

CHILDREN AS RISK COMMUNICATORS: AN EXPLORATORY STUDY OF THE COVID-19 PANDEMIC IN ALBANIA

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Abstract: Traditionally children were seen as passive participants during extraordinary events, rather than as principal agents and collaborators. For this reason, this paper aims to address a conceptual challenge in the study of the role of children in the risk communication scheme, due to their non-inclusion in the theoretical models of risk communication as a source and receiver of risk information. The purpose of this study is to provide an accessible perspective in the discussion on communication and risk perception with a focus on children and adolescents. To our knowledge, in the Albanian academic literature, there has not been any other similar review on the role of children in risk communication in response to disasters including infectious disease outbreaks such as COVID-19. We employ in-depth interviews to investigate (a) the role of children in the processes of risk communication and (b) the risk perception among children during the earlier stages of the COVID-19 pandemic. We draw conclusions of their role in the risk communication chain and their risk perception levels during the pandemic and offer further recommendation \

Key words: risk communication, children, COVID-19, Albania

1. INTRODUCTION

As a global health crisis, COVID-19 has affected the lifestyle of almost everyone, regardless of age. Children, especially those between the ages of 6 and 15, who experience some of the most dramatic changes in human development, have been severely affected by the pandemic. These developmental processes have been hampered by the lack of social and personal interactions brought on by staying home, stopping schools, and general social isolation during COVID-19. Additionally, the pandemic's length and its limitations, as well as the widespread dissemination of false information online and false beliefs that healthy children and adolescents in particular are at low risk of infection, led many children and teenagers to disregard the dangers of infection and their part in its transmission.

Risk communication is key to improving awareness, familiarity and adherence to preventive measures, in normal times, but especially during health emergencies. Traditionally children were seen as passive participants during extraordinary events, rather than as principal agents and collaborators. For this reason, this paper aims to address a conceptual challenge in the study of the role of children in the risk communication scheme, due to their non-inclusion in the theoretical models of risk communication as a source and receiver of risk information.

The purpose of this study is to provide an accessible perspective in the discussion on communication and risk perception with a focus on children and adolescents. To our knowledge, in the Albanian academic literature, there has not been any other similar review on the role of children in risk communication in response to disasters including infectious disease outbreaks such as COVID-19.

The article is organized as follows. Initially, two types of literature are reviewed: on risk communication overall, and on children's role in risk communication. The remainder of the paper presents the methodology and the results of the study. We employ in-depth interviews to investigate (a) the role of children in the processes of risk communication and (b) the risk perception among children during the earlier stages of the COVID-19 pandemic.

2. LITERATURE REVIEW

2.1. Risk communication during a health crisis

Risk communication can be defined as the flow of information and risk assessment between experts, interest groups and the general public[1]. It takes place in a variety of forms, ranging from the informational labels on the products we buy and consume to the interactions between different

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stakeholders [2]. The broad literature on risk communication includes a diversity of fields of study, such as cognitive psychology, social psychology, consumer behaviour, marketing, advertising, economics, mass communication, health education, public behaviour and health, philosophy, and law. The main interest groups involved in the processes of risk communication are government agencies, industry corporations, professionals, the media, public interest groups, and individual citizens. As such, risk management is highly dependent on information quality, reliability, and coherence, which dictate the decision-making process in a timely and efficient manner.

In accordance with earlier studies, risk communication combines two facets, namely internal and outward communication. When risk managers and assessors come to an agreement on their roles, this is referred to as internal communication. They are then able to evaluate the effects and all potential outcomes in light of the information at hand. External communication, however, broadens stakeholders' understanding of the negative effects of risk, as well as their understanding of their roles in risk governance and adoption of diverse behaviours. There are two different ways to communicate risks to the public during an emergency: (1) before the event, which involves informing the public about the risk, its nature, how to reduce losses, and the protective measures that must be taken; and (2) during the emergency, which involves official communications just before (warnings) or during (guidance) the emergency [3].

