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Selective Information Acquisition in Disaster Scenarios: A Study on Health Information Behavior in Aceh

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Abstract

Aceh, a province recognized for its high disaster risk potential, is frequently subjected to various natural calamities. The inhabitants of this region often face anxiety, uncertainty, and an overload of information during such events, necessitating a selective approach to information acquisition. This study explores this phenomenon, specifically the selective acquisition of health information amid disaster scenarios. The focus is on understanding how individuals prioritize information that they perceive as relevant and valuable, while disregarding what is deemed unimportant or unreliable. Addressing a notable gap in existing literature on health communication during disasters, this research emphasizes its critical role in enhancing disaster preparedness. Data were collected through Focus Group Discussions (FGD) involving 30 participants across three hazard-prone areas in Aceh: Central Aceh (landslides), North Aceh (floods), and West Aceh (earthquakes). Findings reveal that participants typically engage in passive information seeking, selectively assimilating health information that conforms to their pre-established subjective beliefs, values, and emotional states from trusted sources. The study offers insights into how individuals manage health information in crisis situations and suggests that stakeholders in disaster management devise targeted communication strategies to effectively disseminate vital health information during disasters.

Keywords: disaster management, health communication, information selectivity, selective exposure.

Introduction

Indonesia is a country with a high frequency of disasters. In 2023, it ranked second with a risk index of 43.50, making it the country with the second-highest risk level (Frege et al., 2023). When disasters strike, they not only result in loss of life and physical injuries but also significantly impact public health. Health problems arising from disasters are diverse and include psychological issues, physical injuries, and an increased potential for infectious diseases. Additionally, there are concerns regarding non-communicable diseases, environmental health issues, sanitation, and women's and reproductive health (Israfil, 2022). The situation can worsen when healthcare resources are also affected during a disaster (Widayatun & Fatoni, 2013). The impact of natural disasters on human life is broad and complex, but affected populations' physical and mental health issues must be addressed immediately after a disaster (Ardalan et al., 2016).

Efforts to mitigate disasters through health education are crucial to anticipate the impact before, during, and after disasters. Research indicates an influence between health education about preparedness and community attitudes in addressing health problems (Israfil, 2022). The availability of access to health information and communication plays a vital role in strengthening community health resilience. Healthcare resilience includes global health, disaster risk reduction, emergency management, patient safety and public health (Tan et al., 2023). Information is essential for empowering individuals involved in disaster management (Shibin Tad & Janardhanan, 2014). Access to accurate and relevant information becomes crucial for affected communities, but the urgency of health information during disasters has yet to be a significant concern for the public. In 2020, the COVID-19



pandemic created multidimensional damage in society, turning the global health crisis into an information crisis that requires serious attention. The requirement to seek information during the pandemic indicates that people search for crucial health information but do not perceive it as urgent. The significance of this information is only recognized once COVID-19 affects them (Christin et al., 2021). It was demonstrated that while people seek important health information, they often do not consider it urgent until directly affected. In this regard, selectivity becomes one of the essential elements in community preparedness when processing received information.

Selective exposure is a phenomenon where people focus on information in their environment and reaffirm their current attitudes to avoid or reduce cognitive dissonance (Festinger, 1957). Information selectivity often occurs, where people search for, choose, and expose themselves to specific information while ignoring or disregarding important information. However, in protecting and caring for their health and families, people select and filter the information they receive. People tend to believe that information that supports their beliefs is more credible and of higher quality (Fischer et al., 2010). People tend to seek out information that reinforces their beliefs, which can lead to reinforcing misconceptions health behaviors.

Vulnerability to false information (hoaxes) affects the public's response to the information they receive (Rosemary et al., 2021). Their challenge lies in the frustration they experience in dealing with the sea of information in the digital world, most of which are rumors and fake news. Exposure to such misinformation can cause them to experience anxiety, uncertainty, and excessive information during disaster situations. Hoaxes about health information are most frequently encountered. From August 2018 to March 31, 2023, the Ministry of Communication and Information found 2,256 hoax issues in the health category out of 11,357 cases (Kementerian Komunikasi dan Informatika, 2024). Misinformation spreads more easily when individuals rely on unverified sources, causing panic and undermining public health efforts. The lack of exposure to accurate information is the most significant barrier to this effort, making selective exposure crucial in health communication. Being selective in digesting information and managing emotions is key for communities to adapt during crises.

Health knowledge influences one's preparedness during flood disasters (Shari et al., 2023). However, health communication during disasters is rarely studied, even though it is one of the essential indicators of disaster preparedness. The public's response needs to be formed as a reaction to the existing situation and conditions. The public's situations, conditions, abilities, and knowledge shape their understanding, which in turn influences their responses. These responses are affected by external stimuli like available information and internal factors such as their knowledge level and selectivity in receiving information.

