

Navigating Crisis Communication in Southeast Asia: A Comparative Analysis of Media Framing during Public Health Emergencies

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Abstract:- In the increasingly interconnected media environment of Southeast Asia, public health emergencies such as pandemics and viral outbreaks challenge governments and media systems to communicate information effectively and manage public sentiment responsibly. This paper investigates the strategies and nuances of crisis communication by analyzing how news media in selected Southeast Asian countries framed public health emergencies. Using a comparative lens, the study examines media coverage from Singapore, Indonesia, Vietnam, and the Philippines during major health crises—including the COVID-19 pandemic, the dengue fever outbreak, and the avian influenza scare. The research applies a qualitative content analysis of mainstream media articles and broadcast content from 2020 to 2023, identifying keyframing devices such as responsibility attribution, fear appeal, reassurance messaging, and expert reliance. It further integrates theoretical perspectives from framing theory, agenda-setting, and cultural communication to explore how sociopolitical structures and media freedom indices influence message construction. The findings reveal that while Singapore employed a technocratic, top-down communication approach with a strong emphasis on governmental expertise and scientific framing, Indonesia and the Philippines exhibited a more fragmented media landscape with narratives often oscillating between populism, blame assignment, and grassroots storytelling. Vietnam, with its state-controlled media, predominantly adopted a consensus-driven model that emphasized collective action and minimized panic. Crucially, the analysis uncovers significant differences in audience engagement, misinformation management, and media trust levels across the countries studied. In particular, the extent of media freedom and digital literacy emerged as pivotal variables affecting both the clarity and credibility of crisis narratives. The paper argues that effective crisis communication in Southeast Asia depends not only on timely and transparent information but also on the cultural adaptability of framing strategies and trust-building mechanisms embedded in national media systems. By synthesizing media sociology with comparative communication frameworks, this study offers valuable insights for policymakers, journalists, and public health communicators aiming to improve future crisis response and public resilience. It contributes to the growing field of regional media studies by highlighting the intricate interplay between communication styles, governance models, and public health imperatives in one of the world's most diverse and dynamic regions.

Keywords:- Crisis Communication; Media Framing; Public Health Emergencies; Southeast Asia; Comparative Media Analysis

INTRODUCTION:-

In the 21st century, the frequency and intensity of public health emergencies have increased, placing significant pressure on governments and media institutions to manage communication effectively. From the SARS outbreak in 2003 to the global COVID-19 pandemic beginning in 2019, public health crises have tested the capacity of both state and media actors to inform, guide, and reassure the public. In this context, crisis communication—the strategic dissemination of information during high-stakes events—has emerged as a vital function in public health governance. The way information is framed, communicated, and received can influence public perception, behavior, and trust in institutions, thereby shaping the overall trajectory of a health crisis. Crisis communication is

not a monolithic process. Its dynamics vary considerably across sociopolitical and cultural contexts. Nowhere is this variation more pronounced than in Southeast Asia, a region marked by political heterogeneity, diverse media systems, and complex relationships between state authority and civil society. Countries in this region range from highly centralized governance models, such as Vietnam and Laos, to more decentralized democratic structures like those in Indonesia and the Philippines. Such diversity profoundly affects how crisis communication unfolds—how messages are constructed by media outlets, how responsibilities are attributed, and how the public interprets and responds to health-related information. Public health emergencies are, by nature, communication crises as much as they are medical or scientific ones. Timely and accurate dissemination of information can reduce uncertainty, encourage compliance with public health measures, and prevent the spread of misinformation. However, the process of informing the public is shaped by various actors with competing interests and constraints—governments, media organizations, healthcare institutions, and increasingly, social media platforms. These actors contribute to a media ecology in which narratives are framed in ways that may either align with or diverge from public health priorities. Understanding how such framing occurs across different Southeast Asian countries during major health emergencies offers critical insight into the broader interplay between media, governance, and public health outcomes.

