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# Crisis Management of Disaster Communication in Mitigation of Covid-19 Pandemic in Indonesia

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## Abstract

This study aims to determine the crisis management of disaster communication in mitigating coronavirus outbreak. Situational Crisis Communication Theory serves as the basis for reviewing prevention through the situation and conditions of Covid-19 transmission, with descriptive qualitative method and narrative analysis, to help provide an explanation of the pandemic crisis. The reality of mitigation using the constructiveness paradigm must provide dialectics of the management and availability of vitamins, drugs, oxygen, hospitals, and health workers as part of public information security. Results show the lack of public awareness and disinformation, as well as suboptimal coordination on issues of policies regarding large-scale social restrictions, New Normal, restrictions on community activities. These issues were used on social media by the skeptical public and opposition groups under in the guise of democracy. As recommendations, crisis handling should be integrated, through the construction of reality with management of crisis and communication. Using an approach to cultural values, and societal norms, maximizing the use of socialization by government officials, through mass media, social media, and direct action, as well as providing the needs of the community to counter the political issues.

**Keywords:** Disaster Communication, Crisis Management, Mitigation

## 1. Introduction

Since Covid-19 pandemic hit in Indonesia in March 2020, the government has attempted to mitigate the disaster. This is in response to the government's decision to raise the status of Covid-19 pandemic as a non-natural disaster (Arifin, 2020). Mitigation steps that were taken namely by taking crisis policies such as regarding large-scale social restrictions (Pembatasan Sosial Berskala Besar or PSBB), New Normal, and restrictions on community activities (Pemberlakuan Pembatasan Kegiatan Masyarakat or PPKM) on various levels (Micro level or Emergency up to level 4). The determination of the policy is an answer to the crisis conditions that occurred. Due to the rapid spread of transmission to the community, so that the government took integrated actions with various planning, organization, and action and evaluation; such as distributing the Ministry of Social Direct Cash Assistance (Bantuan Langsung Tunai or BLT), diverting Village Funds as assistance to the community, procurement of vaccines and drugs to prevent transmission, as well as socializing health protocols.

These actions are an integrated policy in mitigating artificial disaster, and are a strategic step to prevent virus transmission, as well as reduce the adverse impacts on social and economic lives. These steps also prompted criticisms from the public, especially the opposition, due to the constantly high number of positive cases, lack of oxygen, hospitals overwhelmed by patients, and unavailability of medicine and supplements.

News of this policy almost every day becomes the consumption of mass media and social media, which provides information on prevention developments and about the impacted community, both those who are infected, go to the hospital and those who die. However, the news on mitigation that aims to reduce the spread of the virus, encounters a balance of obstacles from information that does not support policies, so that miscommunication can occur in the community.

Prominent members of the public have voiced their concerns on the (in)effectiveness of social or activity restrictions in the early months of the pandemic. Robert Budi Hartono, one of Indonesia's richest men, wrote a letter to President Joko Widodo rejecting PSBB, saying that it was not effective to reduce the transmission rate of Coronavirus (Trans-siber.com, 2020). One of the largest Muslim organizations in Indonesia even voiced their stance that New Normal is still inappropriate to make peace with the rising Covid-19 positive rates (Saputra, 2020). In the general, New Normal meet with various reactions, both positive and negative. A social media analysis study resulted in 54% positive sentiment and 38% negative sentiment on New Normal on Twitter (Sandyawan, 2020). This means that the New Normal in general accepted positively and is dominated by emotions of trust and anticipation, supported by hashtags that show the government's commitment, especially from the Indonesian armed forces. One year into the pandemic, the situation has not significantly improved, as cases still rising continually. Even then, rejections for activity restrictions are still rampant, amidst news of hospitals overwhelmed and overcapacity. The patients were left waiting for hours or even rejected to be admitted, scarcity of oxygen tanks to support Covid-19 patients with respiratory problems, to scarcity of medicine and supplements to treat and prevent Covid-19 (Bona, 2021; Jelita, 2021; Tuter, 2021). Besides that, disinformation and hoaxes on Covid-19 vaccinations were also widespread, hindering the government efforts to reach herd immunity. As much as 50,000 information about Covid-19 vaccines that were spread among the public was not factually accurate (Situmorang, 2021).

