



October 2020

DEMOCRACY
REPORTING
INTERNATIONAL

COVID-19 MISINFORMATION IN
MYANMAR: FACEBOOK GROUPS AND
DISCRIMINATION OF MINORITIES

COVID-19 Misinformation in Myanmar: Facebook Groups and Discrimination of Minorities

October 2020

TABLE OF CONTENTS

EXECUTIVE SUMMARY	06
INTRODUCTION	07
METHODS AND SCOPE	08
CONTENT ON FACEBOOK	09
CONTENT ON YOUTUBE	11
CONTENT ON THE OPEN WEB	12
IMAGE CONTENT ABOUT COVID-19	12
SHARING NETWORK ANALYSIS	13
CONCLUSION	14

EXECUTIVE SUMMARY

COVID-19 Misinformation in Myanmar: Facebook Groups and Discrimination of Minorities¹

In Myanmar, Facebook has been used to circulate authoritative information about COVID-19, with sources coming from Myanmar's Ministry of Health, the Ministry of Information, and mainstream, credible media. However, hundreds of large Facebook groups - with roughly 24 million members - are also powerful vehicles for the spread of health misinformation throughout the country. We found a set of Facebook pages and groups that quickly amplified the reach of discriminatory content, with user engagement growing rapidly in a few hours. Polarisation is expected to rise ahead of the November elections and we recommend that Facebook and their fact-checking partners intensify their efforts and work with election stakeholders to create more awareness about credible information about the polls and counter health misinformation, which has the potential to impact voter turnout.

TOPLINES

- Content from authoritative sources about COVID-19 are the most frequently shared on Facebook, with links to mainstream news found directly on the platform, externally, and on other social platforms like YouTube
- Nevertheless, health misinformation is widespread mostly in the form of fearmongering, with exaggerated claims about the origins of the coronavirus, the severity of COVID-19, and its global spread
- But health misinformation targeting minority groups is not uncommon, particularly against Chinese people and the Rohingya
- Health misinformation could also become more prominent during election campaigning. One politician spread health misinformation that targeted minorities, provoking thousands of discriminatory comments in a short period of time
- Groups are a central hub for the spread of health misinformation, with authors sharing content from personal profiles or other non-mainstream sources of news, reaching potentially millions of users. Groups dedicated to local news are some of the most common groups where health misinformation is surfacing.
- A number of pages continue to share health misinformation hosted on sites with no clear disclosures about their ownership, article authors, or registration. These pages appear to be laundering information for over a dozen different domains, hosting “clickbait” and similar content.

¹ This report was prepared by Ray Serrato with Eva Gil and Rafael Goldzweig of Democracy Reporting International.

INTRODUCTION

In early March 2020, health authorities in Myanmar reported the first confirmed case of COVID-19. Since the start of the pandemic, social media has been plagued by what the World Health Organisation (WHO) has called an “infodemic,” rumors and false information about the severity of COVID-19, its origins and how it is transmitted, government efforts to contain or treat it, and the social, civil, political, and economic impacts of these measures.

Given the importance of social media in Myanmar, the Ministry of Health quickly formed a team to proactively report about cases in the country. But the challenges of managing both a pandemic and infodemic are daunting. The Assistant Director of the Ministry of Health has told journalists that health misinformation on Facebook has included fake cures, people posing as government spokespeople, misusing official aid logos, and pages attempting to incite fear.²

WHAT IS “HEALTH MISINFORMATION”?

Based on a recent study³ on the prevalence of health misinformation on Facebook, we used a definition of health misinformation that could cause public harm in the areas of:

1. Preventing disease: e.g. false information on diseases, epidemics and pandemics, and anti-vaccination misinformation.
2. Prolonging life and promoting health: e.g. bogus cures and/or encouragement to discontinue recognised medical treatments.
3. Creating distrust in health institutions, health organisations, medical practices, and their recommendations: e.g. false information implying that clinicians or governments are creating or hiding health risks.
4. Fear mongering on health-related issues: health-related misinformation which can induce fear and panic, e.g. misinformation stating that the coronavirus is lab-created or a man-made bioweapon.
5. Health misinformation with the potential of inducing discrimination against minorities: e.g. misinformation that migrants are spreading the virus.

