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Sociodemographic Characteristics, Hope and Information in the Media as Predictors of the Fear of COVID-19

Abstract

The research examines the severity of fear of Covid-19 its relation to the frequency of obtaining information on Covid-19 through the media and hope, as well as differences in relation to social and demographic variables. The aim was to examine whether and how the frequency of obtaining information in the media on the topic of Covid-19 affects the level of fear of Covid-19. Additional aim was to examine in which way are hope and certain sociodemographic variables related to fear of Covid and informing oneself through media. The sample comprised 316 respondents (214 females). The instruments: Scale of fear of Covid-19, Scale of Hope, as well as 4 questions related to the frequency of receiving information on the topic of Covid-19 from the media and sociodemographic questionnaire. Respondents who have children are more frequently attentive to the Covid-19 statistics in the media, expert presentations on the topic of Covid-19 and information on the Internet. Respondents living alone and with a lower level of education are more often informed on Covid-19 through the media, in all four described ways. Positive correlations were obtained between the fear of Covid-19 and all four described ways of receiving information in the media. In the first model, 6.5% of the variance in fear of Covid-19 is predicted by sociodemographic variables and hope; parenting and level of education stand out as significant factors. The second model included variables related to obtaining information on the topic of Covid-19 through the media. This model explains 17.9% of the variance in fear of Covid-19, with significant predictors being parenting, level of education and the frequency of keeping track of expert presentations on the topic of Covid-19.

Keywords: information, media, fear of Covid-19, hope, pandemic

Introduction

The modern world faced an unpredictable challenge in December 2019, when the first case of SARS-CoV-19 was identified, in the city of Wuhan, China. The World Health Organization declared the Covid-19 pandemic on March 14, 2020 (WHO, 2020), at a time when

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China had a mortality rate of 3.6% and the rest of the world's population had a mortality rate of 1.5% (Baud et al., 2020). In Serbia, the state of emergency, along with the prescribed epidemiological measures, was declared on March 15, 2020. On the mental level, Covid-19 has modified what we call "everyday life" in the cognitive, emotional, and most visible behavioral sense from that moment until today. In the behavioral sense, physical distance and social isolation, which in many societies cause discomfort and serious difficulties (Morina et al., 2021), have become mandatory epidemiological measures. Seen through the lens of a wider social context, surveys showed that social resources such as connection, social interaction and affirmation of self-worth reduce the effect of worry and increased stress during a pandemic (Pavicevic & Zivkovic, 2021), whereas the deprivation of the development of the aforementioned social resources adversely affects mental health. Moreover, wearing a mask, as protection against the transmission of infection, has led to numerous inconveniences and the increasingly popular "anxiety due to mask wearing", whether it is caused by fear of infection due to the current non-wearing of masks or if one of the interlocutors does not have a mask (Saint & Moscovitch, 2021). In addition, the lack of intensified habit of thorough hand washing has shaped new forms of perception of behavior and interpersonal relationships, such as avoiding other people who did not wash their hands in our presence for fear of infection (Chauhan, Mistry & Mullan, 2020).

Whether they are constantly providing us with new information or repeating them so much that they are rendered inescapable, the media are increasingly conquering the area of our everyday life. The major function of the media is to inform about phenomena, events, changes in society, but also to warn of impending dangers. The other side of this primary function of the media indicates the role of the media in constructing social reality. Namely, while explaining and interpreting information, they tend to shape and adapt them in accordance with different requirements and expectations. Thus, instead of helping the emancipation of modern man/woman, they significantly influence the "colonization" of his/her "world of life" (Habermas, 1989). In situations when human lives are at stake, accurate dissemination of information by the media is of paramount importance. People always express the overriding need for receiving information that is important for their lives. The coronavirus pandemic has affected both changes to patterns of behavior, and changes to people's attitude towards the media content, and particularly the way information is sought. These changes to life circumstances have caused people to feel a hunger for information. The question that arises is whether the increasing supply of information leads to better informed individuals. The consequences of the increase in information are reflected primarily in the fact that people are continuously exposed to new facts and ideas. And this reduces the message receiver's ability to orientate oneself (Sordan, 2008).

Research showed that individuals frightened of and worried about Covid-19 tend to experience a coherent set of unpleasant, physiological symptoms triggering thoughts and information associated with this infectious disease (Evren et al., 2020; Lee et al., 2020). The findings of a series of hierarchical multiple regression analyses indicated that fear of Covid-19 account for additional variation in depression, generalized anxiety and anxiety about death, more than sociodemographic factors, Covid-19 factors, and vulnerability factors such as neuroticism, health anxiety, and behavior dependent upon sense of security (Lee et al., 2020).

Fear of Covid-19

What is particularly significant is the emotional tone that prevails with regard to Covid-19, and it is predominantly described by fear. Fear is an emotion characterized by a state of insecurity and anxiety in the face of a stimulus that an individual wants to avoid. It can affect our reactions in two ways – in a positive and negative sense. In a positive sense, fear can serve to prepare an individual for an attack, where in the case of Covid-19 the positive context would refer to compliance with prescribed protection measures. We can understand a negative context as a paralyzing condition, which reduces or interferes with our reactions.

