has aware the people on its website that one can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

#CheckTheFake 10

Infodemic can make you sick even while maintaining social distance

Don't let fake news pamper your beliefs
Break the chain of fake forwards



Everybody wishes for an antidote to this pandemic, not to the rising Infodemic. Despite the keys to stop the infodemic already available at our hands, people are keen to the key of success to contain the spread of COVID-19.
In order to flatten the increasing curb every day, the world is still struggling for developing an antidote to COVID-19. According to WHO, there hasn't developed any vaccine, drug, specific antiviral medicine or treatment for COVID-19 yet. However, those affected should receive care to relieve symptoms. People with serious illness should be hospitalised immediately.
But the rise of infodemic is overshadowing the numbers of this pandemic daily. Despite the numbers, the matter is of serious concern as infodemic can make more people sick than the novel coronavirus even while maintaining social distance.
To get rid of this sickness, #CheckTheFake urges to sanitise our minds before hands with few tips like – discard unquoted stories, disbelief stories from any non-official or unauthentic sources, discourage fake news forward, dismiss photos without verifying; and develop critical thinking. These are the simple key to success, which are already available at our hands unlike the antidote to pandemic, on containing the spread of fake news on novel coronavirus.
A group of more than 400 scientists from India has raised their voices against the COVID-19 fake news machinery. The hoax busting team is just one of a bunch of groups organised under the voluntary, pan-India effort – Indian Scientists' Response to COVID-19 (ISRC). Started about two weeks ago, with more than 400 scientists across more than twenty scientific and research institutes in the country, the initiative counts among its volunteer astrophysicists, animal behaviorists, computer scientists, mathematicians, engineers, chemists, biologist, doctors, social scientists and others. Their goals include analyzing "all available data and support national, state and local governments for evidence-based action," in addition to verifying and communicating information.

#CheckTheFake on #COVID-19

FAKE: Cow urine or cow dung can protect people from novel coronavirus.

FACT: Absolutely not. While cow urine and cow dung might be used in several medicines, it can certainly not cure coronavirus. No such statement has yet been made by any scientist. In fact, a 50-year-old Sheikh Mahmud Ali from Hooghly, West Bengal, was held by the police after he was caught selling cow urine and dung as a cure to the novel coronavirus (The Hindu report on March 18).

#CheckTheFake 11

Your 'One-step forward' is my 'One-fake forward': Infodemic

People help me by not doing social distancing

People help me by forwarding on social media

What 'one-step forward' is to COVID-19 pandemic, 'one-fake forward' is to infodemic. The spread of rumours and misinformation is continuously increasing the curve of infodemic that has become a matter of serious concern all over the world. Indian states are no way behind in helping to increase this infodemic curve, though police with its activeness and innovative tactics are awaring the people on social media about this menace. The Assam police has also been very strict to contain the spread of this fake information from last half of March, 2020. It has so far established a monitoring system to check social media users spreading rumours about COVID-19.
According to a report of News18 India, a of total 52 cases had been registered for spreading rumours or uploading objectionable comments on social media, 25 people had been arrested and eight detained people released after issuing notice in this manner till April 8. Sources also cited that counselling was done with 110 people and more than 120 social media posts had been deleted and many accounts were deactivated.
This committee is looking after fake news and also giving directions to district information officers to look after social media handles and activate WhatsApp numbers so that the public can get access to correct information. While by maintaining social distancing can prevent the 'one-step forward' cause for COVID-19 pandemic, it is also important to follow the 'social media distancing' norms to prevent the 'one-fake forward' cause for rising infodemic.

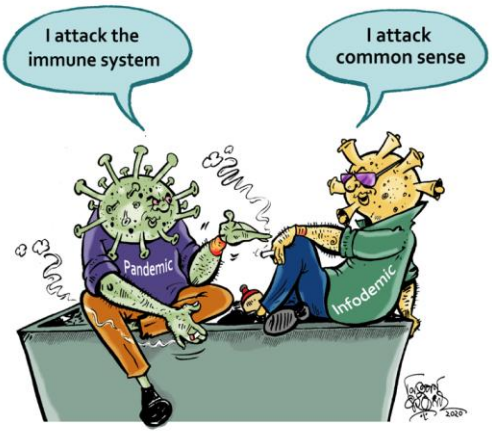
#CheckTheFake on #COVID-19

FAKE: 'ONE-FAKE FORWARD' claims – the Supreme Court of India has made an order saying that sharing of updates on COVID-19 on social media and WhatsApp is a punishable offence and the WhatsApp admins should watch out for police action.

FACT: The Supreme Court of India has not issued any order prohibiting people from sharing updates or information on COVID-19 on social media platforms or WhatsApp groups. (Times Fact Check of The Times of India, April 7).