Experience has taught us that attempts to communicate risk often result in misunderstandings between the communicators and the intended audience. The public frequently lacks the understanding of highly technical information and this limitation can result in an inaccurate and skewed picture of many risk-related issues. It has been frequently shown that citizens lack the desire and motivation to act right away in response to issues with health, safety, and the environment. The media serves as a conduit for information between risk communicators and the public in this situation, but it has also come under fire for exaggerating information and promoting social drama above scientific realities.

Risk communication issues are caused by a combination of factors, including (1) message delivery issues (i.e., limitations in scientific risk assessment), (2) source issues (i.e., limitations of risk communicators and risk assessment experts), (3) communication channel issues (i.e., limitations in the means or media through which scientific information is conveyed), and (4) receiver issues (i.e., the perceptual characteristics of the target audience). Three steps in the development of risk communication have been identified [4]. Phase I has a focus on risk: in a modern economy, we must be able to handle risks at a very fine degree of specificity. In Phase II, communication is emphasized. Statements regarding risky situations are best assessed as acts of persuasive communication, or as messages meant to persuade a listener of the validity of a particular viewpoint. In Phase III, institutions from the public and private sectors are becoming more aware of their obligation to effectively address both dimensions and to carry out sound risk communication as a matter of good corporate governance.

In terms of health risk, risk communication, as defined by the World Health Organization, is "the real-time exchange of information, advice and opinions between experts and people facing threats to their health, economic and social well-being"[5]. Effective communication between stakeholders is widely considered to be a vital element in health and risk management decision-making. In a health crisis, risk perception goes hand in hand with risk communication. Risk perception determines the level of concern, anger, fear and uncertainty, which are the subjective factors that influence the way people interpret a threat [6]. Indeed, numerous studies conducted over the past few decades [7] have demonstrated that the perception of risk is a psychological construct that is vulnerable to individual differences in cognition, emotion, socialization, culture, and other factors. People's views and subsequent behaviours are influenced by how they emotionally respond to perceived risks [8]. The inability to change beliefs and superstitions, misperceiving the level of risk, having high expectations for the efficacy of regulatory actions, having trouble understanding scientific terms, and having trouble understanding probabilistic information about unfamiliar technologies are some examples of perceiver discrepancies. Motivation and protection theory's key components include the assessment and

perception of danger during a health emergency. As a result, they have a significant role in determining whether the general population would cooperate and practice health protective behaviours during a health emergency, such as a pandemic, such as regular hand washing, physical distance, avoiding crowded places, and donning face masks[9]. In other words, it is crucial for the efficient management of public health risks to have the right impression of the public risk.

Less is known about how the general population views the hazards connected to the abrupt appearance of infectious diseases compared to other risk categories. Before the Covid-19 pandemic, studies conducted during prior pandemics, such as the 2009 H1N1 swine flu pandemic, the Ebola outbreak, and bird flu outbreaks, provided the majority of data on health risk perception. Van der Linden's (2015, 2017) model of risk perception suggests including sets of variables that correspond to cognitive tradition (e.g., people's knowledge and understanding of risks), emotional and experiential tradition (e.g., personal experiences), socio-cultural paradigms (e.g., social amplification of risk, cultural theory, belief, and values), and relevant individual differences in order to integrate more than fifty years of risk perception research (e.g. gender, education, ideology) [10, 11]. This method of modelling the factors influencing risk perception helps allay worries about the dubious dependability of single-item constructs and has also been used in recent research on pandemic breakouts. It also avoids the dominance of a single paradigm.

2.2. The role of children in risk communication

Child and youth-centred risk communication strategies are a new approach, which involves encouraging children both in groups and individually to work towards making their lives safer and their communities more resilient. The models of risk communication, extracted from the literature, have underestimated the role of children as sources or receivers of risk knowledge. Research tends to assume that children are passive victims and have no role to play in risk communication, participation in decision-making processes, or disaster prevention [12, 13, 14]. None of the theoretical models [15] or guidance for good communication practice [16] identifies the unique needs and potential of children as an information source within the risk communication system. Most risk communication and public engagement strategies always focus on adults compared to children, for obvious reasons. However, this is no reason for children to be ignored and not be informed about diseases, such as COVID-19.