Research related to selective information exposure during disasters is important in countries with a very high disaster risk index, such as Indonesia and Aceh as one of the disaster-prone regions. Moreover, research on selective health information during disasters still needs to be extensively studied in Indonesia (Dejean et al., 2022). Information selectivity is crucial in developing effective health communication strategies appropriate for disasters. Understanding how selective information processing occurs during disasters is essential for developing effective health communication strategies. It may influence their health attitude and responses during a disaster. Hence, more selective exposure studies are required.

This research explores how people seek health information during disasters and determine what information they need. Understanding the context of disasters and health helps interpret the community's responses. Data was collected based on the regions' high disaster risk identified by (inaRISK, 2023) are Central Aceh (landslide), North Aceh (flood), and West Aceh (earthquake). The location represents Aceh's most frequent disasters (e.g., fires and floods). The areas with the highest disaster risk included West Aceh Regency, with 10 incidents, predominantly residential fires, and Central Aceh, with 9 incidents, mainly landslide and major flood disasters, which occurred twice in North Aceh (Safrina, 2023). Using a qualitative approach through Focus Group Discussions (FGD), this research seeks to gather in-depth insights from stakeholders and community members who have firsthand

experience of disasters. This research addresses a significant gap in the literature by examining selective health information behavior in disaster-prone Aceh, Indonesia. It aims to contribute to developing more effective health communication strategies that are responsive to the communities during disaster situations. The results of this research will provide insights for stakeholders involved in disaster management, such as the government, humanitarian agencies/NGOs, and communities, to develop more effective communication strategies for delivering relevant and important information to individuals affected by disasters.

Methods

Focus Group Discussions (FGD)

This study used Focus Group Discussion (FGD) as a data collection method. FGD is a data collection method that explores information related to specific issues or phenomena through individual interaction (Barbour, R. S., & Kitzinger, 1999). Participants in the discussion group interact, speak, and express opinions about their experiences and views regarding accessing health information during disasters. The FGD method was chosen because the information or data obtained through FGD is more informative than other data collection methods. Respondents' participation in providing data can be enhanced in a discussion group (Carey, 1994).

FGD participants were selected as research informants based on their heterogeneity to introduce response variations and enhance the objectivity of research findings. The freedom of expression among the individuals involved allows for increased data quantity and research findings in three research areas: Central Aceh, West Aceh, and North Aceh. The large number of samples assists researchers in conducting the data regarding health information-seeking behavior during disaster studies, which is limited and not widely explored in Indonesia. Through the FGD method, researchers can obtain new information and findings from stakeholders and community groups. Researchers validate findings and confirm conclusions by involving participants with different experiences and perspectives. The FGD method allows researchers to adapt interview guidelines and delve into emerging topics during discussions. The flexibility of this method enables researchers to explore diverse perspectives and gain a more comprehensive understanding of health information-seeking behavior during disasters. The use of the FGD method has been widely practiced in the health field to study life phenomena related to social issues experienced by humans. This method has a high face validity and is generally oriented towards research procedures (Lehoux et al., 2006). Therefore, this method was chosen because it adequately addresses the research problem statement.

Study Areas

This research was conducted in West Aceh, Central Aceh, and North Aceh. These locations were chosen based on the justification of regions identified as having a very high risk of disaster hazards related to the most frequent disaster phenomena throughout 2023. The landslide hazard area in Central Aceh covers an area of 401,207 hectares, the flood hazard area in North Aceh covers an area of 117,769 hectares, and the wildfire hazard area in West Aceh covers an area of 137,796 hectares (inaRISK, 2023).