Fear of Covid-19 is a state of mood without joy caused by perceived threatening stimuli. The Covid-19 pandemic is characterized by uncertainty due to high levels of infectivity and the impact that Covid-19 exerts on people who have survived the infection, a constant feeling of being trapped due to lack of information or transparency with regard to clarifying the course of action and treatment. In the case of Covid-19, fear is directly related to the mystery surrounding the disease, in terms of ignorance of etiology and treatment, but is also related to transmission rate and mortality (Ahrosu et al., 2020). In such a context of not satisfying the need for freedom, in terms of limited movement, social isolation and physical distance, people experience feelings of threat, fear and stress.

Since fear is an adaptive response to threatening conditions, in the case of Covid-19 when uncertainty is completely opposite to the control to which we are accustomed, we can assume that the individual will not be able to reason cognitively, and consequently it will lead to inadequate reactions and behavior needed for protection against Covid-19. Currently, the scientific community is focused on finding a cure and improving vaccines, but the psychosocial aspect should not be neglected, because a holistic approach is needed to create a society without Covid-19 (Ahrosu et al., 2020). Some researchers report that fear of Covid-19 can cause delays regarding access to health care and even lead to suicide (Lazzerini et al., 2020).

The role of the media in shaping the fear of Covid

The media represent the mechanisms through which messages that are in the public interest are transmitted. The media have two important, albeit mutually opposed functions: they enable criticism and control, but they are also a powerful instrument of manipulation (Marjanovic, 2016). The media bear the imprint of deeper character traits and possibilities of a society (Vasovic, 2012). According to McLuhan, the media represent an extension of human sensuality, they have fundamentally changed the way we perceive, experience and understand the world and shape not only our perception, but also our imagination and creativity (McLuhan, 2008).

Under the circumstances of the global pandemic, it is understandable that people, more than usually, rely on the media not only to get the necessary information, but also to shape their own behavior. As Ghassabi and Zare-Farashbandi (2015) indicate, during crisis situations mass media play a unique role in informing and educating the people. On one hand, media can appease the people; however, on the other hand they can also cause chaos and turmoil. According to Anders (1996) crisis events serve as raw materials for the media, which are filtered and then sold as commodities. More than ever before, due to Covid-19, we are no longer people but messages (information) that we send to each other. This excessive amount of in-

formation about the virus (infodemia) has transformed us into individuals with the so-called freeze response. The increased amount of information has not been accompanied by an increase in the quality of information (Resnyansky, 2014). In fact, the pandemic is a breeding ground for false and manipulative news, which resulted in the change of life circumstances of the recipients themselves or its destruction.¹

The media are an instrument which skilfully utilizes the collective fear of the audience (Vujić, 2021). Sometimes it is used as a tool for manipulation, and sometimes to improve the society. The spread of fear can, therefore, lead to the reduction of unwanted phenomena in the society. The coronavirus pandemic has had a crucial impact on changes both to life circumstances and our patterns of behavior, but it has also made “hunger” for information grow even more. This great need for information is the need for meaning and certainty (Heath & Gay, 1997; Lachlan, Spence & Seeger, 2009). The increasing importance of the role of the media is indisputable. Although there are numerous observations regarding increased usage of the Internet and television during the Covid-19 pandemic (Carlson et al., 2021), the perception that traditional media are still the true relevant source remains dominant (Al-Quran, 2022). What is identified as debatable and comes from the media is the threat to the right to truthful, complete, and timely information (Dimovski, 2021). Another topic related to the role of the media is centralization of the dissemination of public information concerning the topic of Covid (Dimovski, 2021). In a social context, when an individual asks: is the information correct? why is not anyone else reporting this? Why isn't the information presented by members of the Crisis Staff in agreement, both now and over time? Incorrect, half-correct and correct pieces of information are inevitably conducive to confusion, doubt, and fear.

The role of hope in experiencing the fear of Covid

Hope can be defined as a positive anticipatory feeling, which occurs due to negative or uncertain circumstances. Hope is a positive emotion experienced in relation to an outcome that has not occurred yet (Bruininks & Malle, 2005). The cognitive component is emphasized in the emotion of hope, but it is also characterized by a unique affective quality. The experience of hope is beyond our control, but at the same time it is a state that we deliberately experience and maintain. We choose to hope or refuse to give up hope for fear of real, psychological, or even moral consequences that may arise if we do not hope (Bruninks & Malle, 2005).

Numerous surveys link hope, psychological well-being and overcoming stressful situations. These surveys indicate that people having a more distinct feeling of hope cope better with stressful events (Chang, 1998; Ciarrochi et al., 2007). A feeling of considerable hope contributes to perseverance in achieving goals established and finding creative ways to achieve goals. Hope influences psychological flexibility in problem solving (Bonanno et al., 2004; Kashdan & Rotenberg, 2010) and is associated with positive post-failure efforts (Snyder, 2002). Hope has been shown to be an important factor in predicting outcomes related to a number of achievements from various domains of life, such as academic and sporting achievement (Curry et al., 1997). Hope has been shown to be an important factor with regard to predicting outcomes related to a number of achievements from various domains of life, such as academic and sporting achievement (Curry et al., 1997). Previous research indicated that hope is also related to health behavior, and that people having a feeling of great hope better

understand and use prevention strategies when there is a high risk of cancer (Irving, Snyder & Crowson, 1998), as well as display greater involvement in therapy (Snyder et al., 1999). Surveys also found a link between hope and success of recovery of pediatric patients after transplantation, as well as eagerness to take prescribed therapy (Maikranz et al., 2007).