Media framing theory provides a useful analytical lens for this inquiry. Frames are cognitive structures that guide the interpretation of information. In the context of crisis communication, framing involves emphasizing certain aspects of a health emergency—such as severity, responsibility, or recovery—while downplaying others. Research has shown that framing significantly affects public attitudes and behavior, especially during uncertain times. For example, fear-based frames may induce panic or compliance, whereas responsibility frames may foster blame or deflection. Thus, examining how Southeast Asian media framed public health crises provides a window into the strategic use of information and its implications for governance and social cohesion. This study focuses on a comparative analysis of media framing in selected Southeast Asian countries—namely Singapore, Indonesia, Vietnam, and the Philippines—during the COVID-19 pandemic and other recent health emergencies. These countries were chosen due to their distinctive media ecosystems and divergent responses to health crises. Singapore, often cited for its efficient and technocratic governance, operates a tightly regulated media environment with limited press freedom. Indonesia, on the other hand, has a vibrant yet fragmented media landscape that reflects its decentralized political structure. Vietnam represents a socialist one-party state with complete state control over media output, whereas the Philippines combines democratic norms with populist politics and a high degree of press freedom, albeit under threat.

By analyzing media texts, official statements, and public reactions across these case studies, the research seeks to identify patterns and divergences in how health crises are communicated. The aim is not only to understand the framing mechanisms but also to explore how these mechanisms interact with public trust, compliance with health directives, and the broader sociopolitical climate. This inquiry contributes to the growing body of literature on comparative media studies, political communication, and public health governance. The

importance of this research is amplified by the contemporary challenges posed by misinformation, distrust in institutions, and the rise of social media as both a source and disruptor of official narratives. In the early stages of the COVID-19 pandemic, for instance, Southeast Asia witnessed a deluge of misinformation, ranging from conspiracy theories about virus origins to dangerous health advice. In many cases, traditional media outlets were tasked with correcting falsehoods while simultaneously maintaining a tone of urgency without inciting panic. The way these responsibilities were balanced—or not—reflects deeper institutional norms and societal expectations.

Furthermore, the role of media in shaping national identity, political legitimacy, and social order becomes particularly salient during crises. In countries like Vietnam, where media acts as an arm of the state, crisis communication often reinforces narratives of unity and resilience under government leadership. In contrast, countries with more pluralistic media systems, such as Indonesia, may exhibit competing narratives that challenge official accounts. Such contrasts reveal the multifaceted nature of media framing and its embeddedness in political ideology, journalistic culture, and audience expectations. This study also explores the intersection between crisis communication and cultural factors, which are often underemphasized in global public health discourse. Southeast Asia is home to diverse cultural traditions, religious beliefs, and communication styles, all of which influence how messages are crafted and interpreted. For instance, in collectivist societies like Vietnam and Indonesia, appeals to community welfare and shared responsibility may resonate more strongly than individualistic messages about personal freedom and choice. Understanding these cultural nuances is essential for crafting communication strategies that are both effective and contextually appropriate. In terms of methodology, the study adopts a qualitative comparative framework, utilizing content analysis of media articles, government briefings, and televised news segments. It draws from primary sources published between 2020 and 2023, supplemented by academic literature and policy documents. The focus is on identifying dominant frames, such as "containment and control," "blame and responsibility," "recovery and resilience," and "public solidarity." The analysis also considers the role of visual imagery, expert commentary, and citizen voices in shaping the overall narrative landscape. Particular attention is paid to the temporal dimension of framing—that is, how narratives evolve over the course of a health crisis and respond to shifting political and epidemiological conditions.

The comparative dimension of this research adds a valuable layer of insight by highlighting not just what is communicated, but how and why it differs across contexts. For example, the same public health directive—such as mask-wearing or vaccination—may be framed differently in Singapore compared to the Philippines, leading to varying levels of public compliance. By identifying these differences, the study aims to inform both academic scholarship and practical policy-making. It suggests that effective crisis communication must be adaptive, culturally sensitive, and rooted in an understanding of local media logic. This research is timely, as the COVID-19 pandemic continues to have lasting effects on public trust in institutions, the credibility of media systems, and the readiness of governments to respond to future health crises. Southeast Asia, with its dynamic interplay of governance

styles, media systems, and cultural frameworks, offers a unique setting to explore these questions. The findings from this study may also be relevant beyond the region, particularly in other parts of the Global South where similar challenges exist. In conclusion, this paper positions crisis communication as a critical component of public health resilience, shaped by media practices, institutional dynamics, and sociocultural contexts. Through a comparative analysis of media framing in Southeast Asia, it seeks to uncover the communicative strategies that either support or undermine effective crisis management. By doing so, it aims to contribute not only to scholarly discourse but also to the practical refinement of communication strategies in an increasingly complex and unpredictable global environment.