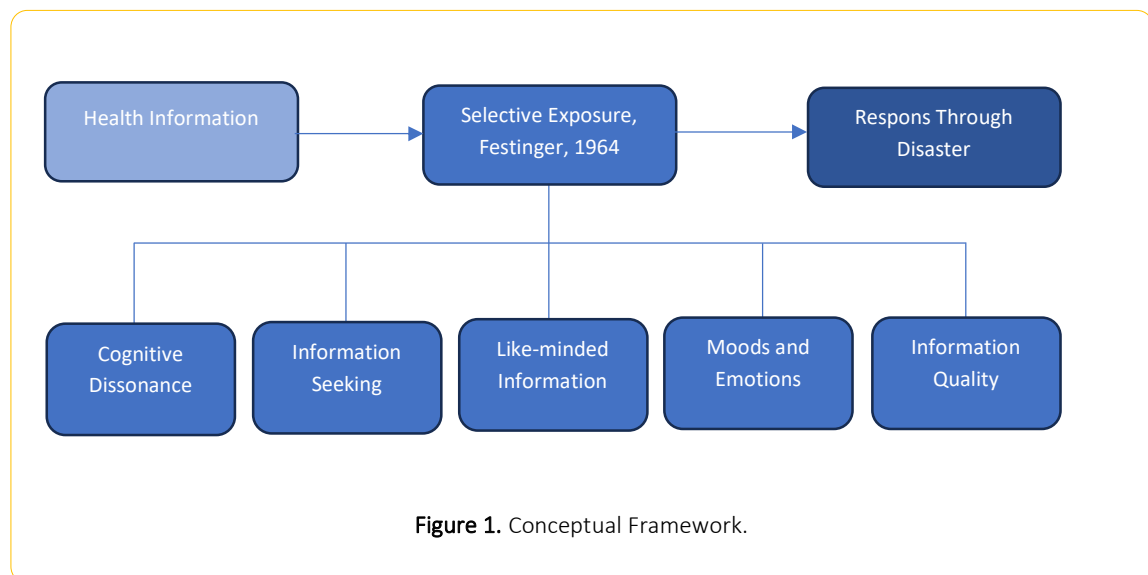
Participant Selection

Participants were selected using purposive sampling to ensure direct understanding and experience with health and disaster-related information. Purposive sampling is a technique for selecting informants based on certain considerations (Sugiono, 2013). The selection criteria included experience with disaster situations, authority on health and disaster information, involvement in information dissemination, and willingness to participate. These FGD participants represent four groups in three research study areas: stakeholders, affiliations with non-governmental organizations/community groups, and media involvement in information dissemination. Each region's participants comprised 10 individuals representing various sectors, including the Regional Disaster

Management Agency (BPBD), Health Department, Journalists, Community Members, Village Leaders, Religious Leaders, Academics, and Youth representatives.

Data Analysis

The first step is data collection, which involves gathering data using a qualitative approach through Focus Group Discussions (FGD) in North Aceh, Central Aceh, and West Aceh conducted from 3-7 July 2023. Data collection in FGD involves using semi-structured questions to explore community health information-seeking behaviors during disasters. The questions cover motivation for seeking health information, sources of health information, perceptions of health information obtained during disasters, and experiences accessing health information during disasters. The outcomes of the recorded FGD were transcribed, and the interview results were converted from the recorded form into verbatim written form. The transcribed data is coded into themes by organizing and categorizing essential elements and excluding non-essential ones. Data display involves processing semi-structured data already in written form with a clear structure and theme into categorization matrices according to grouped and categorized themes. The criteria for theme development use deductive methodology based on research questions and the diversity of responses given by FGD participants in obtaining health information during disasters. Themes were linked to Selective Exposure Theory factors such as Cognitive Dissonance, Information Seeking, Like-Minded Information, Moods and Emotions, and Information Quality. Thematic analysis was conducted to identify and analyze patterns within the data. A thematic approach is chosen to understand the phenomenon with more emphasis on providing a comprehensive picture of the phenomenon under study rather than detailing it into interrelated variables and implementing it systematically. Field observations and literature reviews complement and deepen understanding of the phenomena under study. Field observations provide insights into the research area's social, cultural, and physical environmental contexts. Also, literature reviews provide a conceptual framework and background information on issues related to health information-seeking behaviors. Furthermore, an overall interpretation encompasses the conclusions of this research.



Results

Passive Health Information Seekers

The research findings explore health information-seeking behavior in communities during disaster situations. Focus Group Discussions (FGD) in Central Aceh, West Aceh, and North Aceh revealed the community's behavior

in seeking health information during disasters, particularly in dependence on information provided by the government and healthcare workers before disasters. The dissemination process is centralized from top-to-bottom. The government and healthcare workers serve as the main sources of health information through methods such as meetings at *Meunasah* or village halls. Communication in Aceh begins at the village (*Gampong*) level and embraces all individuals inclusively. The *Meunasah* is an open function for social connection in Acehnese society (Sabirin, 2014). Governance processes of *Gampong* in Aceh are held in the *Meunasah*, which serves as the center for learning and community activities for the Acehnese people (Wahid, 2015). The *Meunasah* is not only used as a place for worship and religious activities but also as a gathering place for village meetings, community discussions, and space for socialization. However, these efforts could have been more effective in reaching all population segments, such as children, women, and older people. Sometimes, the social programs at *Meunasah* need to be more relevant and appealing to all demographics. If the programs are not inclusive or engaging for children, women, or older people, these groups might not feel motivated to participate.