Children were and are acutely aware of the high level of physical and emotional threat brought about by the massive media coverage and flood of public health warnings during COVID-19. The effectiveness of family communication on terminal illness and death has a long-term impact on children's psychological health and family functioning [17]. To guarantee that youngsters have a coherent and emotional support for their experiences, age-appropriate explanations are crucial [18]. Children may experience increased sentiments of special responsibility when communicating public health messages about actions like hand washing that stop the spread of COVID-19. To prevent erroneous interpretations or misconceptions on their part, communication must be clear and concise.

Children are aware of small changes when anything is wrong in their family, such as if they witness people crying or hearing whispered discussions, despite this social group being neglected in literature and scientific studies. Without explanations, kids will infer what is happening on their own and deal with these difficult circumstances on their own. According to research, parents desire advice on how to talk to kids from medical professionals. The COVID-19 event itself posed a number of difficulties for medical professionals, government agencies, and local communities throughout. Children all throughout the world have been impacted by COVID-19 containment methods such as physical separation, quarantine, and school closings. Children who have their freedom of movement restricted and have regular activities like school and play interrupted may experience feelings of loneliness, resentment, and boredom. These modifications may affect their temperament and lead to behavioural issues [19].

Children may experience fear and anxiety if COVID-19 is frequently brought up in discussion, depending on what they are told and how they interpret it [20]. Children, unlike adults, are less able to

express their sentiments of anxiousness and boredom, which end up showing up as physical symptoms like stomachaches, malnutrition, and insomnia. In the worst-case scenario, empowering adults to talk to kids about illness and death has the potential to lessen the short- and long-term psychological effects [17]. Additionally, since kids can contribute to the virus's spread in the neighbourhood, efficient and trustworthy information exchange is crucial to reducing the disease's effects and transmission from kids.

3. METHODOLOGY

The conceptual challenge of this study lies in the critical re-evaluation of risk communication models, it also seeks to explore and answer the following question:

"Are children effective communicators of risk, and do they serve not only as receivers of information but also as channels of communication?"

Preventive measures such as hand washing, wearing a face mask, social distancing and general hygiene practices are vividly promoted through ongoing risk communication. However, this type of communication is mainly dedicated to adults, so we do not know how much young children and those in rural areas understand and respect these procedures. For this reason, this study was undertaken, the results of which are analysed as follows,

Spreading knowledge of the risk through efficient communication channels is a crucial component in equipping the public with the knowledge necessary to do their part in slowing the rapid spread of COVID-19, in addition to the direct efforts of the government and medical professionals to combat the pandemic. However, it is challenging to control what information the public receives and how the information may alter community awareness of COVID-19, risk perception, and response, particularly among youngsters, given the widespread use of social media and conventional media. Knowing that during a pandemic, it is crucial that any information communicated be accurate, authoritative, reliable, easy to understand, accessible, leave little room for interpretation, and swiftly shut down any misinformation that may potentially spread among the community, this study was conducted with data collected from in-depth interviews, with the participation of children from different backgrounds to demonstrate the effectiveness of the communication channels of the risk of COVID-19.

This study included secondary sources of information as well as primary source of data. A systematic literature review was performed, which included academic articles, as well as reports, news and media information. Given the fact that the target group is sensitive and information gathered from them needs more attention, in depth interviews were considered the appropriate way to approach the population because it gives you the opportunity to develop the conversation and understand logic, thoughts and how children reason. In-depth face-to-face interviews were collected among 25 children in the city of Vlora. The sample of study was chosen based on the selected socio-demographic variables used in the study, including age, gender and level of education and residence. The interviewer prepared a set of questions to address during the interview. Although the general content of the interview was respected, the order of the questions and their wording did not remain standard. As an engaging process, they were significantly altered by the time needed to develop the conversation and of course the age group studied, which requires some encouragement to discuss in a particular way. All data were collected during June - July 2021.

This interview addressed themes in order to assess several factors related to risk communication messages during the pandemic, including children's knowledge and response to efforts to combat COVID-19 based on the guidance from Ministry of Health experts. The interview was divided into some main sections: general knowledge about COVID-19, social media channels and platforms that were used to spread the perceived risk, stress and panic towards COVID-19, children's satisfaction and perception, the most reliable source of information and the type of information received. As part of a larger survey, children were asked about their familiarity with recommended preventive measures, their adherence to these measures, knowledge exploration, and trust in risk communication messages

related to COVID-19. Qualitative analysis was conducted using a thematic approach, the findings of which were then triangulated with the results of the literature.

