

---

**EFFECT OF EXCESSIVE SOCIAL MEDIA USAGE ON COVID 19 AND ITS RELATED PANIC AND SOCIAL ANXIETY AMONG THE RESIDENTS OF WOLIATA SODO**

---

**Abebayehu Wajana Lemo**Lecturer in Counselling Psychology  
Wolaita Sodo University,  
Ethiopia

---

**ABSTRACT**

People who use social media excessively, especially COVID 19 related information, dopamine discharges occur in their bodies that create anxious feelings that can cause problems in social behaviour in schools, living quarters, and peer social environments. The purpose of this research was to analyse the relationship between excessive usage of social media regarding COVID19 and related risks of social anxiety and panic behaviour among the residents of Wolaita Sodo. This research method is quantitative analytic descriptive with a cross-sectional design. The number of research samples was 210 households from the total population of Wolaita Sodo town community. Data retrieval technique in this research uses Stratified Random Sampling technique. Data on excessive use of social media for information regarding COVI 19, panic behaviour and social anxiety were collected using questionnaires and analysed by descriptive and inferential statistical test, with SPSS 21. The results of the statistical hypothesis test obtained that there was a significant relationship between excessive social media usage related to COVID19, and social anxiety and panic behaviour among the residents of Woliatia Sodo town. The conclusion of this research obtained that social media access can cause negative and positive influences people regarding COVI 19. Panic behaviours and social anxiety were thought to be influenced by fake information through social media on COVI 19.

**Key words:** Excessive social media usage, COVID-19, Panic and Social Anxiety

---

**INTRODUCTION:**

The World Health Organization (WHO) declared corona virus (CODIV-19) as a pandemic on March 11, 2020, which means a global disease outbreak threatening the whole planet. CODIV-19 is an infectious disease caused by coronavirus. 'Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome and Severe Acute Respiratory. A novel coronavirus is a new strain that has not been previously identified in humans.' (WHO, 2020a). They are transmitted between animals and humans. They include fever, dry cough, and shortness of breath and breathing difficulties, tiredness with possible symptoms of aches and pains, nasal congestion, runny nose, sore throat or diarrhoea (WHO, 2020a)

It is seen pretty much everything in terms of the coronavirus over the last few days to weeks. The number of people being affected by the illness in states, countries, and specific cities and towns come to mind. This news has made people aware of how the situation has been constantly deteriorating the sense of normalcy across the nation. Social media has also educated people about the symptoms of COVID-19—in turn, perhaps saving lives.

Social media is one of the best ways to share news nowadays (it may be the only way for some people), especially if they are trying to alert people of something serious in a very, very quick manner. Whether it be COVID-19 news from individual states or news on a national scope, social media gets the message where it needs to go.

Social networking sites have become part of twenty-first century people's lives. From all online social networking sites, Facebook is the most widely used. According to a recent report published by Facebook regarding data for the second quarter of 2016, there is a considerable increase (17% in

comparison with last year) in the number of both daily and monthly active users, with 1.13 billion daily active Facebook users for June 2016 and approximately 1.71 billion monthly active Facebook users for 30 June 2016 (Facebook Reports, 2016). There are studies showing that online social networking sites are important factors in youths' social lives, as in a large sample of adolescents were significant positive associations between the use of online social networking sites and several friendship-related variables (friendship quality, face-to-face interaction, bridging/bonding social capital) (Antheunis et al., 2016).

Facebook, Twitter or YouTube can be used by people for several conditions in order to find support or advice from others and to share personal experiences. Naslund (2016) proposed a model that illustrated potential benefits for people with serious mental illness, which they can have in an online community on online social networking sites (overcome stigma, seek professional help, receive adequate treatment).

Regarding mental health interventions delivered via Facebook, research is only starting to emerge. In an online randomized controlled experiment, a depression awareness campaign delivered via Facebook for adults was associated with enhanced mental health literacy (Hui et al., 2015). Facebook allows for establishing and maintaining connections with others, and studies show that there is a positive relation between Facebook use and social capital, with greater advantages for people with low self-esteem and life satisfaction (Ellison et al., 2007). According to a review on the applications of social media in medicine and healthcare services, it seems that social networking is a promising approach. However, much uncertainty exists in terms of ethics and safety (Grajales et al., 2007). Furthermore, social media seemed to be an effective method to promote health-related behaviours (Laranjo et al., 2015)

Online social networking sites can have benefits in terms of cognitive abilities for older healthy adults (Myhre et al., 2016), as it was shown in a study involving older adults (mean age comprised between 78 and 80), in which participants were randomly assigned into three groups: Facebook training, online diary website and waiting list. The Facebook intervention was delivered over 8 weeks and older adults received weekly training in how to use Facebook.