The coronavirus pandemic has posed a great challenge for the entire population and has caused severe stress to which people have been permanently exposed for the last two years. Recent studies have shown that hope, defined as anticipation of the future, leads to positive outcomes even during a pandemic, meaning that a sense of leading a meaningful life mediates between mental health and coping with stress induced by Covid-19, and that hope is an important mental health protection factor (Trzebiński et al., 2020; Walsh, 2020; Yildirim & Arslan, 2020).

Based on the above-mentioned, this research seeks to examine the relationship between hope and fear of Covid-19, its connection with the frequency of different ways of obtaining information on Covid-19 through the media, as well as differences in social and demographic characteristics (gender, place of residence, whether respondents have children, with whom they live, level of education). Previous studies have explored whether fear of Covid-19 can be predicted by hope, ways of obtaining information on Covid-19 through the media and the social and demographic characteristics observed.

Given the magnitude, severity and devastating effect of the coronavirus pandemic, it is necessary to comprehend the role of the media in emergency situations, as the media are powerful and omnipresent in the life of modern man. Furthermore, it is important to understand the component of hope, as an integrative component of the human being, which can shape the interpretation of the situation, which, among other things, can be presented through the prism of the media.

Methodology

Aim of the research

The primary aim of the research was to examine the predictive power of sociodemographic characteristics (sex, place of residence, education level, having children or not, and with whom they reside), hope and frequency of keeping oneself informed through the media regarding Covid (How often do you keep track of Covid statistics, How often do you watch experts' presentations on Covid, How often do you check the information about Covid on the Internet, How often do you follow Covid prevention recommendations) in predicting the fear of Covid-19.

Our paper aims to answer the following research questions:

1. How widespread is the fear of Covid-19?
2. What is the level of hope?
3. What is the level of frequency of informing oneself through media about Covid-19?
Which information on Covid-19 is being sought the most in the media?
4. Is there a correlation, and if so, what is the direction and intensity of it, between the fear of Covid-19 and hope and the frequency of obtaining information about Covid-19 through the media?

5. Is there a statistically significant difference in the level of fear of Covid-19 among respondents in relation to sociodemographic characteristics (sex, place of residence, education level, being a parent or not, and with whom they reside)?
6. Is there a statistically significant difference in the level of frequency of obtaining information about Covid-19 through the media in relation to sociodemographic characteristics (sex, place of residence, education level, being a parent or not, and with whom they reside)?
7. Can observed sociodemographic characteristics of the respondents (sex, place of residence, education level, having children or not, and with whom they reside) and hope predict the fear of Covid-19?
8. Does the percentage of the explained variance of the fear of Covid-19 change by adding the frequency of obtaining information about Covid-19 through the media to the previous regression model?

Instruments

The following instruments were used in this research:

Sociodemographic data questionnaire. Gender-categorical variable with two levels: 1-female and 2-male; place of residence-categorical variable with two levels: 1- village and 2-city; level of education – a categorical variable with two levels: 1-lower level of education (primary and secondary school are included in this category) and 2-higher level of education (higher school and faculty are included in this category); do you have children?-categorical variable with two levels: 1-no and 2-yes; who do you live with? – categorical variable with two levels: 1- with someone and 2- alone.

Scale of hope. The original scale of hope contains 12 items (Snyder et al., 1991), in which the authors define hope as a cognitive set that originates from a sense of 1) successful action (i.e. goal-directed behavior), and 2) successful ways to achieve goals. The scale shows that people having a feeling of considerable hope successfully establish their goals, unlike those people having a feeling of faint hope. People having a feeling of considerable hope do not persevere in achieving unrealistic goals. In this research, the concept of hope was operationalized by the 9-item scale of hope (Lackovic-Grin & Aebela, 2002), which the authors designed for the area of Croatia. After the factor analysis, the authors observed a two-factor structure of the scale, where nine items refer to hope, while three items refer to the absence of hope. Therefore, the authors linguistically adapted the scale to be suitable for examination in the areas of former Yugoslavia with nine items, compared to original scale with 12 items by Snyder et al. Respondents answered questions on a five-point Likert-type scale. The scale is monofactorial, and the reliability measured by Cronbach's alpha, on a sample of respondents in Croatia, is 0.75. In our research, Cronbach's alpha is .881.

Fear of Covid-19 scale. In a pioneering conducted in March 2020, a group of authors (Ahorsu et al., 2020) offered the first measuring instrument – Fear of Covid-19 Scale – FCV-19S. This scale (FCV-19S) is designed as a monofactorial model, which health professionals can use as a screening instrument in primary health care (Ahorsu et al., 2020). Fear of Covid-19 Scale has a somewhat problematic structure, but a monofactorial solution can be applied in different cultures, and a one-dimensional model was also applied in our research. The scale comprises 7 items, and the reliability measured by Cronbach alpha is .865.

