THE IMPACT AND ROLE OF SOCIAL MEDIA FOR CONSCIOUSNESS OF COVID-19 PANDEMIC

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ABSTRACT

COVID-19, originated in China, travelled to other countries to become a pandemic. Mass and social media outlets have played a vital role in supplying knowledge of Coronavirus Globally. Due to lack of knowledge, numerous false news, disinformation, and rumours circulated through digital media, citizens scared into making panic decisions. Each nation has its potential and responds to its understanding of the danger, the environment, health care policies and the framework of the health-care approach. However, there is a shortage of studies directing the position of social networking (SN) initiatives in public health recognition and public security against the COVID-19 in India. The goal of the research is to explore the effect of security awareness in India. The quantifiable methodology with multiple social networking sites is used to collect data through google docs questionnaires, with 1,600 users of social media were polled. Using, SEM for evaluating and validate the study, Key results exhibited, the usage of social networking on public health security during the pandemic era. Public health literacy and behavioural improvements in public health have been substantially mediated as part of this partnership. Further, the use of social networking sites might have a beneficial effect on public health understanding of behavioural improvements and public safety.

Keyword: Mass Media, Social Media, COVID-19, Awareness, Impact .

INTRODUCTION

Social Media (SM) is an excellent path for entities and communities for retaining linked even while substantially split in the face of COVID-19. People were not having similar sources of contact; it is available in the current century for easy exchange of information and knowledge.

A public health study on the reaction of Minneapolis to the 1918 flu indicates that vital knowledge about the epidemic was communicated mainly by mail staff, boy scouts, and students. Can you imagine having heard from a Boy Scout banging on your door about COVID-19, asking you to wash your hands? Not only can we hear about the current news alerts as an advantage of SM in the 21st century, we still utilise sites, including Facebook and Twitter, to include individual and corporation's notifications. For corporations, it implies using SM to support workers and customers as ever before. For a Nation, this involves switching factual and latest information efficiently. Here are four critical functions performed by social networks during the COVID-19 epidemic, take a peek at how users, firms, and administrators have shared information and conveyed instruction on SM in the past few weeks.

Social network channels remain commonly used globally as per WHO, health-care providers and governing bodies to resolve crucial public health issues (Benetoli et al., 2018). They can be used to inform residents and health-care practitioners on a wide variety of subjects, from anti-microbial tolerance issues to subjects such as reporting of adverse reactions. Perception-making strategies which use the overall size, scope for coverage, and proximity of SN channels to connect quickly, accurately, as well as reliably constitute the primary goal of these efforts. It may be cost-effective to utilise social media to promote infectious disease prevention and control (Al-Surimi et al., 2017).

In most economies, the fitness industry is a vital area of administration's accountability, responsible for a substantial fraction of federal expenditures, nearly equal to 9.9% of the global GDP in 2016 (Jowett et al.,2020). State well-being and nationwide corporations are accountable for tracking, securing, strengthening the healthiness of people, as other segments of the public sector, and for engaging in electronic government (e-government) programmes. To do this, multiple agencies would utilise social networking sites independently. In the world of health care, widespread public interaction with social networking outlets offers an important ready-made road to their use of Social media networks provide a broad spectrum of networking sites (e. g. Facebook), networks for content sharing (e.g. YouTube) and systems for microblogging (e.g. Twitter).

The channels with many can be utilised to produce and make public awareness for future threats with solutions for wellness and illness, including safe behaviours with successful approaches for well-being. Campaigns initiated by social networking channels frequently effectively turn awareness and details on numerous health issues into regular fruitful web-based debates and conversations (Porumbescu, 2016), as compared to the campaigns sometimes initiated by conventional media. Another primary value of web-based social networking data instructiveness and networking based, with the availability of exceedingly broad information (Giustini et al., 2018). There would be clear spatiotemporal opinion against a new vaccination, for example, whether optimistic or damaging. Risk factors are also seen to be concentrated in a group, such as substance addiction, obesity, unhealthy nutrition, and lack

of activity and their related diseases. Greater awareness of social networking outlets and their well-being details can assist in expanding the public health value of social media.

Social networking is an effective medium of communication that can be used to raise public awareness of infectious diseases in terms of outbreak dates and the dissemination of novel technologies, in particular new ones (Freberg et al., 2013). In order to obtain information on infectious diseases that pose alarming threats to people, both conventional and social media are used by members of the community (Allgaier et al., 2015). Based on how data is shared through social media channels, public views of these threats are influenced. It, in turn, impacts the actions of individuals as well as the choices they make.

In addition to the sharing of knowledge via social networking channels, consumers of these channels partake in debates and discussions through offering their viewpoints and providing their perspectives. However, knowledge disseminated by social networking sites also loses integrity because it is mostly created through the community in place of through health professionals or Institutions providing Health Services; thus, reliability, precision, accuracy, or utility might be missing in this knowledge. As a consequence, the WHO has advocated for the constructive and efficient usage of social networking channels to disseminate to non-specialised individuals and the general public knowledge on health concerns, especially on emerging infectious diseases.

1. A source of information (and misinformation):

In the wake of a global event, we have never seen more real-time knowledge accessible at our hands. These data will help keep us secure, give us a more incredible view of what is going on and how they will affect us and our love once. However, SM can promote mistruth, including prevention steps for miracles, misleading statements of miracle preventive programmes, compliance, unsubstantiated claims, and far more. Seeking trustworthy COVID-19 knowledge is thus highly critical for social networking organisations seeking to fight coronavirus disinformation (Velasco et al., 2014; Giustini et al., 2018).