The reality of the pandemic as an artificial catastrophe was inevitable for humans to anticipate, provoking uncertainties in the life of the community. The uncertainty of the situation indicates that there is a crisis of knowledge and awareness of humans as individual beings and social beings as part of the greater universe. The life of democracy with technological developments that are glorified by humans as a sign of the postmodern era is evidence of artificial crises that can destroy claims of successful inventions and the success of the order of human civilization. The signs of crisis management are already apparent, as well as the need for integrated disaster communication as a strategy. In doing so, it is possible to anticipate and prevent coronavirus transmission in an optimal manner.

The development of information and communication technology paved the way for freedom of interaction and information dissemination that could go uncontrolled in social media. This information overload can contribute to the erosion of social values and pose serious risk when those who are anti-vaccines and refuse to believe or conform to the government roam outside without proper health protocols. The reality of Covid-19 pandemic is proof that the public and the government must synergize and filter the flow of information to counter those oppositional views on government policies. This condition of disaster needs careful planning, dynamic organizing, measured actions and accuracy, precise evaluations, and the right communication strategy, so that the prevention of virus transmission and harmful disinformation can be alleviated, to give the sense of security and trust to the public through proportional reporting.

## **2. Research Objective**

Based on the explanation given above, this research focused on online media news on disaster communication and crisis management in mitigating the Covid-19 pandemic in Indonesia. The research questions are as follows: 1)

How is the mitigation of disaster communication of Covid-19 pandemic in Indonesia as portrayed in news on online media?; 2) how is the crisis management in mitigation of disaster communication of Covid-19 pandemic in Indonesia as portrayed in news on online media?

The focus and research questions led to the research objectives, which are to analyze online media news on disaster communication and crisis management in mitigating Covid-19 pandemic in Indonesia.

The reality of the pandemic as an artificial catastrophe was inevitable for humans to anticipate, provoking uncertainties in the life of the community. The uncertainty of the situation points to a crisis in the knowledge and consciousness of humans as individual beings and social beings as part of the greater universe. The life of democracy with the development of technology that is glorified by humans is a sign of the postmodern era. It is evidence of an artificial crisis that can destroy the claims of success in the invention and the success of the order of human civilization. The sign of a management crisis has been already visible, as well as the need for integrated disaster communication as a strategy. In doing so, optimal anticipation and prevention of coronavirus transmission can be achieved.

The development of information and communication technology paved the way for freedom of interaction and information dissemination that could go uncontrolled in social media. This information overload can contribute to the erosion of social values and pose serious risk when those who are anti-vaccines and refuse to believe or conform to the government roam outside without proper health protocols. The reality of Covid-19 pandemic is proof that the public and the government must synergize and filter the flow of information to counter those oppositional views on government policies. This disaster condition requires careful planning, dynamic organization, measurable action and accuracy, proper evaluation, and appropriate communication strategies. So that the prevention of virus transmission and harmful disinformation can be reduced, to provide a sense of security and trust to the public through proportional reporting.

### **3. Method**

#### *3.1 Literature Review*

Disaster defined as “as an abrupt and calamitous incident that seriously disrupts the functions of a community or society” (Moorthy, Benny, & Gill, 2018, p. 53). These incidents may result in massive loss of lives and their belongings and the environment, which overwhelms the community’s ability to manage and use their own resources. Disasters can be natural or man-made/non-natural. To reduce adverse effects of disasters, disaster management must be formulated and implemented. Disaster management is an activity or series of activities that are comprehensive, integrated, and continuous, comprising a cycle of activities including 1) before the disaster which is prevention, mitigation, preparedness, and vigilance; 2) at the time of the disaster starting from giving early warning, evacuation, rescue, and searching for victims; and 3) after the disaster, it requires rehabilitation, healing, sponsorship, and reconstruction of human settlements (Fauzi & Rusdy, 2020).