Questions aimed at seeking information in the media on the topic of Covid-19. A set of these questions was designed for the purposes of this research. The most important questions used in this research were as follows: How often do you keep track of Covid-19 statistics? How often do you catch up on expert presentations on Covid-19? How often do you get informed about Covid-19 on the Internet? How often do you follow Covid-19 prevention recommendations? Respondents provided answers on the following Likert scale which ranged from one to five. Cronbach's alpha has a value of .826.

The sample and research procedure

A total number of 316 respondents from the neighboring countries participated in the research, most of them were from the Republic of Serbia (78.5%), aged 18 to 86, average age ($M = 41.67$; $SD = 15.73$). Since a Google online questionnaire was created for the research purposes, the respondents interested in the research were redirected to an URL Google form, after seeing the announcement on social media. For this reason, the remaining share of the participants comes mostly from Bosnia and Herzegovina, and Croatia. Because it is the same speaking area, and because Covid-19 is a global-scale problem, we deem the participation of these respondents justified. According to the gender structure, 67.7% were women and 32.3% were men. Since there were not enough respondents in certain categories of the variable *Place of residence*, the answers were summarized in two categories as follows: village and small town make up one category, and a suburb and city make up the second category. Fifteen percent of respondents live in smaller settlements, while eighty-five percent live in larger ones. The *Parenting variable* is operationalized with the question: 'Do you have children?' In this sample, 41% of respondents are not parents, the remaining 59% have offspring. Originally, the *Level of education* variable had five answer categories, however, due to an insufficient number of respondents in some categories, the answers were summarized into two categories. The first category consists of primary and secondary education, represented in the sample by 35% of the respondents. The second category consists of higher school, faculty, and applied studies, represented in the sample by 65% of the respondents. The structure of the sample regarding the question 'Who do you live with?' is as follows: 10% of respondents live alone, while the remaining 90% do not live alone. Data were collected using online battery, by having respondents provided answers to battery items based on self-assessment. At the very beginning, it was highlighted that participation in the research is on a voluntary basis, that it was completely anonymous, and that the data would be used exclusively for research purposes.

The research was conducted in two phases. First phase focused on selecting the most suitable items for our research. This was carried out using the free-form unstructured interviewing method. Based on the collected answers and their analysis, it was decided to keep the following questions: How often do you keep track of Covid-19 statistics? How often do you catch up on expert presentations on Covid-19? How often do you get informed about Covid-19 on the Internet? How often do you follow Covid-19 prevention recommendations? The second phase lasted during November and December 2021, using an online form of data collection. The instruction emphasized that the research was anonymous, and that the collected data would be used solely for research purposes.

Findings

The collected data were processed with the statistical package SPSS-17. We choose the appropriate statistical methods in accordance with the objectives of the research:

- in order to describe the sample of respondents, frequency and percentages were used;
- the distribution of responses on the scales Hope and Fear of Covid, as well as the frequency of receiving information through the media about the Covid-19 virus, were examined with descriptive indicators: arithmetic mean, standard deviation, as well as measures of deviation from the normal distribution: skewness and kurtosis. Cronbach's alpha coefficient was utilized to assess the measurement reliability for each scale.
- In order to examine the level of Fear of Covid and the level of Hope in our sample, as well as the level of frequency of obtaining information about Covid-19 through the media, we used a t-test; we compared the theoretical average with the average of the responses in our sample.
- To examine the connection between Fear of Covid and Hope and frequency of informing oneself about Covid-19 through the media we used the Pearson correlation coefficient.
- The non-parametric Mann-Whitney U test, as well as the t-test for independent samples were used to examine the correlation between Fear of Covid and frequency of informing oneself about Covid-19 through the media and sociodemographic data.
- The possibility of predicting the fear of Covid was verified by hierarchical regression analysis; in the first model sociodemographic characteristics and Hope were observed as predictors, and the second model included the frequency of informing oneself about Covid-19 through the media.

The findings of descriptive analysis

Descriptive indicators of the variables used in the research are shown in the figures below. The value of kurtosis indicates that the distribution of results deviates from the normal distribution, i.e. that there is an accumulation of results around the average value. As the sample is large enough (over 300 respondents), it is not expected that such a high absolute value of kurtosis will significantly affect the results of the analysis (Tabachnick & Fidell, 1983). The reliability measured by Cronbach's alpha in our sample for the scale of hope is .900, and for the fear of Covid-19 scale it is .865.