The public is highly vulnerable to misleading and even dangerous statements, which are then forwarded on to others, at a period when all of us are fighting for as much information as we can keep our hands-on. Around 50 Percent of people in the USA say that they have seen made-up coronavirus reports, according to a recent Pew Research Centre survey, but it is often challenging for individuals to differentiate between trustworthy and untrustworthy sites on social media (Korda et al., 2013). Testing original reports and ensuring that (a) specific reports are trustworthy is the most important rule of thumb to guarantee the knowledge is correct, and (b) the knowledge has been correctly relayed. Just because anyone appears to have heard something from a credible source does not imply that they are correctly relaying that data. You must cite and validate your references whenever personal knowledge is provided, whether for an organisation or any person. Be cautious of utilising alarmist or absolute verbiage. There are still too many uncertainties concerning the outbreak, and no one is optimistic about what the days and weeks ahead would carry. Being mindful of this and making needless bold declarations is still safest (Chan et al., 2020; Epidemiological situation, 2020; Allgaier et al., 2015).

2. An influence on public response to the outbreak

Millions of individuals have expressed views in respect of COVID-19 openly through multiple media networks. In the last several years, it has been seen that individuals, groups, and businesses utilising SN sites to promote awareness of COVID, with steps that may be undertaken. These are several forms in which SM has affected the population after it hit outbreak with levels of pandemic and patterns are Personal Distance and Quarantine at Home for the whole countries across the globe. Today, social network consumers, from acquaintances and families to actors and states, ask for social distancing daily (Misra et al., 2015). Many individuals have been buying household supplies, hygiene materials, and diet unnecessarily with the concern of essentials availability, much after any natural catastrophe happens. The same over-buying has been very popular, according to which social media users have invented a term to characterise is panic buying. It is debated in various forms on social issues too (Al-Surimi et al., 2017; Kumar et al., 2017)

3. A publicising policy

For multiple brands, this epidemic poses a decisive point about how they want to sell their goods. Sadly, we can find people selling oil products claiming to improve immunity. Few companies are exposed to mass hysteria, particularly companies adding their social media campaign, trade commodities, if you do not have the disease, facemasks are not sufficient. Common social distancing and quarantining hashtags are popping up. So, nobody understands if there is or is no such Socially Conscious Food Promotion. Several firms have assertive and empathic answers to COVID-19, considering the increase in alarmist-focused media spending (Misra et al., 2018). Streaming sites, for example, offer fun for those at home who are lonely. Markets and restaurants with distribution systems will safely supply anyone reluctant to go out with food and meals. For free and at discounted rates, online classes are offered. All and all, we are seeing more organisations try their utmost to alleviate the anxiety and discomfort that many are feeling. Scan on this Coronavirus brand control blog post and so on for practical guidance is appropriated and accountable intervention (Gluskin et al., 2014).

4. A efficient means of bringing a frightening time to positivity:

No forum is optimal. However, an eruption in critical, lifesaving awareness, contact with others, and global unity has also occurred, where there has been confusion and panic on social media. The willingness to exchange memories Family and friends support the struggle against both literal and relational problems loneliness while still informing us that we are all united in this. Here are some of the forms in which social networking has had a beneficial effect during COVID-19 (Kumar et al., 2017; Laranjo et al., 2015; Kouri et al., 2017). Fundraisers arranged and spread on communal assistance advance funds for the one that needs, COVID-19 has placed several individuals (Dubey et al., 2016), particularly the aged, those who buy exchanging fundraisers with broad crowds on social media (Dubey et al., 2016; Benetoli et al., 2018; Jowett et al., 2020), groups are rallying together to benefit charities and people (Porumbescu, 2016; Huesch et al., 2016; Freberg et al., 2013; Bennett et al., 2009). Citizens share pictures and videos to express their practices (Moorhead et al., 2013; Ellis et al., 2012; Collinson et al., 2015). From commiseration to overwhelming, articles ranged from

encouragement for this "mental health check-in" on a Facebook community forum to community rainbow quest (Hassan et al., 2019, Sharma et al., 2017; Buonomo et al., 2008). It is only a handful of the millions of cases that users on social media have expressed their help and empathy (Ye, 2018). Moreover, while sound and execution differ, the meaning is unchanged from one person to another (Villar et al., 2018): there are silver linings to be enjoyed, you are not alone in this, and it is okay to feel this in any variety of ways (Hassan et al., 2019, Samanta, 2013; Ferguson, 2007).

MOTIVATION FOR RESEARCH

Social networking initiatives can be an instrument for improving health services and public safety. The relationship between public perception towards COVID and behaviour are important factors. These models draw primarily with previous relevant research (Mumtaz, 2019; Joshi & Kalia, 2017; Utpal, 2016). However, there is a limited study examining the impact of SM on improving the public health and protection towards COVID pandemic in Indian Context (Sachdeva & Tripathi, 2019; Chanda, 2017). This research investigates the effect of using social networking apps for health safety during the pandemic period. A methodological structure was developed to accomplish the study goals. SM platforms, Public awareness, Marketing activities and behavioural changes are considered to impact the public perception towards protection against the pandemic.