Communication is a key component in disaster management. One of the crucial challenges in responding to natural or man-made disasters is communication (Moorthy et al., 2018). It is present in all aspects of disaster management from prevention and mitigation to response to disaster, to post-disaster rehabilitation and reconstruction (Fauzi & Rusdy, 2020). Fauzi and Rusdy (2020, p. 134) further defined communication as the process of delivering messages which always involve communicators and communicants, carried out continuously in an ongoing and endless manner. Communication also takes place in a situational context, where communicators must pay attention to the situation factors where the communication takes place. Additionally, communication is conveying information (informative), as well as persuasive, aiming to change the communicant’s understanding to follow what is desired by the communication. It is also important to note that communication is always changing, dynamic and complex. Communication must be a two-way process, which in simpler terms involves sending messages from one person and receiving the message as the feedback (Dainty, Moore, & Murray, 2006).

Therefore, disaster communication is crucial in the management of disasters at all levels of occurrence. Disaster communication then becomes an essential feature of natural or man-made disaster mitigation, preparedness,

response, and recovery (Houston, Schraedley, Worley, Reed, & Saidi, 2019). In this case, disaster communication refers to the information disseminated to the public by governments, emergency management organizations, disaster responders and the information shared, created, and distributed by the mass media and the public. Crisis is analogous to disaster. The two terms occasionally used interchangeably, but generally the key distinction is that a crisis refers to something that happens to an organization, whereas disaster is community-based (Mason et al., 2019). Crisis is mainly a situation or event that possess more negative implications to an organization, that not only affects the organization itself, but also its public's, products, services, or reputation (Luhukay, 2009). Furthermore, Luhukay (2009) asserted that crisis could lead to an organization's success or demise, depending upon how the management perceive and respond to the crisis situation. If management can see the potential of a crisis or disaster, then they will see the importance of crisis management as part of strategic planning and allocate the necessary resources for it.

Crisis management involves intentional, particular planning to face and handle potential crises. It is part of the organization's strategic planning, which must be realized by the leadership or management (Taneja, Pryor, Sewell, Recuero, & Texas, 2014). Communication is a key component to organizational success in crisis management. According to Berge (1991, p. 31)) as cited in Taneja et al. (2014), to handle the crisis and minimize its impact, organizational leaders should be prepared and follow the four keys of crisis communications, namely "speed, accuracy, credibility, and consistency."

To understand the role of crisis communication in crisis management, the theoretical framework used is Situational Crisis Communication Theory (SCCT). Developed by W Timothy Coombs, SCCT provides a framework and mechanism for anticipating how stakeholders will react to crises that threaten an organization's reputation. Then projects how people will react to the strategies used to manage crises to provide crisis communication guidelines (Coombs, 2007). Situational Crisis Communication Theory (SCCT) tries to map crisis response strategies that can be used to protect reputation and build what was once called image restoration but is now known as image repair (Benoit & Pang, 2008). SCCT combines attribution theory and is divided into crisis, response strategies, and recommendations. Crisis can be divided into different types based on the level of responsibility, factors in the history of the crisis, history of the relationship, and severity. Ten possible response strategies, grouped into three (reject, reduce, and agree), are available to managers. Crisis response recommendations offer guidance based on the situation and the chosen response strategy. While every crisis is unique and must be responded to appropriately, the prescriptive guidelines offered by the SCCT can help leaders protect reputation asset crises and can assist in preparing for and responding to crises (Coombs, 2007).