Table 1. Measures of descriptive statistics for the scale of hope and the fear of Covid-19 scale

| | N | Min | Max | M | SD | Sk | Ku |
|-------------------------|----------|------------|------------|----------|-----------|-----------|-----------|
| Hope | 316 | 9 | 45 | 33,23 | 6,87 | -.876 | .658 |
| Fear of Covid-19 | 316 | 7 | 35 | 12,95 | 5,52 | 1.147 | 2.877 |

Legend: N- number of respondents; Min.- minimum value; Max.-maximum value; M- arithmetic mean; SD- standard deviation; Sk- skewness; Ku- kurtosis

As the theoretical range of scores on the Fear of Covid-19 Scale is from 7 to 35 points, we can conclude that the measurability of fear of Covid-19 in our sample is lower than the theoretical average (21, $t_{(316)} = -25.829$, $p < .001$). The measurability of hope in our sample is higher than the theoretical average (27, $t_{(316)} = 15.860$, $p < .001$).

Descriptive indicators of the frequency of different ways of obtaining information on the topic of Covid-19 are shown in the table below. The values of skewness and kurtosis show that the findings are normally distributed.

Table 2. Measures of descriptive statistics for different ways of obtaining information on Covid-19

| | range | M | SD | Sk | SE _{Sk} | Ku | SE _{Ku} |
|---|-------|------|------|------|------------------|-------|------------------|
| How often do you keep track of Covid-19 statistics | 1-5 | 2,41 | 1,31 | ,494 | ,137 | -,891 | ,273 |
| How often do you keep track of expert presentations on Covid-19 | 1-5 | 2,21 | 1,17 | ,878 | ,137 | ,064 | ,274 |
| How often do you get informed about Covid-19 on the Internet | 1-5 | 2,23 | 1,23 | ,824 | ,137 | -,315 | ,273 |
| How often do you follow Covid-19 prevention recommendations | 1-5 | 2,56 | 1,26 | ,471 | ,137 | -,785 | ,273 |

Legend: M- arithmetic mean; SD- standard deviation; Sk-skewness; SE_{Sk}- standard error of skewness; Ku- kurtosis; SE_{Ku}- standard error of kurtosis

As the theoretical range of scores on questions related to the frequency of obtaining information through the media about Covid-19 is from 1 to 5 points, we can conclude that the frequency of obtaining information is within the limits of the theoretical average (a) 3, $t_{(316)} = -7,943$, $p < .001$; b) 3, $t_{(316)} = -11,847$, $p < .001$; c) 3, $t_{(316)} = -11,124$, $p < .001$; d) 3, $t_{(316)} = -6,220$, $p < .001$). Information in the media about Covid is sought with equal frequency, i.e. there is no piece of information about Covid that is being looked up more often than others in the media.

Fear of Covid-19 and the frequency of obtaining information on the topic of Covid-19 in the media and hope

In accordance with the fourth research question, which was related to the examination of the relationship between the fear of Covid-19 and the obtaining information through the media, the Pearson correlation coefficient was used to check the assumptions of the researchers. The results are shown in Table 3.

Table 3: The Pearson correlation coefficient between Fear of Covid-19, Frequency of obtaining information on the topic of Covid-19 in the media and Hope

| | Hope | How often do you keep track of Covid-19 statistics | How often do you keep track of expert presentations on Covid-19 | How often do you get informed about Covid-19 on the Internet | How often do you follow Covid-19 prevention recommendations |
|-------------------------|-------|--|---|--|---|
| <i>Fear of Covid-19</i> | -,030 | ,278** | ,334** | ,245** | ,260** |
| Level of significance | ,599 | ,000 | ,000 | ,000 | ,000 |
| N | 305 | 313 | 312 | 313 | 313 |

Legend: ** $p < .01$; * $p < .05$

There is a significant positive and moderate correlation between fear of Covid-19 and obtaining information in the media on the topic of Covid-19. With the increase in the fear of Covid-19, the frequency of obtaining information on the topic of Covid-19 increases, and that is in all four ways of obtaining information observed. Fear of Covid-19 does not correlate with hope.

Fear of Covid-19 and sociodemographic variables

In accordance with the fifth research question, the correlation between the Fear of Covid and sociodemographic variables was examined by utilizing the Mann-Whitney test.

The Mann-Whitney U test findings indicated that both men and women, as well as those who live in smaller or larger settlements, have an equal level of fear of Covid-19. The same statistical test indicated that the respondents who have children have a higher level of fear of Covid-19. Also, this test indicated that regardless of whether they live with someone or alone, the respondents have the same level of fear of Covid-19.

Table 4. Fear of Covid in relation to different sociodemographic characteristics of the respondents

| Group | Average rank | U | Z | p |
|------------------------|--------------|--------|--------|-------|
| Women | 158,82 | 10321 | -,516 | 0,606 |
| Men | 153,19 | | | |
| Village | 167,76 | 5759,5 | -,863 | 0,388 |
| City | 155,15 | | | |
| Has children | 135,83 | 9136,5 | -3,480 | 0,001 |
| Does not have children | 171,85 | | | |
| Resides with someone | 159,04 | 4292,5 | -1,206 | 0,228 |
| Resides alone | 138,47 | | | |

The relationship between the level of education and the fear of Covid-19 was assessed using an independent samples t-test. The results indicated that the intensity of the fear of Covid-19 is not dependent on the level of education ($t(308)=2,581; p=0,011$).

