### Subjective Assessment of COVID-19 Risks in Japan: The Role of Media Sources

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### Research purposes

- Understand how Japanese people perceive the risks of infection and fatality of COVID-19
- Explore the role of information sources in shaping their risk perceptions

# What we do

- We conduct a large-scale survey in February 2023 to investigate the subjective assessments of COVID-19 risks in Japan.
- We compare perceived risks with actual ones and evaluate the extent of overestimation or underestimation.
- We apply multivariate logistic regressions to examine how information sources are linked to the perception (overestimation or underestimation) of COVID-19 risks.
  - Content and tone variations in COVID-19 reporting can lead to systematic variation in people's overall assessment of COVID-19.

# Key results

- Notable differences in risk perception across media preferences
- Infection risk:

 Readers of the Asahi newspaper are more likely to overestimate the risk of infection and less likely to underestimate it compared to others.

• Fatality risk:

 Viewers of NHK-TV and TBS-TV, as well as readers of the Asahi newspaper are more inclined to overestimate fatality risk and less inclined to underestimate fatality risk than others.

 Viewers of Fuji-TV and Asahi-TV and readers of the Yomiuri newspaper tend to overestimate fatality risk more than others.

### Literature

- COVID-19 risk perceptions
  - Japan: Adachi et al. (2022), Sato et al. (2023)
  - Other countries: Cipolletta et al. (2022), Dryhurst et al. (2020), Dyer et al. (2022), Savadori & Lauriola (2022), Wise et al. (2020), etc.
- Few studies compare the perceived and actual risks • Abel et al. (2021), Akesson et al. (2022), Graso (2022)
- Media sources, usage behavior and COVID-19 risk perception
  Adachi et al. (2022), Gollust et al. (2020), Huynh et al. (2020), Vai et al. (2020)
- Limited knowledge on risk perceptions in the post-pandemic stage, and/or the role of information sources

# Design of the survey

- Country: Japan
- Period: February 22 to February 27, 2023.
- Target: Men and women aged 20 and older nationwide
- Number of valid responses: 40,000
- Nationally representative: Distributions in age, gender, and place of residence was matched to those in the 2020 Population Census
- Ethics approval number (University of Tokyo): 22-388

### Survey questions - Perception of COVID-19 risks

- We inquired about:
  - $\circ$  Subjective probability of contracting COVID-19 within the next month
  - $\circ$   $\;$  Subjective probability of fatality if infected within the next month
  - Response options: (1) less than 0.001%, (2) 0.001% 0.01%, (3) 0.01% 0.1%, (4) 0.1% 1%, (5) 1% 5%, (6) 5% 10%, (7) 10% 20%, (8) 20% 50%, and (9) 50% or higher

### Survey questions (cont.) – Individual characteristics

- Basic information: age, gender, place of residence, education level, income class
- Attributions:
  - Male: 48.0%, Female: 52.0%;
  - Age groups: 20s-30s: 24.4%, 40s-50s: 33.5%, Over 60s: 42.1%
- Household structure (living arrangement with spouse/partner, elderly members, children)
- Health situation: smoking habits, medical history of chronic diseases
- COVID-19-related experiences: vaccination status, number of past infections, acquaintances' COVID-19-related deaths
- Primary media source (e.g., television, newspaper, internet, SNS, or others)

# Calculation of actual risks

• Data sources:

Population of Japan – Statistics Bureau of Japan

 $\odot$  Newly confirmed and death cases – Ministry of Health, Labour and Welfare

### • Actual risks:

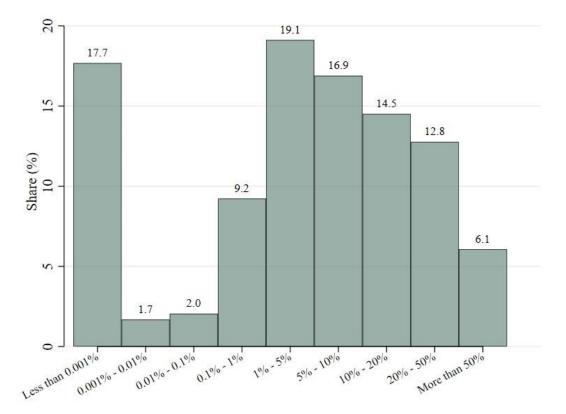
○ Infection risk: 0.20% (Period: February 24 – March 23, 2023)