This report focuses on the discrimination against minorities and identifies where health misinformation has been used as a means to engage in such targeting. It describes the type of content surrounding COVID-19 and the infodemic in Myanmar, analysing frequently shared links that have circulated on Facebook, pointing to content primarily on the social platform, but also externally, where users post videos from YouTube and other media.

² Nan Lwin, “Combating Fake News in the Time of Coronavirus in Myanmar,” The Irrawaddy, 20 March 2020. Available at: <https://www.irrawaddy.com/news/burma/myanmar-combating-fake-news-time-coronavirus.html>

³ Avaaz, “Facebook’s Algorithm: A major threat to public health.” Available at: https://secure.avaaz.org/campaign/en/facebook_threat_health/

METHODS AND SCOPE

We retrieved 229,221 posts from Facebook between using five COVID related search queries, including: ဝူဟန်/ ဝူဟန်ရောဂါ, ကိုဗစ်-၁၉, ကွာရန်တင်း, ပိုးတွေ့, and ပြည်တော်ပြန်.

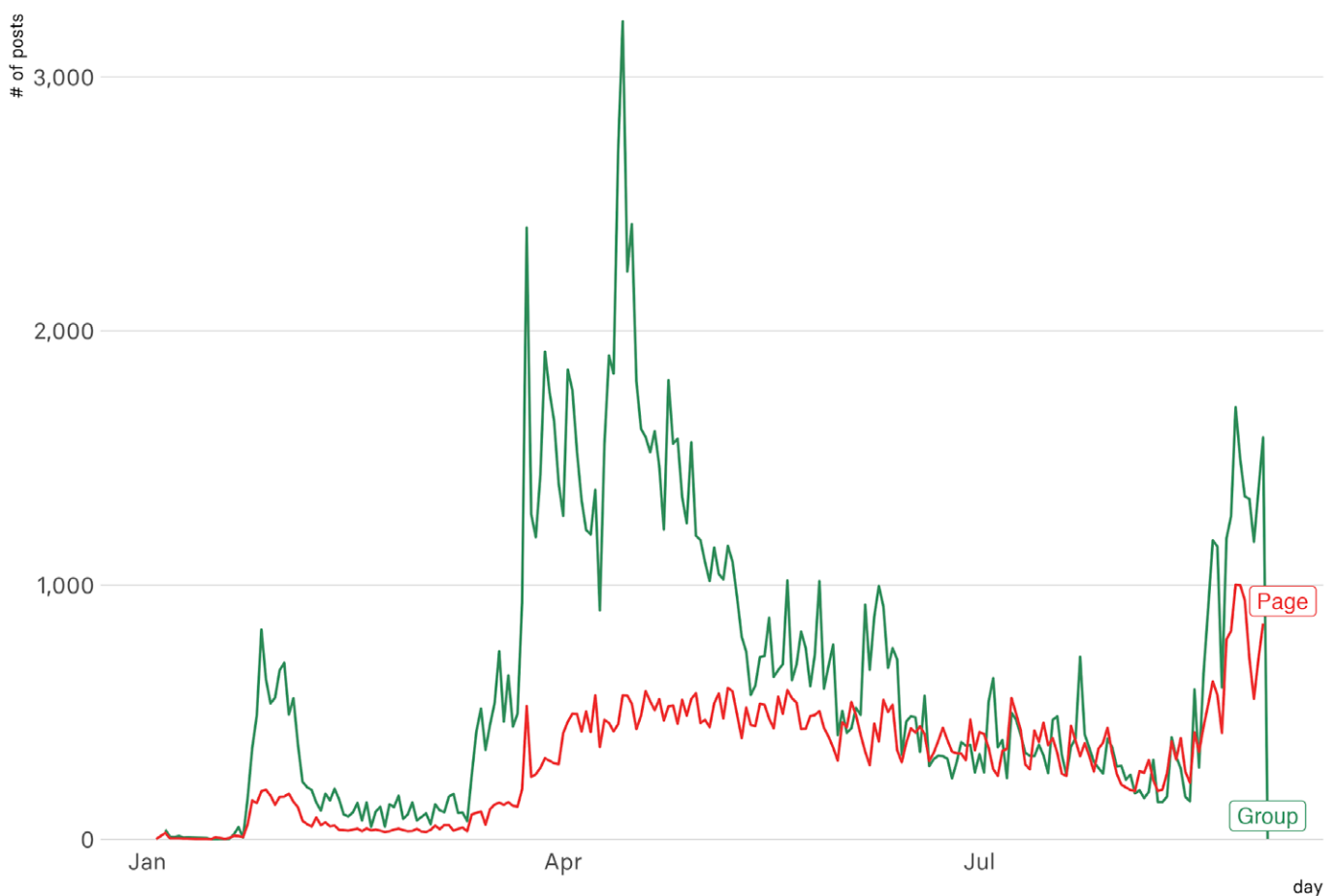


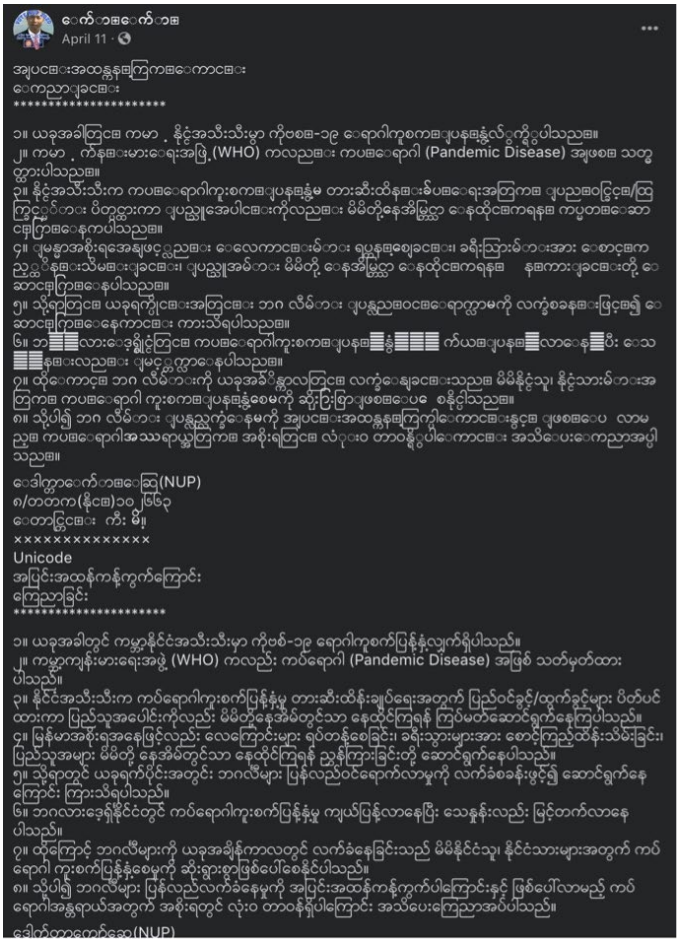
Figure 1. Daily number of posts by pages and groups

Posts were shared between 1 January – 1 September 2020 coming from over 12,000 accounts, with 67% of posts coming from Groups and 33% from Pages (Figure 1). From this dataset DRI extracted the top 50 most shared links to content on Facebook, YouTube, external domains, and images that contained text data, or memes. We then classified 200 pieces of content (the top 50

from each category) as either personal, media, or other, and labeled content as health misinformation or health rumoring, where applicable.