Differences in the frequency of different ways of obtaining information in the media on the topic of Covid-19 and sociodemographic variables

The Mann-Whitney U test findings indicated that men and women living either in the countryside or in cities, are equally frequently informed about Covid-19 in all four ways observed. This indicates that respondents from these categories are equally often informed in all four observed ways, i.e. there is no dominant way of obtaining information on the topic of Covid-19 distinguished, regardless of the respondent’s gender and place of residence.

Irrespective of whether respondents have or do not have children, they equally often follow the recommendations for prevention against Covid-19. Nevertheless, there are differences in the frequency of keeping track of Covid-19 statistics, expert presentations on Covid-19 and obtaining information on the Internet, and all of these are in favor of respondents who have children (Figure 5).

Figure 5. T-test for the variable Do you have children on the frequency of different ways of obtaining information on Covid-19

| | DYHC | N | M | SD | P |
|---|------|-----|------|------|------|
| How often do you keep track of Covid-19 statistics | No | 130 | 2,17 | 1,12 | 0,00 |
| | Yes | 186 | 2,59 | 1,40 | |
| How often do you keep track of expert presentations on Covid-19 | No | 130 | 2,03 | 1,03 | 0,00 |
| | Yes | 185 | 2,34 | 1,25 | |
| How often do you get informed about Covid-19 on the Internet | No | 130 | 2,10 | 1,11 | 0,00 |
| | Yes | 186 | 2,32 | 1,31 | |
| How often do you follow Covid-19 prevention recommendations | No | 130 | 2,47 | 1,29 | 0,42 |
| | Yes | 186 | 2,62 | 1,23 | |

Legend: DYHC- do you have children; N-number of respondents; M-arithmetic mean; SD-standard deviation; p-level of significance**<.01; *<.05

Respondents living alone more often obtain information in the media than those respondents living with someone. More specifically, those who live alone more frequently keep track of Covid-19 statistics, expert presentations on Covid-19, follow recommendations Covid-19 prevention recommendations, and more often get informed about Covid-19 on the Internet in comparison with those respondents living with someone (Figure 6).

Figure 6. The Mann-Whitney test for the variable Who do you live with and the frequency of different ways of obtaining information on Covid-19

| | WDYWLW | N | Mr | P |
|---|--------------|-----|--------|------|
| How often do you keep track of Covid-19 statistics | with someone | 284 | 154,27 | |
| | alone | 32 | 196,08 | ,011 |
| How often do you keep track of expert presentations on Covid-19 | with someone | 283 | 154,14 | |
| | alone | 32 | 192,14 | ,020 |
| How often do you get informed about Covid-19 on the Internet | with someone | 284 | 153,56 | |
| | alone | 32 | 202,33 | ,003 |
| How often do you follow Covid-19 prevention recommendations | with someone | 284 | 153,97 | |
| | alone | 32 | 198,72 | ,007 |

Legend: *WDYWLW*- who do you live with; *N*-number of respondents; *Mr*-arithmetic range mean; *p*-level of significance **<.01; *<.05

The level of education has been shown to be a significant source of differences (Figure 7) in the frequency of all observed ways of obtaining information on the topic of Covid-19; those respondents with a lower level of education more frequently use all ways of informing observed.

Table 7. T-test for the variable Level of education on the frequency of different ways of obtaining information on Covid-19

| | LO | N | M | SD | P |
|---|--------|-----|------|------|------|
| How often do you keep track of Covid-19 statistics | lower | 109 | 2,40 | 1,47 | 0,00 |
| | higher | 203 | 2,38 | 1,19 | |
| How often do you keep track of expert presentations on Covid-19 | lower | 108 | 2,34 | 1,35 | 0,00 |
| | higher | 203 | 2,11 | 1,02 | |
| How often do you get informed about Covid-19 on the Internet | lower | 109 | 2,36 | 1,34 | 0,00 |
| | higher | 203 | 2,14 | 1,14 | |
| How often do you follow Covid-19 prevention recommendations | lower | 109 | 2,63 | 1,38 | 0,02 |
| | higher | 203 | 2,52 | 1,19 | |

Legend: *LO*- level of education; *N*-number of respondents; *M*-arithmetic mean; *SD*-standard deviation; *p*-level of significance **<.01; *<.05

The findings of regression analysis

The table below shows the regression coefficients of the observed two models. The findings indicate that the first model predicts 4.6 % of the variance in Fear of Covid-19 when sociodemographic variables and hope (values of Model a) are included as predictors. Additionally, the second model, incorporating the frequency of different ways of obtaining information on the topic of Covid- 19, explains 15.1 % of the variance in Fear of Covid-19.

Table 7: Regression model coefficients for the criterion 'Fear of Covid-19'

| Model | R | R ² | Adjusted R ² | SE assessments |
|-------|------|----------------|-------------------------|----------------|
| 1 | .254 | .065 | .046 | .76789 |
| 2 | .423 | .179 | .151 | .72432 |

a. Predictors: gender, place of residence, parenting, living arrangements, level of education, and hope

b. Predictors: gender, place of residence, parenting, living arrangements, level of education, hope, How often do you keep track of Covid-19 statistics?, How often do you keep track of expert presentations on Covid-19?, How often do you get informed about Covid-19 on the Internet?, How often do you follow Covid-19 prevention recommendations?