REVIEWS OF LITERATURE AND STUDY MODEL

It was found that raising knowledge of public health needs the integration of some ideas of behavioural modification Knowledge to design on social networks (Lunn et al., 2020). As per WHO (2019) as applicable to social network programmes, behavioural modification theories (e.g. theory of social cognitive and theory of fitness belief) may be useful because of the mechanism of modifying attitudes; the reason for individuals act accurately, helping medical supervisors to assess as well as adjust preventive interventions (USDHSS, 2015; Public Health, England, 2015; WHO, 2014). People prefer to take protective measures, according to the Health Belief Paradigm, whenever they believe they are severely endangered. At its centre, the particular beliefs of individuals regarding susceptibility and advantages should be resolved through

health interventions (Laranjo, 2016). By improving the behaviours of individuals, the behavioural modification strategy has been shown to boost health (Laverack, 2017). it is believed that to change their way of life, as a result of feeling threatened, mainly by infectious disease, people must learn simple information regarding a particular problem relating to their well-being. In this case, citizens can develop a range of skills and have access to relevant resources.

Changes in behaviour; include, washing the hand, masking, community separation, evading group events, grooming, and loneliness. Interferences targeted at improving public health will enhance the level of social health and help initiatives and services in the battle against the epidemic and dissemination of infectious diseases through official health officials. If individuals have faith for mentioned initiatives and services, it is expected from them to react favourably and be active in significant numbers for initiated projects initiated. Campaigns for social media well-being may trigger beneficial behavioural shifts and also remove harmful ones in people. According to Laranjo et al. (2015), cost-efficiency, omnipresence, and transitional regional obstacles are the strengths of social networking health initiatives. The immense rise in SM networking platforms has created a new opportunity for further ways to propagate wellness initiatives in actual time and independent of geographical area, contributing to the advancement of wellness and meaningful improvements in behaviour.

Therefore, to direct the objectives of this research, an integrated conceptual model was created (Bhattacharyya & Roy, 2016). Social networking initiatives as instruments of health promotion services were thought to improve public safety through the relationship of public perception and improvements in behaviour as essential factor (Lokeswari & Aiswariya,2017; Amit, 2016). These critical structures draw primarily with previous relevant research and the philosophy of behaviour modification. In this analysis, social network networks were the factors of primary importance (the independent variables). The effect of the independent variables (Marketing activities, public perception and behavioural changes) on the variance in the dependent variable (public defence against COVID-19) was studied. Figure 1 shows the theoretical framework of the study.
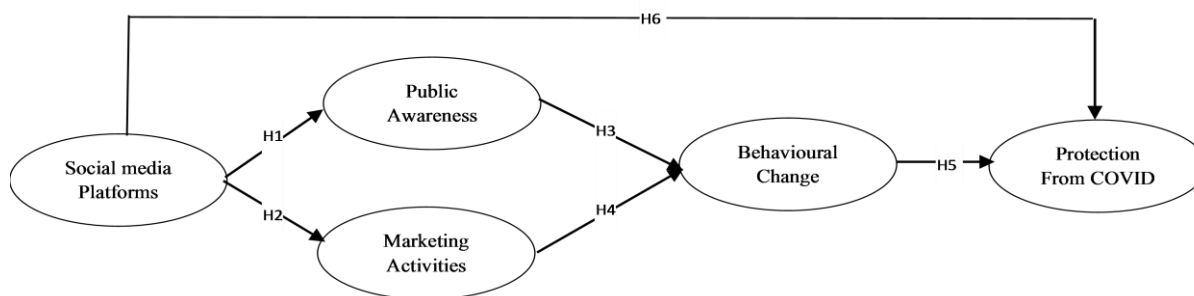
Figure 1: Theoretical model

The following theories about the function of social networking initiatives in increasing public perception of COVID-19 as a pandemic disease were proposed based on the model mentioned above:

H_1: The utilisation of SM platforms significantly improves public health awareness.

H_2: The use of SM platforms is significantly increasing in Marketing activities.

H_3: Public health awareness significantly contributes to public health behavioural change.

H_4: Marketing Activities significantly contributes to public health behavioural change.

H_5: Public health behavioural change significantly increases public health protection.

H_6: The SM platforms use significantly increase public health protection.

METHODS AND METHODOLOGY
Each query related to social media was posed in the evaluation to explain the behaviours of the respondents, and the mean and SD for both measures were determined accordingly. The descriptive figures given in Table 3 indicate a favourable outlook towards the products calculated and the outcomes of the measurements are seen in Tables 3 and 4.

Table 3. Descriptive statistics, Overall means, SDs of the study variables

Particular	SPSS Code	Mean	S D
Social Media Platforms (SM)		**3.45**	**1.26**
Seeking trustworthy resources of knowledge about COVID-19 is exceptionally valuable on SM	SM_1	3.05	1.09
Businesses in social networking operate to fight coronavirus disinformation	SM_2	3.15	1.132
Distinguishing between trustworthy and untrusted social networking outlets	SM_3	3.52	1.134
The trend for social distancing and home quarantine is informed through Social media	SM_4	3.79	1.507
To express their storeys, people upload pictures and videos.	SM_5	3.59	1.579
Social network (Facebook) check-in for mental well-being after the pandemic is a significant information stage.	SM_6	3.63	1.411
Public Awareness (PA)		**3.48**	**1.14**
Facebook is helping to improve my understanding of how to avoid COVID-19.	PA_1	3.84	1.097
Instagram tends to raise my understanding and knowledge about how to stop COVID-19.	PA_2	3.15	1.128
Twitter helps to raise my understanding and knowledge about how to stop COVID-19.	PA_3	3.16	1.111
WhatsApp tends to increase my comprehension of how to stop COVID-19.	PA_4	3.56	1.231

