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The Impact of Using Social Media to Understand the Pandemic: Does it Spread Conspiracy and
Discourage Health-Protective Behaviours?

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Honours Psychology Thesis

Department of Behavioural and Social Sciences

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London, Ontario Canada

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Thesis Advisor: Dr. Leslie Janes

Abstract

This study investigates the interplay between social media use for COVID-19 related information, belief in COVID-19 conspiracy theories, and the negative behaviours associated with these conspiracy theories that manifest in participants' disregard of health-protective behaviours. Participants (N = 69) were recruited from an all-female undergraduate population and completed one online questionnaire. The questionnaire included demographic information and experience with the pandemic. Questions about COVID-19 conspiracy theories and health-protective behaviours were adapted from Allington et al.'s (2020) research. A Pearson correlation analysis for using social media or traditional news as a main source of COVID-19 information was not significant with measures of COVID-19 conspiracy belief or health-protective behaviours related to COVID-19. However, the analysis of COVID-19 conspiracy belief and health-protective behaviours related to COVID-19 showed a significant negative correlation, such that conspiracy beliefs were related to less health-protective behaviours.

Keywords: social media, conspiracy theories, conspiracy belief, COVID-19, health-protective behaviours, Theory of Planned Behaviour (TPB).

The Impact of Using Social Media to Understand the Pandemic: Does it Spread Conspiracy and Discourage Health-Protective Behaviours?

Conspiracy theories purport to explain events through secret plots by powerful conspirators or organizations. In other words, most conspiracy theories involve the “existence of a secret plot between powerful people or organizations to achieve some goal (usually sinister) through systematic deception of the public” (Wood & Douglas, 2015, p.2). These theories can vary from the belief that the U.S. government orchestrated the destruction of the twin towers in New York to Big Pharma conspiracies, which claim that crucial medical information is being kept secret from the public by large drug companies (Wilkinson College, 2016). More recently, conspiracy theories have focused on the Coronavirus (COVID-19), and these have exploded over online platforms. A facet of conspiracy theories contributing to these types of mass exposure is that conspiracy theories are typically not covered by traditional media sources. Conspiracy theories often rationalize this by arguing that traditional media is another malevolent player attempting to hide the “truth.” Conspiracy theories are also a unique form of misinformation because there is often no evidence to support their claims and, therefore, they are unfalsifiable in nature (Douglas, Ang, & Deravi, 2017).

Research on conspiracy theories has thus far attempted to identify individual differences that may predict who is more likely to prescribe to one or more conspiracy theories, and characteristics such as distrust of authority, hostility, feelings of powerlessness, and being unfairly disadvantaged have all been associated with belief in conspiracy theories (Abalakina-Paap, 1999; Jolley & Douglas, 2014; Douglas, Ang, & Deravi, 2017; Douglas, Sutton, & Cichocka, 2017). One explanation for the constellation of these traits, especially powerlessness, was connected to results that showed that minority groups were more likely than non-minority

groups to believe in specific conspiracy theories (Goertzel, 1994; Abalakina-Paap, 1999).

Abalakina-Paap (1999) argued that because minority groups often lack power due to discrimination, and thus feel alienated from the majority group, they may be predisposed to be skeptical of explanations from institutions such as the government, making conspiracy theories a more attractive explanation. Contradictive to this explanation, another argument is that these traits are explained by the fact that conspiracy beliefs are associated with a collective narcissism; the idea of one's own group's greatness and their belief that others do not value them sufficiently (Cichocka, Marchlewska, & de Zavala, 2016). Thus, in some way conspiracy theories may be used as a defensive tactic to relieve the self and one's group of the necessity of explaining their disadvantaged position (Douglas, Sutton, and Cichocka, 2017). Younger people were also more likely to believe in conspiracy theories, whereas measures of gender and educational level have not been shown to significantly correlate with conspiracy beliefs (Goertzel, 1994; Allington et al., 2020; Georgiou et al., 2020).

Other research has suggested that conspiracy beliefs fulfill a particular individual's underlying psychological motivations that non-conspiracy explanations do not fulfill (Douglas, Sutton, and Cichocka, 2017). Douglas, Sutton, and Cichocka (2017) used system justification theory to categorize these motivations as epistemic, existential, and social. Epistemic motives are particularly relevant to the current research, because this motivation argues that conspiracy theories are endorsed due to a desire for understanding and security in the face of uncertainty. Many conspiracy theories naturally center around enormous tragedies, such as the death of Princess Diana, and help people make sense of events they cannot accept as being random (Douglas, Ang, & Deravi, 2017; Douglas, Sutton, & Cichocka, 2017). Conspiracy theories can also offer a form of justification for existing prejudices (Douglas, Ang, & Deravi, 2017), as in the

case of Birtherism, which was a movement in the US that speculated that President Barack Obama was not a natural-born US citizen (Pasek et al., 2015). Other cognitive biases that may predispose individuals to conspiracy belief are the perception of intentionality everywhere and belief in the paranormal (Douglas, Ang, & Deravi, 2017). Research has also shown that conspiracy theories are a form of monological belief system, which means that believing in one conspiracy theories raises the chances that they will believe in more than one conspiracy theory (Miller, 2020; Georgiou et al., 2020).

