

The Application of Communication Privacy Management Theory to Health Information on COVID-19 Through Social Media among Young Women

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ABSTRACT

Background: Social media is open to inappropriate access, misuse, and disclosure of health data. The increasing public anxiety about the COVID-19 outbreak was triggered by the spread of hoax news. This research applies the framework of Communication Privacy Management Theory (CPM) for analyzing the disclosure of health information about COVID-19 through social media. This study aimed to explore health information on COVID-19 through social media in young women.

Subjects and Method: This was a qualitative study with a phenomenological approach. The study was conducted in Surakarta, Central Java, from March - August 2021. Study participants involving 10 women aged 23-24 year as participants. The study dimensions consist of privacy ownership within the boundaries of privacy, privacy control through privacy rules, and turbulence of health information privacy regarding COVID-19. The data were collected by literature review and in-depth interview.

Results: Privacy ownership is privacy right and can be disclosed by the authorized only. COVID-19 patients' status should be disclosed for tracing and finding convalescence plasma donor. Disclosure is useful to increase knowledge, correct information, influence people, and appeal preventive and curative attempts. Disclosure is useful to increase knowledge, correct information, influence people, and appeal preventive and curative attempts. Disclosure should consider different genders, situations, expectations, cultures, situational and condition demand, and ethics. Criteria of privacy border relate to urgency and need. Permeability always changes, and situation can lead to private border removal. Posting privacy information needs to crosscheck truth, consider privacy right, and privacy setting. Privacy control is required to avoid abuse. Privacy turbulence results from private rule infringement, private and public information bias, hoax, private information leakage, gossip, etc. Socialization, system improvement and supervision, and sanction imposition are needed.

Conclusion: CPM theory can be used to explore private information on COVID-19.

Keywords: communication privacy management, disclosure, social media, phenomenology

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BACKGROUND

Everyone has both private and public information relative to self existence. Private information is confidential information on

private affairs vulnerable to be shared, one of which is status of COVID-19 patients. Privacy is process of regulating privacy border and organizing private information

corresponding to its context (Laufer and Wolfe, 1977). COVID-19 pandemic results in misinformation and hoax. Government should manage misinformation on Covid-19 pandemic while loosen the privacy ownership to educate, involve, and empower society (World Health Organization, 2020). Republic of Indonesia's Ministry of Communication and Information identified 242 COVID-19 related hoax and misinformation contents concerning transmission, treatment, and prevention (Kementerian Komunikasi dan Informasi Biro Humas, 2020). COVID-19-related hoax and misinformation include, among others: the virus that cannot live in Indonesian climate, biological weapon produced by a state, and rinsing the mouth with salt/vinegar can kill the virus (Nasir et al., 2020).

Social media is used widely and generates new issue in belief in and disclosure of privacy. Valid trustable information and credibility are needed to reduce and to remove dissemination of hoax and misinformation content related to COVID-19. Social media is opened to privacy health information access, abuse, and disclosure (Weitzman et al., 2010). Virtual community openness and technology availability support information use and increase abuse significantly (Safran et al., 2007).

The objective of study is to explore health information on COVID-19 through social media among young women in Surakarta, Central Java, Indonesia, including privacy ownership in privacy border, privacy control through privacy setting, and privacy turbulence.

SUBJECTS AND METHOD

1. Study design

Study design used was phenomenological qualitative one to capture phenomenon in

context and essence, interpretative appreciation and comprehension, focusing on life experience, emphasizing on behavior, and including author's experience (Creswellm 2009). The study was conducted in Surakarta, Central Java, Indonesia, from March to August, 2021.

2. Informants

Participants were young women using social media actively, aged 22-34 years. Sampling technique used was purposive sampling, with 10 participants being the sample. Techniques of collecting data used were literature review and in-depth interview.

3. Data analysis

Data interpretation analysis was conducted using Van Kaam's modified technique with the following procedure: listing and preliminary grouping, reduction and elimination, clustering and thematizing the invariant constituents, final identification of the variant constituent and themes by application: validation, individual textural description, individual structural description, and textural-structural description (Moustakas, 1994). The comprehension of meaning is conducted by means of describing, reducing, and finding essence (Sudarsyah, 2013).