YouTube is helping to increase my knowledge of how to prevent COVID-19.	PA_5	3.69	1.124
Marketing Activities (MA)		**3.55**	**1.19**
Searches for Beauty vs Health Face Mask have increased on social media	MA_1	3.52	1.17483
For multiple brands, the COVID-19 epidemic poses a decisive point about how they want to sell their goods.	MA_2	3.54	1.18133
Product marketing Socially Responsible	MA_3	3.55	1.18783
There is still a great deal to learn,	MA_4	3.56	1.19433
Organised and distributed government aid fundraisers collect funds for people in need	MA_5	3.57	1.20083
The atmosphere of acquiring information regarding COVID-19 and sources of security against it was disrupted by marketing.	MA_6	3.58	1.20733
Public behaviour (PB)		**3.55**	**1.13**
Facebook contributes to changes in my behaviour by taking different preventive measures to avoid COVID-19	Pbc_1	3.92	1.1
Instagram manages to improve my actions by taking different protective steps to avoid COVID-19.	Pbc_2	3.26	1.139
Twitter leads to improvements in my actions to deter COVID-19 by taking different protective steps	Pbc_3	3.24	1.119
WhatsApp helps to change my behaviour by taking different preventive measures to avoid COVID-19	Pbc_4	3.65	1.196
YouTube manages to improve my actions by taking different protective steps to avoid COVID-19	Pbc_5	3.70	1.11
Public Protection from COVID-19(PPC)		**3.95**	**1.05**
Platforms for social networking lead to behavioural improvements to shield me from COVID-19 infection	PPC_1	3.97	1.045
Platforms for social networking lead to behavioural improvements to shield others from COVID-19 contamination	PPC_2	3.97	1.032
In teaching others regarding COVID-19 infection, social media networks lead to behavioural improvements	PPC_3	3.94	1.047
In teaching others about Mental Wellbeing through COVID-19, social media networks lead to behavioural improvements	PPC_4	3.90	1.058

Table 4: final model

Variables and Items	Factor Loadings		SE	Sq. Multiple R	Error Variance	Cronbach α	Composite Reliability*	AVE**
	EFA	CFA						
SM						0.770	0.890	0.900
SM1	0.716	0.719	***	0.517	0.200			
SM2	0.604	0.625	0.030	0.391	0.240			
SM3	0.6	0.603	0.030	0.363	0.250			
SM4	0.601	0.609	0.034	0.329	0.340			
SM5	0.658	0.665	0.030	0.442	0.230			
SM6	0.655	0.662	0.027	0.439	0.227			
Public Awareness						0.821	0.910	0.930
PA_1	0.772	0.744	***	0.554	0.170			
PA_2	0.676	0.666	0.027	0.444	0.220			
PA_3	0.672	0.666	0.027	0.443	0.210			

PA_4	0.689	0.66	0.029	0.435	0.260			
PA_5	0.732	0.717	0.027	0.514	0.190			
Marketing Activities (MA)						0.796	0.900	0.915
MA_1	0.792	0.764	***	0.568	0.200			
MA_2	0.696	0.686	0.029	0.446	0.222			
MA_3	0.692	0.686	0.029	0.445	0.212			
MA_4	0.709	0.68	0.031	0.437	0.262			
MA_5	0.752	0.737		0.516	0.192			
MA_6	0.762	0.747	0.022	0.509	0.185			
Public Behavioral Change						0.846	0.920	0.930
Pbc_1	0.778	0.768	***	0.590	0.170			
Pbc_2	0.691	0.696	0.026	0.485	0.210			
Pbc_3	0.688	0.691	0.025	0.478	0.210			
Pbc_4	0.725	0.71	0.027	0.505	0.230			
Pbc_5	0.738	0.737	0.025	0.544	0.180			
Public Protection from COVID-19						0.964	0.980	0.940
PP_1	0.798	0.952	***	0.907	0.050			
PP_2	0.799	0.969	0.009	0.939	0.040			
PP_3	0.795	0.965	0.005	0.935	0.036			
PP_4	0.791	0.923	0.010	0.853	0.060			
Instrument Total								
Cumulative (%)	76.514							
KMO	0.892							
P-value	0.000							

* Fornell C, Larcker DF., (2018)'s formula is used, for composite reliability calculation:

Reliability = $(\Sigma L_i)^2 / ((\Sigma L_i)^2 + \Sigma Var(E_i))$

where L_i = standardized factor loadings of each indicator, and Var (E_i) = error variance associated of individual variables.

** Variance extracted = Average Variance Extracted = $\Sigma L_i^2 / (\Sigma L_i^2 + \Sigma Var(E_i))$

Exploratory Factor Analysis

In order to collect knowledge regarding study factors, exploratory factor analysis (EFA) is also used (Pallant, 2004). The value of the Kaiser-Meyer - Olkin test being 0.894, and all objects were higher than 0.60, so all objects were used to collect the latent variables examined in the data study. In comparison, the findings show that the variance inflation factor (VIF) for each vector was below 3 for the multicollinearity problem, indicating that multicollinearity was not a problem. The results further show the lack of traditional system prejudice in that much of the variation was not accounted for by the first factor, and no particular factor resulted from the factor analysis (Podsakoff et al., 2003).