"Those who live in remote areas feel accustomed and still tend to underestimate pre-disaster warnings. On the day of the disaster, the communication system usually works from BPBD to sub-district head (camat) as follows the village head (keuchik), then instructs the neighborhood head (kepala dusun) to check on residents who are sick and need urgent assistance in the area. Social media updates can only be done before the disaster occurs." N, Female, North Aceh, July 4, 2023.

The Health Department and healthcare professionals are crucial communicators in providing access to health information. They act as gatekeepers in determining the health information received by the community. These entities serve as sources of information for the community to understand the health situation during disasters, along with mass media. During disasters, the dependence on health information provided primarily consists of emergency messages, with the focus shifting to health services. FGD outcomes highlight the implications of the community's dependence on government assistance, making them passive in seeking information. Based on FGD in North Aceh, this shift is attributed to the community's habit of waiting for government assistance during disasters to address their problems. In this context, the community tends to play a more passive role as recipients.

"As a member of society, I observe that many people still lack awareness and concern for their health. A healthy lifestyle has not yet been established. For example, during health education sessions at the local health center, some people attend merely as a formality and not out of genuine concern. Some even go to get snacks provided. As a result, seeking information depends on the mindset that has been ingrained for a long time." S, Male, West Aceh, July 4, 2023.

The lack of self-reliance during disasters, both in terms of dependence on government assistance and reliance on information from close contacts, was exacerbated by the 2004 Tsunami due to the expectation for aid from external parties. It leads to comfort with such reliance (Aksa, 2020). The 2004 Tsunami contributed to the dependence on information provided by the government, as the increased expectation for aid from external parties heightened dependence on government assistance and information. While assistance is provided during disasters, there needs to be more reinforcement of preparedness knowledge through information before disasters occur, leading to government aid being the only sought-after aid when disasters occur, resulting in passivity towards health information.

The emergence of passive health information-seeking behavior is due to the community being selective in receiving information, especially if it causes anxiety. This happens because processing like-minded information requires less cognitive effort than processing uncongenial information (Festinger, 1957). FGD in West Aceh indicated that the community tends to be reluctant to receive health information before disasters occur because the information provided causes unrest, especially among older individuals. The availability of nearby and easy-to-understand access also contributes to this. In disseminating health information although the government is

still considered the main valid source of information, there currently needs to be methods and mediums provided by the government that are close to the community for disseminating health information during disasters. The lack of access prompts the community, especially the younger generation, to seek information independently through gadgets without relying on valid health information access from local sources.

“However, based on facts we often encounter, Acehese people, especially those over 30 years old, tend to be afraid and unwilling to get their health checked because they think that after being examined, their condition will worsen. We recognize that this excessive fear remains our biggest challenge today.” H, Male, North Aceh, July 4, 2023.

In all three regions, the FGDs show that the community can choose to seek information due to the urge to avoid cognitive dissonance from uncertain situations during disasters. However, if the information comes from invalid sources, this behavior leads to the proliferation of hoaxes or false information. In Central Aceh, the Health Department, one of the information-providing institutions, stated that they face considerable difficulty filtering out hoax information. This disrupts the dissemination of accurate and reliable health information, hindering efforts to promote behavioral change.

*“Currently, there are no guidelines on what steps to take when disseminating health information to disaster. Even we, as officials, are overwhelmed by the abundance of hoaxes spreading at that time.”*T, Male, Central Aceh, July 5, 2023.

Although the FGD in the three regions did not show significant differences in behavior regarding the response to landslides, floods, and fires, there were differences in perspectives between government stakeholders as information providers and the community regarding delivering health information.

Table 1. Availability of Health Information in three research fields.

Region	Availability of Health Information
North Aceh	- Local governments usually provide health information to the community before disasters.
	- Providing health information is hindered when a disaster occurs because floods also affect healthcare workers.
	- Limited access to information causes the community to rely on close contacts and wait for government assistance.
Central Aceh	- Government stakeholders, such as BPBD and the Health Department, struggle to suppress hoaxes and coordinate health information to be conveyed to the community during disasters.
	- Limited access to health information during disasters causes the community to rely on each other.
	- There is motivation to seek health information from close contacts, such as family.
	- Stakeholders are proactive in providing health information.
	- The community is passive in seeking health information. Health information is only sought when they are already sick.
	- The community prefers health information from close contacts over other sources of information.
West Aceh	

In North Aceh, government stakeholders feel they have made significant efforts to provide health information before, during, and after disasters. However, the community feels that not everyone is exposed to this information due to a lack of wide and easily accessible channels, both digitally and directly. Similarly, in Central Aceh, government stakeholders and the community acknowledge the limited access and attention to health information during disasters, leading people to rely on close contacts as trusted sources of information. In West Aceh, the community and government stakeholders recognize that the community is very passive in seeking disaster-related information. Despite the government's efforts to strengthen health initiatives, the community must consider health information more important.