Research regarding problematic online social networking sites in adolescents is scarce, and very few studies have investigated the relationship between Facebook addiction and youths' mental health problems. In a study conducted with adolescents, both personality traits and social influence processes emerged as significant predictors of problematic Facebook use and Facebook use frequency. Problematic Facebook use was predicted by emotional stability, extraversion, conscientiousness and norms, while the frequency of Facebook use was predicted by gender, group norms and social identity (Marino et al., 2016).

Other research has demonstrated that the association between social media usage and depression and anxiety may be more indicative of personal experience than volume of social media usage. In other words, how one feels about or experiences social media may be a more salient indicator of the effect of social media on an individual than simply the quantity of consumption or exposure to social media. For example, several studies found that users may develop addictive or problematic levels of social media usage, which have been associated with increased anxiety and depression (Andreasse et al., 2016; Shensa et al., 2017). These associations may be attributable to the increased likelihood of individuals who experience depression and anxiety also developing addictive behaviours (Walther et al., 2012; Grant et al., 2010). Alternatively, negative consequences of problematic social media usage, such as neglecting one's "real-life" responsibilities and relationships, may lead to depression and anxiety. Similarly, individuals who feel more emotionally connected to social media may be more susceptible to negative social interactions and feedback, and subsequently, at higher risk for depression (Pettijohn et al., 2012)

Social anxiety problems among people lately have become alarming due to the pandemic of COVID-19. Several times the news about social problems in public publish at the media today, such as cases of violence forwards people infected by COVI 19, avoiding public, avoiding friends and even family members and avoidance of public transport. These social problems are thought to be caused by psychological conditions that are still unstable due to the feeling of anxiety and by fake information received through social media on COVI 19 (Aarseth, et al. 2017).

Online social networking sites may have a useful role in mental health research (Kosinski et al., 2015). For instance, Facebook, the most widespread form of online social networking site, can easily be used as a great clinical research tool, as it can provide the recruitment of patients and involve them in programmes (Ryan, 2013). Also, it can be used to guide interventions and in treatment monitoring (e.g. in physical activity or overweight programs (Merchant et al., 2015). So far, several studies have investigated the role of social media in people with serious illness, and research shows that it is a promising approach in patients with schizophrenia (Torous et al., 2016)

Unfortunately, and in many instances, social media can do just as much bad as it can do good. Social media is great for spreading information and news, but some of that can be misinformation or “fake news.” Misinformation, especially about COVID-19, can cause panic. People who see misinformation on social media may think what they are reading is actually true. If it’s something as important or serious as a worldwide pandemic and people should do a little research to see if what they are reading is actually factual. Otherwise, people may be inclined to share the misinformation and fuel the fear of something that isn’t necessarily true.

As the world fights COVID-19 (coronavirus), the online social media across the world is witnessing unprecedented misinformation and fake news. Misinformation is contributing to paranoia and making the fight against COVID-19 even tougher. Social media have been defined as computer-mediated technology that allows one to create and share information and other forms of expression though virtual communities (e.g., Facebook, Twitter, and Instagram) (Obar, et al, 2015) Volume of social media use, encompassing metrics of quantity, has been associated with increased risk for both depression and anxiety among young adults. Numerous studies found that greater daily time spent on social media, increased frequency of social media use, fake information received though social media use and multiple platform use were associated with both depression and anxiety (Vannucci et al. 2017; Labrague et al., 2014; Lin et al., 2016) Research suggests that increased social media consumption may lead to negative online experiences, fewer in-person social interactions, and decreased ability to sustain attention. (Baek e al.,2013; Litsa et al., 2014)

Indeed, it seems that during a pandemic outbreak, especially in the case of an unknown new virus, individuals’ mental health issues can sometimes be largely overlooked. The objectives of the present paper are to examine the level of panic behaviour and social anxiety the public experience due to constant use of social media regarding COVID-19. As we write this paper, the corona virus is spreading so fast. Considering its novelty, studies, which have investigated its impact on individuals’ mental health, are sparse. The results of this study help researchers to identify the level of panic and social anxiety among people as a result of fake information through social media on COVI 19, so that recommendations can be formulated in the form of counselling strategies that can minimize the problem. In addition, the results of this study will be a recommendation for efforts to reduce the risk of panic behaviour due to false information on COVID19.

