Determinants of Pandemic-Related Trust among the Egyptian Youth Post-Pandemic

Aliaa Qamer *

Prof. Dr. Ayman Mansour Nada**

Abstract:

This study aimed to present a model for the determinants of pandemic-related trust among Egyptian youth in a later stage of the pandemic. Researcher-administered questionnaires were completed with a total of 610 respondents ranging in age from 18 to 39 years old.

Findings highlighted eight main determinants of pandemic-related trust. Positive correlations were found with: perception of governmental officials televised communication's effectiveness; preference for a pro-government stance; evaluation of the governmental response to the pandemic; certainty about the contemporary strains; pandemic-related knowledge; and experiencing health hardships amid the pandemic.

However, negative correlations were found between pandemic-related trust and both risk perception for contracting the virus and pandemic conspiracy belief.

Keywords: political trust, Egyptian youth, governmental communication, and COVID-19 pandemic.

* Phd researcher at the faculty of mass communication - Cairo University .

** Professor in Radio and TV Department, Faculty of Mass Communication - Cairo University .

مُحددات الثقة السياسية لدى الشباب المِصري بعد الوباء

إعداد: علياء عبد الخالق قمر*

إشراف: أ.د. أيمن منصور ندا**

الملخص:

هدفت هذه الدراسة إلى تقديم نموذج لمحددات الثقة المرتبطة بالجائحة بين الشباب المصري عينة الدراسة، في مرحلة متأخرة من جائحة كورونا. تم تطبيق الدراسة على عينة عمدية من مُشاهدي الاتصال التلفزيوني الحكومي وقت الجائحة، وقد شملت العينة 610 مبحوثًا ممن تتراوح أعمارهم بين 18 إلى 39 عامًا.

أظهرت النتائج ثمانية محددات رئيسية للثقة المتعلقة بالوباء، حيث تبين وجود علاقة ارتباطية إيجابية بين الثقة المتعلقة بالوباء وكل من: إدراك فعالية الاتصال التلفزيوني الحكومي، وتفضيل وسائل الإعلام المؤيدة للحكومة، وتقييم الاستجابة الحكومية للوباء، واليقين بشأن السلالات الأحدث للوباء، والمعرفة المتعلقة بالوباء، والصعوبات الصحية وقت الوباء.

وفي المقابل، تبين وجود علاقة ارتباطية سلبية بين الثقة المرتبطة بالوباء وكلٍ من: إدراك المخاطر الناجمة عن الإصابة بوباء كورونا، والاعتقاد في نظريات المؤامرة المرتبطة بالوباء.

الكلمات المفتاحية: الثقة السياسية، الشباب المِصري، الاتصال الحكومي، جائحة كورونا.

Introduction:

The ‘COVID crisis’ was argued to have led to an outbreak of divisive and disruptive political blame games as politicians and policymakers sought to avoid carrying the blame for those decisions that inevitably turned out to be wrong (Flinders, 2020).

Even in the age of vaccines, the tangled persistence of the COVID-19 resurgence (Lemey et al., 2021), the continuation of the evolution of newer waves and more complicated strains, along with the confirmed worldwide vaccine inequality (Zhao & Bhuyan, 2023; Irwin & Nkengasong, 2021; Our World in Data, 2021), were among the many

* باحثة دكتوراه بكلية الاعلام جامعة القاهرة

** الاستاذ بقسم الاذاعة والتليفزيون بكلية الاعلام جامعة القاهرة

factors that further underscored the importance of examining how the pandemic might impact political trust. The coronavirus crisis was argued to fuel a broader crisis of democracy. The challenges posed by the coronavirus crisis have themselves become overlaid or layered upon a pre-existing set of concerns regarding the performance, efficiency, and capacity of democratic political structures (Flinders, 2021).

When reviewing the literature on trust and the coronavirus pandemic, prior studies have been guiding future research to focus on trust in such a period of crisis, especially outside "the hyper-polarized environment of the US" (West) European countries (Devine et al., 2020) and Asia (Dryhurst et al., 2020). It was well advised to consider filling the "significant blind spot from the Middle East and beyond" (Albrecht et al., 2021).

This study attempts to fill this spot by testing probable predictors of pandemic-related trust among Egyptian youth. This is based on the findings that the pandemic had negative effects on different aspects of the lives of younger citizens (Ezulike et al., 2022), who held the lowest levels of political support (Levada Center, 2021), and were less confident in key institutions (Pew Research Center, 2019).

Theoretical Framework

As standard determinants of trust lose relevance amid the pandemic (Schraff, 2020), this study attempted to present more relevant determinants, especially with regard to the Egyptian citizens who rely more on the government (Albrecht & Loewe, 2022). This singularity suggested the following variables to impact pandemic-related trust:

Exposure to Governmental Communication and Perception of Their Effectiveness

The COVID-19 crisis produced a particular type of crisis moment in which the government was forced to respond in ‘real time’ to a set of rapidly changing circumstances. This made it much more difficult to control what they wanted to say and therefore find a coherent ‘anchor’

for their politicizing and depoliticizing strategies. This led to some deft discursive footwork as the government sought to pass the ball of responsibility between various groups of actors to shift the balance between avoiding blame and taking credit (Kettell & Kerr, 2022).

Accordingly, researchers outlined the role of effective health communication and strategies of crisis communication implemented by public authorities and leaders in enhancing levels of trust among citizens (Filsinger & Freitag, 2021). Governments were found to be more likely to inspire higher trust by communicating a clear and sensible action plan regarding the pandemic (Lalot et al., 2020). To improve trust, governments were advised to broadcast clear speeches (Atkinson-Clement & Pigalle, 2021).

Exposure to clear messages influenced trust in officials (Bickham & Francis, 2021). When asked about the reasons influencing their confidence in public authorities, citizens considered the information received (71.4%) (Falcone et al., 2020).

Political Stance of Preferred Media

During the COVID-19 pandemic, media bias persisted. Cynicism, negativity, and frustration were all argued to still direct how democratic structures were judged (Flinders, 2021). Thus, the source of news was more influential in predicting trust.

In the UK, when audiences had more trusted sources of information in the mainstream news media, the initial rally-around-the-flag attitudes gradually became less trusting of the government and less confident about its performance (Newton, 2020). Such media outlets kept focusing on how Dominic Cummings, a senior aide to the British prime minister, had broken lockdown rules (Fancourt et al., 2020).

Also, in the USA, participants who consumed more conservative news media had less trust in the scientific community (Reinhardt et al., 2021). Meanwhile, people who trusted Fox News more than CNN obeyed fewer preventive behaviors proposed by the government.

Conclusions indicated that individuals' responses were divided along media bias lines (Zhao et al., 2020). As a result, the COVID-19 pandemic deepened the political divides in an already polarized world (Kuznar, 2021).

Perception of Governmental Responses to the Pandemic

When asked about the reasons influencing their confidence in public authorities, citizens considered their perceptions of the measures adopted (80.2%) to be influential (Falcone et al., 2020). Negative perceptions about governmental policies and measures were proven to be accompanied by distrust in the government (Zhang, 2021).

Trust increased with the efficiency of policy stringency (Bargain & Aminjonov, 2020) and declined quickly if the responses were perceived as ineffective, for example, as the death rate rose dramatically (Lalot et al., 2020). Trust was also related to government announcements. Announcing lockdown increased public trust (Fancourt et al., 2020). During and after the stay-at-home order analysis, it was revealed that message exposure influenced trust in government officials (Bickham & Francis, 2021). When most governments enforced strict containment procedures, respondents showed higher levels of political support right after the enforcement date than before it. Lockdowns increased trust in the government by about 3 percent (Bol et al., 2020).

Risk Perceptions for Contracting the COVID-19 Virus

Researchers keep highlighting the importance of studying risk perception amid every new epidemic or pandemic, arguing that non-worried respondents represent a high-risk group who are likely not to even wear a mask (Huang et al., 2021). Such highlights increased with the COVID-19 global pandemic. Even after a couple of years of the pandemic, researchers still design, develop, and validate some scales, especially for measuring COVID-19 risk perception (Zaman et al., 2022).

Higher levels of subjective personal risk for COVID-19 were associated with lower trust in institutions (Clair et al., 2021) and governmental measures (Atkinson-Clement & Pigalle, 2021). Perceived threat was proven to decrease when political trust increased (Lalot et al., 2020; McFadden et al., 2020). Meanwhile, higher levels of trust were associated with lower levels of risk perception (Dryhurst et al., 2020).

Certainty during the Pandemic

Since the early outbreak of COVID-19, the pandemic has always been accompanied by uncertainty. This uncertainty facilitated not just the process of attitudinal change but, in some cases, anti-democratic attitudes (Albrecht et al., 2021).

Uncertainty also raised questions about how political and media communication about the unsettled science of a lethal virus affect public opinion and support for science-based policy solutions (Kreps & Kriner, 2020). Uncertainty was then linked with trust in the government and the scientific-based pandemic information it provided. The interactive role of trust and uncertainty was presented for implementing some strategies to manage public attitudes as the pandemic progressed. High political trust was proven to ameliorate the threat-elevating impact of uncertainty (Lalot et al., 2020). However, downplaying uncertainty raised support, but reversals in projections tempered these effects or even reduced scientific trust (Kreps & Kriner, 2020).

Conspiracy Theories, Misinformation, and Rumors Across Borders

The dissemination of COVID-19-related conspiracy theories was the focus of numerous studies (e.g., Chockalingam et al., 2021; Georgiou et al., 2021; Karić & Međedović, 2021; Bursztyn et al., 2020; Bruns et al., 2020; Bolsen et al., 2020).