The following two tables show the findings of the regression analysis.

Table 8. The first regression model for the criterion Fear of Covid-19

| | R | R ² | F | β | p |
|-------------------------|-------------|----------------|--------------|-------|--------|
| <i>Fear of Covid-19</i> | .254 | .065 | 3.415 | | |
| Gender | | | | -.053 | .361 |
| Place of residence | | | | -.074 | .201 |
| Parenting? | | | | .187 | .002** |
| Living arrangements? | | | | -.015 | .806 |
| Level of education | | | | -.138 | .018* |
| Hope | | | | -.004 | .947 |

*p<0.05 **p<0.01

In model a, two observed predictors with significant partial contributions stood out: Parenting (β= .187, p<0.01) and Level of education (β= -.138, p<0.05). In the second regression model, in addition to the mentioned predictors, 4 items on the topic Frequency of different ways of obtaining information in the media on the topic of Covid-19 were included.

Table 9. Second regression model for the criterion Fear of Covid-19

| | R | R ² | F | β | p |
|--|------|----------------|-------|---------|-------|
| Fear of Covid-19 | .423 | .179 | 6.383 | | |
| Gender | | | | -.056 | .312 |
| Place of residence | | | | -.086 | .122 |
| <i>Parenting</i> | | | | .125 | .027* |
| Living arrangements | | | | -.099 | .088 |
| <i>Level of education</i> | | | | -.118 | .032* |
| HOPE | | | | -.025 | .641 |
| How often do you keep track of Covid-19 statistics | | | | .100 | .158 |
| <i>How often do you keep track of expert presentations on Covid-19</i> | | | | .187 | .022* |
| How often do you get informed about Covid-19 on the Internet | | | | .022 | .764 |
| How often do you follow Covid-19 prevention recommendations | | | | .112 | .087 |

*p<0.05 **p<0.01

This model indicates that 17.9% of the variance in Fear of Covid-19 is explained, and parenting ($\beta=.125$, $p<0.05$), level of education ($\beta= -.118$, $p<0.05$) and the frequency of keeping track of expert presentations on the topic of Covid-19 ($\beta= .187$, $p<0.05$).

The findings indicated that parenting and level of education make significant partial contributions, with the degree of education having a negative value of the β coefficient. This indicates that the more educated the respondents are, the lower their fear of Covid-19 is. The respondents who have children have a higher level of fear of Covid-19. From the set of variables of the frequency of seeking information in the media in different ways on the topic of Covid-19, keeping track of expert presentations makes the only significant partial contribution. This shows that respondents who keep track of expert presentations more frequently display a higher degree of fear of Covid-19.

Discussion

This paper strives to determine the predictive power of the frequency of obtaining information in the media (How often do you keep track of Covid-19 statistics, How often do you keep track of expert presentations on Covid-19? How often do you get informed about Covid-19 on the Internet? How often do you follow Covid-19 prevention recommendations?), and sociodemographic characteristics (gender, place of residence, level of education, whether or not they have children and with whom they live) in regard to predicting fear of Covid-19.

The findings of descriptive analysis indicate that the respondents display a below-average level of fear of Covid-19, an above-average level of hope, and that information in the media on the topic of Covid-19 does not deviate significantly from normal distribution.

There is a significant positive moderate correlation between fear of Covid-19 and the frequency of obtaining information in the media on the topic of Covid-19. Hope and fear of Covid-19 are not correlated. The media's responsibility in reporting and the manner in which events are reported can sometimes play a key role in the perception of events.

Among the observed sociodemographic variables, parenting stood out as a significant source of differences in the level of fear of Covid-19, namely that those who are parents have a higher level of fear of Covid-19. There is no significant difference in the level of fear of Covid-19 considering gender, place of residence (rural/urban), level of education of respondents, as well as data on whether they live alone or with someone. The responsibility that parenting entails often implies additional concern for the well-being of children, but also for one's own life, which is closely linked with the fear that if something happens to the parent, there will be no one to take care (adequately) of the children.

Parenting is significantly correlated with the frequency of obtaining information in the media on the topic of Covid-19, except for prevention recommendations. The frequency of following prevention recommendations is present among respondents regardless of whether or not they are parents. This result can be explained by relying on previous experiences concerning previous pandemics, related to previous experience of treating similar symptoms, or distrust in the expertise of physicians. Furthermore, respondents living alone and have a lower level of education are significantly more likely to seek information on the topic of Covid-19 in all four observed ways.