While initially derived from management and public relations and crisis relating to organizations, SCCT has been used in previous studies as a theoretical framework to explain crisis communication of larger disasters, including the Covid-19 pandemic. Hirschfeld (2021) found through online experiment that SCCT can adequately describe the effects of communication strategies on reputation of local government officials during a pandemic. Through a quantitative study in the US, Bickham and Francis (2021) researched the public's perceptions of government officials' communication in the wake of Covid-19 pandemic through early news coverage about the pandemic from local, state, and federal government officials. In Indonesia, the strategy of crisis communication of the West Java Provincial Government in social media was studied, with findings that showed the government more concerned with public safety rather than organizational reputation (Maulida, 2021). While Bukar (Bukar, Jabar, Sidi, Nor, & Abdullah, 2021) formulated a social media crisis communication model for building public resilience, asserting that social media usage has a positive effect on resilience and people's ability to recover from crisis like Covid-19 pandemic. A study centered on analyzing narratives in the media was done to analyze narratives concerning coronavirus as presented in public news media in Sweden and Denmark to find out how media can influence, one country implemented and adhere to stricter restrictions than the other did (Radlovacki, 2020). This shows the potential of narrative analysis of media and government in response to Covid-19 pandemic.

### *3.2 Descriptive Qualitative Approach*

This research utilized descriptive qualitative approach using constructivism paradigm. Narrative analysis method was used to answer the research objective. A qualitative approach was used to describe humans and their actions,

as well as events in social life. Descriptive qualitative methodology aims to form new concepts or refine concepts that the data reveal, to make the concepts and theories more explicit without interpretation or theoretical analysis (Neuman, 2013, p. 562). Conceptualization then becomes an integral part of data analysis which involves collecting, sorting, analyzing, and understanding data. This research was based on constructivism paradigm. The philosophical paradigm of constructivism as a research approach asset that people construct their own understanding and knowledge about the work through experiencing things and reflect on those experiences (Dickson, Yeboah, & Ankrah, 2019). In constructivism, reality is subjective from the individual perspectives of participants of the study. This subjective reality is what the researcher is trying to find, by collecting meanings of phenomenon through interactions with others in the social and cultural context. To do this, we employed narrative analysis. Narrative is a form of rhetoric and a general form of logic, referring to explanations by combining descriptions of theories of events followed by their explanation (Neuman, 2013). Narratives take on a special meaning that depends on the social context, and they provide meaning to members of that social context (Treadwell, 2014). Furthermore, according to Treadwell (2014), narrative analysis of message content – such as disaster communication – in the rhetorical framework provides insight on whether the content might or might not be effective.

Data in this research is in the form of text, namely text from online media news randomly curated since the start of pandemic in March 2020 to July 2021. Data collection technique used in this study is documentation technique. Documentation technique is analyzing the data from secondary sources like textbooks, magazines, or other documents relevant to the study (Dickson et al., 2019). Interview After the data is collected, the data is then analyzed using inductive analysis. Inductive analysis involves making sense of the specifics to create a generalization of the phenomenon (Treadwell, 2014). To do this, Bogdan and Biklen (1998) reminds us that in data analysis using constructivist paradigm, we are constructing the description of the phenomenon that was formed while collecting and examining the data. To ensure the validity of the research from the data collection process to analysis-interpretation process, triangulation is used (Kriyantono, 2006). In this case, researcher triangulation is used as well as methods triangulation. Researcher triangulation is used through employing different researchers to understand the phenomenon being studied.

#### **4. Results**

The results of this study are first, construction of disaster mitigation requires accuracy and critical intelligence to develop a series of plans, organizations, and actions by detecting various possible policies with various considerations in accordance with the understanding and knowledge built. Disasters (in the Law of The Republic of Indonesia Number 24 Year 2007 on Disaster Management) are said to be an event or a series of events threatening and disturbing the community life and livelihood, caused by natural and/or non-natural as well as human factors resulting in human fatalities, environmental damage, loss of material possessions, and psychological impact. Meanwhile, non-natural disasters are a non-natural event or a series of non-natural events such as technological failure, modernization failure, and epidemics. Further mitigation is stated in the law, namely a series of efforts to reduce risk, either through physical development or by providing awareness and increasing capacity to deal with threats.