Confirmatory Factor Analysis

To validate the properties of the research objects, confirmatory factor analysis (CFA) was performed. Scholars also stated that the

measurement model demonstrates the way, under the conditions of measured variables, latent variables or hypothetical variables are tested, reflecting how the validity and reliability of the observable variables react to latent variables (Hair et al., 2006; Bagozzi, 1988). Without removing any products to obtain an improved fitting measuring model, the original CFA model offered a good match. The quality of the fit indices of the primary examination pattern evaluation suggested that the conclusions of the initial model shall be considered as the final model. CFA indicated that $\chi2_{1655}=4181.7$ (P<.001) was used for the model, implying that the data fitted the measurement model. Also, $\chi2$ / df (4181.742/1655) = 2.527; this is an absolute match index for a severe point of view with a threshold of < 3.0 or < 5.0 for appropriate parameters. For acceptable parameters, the incremental fit index of 0.89, 0.86 Tucker-Lewis index, 0.872 comparative fit index and 0.0523 estimated average root square error all exceed the < 1.0 edge (Hair et al., 2006). The calculation model suggested a good match of the sample data centred on these fit indices.

Factor loadings, Cronbach α, composite reliability, and AVE for the variables were calculated in order to determine the reliability and validity of the research model. The factor loadings exceeded 0.500 (Creswell, 2009; Bagozzi, 1988), supporting convergent validity. All the values of aggregate dependability exceeded 0.600, demonstrating for the latent variables superior internal reliability. Every AVE value was also higher than 0.500 (Hair et al., 2006); the convergent validity was thus proven (Fornell et al., 2018).

RESULTS

As shown in Table 5, the structural equation modelling analysis showed that H1, H2, H3, and H4 were supported.

Table 5: Path analysis results for H1 to H5. (*P*<.001)

Hypo.	Path	Standardised (β) effect	Robust *t* (df)	Supported
1	SM→PAW	.823	64.138 (1654)	Yes
2	SM→MA	.798	58.582(1654)	Yes
3	PA→Pbc	.704	39.096 (1654)	Yes
4	MA→Pbc	.589	30.987(1654)	Yes
5	BC→PPC	.465	16.124 (1654)	Yes
6	SMP→PPC	.149	5.311 (1654)	Yes

Public knowledge and promotion practise being significantly influenced by public behavioural reform and public safety both specifically (alp=.149 for both H5 and H6), culminating in partial mediation being assisted by the results.

Also, path analysis was conducted to investigate the structural model. Via the statistical significance of the uniform regression weights for endogenous test variables (i.e. t value) and the coefficient of measurement R2; we tested the research hypotheses. Public perception, public behavioural improvement and public safety decision coefficients were 0.62, 0.70, and 0.50, respectively; these findings indicate that the heterogeneity of the test model is strongly
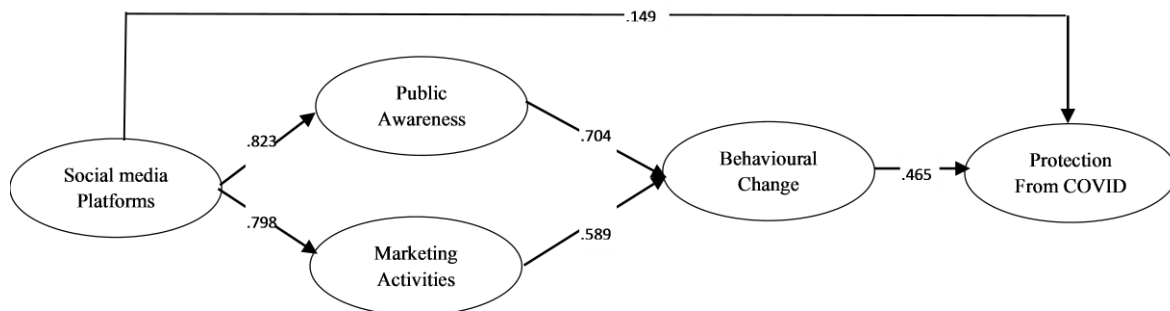

Figure 2: Predictable path rates for the theorised structural model

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accounted for by the experiment. For the hypothesised model, Figure 2 displays the predicted route values.

DISCUSSION

In this research, with the awareness and behavioural improvements, we tried to investigate the effect of using social networking network apps for health safety during the pandemic period. A methodological structure was developed to accomplish the study goals and perform the analysis utilising a systemic methodology. SM platforms, Public awareness, Marketing activities and behavioural changes are the potential advantages of using SM platforms to for protecting COVID-19 (Lin et al., 2020; Hassan et al., 2019; Pagoto, 2019; Al-Surimi et al., 2017). The study offers empirical data in Hypotheses 1, 3, and 4 about the effect of utilising social networking channels on public health knowledge, improvements in public health behaviour, and health security against COVID-19. The connexion amongst the usage of SM networks and health of public understanding, public behavioural improvements, and health security has been substantially and positively supported by these three hypotheses. The relationship between the use of SM platforms and well-being of public (Pagoto, 2019; Giustini et al., 2018; Villar et al., 2018; Laranjo, 2016; Laranjo et al., 2015) has been explored in numerous research studies. Also, as indicated in H4, the study presented scientific data about the feasibility of public policy understanding of public health behavioural improvements. The findings revealed a positive and vital impact (Lunn et al., 2020). The findings further specifically demonstrated that public health understanding and behavioural improvements in public health influenced the health security impacts of the usage of social networking platforms; however, the influence was partial. Besides, the findings revealed that the usage of social network channels had an essential and beneficial indirect impact on health security and P values < .001. This discussion indicates that the structured direct effects of protection against Covid-19 recognised by the social media platform and by the variables of the public awareness and marketing activities which develops the behavioural changes and the same have an impact over the protection from the COVID as the dependent variable. However, the impact of public literacy and

