

LEARNING ABOUT COVID-19: SOURCES, TRUSTWORTHINESS, AND BELIEFS

Lisa M. Baumgartner, Joanna Ellis, Kris Hollingsworth, Courtney Peebles
(Texas State University-San Marcos, USA)

Abstract

The purpose of this session will be to briefly review our study results concerning participants' self-directed learning and beliefs about COVID-19. Second, we discuss challenges in educating individuals about COVID-19.

Keywords: COVID-19, critical thinking, social media

Individuals use many sources to learn about COVID-19. The purpose of this roundtable is two-fold. First, we discuss how our 28 study participants obtained information about COVID-19 and determined credible sources for information, and what they believed about the disease. Second, we invite discussion concerning the challenges adult educators face in assisting learners in critically evaluating information about COVID-19 in this technological age.

Summary of Research Study

Individuals learn about new diseases through self-directed learning, where they determine their learning needs and use various sources to achieve their desired outcome (Knowles, 1975). This study was part of a more extensive research study on the health beliefs of individuals concerning COVID-19. Given the myriad of information sources about COVID-19 in the era of "fake news," we conducted a secondary analysis of the data. We asked the following questions: (1) How did respondents obtain information about COVID-19? (2) How did they determine credible sources of information? (3) What did they believe?

We used convenience sampling to obtain participants and found them through personal and community contacts. We interviewed 28 individuals between March and July 2020. Regarding race, 14 individuals identified as White/Caucasian, one as Black/Jamaican, one as Black/African, one as Black/African American, one as Hispanic, two as Hispanic/White, one Native Hawaiian or Pacific Islander, one as American/Mexican, two as Asian, one "mutt," and three gave no response. There were 12 men and 16 women. The education level ranged from high school graduate to Ph.D., with 24 possessing some post-high school education or above. We used the constant comparative method to identify themes (Glaser & Strauss, 1967). We read interviews multiple times and conducted initial and axial coding to uncover responses to our questions.

Individuals obtained information from social media, websites, cable networks, major networks, and friends. Facebook, Reddit, and Twitter were common sites that individuals checked for COVID-19 news. J4 said, "I follow journalists on Twitter." C2b stated, "Reddit and Twitter [are] usually where I get most of my news." J5b said, "I see what's posted on Facebook, YouTube, and Twitter." C1 stated, "I usually use ZeroHedge.com and the Drudge Report." M1b looked at the CDC website. J4b trusted the World Health Organization website and said, "I'm not afraid to reach out to the different segments that may be experts in their

field." Participants watched cable networks (CNN, FOX, MSNBC) and major networks (ABC, CBS, NBC, PBS). Participants mentioned reading the Wall Street Journal and New York Times for information. J3b obtained information from friends. She stated, "I have a friend that works for the Texas Medical Board as a lawyer, so I can go to her when I have questions that [sic] I need clarification, and that makes me feel like the information I have is legitimate." Others obtained information from friends who worked in healthcare.

Respondents critically evaluated news sources. C2b said:

I get my news from Twitter and Reddit for the most part, just because there's a lot of people from different news sources talking about it, so I can form my own opinion, which is really nice rather than having one shoved down my throat. . . If they're trusted by a news organization to be employed there, then I trust that they're doing at least a decent job because you can't write fake things anymore in the media.

Some people believed websites because the information came from government officials. M3 said she obtained her news from newspapers "like the Washington Post or [the] New York Times. . . they have a reputation rather than. . . Jim Bob's blog." C2b said, "You have to do your research, I guess. . . You can only hear what CNN feeds you, and I don't believe in any of that. I don't believe in Fox either. . . You have to do your own research. . . You just have to go online." K5b said, "You just have to think with your heart, not your head." He just "knew" what was true.

Most participants believed COVID-19 originated in China, was spread through respiratory droplets, and older people were more susceptible. Although K5b felt COVID-19 was an actual virus and took great precautions to stay safe, he thought COVID-19 was China's attempt to "take over the world." He followed "backchannel news [and] underground news [and] YouTube." He believed that a Chinese woman who was "paid by the China Communist Party" came to the US, posed as a student at Harvard, and injected animals in research labs, and the disease spread from animals to humans in the US. He said the Wuhan lab, where the virus was, was "where they do all sorts of bioweapons." He added, "It's all about control. China wants to control everything." K5b believed the numbers of reported COVID cases were inflated. He said, "It's a money scheme...if they write it down as coronavirus, you got more money off of it through insurance."

Discussion Questions

Individuals used various sources for information. However, we were intrigued by the role of social media in individuals' learning about COVID-19. Given the role of social media in the information-gathering process, we pose several questions: (1) How do health educators combat individuals' beliefs in conspiracy theories? (2) How can we, as health educators, help individuals critically evaluate information on COVID-19? (3) How does the Baader-Minehoff phenomenon (i.e., the frequency/recency illusion and selective attention bias) influence our beliefs about COVID-19? (4) How can health educators raise awareness about the influence of computer algorithms on social media sites?

References

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