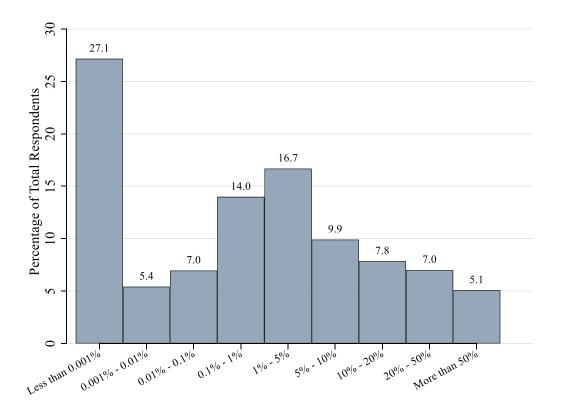
 Fatality risk: 0.24% (Period: November 1, 2022 – February 28, 2023 (eighth wave of COVID-19)

### Risk perception toward COVID-19 in February 2023

Infection Risk

**Fatality Risk** 

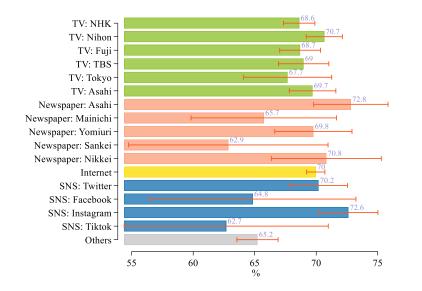




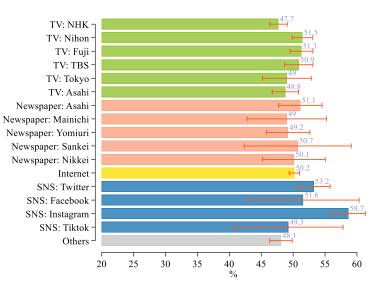
Note: N(Full Sample) = 40,000.