The study designed required the achievement of consent from participant and their parents. All personal data was anonymized and kept confidential. To maximize reach and capacity, the children interviewed were recruited in different settings, building a combined panel that is more representative of the study population.

4. RESULTS

The entire 2020-2021 school year for children took place under pandemic restrictions. Children were required to wear masks, underwent daily temperature measurements before entering a school facility, had to perform frequent hand and environment disinfection, and experienced physical distancing and a strict protective protocol. During this period, they bore the burden of facing an unusual reality. Such limitations not only hindered their development but also their psycho-emotional well-being. However, ensuring health, immunity from the virus became the main challenge to face.

The following sections show the results from the interview process divided based on their themes

4.1. Risk communication channels

Among the channels of distribution of information about health, television leads the list, followed by family members, Internet sources, newspapers and but not radio. The media channel most watched by children and their families throughout the period was TV Klan (10 children), followed by News24 (7 children), Top Channel (6 children); fewer children mentioned Vizion Plus and Ora News. The most used social platform turned out to be TikTok, followed by Instagram and then Facebook, Youtube and WhatsApp.

Regarding risk communication channels, when asked, all children had heard about the number of cases infected with Covid-19, 23 children had heard about the number of deaths from it and 2 of them had not heard or did not know. Twenty-four children had heard about the number of recovered cases and only one child had not heard.

4.2. Comprehensive knowledge about COVID-19

Referring to the question "What kind of information have you received about the disease?", 7 of the children said that they knew everything, including how it spreads, the symptoms, how to protect ourselves, what to do if we or our relatives are affected, the risks and other complications, while the rest of the children knew two to three of the topics mentioned above.

The pandemic spread from its centre in Wuhan, China to reach all the countries of the world, but only 56% of the children interviewed knew the country of origin of the coronavirus, 40% of them did not know it as information and 4% did not agreed with that statement.

All children (100%) have knowledge that COVID-19 is transmitted through direct contact with infected persons, but only 96% of them identified the risk it causes to health and the way of its transition. Asked about the number of symptoms they knew, all children demonstrated to know at least one. Based on their general knowledge, we differentiated children through a measurement scale, based on which a child was considered to have no knowledge if they identify no symptoms, average knowledge if they identify 3 or fewer symptom, and very good knowledge if they identify 4 or more. Among the most popular symptoms mentioned by the participants is difficulty in breathing, which was mentioned by 21 children, high body temperature mentioned by 19 children, loss of taste and smell mentioned by 18 children, cough mentioned by 14 and muscle pain mentioned by 12 children.

Several children declared "Someone may have been infected with the Coronavirus, but we don't know because sometimes there are no symptoms". Moreover, it is noted that only 9 children knew all the symptoms of Covid-19, including the fact that sometimes there are no symptoms, which applies to asymptomatic persons.

Most of the children are aware that the use of a mask protects and reduces the possibility of infection (21 from 25 children declared so), only one of them did not agree and 3 of the participants said that they do not know.

When asked if there are effective medications in the fight against Covid-19, the vast majority of them were not aware, while 18 of them said that there is a possibility of recovery if you contract the virus. Regarding the consequences of the pandemic on the psycho-emotional state of the person and the risk to the country's economy, in both cases more than 60% of participants showed knowledge in relation to this relationship, which means that in general terms of communication of the risk is properly conveyed to children.

4.3. Knowledge on preventive and mitigating measures and their implementation

As part of the fight against Covid-19, the government instructed a strict protocol of protective measures. We investigated how this protocol was followed by the participants. The questions were based on a frequency scale from 1-4, respectively: 1-Always, 2-Most of the time, 3-Sometimes and 4-Never. Observations regarding the protective behaviours of children are presented as follows:

"Cover your nose and mouth when you sneeze or cough."

20/25 of them always did it, 4/25 did this most of the time and 1/25 sometimes.