public behavioural shifts on the connexion between SM usage and public safety has not been explored in prior observational research studies. The findings also suggest that cultural knowledge and behavioural improvements in public health have a substantial impact on the interaction amongst the usage and the security of health of people. Therefore, we believe that social networking strategies can be used to educate the public so that attitudes will improve (Goswami, 2015; Goswami, & Khan, 2015; Goswami et.al., 2012).

This report further, bridges the void in the literature on a comprehensive view of the interactions between the usage of social networking *networks,* public safety during the pandemic against COVID-19, public perception, and behavioural improvements in public health. It also contributes significantly to promoting the theory of SM platforms against COVID-19. It presents a variety of analytical insights to the literature on public health care social networking web implementations and defence against the epidemic, further, this study chains the use of SM networks in India, particularly about public health knowledge.

Findings supported the effects of SM on interaction with public health security, that may be another disparity included in the research, in public knowledge and public health behavioural improvements. Also, by including the following, this research has expanded the literature that discusses social networking applications: First, as a pandemic epidemic, we investigated an unmapped correlation among SM apps and public health security against COVID-19. Previous studies explored and analysed the impact on public health perception of social media application strategies and the connexion between online engagement and improvements in mental health. Second, the influence of knowledge with behavioural improvements in is an arbitrating force among the consequences of SM apps and the security of public health was confirmed and checked, which can be viewed as another addition to the literature. The research outcomes of this report also have critical consequences in health institutions. Further, in the selection of a comprehensive health promotion strategy, the part of social innervation to raise public health understanding; mental health improvements

may be adequately addressed. Social networking initiatives can be regarded as essential elements of systematic approaches to the enhancement of attitudes in public health.

CONCLUSION
It is the first time every living generation has faced a pandemic of this magnitude, and we are now initiating to comprehend the ultimate purpose of SM. In future years, It will serve as an incredibly accurate case study on how media and businesses respond to this unprecedented global event, and how those media forum reactions impact not just the behaviour of individuals, but also the activities of organisations and governments. Our results show that the usage of social networking channels may have a beneficial effect on the understanding of behavioural improvements in Population health and protection against COVID-19. By disseminating brief messages to targeted populations, Social networking sites can use public health authorities as useful instruments to raise knowledge of public health. In order to verify how social networking networks must utilise for enhancing awareness of their health and implement healthier habits in a cross-cultural sense, further study is required.

MANAGERIAL IMPLICATION
Social media have opened up a window for marketers into observing cognition, attitudes, behaviours, and lifestyles of consumers (Lin & Philipp, 2016). With increasing research on analysing social media for public health, findings of the present research can guide companies to take advantage of social media on public health. The outcome gives more precise knowledge of marketing policies in the pandemic situation that influence the usage of social network for community health and security toward pandemic. Thus, taking public awareness, marketing activities, and behavioural improvements can be beneficial in the implementation of protection from COVID-19. Managers and policymakers have to adopt a range of steps to improve the marketing of their products using SM platforms by adding features that improve immunity and provide safety against spreading the COVID.

LIMITATION
The current research utilises of SM platforms for improvement in public health awareness, but the social media platforms are very vast and challenging to gather data across all platform (Chouhan, 2016, Chandra et al., 2012). Further, the use of SM platforms for marketing activities is also diverse, and future research should focus on capturing the marketer perspective on its usefulness. Public health behavioural change was measured with the help of the questionnaire, and information provided by the respondents may have limitations. Further, the use of SM by the various groups of respondents may be different and may provide a different perspective. The researcher had tried to reduce the limitation to provide a fair view of the impact of the SM platforms for public health protection.

FUTURE SCOPE
The future studies may be conducted by taking a micro-level with only one or two SM platform into consideration and compare the results of the same. Further, the other variables not covered under the behavioural changes may be included in the study to improve accuracy. The sample size, although it was enough yet can be increased, and country-wise comparison may also be undertaken in future studies. Future research on the impact of social media marketing should consider the welfare of the consumer and the common interest of the public.

REFERENCES
Ahmad, A. R., & Murad, H. R. (2020). The impact of social media on panic during the COVID-19 pandemic in Iraqi Kurdistan: online questionnaire study. Journal of Medical Internet Research, 22(5), e19556.

Allgaier, J., & Svalastog, A. L. (2015). The communication aspects of the Ebola virus disease outbreak in Western Africa-do we need to counter one, two, or many epidemics?. Croatian Medical Journal, 56(5), 496.

Alqutob, R., Al Nsour, M., Tarawneh, M. R., Ajlouni, M., Khader, Y., Aqel, I., ... & Obeidat, N. (2020). COVID-19 crisis in Jordan: Response, scenarios, strategies, and recommendations. JMIR public health and surveillance, 6(3), e19332.