CONTENT ON FACEBOOK

The majority of content shared about COVID-19 came from media (42%), personal (26%), and religious pages (18%). Most of this content was authoritative in nature, with only around 10% of the content classified as health misinformation, including misinformation about preventing disease, prolonging life or health, and one viral Facebook post that could potentially incite discrimination against minorities (Figure 2). The post, which had over 14,000 interactions, claimed that the government had set up a “reception center” to admit “Bengalis” - a derogatory term for Rohingya - into Myanmar and that Bangladesh was suffering from widespread outbreaks of the disease across the country. A National Unity Party (NUP) politician, who is now running for elections in the upcoming general elections (Pyithu Hluttaw, the lower house of Myanmar’s parliament), posted the message and called on people to oppose admitting “Bengalis” into Myanmar to protect the country. The post generated thousands of interactions in a few hours and was shared by hundreds of Facebook groups, potentially reaching a total audience of 12.5 million members. Figure 3 shows the cumulative growth of interactions during a single day, with circles sized to the number of likes from a page or group.



The post also quickly attracted thousands of comments, with many people agreeing with the post and accusing the NLD government of allowing “Bengalis” to infect people in Myanmar, suggesting that they had also been “released from prison.” A handful of accounts commented more than a dozen times and the most frequently used phrases included, simply, “I object” or “I disagree” with the decision to allow “Bengalis” into the country.

One of the most liked comments on the post contained an image accompanied by the text: “While Myanmar people fight for eight bags of rice, snakes are being invited (by the government). Betrayal of country and race.” The comment was made by an account whose profile photo contained the Buddhist flag and the insignia of the army’s 33rd light infantry division, which reportedly led the assault on the Rohingya in Rakhine State in 2017.⁴ The exponential growth of such comments illustrates the challenges of curbing dangerous speech ahead of the upcoming elections (Figure 4).

Figure 2. Post opposing letting “Bengali” into Myanmar due to disease

4 Simon Lewis, Zeba Siddiqui, Claire Baldwin, Andrew C. Marshall, “Tip of the spear: The shock troops who expelled the Rohingya from Myanmar.” Reuters, 26 June 2018. Available at: <https://www.reuters.com/investigates/special-report/myanmar-rohingya-battalions/>