RESULTS

Literature Study

This study applies Communication Privacy Management (CPM) theory to describe privacy management system in privacy disclosure (Petronio, 2002). The newest synthesis of CPM theory involves privacy ownership in privacy border, privacy control through privacy setting, and privacy turbulence. Privacy ownership refers to who does have information on the one? The genuine owner or the collective owner of privacy information is the owner of information. The genuine owners feel that they

are the only owner of privacy information. Privacy ownership visualizes the principle of ownership through border metaphor. Collective ownership is characterized with responsibility and implementation of disclosure rule (Petronio, 2013).

Private border is demarcation line between private and public information. Permeability of private border always changes and situation can result in the opening or the closing of private border (Turner et al., 2013). The criteria of privacy border rule include: permeability, relation, and ownership borders (Petronio, 2013). Privacy control is the negotiation between the owner of privacy information in the privacy setting to maintain and to manage privacy information (Littlejohn et al., 2017), including the regulation of granting and declining access to privacy information (Steuber and McLaren, 2015). The owner of information should be in the position to control information access and to manage

privacy border (Durham, 2008). The process of communicating private information is called private disclosure. The decision to disclose and to protect private information is determined by privacy setting (Turner et al., 2013).

Privacy turbulence (formerly called border turbulence) is a condition in which the owner of privacy information loses privacy control, and disruption of privacy setting management system, ambiguous privacy border rule, no agreement, and the presence of infringement (Littlejohn, 2017). Health information contain much private and sensitive information, privacy includes confidentiality and security in collecting, storing, and using privacy information. Privacy is related to access to information disclosure. Confidentiality relates to the protection of information collected. Security relates to the protection from illegal access and use (Klosek, 2011).

Table. Outline of Dimension, Definition, and Parameter

No	Dimension	Definition	Parameter
1	Privacy ownership in privacy border	Privacy ownership is the individual who has information on the one. Privacy border is the line of demarcation between public and private information	a. Concept and privacy right b. Private information c. Privacy Ownership d. Privacy Border e. Posting
2	Privacy control through privacy setting	Privacy control is negotiation between the owners of private information on private setting. Privacy setting is the one to understand the decision of private information	a. Privacy information control through privacy setting b. Decision to disclose c. Privacy border rule d. Confidentiality e. Security
3	Privacy turbulence	Privacy Turbulence is a condition in which the owner of private information loses control on privacy.	a. Privacy information control b. Privacy setting Breaking

Surakarta Young Woman Population

Surakarta City is one of big cities in Central Java, Indonesia. It has 575,230 populations in 2020: more females (323,458 or 56.23%) than males (251,772 or 43.76%). There are 4,711 female health workers in this city: 315 (6.69%) general practitioners; 266 (5.65%)

specialist doctors; 116 (2.46%) dentists; 2,585 (54.87%) nurses, 524 (11.12%) midwives; 805 (17.09%) pharmacists; 28 (0.59%) public health workers, and 72 (1.53%) nutritionists [18].

There are 17 public health centers, 14 general hospitals, and 4 special hospitals in

Surakarta (Badan Pusat Statistik Kota Surakarta, 2020) There is university, Universitas Sebelas Maret, organizing Master of Public Health Science Study Program. This study program has more female students (200 or 83.33%) than male ones (40 or 16.6%) (Sekolah Pascasarjana Universitas Sebelas Maret, 2020).

Participants

Participants were 10 (ten) young women, aged 23-34 years; with the following educational background: general medicine (ANS): 1, dentistry (DN, DS): 2, Public Health Science Bachelor (NDA, WD); 2, and Master of Public Health Science (AAK: 1, Nursing Bachelor (IAC): 1, Physiotherapy Bachelor (YN): 1, Diploma 4 of Educator Midwife (HW): 1, and Diploma 3 of Environmental Health (FM): 1; occupational background: Hospital employees: 2, Public Health Center employee: 1, Lecturer of Medicine Faculty: 1, and Master of Public Health Science: 3; and length of time of being social media users: 2-11 years.

In-depth Interview

Privacy Ownership :

Privacy information includes personal identity, needing protection of confidentiality, access, and from abuse (DN, YN, IAC, WD, HW, NDA, FM, ANS); privacy right should be protected from abuse (FM, HW, DS, NDA, HW, ANS, AAK); it can be used by the authorized one (ANS).