### Information sources and infection risk perception: Overestimation

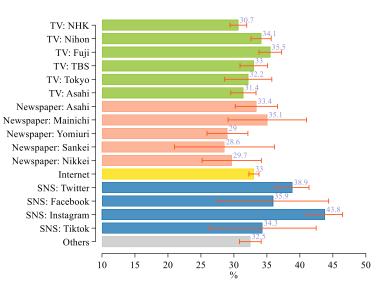
#### Infection Risk Over 1%



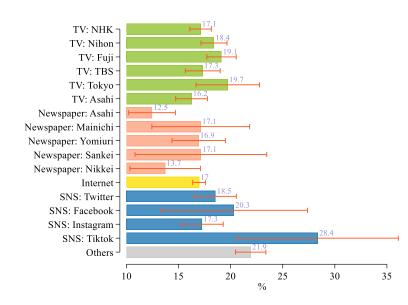
#### Infection Risk Over 5%



#### Infection Risk Over 10%

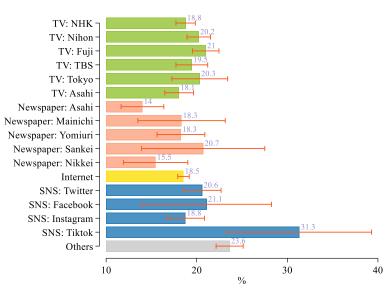


### Information sources and infection risk perception: Underestimation

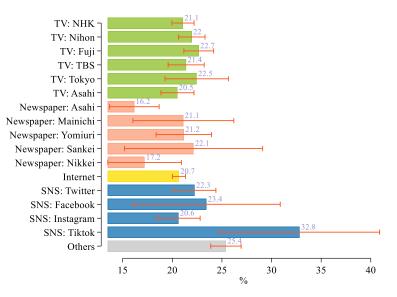


#### Infection Risk Under 0.001%

#### Infection Risk Under 0.01%

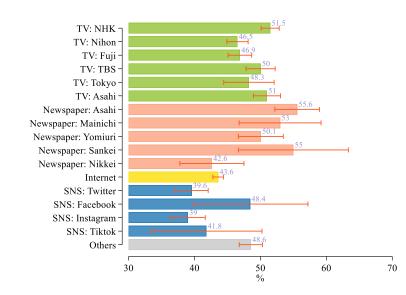


#### Infection Risk Under 0.1%

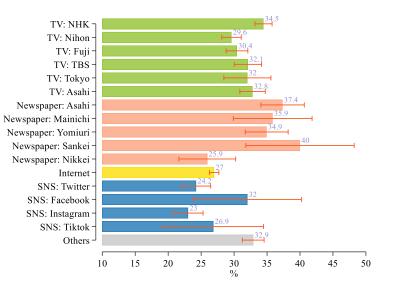


### Information sources and fatality risk perception: Overestimation

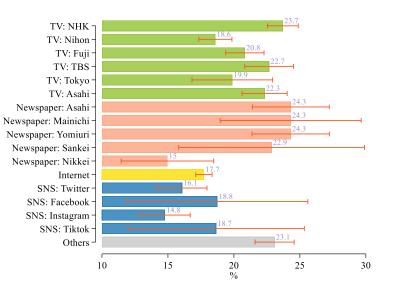
#### Fatality Risk Over 1%



#### Fatality Risk Over 5%

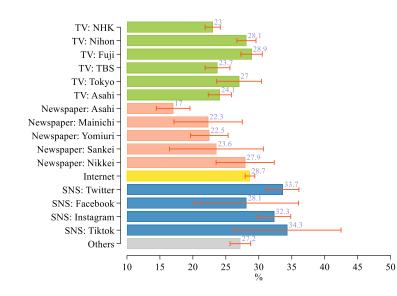


#### Fatality Risk Over 10%

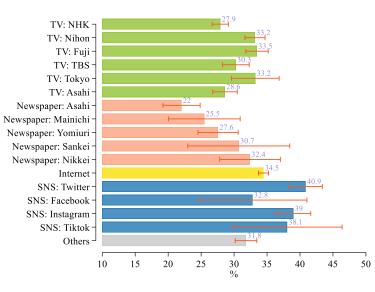


### Information sources and fatality risk perception: Underestimation

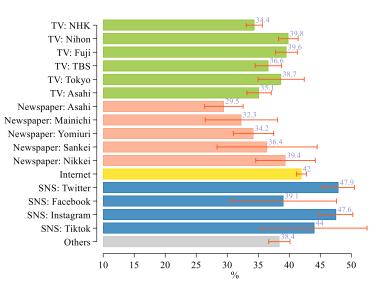
#### Fatality Risk Under 0.001%



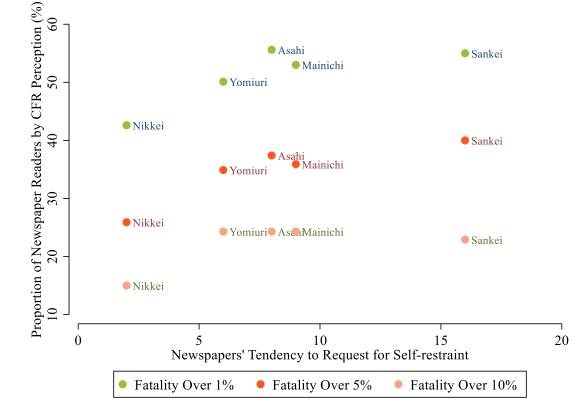
#### Fatality Risk Under 0.01%



#### Fatality Risk Under 0.1%



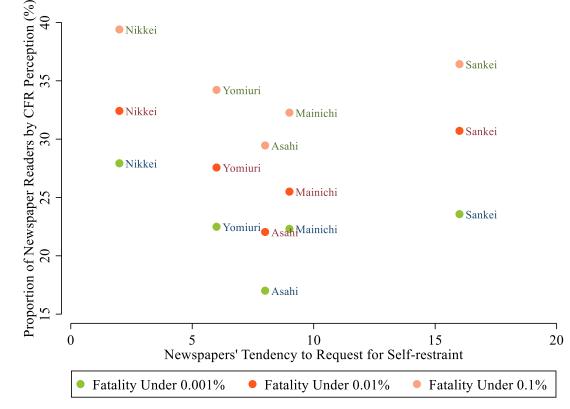
# Fatality risk perception and newspapers' attitude toward COVID-19: Overestimation



#### Note:

- Vertical axis: Proportion of newspaper readers who perceived the CFR above 1%, 5%, or 10%.
- Horizontal axis: Newspaper's intensity to urge readers to practice self-restraint and preventive measures, computed using data on media-driven evocation published by Sugawara et al. (2021)