Researchers attempted to link the dissemination of such conspiracy theories to political trust during the COVID-19 pandemic. Holding more conspiracy beliefs was revealed to relate to less adherence to containment-related behavior via decreased political trust (Karić &

Međedović, 2021). Among the aspects highlighted to shape the spread of coronavirus misinformation were the lack of public trust in officials and political manipulation of the discourse around the virus (Alimardnai & Elswah, 2020).

Knowledge about the Pandemic

Prior research outlined the importance of knowledge to determine the overall levels of trust and fight the misinformation that surrounds the outbreak of an epidemic (e.g., Hwang & Jeong, 2023; Vinck et al., 2019; Blair et al., 2017). However, scholarly interest in examining the relationship between knowledge about COVID-19 and trust was obviously low.

In the UK, the well-informed public that generally observed the rules had a major decline in political trust (Newton, 2020). Also, in Japan, only 24% of respondents trusted the government to prevent the spread of COVID-19. Meanwhile, 98% of them knew that COVID-19 was transmitted through droplets and contact, 97% knew the necessity of washing hands, and 93% knew the symptoms of infection (Zhang, 2021). When comparing this high interest and knowledge about the virus with the low trust in the government, a connection might be estimated. However, it will hardly be possible to conclude a correlation unless future research proves it. In addition, some preliminary mediation analyses pointed to the importance of institutional trust in mediating the relationship between information and relative deprivation (Filsinger & Freitag, 2021).

Hardships Experienced Amid the Pandemic

Researchers analyzing the effects of the pandemic suggested the poorest continent, Africa, with the most vulnerable populations to infectious diseases, would be significantly affected (Lone & Ahmad, 2020). This is argued by this study to result in three main types of hardships: psychological, financial, and health hardships. When comparing the impacts of each on political trust, researchers presented different arguments:

The first suggested that psychological hardships have greater negative effects on political trust than both financial and health hardships (e.g., Aassve et al., 2021; Blair et al., 2017). Amid a global pandemic causing a spike in anxiety and depression (National Center for Health Statistics, 2021), a sense of pessimism was reflected in a downturn in overall attitudes across nearly everything, even trust (Reagan Institute, 2021). Psychological hardships negatively impacted trust (Oksanen et al., 2020), whereas no differences in trust existed for health hardships (Brück et al., 2020).

The second argument suggested that psychological hardships have greater positive effects on political trust than both financial and health hardships. Across 48 countries, those who were more concerned over COVID-19 and more stressed had slightly more trust in the governments' efforts (Lieberoth et al., 2021). Pandemic-induced fears mattered more for trust than economic and health insecurities. Fears were proven to positively influence trust more than twice as often. Whereas health hardships had no significant effect (Delhey et al., 2021).

By contrast, the third argument suggested that financial and psychological hardships have a similar negative effect on trust. Results from nine different countries confirmed that both psychological and financial hardships lead to lower trust in institutions (Brück et al., 2020). The COVID-19 pandemic and accompanying economic and political shocks had the potential to reduce support for the incumbents (Dulani et al., 2021).

Problem Statement:

On reviewing prior literature, the current study argues that studying pandemic-related trust among the Egyptian youth could become increasingly important with regard to: (1) exposure rates to governmental officials' televised communication and perception of its effectiveness; (2) political stance of preferred media; (3) evaluation of the governmental response to the pandemic; (4) risk perceptions for contracting the COVID-19 virus; (5) certainty about the pandemic; (6) knowledge about the pandemic; (7) belief in pandemic-related

conspiracy theories; and (8) hardships experienced during the pandemic.

Method and Data Collection:

The study applies the survey method to investigate its problem in realistic settings. Researcher-administered questionnaires were completed with a total of 610 respondents ranging in age from 18 to 39 years old in different areas of the greater Cairo region.

Respondents were chosen following the purposive sampling technique to represent the different demographic variables of the target respondents, youth who watch government officials' televised communication.

Time Frame of the Study:

The study was conducted during the COVID-19 fifth wave in Egypt, mainly during the Omicron's peak, from January to March 2022.

Hypotheses:

The present study hypothesizes that:

H1: Exposure to governmental officials' televised communication and perception of its effectiveness have a significant positive effect on pandemic-related trust.

H2: The political stance of preferred media has a significant effect on pandemic-related trust. In view of this, the following two sub-hypotheses are proposed:

H2a: Preference for a pro-government stance positively influences pandemic-related trust.

H2b: Preference for an anti-government stance negatively influences pandemic-related trust.

H3: Evaluation of the governmental response to the pandemic has a significant positive effect on pandemic-related trust.

H4: Risk perception for contracting the COVID-19 virus has a significant negative effect on pandemic-related trust.

H5: Certainty about the contemporary strains of pandemic has a significant positive effect on pandemic-related trust.

H6: Pandemic-related knowledge has a significant positive effect on pandemic-related trust.

H7: Pandemic-related conspiracy belief has a significant negative effect on pandemic-related trust.

H8: Hardships experienced during the pandemic have significant negative effects on pandemic-related trust. In view of this, the following three sub-hypotheses are proposed:

H8a: Psychological hardships experienced during the pandemic are negatively correlated with pandemic-related trust.

H8b: Financial hardships experienced during the pandemic are negatively correlated with pandemic-related trust.

H8c: Health hardships experienced during the pandemic are negatively correlated with pandemic-related trust.

Variables and Measurements

(1) Exposure to Governmental Officials' Televised Communication:

This 16-point cumulative Likert scale depended on two questions: (1) When public health officials appear in some TV programs, how often do you become keen to watch them?, and (2) How much attention do you pay to their communication?

Responses ranged from 1 (never) to 5 (always) for the first question and from 0 (no attention at all) to 10 (full attention) for the second question. Attention was given more points due to its relative importance. The scale included three levels of exposure: low (0–5), intermediate (6–10), and high (11–15).

(2) Perception of Televised Governmental Communication's Effectiveness:

This 17-point cumulative Likert scale included two dimensions:

- *Perceived Quantity.* Was examined by: "Each of us has concerns and questions; in light of your level of concern about the Corona outbreak, do you think that officials appearing in TV programs will answer your questions about the pandemic sufficiently or not?". The results ranged from 1 (insufficient at all) to 5 (highly sufficient).
- *Perceived Quality.* Consisted of three dimensions: readability, trustworthiness, and timeliness. Participants were asked to what extent they agreed/ disagreed with each of the following statements: 1. The COVID-19 information communicated by the government officials via TV programs was understandable for most people; 2. I totally trust the COVID-19 information communicated by the governmental officials; and 3. Officials always appear at the right time of each stage or wave. Responses to the three statements were rated on a five-point scale ranging from 1 (totally disagree) to 5 (totally agree).

The scale included three levels of perception: lowly effective (4–9), moderately effective (10–14), and highly effective (15–20).

Reliability: Internal consistency for the scale was acceptable (Cronbach's α= 0.774, Guttman Split-Half coefficient= 0.762).

Validity: Factor analysis was employed for all 4 items using principal components analysis with varimax rotation. The analysis yielded one factor explaining 59.879% of the variance in the data. This is the "perceived quantity" factor.

(3) Political Stance of Preferred Media:

This 3-point cumulative scale depended on two dimensions:

1. *Political stance of preferred TV programs.* Was determined by asking participants, "If you were to watch one of two programs, which one would you choose?". Responses included: 1= the one that presents the positive sides of the Egyptian government, and 2= the one that presents its negative sides.

2. *Political stance of preferred social media content discussing governmental communication*. Was determined by asking participants, "Some people prefer the posts that address the governmental officials in a positive manner, while others prefer the posts that address the governmental officials in a sarcastic or negative manner. And for you, which of these do you prefer?". Responses included: 1= the ones that address them in a positive manner, and 2= the ones that address them in a sarcastic or negative manner.

The results of both questions were coded to: pro-government preference (2), mixed preference (3), and anti-government preference (4).

(4) Evaluation of the Government's Pandemic Response:

This 24-point cumulative Likert scale depended on a measurement that included six statements. Participants were asked to what extent they agreed/ disagreed that: 1. Since the outbreak of the coronavirus pandemic, the Egyptian government has always provided all the daily needs for the citizens; 2. The government always communicates with citizens to ensure that they receive the sufficient information they need to protect themselves from the Coronavirus; 3. The government is always keen to make it easier for everyone to access the healthcare services they need, 4. The government offers special protection to groups at greater risk from the Coronavirus, such as the elderly, the poor, immigrants, prisoners, the homeless and others, 5. The government has provided sufficient quantities of the safest types of the Coronavirus vaccines, and 6. The government has provided a sufficient number of Coronavirus vaccination centers. Responses to all statements ranged from 1 (totally disagree) to 5 (totally agree).

The scale included three levels of evaluation: low (7–14), intermediate (15–22), and high (23–30).

Reliability: Internal consistency of the scale was acceptable (Cronbach's α= 0.793, Guttman Split-Half coefficient= 0.713).

Validity: Factor analysis was employed for all 6 items, using principal components analysis with varimax rotation. The analysis yielded two factors explaining 68.341% of the variance in the data.

(5) Risk Perception for Contracting the COVID-19 Virus:

This 25-point Cumulative Likert scale included two dimensions:

1. *Perceived Severity*. Was measured by asking the participants, (1) How do you evaluate the severity of the coronavirus pandemic in general?; (2) How do you evaluate the risk of infection with newer strains of the pandemic?; and (3) Are you really convinced that the coronavirus pandemic can be very harmful to your health?. Responses ranged from 1 (very weak) to 5 (very severe) for the first two questions and from 1 (totally disagree) to 5 (totally agree) for the third one.
2. *Perceived Vulnerability*. Was measured by asking the participants, (1) To what extent do you think that you might get infected with any of the current coronavirus strains?; (2) To what extent do you think it's probable to get infected with these strains through the next year?; and (3) How do you rate your chance of contracting these strains compared to others?. Responses ranged from 1 (not probable at all) to 5 (very probable) for the first question. From 1 (very weak) to 5 (very severe), for the second question. From 1 (much less) to 5 (much more) for the third question.