Privacy Border : (NDA, DN, FM, WD, IAC);

It is the line of demarcation between personal and public information; privacy setting includes the characteristic of privacy setting, border coordination, and border turbulence (WD); needing to be obeyed (NDA); privacy information should be safeguarded by prioritizing public interest (NDA, DN, ANS); medical status is undisclosed

(YN, AAK, HW, WD, DN, DS); it needs to be disclosed for tracing and finding convalescence plasma donor (AAK), but the disclosure requires permission from the owner of information (AAK).

Criteria of privacy border

Permeability border: information on medical history; Relational border: an obligation to give health information to medical worker as necessary (NDA, FM, WD, DS); building relation on privacy border (NDA, HW); Ownership border: rule of law and social norm, and professional ethical code, and cultural custom (HW, ANS); are determined by the corresponding ones (AAK).

Posting information:

It means checking validity before posting (DN, HW, DS, YN, FM, HW); information on COVID-19 should be disclosed FM, FM, DS); sharing valid information (NDA, ANS); as necessary and beneficial (DN, FM, WD, IAC, YN, DS, WD, AAK, NDA, HW, DN, AAK); not breaking ethics (HW); fairness border (DN); polite and not putting someone into the corner (FM); not disclosing privacy identity (DS, YN, ANS); increasing knowledge (WD, ANS, IAC, DS, YN); correcting misinformation (NDA, DN, DS, IWD, FM, WD), influencing others (FM, WD, HW, YN); generating the COVID-19 preventive and curative attempts (IAC, HW, ANS); no dilemma (NDA, DN, FM, DS, YN, AAK); be careful, can generate conflict (YN, DN).

Criteria of privacy border:

It is related to urgency and need (NDA, FM); obvious, simple, valid, and acceptable, not insulting ethnic, religion, race, and class (DN).

Privacy Control through privacy setting:

It is necessary to avoid abuse (DS, YN); through privacy setting (NDA, HW, ANS, DN, ANS); disclosure is made by considering privacy right and privacy setting (NDA, DS); different gender, personal motivation, situation, and benefit (DS,WD, YN); cultural expectation (HW, WD,YN); situational demand and condition (ANS); maturity and ethics (AAK, DN, DS); society becomes supervisor (NDA, HW).

Privacy Turbulence :

It occurs due to the breaking of private rule(NDA, DN, FM, WD, ANS, YN, IAC, HW, ANS); privacy border rule is unclear, unapproved, and unknown to the users (ANS, NDA); bias of private and public information; privacy domain becomes public domain (NDA, NDA, IAC); negotiation is needed concerning privacy border (NDA, WD, DS, WD); hoax information (FM, HW); leaked information such as Demographic Identity Number (YN); gossiping NDA, DN, FM, WD, ANS, YN, IAC, ANS); bringing people into conflict (DN); rule turbulence of information ownership(DS); relation border rule (WD); needing follow-up (FM); needing system improvement and supervision (HW, IAC, FM); needing socialization (DN); be wiser and more careful (DS, WD); source of conflict, needing sanction imposition (DN, FM, HW, ANS, IAC, DN, AAK).

experience and opinion, health intervention, health education and promotion; and reducing stigma (Song et al., 2013), in order to change health behavior (Wakefield., 2010). The intention to use health-related social media is encouraged by a consciousness of preventing health problem and an attempt of reducing the risk of sickness (Puspitasari and Firdauzy, 2019).

CPM theory is used in the research on private disclosure in various contexts, including health, family relation, social media, and relational problem (Brumett and Steuber., 2015). CPM can be applied to the context of social media communication (Yuliarti et al., 2018). Venetis et al. (2014) study applied CPM to explore opened communication from patients and their partner’s perspective on cancer, topic avoidance (death, future, and sexuality), and partnership burden. Venetis proposed two models: model considered participants communication behaviors, and the other considered partners perspectives of the other's topic avoidance. Zlatolas et al. (2019) formulated privacy, trust, and private disclosure model consisting of six constructs: privacy value, privacy risk, trust, privacy control, privacy problem, and private disclosure.