## **METHODS:**

This research method is quantitative analytic descriptive with a cross-sectional design. Data retrieval technique in this research uses stratified random sampling technique.

The target population of the study was the Wolaita Sodo town community. According to the data from Zone Labour and Social Affairs office, there are about 250,000 individuals within town. The

city is divided into three sub-city/ Kifle Ketema, 18 administrative units/kebeles and 99 villages/mender.

A total of 210 sample households were considered for the study. Non-proportional allocation of the sample was made on the populations within each kebele. The required 210 sample households were then selected randomly within each kebele.

Table 1 provides sample distribution of target population in the study area.

Sub-city	Kebele	Total No. of household
Mercato	Golla	70
Gido	Selam	70
Arada	Kidane-Mihret	70
Total		210

The data for this study was solicited by employing quantitative instruments. The quantitative data was collected through self-administered questionnaires. Data on usage of social media for information regarding COVI 19, panic behaviour and Social anxiety. The social media usage scale was adopted from the questionnaire Bergen Facebook Addiction Scale (BFAS) by Andreassen (2012) consists of 18 question items. The panic behaviour questionnaire was adapted from Norton et al., (1986). It consists of 15 questions. The Social Anxiety Scale questionnaire adopted from Mattick & Clarke (1998) consists of 20 question items, which was previously used by Muflih, Hamzah, & Puniawan (2017). The data collected using questionnaires were analysed by descriptive and inferential statistical test with SPSS 21. Reliability test results were 0.78 for social media usage scale, 0.82 for social anxiety, and 0.86 for panic behaviour questionnaire.

All the data collection procedures will adhere to scientific research endeavours (i.e., respondents' convenience, securing consents, and maintaining all other ethical standards). The data collectors were selected based on their experiences and proven record of evidence loyalty and responsibility. Moreover, all assistant data collectors were trained on ethical standards, data collection and management matters.

Based on the usage of social media result, households whose score above 10 were considered to have excessive usage of social media and others were considered as low usage of social media. Hence, from total 210 households, 131 households fall under the category of excessive usage of social media and the rest 69 household's fall under the category of low usage of social media.

**Mean difference in the Panic Behaviour between Excessive usage of social media and Low usage of social media**

S.No.	Groups	Mean	N	Std. Deviation	T- value	Significant
1	Excessive usage of social media	12.349	131	0.612	44.60	0.001
2	Low usage of social media	6.131	69	1.072		

In the above table, the t value 44.60 for the mean difference in the Panic Behaviour score between excessive usage of social media and low usage of social media households were statistically significant ( $P < 0.001$ ). The mean panic behaviour score of the excessive usage of social media households and low usage of social media households were 12.349 and 6.131 respectively. It

reveals that the excessive usage of social media households showed more panic behaviours when compared to low usage of social media households.

**Mean difference in the Social anxiety between Excessive usage of social media and Low usage of social media**

S.No.	Groups	Mean	N	Std. Deviation	T- value	Significant
1	Excessive usage of social media	16.349	131	0.935	72.092	0.001
2	Low usage of social media	10.021	69	0.231		

In the above table, the t value 72.092 for the mean difference in the Social anxiety score between excessive usage of social media and low usage of social media households were statistically significant ( $P < 0.001$ ). The mean panic behaviour score of the excessive usage of social media households and low usage of social media households were 16.349 and 10.021 respectively. It reveals that the excessive usage of social media households showed more Social anxiety when compared to low usage of social media households.

**Table 4. Correlation between Panic Behaviour and Social anxiety**

S.No		Usage of Social Media	Panic Behavior	Social anxiety
1	Usage of Social Media	1	0.891	0.910
2	Panic Behavior	0.891	1	0.834
3	Social anxiety	0.910	0.834	1

The above table reveals the correlation between usage of social media for information related to COVID 19, panic behaviour and social anxiety. The correlation value 0.891 between usage of Social media and panic behavior reveals that there is a high positive correlation between them ( $P < 0.001$ ) and it also revealed that there is a high positive correlation (0.910) between usage of social media and social anxiety ( $P < 0.001$ ). It means that if household use excessive usage of social media for related information on COVID 19, that lead to increased panic behaviour and social anxiety.