The repercussions to society of a population adhering to one or more conspiracy theories is that there is evidence to show that these beliefs may translate to detrimental real-world behaviours (Jolley & Douglas, 2014; Douglas, Sutton, & Cichocka, 2017; Chen et al., 2020; Allington et al., 2020). The same research that found that people endorse conspiracy theories due to a desire for control and security also showed that those with higher conspiracy beliefs had a suppressed sense of autonomy, control and were less likely to take actions that may lead to an increase of autonomy and control (Douglas, Sutton, & Cichocka, 2017). Additionally, conspiracy beliefs about vaccinations were found to have possible detrimental effects on personal and public health and have been identified as negatively impacting future health-related decision-making (Jolley & Douglas, 2014; Chen et al., 2020; Allington et al., 2020).

The negative behaviours associated with belief in conspiracy theories can be explained using Ajzen's (1991) Theory of Planned Behaviour (TPB). Ajzen (1991) argues that for an individual to create a strong behavioural intention, three predictive factors must be in place. First, one must hold a positive attitude about the behavior. Secondly, they must hold a positive subjective norm associated with the behavior, believing that others close to them approve of the behavior in question. Finally, they need to have high perceived behavioural control, which means

that the behaviour is seen as being easy for the individual to perform. In one application of TPB to conspiracy theories, Chen et al. (2020) demonstrated how conspiracy theories about the HPV vaccine could influence behaviour intentions to vaccinate. They found that exposure to conspiracy theories impacted all three predictors of behavioural intentions; attitudes, subjective norms and behavioural control, and led to lower intentions to receive the HPV vaccine (Chen et al., 2020). Only pre-existing knowledge, particularly about vaccinations, has been shown to moderate the effects of exposure to conspiracy theories on behavioural intention (Chen et al., 2020). Unfortunately, those who engage in conspiracy thinking were also more likely to promote these messages and opinions to other people who do not currently prescribe to the same conspiracy theory (Freeman et al., 2020).

With the advent of social media, conspiracy theories are now being shared with a broader range of people, which has the potential to affect previous researchers' conclusions about which characteristics predict those who are likely to agree with and promote conspiracy theories. A survey by Pew research center in 2018 showed that those who were younger, more highly educated and have a higher income were the most likely to use social media to get news daily and are therefore more likely to come across popular conspiracy theories. A recent survey by Freeman et al. (2020) in the UK found that 50% of adults, quota sampled to match the population, reported some evidence of conspiracy thinking, and 10% reported high levels of endorsement of conspiracy theories, demonstrating that conspiracy thinking is no longer limited to fringe populations.

It can be argued that social media contributes to conspiracy beliefs because conspiracy theories often stimulate the most user interaction (Buchanan & Beckett, 2014). For example, sites like Facebook provide a plethora of health-related information no matter the viewpoint, but

information that endorses a counter-view to any government consensus and often is related to broader conspiracy theories generated more user interaction than other content (Buchanan & Beckett, 2014; Kouzy et al., 2020). Online platforms have become particularly common sources for conspiracy theories because it is difficult for most people to distinguish between credible or non-credible sources of information (Douglas, Ang, and Deravi, 2017). Moreover, because of how these sites are designed, once users have interacted with one conspiracy theory, the algorithm will most likely continue to present the user with more conspiracy theories. Not only is it the algorithm that increases the level of misinformation, but users themselves will continue to interact with the material because conspiracy theories have often been found to use more persuasive, strategic rhetoric to convince their readers (Chen et al., 2020). As noted before, those who endorse conspiracy theories are more likely to share their views with others, and personal or private messages shared online have been found to contain more misinformation and garner more interaction from others online (Kouzy et al., 2020).

The interplay between social media use, adherence to conspiracy theories and the negative behaviours associated with these conspiracy theories are of interest particularly regarding the current COVID-19 pandemic. Like anti-vaccination conspiracy theories that gained legitimacy through media such as the *DPT: Vaccine Roulette* documentary and perceived experts, like Andrew Wakefield (Jolley & Douglas, 2014; Chen et al., 2020), many COVID-19 conspiracies have originated from the *Plandemic* documentary (“Plandemic” 2021), which spread across multiple social media platforms. *Plandemic* promoted several falsehoods regarding COVID-19, in particular that the pandemic was a hoax perpetrated to increase government control over citizens (Enserink, 2020; Naughton, 2020). In terms of COVID-19 conspiracy theories, it has been shown that rates of misinformation and sharing of misinformation or

unverifiable information on social media, such as Twitter, are high (Kouzy et al., 2020). Overall, the popular use of social media and the consumption of misinformation like that of *Plandemic*, the current pandemic has shown to be a perfect storm for COVID-19 conspiracy theories. For example, Freeman et al.'s (2020) research discussed how theories such as “the coronavirus is a bioweapon developed by China to destroy the West” follows the typical conspiracy trope of being a sinister plot by a powerful group and additionally is rooted in prejudice. Their research findings showed that 50 % of UK respondents endorsed “the coronavirus is a bioweapon developed by China to destroy the West” COVID-19 conspiracy theory.

Allington et al. (2020) investigated the link between social media use, COVID-19 conspiracy beliefs and health-protective behaviours. Their UK university residence survey found a positive relationship between social media use and COVID-19 conspiracy beliefs and a negative relationship between COVID-19 conspiracy beliefs and health-protective behaviours. Overall, their findings consistently showed that age predicted conspiracy belief, with younger respondents being more likely to hold COVID-19 conspiracy theories. They theorized that this difference might be because older respondents were more likely to access traditional media rather than social media for information. However, the survey also found that gender may influence results because female respondents were more likely than males to adhere to health-protective behaviours, possibly negating social media as a vector between conspiracy theories and health-protective behaviours (Allington et al., 2020).