Policies such as PSBB, New Normal, and PPKM are a series of crisis management actions taken in facing the pandemic by using prevention communication models applied by describing the complexity of communication theories. It shows that the structure and environment of the organization or community and other stakeholders to influence the crisis management efforts both positively and negatively. Strategic flexibility in crisis management can enhance leadership efforts, while the more tangible aspects of the organization or community (Lee & Makhija, 2009; Rhee & Valdez, 2009). In the case of Covid-19 pandemic, strategic flexibility in crisis management and reliable organizing can enhance integrated leadership efforts with more tangible aspects such as social assistance and coordination in reducing blockages in larger communication channels that hinder leadership efforts during crisis.

News reports on mitigating disease outbreaks in a crisis, the government has designed a series of policies with various alternative conditions that occur in the community. However, the policies taken are still subject to

distortion and dis-communication. In Shannon and Weaver's terms, this is called noise (Severin & Tankard, 2011). Noise was caused by the emergence of social media information and television news, which causes policies to always face challenges and obstacles. In addition to the weakness of the communication model applied, there are many interests of political actors who take advantage of the momentum of democracy as an image building and take advantage of the skepticism of opposition groups that fuel the sensitivity of hatred in the instability of the problem's complexity.

Secondly, many factors contribute to instability in the relationship between political communicators and audience members, and the ebb and flow of political insider interest and ambivalence towards political communication itself. Political messages decreased, politicians and journalists are under pressure to adjust output by shortening the message and making it more interesting and relevant. Changes in people's support for political institutions, and the weakening of political parties in competitive democracies and trust in politicians' statements that encourage adaptive maneuvers. Crisis management can be done by perfecting the communication model and communication theory. Changes in the political communication system can be accounted for through the disposition of three main actors, namely: politicians, journalists, and members of the public, to respond adaptively to perceptions and behaviors that continue to evolve with each other, in a constantly changing environment, the dynamics of which relate to technology, politics and sociology.

The Covid-19 pandemic is a non-natural factor, causing a significant number of victims and disrupted economic and social development. To alleviate this, corrective management actions must be taken. Rodney Overton (2008, p. 5) stated that management is an art and a science. It is the art of making people more effective, and the science is the act of doing it. There are four basic pillars in management: planning, organizing, directing, and monitoring.

One aspect of management in crisis communication is knowledge management. In pandemic times, communication of knowledge is important to ensure everyone has the right literacy to be informed of the latest government policies. Hence, knowledge management is crucial. Knowledge management is an explicit and systematic management process that enables collective and individual knowledge recourses to be identified, created, stored, shared, and used (Girard & Girard, 2015). Other than knowledge management, health management of crisis must also be understood. Health crises and stigmatize people and create adverse social impacts, so communicating health crisis to the public needs extra careful planning (Efstathiou, 2014). It is imperative that policymakers and those in the field to make needs assessments on the effect of communities and be able to monitor aid, determine humanitarian needs, and approach equity in the distribution of aid (Garfield, 2007). In addition, decisions must be made taking into account the human factor, emotional involvement with human suffering and loss. The health crisis must immediately take responsible action against individuals and the public. This means that crisis management must be faced with crisis management. Policy actions from the central government to the village are integrated. Sociocultural and religious values must unite public awareness. Partial action will not be able to contain the spread. Vaccination as part of the body's immunity must provide a solution, supported by health protocols, hospitals, oxygen, medicines, and supplements that can be available and meet the needs of the community.