People Rely on Close Contacts Due to Trust and Accessibility

Although official websites are considered trustworthy sources, the FGD in Central Aceh suggests that information from these sources could be more efficient. People still tend to switch and seek information from close individuals perceived as more accessible and have search methods that align better with their needs. This is based on ease of access and is driven by trust, proximity, and comfort.

"People seek information from sources that make them feel safe and comfortable, and this kind of information usually comes from close acquaintances," R, Female, Central Aceh, July 5, 2023.

Regarding information reception in Aceh, people prefer getting information from close individuals (e.g., family members, community leaders, or trusted social group members). This preference arises from the belief that information from these close sources provides comfort. These close sources are considered to understand the local needs and context better. Dependency on information from close individuals is reflected in the community's habit of trusting local experiences and knowledge. This is because, in daily life in the village (*Gampong*), people enjoy engaging in consensus (*musyawarah*) and exchanging ideas to reach a consensus in supporting and implementing certain matters. This means that all public matters in the Gampong are handled together by the *Keuchik* and the *Teungku Meunasah*, balancing tradition and law (Wahid, 2015). With direct face-to-face communication, the Aceh community living in the village creates close relationships among themselves. They believe that people in their immediate environment have a deeper insight into local conditions and needs, making the information they convey more relevant and beneficial.

Furthermore, people feel more comfortable interacting with individuals they already know and trust. Hence, the information received is deemed accurate and reinforces solidarity and support within the community. Having more social connections is protective from risk.

Moreover, in the context of Acehnese culture, social relationships play a significant role in providing emotional and practical support for individuals facing challenges, including seeking and exchanging information. Interpersonal communication is a strong foundation in Acehnese society, where direct information sharing is considered more effective in building solid interpersonal relationships. Therefore, people rely on their social networks to obtain the necessary information, especially in emergencies or disasters where community trust and support are crucial. Government-provided websites are considered reliable sources of information, but these informational media are evaluated as ineffective in utility. These websites are not easily accessible or understood by some people, especially those with limited internet access or limited technological understanding. Additionally, compared to information from close individuals, these websites' complexity or unclear explanations make the information hard to understand or quickly access during emergencies. As a result, despite official information sources provided by the government, people still need help in obtaining the necessary health information during disasters and choose to rely on trusted information sources from close individuals that are easier to access.

"People trust information from those closest to them, and official websites are considered complicated due to the need to navigate through website links and other complexities." T, Male, Central Aceh, July 5, 2023.

Priorities Assistance Needed for Health Information

When disasters occur, the community's priorities tend to shift from health aspects to focusing on the assistance needed. When facing disasters, individuals seek information that aligns with their needs and preferences. (e.g., Those worried about losing their homes are more likely to seek information about protection and evacuation rather than information about the causes of the disaster or long-term recovery planning). Similarly, when searching for health information, logistics and medications are prioritized. Health contexts become the last thing on their minds. Despite efforts to disseminate information about health issues such as stunting, Posyandu (integrated health post), immunization, and others, the community's awareness of the importance of these health services must be considered sufficient.

"In the event of a natural disaster, information reaching the community tends to raise questions about the 'disaster,' its 'victims,' and its 'aid.'" C, Male, West Aceh July 7, 2023

The selectivity of information choice, where individuals filter their interests based on experiences, backgrounds, habits, and other factors, can significantly affect their preparedness capacity. When individuals face decision-making pressures, such as time pressure during disasters, they prioritize information most relevant to their emergency. This leads to a tendency to focus on concrete aspects of the disaster, such as seeking shelter or assistance from the government, and neglect health information that may not be considered urgent at that time; they need to be more curious about health information.

"The main obstacles we face in delivering health information in the context of disasters in West Aceh are the community's still-taboo mindset, the influence of close acquaintances, and a lack of curiosity," D, Male, West Aceh, July 5, 2023.

As a result, dependence on government aid or external assistance renders individuals passive in seeking health information. It reduces their ability to prepare for potential health threats during disasters. They neglect health precautions or preparations because they focus on daily basic needs priorities. The tendency to filter information and focus on specific aspects of disasters, along with dependence on government aid or external assistance, can significantly impact individuals' preparedness capacity to address health threats associated with disasters. One indicator of behavioral change in FGD shows that their belief that disasters is God's will. This view hinders awareness of the importance of health and personal safety. This highlights the importance of promoting awareness of the importance of health information in disaster preparedness and encouraging individuals to take appropriate preventive measures to protect their health and their communities.