#CheckTheFake 16

Loss your 'common sense', get back your 'immunity':Infodemic



World scientists on COVID-19 are leaving no stones unturned in finding out the entire design of human being's immune system and a way to boost it, if vulnerable to the deadly virus.
It is true that the low immunity person is more vulnerable to the disease; but one cannot deny the fact that people's lack of common sense is more vulnerable to all the fake information surrounding the COVID-19.
It's the time and situation and the person attached to it who should have the ability to distinguish between true or false news. Earlier this week, it is aired that 5G suppresses the immune system, making people susceptible to the virus. It also claimed that the virus can somehow be transmitted via radio waves, which later on is dubbed as a 'conspiracy theory'.
People are more easily trapped into 'conspiracy theories' today than by the nature of the deadly disease itself. This itself raise a question on our living brains; of what nature is the knowledge or information it receives and transmit to our bodies that fails to understand the difference between perception and reality. Even, mobile industry body GSMA urged internet giants, content providers and social media platforms to "accelerate their efforts" to remove fake news linking the two – 5G and novel coronavirus.

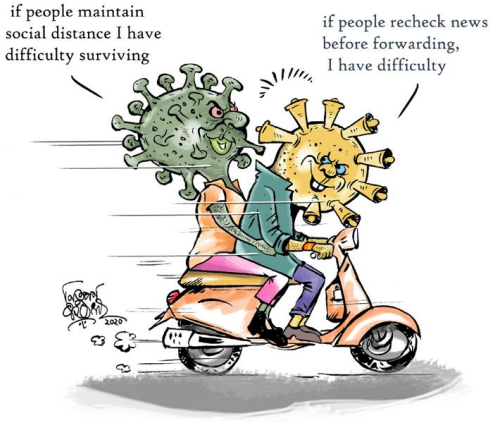
#CheckTheFake on #COVID-19

FAKE: 5G suppresses our immune system.

FACT: There is no evidence that 5G is linked to, or causes coronavirus, or reduces immunity. This is termed as "the worst kind of fake news" or the worst of all the conspiracy theories by a top representative of the UK's National Health Services.

#CheckTheFake 18

Don't hand shake: but cross-check the info



What social distancing is to pandemic, cross-check is to infodemic. It is important to understand that cross-checking any news before its circulation can stop infodemic, similar to the ways that social distancing can contain the spread of COVID-19.
Several instances of misleading information have led many to fall victim of infodemic over the last one week. The circulation of unsubstantiated medical chemicals as a cure for the novel coronavirus or false reports on resumption of transport services gathering people in stations and bus depots violating the lockdown have added fuel to the spread of misinformation.
As the frontline warrior against fake information, various companies and organisations like Google, Google News Initiative, Facebook, Yahoo News, etc. have either invested on or themselves set up a fact-check points or agencies to cross check any facts before it is spread or circulated.
But, huge investments like $1 million by Facebook or $8.5 million by Google to support fact checking and verification efforts by fact checkers and non-profit agencies do not matter at all till people in general do not start cross-checking an information by themselves from different sources.
People must make the habit to cross-check their information at all times, to use every available source in their quest to learn more about the origin of the information. It is true that a number of fact-check organisations have risen; but at the same time, it cannot be denied of the fact that these agencies or fact checkers may not be independent. They may lead to the circulation of biased facts.

#CheckTheFake on #COVID-19

FAKE: Consuming high-strength alcohol can kill the COVID-19 virus.

FACT: It does not. Consuming any alcohol poses health risks, but consuming high-strength ethyl alcohol (ethanol), particularly if it has been adulterated with methanol, can result in severe health consequences, including death (WHO).

#CheckTheFake 23

Fake sharing can play with our compassion and sympathy

Sharing information for the sake of one's intention to gain financial assistance has become a new normal with the rise of infodemic. It is simply because this rise of infodemic has now been a town-talk of collecting money by all false means.

As it has been seen that a fake Facebook post of a daughter crying prayer for her mother suffering from novel coronavirus attracted audiences in large numbers with sympathy and compassion. The post by one of the users has been shared for more than 73,000 times, which simply indicates how a continuation of false post can trap innocent mind and exploit them.

It is unfortunate that at a time when the cases of COVID-19 are increasing day by day, such fake posts create wildfire over social media platform leading to panic. India Today Anti Fake News War Room (AFWA) found the post to be misled as it is a collage of two photographs based on different context that dates back to pre-corona period.

#CheckTheFake on #COVID-19

FAKE: The fake post reads, "Please help save my mum I don't want to lose her. Am not asking for money but prayer and single share. Oh, My Heavenly Father, deliver everyone who shares this prayer from any form of CORONAVIRUS and DEATH. Please share to at least 5 groups on Facebook so she can get more prayers. Thank you and God bless you." – a facebook user.

FACT: First of all, the image of women is not a COVID-19 patient and the picture of the lady was published on several news website in 2015. Secondly, image of the child with tears in her eyes is available on the Internet since 2018 as a stock shot in several websites such as "Adobe Stock" and "Shutterstock" – India Today Anti Fake News War Room (AFWA).

#CheckTheFake 30

Pandemic may end, but impression of Infodemic will last forever

While health officials are fighting day in and out trying to bring the pandemic in control, fake news targeting them as potential carriers have led many people into ill-treating these fighters.