The current study expands on Allington et al.'s (2020) research by looking at the link between using social media as a main source of information, level of COVID-19 conspiracy belief and related COVID-19 health-protective behaviours. However, the participants will consist of younger and female-only participants to investigate whether this population will differ in

behaviour, as Allington et al. (2020) study theorized. COVID-19 conspiracy beliefs and health-protective behaviours were assessed through a combination of questions from Allington et al. (2020) study and items selected from popular online discussions about COVID-19 and pandemic messaging released by the university to students. Social media use was assessed by asking participants about their favoured news sources. It was anticipated that belief in COVID-19 conspiracy theories would be accounted for in part by differences in participants' primary sources in how they receive information about COVID-19. It was also anticipated that health-protective behaviours related to COVID-19 would be related to participants' belief in COVID-19 conspiracy theories. More specifically, it was predicted that participants' levels of agreement with the various COVID-19 conspiracy theory statements used in this study would be predicted by participants' choice of either social media or traditional media as their primary source of information about COVID-19. Furthermore, it was predicted that participants' reported engagement in health-protective behaviours related to COVID-19 would be negatively correlated to participants' levels of agreement with various statements about COVID-19 conspiracy theories.

Method

Participants

Participants were recruited from Brescia University College Psychology 1010A, 1015B, and 2855F using the online SONA system. Participants from Psychology 1010A and Psychology 1015B received 1 credit for their participation. Seventy-two participants were recruited and tested but the final analysis consisted of 69 female participants. Two respondents were removed due to incomplete questionnaires, and one male participant was omitted to have an all-female population. The majority of participants were in the age range of 18-20 ($n = 58$) and in their first

year of their undergraduate education (n = 54). The demographic questionnaire indicated that the majority of participants lived in London Ontario (n = 36), as well as outside of London in either the South-West Ontario (n = 15), elsewhere in Ontario (n = 8), the Greater Toronto Area (n = 4), International (n = 6), or Another Canadian Province (n = 2).

Materials

There were three sections of questions condensed into one Qualtrics survey for participants to complete online (see Appendix C). First, a 10-item demographic questionnaire was created to assess participants' age, gender, year of study and living situation. It also included questions about their experience with COVID-19, quarantine, and where they receive information about COVID-19. Section two was created to assess participants' health protective behaviours related to COVID-19. Questions were a mix of items pulled from Allington et al. (2020) and items created based on the University's pandemic safety guidelines for being on campus. It consisted of 9 items to which participants answered with a 5-point Likert Scale (Never = 1 to Always = 5). The final section of the questionnaire looked at participants' agreement with a number of conspiracy theories related to COVID-19 coronavirus. Questions were a mix of items pulled from Allington et al. (2020) and items created based on popular COVID-19 conspiracy theories circulating online. It was made up of 10 items answered with a 7-point Likert Scale (Strongly Agree = 7 to Strongly Disagree = 1). The question *The University has done the right amount to ensure student safety during the pandemic* was removed from analysis of participants' level of conspiracy belief because agreement with this statement does not necessarily indicate the presence of COVID-19 conspiracy beliefs.

Procedure

When participants accessed SONA they read a detailed description of the study (see Appendix A), and could follow a hyperlink to Qualtrics, which was open between January 20th 2021 and March 1st 2021. The first page of the survey showed participants both the LOI and consent forms (see Appendix B). Consent was obtained when participants continued past the consent page and completed the survey. All participants completed one survey (see Appendix C), with no time constraints. Upon completion, the final page of the Qualtrics program contained a debriefing form (see Appendix D). The debriefing form explained to participants the goals of the study as well as contact information if they had any questions. The debrief also explained to participants that all the COVID-19 information contained in the third part of the questionnaire were conspiracy theories and not based on factual information supported by scientific research.

Results

Three respondents were left out of the analysis; two did not complete their questionnaires, and one male participant was omitted to have an all-female population. A Pearson correlation analysis was carried out on the dependent measures to determine whether the dependent variable of conspiracy belief is significantly associated with social media use and whether health-protective behaviours are significantly associated with conspiracy beliefs to inform further analyses, as shown in Table 1.

A Pearson correlation analysis for using social media or traditional news as a main source of COVID-19 information ($M = 3.44$, $SD = 1.11$) and COVID-19 conspiracy belief ($M = 2.33$, $SD = .99$) showed a weak correlation that was not significant, $r(67) = .06$, $p = .651$. A second analysis for using social media or traditional news as a main source of COVID-19 information ($M = 3.44$, $SD = 1.11$) and health protective behaviours related to COVID-19 ($M = 4.23$, $SD = .468$) showed a weak negative correlation that again was not significant,

Table 1.*Correlations*

Variable	Social Media or Traditional News	Conspiracy Theory Belief	Health-Protective Behaviours
Social Media or Traditional News	1	.055	-.028
Conspiracy Theory Belief	.055	1	-.296*
Health-Protective Behaviours	-.028	-.296*	1

Note. Correlations between whether participants used social media as their main source of COVID-19 information, Level of conspiracy belief related to COVID-19 conspiracy theories, and Health Protective Behaviours related to COVID-19 safety.

* $p < .05$, two-tailed

$r(67) = -.03, p = .822$. Finally, an analysis of COVID-19 conspiracy belief and health protective behaviours related to COVID-19 showed a weak negative correlation that was significant, $r(67) = -.29, p = .013$, such that higher levels of conspiracy beliefs predicted fewer health protective behaviours.