"Death is an inevitable fate, but I don't believe any religious leaders indoctrinate the community to think that way. Religion itself teaches that health is essential for worship if one is not healthy, how can they worship? As community leaders, we certainly encourage people to live healthily. However, it ultimately depends on the individuals themselves. We need to change their mindset because if people don't care about their own health, all the information provided will just go unheeded," R, North Aceh, July 4, 2023.

Discussion

Credibility and Accessibility of Health Information

Several studies have acknowledged a conceptual link between selective exposure and credibility. Previous research has shifted from using cognitive dissonance to explaining selective exposure, suggesting that perceptions of credibility are the key factor (Metzger et al., 2020). Earlier research found that selective exposure is related to the credibility of both the source and the message (Jia & Johnson, 2021; Johnson & Kaye, 2013). They tend to selectively expose themselves to information that aligns with their views, and they perceive this information as highly credible (Knobloch-Westerwick et al., 2013; Westerwick et al., 2017). This study shows that the credibility of information is an important aspect to consider. The credibility of health information is crucial, especially in disaster situations. In circumstances where urgent health risks are widespread, such as during disasters, the accuracy and reliability of information are important to make knowledge-based decisions regarding their health.

People prefer information consistent with their beliefs over inconsistent information. Information reinforcing beliefs is considered more credible and useful (Meppelink et al., 2019). Credibility builds trust, encouraging them to rely on the provided information. However, when the information choices are limited, other people can influence selective exposure. More homogeneous groups are more prone to select like-minded information (Schulz-Hardt et al., 2000). People are more likely to follow guidelines and recommendations from sources they trust. This trust is vital during disasters where misinformation can cause panic and confusion, potentially undermining public health efforts. Credible information helps maintain public trust and ensures effective disaster response by combating misinformation.

Credible information enhances communication and educational efforts by carrying more weight and authority from trusted sources. This facilitates better understanding and compliance with preventive measures and health guidelines. Selective exposure may occur, therefore, because people believe that like-minded information is more credible and of higher quality (Metzger et al., 2020). Therefore, prioritizing the credibility of health information is crucial to empower individuals to make informed decisions and protect their health in challenging situations.

As one of the credible sources, local media massively report on disaster-related issues. Mass media messages are not the only cause of changes in audience behavior (effects) but are also caused by interpersonal communication between individuals exposed to mass media messages (Klapper, 1960). However, media mass still needs to be more effective concerning information reception. During disasters, the community in Aceh prefers obtaining information from close individuals such as family members, community leaders, or trusted social group members.

Previous research indicates that selective exposure often occurs when it comes to mass media as a source of information (Dejean et al., 2022; Hasanuddin et al., 2022; Jia & Johnson, 2021; Stroud, 2018). However, this study provides implications in crises (such as disasters); communities tend to be selective not only in choosing the content of the information they receive but also in selecting the sources of media information. It happens because people need information related to what they are experiencing, including their health, but amid a crisis, those closest to them become easily accessible sources. Information from close individuals (e.g., family, friends, medical professionals, coworkers, teachers, counselors, and religious leaders) who were perceived as more accessible. This is based on ease of access and is driven by trust, proximity, and comfort. An interpersonal approach to close individuals is the most reliable source of health information (World Health Organisation, 2017). The availability of this access reduces the cognitive dissonance experienced when disasters occur.

Scholars have different ideas about why selective exposure happens. One idea is that people see information matching their political views as higher quality and more credible than information contradicting their beliefs (Fischer et al., 2005; Melican & Dixon, 2008). Moreover, this study found that individuals seek information they trust or with similar viewpoints. During disasters, individuals seek information that confirms their views, resulting in a loss of comprehensive understanding of the situation and a failure to see the other side or potential dangers.

This selective exposure to confirmatory information often leads to poor decision outcomes (Fischer & Greitemeyer, 2010). This happens because when information selectivity occurs, individuals tend to choose and be exposed to specific information while ignoring or disregarding other potentially important information (Fischer et al., 2005). Paradigms within the environment, uncertainty, cultural influences, and beliefs play significant roles in the selectivity of the community regarding health information in disasters or emergencies.

People experience anxiety, fear, and confusion during disasters. Festinger (1957) proposed that moods and emotions affect information search. The framing of the media mass affects how it is perceived and can provoke a variety of emotional responses in people (Rivera Otero et al., 2023). However, people living in Aceh seek information that provides understanding, support, or hope. Conversely, information induces anxiety and unease about a particular issue. Emotions such as anxiety, fear, worry, or anger drive people to seek information to reduce uncertainty and make more informed decisions (Rivera Otero et al., 2023). In this regard, information from family members plays a crucial role in providing a sense of security and comfort. However, compared to the emergence of health rumors, information from unreliable sources can give rise to misinformation and people sharing unconfirmed health information without sufficient judgment (Meppelink et al., 2019; Yang, 2019). When communities are misled by false information, they may fail to follow safety measures, ignore public health advice, or engage in dangerous behaviors, worsening the crisis.