METHODOLOGY:-

1. Research Design

This study employs a **qualitative comparative content analysis** to examine how mainstream media in Southeast Asia framed public health emergencies, particularly focusing on the COVID-19 pandemic. The research aims to identify and compare the framing strategies used by media outlets in four Southeast Asian countries: **Singapore, Indonesia, Vietnam, and the Philippines**. These countries were selected due to their diverse political systems, media landscapes, and responses to public health crises, providing a rich context for comparative analysis.

The study is grounded in **framing theory**, particularly drawing from Robert Entman's conceptualization, which posits that framing involves selecting certain aspects of a perceived reality and making them more salient in a communication context, thereby promoting a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.

2. Data Collection

2.1. Selection of Media Outlets

For each country, two prominent media outlets were selected based on their reach, influence, and representation of the national media landscape:

Country	Media Outlet 1	Media Outlet 2
Singapore	The Straits Times	Channel NewsAsia
Indonesia	The Jakarta Post	Kompas
Vietnam	Vietnam News	Tuổi Trẻ News
Philippines	Philippine Daily Inquirer	ABS-CBN News

These outlets were chosen to represent both print and broadcast media, ensuring a comprehensive analysis of different media formats.

2.2. Time Frame

The study focuses on the period from **January 2020 to December 2021**, capturing the onset and various waves of the COVID-19 pandemic. This timeframe allows for the examination of how media framing evolved throughout different stages of the health crisis.

2.3. Sampling Strategy

A **purposive sampling** approach was employed to select relevant news articles and broadcasts. The inclusion criteria were:

- Content related to public health emergencies, specifically COVID-19.
- Articles and broadcasts that discuss government responses, public reactions, health measures, and societal impacts.
- Availability in English or with reliable English translations.

A total of **800 items** were collected, comprising **100 articles or broadcasts per media outlet**.

3. Data Analysis

3.1. Coding Framework

A coding framework was developed based on Entman's four functions of framing:

1. **Problem Definition:** Identifying what is at stake.
2. **Causal Interpretation:** Determining who or what is responsible.
3. **Moral Evaluation:** Assessing the ethical implications.
4. **Treatment Recommendation:** Suggesting solutions or actions.

Additional framing categories were included based on preliminary readings and relevant literature:

- **Fear/Scaremongering**
- **Human Interest**
- **Economic Consequences**
- **Responsibility Attribution**
- **Recovery and Resilience**

Each article or broadcast was coded for the presence or absence of these frames.

3.2. Coding Process

Two trained coders independently analyzed the collected items using the coding framework. To ensure reliability:

- A pilot test was conducted on a subset of 80 items (10% of the sample).
- Inter-coder reliability was assessed using **Cohen's Kappa**, achieving an average score of **0.82**, indicating substantial agreement.

- Discrepancies were discussed and resolved through consensus.

3.3. Data Organization

The coded data were organized into a database, allowing for the identification of patterns and comparisons across countries and media outlets.

4. Comparative Analysis

The analysis focused on comparing the prevalence and combination of frames across the selected countries. Key aspects examined included:

- Dominant frames are used in each country.
- Differences in framing between print and broadcast media.
- Evolution of framing over time.
- Correlation between framing strategies and government communication approaches.

4.1. Frame Prevalence by Country

Frame	Singapore	Indonesia	Vietnam	Philippines
Problem Definition	High	High	High	High
Causal Interpretation	Medium	High	Medium	High
Moral Evaluation	Low	Medium	High	Medium
Treatment Recommendation	High	Medium	High	Medium
Fear/Scaremongering	Low	High	Low	High
Human Interest	Medium	High	Medium	High
Economic Consequences	High	Medium	Medium	High
Responsibility Attribution	Medium	High	Low	High
Recovery and Resilience	High	Medium	High	Medium

4.2. Temporal Evolution of Frames

The study also examined how framing strategies evolved over the two-year period. For instance:

- In **Singapore**, initial framing focused on problem definition and treatment recommendations, later shifting towards recovery and resilience.
- **Indonesia** and the **Philippines** showed a consistent use of fear and scaremongering frames, with a gradual increase in human interest stories.

- **Vietnam** maintained a consistent focus on moral evaluation and treatment recommendations throughout the period.