A linear regression analyses followed and revealed that conspiracy theory beliefs related to COVID-19 was a significant predictor of scores of health protective behaviours related to COVID-19, $\beta = -.29, p = .013$, accounting for 8.8% of the variance in COVID-19 conspiracy theory belief, $R^2 = .088, F(1, 67) = 6.44, p = .013$ (see Figure 1).

Discussion

The purpose of this current study was to expand on Allington et al.'s (2020) research by looking at the links between using social media as a primary source of information, level of COVID-19 conspiracy belief, and related COVID-19 health-protective behaviours. This study measured these variables within a younger and all-female participant group to investigate whether this population would differ in behaviour, as Allington et al.'s (2020) study theorized. It was hypothesized that participants who used social media as their primary source of information on the pandemic, as opposed to traditional news media, would report a higher level of agreement with the various COVID-19 conspiracy theories. There were no significant results to support this hypothesis; using social media for COVID-19 information instead of traditional news media did not appear to correlate with measures of COVID-19 conspiracy theory belief or with health-protective behaviours related to COVID-19.

It was also predicted that reporting a higher level of engagement in health-protective behaviours related to COVID-19 would be negatively correlated to participants' levels of agreement with various statements about COVID-19 conspiracy theories. The study's

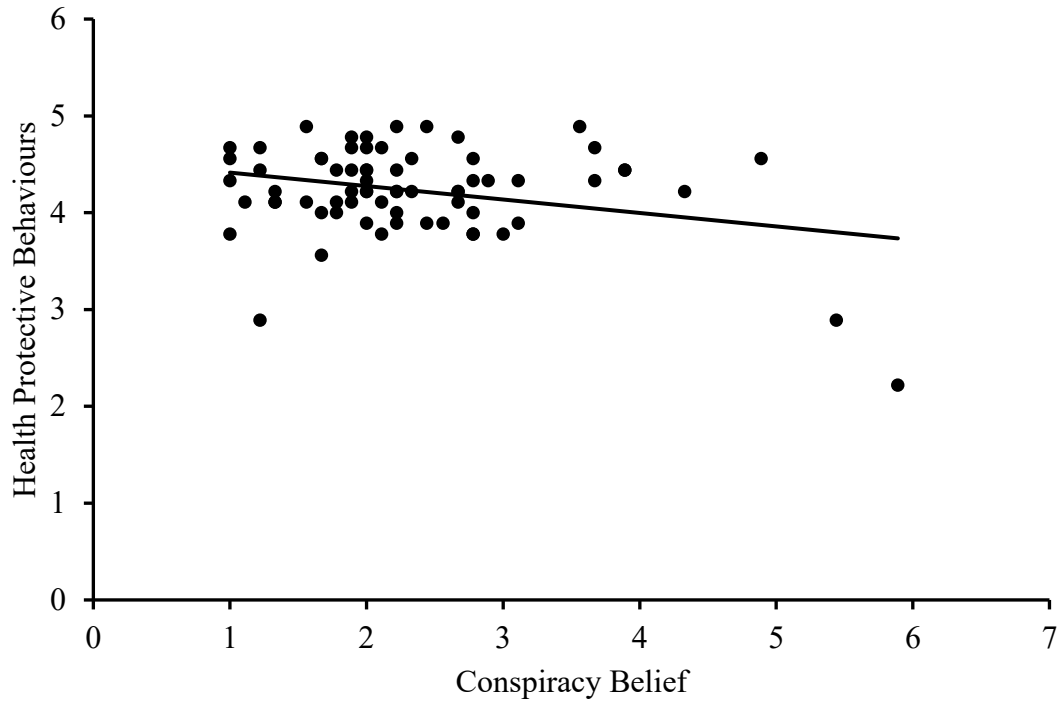


Figure 1. A linear regression analyses of conspiracy theory belief related to COVID-19 was a significant predictor of scores of health protective behaviours related to COVID-19, $\beta = -.29$, $p = .013$, accounting for 8.8% of the variance in COVID-19 protective health behaviours, $R^2 = .088$, $F(1, 67) = 6.44$, $p = .013$.

results showed moderate support of this hypothesis. The results showed a weak but significant negative correlation. Participants with high levels of agreement with COVID-19 conspiracy theories were found to adhere less to COVID-19 health-protective behaviours. In contrast, those who showed low agreement with COVID-19 conspiracy theories were found to follow more of the COVID-19 health-protective behaviours. It appears, therefore, that social media per se may not have been the catalyst for believing in COVID-19 conspiracy theories; however, conspiracy belief does appear to predict behaviours related to that particular conspiracy theory in the real world.

The overall results of this study provide mixed support for the hypotheses. Allington et al.'s (2020) study heavily implied the link between social media use for information and the belief in misinformation and/or conspiracy theories about the pandemic. The results in the current study showed no significant correlations between social media as a source of information behaviours. On the other hand, results did show a significant correlation between COVID-19 conspiracy theory beliefs and adherence to COVID-19 health-protective behaviours.