Some previous studies found that young women can easily find medical recommendation, expert support, and a variety of information in social media, with similar medical condition (Song et al., 2013; Zimmerman, 2018). Sex and educational level affect the social media use (Narasimhulu et al., 2016; Walker et al., 2017; Wilson, 2002). Privacy focuses on human rights approval and declaration. Privacy reduction and privacy information protection for emergency should take its benefit and risk into account (Zwitter and Gstrein, 2020). Patient and family’s ownership of health private information is in

DISCUSSION

Social media has seven uses: providing health information on various conditions; giving medical answer and online consultation; facilitating dialogue between patients, and between patients and health professionals; collecting data on patients’

contradiction with how clinician (doctor) controls private disclosure (Petronio, 2013). Rowlandset al. (2015) studying young women with stigmatized diseases (mental health, infectious disease) in Australia, Lupton (2019) studying chronic disease, and EastL et al. (2015) studying sexually transmitted infection concluded that the patient and family's ownership of privacy information is different from how clinician controls private disclosure. These findings provide us an insight into a decision to disclose private information in social media. Child et al.'s (2012) study concluded that private disclosure is beneficial in creating and building social capital, and managing identity.

Social media users generally care about private disclosure, but there is an escalation in unexpected threat against privacy disclosure (e.g. privacy disclosure by third party) (Christofides et al., 2009). There is a difference between reported privacy information and observed privacy behavior: 16% respondents reported "very worried" that others will know their residence in social media profile (Stutzman and Kramer-Duffield, 2010).

A comprehensive survey on private disclosure in social media among 4,000 students of Carnegie Mellon University using social media found that participants were willing to give privacy information, most of which did not care about the risk of private information disclosure. More than 50% participants gave their addresses, 40% gave phone number, and only few changed privacy setting (Acquisti and Gross, 2006; Gross and Acquisti, 2005). Meanwhile, Dey et al. (2012) study on 1,740 students found that a third of student participants changed privacy default setting into the tighter one.

Generally people do not want their private information disclosed, because private disclosure affects negatively reputation, relationship, job opportunity, and insurance choice (Solove, 2008; var der Veldan and El Emam, 2013). Private disclosure is determined by perception on privacy breaking and loss resulting putatively (Krasnova et al., 2009), having purpose (Griffin et al., 2019). Permeability is dependent on motivation (Mc Aloon, 2014). Lewis et al.'s (2011) reported that nearly a half of sample (46%) with very permeable privacy, opened communication, and privacy setting are correlated significantly with private disclosure. The motivation of private disclosure related to HIV status is to establish close relation with partner. The worry of HIV status private disclosure is related to the partner's declination (Xiao et al., 2015). The worry of privacy disclosure is affected by personality (Christofides et al., 2009; McKnight et al., 2011). Private disclosure exerts smooth effects like spoiling, sympathy, and decreasing individual's expectation. When an individual is known developing certain disease, it impacts how others view and treat him/her (Petronio, 2013).

Private disclosure plays an important role in privacy turbulence (Chennamaneni and Taneja, 2015). Privacy turbulence is related to the legally recognized information (Lannutti, 2013). The finding of study shows that people often do not share same information with the violator in the future, less a half of which offers explicit privacy setting during privacy recalibration process (Steuber and McLaren, 2015). Privacy turbulence in social media has some differences because social media is classified into computer-mediated communication (Lupton, 2019). People often do not share often do not share same information with the violator in the future, less a half of

which offers explicit privacy setting during privacy recalibration process (Walther, 2012).

Privacy ownership is privacy right, but the authorized one is entitled to disclose it. The concept of privacy should be maintained well by prioritizing public interest, related to urgency and necessity. Health privacy information on COVID-19 needs to be disclosed for tracing and finding convalescence plasma donor. Permeability always changes, and situation can lead to the opening of private border. Posting privacy information needs to check the truth, and is useful to increase knowledge, to correct misinformation, to influence people, and to generate preventive and curative attempts.

Privacy control through privacy setting is needed to avoid abuse. Privacy turbulence occurs because privacy setting breaking, bias of private and public information, hoax, leaked information, gossip, and behavior of bringing people into conflict. Socialization, system improvement, supervision, and sanction imposition are needed.

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CONFLICT OF INTEREST

The authors declare that there are no competing or potential conflicts of interest

RESULTS

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