**DISCUSSIONS:**

The results showed that there was a significant relationship between social media usage, anxiety and social anxiety variables. This means that the occurrence of anxiety and risk of social anxiety were determined by excessive usage of social media for related information on COVID 19. This can be seen from table 4 that the P value between variables were  $< 0.001$ . The higher the score of the social media usage, anxiety and risk of social anxiety, the higher the likelihood of addiction, anxiety, and health disorders social interactions. This was possible because social media access does not always have a negative impact, but there are positive impacts from it. According to Widodo (2015), the positive impact of social media use on adolescents, it is easier for teens to get information more quickly, can get to know and establish communication with various people from around the world. However, there are still negative impacts from the use of social media, namely teenagers are too quickly satisfied with the knowledge gained from the real world, lack of socialization because they prefer to be alone with the game technology, and can also provide addictive effects for teenagers.

Internet usage is currently very popular because it is able to provide information that does not recognize geographical boundaries. The use of the internet is based on several motivations or reasons. According to Buente and Robbin (2008) internet use is based on 3 (three) dimensions of



interest namely; Information Utility (obtaining information), Leisure/fun activities (obtaining pleasure), Communication (communicating), and Transaction.

The use of social media can be included in the category of dependency behaviour when included in the following components (Griffiths, 2013): 1) Teenagers are busy with the use of social media, 2) The use of social media is used to escape from reality or create feelings of euphoria, 3) Behaviour social media use is continued without tolerance, and 4) If social media use behaviour is abstained or disturbing, there are symptoms of feeling anxious, depressed, or irritable.

For individuals who are excessively using social media for information to corona virus, he gets a lot of notifications, automatically dopamine in the person's body reacts, and there is a feeling of anxiety and ultimately leading to social anxiety. According to Musofa (2013), dopamine is a chemical compound in the body that can stimulate a sense of liking, joy, calm as well as when drug addicts or morphine. If in one day he does not get a notification then there is a feeling of anxiety, worry that causes problems in social behaviour in school, residence, and social environment. People who get fake information related to COVID are very susceptible to experiencing anxiety which results in problems of social anxiety in school, residence, and social environment with peers (Prawoto, 2010).

According to Taylor (1953) & Hawari (2008) in Utari (2012) that the signs and symptoms of anxiety include behaviour, affective, cognitive, physiological, including, namely: 1) Behaviour, in behaviour there are signs and symptoms namely agitation, anxiety, movement extra, insomnia, poor eye contact, glancing, expressing concern due to changes in life events, lurking behaviour and looking alert; 2) Affective, namely: focus on yourself, distress (Rodiyah & Praningsih, 2015), anxiety, nervousness, deep sadness, fear, gnashing of teeth, regret, sensitivity, feeling of inadequacy, despair, doubt, very worried, and happy excessive; 3) Cognitive, namely: in cognitive, signs and symptoms of anxiety are blocking of the mind, tend to blame others, disruption of concentration, attention disorder, confusion, forgetfulness, daydreaming, aware of physiological symptoms, decreased ability to learn, and decreased ability to solve problems; 4) Physiological namely: Trembling, increasing body temperature (Sulistiowati, Septiadi, & Nopriani, 2017), perspiration, increased tension, trembling sounds, tremors, hand and facial tremors.

The fake of excessive information of COVID conditions will make individuals to limit their social interaction. Social interaction with family and peers contributes in maintaining their good health but they are disturbed because for excessive or fake information about the corona virus. (Ahmadi, 2009).

The problem of social interaction will lead to ineffectiveness of the quality of social exchanges among the people which are characterized by the following characteristics (Nanda International, 2012): 1) Discomfort in social situations, 2) Dysfunction of interactions with others, 3) Family reports about changes in style/interaction patterns, 4) Inability to communicate a satisfying sense of social attachment, and 5) Use of ineffective social interaction behaviour.