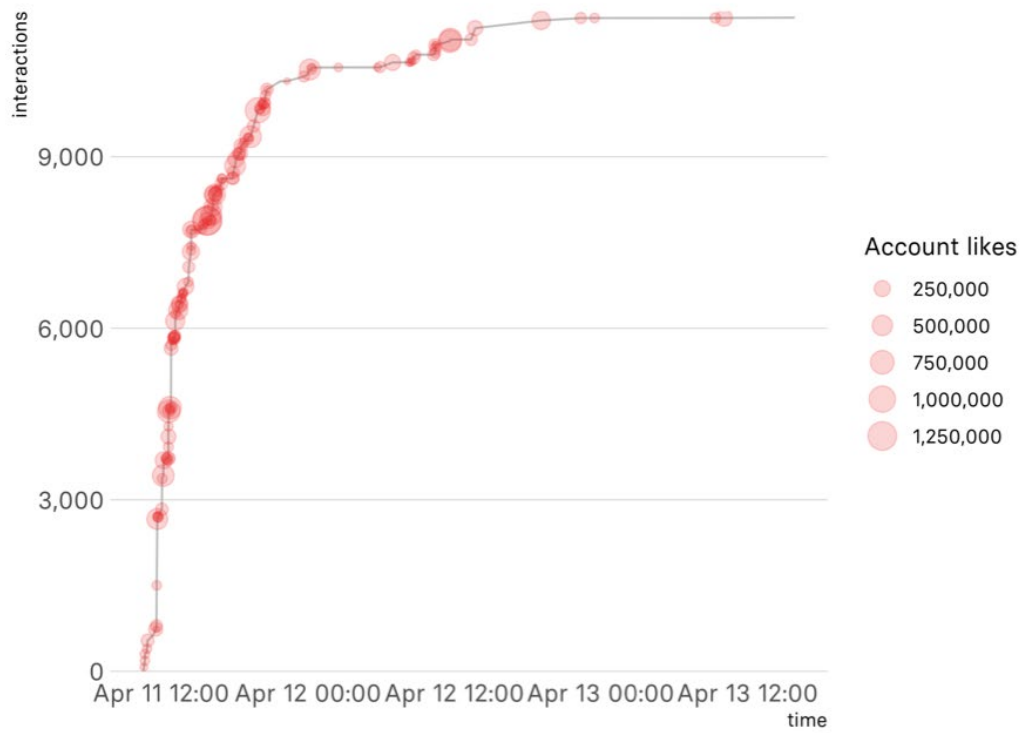


Figure 3. Cumulative interactions over time

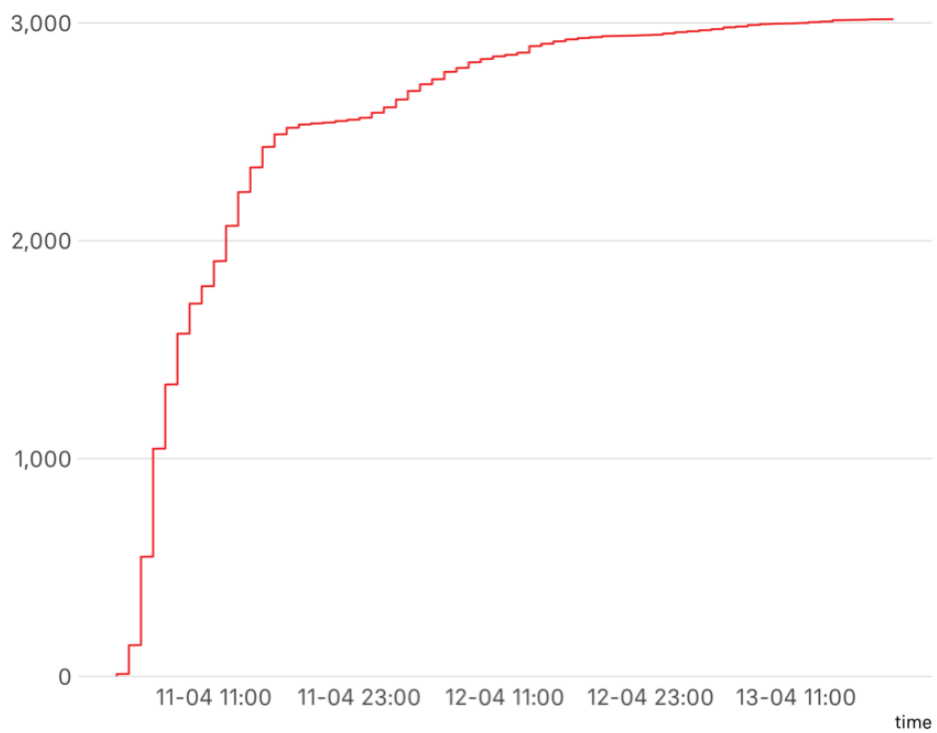


Figure 4. Cumulative growth of comments over time

CONTENT ON YOUTUBE

Links from YouTube were also a frequently shared source of material in posts about COVID-19. Content on YouTube primarily came from media (66%), non-mainstream or personal media (18%), or government channels (12%). Media reported about the number of positive COVID-19 cases in Myanmar, restrictions on gatherings, other preventive measures, and confirmed deaths due to the illness. Around 30% of the top-shared videos contained health misinformation and nearly 20% of those were categorized as fear-mongering. These videos described China's efforts to conceal the impact of the virus or exaggerated claims about the percentage of people globally diagnosed with COVID-19.

Two videos contained health misinformation targeting Chinese people, alleging that people who knew they were infected then traveled outside of China and spread the disease (Figure 5). These videos marshalled nearly 80,000 views.



Figure 5. Screenshot of video claiming Chinese people evaded the lock down and slipped out of China

CONTENT ON THE OPEN WEB

The vast majority of links shared on Facebook were from media (43%) or government sites (32%), with links to the Ministry of Information making up the vast majority for the government. Non-mainstream media and personal blogs made up 8% of content and contained 548 links to articles hosted on domains blocked by Myanmar's Ministry of Information, reportedly for spreading false information.