As reported on the Government of Indonesia's official website on Covid-19, the number of deaths from the disease has reached 110.619 as of 10th August 2021 (National Covid-19 Task Force, 2021). Around 51 million people have received the first dose of Covid-19 vaccine, while almost 25 million have received a second dose of the vaccine. Mustinda (2021) reported that survey data for vaccine refusal is 67% still unsure and 33% refuse to be vaccinated, according to a survey conducted by the Indonesian Ministry of Health from April to May 2021. From the survey results, almost 99% of respondents already knew information about vaccination, but around 7.6% of respondents still refused the vaccine. Based on education level, the highest percentage of people who refused vaccination came from respondents with groups who completed Diploma and Bachelor level education and above. The percentage figure is 18%, higher than the group with a lower level of education. This may be due to reading too many hoaxes that add to the vaccine's uncertainty. Example can be found in the interview with a village head who is the Chairman of Village Head Association in Serangpanjang District in West Java:

Citizens refuse to be vaccinated because: 1) there is information in social media which claimed that vaccines are not halal, 2) there are citizens who have comorbid diseases, 3) socialization on vaccines still unfinished. After we conducted socialization on increasing community consciousness to be vaccinated, citizens enthusiastically come to vaccination locations, we were even out of vaccines due to that. In Ponggang Village there are 1,800 citizens vaccinated from the initial number of 78, whereas in Telagasari Village just 50% of citizens already vaccinated, around 1,000 from population of 2,000.

Although the percentage of vaccine reservations is still high, the government continues to accelerate the vaccination program. The government targets 2-3 million vaccinations per day, even though it is constrained by the emergency PPKM policy.

## 5. Discussion

The integration of various aspects such as, culture, social capital, trust, social media, mass media and political actors and communication models into a series of policies in implementing crisis management albeit the division of different meanings still find communication distortions that motivate people's unconsciousness in participating in pandemic prevention. Communication plays an integral role in health. Health communication involves the study and use of communication strategies to inform and influence individual and community decisions in improving their health, including health practices and attitudes in contributing to disease prevention and health improvement (Thomas, 2006). Health communication is the process of delivering health messages by communicators through certain channels or media to the communicant with the aim of leading to a healthy state, both physically, mentally, and socially. If used properly, health communication can influence attitudes, perceptions, knowledge, awareness, and social norms that act as drivers or precursors in behavior change (Suryanto, 2015). Health communication looks at the creation of shared meaning and impact of messages about health itself and about health services. Communication is key because it plays a role in creating, collecting, and sharing health information. Health information is the most important resource in health services and promotion because health information is needed to guide health behavior, health care and health-related decision-making. This communication process also allows the creation of various persuasive messages that are disseminated through the main channels to provide the target audience with relevant health information that can positively influence their health knowledge, attitudes, and behavior (Neuhauser & Kreps, 2003).

The foundation of health communication in Indonesia is Law Number 23 Year 1992 Article 23 on the development of health information systems to support health management and efforts using information and communication technology (Fatmah, 2014). Furthermore, Fatmah (2014:15) identified key aspects of health communications, namely 1) inform and influence decision-making (both individual and community), 2) motivate, 3) change behavior, 4) increase knowledge and comprehension on health problems, 5) empower the community, 6) information exchange and two-way dialogue. According to Bandura (2004), theoretically there are two ways how health communication can change health behavior, namely in a direct way or socially mediated. Through direct channels, communication media drive change by informing, modeling, motivating, and guiding personal change. Whereas in the socially mediated pathway, communication media connect people to social networks and communities that provide personalized guidance, reasonable incentives, and social support for desired change (Bandura, 2004). It is mostly in this social realm that most behavioral changes occur (Bandura, 2009).

In the context of pandemic, media play as role in communication of this health disaster. Media can play an important role before, during, and after disaster or crisis, but that role is often misunderstood in ways that result in critical information gaps or flawed narratives (Monahan & Ettinger, 2018). Although media can play a positive role in health communication including in the face of a health crisis as explained above, on the other hand, the media may do more harm than good when reporting these disasters. This could be in the form of a tendency for media reports to promote misinformation, propagate myths, spread rumors, and generally favor sensationalistic visuals and human-interest storylines over measured, fact-based reporting (Monahan & Ettinger, 2018).