The scale included three levels of risk perception: low (less than 20), moderate (20–25), and high (more than 25).

Reliability: Internal consistency of the scale was good (Cronbach's α= 0.801, Guttman Split-Half coefficient = 0.643).

(6) Knowledge about the Pandemic:

This 21-point cumulative Likert scale included asking the participants to specify to what extent they believed that each of the ten

statements of the scale was true: 1. The coronavirus is transmitted through droplets and contact. 2. An antiseptic solution (with 70% alcohol) could kill the virus. 3. The incubation period of the coronavirus is between 2–14 days. 4. The coronavirus might cause blood clots. 5. Multiple-layer cloth masks, surgical masks, and N95 masks can prevent the transmission of the infection. 6. Stomachache, headache, and fever are symptoms of the coronavirus infection. 7. The coronavirus infection might lead to pneumonia, respiratory failure, and death. 8. The number of children treated in hospitals with the Omicron variant has been rising worldwide, 9. The most recent coronavirus variants started to combine together to produce even newer variants like the "Deltacron". 10. The coronavirus PCR tests are not always accurate enough. Responses ranged from 1 (to a low extent) to 3 (to a high extent).

The scale included three levels of knowledge: low (less than 20), intermediate (20–25), and high (more than 25).

Reliability: Internal consistency of the scale was sufficient (Cronbach's α= 0.529, Guttman Split-Half coefficient= 0.467).

Validity: Factor analysis was employed for all 10 items, using principal components analysis with varimax rotation. The analysis yielded four factors explaining a total of 54.138% of the variance in the data.

(7) Pandemic-Related Conspiracy Belief:

This 31-point cumulative Likert scale composed of: 1. The coronavirus pandemic was manufactured for financial gains for those who manufactured it; 2. Experts intentionally mislead us for their own benefits, even though the virus is not worse than a flu; 3. The coronavirus was intentionally manufactured to reduce the world's population; 4. The government deliberately hides the real numbers of coronavirus injuries and deaths; 5. Dark forces are using the coronavirus as an excuse to inject us with a vaccine that spies on us; 6. Egypt is one of the few countries that have been the guinea pig of the Coronavirus

vaccine trials; 7. The Coronavirus vaccines got rushed through development without proper clinical trials; 8. The Coronavirus vaccines cause infertility; 9. Bill Gates explained that the coronavirus vaccines use experimental technology and permanently alter the person's DNA; and 10. The WHO admitted that the vaccines were no longer effective with the newer coronavirus variants. Responses were rated, where 1= disagree, 2= don't know, and 3= agree.

The scale included three levels of conspiracy belief: low (16 or less), intermediate (17–23), and high (more than 23).

Reliability: Internal consistency of the scale was sufficient (Cronbach's α= 0.650, Guttman Split-Half coefficient= 0.514).

Validity: Factor analysis was employed, using principal components analysis with varimax rotation. It yielded 3 factors explaining 49.193% of the variance in the data.

(8) Certainty about the Contemporary Strains of Pandemic:

This 5-point Likert scale depended on the question, "Are you certain about your knowledge regarding the effects of the new coronavirus strains on the health of Egyptian citizens?". Responses ranged from 1 (not certain at all) to 5 (very certain).

(9) Hardships Experienced During the Pandemic:

This main scale included three sub-scales; each is a 6-point cumulative Likert scale that represented one of the three types of hardships measured. These are:

1. *Psychological Hardships*. Was measured by asking the participants whether they had faced any of these five situations since the early emergence of the pandemic: 1. Lost a relative/ friend who couldn't survive the coronavirus infection; 2. Was obliged to have direct contact with an/ some infected patient(s); 3. Experienced some emergency situations as a result of having a close relative who got

infected with the virus; 4. Felt stressed/ anxious/ depressed/ isolated because of social isolation enforcement; or 5. Saw the dead body of any of the coronavirus deaths.

2. *Financial Hardships*. Participants were also asked whether they had faced any of these situations since the early emergence of the COVID-19 pandemic: 1. Lost their jobs as a result of the pandemic; 2. Had one of their household members lose his/ her job as a result of the pandemic; 3. Faced a financial crisis as a result of the pandemic; 4. Were obliged to afford extra expenses that did not match their income; or 5. The monthly income of their families became no longer enough to cover their monthly expenses.
3. *Health Hardships*. Participants were similarly asked if they had: 1. Struggled to find treatment for common illnesses as a result of the hospitals and health care workers being busy with combating the pandemic; 2. Struggled to test their infection with the coronavirus pandemic; 3. Struggled to find the treatment for the coronavirus illness; 4. Had difficulties accessing some health facilities (like finding a bed in any of the isolation hospitals); or 5. Got infected with severe COVID-19 symptoms (like being unable to breathe or entering an intensive care unit).

Responses for each situation were 1= no, 2= yes. Thus, responses to all five statements of each sub-scale were rated, ranging from 5 (not at all) to 10 (faced them all). In addition, each scale included three levels of hardship suffering: low (5–6), moderate (7-8), and high (9–10).

Reliability: Internal consistency was low for the psychological hardships' scale (Cronbach's α= 0.488, Guttman Split-Half coefficient= 0.526), sufficient for both the financial (Cronbach's α= 0.680, Guttman Split-Half coefficient= 0.692), and health hardships' scales (Cronbach's α= 0.675, Guttman Split-Half coefficient= 0.640).

Validity: Factor analysis was employed using principal components analysis with varimax rotation. Psychological hardships' scale yielded two factors explaining 60.100% of the variance. Financial hardships' scale yielded one factor explaining 46.114% of the variance. Meanwhile, the health hardships' scale yielded one factor explaining 45.820% of the variance in the data.

(10) Pandemic-Related Trust:

On a 17-point cumulative Likert scale, participants were asked to what extent they agreed/ disagreed with: 1. I trust the accuracy of the pandemic information provided by the Egyptian government; 2. I trust the advice presented by the Egyptian government for protection against the pandemic; 3. I trust the effectiveness of the governmental decisions in controlling the pandemic; and 4. I have complete confidence in the pandemic vaccines provided by the Egyptian government. Responses ranged from 1 (strongly disagree) to 5 (strongly agree). The scale included three levels of trust: low (less than 10), medium (10–less than 15), and high (15 or more).

Reliability: Internal consistency of the scale was acceptable (Cronbach's α= 0.794, Guttman split-half coefficient= 0.788).

Validity: Factor analysis was employed for all 4 items, using principal components analysis with varimax rotation. The analysis yielded one factor explaining 62.300% of the variance in the data.

(11) Demographic Variables:

They included: gender, age, governorate, area of residence (rural or urban), level of education, employment status, current job, and average family income per month.

Main Findings

(A)Independent Variables:

1) Exposure to Governmental Officials' Televised Communication

Exposure	Frequency	Percent
Low	94	15.4
Intermediate	373	**61.2**
High	143	23.4
Total	610	100

The data in the table is in line with prior findings indicating Egyptian official sources to come on top of all sources of information about the virus (Esam, 2020; Morad, 2020) and the positive evaluation towards them (Elshimee, 2020), especially among the Egyptian youth, who trusted political news more in traditional media than in social media (Saleh, 2020).

Further analysis of the exposure rates indicates correlations with age, governorate, and income.

Exposure to governmental officials' televised communication shows a positive correlation with age, since $r= 0.126$ and $p < 0.05$.

Cairo ($M= 7.6593$, $SD= 2.83673$), and other governorates' inhabitants ($M= 7.6842$, $SD= 3.28384$) show lower exposure levels than Qalyubia ($M= 9.1572$, $SD= 2.64224$), and Giza inhabitants ($M= 9.1605$, $SD= 2.62315$), since $F= 15.086$, and $p < 0.05$.

Middle-income participants show the lowest levels of exposure ($M= 6.7101$, $SD= 2.56160$), followed by the high-income participants ($M= 8.2500$, $SD= 3.37832$), then the low-income participants ($M= 8.6905$, $SD= 2.77114$), since $F= 15.576$, and $p < 0.05$.

However, there are no significant correlations with gender ($T= -2.164$, $p > 0.05$), area of residence ($T= 5.690$, $p> 0.05$), level of education ($F= 2.199$, $p> 0.05$), or employment status ($T= -0.314$, $p> 0.05$).

2) Perception of Televised Governmental Communication's Effectiveness

Perception	Frequency	Percent
Lowly effective	78	12.8
Moderately effective	254	41.6
Highly effective	278	**45.6**
Total	610	100

As shown, respondents tend to perceive televised governmental communication amid the COVID-19 pandemic as effective. This is in line with prior findings (El Baradei et al., 2021), as most of the respondents agree that post-pandemic, the government of Egypt did well in informing the public.

Further analysis indicates correlations with age, governorate, area of residence, level of education, and income.

Perceptions of governmental communication's effectiveness show a positive correlation with age, since $r= 0.088$ and $p < 0.05$.

Cairo inhabitants (M= 12.5593, SD= 3.38186) show the lowest levels of perception, followed by the other governorates' inhabitants (M= 12.6842, SD= 2.62578), then Giza inhabitants (M= 14.6543, SD= 2.28231), and finally, Qalyubia inhabitants (M= 14.8679, SD= 3.51869), since $F= 24.767$ and $p < 0.05$. Also, inhabitants of urban areas (M= 13.1843, SD= 3.36278) show lower perception levels than do inhabitants of rural areas (M= 15.1697, SD= 2.74445), since $T= 6.791$ and $p < 0.05$.