From among the 90268 unique links shared in the data collected for this report, only 119 links were to fact checks on a project site run by a local citizen tech group, the Myanmar ICT for Development Organisation (MIDO). More than half of these links were posted directly by the page of the initiative, suggesting that it has yet to attract widespread adoption by netizens in other groups and pages. This finding is in line with other DRI research that has shown that civil society's messages are not widely re-shared by other public pages or groups, nor do they generate significant engagement from users.

IMAGE CONTENT ABOUT COVID-19

Nearly 50% of shared images came from personal Facebook pages or those unassociated with media. As a result, half of this content was also not authoritative and 39% of images contained health misinformation, with 410 linking to content that was fearmongering or targeted minority groups. One meme called on China to pay compensation to victims of COVID-19 and said that Myanmar people who have worked in China are familiar with their "bad behavior." Another image contained a news clipping claiming that a recently launched Chinese satellite was expected to fall on Myanmar. The message accompanying the image read: "China is not content with just Wuhan. Their fallen satellite will not spare Myanmar."

SHARING NETWORK ANALYSIS

Based on the sample of data analysed here, overall levels of health misinformation about the Covid-19 appear low. But even just one piece of health misinformation has the potential to reach vast numbers of users. Numerous disinformation sites and social media accounts are persistent actors in Myanmar's information space.

group's name mentions "news," highlighted in green, blue, and orange. These are some of the densest clusters in the network and they contain groups like, "Lashio News," "Ye Township News," "Bogale News," "News from 56 villages in Kharan Township," "Mandalay Region News," and dozens more. Indeed, out of the 312 pages or groups sharing health misinformation, 102 of them contain the word "news" in the group or page name. This suggests

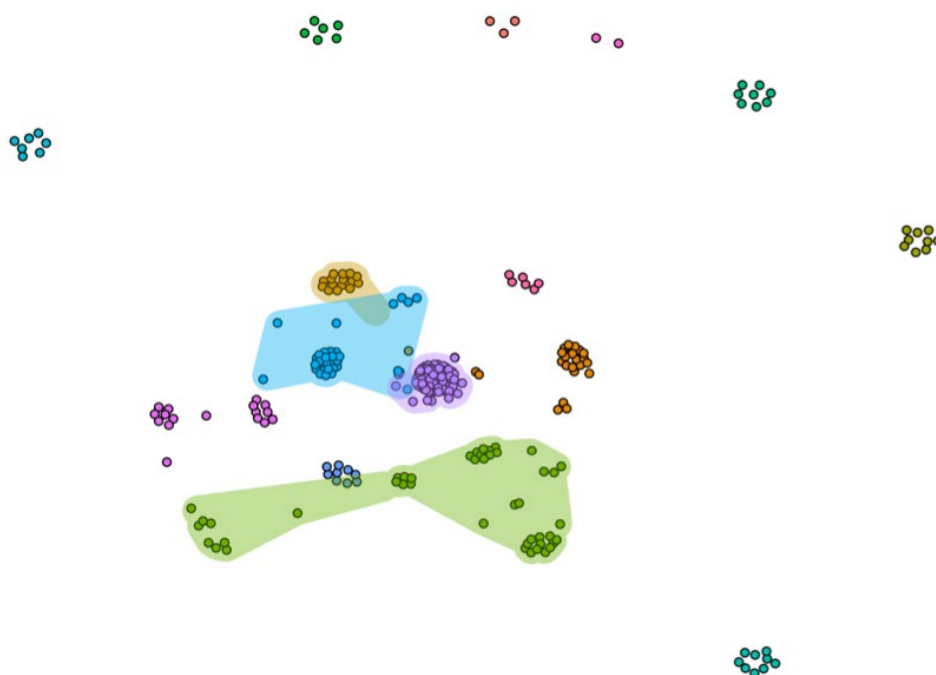


Figure 6. Network of pages and groups sharing health misinformation. Nodes represent a page or group and they are colored by "communities" of accounts that share similar types of health misinformation.