Communication theorists make an analogy between the human communication process and the electronic telecommunications process, in which information is sent from transmitter to receiver while being mediated by



noise or distortion (Severin & Tankard, 2011). In this case, though, communication is seen as a more dynamic concept through a transmitter and continuously receiving feedback (though still moderated by noise). This view offers communication that is more representative of the reality of the process, because it considers that communication occurs between transmitter and receiver.

Social media have changed how the public participate in disasters. They are not just the passive victims and communicants, but active and empowered communicators, as social media enables new forms of information seeking and sharing including exchanges of assistance. Disaster communication now not only involves designing and disseminating messages but using data from the public to best tailor those messages and make the disaster communication more effective, a field known as crisis informatics (Palen & Hughes, 2018). On the other hand, the nature of social media meant anyone can create and distribute any kind of information, without a proper gatekeeping mechanism to ensure the information is factually correct and acceptable. This resulted in an overabundance of information – where the accurate and erroneous all mixed together – that occurs during an epidemic, a term we call infodemic (Galvão, 2021). This overabundance of information meant that inaccurate information, hoaxes, and misinformation can propagate freely in social media. Authorities have tried to curb the spread of this infodemic, but it is inevitable. The problem is, this infodemic could be as deadly as the coronavirus itself. A viral video of a medical doctor LO spreading misinformation about the pandemic spread in social media such as Tiktok, Instagram, and YouTube. This hoax spread by Doctor LO allegedly caused a man in Tegal to die, as he refused treatment and hospitalization, making his condition worsen to the point that he could not be saved, as told by his son on social media (Wareza, 2021). What we can do is to distill the sheer quantity of information, which according to Eysenbach (2020) occurs on four levels namely (1) science, (2) policy and practice, (3) news media, and (4) social media. To do this, then efforts need to be done using the four pillars as foundations for these four levels. In the first pillar, we can facilitate the accurate knowledge translation, which means articles and research produced on Covid-19 must also be as accurate and factual as possible. The second pillar involves knowledge refinement and quality improvement processes through fact checking and peer review to create effective public policy. The third pillar is capacity building of science literacy and eHealth literacy to combat inaccurate and biased media coverage. While the fourth pillar is careful and systematic information monitoring (infoveillance) and social listening on social media.

Based on the description above, that health communication is part of the crisis, so that the coverage and delivery of information must be very careful. Mass media must check and re-check the resource persons as part of communication security. So that the results of the coverage and events presented do not cause a new crisis to the current situation and conditions. The role of the media as a means of information, education, entertainment, and social control must not be separated from the prevailing communication system so that it can provide a positive assessment of the responsibility of the press as the second power after democracy.

## 6. Conclusion

This study identified two conclusions in the analysis of online media news on disaster communication and crisis management in mitigating Covid-19 pandemic in Indonesia. Firstly, non-natural disaster mitigation in disease prevention requires crisis management in understanding various aspects of planning, organizing, acting, and evaluating various policies to avoid distortions and disinformation that occur in disaster communication.

Secondly, integrated with various aspects of social, cultural, belief, and strict law enforcement, it takes the role of understanding the distortion of communication by government officials from the center to the village that is synergistic and consistent with educating health communication. Thirdly, social assistance must provide support for public awareness to participate in carrying out and following vaccinations through credible communication channels.

Lastly, the role of the mass media can provide enlightenment of knowledge to the wider community to be maximized by checking and re-checking the news and still being carried out in accordance with democracy and the responsibility of the press. As recommendations, it is important for crisis management to integrate cultural values, social capital, norms, and local community beliefs in educating and socializing vaccine programs and

health protocols to reduce communication crises due to disinformation and social media noise in vaccination refusals.

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