The perception scale also shows a negative correlation with education. While participants with postgraduate degrees (M= 12.4000, SD= 2.91961) hold the lowest levels of trust in government, university graduates (M= 13.4940, SD= 3.58743) hold higher levels, whereas participants with intermediate education or less (M= 13.9082, SD= 3.22089) hold the highest levels of trust, since $F= 3.439$ and $p < 0.05$.

The negative correlation also continues with income. High-income participants show the lowest levels of perception (M= 11.2500, SD= 2.38200), followed by the middle-income participants (M= 11.7971,

SD= 3.62824), then the low-income participants (M= 14.0928, SD= 3.18412), since F= 22.963 and p < 0.05.

However, there are no significant correlations with gender (T= -2.333, p> 0.05) or employment status (T= 1.935, p> 0.05).

3) Political Stance of Preferred Media

Preferred political Stance	Frequency	Percent
Pro-Government	336	**55.1**
Both types	174	28.5
Anti-Government	100	16.4
Total	610	100

According to the table, the tendency of respondents to prefer an anti-government stance remains low. This is despite the Egyptian public's preference for the Egyptian private channels' talk shows rather than the governmental channels' talk shows (Emara, 2016). The reason for this is that most of those who prefer this stance refused to complete the questionnaire.

Statistical analysis indicates correlations with governorate, area of residence, level of education, employment status, and income.

Giza inhabitants (M= 2.4568, SD= 0.59081) are more likely to prefer the pro-government media slant to the anti-government one, followed by Qalyubia inhabitants (M= 2.6289, SD= 0.81562), and Cairo inhabitants (M= 2.6815, SD= 0.78226). Finally, the other governorates' inhabitants (M= 2.8421, SD= 0.83421) are the most likely to prefer the anti-government media slant to the pro-government media slant, since F= 3.734 and p < 0.05. Also, inhabitants of rural areas (M= 2.4848, SD= 0.64018) are more likely to prefer the pro-government slant than are inhabitants of urban areas (M= 2.6607, SD= 0.78523), since T= -2.576 and p < 0.05.

Results indicated a positive correlation between the tendency to prefer the government's political stance in media content and the level of education. Participants with postgraduate degrees (M= 2.9333, SD= 0.86834) show more preferences for anti-government and political satire media content than do university graduates (M= 2.7108, SD= 0.75527). However, participants with the

lowest levels of education (intermediate education or less) (M= 2.5507, SD= 0.73388) show the lowest levels of preference for the anti-government media content and the highest levels of preference for the pro-government one, since F= 5.626 and $p < 0.05$.

Preferences for the anti-government political stance are also higher among the employees (M= 2.6407, SD= 0.78439) than among the unemployed (M= 2.5797, SD= 0.71158), since T= -0.997 and $p < 0.05$.

A similar positive correlation also appears between the tendency to prefer the anti-government political stance in media and income. High-income participants (M= 3.0417, SD= 0.85867) show more preferences for the anti-government media than do the middle-income participants (M= 2.8551, SD= 0.84497). Whereas the low-income participants (M= 2.5609, SD= 0.72247) show the lowest levels of preference for the anti-government media content and the highest levels of preference for the pro-government one, since F= 8.933, and $p< 0.05$.

However, there are no significant correlations between the political stance of the preferred media and gender (T= 0.146, $p> 0.05$) or age (F= 0.981, $p> 0.05$).

4) Evaluation of Governmental Response to Pandemic

Evaluation	Frequency	Percent
Low	51	8.4
Intermediate	294	**48.2**
High	265	43.4
Total	610	100

Based on the table, this study argues that the evaluation of the government is just a reflection of its achievements on the ground. In contrast to the dismal responses in several advanced countries, several developing countries did a remarkable job of controlling COVID-19 (Singhal & Kim, 2021).

Further analysis indicates correlations with governorate, area of residence, level of education, and income.

Other governorates' inhabitants (M= 20.0526, SD= 3.86543) show the lowest levels of evaluation for the governmental response to the pandemic, followed by Cairo inhabitants (M= 20.1333, SD= 4.79513), then Giza inhabitants (M= 22.6358, SD= 3.41490). Whereas Qalyubia inhabitants (M= 23.0314, SD= 4.82139) show the highest levels of evaluation, since F= 18.921 and p< 0.05. Also, inhabitants of urban areas (M= 20.6944, SD= 4.65050) show lower levels of evaluation than inhabitants of rural areas (M= 23.8606, SD= 3.76100), since T= 7.845, and p< 0.05.

A negative correlation is shown with education. While participants with postgraduate degrees (M= 19.1667, SD= 5.90782) show the lowest levels, university graduates (M= 20.9699, SD= 4.98656) show higher levels, whereas participants with intermediate education or less (M= 21.9565, SD= 4.32326) show the highest levels of evaluation, since F= 6.969 and p< 0.05.

The analysis also shows a negative correlation with income. High-income participants (M= 19.2500, SD= 3.98093) show the lowest levels of evaluation, followed by the middle-income participants (M= 19.5652, SD= 5.52129), then the low-income participants (M= 21.9226, SD= 4.45061), since F= 11.282, and p< 0.05.

However, there are no significant correlations with gender (T= -0.251, p> 0.05), age (r= -0.001, p> 0.05), or employment status (T= 1.086, p> 0.05).

5) Risk Perception for Contracting the COVID-19 Virus

Risk Perception for Contracting the Virus	Frequency	Percent
Low	90	14.7
Moderate	359	**58.9**
High	161	26.4
Total	610	100

Such moderate levels of risk perception can be interpreted in terms of the pandemic situation in Egypt. Despite being hardly hit by the COVID-19 pandemic, the situation in Egypt remained comparatively

stable. With **49.7%** of respondents perceiving it as very severe, an important remark is that respondents tend to perceive COVID-19 as a severe pandemic more than as a pandemic they are more vulnerable to being hit by.

Further analysis shows no significant correlations with gender (T= -2.735, p> 0.05), age (r= 0.031, p> 0.05), governorate (F= 1.723, p> 0.05), area of residence (T= 4.859, p> 0.05), level of education (F= 0.581, p> 0.05), employment status (T= 0.999, p> 0.05), and income (F= 1.115, p> 0.05) on risk perception.

6) Knowledge about the Pandemic

Knowledge about the Pandemic	Frequency	Percent
Low	39	6.4
Intermediate	394	**64.6**
High	177	29
Total	610	100

When analyzing the data in this table in terms of it being collected during the fifth wave of the COVID-19 pandemic in Egypt, the current study argues that this high level of knowledge about the pandemic among only **29%** of the respondents is an indication of a governmental failure in spreading the essential information about the pandemic, even after two years of its first outbreak. Also, when analyzing this poor knowledge about the pandemic in terms of the nature of the respondents, who are all youth who watch televised communication from government officials, the governmental failure becomes more remarkable.

A potential reason for this failure is that the government's health communication was very far from following what scientific theorists advised. The communicative health strategies implemented by the Egyptian government even ignored the knowledge and social change model that was presented by an Egyptian theorist and proved to be effective in health communication in the Egyptian context. According to the model, the Egyptian government should have spread three levels of knowledge: 1. the awareness level (e.g., you should wear masks); 2. the how-to level (e.g., how to wear them); and 3. the principles level (e.g., why you should wear them) (Elkamel, 2023, p. 189).

Further analysis indicates correlations only with the governorate and level of education.

Pandemic knowledge is lowest among the other governorates' inhabitants (M= 23.3684, SD= 3.28651), followed by Cairo inhabitants (M= 23.4111, SD= 2.59494), and Giza inhabitants (M= 23.8704, SD= 2.69607). However, highest among Qalyubia inhabitants (M= 24.4465, SD= 3.43410), since F= 4.475 and $p< 0.05$.

A positive correlation with education is found. Participants with intermediate education or less (M= 23.5821, SD= 2.82959) show the lowest levels of pandemic knowledge, followed by university graduates (M= 24.1506, SD= 2.98606). Whereas participants with postgraduate degrees (M= 24.9000, SD= 3.19860) show the highest levels, since F= 4.567 and $p< 0.05$. This is consistent with prior research indicating knowledge and awareness to be generally high among university students and staff in the Arab world (AlHajri & Mohamed, 2022).

On the contrary of prior findings indicating correlation with gender (Ferrín et al., 2022), this study finds no significant correlations between pandemic knowledge and each of: gender (T= -0.832, $p> 0.05$), age (r= 0.031, $p> 0.05$), area of residence (T= 0.900, $p> 0.05$), employment status (T= -1.857, $p> 0.05$), and income (F= 1.934, $p> 0.05$).

7) Pandemic-Related Conspiracy Belief

Pandemic-Related Conspiracy Belief	Frequency	Percent
Low	108	17.7
Intermediate	432	**70.8**
High	70	11.5
Total	610	100

The high rates of intermediate pandemic-related conspiracy belief reflect the emergence of the COVID-19 pandemic around the world, which was strongly associated with a surge in conspiracies. Prior studies showed a high portion of citizens to believe in such conspiracy theories (Min, 2021), especially in emerging countries (Ipsos, 2020), like Egypt, especially with the widespread suspicion that the real

numbers of coronavirus injuries and deaths are indeed drastically higher than those announced (Ardovini, 2020).

On the contrary of prior findings indicating sociodemographic groups to be differentially impacted by exposure to misinformation (Loomba et al., 2021), the current study shows no correlations with any of the following: gender (T= 1.227, p> 0.05), age (r= -0.022, p> 0.05), governorate (F= 0.503, p> 0.05), area of residence (T= -5.273, p> 0.05), level of education (F= 1.952, p> 0.05), employment status (T= -1.785, p> 0.05), and income (F= 2.102, p> 0.05). This is also inconsistent with prior findings highlighting the effects of gender (Min, 2021), age (Bapaye & Bapaye, 2021; Min, 2021), education (Hwang & Jeong, 2023), and employment status (Bapaye & Bapaye, 2021).