A network analysis of all links shared within this data shows that health misinformation was spread by over 300 different pages and groups and a primary cluster of "repeat offenders" (accounts that shared health misinformation more than four times). The accounts in this category include pages like "Myanmar Cele," "The Lifestyle Myanmar," "News Online Media," "Myanmar News," "Viral News," and a group for Myanmar memes. Together, these accounts shared 28 instances of health misinformation and they have a combined following of 3.4 million users.

Facebook groups, however, remain a central hub of health misinformation, making up 92% of spreaders. And there are diverse groups sharing health misinformation - supporters of political parties, groups about Buddhism, philosophy and weather, and local and regional news. The network graph in Figure 6 shows the clusters of accounts sharing health misinformation, with "repeat offenders" highlighted in purple, and other clusters where the

that groups for local and regional news can act as significant vectors in the spread of health misinformation.

The sharing pattern analysis confirms the findings of a previous research⁵, where DRI identified dozens of Facebook pages spreading clickbait and low-quality information, including political misinformation, in a coordinated manner. All pages in this dataset operate without clearly disclosing their affiliation or purpose and often link to basic WordPress sites, purportedly set up as media, containing no information about authors, ownership, or registration. Additional open source research indicates that at least 25 other sites like this are linked by a shared Google Analytics tag,⁶ with their Facebook pages acting as hubs of dissemination.

5 DRI 2020: Political Discourse, Pluralism and Diversity in Facebook in Myanmar. <https://tinyurl.com/y2jydvw6>

6 Website code can contain metadata that can be used to identify links between them. One such piece of information is a Google Analytics tag, which allows website owners to track users that visit their sites.

CONCLUSION

The findings in this report illustrate the speed at which health misinformation spread in Myanmar - and the discriminatory language that it provoked against minorities. While government sources attract wide audiences and are still more frequently shared than misinformation, even a few pieces of content can reach potentially millions of people. Facebook groups spreading health misinformation are often established in the form of “local news” groups, which give the user the impression they are news sites. Facebook content moderators and fact-checkers should intensify their focus on these groups, particularly during the election period.

Facebook recently updated its policy to make groups safer,⁷ and specifically outlined actions to protect the upcoming elections in Myanmar.⁸ Facebook has stated that they are removing groups that share content that violates their Community Standards and reducing the distribution of groups that share misinformation so fewer members see their posts. Our research suggests that groups are a main vector of health misinformation, and content spread on such groups potentially reaching roughly 24 million users. A first and more basic step would be to rigorously fact-check posts, and then observe their distribution to reduce visibility of groups.

It is not possible to check whether Facebook is actually down-ranking problematic content without access to data on post views, or the number of users who have seen such content. Previously, Facebook has disclosed that they removed one group in Myanmar for coordinated inauthentic behavior (CIB), but it is unclear if they have removed or reduced other groups due to other repeated policy violations. Myanmar is a test case for how Facebook manages borderline content.⁹ But given the examples here - health misinformation against minority groups - it is difficult to understand where Facebook draws the line between content that should be removed or reduced.

Citizen-led initiatives to counter the spread of misinformation are now widespread in Myanmar, but they appear to have captured the attention of a specific, digitally literate group of activists. Ahead of the elections, civil society could invest in providing further information about these initiatives, spreading awareness about their existence to more stakeholders.

7 <https://about.fb.com/news/2020/09/keeping-facebook-groups-safe/>

8 <https://about.fb.com/news/2020/09/additional-steps-to-protect-myanmars-2020-election/>

9 <https://about.fb.com/news/2019/06/social-media-and-conflict/>

Democracy Reporting International gGmbH

Prinzessinnenstraße 30
10969 Berlin, Germany
+49 (030) 27877300
+49 (030) 27877300-10
info@democracy-reporting.org

Supported by the



Federal Ministry
for Economic Cooperation
and Development

Implemented by

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

DEMOCRACY
REPORTING
INTERNATIONAL