Additionally, misinformation can confuse the information landscape, making it harder for accurate, life-saving information to reach the intended audience quickly. This loss of trust makes managing crises harder and spreads more false information. As a result, people may turn to unofficial sources, creating significant barriers to an effective crisis response (Shahbazi & Bunker, 2024). Then, seeking information only from close contacts can lead them to false information because the information validation is based on individual subjectivity.

In disseminating health information, challenges arise when people are not exposed to messages. This hinders communicators' efforts to convey vital health information. Selective exposure comes into play here, referring to the individual's tendency to choose certain messages over others to confirm their existing beliefs. The selectivity observed in information reception during disasters is influenced by individual needs, emotions, and social factors. In times of crisis, individuals prioritize information that directly addresses their immediate concerns, such as safety measures, evacuation protocols, or the availability of essential services. Emotions such as fear, uncertainty, or urgency further shape information preferences, leading individuals to seek out consistent content that validates or alleviates their emotional state. Preference consistent dan inconsistent information selection depends on the amount of available information (Fischer et al., 2010).

Additionally, social factors such as peer recommendations, cultural beliefs, or community norms play a significant role in determining which sources of information individuals trust or prioritize. People in Aceh rely on each other during crises. Other people can influence selective exposure beyond the messages and the nature of the choice. More homogeneous groups are more prone to select like-minded information (Schulz-Hardt et al., 2000). This selective reception of information underscores the complexity of human decision-making and highlights the importance of tailored communication strategies that address diverse needs and preferences within communities, particularly during times of crisis. Communication that embodies openness, empathy, and positive elements can influence the thoughts of others. This is a fundamental concept of the self and a determining factor in influencing others and persuading them to follow the commands (Azmi et al., 2020).

Impact of COVID-19 on Health Information Behavior

The COVID-19 pandemic brought significant changes to Aceh's response to health information. It specifically altered information-seeking behaviors in Aceh compared to other disaster contexts. COVID-19 led to negative perceptions and fear, discouraging people from actively seeking out health information or accessing health

services. The dissemination of health information was often triggered by external demands and misinformation, leading to the emergence of health communication-related stigma. According to Huang et al. (2022), stigma is a term for the emergence of negative stigma that is likely to inhibit individuals' health information-seeking behavior, and the desire to access health services decreases, significantly impacting their health. This reflects a shift from personal will-based responses triggered by external conditions and a necessity rather than self-intentional intentions. People need more information, and there needs to be more information overload and infodemic (Rathore & Farooq, 2020). The prevalence of misinformation, misperception, and inconsistent information during the pandemic has contributed to the tendency to accept information from other sources. The lack of information government agencies provides affects public trust, causing people to turn to other sources of information (Zhang et al., 2020). Selective exposure occurs because processing like-minded information requires less cognitive effort than discordant information (Stroud, 2018). Aceh's society experienced a paradigm shift in responding to health information during the disaster. Due to the high frequency of disasters, the tradition of mutual assistance and self-reliance in disaster resilience within the community has shifted. In 2004, there was a strong expectation for aid from external parties. People in Aceh became comfortable with this anticipation, leading to a diminished sense of self-reliance. When disasters strike, they become passive information receivers or seekers, waiting for information and assistance from donors or the government. The lack of easily accessible and available health information leads to minimal validation by the community. People may encounter more like-minded information not because they prefer it but because they encounter it in their environment. This tendency makes individuals passive information seekers (Stroud, 2018).

Fatalism in Disaster Response

One notable aspect of behavioral change in society is their belief that disasters are God's will or punishment (Fatalism). Fatalism is an attitude that believes that everything that happens in the community environment is beyond their control (Rui, 2012). This is related to how people see control of their self. According to Rotter (1990), external control is when someone thinks what happens to them is due to luck or fate, not their actions. Internal control is when people believe that what happens is because of their behavior. Fatalism has significantly influenced various individual behaviors, including engagement in health screening and preparedness for disaster (Rui, 2012). There is strong evidence in the medical literature regarding the impact of fatalism on health information behavior (Akeson et al., 2022; Hayes & Clerk, 2021). This perspective needs to improve awareness of the importance of health and personal safety. Fatalism significantly affects individuals' preparedness for announced disasters, as they perceive disasters as not solely dependent on their actions but rather on fate.