Limitations and Future Directions

Although this study had limitations, it was worthwhile in investigating social media as a source of information and its interactions with conspiracy theory belief and adherence to health-protective behaviours. More research is needed to understand social media's role in the spread of conspiracy theories, given that it has been shown to be a significant predictor of related behaviours in past research (Allington et al. 2020). One potential explanation as to why this study found no significant relationship between social media and conspiracy belief (as was found in previous research) may be the lack of specificity. There is evidence that particular social media platforms distribute and have more user interaction with misinformation (Buchanan &

Beckett, 2014; Kouzy et al., 2020). Having participants indicate which platforms they frequent the most may uncover more meaningful difference. Also, research could benefit from investigating what type of material participants interact with online. Research has shown that many social media platforms have an algorithm that shows participants similar material to that which they have already interacted with in the past, creating a type of online 'bubble' echoing back to users their own views (Buchanan & Beckett, 2014).

This concern also extends to what participants may consider “traditional” media to be. Canada may not have as many large politically-driven and divisive traditional media sources as the United States, with stations such as *Fox News*; however, there are still numerous sources of polarizing sources of information found outside the realm of social media. A recent incident involved the distribution of *The Epoch Times* to Canadians without their consent. The newspaper is considered to be polarizing and was accused of spreading conspiracy theories, such as the idea that the virus that causes COVID-19 was created in a lab and arguing that it should be labelled "the CCP virus," a direct reference to the Chinese Communist Party (Bellemare, Ho, & Nicholson, 2020). However, the paper itself has a sense of legitimacy as it is in print form and this fact may not alert consumers to assess the material's validity critically.

This study does offer a snapshot of participants' behaviours during the pandemic, which could vary by their situational reality as information changes frequently, and possible fatigue with health-protective measures sets in. However, another important consideration with research into conspiracy theories, especially COVID-19, is the information's transformative nature. When this study was initially started, between September and October 2020, the idea that there would be a viable vaccine in a short time was low. Because of this, most of the research done on COVID-19 conspiracy theories (including the present study) did not ask questions about vaccine-

related conspiracy theories or hesitancy. However, as the vaccine has started to be distributed, more COVID-19 vaccines-related conspiracy theories are coming forward, as opposed to conspiracy theories about the cause of the pandemic, which was more heavily featured in this study. Looking at vaccine conspiracy theories with COVID-19 may offer better insight into whether social media may be a significant predictor of conspiracy theories and related behaviours, as similar research has shown in the past (Chen et al., 2020). Both Jolley & Douglas (2014) and Chen et al.'s (2020) research studies have shown that anti-vaccination conspiracy theories often gain legitimacy through media. Because of this, there may be an argument for looking at vaccine-specific conspiracies that are spread online. That because they are more persuasive and use strategic rhetoric to convince their readers; compared to other conspiracy theories online, these types of conspiracy beliefs would be very likely to translate to behaviour (Chen et al., 2020).

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Appendix A

SONA Detailed Description of the Study

This research project investigates your current knowledge about the pandemic and its impact on your behaviours. Specifically, I am examining how your day-to-day behaviours have changed since the pandemic started. The study involves completing one questionnaire and it will take less than half an hour. Some of the questions may cause possible feelings of discomfort or distress, which may arise when reflecting on the research themes. You will earn 1 credit for participating if you are registered in either Psychology 1010A or 1015B.

Appendix B



Letter of Information and Consent

Project Title	Student Awareness of COVID-19
Document Title	Letter of Information and Consent
Principal Investigator	Dr. Leslie Janes, School of Behavioural and Social Sciences, (519)-432-8353 x28275, ljanes@uwo.ca
Thesis Researcher	Kitara Patry, School of Behavioural and Social Sciences, kpatry@uwo.ca

1. Invitation to Participate

You are being invited to participate in this research study about your understanding of the current pandemic and your day-to-day behaviours at Brescia University College.

2. Why is this study being done?

The purpose of this study is to determine your understanding of the current pandemic and the changes to your day-to-day behaviours. Understanding students' comprehension of public health emergencies and its effects on their subsequent behaviours can aid us in the future by helping us to effectively communicate pandemic information.

3. How long will you be in this study?

It is expected that this study will take less than half an hour to complete.

4. What are the study procedures?

If you agree to participate, you will be asked to complete a questionnaire asking you about how often you engage in particular behaviours and your level of agreement or disagreement with a number of statements about the pandemic.

5. What are the risks and harms of participating in this study?

There are no known or anticipated risks or discomforts associated with participating in this study. However, it is possible that feelings of discomfort or distress may arise when reflecting on the research themes. If you become upset or distressed by any of the questions asked in this study, resources are available to help at Psychological Services at Western (<https://www.uwo.ca/health/psych/index.html>), the 24-hour Good2Talk confidential helpline (1-866-925-5454), or see Western's Mental Health & Wellness Resource Guide (<https://www.uwo.ca/health/MHWRG2018.pdf>).

6. What are the benefits of participating in this study?

You may not directly benefit from participating in this study, but information gathered may provide benefits to society as a whole which includes increasing knowledge of students' understanding and access to information about the current pandemic and its possible effects on their behaviours.

7. Can participants choose to leave the study?

You have the right to withdraw from the study even after you have given consent, without penalty, by contacting the Principal Investigator or Thesis Researcher. If you wish to have your information removed, please let the Principal Investigator, Dr. Leslie Janes, ljanes@uwo.ca, and the Thesis Researcher, Kitara Patry, kpatry@uwo.ca, know by March 31, 2021, after which it will no longer be possible to leave the study.