8) Certainty about the Contemporary Strains of Pandemic

Certainty	Frequency	Percent
Not certain at all	30	4.9
Not certain	112	18.4
Don't know	184	**30.1**
Certain	181	29.7
Very Certain	103	16.9
Total	610	100

It's not surprising for the respondents to feel this much uncertainty regarding the COVID-19 pandemic, which was conceptualized as an uncertainty shock (Ulybina et al., 2022). Further analysis indicates correlations with gender, governorate, area of residence, employment status, and income.

Males (M= 3.51, SD= 1.160) feel more certain than females (M= 3.21, SD= 1.040), since T= 3.445 and p< 0.05.

Other governorates' inhabitants (M= 2.63, SD= 1.165) also show the lowest levels of certainty, followed by Qalyubia inhabitants (M= 2.98, SD= 0.990), then Giza inhabitants (M= 3.19, SD= 1.076). Whereas Cairo inhabitants (M= 3.72, SD=1.074) show the highest levels, since F= 21.888 and p< 0.05. Also, inhabitants of rural areas (M= 2.84, SD= 1.030) show lower levels than do inhabitants of urban areas (M= 3.54, SD= 1.079), since T= -7.198 and p< 0.05.

Also, the unemployed participants (M= 3.34, SD= 1.062) show lower levels of certainty than those employed (M= 3.36, SD= 1.148), T= -0.167, and p< 0.05.

High-income participants (M= 3.00, SD= 1.103) also show the lowest levels of certainty, followed by low-income participants (M= 3.33, SD= 1.115), then middle-income participants (M= 3.67, SD= 1.010), since F= 4.160 and p< 0.05.

However, there are no correlations between certainty and age (r= -0.076, and p> 0.05) or level of education (F= 2.290, p> 0.05).

9) Hardships Experienced During Pandemic

1. Psychological Hardships:

Psychological Hardships	Frequency	Percent
Low	106	17.4
Moderate	369	**60.5**
High	135	22.1
Total	610	100

Collecting the data in this table during the fifth wave of the pandemic makes the current study argue that these high levels of psychological hardships experienced by the respondents have been drastically lower than they were during the early waves, when strict regulations and lockdowns were enforced, especially when analyzing a sample of COVID-19 news viewers, since watching COVID-19 news for more than two hours per day is associated with a high likelihood of depression, anxiety, stress, and inadequate sleeping (Arafa et al., 2021).

Further analysis indicates correlations with the governorate and income.

Other governorates' inhabitants (M= 8.4737, SD= 1.17229) suffer psychological hardships the most, followed by Cairo inhabitants (M= 7.7704, SD= 1.31585), then Qalyubia inhabitants (M= 7.5912, SD= 1.38351). Whereas, suffering psychological hardships is lowest among Giza inhabitants (M= 7.2593, SD= 1.01269), since F= 8.666, and p< 0.05.

A positive correlation exists with income. High-income participants (M= 8.3333, SD= 1.00722) suffer the highest levels, followed by middle-income

participants (M= 7.8406, SD= 1.10644), then low-income participants (M= 7.5455, SD= 1.30160), since F= 5.688 and p< 0.05.

In contrast to prior findings confirming gender, age, and employment in Egypt to be associated with the likelihood of depression, anxiety, stress, and inadequate sleeping (Arafa et al., 2021), this study shows no correlations between psychological hardships and any of the following: gender (T= 4.920, p> 0.05), age (r= 0.049, p> 0.05), area of residence (T= -5.053, p> 0.05), level of education (F= 0.703, p> 0.05), and employment status (T= -3.285, p> 0.05).

Financial Hardships:

Financial Hardships	Frequency	Percent
Low	114	18.7
Moderate	258	**42.3**
High	238	39
Total	610	100

The high levels of financial hardships faced, especially with **78%** of respondents confirming their monthly income to "no longer cover their expenses", **73.8%** facing a "financial crisis as a result of the pandemic" and **71.6%** being "obliged to afford extra expenses that do not match their income", are all very consistent with the current economic situation worldwide. In Egypt, economic losses from major sources of revenues reflected on economic growth (African Union, 2020) as well as on citizens as the country continued to control cases and losses of life (Gaye et al., 2021).

Further analysis indicates correlations with governorate, area of residence, level of education, and income.

Giza inhabitants (M= 8.3025, SD= 1.13164) suffer financial hardships the most, followed by Qalyubia (M= 7.8994, SD= 1.46778), then Cairo inhabitants (M= 7.7593, SD= 1.62845), and finally other governorates' inhabitants (M= 6.7895, SD= 1.31567), since F= 8.599 and p< 0.05. Also, inhabitants of rural areas (M= 8.2909, SD= 1.23475) suffer more financial hardships than do inhabitants of urban areas (M= 7.7685, SD= 1.54742), since T= 3.900 and p< 0.05.

A negative correlation exists with education. While participants with intermediate education or less (M= 8.1111, SD= 1.41668) suffer the highest levels

of financial hardships, university graduates (M= 7.6084, SD= 1.53652) suffer lower levels. Whereas participants with postgraduate degrees (M= 6.8000, SD= 1.42393) suffer the lowest levels, since F= 16.349 and $p < 0.05$.

The negative correlation also continues with income. High-income participants (M= 7.1250, SD= 1.42379) suffer the lowest levels of financial hardships, followed by middle-income participants (M= 7.3913, SD= 1.82481), then low-income participants (M= 8.0155, SD= 1.41550), since F= 9.081 and $p < 0.05$.

However, there are no significant correlations with gender (T= 5.258, $p > 0.05$), age (r= 0.018, $p > 0.05$), or employment status (T= -2.036, $p > 0.05$).

2. *Health Hardships:*

Health Hardships	Frequency	Percent
Low	366	**60**
Moderate	172	28.2
High	72	11.8
Total	610	100

It has to be added that among all other health hardships, "struggling to find treatment for common illnesses as a result of the hospitals and healthcare workers being busy with combating the pandemic" was the most prevalent, with 50.3% of respondents reporting it. Since the first COVID-19 case was declared in Egypt on February 14th, 2020, the number of reported cases has increased daily (Amar et al., 2020). On February 21st, 2023, there had been 515,698 confirmed cases of COVID-19, with 24,809 deaths (WHO, 2022)[*]. This large number of announced hospitalized cases has resulted in the respondents being exposed to health hardships, regardless of their gender (T= 3.935, $p > 0.05$), age (r= 0.000, $p > 0.05$), governorate (F= 2.416, $p > 0.05$), level of education (F= 0.130, $p > 0.05$), employment status (T= 0.229, $p > 0.05$), and income (T= 0.696, $p > 0.05$).

Only the area of residence was significant. Urban areas (M= 6.6090, SD= 1.50671) suffer more health hardships than rural areas (M= 6.2061, SD= 1.32286), since T= -3.029 and $p < 0.05$.

[*] https://covid19.who.int/region/emro/country/eg

Dependent Variable:

Pandemic –Related Trust

Pandemic –Related Trust	Frequency	Percent
Low	59	9.7
Medium	277	**45.4**
High	274	44.9
Total	610	100

The medium to high levels of pandemic-related trust are in line with prior literature indicating citizens of countries like Egypt place greater trust in their governments than people living in countries with greater participatory mechanisms (Albrecht & Loewe, 2022). These relatively high levels can also be described as an immediate reflection of some of the government's early attempts to combat the pandemic, like its increased spending on health (Elkhashen et al., 2021) and efforts to strengthen medicine's regulatory and management systems (Abd Elsalam, 2021). Though they were all hardly enough for the increased numbers of daily injuries, these recent changes are argued to have led to these levels of pandemic-related trust, especially the trust in "the advice presented by the government for protection" and the trust in "the effectiveness of the governmental control decisions" that come on top of other evaluations.

Further analysis indicates correlations with age, governorate, area of residence, level of education, and income.

Pandemic-related trust shows a positive correlation with age, since $r= 0.086$ and $p < 0.05$. This is in line with prior literature proving trust in government to rise with age in Tunisia (Albrecht & Loewe, 2022).

Cairo inhabitants (M= 13.2259, SD= 3.55060) show the lowest levels of pandemic-related trust, followed by the other governorates' inhabitants (M= 13.4737, SD= 2.14394), then Giza inhabitants (M= 14.3889, SD= 2.63340). Finally, trust is highest among Qalyubia inhabitants (M= 15.0881, SD= 3.06136), since $F= 12.620$ and $p< 0.05$. Also, inhabitants of urban areas (M= 13.6067, SD= 3.32144) show lower levels of pandemic-related trust than do

inhabitants of rural areas (M= 15.1636, SD= 2.77245), since T= 5.367 and p< 0.05.

On the contrary to prior literature showing no significance for education (Albrecht & Loewe, 2022), this study shows negative correlations with education. While participants with postgraduate degrees (M= 12.5000, SD= 2.54274) show the lowest levels of pandemic-related trust, university graduates (M= 13.7590, SD= 3.11435) show higher levels, whereas participants with the least education (M= 14.2464, SD= 3.32314) show the highest levels, since F= 4.866 and p< 0.05. This is in line with prior findings uncovering that about one-third of last year's university students questioned the government's ability to deal with the novel coronavirus (Mansour, 2021).

On the contrary to prior literature showing no significance for income (Albrecht & Loewe, 2022), this study provides evidence that middle-income participants (M= 12.3188, SD= 3.31881) show the lowest levels of pandemic-related trust, followed by high-income participants (M= 12.5833, SD= 2.58620). Then, the low-income participants (M= 14.3230, SD= 3.19006), since F= 14.630, and p < 0.05.