Everyday there are stories which report how these front-line health warriors are I'll treated or met with violence when in duty. Despite the government enforcing strict laws for their protection, the cases against them are still there. Most of these front-line warriors are disproportionate to the number of affected people yet the challenges they face are innumerable.

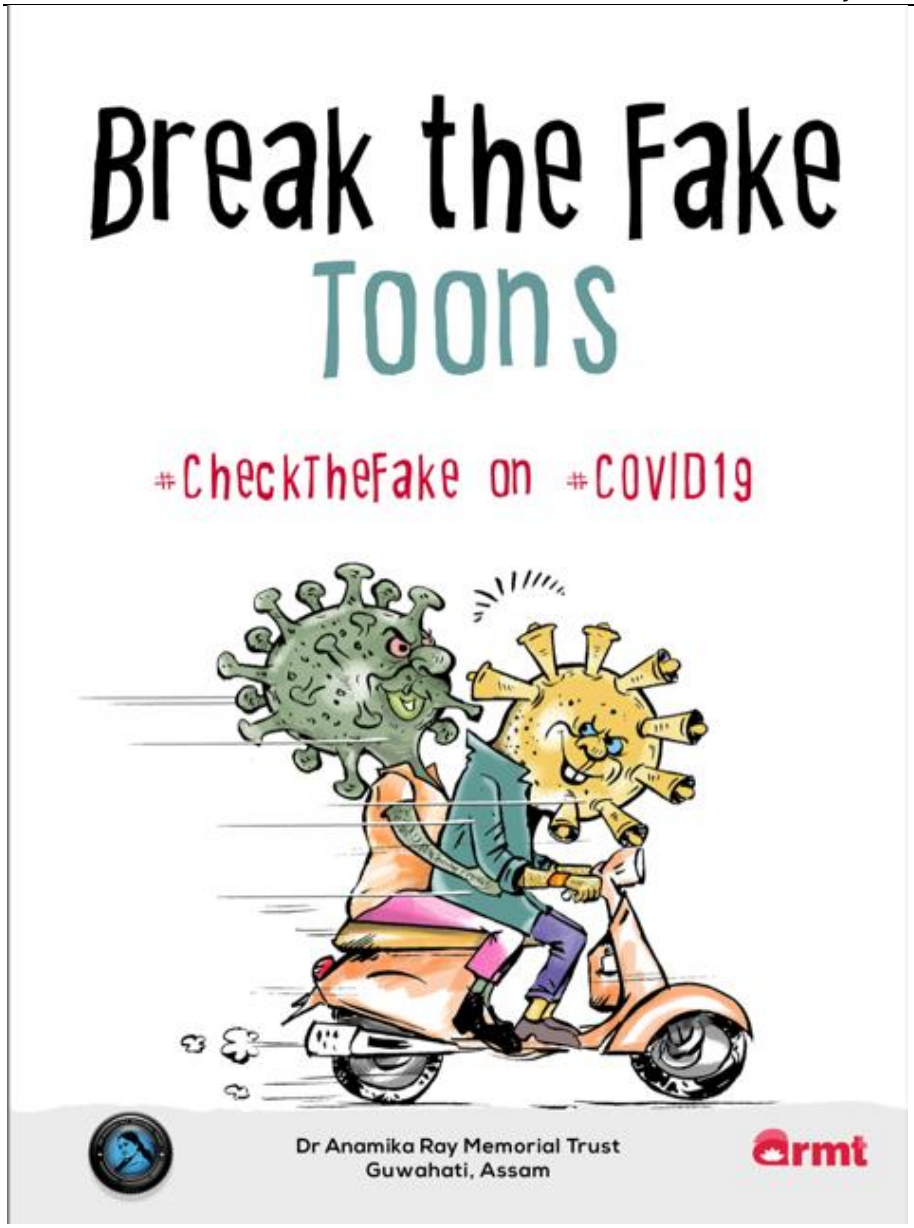
While the Pandemic has led to a lasting impact on the health sector, the Infodemic has bruised the moral fibre of the people as a whole. Some fabricated stories on the health system demotivate the fight against this virus to a large extent.

Nevertheless, it is only time that can explain whether the effect of pandemic or infodemic will linger the most.

#CheckTheFake on #COVID-19

FAKE: Congress leader Udit Raj had tweeted a screenshot of a tweet on Sunday, which claimed that the Union government granted the tender for coronavirus testing kits to a Gujarat-based company at the price of ₹ 4500 per kit when the same was being offered to it by 17 other companies at the price of ₹ 500

FACT: "This is Fake News. Price range approved by ICMR is ₹ 740-1150 for RT-PCR and ₹ 528-795 for Rapid Test. No test has been procured at ₹ 4500. Any Indian company wanting to supply at lower rates is welcome to contact ICMR or Ms Anu Nagar, JS Health Research" ICMR tweeted.


Break the Fake
Toons
#CheckTheFake on #COVID19
Dr Anamika Ray Memorial Trust
Guwahati, Assam
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