Al-Surimi, K., Khalifa, M., Bahkali, S., Ashraf, E. M., & Househ, M. (2016). The potential of social media and internet-based data in

preventing and fighting infectious diseases: from internet to twitter. In Emerging and Re-emerging Viral Infections (pp. 131-139). Springer, Cham.

Bagozzi, R. P., & Yi, Y. (1988). On the evaluation of structural equation models. Journal of the academy of marketing science, 16(1), 74-94.

Behaviour change and antibiotic prescribing in healthcare settings: Literature review and behavioural analysis. Public Health, England. 2015. URL: https://www.gov.uk/government/public ations/antibiotic-prescribing-and-behaviour-change-in-healthcare-settings [accessed 2020-10-12]

Benetoli, A., Chen, T. F., & Aslani, P. (2018). How patients' use of social media impacts their interactions with healthcare professionals. Patient education and counseling, 101(3), 439-444.

Bennett, G. G., & Glasgow, R. E. (2009). The delivery of public health interventions via the Internet: actualizing their potential. Annual review of public health, 30, 273-292.

Buonomo B, D'Onofrio A, Lacitignola D. Global stability of an SIR epidemic model with information dependent vaccination. Math Biosci 2008 Nov;216(1):9-16.

Chan, J. F. W., Yuan, S., Kok, K. H., To, K. K. W., Chu, H., Yang, J., ... & Tsoi, H. W. (2020). A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. The Lancet, 395(10223), 514-523.

Chandra, B., Goswami, S., & Chouhan, V. (2012). Investigating attitude towards online advertising on social media-an empirical study. Management Insight, 8(1), 1-14.

Collinson, S., Khan, K., & Heffernan, J. M. (2015). The effects of media reports on disease spread and important public health measurements. PloS one, 10(11), e0141423.

Commitments to Responsible Use of Antimicrobials in Humans. World Health Organization. 2014 Nov. URL: https://www.who.int/drugresistance/ev

ents/Oslomeeting/en/ [accessed 2020-10-12]

Coronavirus disease (COVID-2019) situation reports. World Health Organization. URL: https://www.who.int/emergencies/disea ses/novel-coronavirus-2019/situation-reports [accessed 2020-10-12]

Creswell, J. W., & Creswell, J. D. (2017). Research design: Qualitative, quantitative, and mixed methods approaches. Sage publications.

Dubey, B., Dubey, P., & Dubey, U. S. (2016). Role of media and treatment on an SIR model. Nonlinear Anal. Model. Control, 21(2), 185-200.

Ellis, L. A., Collin, P., Davenport, T. A., Hurley, P. J., Burns, J. M., & Hickie, I. B. (2012). Young men, mental health, and technology: implications for service design and delivery in the digital age. Journal of medical Internet research, 14(6), e160.

Epidemiological situation. Website in Arabic. Jordanian Ministry of Health. URL: https://corona.moh.gov.jo/ar [accessed 2020-10-12]

Fagherazzi, G., Goetzinger, C., Rashid, M. A., Aguayo, G. A., & Huiart, L. (2020). Digital health strategies to fight COVID-19 worldwide: challenges, recommendations, and a call for papers. Journal of Medical Internet Research, 22(6), e19284.

Ferguson, N. (2007). Capturing human behaviour. Nature, 446(7137), 733-733.

Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. Journal of marketing research, 18(1), 39-50.

Freberg, K., Palenchar, M. J., & Veil, S. R. (2013). Managing and sharing H1N1 crisis information using social media bookmarking services. Public relations review, 39(3), 178-184.

Giustini, D., Ali, S. M., Fraser, M., & Boulos, M. N. K. (2018). Effective uses of social media in public health and medicine: a systematic review of systematic reviews. Online Journal of Public Health Informatics, 10(2).

Gluskin, R. T., Johansson, M. A., Santillana, M., & Brownstein, J. S. (2014). Evaluation of Internet-based dengue query data: Google Dengue Trends. PLoS Negl Trop Dis, 8(2), e2713.

Goswami, S. (2015). Analysing effects of information overload on decision quality in an online environment. Journal of Management Research, 15(4), 231-245.

Goswami, S., & Khan, S. (2015). Impact of consumer decision-making styles on online apparel consumption in India. Vision, 19(4), 303-311.

Goswami, S., Chandra, B., & Chouhan, V. (2012). Analyzing Customer Perception towards Hypermarkets-An Empirical Study. The Alternative-Journal of Management Studies and Research (BIT Mesra), 2, 87-107.

Hair, J. F., Black, W. C., & Babin, A. (2010). RE and Tatham, RL (2006), Multivariate Data Analysis.

Huesch, M. D., Galstyan, A., Ong, M. K., & Doctor, J. N. (2016). Using social media, online social networks, and internet search as platforms for public health interventions: a pilot study. Health services research, 51, 1273-1290.

Jowett, M., Brunal, M. P., Flores, G., & Cylus, J. (2016). Spending targets for health: no magic number (No. WHO/HIS/HGF/HFWorkingPaper/16.1). World Health Organization.

Korda, H., & Itani, Z. (2013). Harnessing social media for health promotion and behavior change. Health promotion practice, 14(1), 15-23.

Kouri, P., Rissanen, M. L., Weber, P., & Park, H. A. (2017). Competences in social media use in the area of health and healthcare. Stud Health Technol Inform, 232, 183-93.

Kumar, A., Srivastava, P. K., & Takeuchi, Y. (2017). Modeling the role of information and limited optimal treatment on disease prevalence. Journal of theoretical biology, 414, 103-119.