However, there are no significant correlations with gender (T= -1.575, p> 0.05) or employment status (T= 1.158, p> 0.05). This is in line with prior literature showing no significance for occupation (Albrecht & Loewe, 2022).

Hypotheses Testing:

To test all eight hypotheses, the researcher relied on a multiple regression model. It tested if the 12 independent variables significantly predicti pandemic-related trust. The overall regression is statistically significant (R^2 = 0.543, p= 0.000).

The fitted regression model is:

Pandemic-related trust = 5.360 + 0.174 (perception of governmental officials televised communication's effectiveness) + 0.360 (evaluation of the governmental response to the pandemic) - 0.077 (risk perception for contracting the COVID-19 virus) + 0.241 (certainty about the contemporary strains of pandemic) + 0.081

(pandemic-related knowledge) - 0.170 (pandemic-related conspiracy belief) + 0.137 (health hardships) + 0.846 (preference for a pro-government stance) + 4.837.

This can be illustrated through the following diagram:

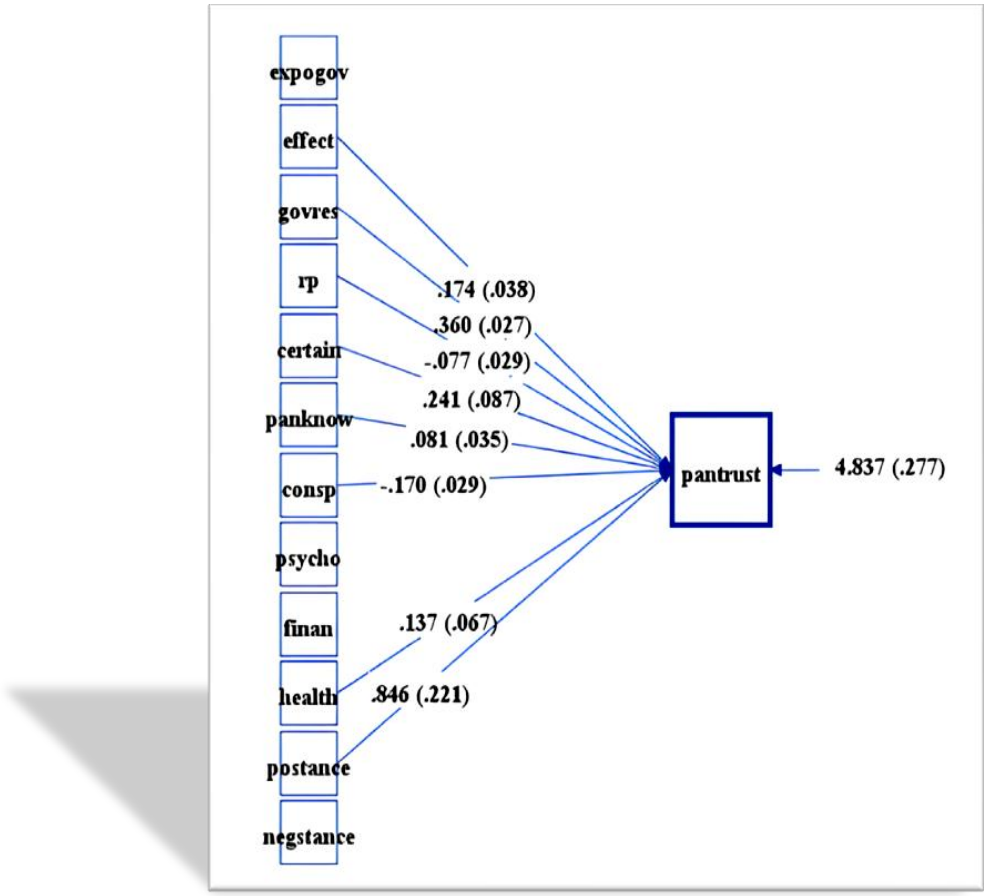

Fig. 1: MPlus Diagram for the Determinants of Pandemic-Related Trust

where: expogov= exposure to governmental officials' televised communication, effect= perception of its effectiveness, govres= evaluation of the government's response to the pandemic, rp= risk perception for contracting the virus, certain= certainty about the contemporary strains of the pandemic, panknow= pandemic-related knowledge, consp= pandemic-related conspiracy belief, psycho= psychological hardships, finan= financial hardships, health= health

hardships, postance= preference for the pro-government media stance, negstace= preference for the anti-government media stance, pantrust= pandemic-related trust.

It is found that:

- Perception of governmental officials televised communication's effectiveness positively predicts pandemic-related trust (β= 0.174, p= 0.000). This indicates accepting the second part of H1. However, exposure to governmental officials' televised communication does not significantly predict pandemic-related trust (β= 0.042, p= 0.273), which indicates rejecting the first part of H1.
- Preference for a pro-government stance positively predicts pandemic-related trust (β= 0.846, p= 0.000). This indicates accepting H2a. However, preference for an anti-government stance does not significantly predict pandemic-related trust (β= 0.422, p= 0.151), which indicates rejecting H2b.
- Evaluation of the governmental response to the pandemic positively predicts pandemic-related trust (β= 0.360, p= 0.000), which indicates accepting H3.
- Risk perception for contracting the COVID-19 virus negatively predicts pandemic-related trust (β= - 0.077, p= 0.007), which indicates accepting H4.
- Certainty about the contemporary strains of pandemic positively predicts pandemic-related trust (β= 0.241, p= 0.006), which indicates accepting H5.
- Pandemic-related knowledge positively predicts pandemic-related trust (β= 0.081, p= 0.023), which indicates accepting H6.
- Pandemic-related conspiracy belief negatively predicts pandemic-related trust (β= - 0.170, p= 0.000), which indicates accepting H7.
- Psychological (β= -0.021, p= 0.790) and financial hardships (β= -0.089, p= 0.151) experienced during the pandemic do not significantly predict pandemic-related trust. However, health hardships experienced during the pandemic positively predict pandemic-related trust (β= 0.137, p= 0.041). This indicates rejecting H8a, H8b, and H8c.

Discussion:

With roughly half of the population sharing trust in Egyptian authorities (Albrecht & Loewe, 2022), this study revealed that the youth respondents tend to express high levels of pandemic-related trust, regardless of their levels of exposure to governmental officials' televised communication. This is contrary to pre-pandemic research indicating a positive correlation between exposure to televised talk shows and political trust among the Egyptian public (Ali, 2017). Such contradictory findings might refer to the change in determinants of political trust post-pandemic (Schraff, 2020), especially among youth respondents in a contemporary world where distrust is the default for government and media around the world (Edelman Trust Barometer, 2022).

Positive predictors of pandemic-related trust included: perception of governmental officials televised communication's effectiveness; preference for a pro-government stance; evaluation of the governmental response to the pandemic; certainty about the contemporary strains of the pandemic; pandemic-related knowledge; and experiencing health hardships amid the pandemic.

Surprisingly, neither psychological nor financial hardships seemed to significantly impact pandemic-related trust. This contradicts prior findings regarding the effectiveness of both types of hardships (e.g., Commey-Mintah et al., 2023; ElTohamy et al., 2022; Trógolo et al., 2022; Higashi et al., 2021; Taylor et al., 2022). The researcher interprets this contradiction in terms of the many respondents refusing to complete the questionnaire as soon as they notice the government-related questions. Even among those who completed it, many of them admitted being afraid to tell the truth in response to such questions. That's why they preferred to show unreal-average trust. This interpretation is consistent with what human rights' organizations confirmed regarding the "unprecedented crackdown on freedom of expression" in Egypt (Amnesty International, 2018), as well as what prior studies argued regarding the current political atmosphere in Egypt that aimed at

"silencing all critics", since "the state's violations of human rights are not only normalized or legitimized but also justifiable" (Abozaid, 2020).

More surprisingly, health hardships showed a positive correlation with pandemic-related trust. This is contrary to the prior finding that being affected in terms of health had no significant effect (Delhey et al., 2021). This might be a result of how the Egyptian government defined the pandemic situation in Egypt. A cross-section of autocratic nations revealed that all autocratic regimes defined public health through economic and political imperatives that were similar across borders and cultures (Burkle, 2020). Such governments sought to pass the ball of responsibility between various groups of actors to rapidly and continually shift the balance between avoiding blame and taking credit (Kettell & Kerr, 2022). This method of hiding governmental failure to adopt investments in public health infrastructure, education, and prevention measures to keep pace with population growth and density in autocratic countries (Burkle, 2020) seems to succeed in keeping pandemic-related trust even among those experiencing health hardships through the COVID-19 pandemic in Egypt. This is even though Egypt was the worst-hit north African country by the pandemic (Ardovini, 2020). In addition to prior findings indicating the Egyptian pharmaceutical system is vulnerable to corruption (Abd Elsalam, 2021).

Contrary to what was hypothesized, the anti-government stance of preferred media did not correlate with pandemic-related trust. The researcher interprets this in terms of the very small number of respondents who prefer this political stance in media content.

Lastly, negative predictors of pandemic-related trust included risk perception for contracting the COVID-19 virus and pandemic-related conspiracy belief. This is in line with prior findings proving a negative correlation between political trust and each of risk perception (e.g., Atkinson-Clement & Pigalle, 2021; Clair et al., 2021; Lalot et al., 2020; Dryhurst et al., 2020; McFadden et al., 2020) and conspiracy belief (e.g., Alimardnai & Elswah, 2020; Karić & Međedović, 2021).

References:

Aassve, A., Alfani, G., Gandolfi, F., & Le Moglie, M. (2021). Epidemics and Trust: The Case of The Spanish Flu. *Health Economics*, 30(4), 840-857.