8. How will participants' information be kept confidential?

While we do our best to protect your information there is no guarantee that we will be able to do so. The Principal Investigator will keep any personal information about you in a secure and

confidential location for a minimum of 7 years. A list linking your study number with your name will be kept by the Principal Investigator in an encrypted file on a password-protected computer, separate from the file with your survey responses. The Thesis Researcher will store a password-protected file with the survey responses on a password-protected computer. If the results of the study are published, your name will not be used.

Your data may be retained indefinitely and could be used for future research purposes (e.g., to answer a new research question). By consenting to participate in this study, you are agreeing that your data can be used beyond the purposes of this present study by either the current or other researchers.

Representatives of Brescia University College's Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

9. Are participants compensated to be in this study?

You will not be compensated for your participation in this study if you are in Psychology 2055F.

You will be compensated for your participation in this study if you are registered in either Psychology 1010A or 1015B. You will earn 1 credit in your Psychology 1010A or 1015B course for participating.

10. What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study by letting the Principal Investigator, Dr. Leslie Janes, ljanes@uwo.ca, and the Thesis Researcher, Kitara Patry, kpatry@uwo.ca, know by March 31, 2021, after which it will no longer be possible to leave the study. If you choose not to participate or to leave the study, it will have no effect on your mark or academic standing in any course.

You do not waive any legal right by signing this consent form

11. Whom do participants contact for questions?



If you have questions about this research study please contact Dr. Leslie Janes, School of Behavioural and Social Sciences, ljanes@uwo.ca, (519)-432-8353 x28275. If you have any questions about your rights as a research participant or the conduct of this study, you may contact the Research Officer at Brescia: Dr. Jen Pecoskie, jpecosk@uwo.ca, 519-432-8353 x28044. The Research Officer is not part of the study team. Everything that you discuss will be kept confidential.

12. Consent

You indicate your voluntary agreement to participate by responding to the questionnaire.

Appendix C

Qualtrics Questionnaire

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<h3>Default Question Block</h3>	
	
<h3><u>Letter of Information and Consent</u></h3>	
Project Title	Student Awareness of COVID-19
Document Title	Letter of Information and Consent
Principal Investigator	Dr. Leslie Janes, School of Behavioural and Social Sciences, (519)-432-8353 x28275, ljanes@uwo.ca
Thesis Researcher	Kitara Patry, School of Behavioural and Social Sciences, kpatry@uwo.ca
<p>1. Invitation to Participate</p> <p>You are being invited to participate in this research study about your understanding of the current pandemic and your day-to-day behaviours at Brescia University College.</p>	
<p>https://uwo.eu.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_0TUGUwFIBDXqVyl&ContextLibraryID=UR_8cOET4w6... 1/19</p>	

2. Why is this study being done?

The purpose of this study is to determine your understanding of the current pandemic and the changes to your day-to-day behaviours. Understanding students' comprehension of public health emergencies and its effects on their subsequent behaviours can aid us in the future by helping us to effectively communicate pandemic information.

3. How long will you be in this study?

It is expected that this study will take less than half an hour to complete.

4. What are the study procedures?

If you agree to participate, you will be asked to complete a questionnaire asking you about how often you engage in particular behaviours and your level of agreement or disagreement with a number of statements about the pandemic.

5. What are the risks and harms of participating in this study?

There are no known or anticipated risks or discomforts associated with participating in this study. However, it is possible that feelings of discomfort or distress may arise when reflecting on the research themes. If you become upset or distressed by any of the questions asked in this study, resources are available to help at Psychological Services at Western (<https://www.uwo.ca/health/psych/index.html>), the 24-hour Good2Talk confidential helpline (1-866-

925-5454), or see Western's Mental Health & Wellness Resource Guide (<https://www.uwo.ca/health/MHWRG2018.pdf>).

6. What are the benefits of participating in this study?

You may not directly benefit from participating in this study, but information gathered may provide benefits to society as a whole which includes increasing knowledge of students' understanding and access to information about the current pandemic and its possible effects on their behaviours.

7. Can participants choose to leave the study?

You have the right to withdraw from the study even after you have given consent, without penalty, by contacting the Principal Investigator or Thesis Researcher. If you wish to have your information removed, please let the Principal Investigator, Dr. Leslie Janes, ljanes@uwo.ca, and the Thesis Researcher, Kitara Patry, kpatry@uwo.ca, know by March 31, 2021, after which it will no longer be possible to leave the study.

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While we do our best to protect your information there is no guarantee that we will be able to do so. The Principal Investigator will keep any personal information about you in a secure and confidential location for a minimum of 7 years. A list linking your study number with your name will be kept by the Principal Investigator in an encrypted file on a password-protected computer, separate from the file with your survey responses. The Thesis Researcher will store a password-protected file with the survey responses on a password-protected computer. If the results of the study are published, your name will not be used.

Your data may be retained indefinitely and could be used for future research purposes (e.g., to answer a new research question). By consenting to participate in this study, you are agreeing that your data can be used beyond the purposes of this present study by either the current or other researchers.

Representatives of Brescia University College's Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

9. Are participants compensated to be in this study?

You will not be compensated for your participation in this study if you are in Psychology 2055F.

You will be compensated for your participation in this study if you are registered in either Psychology 1010A or 1015B. You will earn 1 credit in your Psychology 1010A or 1015B course for participating.

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Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study by letting the Principal Investigator, Dr. Leslie Janes, ljanes@uwo.ca, and the Thesis Researcher, Kitara Patry, kpatry@uwo.ca, know by March 31, 2021, after which it will no longer be possible to leave the study. If you choose not to participate or to leave the study, it will have no effect on your mark or academic standing in any course.