Laranjo, L. (2016). Social media and health behavior change. In Participatory health through social media (pp. 83-111). Academic Press.

Laranjo, L., Arguel, A., Neves, A. L., Gallagher, A. M., Kaplan, R., Mortimer, N., ... & Lau, A. Y. (2015). The influence of social networking sites on health behavior change: a systematic review and meta-analysis. Journal of the American Medical Informatics Association, 22(1), 243-256.

Laverack, G. (2017). The challenge of behaviour change and health promotion. Challenges, 8(2), 25.

Lin, C. A., & Rauschnabel, P. A. (2016). Social media marketing: Psychological insights, managerial implications, and future research directions. In Encyclopedia of E-Commerce Development, Implementation, and Management (pp. 2144-2158). IGI Global.

Lin, Y., Hu, Z., Alias, H., & Wong, L. P. (2020). Influence of mass and social media on psychobehavioral responses among medical students during the downward trend of COVID-19 in Fujian, China: Cross-Sectional study. Journal of medical Internet research, 22(7), e19982.

Lunn, P. D., Belton, C. A., Lavin, C., McGowan, F. P., Timmons, S., & Robertson, D. A. (2020). Using Behavioral Science to help fight the Coronavirus. Journal of Behavioral Public Administration, 3(1).

Misra, A. K., Rai, R. K., & Takeuchi, Y. (2018). Modeling the control of infectious diseases: Effects of TV and social media advertisements. Mathematical Biosciences & Engineering, 15(6), 1315.

Misra, A. K., Sharma, A., & Shukla, J. B. (2015). Stability analysis and optimal control of an epidemic model with awareness programs by media. Biosystems, 138, 53-62.

Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. Journal of medical Internet research, 15(4), e85.

Pagoto, S., Waring, M. E., & Xu, R. (2019). A call for a public health agenda for social media research. Journal of Medical Internet Research, 21(12), e16661.

Pallant, J. (2020). SPSS survival manual: A step by step guide to data analysis using IBM SPSS. Routledge.

Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: a critical review of the literature and recommended remedies. Journal of applied psychology, 88(5), 879.

Porumbescu, G. A. (2016). Linking public sector social media and e-government website use to trust in government. Government Information Quarterly, 33(2), 291-304.

Samanta, S., Rana, S., Sharma, A., Misra, A. K., & Chattopadhyay, J. (2013). Effect of awareness programs by media on the epidemic outbreaks: A mathematical model. Applied Mathematics and Computation, 219(12), 6965-6977.

Sekaran, U., & Bougie, R. (2016). Research methods for business: A skill building approach. John Wiley & Sons.

Sharma, M., Yadav, K., Yadav, N., & Ferdinand, K. C. (2017). Zika virus pandemic-analysis of Facebook as a social media health information platform. American journal of infection control, 45(3), 301-302.

Smailhodzic, E., Hooijsma, W., Boonstra, A., & Langley, D. J. (2016). Social media use in healthcare: a systematic review of effects on patients and on their relationship with healthcare professionals. BMC health services research, 16(1), 442.

Theory at a Glance - A Guide For Health Promotion Practice (Second Edition). U.S. Department of Health and Human Services, National Institutes of Health. 2015. URL: http://sbccimplementationkits.org/demandrmnch/ikitresources/theory-at-a-glance-a-guide-for-health-promotion-practice-second-edition/ [accessed 2020-10-12]

Velasco, E., Agheneza, T., Denecke, K., Kirchner, G., & Eckmanns, T. (2014). Social media and internet?based data in global systems for public health surveillance: a systematic review. The Milbank Quarterly, 92(1), 7-33.

Villar, M. E., & Marsh, E. (2020). Social media and infectious disease perceptions in a multicultural society. In Media Controversy: Breakthroughs in Research and Practice (pp. 659-676). IGI Global.

Ye, X., Li, S., Yang, X., Lee, J., & Wu, L. (2018). The fear of ebola: a tale of two cities in China. In Big data support of urban planning and management (pp. 113-132). Springer, Cham.

Zadeh, A. H., Zolbanin, H. M., Sharda, R., & Delen, D. (2019). Social media for nowcasting flu activity: Spatio-temporal big data analysis. Information Systems Frontiers, 21(4), 743-760.

Bhattacharyya, M., & Roy, M. P. (2016). Engaging social media in health communication-scope and challenges of the 21st century. Journal of content, community & communication, 3(2), 38-43.

Amit, M. P. K. (2016). Social Media and Destination Branding: Promoting Sikkim as an Ecotourism Destination using Facebook, 4(2), 33-40

Lokeswari, K., & Aiswariya, S. S. (2017) ICT Diffusion and digital divide: implications for Rural Development, 6(3), 36-42.

Joshi, M. A., & Kalia, A. (2017). Conceptual Analysis of Effectiveness of Facebook Advertisements in India and Abroad, 6(3), 71-77.

Utpal, V. K. J. (2016). A Study on the Engagement of Indian Students on Social Media, 6(3), 50-55.

Mumtaz, R. (2019). Awareness and Perspectives Social Media as New Strategic Marketing Approach in Minor Industries; Notion grounded on AIDA Model, 10(5), 213-224.

Sachdeva, P., & Tripathi, D. (2019). A Critical Education for 21st Century: A study on Youth and Media literacy. Journal of Content, Community and Communication, 10(9), 64-72.

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