# Fatality risk perception and newspapers' attitude toward COVID-19: Underestimation



#### Note:

- Vertical axis: Proportion of newspaper readers who perceived the CFR below 0.001%, 0.01%, or 0.1%.
- Horizontal axis: Newspaper's intensity to urge readers to practice self-restraint and preventive measures, computed using data on media-driven evocation published by Sugawara et al. (2021)

# Multivariate Analysis

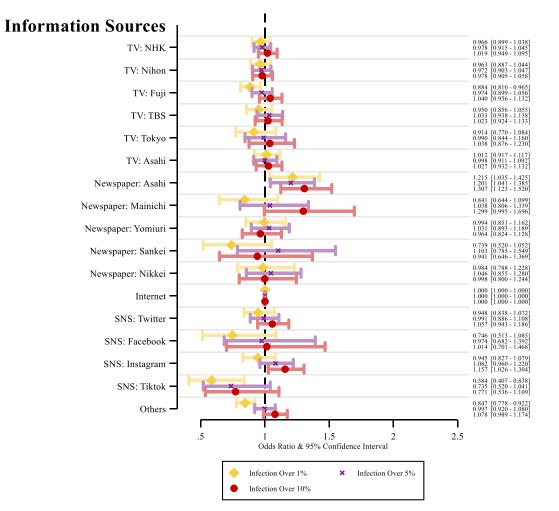
- Model: Logistic regression
- Outcome variables:
  - Infection (Fatality) Over 1%, 5%, 10%: equals 1 if the subjective risk of infection (fatality) is equal to or higher than 1%, 5% or 10%.
  - Infection (Fatality) Under 0.001%, 0.01%, 0.1%: equals 1 if the subjective risk of infection (fatality) is less than 0.001%, 0.01%, or 0.1%.
- Independent variables:

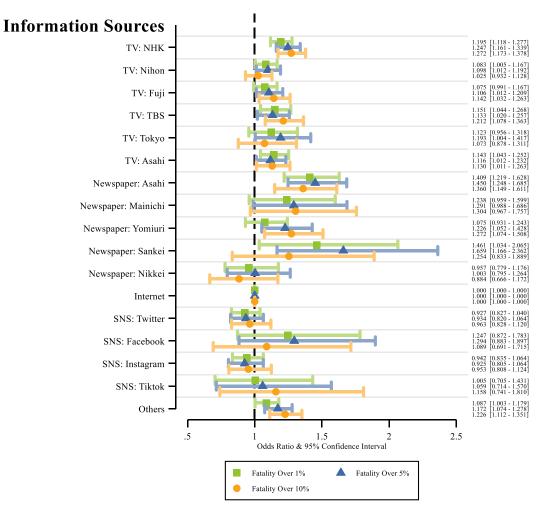
 $\circ$  Primary media source: the source of media the respondent refers to the most

### • Covariates:

- Demographic factors (education, income, age group, gender, household structure)
- $\,\circ\,$  Vaccination status, health situation
- Proxies for COVID-19 related experiences (Infected with COVID-19 and Acquaintances Died of COVID-19)
- $\,\circ\,$  Prefecture fixed effects