"Keep your face mask on"

11/25 always wear the mask, 9/25 wear it most of the time, 4/25 wore the mask only sometimes and 2 of them never take this measure.

"Wash your hands properly with soap and water."

22/25 wash their hands properly with soap and water and 3/25 wash their hands most of the time.

"Wash your hands immediately after coughing, sneezing or touching dirty surfaces."

13/25 did this always, 8/25 did this most of the time, 3/25 did this only sometimes and 1/25 declared to never do this.

"Respect physical distance."

The results obtained are as follows: 12/25 of the interviewees always respect physical distance, 5/25 most of the time, 7/25 sometimes and never was reported only 1 child 4%.

The last part is part of the in-depth interview, included a long informal conversation, which aimed at finding out new themes and behaviour of children. Some of the most significant results are briefly mentioned.

When asked about the frequency of having family conversations about Covid-19, they approved the fact that such a conversation in most cases happened almost every day. In addition, Greis, 8 years old, said: "*We always talk because it's a very important topic, mom advises me to be careful and wash my hands often.*"

"Very often" was the most repeated answer regarding the conversations held at school, where it was evident that the teacher is the one who gives advice to increase vigilance and avoid negligence in their behaviour. Meanwhile, what seems more worrying is the fact that the conversations between them were rare, happened a few times or in some cases never.

Fortunately, most of the children interviewed did not know anyone affected by Covid-19 who died, although all have felt fear, worry and anxiety from the unknown.

A 9-year-old child said: "I was upset when the virus affected my grandmother; we stayed away from each other and did not see each other as usual. She was lying down because she didn't have the

strength to get up, so mom helped her by cooking and cleaning the house. The teacher has taught us to be careful, but not afraid."

Finally, a 12-year-old child showed us a drawing of the virus (Figure 1).



Figure 1: A child's drawing about the image he has of the virus

5. DISCUSSION AND CONCLUSION

Children face significant obstacles as the COVID-19 epidemic continues to pose a threat to world health. In face of the prevalence of false information about the disease, governments and health organizations must be attentive in distributing current, evidence-based information on it. This study demonstrated that children's cooperation levels increased as a result of the health care authorities' risk communication effort during the COVID-19 pandemic. It is important to note that:

First, the study's findings indicate that the study group generally has a good level of general knowledge and compliance with recommendations. This demonstrates both the success of the risk communication strategy and the kids' desire to learn about and apply the most effective awareness-raising techniques. According to the findings, more familiarity with preventative measures may result in higher levels of adherence, making it a useful strategy for reducing the spread of infectious diseases.

Second, children generally did better at maintaining good hand hygiene and refraining from touching their eyes, nose, or mouth than they did at avoiding physical contact. Both sets of recommendations call for behavioural changes, with the exception that social segregation was strictly enforced during the early stages of the pandemic, which could account for the current greater compliance rates.

Third, kids are aware of their value and influence as risk communicators. They see risk and work to bring about real change. By paying attention to adults and adjusting to safety precautions, they can organize themselves to conduct actions targeted at preventing infection.

In the study, the importance of children as skilled communicators is discussed. It is discovered that their exclusion from the process endangers safety and misses a crucial source for risk communication, education, adaptation, and practical risk-reduction activities. Regular, open, and developmentally appropriate family discussions about COVID-19 with kids can start a discourse and reduce worry. Children constantly watch adults and mimic their actions to learn how to control their emotions in trying situations. Children are kept happy and healthy in these circumstances by balancing learning, play, and participation in family events. A holistic communication process includes incorporating risk information accessibility and transparency, communication timeliness and frequency, and techniques for dealing with uncertainty.

On the other hand, it is important to remember that children are not grownups. They lack the same amount of adult-like independence of action that can support stability, consistency, and risk reduction. To assist youngsters in understanding how they may freely prepare themselves physically and emotionally, information should be provided that explains hazards in general. It is more beneficial

when the information comes from adults. In addition, children have a greater chance of spreading the knowledge they have just acquired when they are more conscious of the true level of threat. While children are excellent information carriers, their beneficial role should be regarded with care.

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