## REFERENCES

1. Aarseth, E., Bean, A. M., Boonen, H., Colder Carras, M., Coulson, M., Das, D., & Haagsma, M. C. (2017). Scholars' open debate paper on the World Health Organization ICD-11 Gaming Disorder proposal. *Journal of Behavioral Addictions*, 6(3), 267-270.
2. Ahmadi, A. (2009). *Psikologi Sosial*. Jakarta: Rineka Cipta.
3. Andreassen CS, Billieux J, Griffiths MD, et al. (2016). The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: a large-scale cross-sectional study. *Psychol Addict Behav*;30(2):252-262.
4. Antheunis ML, Schouten AP, Kraemer E. The role of social networking sites in early adolescents' social lives. *Journal of Early Adolescent* 2016; 36: 348-371.

5. Buente, W., & Robbin, A. (2008). Trends in Internet information behaviour, 2000–2004. *Journal of the Association for Information Science and Technology*, 59(11), 1743-1760.
6. Ellison NB, Steinfield C, Lampe C. (2007). The benefits of Facebook ‘Friends:’ social capital and college students’ use of online social network sites. *J Comput- Mediat Comm* 2007.
7. Facebook Reports Second Quarter. 2016. Available from: <https://investor.Facebook.com/investor-news/press-release-details/2016/Facebook-Reports-Second-Quarter-2016-Results/default.aspx> [Accessed 4 August 2016].
8. Garfin DR, Silver RC, Holman EA (2020) The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology*.
9. Grajales FJ, Sheps S, Ho K, (2014). Net al. Social media: a review and tutorial of applications in medicine and health care. *J Med Internet Res*; 16: e13.
10. Hui A, Wong PW-C, Fu K-W.(2015). Evaluation of an online campaign for promoting help seeking attitudes for depression using a Facebook advertisement: an online randomized controlled experiment. *JMIR Ment Health*; 2: e5.
11. Laranjo L, Arguel A, Neves AL, et al. The influence of social networking sites on health behaviour change: a systematic review and meta-analysis. *J Am Med Inform Assoc* 2015;
12. Marino C, Vieno A, Pastore M, et al. Modelling the contribution of personality, social identity and social norms to problematic Facebook use in adolescents. *Addict Behaviour*.2016; 63: 51–56.
13. Muflih, Hamzah, &Puniawan, W.A. (2017). Penggunaan Smartphone Dan Interaksi Sosial Pada Remaja di SMA Negeri I Kalasan Sleman Yogyakarta. *Idea Nursing Journal*, 8(1), 12-18.
14. Musofa, Z, D. (2013). Kecanduan Facebook, Fenomena lain Jejaring Sosial Media. *Merdeka.Com*. Diakses Pada tanggal 13 Januari 2018.
15. Myhre JW, Mehl MR, Glisky EL. Cognitive benefits of online social networking for healthy older adults. *J Gerontol B Psychol Sci Soc Sci*. Epub ahead of print 16 March
16. Naslund JA, 2016. The future of mental health care: peer to-peer support and social media. *EpidemiolPsychiatr Sci* 2016; 25: 113–122.
17. Prawoto, Y. B. (2010). Hubungan Antara Konsep Diri Dengan Kecemasan Sosial pada Remaja Kelas XI SMA Kristen 2 Surakarta. Doctoral dissertation. Surakarta:
18. Rodiyah & Praningsih, S. (2015). The Provision of Orientation to The Anxiety Levels of The New Patient at The Ponok (Obgyn) General Hospital Jombang. *Jurnal INJEC Vol. 2 No. 1 April 2015: 88–91*
19. Stanhope, M. & Lancaster, J. (2004). *Community & public health nursing*. (6th ed). St Louis: Mosby.
20. Sugiyono. (2012). *Statistika Untuk Penelitian*. Cetakan Ke-16. Bandung: Alfabeta.
21. Sulistiowati, N.M.D., Septiadi, W.N., & Nopriani, L.P. (2017). Anxiety Level Analysis of Nursing Student Who Took Objective Structured Clinical Examination (Osce) Using Face Temperature Distribution Based on Thermal Imaging. *Jurnal INJEC, Vol. 2 No.1 Juni 2017: 44-46*.
22. Torous J, Keshavan M. The role of social media in schizophrenia: evaluating risks, benefits, and potential. *Curr Opin Psychiatry* 2016; 29: 190–195.
23. Utari, D. I. (2012). Gambaran Tingkat Kecemasan Pada Warga Binaan Wanita Menjelang Bebas Di Lembaga Pemasyarakatan Wanita Kelas Ii A Bandung. *Students e-Journal*, 1(1), 33.
24. WHO: Coronavirus? [Online]. Geneva. 2020a; [Accessed March 16, 2020].