### Determinants of risk overestimation – Logistic regression Infection Risk Fatality Risk



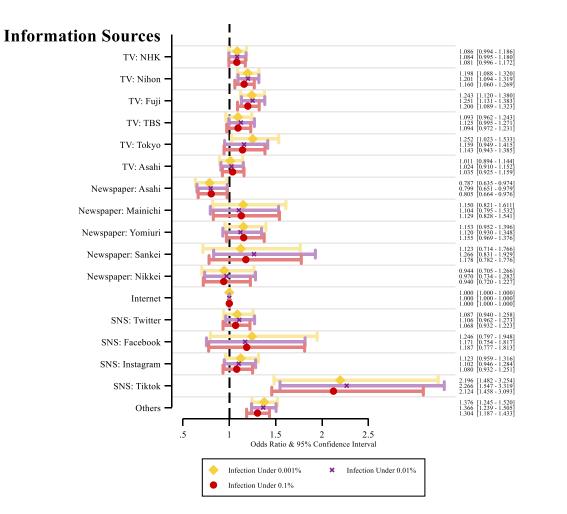


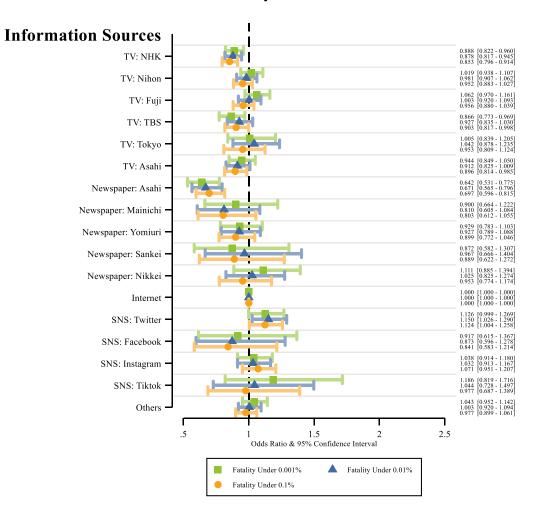
Note: N = 40,000. In the regressions, we also control for individual characteristics and prefecture fixed effects.

# Determinants of risk underestimation – Logistic regression

#### Infection Risk

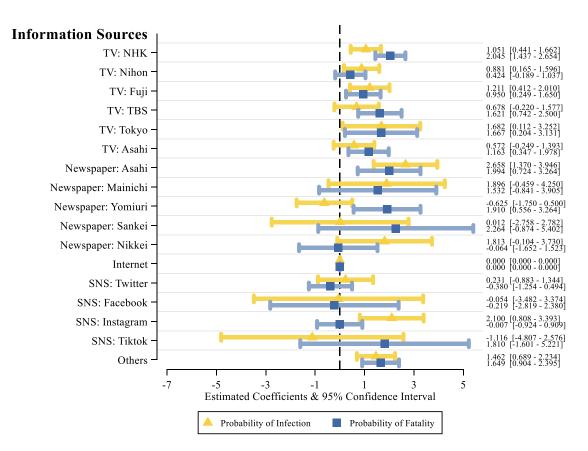






Note: N = 40,000. In the regressions, we also control for individual characteristics and prefecture fixed effects.

### Robustness - Linear Regression



Note: The outcome variables are continuous.

- *Probability of Infection* (or *Fatality*): the midpoints in responses about subjective risks.
- Example: A participant rated the infection risk to be 50% or higher  $\rightarrow$  the *Probability of Infection* would be 75%.
- In the regressions, we also control for individual characteristics and prefecture fixed effects.

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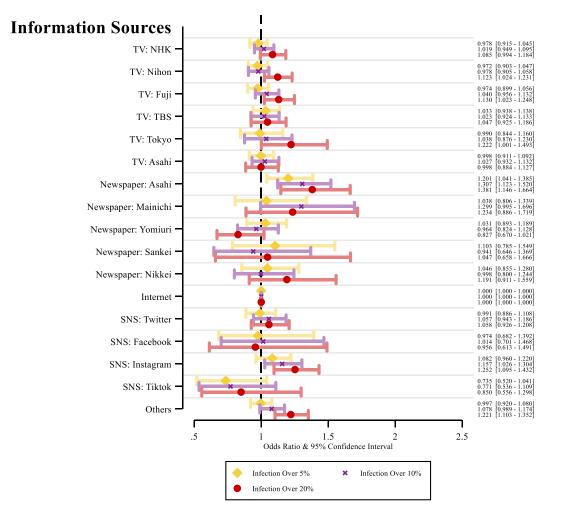
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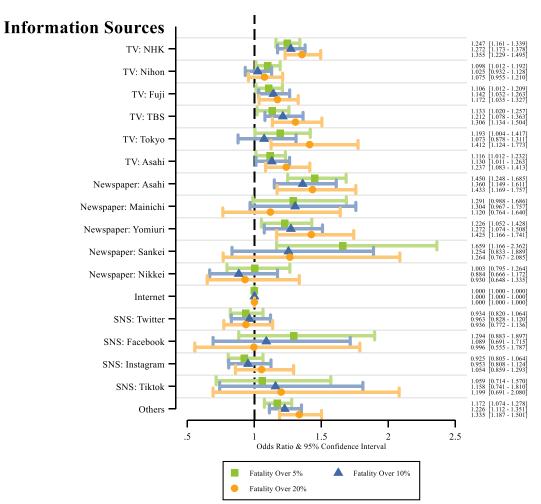
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# Appendix

### Determinants of risk overestimation – Logistic regression Infection Risk Fatality Risk





Note: N = 40,000. In the regressions, we also control for individual characteristics and prefecture fixed effects.