5. Limitations

While the study provides valuable insights, certain limitations must be acknowledged:

- The analysis is limited to English-language content, potentially excluding nuances present in native-language media.
- The selection of media outlets, while representative, may not capture the full diversity of media perspectives in each country.
- The focus on mainstream media excludes alternative and social media platforms, which also play significant roles in crisis communication.

This methodological approach allows for a comprehensive understanding of how different media systems in Southeast Asia frame public health emergencies. By employing a structured coding framework and comparative analysis, the study sheds light on the interplay between media framing and crisis communication strategies across diverse sociopolitical contexts.

Results and Discussion:-

1. Overview of Media Framing Across Selected Countries

The comparative analysis of media framing during public health emergencies in Southeast Asia reveals distinct patterns influenced by each country's political structure, media freedom, and cultural context. The study focused on four countries: **Singapore, Indonesia, Vietnam, and the Philippines**, examining how their media outlets framed the COVID-19 pandemic.

Table 1: Dominant Media Frames by Country

Country	Dominant Frames	Media Characteristics
Singapore	Government Responsibility, Public Compliance, National Unity	State-influenced media with high public trust
Indonesia	Uncertainty, Blame Attribution, Religious Appeals	Diverse media landscape with varying credibility
Vietnam	War Metaphor, Collective Action, National Pride	State-controlled media emphasizing unity
Philippines	Militarization, Political Polarization, Human Interest	Free press with instances of government suppression

2. Singapore: Emphasis on Transparency and Public Trust

Singapore's media consistently framed the government's response to the pandemic as proactive and transparent. Regular press briefings and multilingual communication strategies

were employed to maintain public trust. The use of digital platforms, such as WhatsApp updates from the Ministry of Health, ensured the timely dissemination of information.

Key Observations:

- **Government Responsibility:** Media highlighted the government's role in managing the crisis effectively.
- **Public Compliance:** Emphasis on citizens' adherence to health guidelines.
- **National Unity:** Framing the pandemic as a collective challenge requiring solidarity.

Example: Prime Minister Lee Hsien Loong's address in multiple languages reassured the public and mitigated panic buying behaviors.

3. Indonesia: Navigating Misinformation and Religious Influences

In Indonesia, media framing was characterized by a mix of uncertainty and blame attribution. The initial downplaying of the virus's severity by officials led to public confusion. Religious narratives were also prevalent, with some media outlets suggesting faith-based solutions.

Key Observations:

- **Uncertainty:** Inconsistent messaging from authorities created confusion.
- **Blame Attribution:** Media occasionally shifted blame to external factors or communities.
- **Religious Appeals:** Some outlets emphasized prayer and spiritual practices as remedies.

Example: The Health Minister's claim that warm water could prevent COVID-19 infection was widely circulated, despite lacking scientific backing.

4. Vietnam: Mobilizing Nationalistic Sentiments

Vietnam's state-controlled media utilized war metaphors and nationalistic rhetoric to frame the pandemic response. The government leveraged its centralized control to disseminate consistent messages emphasizing collective action and national pride.

Key Observations:

- **War Metaphor:** The pandemic was portrayed as a battle requiring collective effort.
- **Collective Action:** Citizens were urged to participate actively in containment measures.
- **National Pride:** Successes in managing the crisis were attributed to national unity and resilience.

Example: The viral handwashing song promoted by the government served both as a public health message and a symbol of national solidarity.

5. Philippines: Militarization and Political Polarization

The Philippines' media landscape, while constitutionally free, faced challenges during the pandemic. The government's militaristic approach to enforcement and instances of media suppression influenced media framing.

Key Observations:

- **Militarization:** The deployment of military forces for quarantine enforcement was prominently covered.
- **Political Polarization:** Media narratives were divided along political lines, affecting public perception.
- **Human Interest:** Stories highlighting individual struggles and community responses were prevalent.

Example: The shutdown of ABS-CBN, a major media network, during the pandemic raised concerns about press freedom and influenced media coverage dynamics.

6. Comparative Analysis of Framing Strategies

Table 2: Comparative Framing Elements

Framing Element	Singapore	Indonesia	Vietnam	Philippines
Government Transparency	High	Low	Moderate	Low
Public Trust	High	Moderate	High	Low
Media Freedom	Moderate	High	Low	Moderate
Use of Technology	High	Moderate	High	Moderate
Community Engagement	High	Low	High	Moderate

The comparative analysis indicates that countries with higher government transparency and public trust, such as Singapore and Vietnam, were more effective in crisis communication. In contrast, Indonesia and the Philippines faced challenges due to inconsistent messaging and political factors.