Abd Elsalam, S. (2021). Measuring Transparency in the Egyptian Pharmaceutical System. The American University in Cairo.

Abozaid, A. M. (2020). Counterterrorism Strategy and Human Rights in Egypt after the Arab Uprising: A Critical Appraisal. *Aggression and violent behavior*, 51, 101385, 1-15.

African Union (2020). Impact of The Coronavirus (COVID 19) on The African Economy.

Amar, L., Taha, A., & Mohamed, M. (2020). Prediction of the Final Size for COVID-19 Epidemic Using Machine Learning: A Case Study of Egypt. *Infectious Disease Modelling*, 5, 622-634.

Arafa, A., Mohammed, Z., Mahmoud, O., Elshazley, M., & Ewis, A. (2021). Depressed, Anxious, and Stressed: What have Healthcare Workers on the Frontlines in Egypt and Saudi Arabia Experienced during the COVID-19 Pandemic?. *Journal of Affective Disorders*, 278, 365-371.

Albrecht, H., & Loewe, M. (2022). States or Social Networks? Popular Attitudes amid Health Crises in the Middle East and North Africa. *International Political Science Review*, 1-19.

Albrecht, H., Bufano, M., & Koehler, K. (2021). Role Model or Role Expansion? Popular Perceptions of the Military in Tunisia. *Political Research Quarterly*, 1-17.

Alimardnai, M., & Elswah, M. (2020). Trust, Religion, and Politics: Coronavirus Misinformation in Iran. In: *2020 Misinfodemic Report: COVID-19 in Emerging Economies*, Meedan.

AlHajri, L., & Mohamed, H. M. (2022). Measuring the Level of Knowledge and Awareness About COVID-19 Among the Community of a College in Dubai: A Comparative Study Between Participants of Health Sciences and Non-Health Sciences Backgrounds. *SAGE Open*, *12*(2), 1-11.

Ardovini, L., (2020). Resilient Authoritarianism and Global Pandemics: Challenges in Egypt at the Time of COVID-19. In: *The COVID-19 Pandemic in the Middle East and North Africa*. 58-60.

Amnesty International. (2018). Egypt: Unprecedented Crackdown on Freedom of Expression under al-Sisi turns Egypt into open-air Prison. Retrieved on September 6th, 2022, at: https://www.amnesty.org/en/latest/news/2018/09/egypt-

unprecedented-crackdown-on-freedom-of-expression-under-alsisi-turns-egypt-into-openair-prison/

Atkinson-Clement, C., & Pigalle, E. (2021). What can we Learn from Covid-19 Pandemic's Impact on Human Behaviour? The Case of France's Lockdown. *Humanities and Social Sciences Communications,* 8(1), 1-12.

Bapaye, J. A., & Bapaye, H. A. (2021). Demographic factors Influencing the Impact of Coronavirus-related Misinformation on WhatsApp: Cross-Sectional Questionnaire Study. *JMIR Public Health and Surveillance*, 7(1), 1-16.

Bargain, O., & Aminjonov, U. (2020). Trust and compliance to public health policies in times of COVID-19. *Journal of Public Economics*, 192, 1-13.

Bickham, S. B., & Francis, D. B. (2021). The Public's Perceptions of Government Officials' Communication in the Wake of the COVID-19 Pandemic. *Journal of Creative Communications*, 16(2), 190-202.

Blair, R., Morse, B., & Tsai, L. (2017). Public Health and Public Trust: Survey Evidence from the Ebola Virus Disease Epidemic in Liberia. *Social Science & Medicine*, 172, 89-97.

Bol, D., Giani, M., Blais, A., & Loewen, P. J. (2020). The effect of COVID- 19 Lockdowns on Political Support: Some Good News for Democracy?. *European Journal of Political Research*. 1-9.

Bolsen, T., Palm, R., & Kingsland, J. T. (2020). Framing the Origins of COVID-19. *Science Communication*, 42(5), 562-585.

Brück, T., Ferguson, N., Justino, P., & Stojetz, W. (2020). Trust in the time of Corona. UNU-WIDER.

Bruns, A., Harrington, S., & Hurcombe, E. (2020). 'Corona? 5G? or both?': The Dynamics of COVID-19/5G Conspiracy Theories on Facebook. *Media International Australia*, 177(1), 12-29.

Burkle, F. M. (2020). Declining Public Health Protections within Autocratic Regimes: Impact on Global Public Health Security, Infectious Disease Outbreaks, Epidemics, and Pandemics. *Prehospital and Disaster Medicine*, *35*(3), 237-246.

Bursztyn, L., Rao, A., Roth, C., & Yanagizawa-Drott, D., (2020). Misinformation During a Pandemic. *NBER Working Paper*. No. 27417. 1-112.

CAPMAS, (2022). Statistical Yearbook – Population.

Chockalingam, V., Wu, V., Berlinski, N., Chandra, Z., Hu, A., Jones, E., Kramer, J., Li, X., Monfre, T., Ng, Y., Sach, M., Smith-Lopez, M., Solomon, S., Sosanya, A., & Nyhan, B. (2021). The limited Effects of

Partisan and Consensus Messaging in Correcting Science Misperceptions. *Research & Politics*, 8(2), 1-9.

Clair, R., Gordon, M., Kroon, M., & Reilly, C. (2021). The Effects of Social Isolation on Well-being and Life Satisfaction during Pandemic. *Humanities and Social Sciences Communications*, 8(1), 1-6.

Commey-Mintah, P., Adjei-Boateng, E., Boateng, F. K., Awoniyi, F. C., & Amponsah, K. D. (2023). Occupational Stress and Marital Contentment in the COVID-19 Era among Married Tutors of Colleges of Education. *Journal of Education and Learning (EduLearn)*, 17(1), 102-112.

Retrieved From: https://doi.org/10.11591/edulearn.v17i1.20566

Delhey, J., Steckermeier, L. C., Boehnke, K., Deutsch, F., Eichhorn, J., Kühnen, U., & Welzel, C. (2021*).* A Virus of Distrust?: Existential Insecurity and Trust During the Coronavirus Pandemic. *The Chairs of Sociology, 80*. 1-28.

Devine, D., Gaskell, J., Jennings, W., & Stoker, G. (2020). Trust and the Coronavirus Pandemic: What are the Consequences of and for Trust? An Early Review of the Literature. *Political Studies Review*, 1-12.

Dulani, B., Harris, A., Lust, E., Ferree, K., Kao, K., Ahsan Jansson, C., & Metheney, E. A. (2021). Elections in the Time of Covid-19: The Triple Crises around Malawi's 2020 Presidential Elections. *Journal of Elections, Public Opinion and Parties*, 31(sup1), 56-68.

Dryhurst, S., Schneider, C. R., Kerr, J., Freeman, A. L., Recchia, G., Van Der Bles, A. M., Spiegelhalter, D., & van der Linden, S. (2020). Risk Perceptions of COVID-19 around the World. *Journal of Risk Research,* 23(7-8), 994-1006.

El Baradei, L., Kadry, M., & Ahmed, G. (2021). Governmental Social Media Communication Strategies during the COVID-19 Pandemic: The Case of Egypt. *International Journal of Public Administration*, 44(11-12), 907-919.

Elkhashen, E, Sarhan, A., & Ejiogu, A. (2020). Egyptian Budgetary Responses to COVID-19 and their Social and Economic Consequences. Journal of Public Budgeting, *Accounting & Financial Management.* 33(1). 78- 86.

Elshimee, M. (2020). The Egyptian Public's Dependency on the Ministry of Health Official Pages as a Source of Information during the COVID-19 Pandemic: An Analytical and field study. *Egyptian Public Opinion Research Journal*. 19 (3). 577-641.

ElTohamy, A., Hyun, S., Macaranas, A. R., Chen, J. A., Stevens, C., & Liu, C. H. (2022). Testing positive, Losing a Loved one, and Financial

Hardship: Real-World Impacts of COVID-19 on US College Student Distress. *Journal of Affective Disorders,* 314, 357-364.

Edelman Trust Barometer. (2022). Government and Media Fuel a Cycle of Distrust.

Emara, M. (April- June 2016). Egyptian Audience's Evaluation for the Quality of Television opinion shows in the Egyptian Channels. *Scientific Journal of Radio and Television Research*, 6, 285- 315.

Ezulike, C., Okoye, U., & Ekoh, P. (2022). Social Work Undergraduates Students and COVID-19 Experiences in Nigeria. *Qualitative Social Work*, 21(5), 880–896.

Falcone, R., Castelfranchi, C., & Colì, E. (2020). Coronavirus e fiducia—Una Ricerca Esplorativa. Consiglio Nazionale delle Ricerche.

Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings Effect: Politics, Trust, and Behaviours during The COVID-19 Pandemic. *The Lancet*, 396(10249), 464-465.

Ferrín, M., García-Albacete, G., & Sánchez-Vítores, I. (2022). How long Does it Take to Admit that you do not Know? Gender Differences in Response time to Political Knowledge Questions. *Research & Politics*, 9(3), 1-7.

Filsinger, M., & Freitag, M. (2021). When Good News Backfires: Feelings of Disadvantage in the Corona Crisis. *International Political Science Review,* 1-16.

Flinders, M. (2020). Gotcha! Coronavirus, Crises and the Politics of Blame Games. Political Insight, 11(2), 22-25.

Flinders, M. (2021). Democracy and the Politics of Coronavirus: Trust, Blame and Understanding. *Parliamentary Affairs*, 74(2), 483-502.

Gaye, Y. E., Agbajogu, C., & El Oakley, R. (2021). COVID-19 on the Nile: Review on the Management and Outcomes of the COVID-19 Pandemic in the Arab Republic of Egypt from February to August 2020. *International Journal of Environmental Research and Public Health*, 18, 1588, 1-10.