Consequently, when disasters occur, community response tends to be passive, relying on the belief that it will eventually pass and tends to neglect measures to mitigate disaster risks, such as seeking health information. For example, following the 2004 Aceh Tsunami, most religious figures in Aceh interpreted the disaster as a form of Punishment from God for human sins (Adiyoso & Kanegae, 2013). This same belief persisted during the pandemic, where the risk of contracting COVID-19 while performing congregational prayers in mosques did not deter their worship rituals because they believed that Allah would still protect them (Hayes & Clerk, 2021).

Trust in God without preparedness is considered fatalism (Fahm, 2019). The belief that disasters are the will of God can lead to a passive stance towards disasters, where individuals rely on fate and do not take proactive actions to protect themselves or prepare for potential disaster risks (Rui, 2012). Moreover, fatalism hinders efforts by governments or humanitarian organizations to enhance community preparedness for disasters. If people believe that fate determines everything, they may be less motivated to engage in disaster preparedness training programs or access health information during crises. This leads to changes in behavior from seeking information with the focus shifting to health services whenever a disaster occurs. Belief in fatalism also influences societal attitudes towards disaster response. Before a disaster occurs, the community must improve

preparedness. Using knowledge and technology in disaster risk reduction is a form of effort that humans can perform to reduce the impact of disasters. After all these efforts, people believe in God for the best results (Aksa, 2020). However, during such times, selective exposure plays a crucial role as people tend to seek and rely on information that aligns with their beliefs and is readily accessible. This selective information-seeking behavior can impact the effectiveness of disaster preparedness. People should pay more attention to important information that aligns with their pre-existing beliefs or the sources they trust the most. Individuals prefer information that confirms their existing attitudes and avoid information that may cause cognitive dissonance. This underscores the requirement for targeted health communication strategies that consider the community's selective exposure tendencies to ensure that critical health and safety information reaches and is accepted by all population segments.

Limitations and Future Research

Even though this study has ruled out some potential findings for selective exposure behavior in Aceh during disasters, it does not provide enough insight to determine reasons for each selective behavior. Several limitations should be noted. First, the research did not delve deeply into the significant differences among the three distinct locations that experience different types of disasters (landslide, flood, and earthquake, respectively). This limitation needs to extensively understand how specific disaster types might influence health information behavior and whether different strategies are required for disaster contexts. Secondly, the sample size and demographic diversity within the FGD may only partially represent the broader population of Aceh. This restricts the generalizability of the findings across different age groups, socioeconomic statuses, and educational backgrounds. Future research should address these limitations by conducting more extensive and differentiated studies comparing health information behaviors across various disaster types and locations within Aceh. Expanding the participant pool to include a wider range of demographics would also enhance the findings.

Further research is needed to explore the nuanced differences across various disaster scenarios and to develop tailored communication strategies that cater to the population's diverse needs in disaster preparedness and response. Additionally, measuring participants' cognitive behavior could provide a better understanding of their selective exposure behavior. Employing alternative methods such as ethnographic approaches could delve deeper into the preferences and behaviors of selective information during disasters among the local community in Aceh.

Conclusions

In disaster situations, the community in Aceh becomes passive health information seekers, prioritizing immediate assistance over health information. This passivity is partly due to limited awareness of the importance of health services and fatalism behavior, which hinders proactive health awareness. Previous research has indicated that selective exposure often occurs with mass media sources. However, during disasters, communities are selective about the content of the information they receive and the sources. They prefer trusted sources like family, community leaders, or close social groups due to trust and accessibility. This selectivity is driven by needs, emotions, and social factors, aiming to reduce cognitive dissonance. Health departments and healthcare professionals become primary communicators, but people tend to accept messages from close individuals that align with their pre-existing beliefs, values, and views. Therefore, health communicators must design messages incorporating these existing beliefs to ensure the public accepts and notices them. Understanding the pattern of selective exposure is crucial for designing effective health messages. Health communicators can deliver messages contributing to better preparedness and health outcomes during disasters by considering the community's preferences, needs, values, and demographic characteristics.

Based on the research findings, the following recommendations are proposed. Effective health communication should focus on building trust among the public by delivering messages openly, transparently, and promptly. It is

essential to convey health information using simple language that bridges the knowledge gap between information providers and recipients. Establishing bottom-up communication is imperative. Feedback from the community allows governments to tailor information delivery to align with community interests and values. Communication is most impactful when it reflects an understanding of community information needs. Involving the community in health policy formulation and tailoring messages to local insights and cultural contexts through trusted institutions enhances disaster preparedness and response. Promoting reliable information is crucial. Governments and stakeholders should encourage people to critically assess information only from credible, verified sources to prevent misinformation and hoaxes. Implementing these strategies will cultivate a well-informed and resilient community capable of effectively managing health-related information during disasters.

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