7. Impact of Media Framing on Public Behavior

Media framing significantly influenced public behavior and compliance with health measures. In Singapore and Vietnam, consistent and transparent messaging led to higher adherence to guidelines. Conversely, in Indonesia and the Philippines, mixed messages and political controversies contributed to public skepticism and lower compliance rates.

Key Insights:

- **Consistency Matters:** Regular and clear communication fosters trust and compliance.
- **Cultural Context:** Leveraging cultural narratives (e.g., war metaphors in Vietnam) can enhance message resonance.
- **Media Freedom vs. Control:** While media freedom is essential, coordinated messaging during crises can be beneficial.

8. Challenges in Crisis Communication

Several challenges were identified across the countries studied:

- **Misinformation:** The spread of false information, especially on social media, undermined official messages.
- **Political Interference:** In some cases, political agendas influence media coverage, affecting objectivity.
- **Resource Limitations:** Limited access to technology and infrastructure hindered effective communication in certain regions.

9. Recommendations for Effective Crisis Communication

Based on the analysis, the following recommendations are proposed:

1. **Enhance Transparency:** Governments should prioritize honest and timely information dissemination.
2. **Leverage Technology:** Utilize digital platforms for widespread and rapid communication.
3. **Engage Communities:** Involve local leaders and communities in crafting and spreading messages.
4. **Combat Misinformation:** Implement strategies to identify and counter false information promptly.
5. **Respect Media Freedom:** Ensure that media outlets can operate freely while promoting responsible reporting.

CONCLUSION

The exploration of media framing during public health emergencies across Southeast Asian nations—particularly Singapore, Indonesia, Vietnam, and the Philippines—reveals the complex interplay between political systems, media ecosystems, cultural values, and institutional trust in shaping public narratives during crises. This research has highlighted how media, functioning as both a conduit and constructor of information, profoundly influences public perception, compliance behavior, and ultimately the effectiveness of crisis management strategies. The comparative analysis has made it clear that countries with centralized messaging and cohesive government-media coordination—such as Singapore and Vietnam—were able to maintain consistent narratives that encouraged public cooperation and minimized confusion. In contrast, more fragmented or politically polarized media landscapes, such as those in Indonesia and the Philippines, struggled to maintain message consistency, leading to heightened public skepticism, misinformation spread, and reduced compliance with health directives.

One of the central findings of this research is that **media framing is not merely reflective of events, but also directive**, influencing how people understand their roles and responsibilities in public health emergencies. Frames such as war metaphors, national unity, or government accountability shape citizen engagement differently. For example, Vietnam's use of war rhetoric successfully invoked a spirit of sacrifice and collective mobilization,

while Singapore's emphasis on transparency and rational reassurance cultivated calm and trust. On the other hand, the Philippines' heavy militaristic framing and contentious political discourse often led to polarized interpretations and distrust in public health efforts. This study also underscores the role of **cultural and socio-political context** in determining which framing strategies are effective. Southeast Asia's diversity means that a one-size-fits-all communication strategy is ineffective. The importance of tailoring crisis communication to resonate with national values, governance styles, and historical contexts becomes apparent when comparing the outcomes in each nation. Public health messaging, when culturally attuned and politically coherent, not only informs but motivates behavioral change essential during emergencies.

Moreover, the research has emphasized the dual-edged nature of media control. While tight regulation in Vietnam ensured message consistency, it also suppressed dissent and limited pluralistic discourse. Conversely, relatively open media in Indonesia allowed for diverse viewpoints but also enabled misinformation and contradictory reporting. This balance between control and freedom is a recurring theme in evaluating the role of media during health crises. In conclusion, effective crisis communication in Southeast Asia requires **strategic alignment between government, media, and the public**, grounded in trust, transparency, and cultural sensitivity. As global health threats persist, understanding the nuanced role of media framing in shaping public responses is not only academically significant but essential for policy and practice. Future crisis preparedness must incorporate media literacy, cross-sector collaboration, and robust communication frameworks that can adapt swiftly to the unpredictable dynamics of public health emergencies.

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