You do not waive any legal right by signing this consent form

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11. Whom do participants contact for questions?

If you have questions about this research study please contact Dr. Leslie Janes, School of Behavioural and Social Sciences, ljanes@uwo.ca, (519)-432-8353 x28275. If you have any questions about your rights as a research participant or the conduct of this study, you may contact the Research Officer at Brescia: Dr. Jen Pecoskie, jpecosk@uwo.ca, 519-432-8353 x28044. The Research Officer is not part of the study team. Everything that you discuss will be kept confidential.

12. Consent

You indicate your voluntary agreement to participate by responding to the questionnaire.

Please respond honestly and to the best of your abilities to the following questions. Your responses will be treated confidentially and anonymously.

Which category below includes your age?

- | | |
|-------------------------------------|-----------------------------------|
| <input type="radio"/> 17 or younger | <input type="radio"/> 30-39 |
| <input type="radio"/> 18-20 | <input type="radio"/> 40-49 |
| <input type="radio"/> 21-29 | <input type="radio"/> 50 or older |

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To which gender identity do you most identify?

- Female
- Male
- Gender Variant/Non-Conforming
- Not listed (please specify)

What year of your undergraduate program are you in?

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year or higher

Where are you living?

- On-campus/residence
- Off-campus in London ON
- At home in London, ON
- At home

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Where is home?

- South-West Ontario
- Greater Toronto Area (GTA)
- Elsewhere in Ontario
- Another Canadian Province
- International

How do you find out what's going on in the world?

- Always from major newspapers and/or TV channels (including online)
- More from major newspapers and/or TV channels (including online) than from social media
- Equally from major newspapers and/or TV channels (including online) and from social media
- More from social media than from major newspapers and/or TV channels (including online)
- Always from social media
- Don't know

What is the average amount of time you spent on social media (Facebook, Twitter, etc.) a day?

- Less than 1 hour
- 1 hour

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- 2-3 hours
- 4-5 hours
- 5 hours or more

How often, if at all, do you check social media (such as Facebook or Twitter) for information or updates about coronavirus?

- Once an hour or more
- Several times a day
- Daily
- Less often
- Never
- I don't use social media for updates
- Don't know

Have you, a family member, or a close friend contracted the coronavirus?

- Yes
- No
- Maybe/Not sure

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Have you had to self-isolate or quarantine?

- Yes
 No

Did you have to self-isolate or quarantine because you came in contact with someone with suspected or confirmed coronavirus?

- Yes
 No

Did you have to self-isolate or quarantine because you had suspected (i.e. waiting for test results) or confirmed coronavirus?

- Yes
 No

Do you find the messaging around coronavirus regulations confusing?

- Yes

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 No

Block 1

The following questions are about how often you engage in particular behaviours.

Please respond honestly and to the best of your abilities to the following questions. Your responses will be treated confidentially and anonymously.

How often do you fill out the Return to Campus Questionnaire before coming to campus?

Never

Sometimes

About half the
time

Most of the time

Always

How often have you gone to a large gathering in the past few months?

Never

Sometimes

About half the
time

Most of the time

Always

How often do you stay 6ft away from other people when outside your home?

- Never
- Sometimes
- About half the
time
- Most of the time
- Always

How often have you had friends or family visit you at home in the past few months?

- Never
- Sometimes
- About half the
time
- Most of the time
- Always

How often do you wear a mask in public indoor buildings (grocery store, campus building, etc) where masks are required?

- Never
- Sometimes
- About half the
time
- Most of the time
- Always

How often do you wash your hands more often, for 20 seconds?

- Never
- Sometimes
- Most of the time
- Always

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About half the
time

Have stayed within or limited to social circle/bubble. These are the people with whom you are in physical contact with?

Never

Sometimes

About half the
time

Most of the time

Always

Have you gone to work or outside despite having symptoms that could be coronavirus?

Never

Sometimes

About half the
time

Most of the time

Always

How often do you stay 6ft apart from other people when interacting with those outside your social circle/bubble?

Never

Sometimes

About half the
time

Most of the time

Always

Block 2

The following section asks whether you agree or disagree with the presented statements about the pandemic.

Please respond honestly and to the best of your abilities to the following questions. Your responses will be treated confidentially and anonymously.

The current coronavirus restrictions are unnecessary and an overreaction.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The number of people reported as dying from coronavirus is being deliberately exaggerated by the authorities.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wearing non-medical masks doesn't do anything and should be a choice.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A large majority of those who have reported having died from coronavirus actually died of pre-existing conditions, not coronavirus.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The University has done the right amount to ensure student safety during the pandemic.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The coronavirus is a serious public health emergency.

Agree

Disagree

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Strongly agree Somewhat agree Neither agree nor disagree Somewhat disagree Strongly disagree

Coronavirus was probably created in a laboratory.

Strongly agree Agree Somewhat agree Neither agree nor disagree Somewhat disagree Disagree Strongly disagree

The symptoms that most people blame on the coronavirus appear to be linked to 5G network radiation.

Strongly agree Agree Somewhat agree Neither agree nor disagree Somewhat disagree Disagree Strongly disagree

There is not hard evidence that coronavirus really exists.

Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly agree

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The current pandemic is part of a global effort to force everyone to be vaccinated whether they want to or not.

Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 3



DEBRIEFING FORM

Student Awareness of COVID-19

Thank you for your participation in this study. The purpose of this study was to examine whether those participants who use social media as their main source of information about the coronavirus would be more likely to agree with coronavirus conspiracy beliefs. We predicted that a high belief in coronavirus conspiracy theories would lead to participants being less likely to follow health-protective measures, such as wearing a mask in public or washing their hands frequently.

It is important that you understand that the conspiracy theories mentioned in the experiment are not based on factual information. Although many people may seem to agree with some of these

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ideas, scientists have learned much about the Covid-19 virus over the last several months, and there is strong agreement among them that wearing masks, keeping social distance, and hand washing are key elements in fighting the pandemic.

There are no known or anticipated risks or discomforts associated with participating in this study. However, it is possible that feelings of discomfort or distress may arise when reflecting on the research themes. If you became upset or distressed by any of the questions asked in this study, resources are available to help at Psychological Services at Western (<https://www.uwo.ca/health/psych/index.html>), the 24-hour Good2Talk confidential helpline (1-866-925-5454), or see Western's Mental Health & Wellness Resource Guide (<https://www.uwo.ca/health/MHWRG2018.pdf>).

The Principal Investigator will keep any personal information about you in a secure and confidential location for a minimum of 7 years. A list linking your study number with your name will be kept by the Principal Investigator in an encrypted file on a password-protected computer, separate from the file with your responses. The Thesis Researcher will store a password-protected file with the survey responses on a password-protected computer. If the results of the study are published, your name will not be used.

You have the right to withdraw from the study even after you have given consent, without penalty, by contacting the Principal Investigator or Thesis Researcher. If you wish to have your information removed, please let the Principal Investigator, Dr. Leslie Janes, ljanes@uwo.ca, and the Thesis Researcher, Kitara Patry, kpatry@uwo.ca, know by March 31, 2021, after which it will no longer be possible to leave the study.

Thank you for participating today. If you have any further questions, please contact Kitara Patry at

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kpatry@uwo.ca

Here are some references if you would like to read more.

Allington, D., Duffy, B., Wessely, S., Dhavan, N., & Rubin, J. (2020). Health-protective behaviour, social media usage and conspiracy belief during the COVID-19 public health emergency. *Psychological Medicine*, 1-7.

<https://doi.org/10.1017/S003329172000224X>

Chen, L., Zhang, Y., Young, R., Wu, X., & Zhu, G. (2020). Effects of vaccine-related conspiracy theories on chinese young adults' perceptions of the HPV vaccine: An experimental study. *Health Communication*. <https://doi.org/10.1080/10410236.2020.1751384>

Douglas, K., Sutton, R., & Cichocka, A. (2017). The psychology of conspiracy theories. *Current Directions in Psychological Science: a Journal of the American Psychological Society*, 26(6), 538–

542. <https://doi.org/10.1177/0963721417718261>

Kouzy, R., Abi Jaoude, J., Kraitem, A., El Alam, M., Karam, B., Adib, E., Zarka, J., Traboulsi, C., Akl, E., & Baddour, K. (2020). Coronavirus goes viral: Quantifying the COVID-19 misinformation epidemic on Twitter. *Cureus*,

12(3). <https://doi.org/10.7759/cureus.7255>

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Appendix D**DEBRIEFING FORM****Student Awareness of COVID-19**

Thank you for your participation in this study. The purpose of this study was to examine whether those participants who use social media as their main source of information about the coronavirus would be more likely to agree with coronavirus conspiracy beliefs. We predicted that a high belief in coronavirus conspiracy theories would lead to participants being less likely to follow health-protective measures, such as wearing a mask in public or washing their hands frequently.

It is important that you understand that the conspiracy theories mentioned in the experiment are not based on factual information. Although many people may seem to agree with some of these ideas, scientists have learned much about the Covid-19 virus over the last several months, and there is strong agreement among them that wearing masks, keeping social distance, and hand washing are key elements in fighting the pandemic.

There are no known or anticipated risks or discomforts associated with participating in this study. However, it is possible that feelings of discomfort or distress may arise when reflecting on the research themes. If you became upset or distressed by any of the questions asked in this study, resources are available to help at Psychological Services at Western (<https://www.uwo.ca/health/psych/index.html>), the 24-hour Good2Talk confidential helpline (1-866- 925-5454), or see Western's Mental Health & Wellness Resource Guide (<https://www.uwo.ca/health/MHWRG2018.pdf>).

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Thank you for participating today. If you have any further questions, please contact Kitara Patry at kpatry@uwo.ca

Here are some references if you would like to read more.

- Allington, D., Duffy, B., Wessely, S., Dhavan, N., & Rubin, J. (2020). Health-protective behaviour, social media usage and conspiracy belief during the COVID-19 public health emergency. *Psychological Medicine*, 1-7. <https://doi.org/10.1017/S003329172000224X>
- Chen, L., Zhang, Y., Young, R., Wu, X., & Zhu, G. (2020). Effects of vaccine-related conspiracy theories on chinese young adults' perceptions of the HPV vaccine: An experimental study. *Health Communication*. <https://doi.org/10.1080/10410236.2020.1751384>
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- Kouzy, R., Abi Jaoude, J., Kraitem, A., El Alam, M., Karam, B., Adib, E., Zarka, J., Traboulsi, C., Akl, E., & Baddour, K. (2020). Coronavirus goes viral: Quantifying the COVID-19 misinformation epidemic on Twitter. *Curēus*, 12(3). <https://doi.org/10.7759/cureus.7255>