Georgiou, N., Delfabbro, P., & Balzan, R. (2021). Conspiracy-Beliefs and Receptivity to Disconfirmatory Information: A Study Using the BADE Task. *SAGE Open*, 11(1), 1-9.

Higashi, R. T., Sood, A., Conrado, A. B., Shahan, K. L., Leonard, T., & Pruitt, S. L. (2022). Experiences of Increased Food Insecurity, Economic And Psychological Distress During the COVID-19 Pandemic

among Supplemental Nutrition Assistance Program-Enrolled Food Pantry Clients. *Public Health Nutrition*, 25(4), 1027-1037.

Huang, F. L., Reinke, W., & Herman, K. (2021). Does Worrying Matter? Priming and Attitudes Toward Mask Wearing in a Midwestern State. *SAGE Open*, 11(4), 1-8.

Hwang, Y. & Jeong, S. H. (2023). Education-based Gap in Misinformation Acceptance: Does the Gap Increase as Misinformation Exposure Increases?. *Communication Research*, 50(2), 157-178.

Ipsos. (2020). Theories about How COVID-19 Spreads Varies with Emerging markets more Likely to Believe Myths.

Irwin, A., & Nkengasong, J. (2021). What it will take to Vaccinate the World Against COVID-19. *Nature*, 592(7853), 176- 178.

Karić, T., & Međedović, J. (2021). COVID-19 Conspiracy Beliefs and Containment-Related Behaviour: The Role of Political Trust. *Personality and Individual Differences*, 175, 1-6.

Kettell, S., & Kerr, P. (2022). 'Guided by the science':(De) Politicising the UK Government's Response to the Coronavirus Crisis. *The British Journal of Politics and International Relations*, 24(1), 11-30.

Kreps, S., & Kriner, D. (2020). Model Uncertainty, Political Contestation, and Public Trust in Science: Evidence from the COVID-19 Pandemic. *Science Advances*, 6(43), 1-12.

Kuznar, L. A. (2021). A Tale of two Pandemics: Evolutionary Psychology, Urbanism, and the Biology of Disease Spread Deepen Sociopolitical Divides in the US. *Humanities and Social Sciences Communications*, 8(1), 1-6.

Lalot, F., Abrams, D., & Travaglino, G. A. (2020) a. Aversion amplification in the emerging COVID- 19 pandemic: The impact of political trust and subjective uncertainty on perceived threat. *Journal of Community & Applied Social Psychology*. 1-10.

Lemey, P., Ruktanonchai, N., Hong, S. L., Colizza, V., Poletto, C., Van den Broeck, F., Gill, M., Ji, X., Levasseur, A., Munnink, B., Koopmans, M., Sadilek, A., Lai, S., Tatem, A., Baele, G., Suchard, M., & Dellicour, S. (2021). Untangling Introductions and Persistence in COVID-19 Resurgence in Europe. *Nature*, 595(7869), 713-717.

Levada- Center. (2021). Attituide to The New Term of Vladimir Putin. Retrieved on September 20th, 2022, at: https://www.levada.ru/en/2021/03/01/attitude-to-the-new-term-of-vladimir-putin/.

Lieberoth, A., Lin, S., Stöckli, S., Han, H., Kowal, M., Gelpi, R., Chrona, S., Tran, T., Jeftic, A., Rasmussen, J., Cakal, H., Milfont, T., & The COVIDSTRESS Global Survey Consortium (2021). Stress and Worry in The 2020 Coronavirus Pandemic: Relationships to Trust and Compliance with Preventive Measures across 48 countries in the COVIDiSTRESS global survey. *Royal Society Open Science*, 8(2), 1-33.

Loomba, S., de Figueiredo, A., Piatek, S., de Graaf, K., & Larson, H. (2021). Measuring the Impact of COVID-19 Vaccine Misinformation on Vaccination Intent in the UK and USA. *Nature Human Behaviour*, 5(3), 337-348.

Lone, S., & Ahmad, A., (2020). COVID-19 Pandemic– an African Perspective. *Emerging Microbes & Infections*. 9(1). 1300-1308.

Mansour, E. (2021). Information Transparency: How do Department of Library and Information Science Students at South Valley University Perceive the State's Dealing with the Novel Coronavirus Outbreak?. *Journal of Librarianship and Information Science*, 53(4), 572-588.

McFadden, S. M., Malik, A. A., Aguolu, O. G., Willebrand, K. S., & Omer, S. B. (2020). Perceptions of the Adult US Population Regarding the Novel Coronavirus Outbreak. *PloS one*, 15(4), 1-6.

Min, S. J. (2021). Who Believes in Conspiracy Theories? Network Diversity, Political Discussion, and Conservative Conspiracy Theories on Social Media. *American Politics Research*, 49(5), 415-427.

Morad, B. (2020). Egyptian Audience Interaction about "Coronavirus" Crisis Content via Social Networking Sites and Mobile Phone Application. Egyptian Public Opinion Research Journal. 19(3). 167-253.

National Center for Health Statistics. (2021). Anxiety and Depression. Retrieved on September 20th, 2022, at: https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

Newton, K. (2020). Government Communications, Political Trust and Compliant Social Behaviour: The Politics of Covid- 19 in Britain. *The Political Quarterly*, 91(3), 502-513.

Oksanen, A., Kaakinen, M., Latikka, R., Savolainen, I., Savela, N., & Koivula, A. (2020). Regulation and trust: 3-month follow-up study on COVID-19 mortality in 25 European countries. *JMIR Public Health and Surveillance*, 6(2), 1-12.

Our World in Data (2021). Coronavirus (COVID- 19) Vaccinations. Retrieved on September, 20th 2022, at: https://ourworldindata.org/covid-vaccinations

Pew Research Center. (2019). Young Americans are Less Trusting of other People - and key Institutions -than their Elders.

Reagan Institute. (2021). Latest Reagan National Defense Survey Shows Declining Confidence in U.S. Military but Broad Support for American Leadership in the World.

Reinhardt, M., Findley, M., & Countryman, R. (2021). Policy Liberalism and Source of News Predict Pandemic-Related Health Behaviors and Trust in the Scientific Community. *PLoS One*, 16(6), 1-15.

Saleh, A. (2020). Do youth trust in Political news on Social media? Impacts of Trust or Distrust on the Egyptian Young Citizens Political Engagement, *Egyptian Public Opinion Research Journal.* 19(1). 47-84.

Schraff, D. (2020). Political Trust during the Covid- 19 Pandemic: Rally around the Flag or Lockdown Effects?. *European journal of political research*. 1-11.

Singhal, A., & Kim, D. K. D. (2021). The Role of the Communication Discipline to Tackle COVID-19: Interrogating Positive Deviations and Critical Discourses. *Journal of Creative Communications.* 16(2). 135–138.

Taylor, M. G., Carr, D. C., & Jason, K. (2022). Financial Hardship And Psychological Resilience During COVID-19: Differences By Race/Ethnicity. *The Journals of Gerontology: Series B*, 77(7), e117-e122.

Trógolo, M. A., Moretti, L. S., & Medrano, L. A. (2022). A Nationwide Cross-Sectional Study Of Workers' Mental Health During the COVID-19 Pandemic: Impact of Changes in Working Conditions, Financial Hardships, Psychological Detachment from Work And Work-Family Interface. *BMC psychology*, 10(1), 73.

Ulybina, O., Ferrer, L., & Alasuutari, P. (2022). Intergovernmental Organizations in the Face of the Covid-19 pandemic: Organizational Behaviour in Crises and under Uncertainty. *International Sociology*, 37(4) 415–438.

WHO. (2022). World Health Organization. Retrieved on September 20th, 2022, at: https://covid19.who.int/region/emro/country/eg

Vinck, P., Pham, P. N., Bindu, K. K., Bedford, J., & Nilles, E. J. (2019). Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Outbreak in North Kivu, DR Congo: A Population-based Survey. *The Lancet Infectious Diseases*, 19, 529-536.

Zaman, K., Bashir, S., Afaq, Z., & Khan, N. (2022). Covid-19 Risk Perception of Travel Destination Development and Validation of a Scale. *SAGE Open,* 12(1), 1-10.

Zhao, K., & Bhuyan, R. (2024). Assembling Social Determinants of Health: COVID-19 Vaccination Inequities for International Students in Canada. *International Social Work*, *67*(2), 423-436.

Zhao, E., Wu, Q., Crimmins, E. M., & Ailshire, J. A. (2020). Media Trust and Infection Mitigating Behaviours during the COVID-19 Pandemic in the USA. *BMJ global health*, 5(10), 1-10.

Zhang, J. (2021). People's Responses to the COVID-19 Pandemic during its early Stages and Factors Affecting those Responses. *Humanities and Social Sciences Communications, 8*(37), 1-13.

Ali, 2017:

علي، آية. (2017). التعرض للبرامج الحوارية التليفزيونية ومواقع التواصل الاجتماعي وعلاقته بمستوى الثقة السياسية لدى الجمهور المصري. *المؤتمر الدولي الثالث والعشرين*. كلية الإعلام. جامعة القاهرة. ص ص 607- 667.

Elkamel, 2023:

الكامل، فرج. (2023). *تأثير وسائل الإعلام والتواصل الاجتماعي- الأسس النفسية والاجتماعية والنظريات العلمية*. ط1. الدار المصرية اللبنانية. القاهرة.

Esam, 2020:

عصام، إيمان. (2020). اعتماد الجمهور المصري على وسائل الإعلام أثناء الأزمات: دراسة حالة لجائحة كوفيد-19 بمصر. *المجلة المصرية لبحوث الرأي العام*. 19(4). 177-231