The findings which are the answer to the main goal of the research, show that parenting and level of education stand out as significant predictors of fear of Covid-19. The result of regression analysis showed that people having offspring tend to be more afraid of Covid-19. The feeling of fear can deepen and grow when children are exposed to danger, and parents have few strategies for dealing with the potential risks of danger surrounding them. The protective role of parents is greater in situations of uncertainty and fear, which strengthens or weakens coping strategies. Coping resources refer to available (mental) resources to mitigate a potential threat (Taylor & Stanton, 2007). If perceived coping resources are high, perceptions of threat and fear are expected to be low. The findings of our research are in line with research that examined the impact of pandemic conditions on care and fear for loved ones, where researchers found that in situations of fear and uncertainty, especially at the beginning of the pandemic, national surveys showed increased fear and concern about the virus (McCarthy, 2020), especially in cases of vulnerable groups such as the elderly and children. On the other hand, more educated respondents exhibited a higher level of fear in the conditions of the pandemic, which can be at least partially explained by the fact that more educated respondents were capable of accessing information from various sources, to analyze in greater detail data and facts that were once considered contradictory, and in relation to the existing body of knowledge.

The specific situation, present from the very beginning of the Covid-19 pandemic, is characterized by the general exposure to information about the upcoming threat. There is ample evidence that exposure to media content related to trauma a few hours a day soon after collective trauma, can prolong acute stress (e.g., Holman, Garfin, & Silver, 2014). In the context of previous pandemics and diseases (e.g., bird flu H5N1), it has been found that greater

media exposure is associated with increased fear (Van den Bulck & Custers, 2009). Similar findings were obtained by authors who predicted fear of Covid-19 based on sociodemographic variables and media exposure. The findings showed that information obtained through professional sources, online searches, general health, care and information we receive through family and friends did not significantly predict fear of coronavirus, while risk for loved ones, information obtained through regular media and information obtained through social media did predict fear of it. (Mertens et al., 2020). Surveys conducted in China also indicated that seeking information intensively through the media has been associated with poorer psychological outcomes. Negative media reports with poor prognoses and outcomes were particularly bad, but on the other hand, the encouraging and motivating effects of fighting the “invisible enemy” has had a positive effect on the psychological state of the general population (Chao et al., 2020).

In the second regression model, in addition to parenting and level of education, the situation of the expert’s presentation stood out as a significant predictor, which we could associate with trust. Expert presentations were an important predictor, which can be related to trust. In general, trusting others and expecting them to behave in a certain way implies a kind of insecurity (Kramer, 1999). By expressing trust or distrust of others, we are, in fact, expressing a relationship with ourselves. In a modern, differentiated society, the problem of trust arises because we often have to trust people we do not know. Differentiation and individualization are the main allies in modern society, indicating that where there is a greater distance between individuals, the level of trust is lower. Since education is one of the key outcomes of individualization, it is reasonable to expect that lower levels of trust, as well as fear, go hand in hand with a higher level of education, precisely because we do not expect the protection we would expect in case of trust.

Although the impact of the media on behavior is known, especially in crisis situations when information becomes important, we considered significant our attempt to use scientific methodology to examine the behavior of different categories of respondents in relation to ways of seeking information in the media, and especially the possibility prediction of fear of Covid-19 (as experiences of crisis) based on the search for information in the media related to the issue of crisis. We were particularly interested in the prediction of fear of Covid-19 (as an experience of the crisis) based on the seeking for information in the media concerning the topic of the crisis. In this research, a statistically significant correlation was obtained between the fear of Covid-19 and the frequency of all four observed ways of obtaining information in the media on Covid-19. The above-mentioned research (Lee et al., 2020) and our findings pave the way for some future research on the effect of the media, particularly in emergency situations, on certain factors of mental health.

The findings of this research have several limitations. First, this research was limited by the exclusive use of an online survey methodology. Future research would benefit from including a structured clinical interview and interviews with friends and family of participants to gain a more profound and more comprehensive insight into participants’ psychological states. Furthermore, by supplementing the sample to apply parametric processing procedures, the findings would carry much more weight.

Any future research should focus on exploring how risk control can be employed as a coping resource, particularly when we as parents are responsible for protecting children from invisible dangers. Therefore, research is needed to develop an understanding that less risk control is associated with greater fear of Covid-19.

We believe it is important to emphasize the limitations of our paper, as well. Namely, one of the methodological limitations is unequal sex structure, i.e. women are dominant, as well as the number of respondents living in the city. The diversity and addition of the sample would provide a possibility to evaluate and examine the level of the fear of Covid-19 in relation to, for example, specifics of healthcare systems, with a particular emphasis on differences and risks which exist between the city and the village.

Including some other psychological variables, e.g. loneliness, social distancing, as well as social support, would potentially contribute to clarifying the source of fear of Covid-19. We consider it a research question of great importance to examine what role the media played in the time of physical and social distance during the pandemic. It would be crucial for future studies to examine the proper methods of conveying messages through the media, with the aim to preserve the tone of seriousness, but not that of intimidation. Future research should direct their focus particularly to elements which contribute to efficient reporting, which simultaneously motivates and provides support to citizens in times of emergency. Research examining the efficacy of the fear of Covid-19 scale contribute to the possibility of integrating the scale into the healthcare systems as a screening instrument for patients exhibiting atypical clinical features.

Note

² At least 800 people around the world have died due to misinformation about the coronavirus (<https://www.bizlife.rs /rezultat-infodemije-vise-od-800-zrtava-paljzeni-5g-stubovi-omogucene-prevare>, accessed on 23.03.2022.)

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