

# Intellectual Discourse

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# *Intellectual Discourse*

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**Intellectual Discourse**  
**Vol. 32, No. 1, 2024**

**Contents**

<i>Note from the Editor</i>	1
<b>Research Articles</b>	
‘Time’ in the Time of Empire: The Idea of Linear Time during the Era of Late Colonial-Capitalism from William Marsden to Munshi Abdullah <i>Farish A Noor</i>	9
A Theory of “Islamic Modernities:” Religion and Modernisation in Muslim History <i>Dietrich Jung</i>	31
Shaykh Yūsuf of Makassar (d. 1111 AH/1699 CE): A Bio-bibliographical and Doctrinal Survey <i>Syamsuddin Arif</i>	55
Bibliometric Analysis on Islamic Spiritual Care with Special Reference to Prophetic Medicine or <i>al-Ṭibb al-Nabawī</i> <i>Zunaidah binti Mohd Marzuki</i> <i>Nurulhaniy binti Ahmad Fuad</i> <i>Jamilah Hanum binti Abdul Khaiyom</i> <i>Normala binti Mohd Adnan</i> <i>Aida binti Mokhtar</i>	81
Sibling Sexual Abuse: Seeking Sharī‘ah-based Solutions <i>Anke Iman Bouzenita</i> <i>Feryad A. Hussain</i>	115
Developing <i>Sharī‘ah</i> -Compliant Asset Pricing Model in the Framework of <i>Maqāṣid al-Sharī‘ah</i> and Islamic Wealth Management <i>Igo Febrianto</i> <i>Norhayati Mohamed</i> <i>Imbarine Bujang</i>	133

Da'wah through Documentary Films Produced by Malayan Film Unit (MFU) and <i>Filem Negara</i> <i>Malaysia</i> (FNM), 1957-1970 <i>Chellitda Farhana Gunaish</i> <i>Mohd Firdaus Abdullah</i> <i>Saifulazry Mokhtar</i> <i>Norazilawati Abd Wahab</i> <i>Azian Tahir</i>	159
The Role of the Principal-Agent-Client Model in Understanding Corruption in the Public Procurement Sector in Malaysia <i>Hairuzzaki bin Mohd Yusof</i> <i>Danial bin Mohd Yusof</i> <i>Normala binti Mohd Adnan</i>	189
Exploring the Interdependence Model in Malaysia-Indonesia Relations: Insights from Sabah, Malaysia <i>Ramli Dollah</i> <i>Amrullah Maraining</i> <i>Adi Jafar</i> <i>Eko Prayitno Joko</i> <i>Nordin Sakke</i>	213
Averting the Existential Threat of the Planet: Islamic Environmental Ethics to Address the Contemporary Environmental Crisis <i>Adha Shaleh</i> <i>Md. Saidul Islam</i>	239
Causes of Climate Change: A Neglected Dimension <i>Umar Adam Musa</i> <i>Zainal Abidin bin Sanusi</i> <i>Hassan bin Suleiman</i>	265

Do We Really Have to Talk about That? Avoiding COVID-19 Topics with Close Contacts <i>Tengku Siti Aisha Tengku Mohd Azzman Shariffadeen</i> <i>Aini Maznina A. Manaf</i> <i>Sharifah Sofiah Syed Zainudin</i>	291
Revisiting the Relevance of Religion in the Post-Covid-19 Pandemic: A Critical Analysis through the Lense of Religious Scholarship – Freud, James, and Dewey <i>Mohammad Syifa Amin Widigdo</i>	319
International Islamic University Malaysia’s (IIUM) Islamic Education Teacher Trainees’ Self-Efficacy during Teaching Practicum <i>Halim Ismail</i> <i>Azam Othman</i> <i>Syarifah Rohaniah Syed Mahmood</i> <i>Hasniza Ibrahim</i> <i>Noor Azizi Ismail</i>	341
The Influence of Civil Society Organisations on Political Decision-Making in Iraqi Kurdistan <i>Jamal Mohammed Ameen Hussein</i> <i>Abdulwahed Jalal Nori</i>	369
The Collapse of Economic Voting Behaviour in Turkish Politics <i>Caglar Ezikoglu</i>	393
Challenges of ‘ <i>Awrah</i> Coverage for Muslim Women Athletes in Malaysia: A Qualitative Review <i>Ahmad Akram Mahmad Robbi</i> <i>Saidatolakma Mohd Yunus</i>	411



## Transliteration Table: Consonants

Arabic	Roman		Arabic	Roman
ب	b		ط	ṭ
ت	t		ظ	ẓ
ث	th		ع	‘
ج	j		غ	gh
ح	ḥ		ف	f
خ	kh		ق	q
د	d		ك	k
ذ	dh		ل	l
ر	r		م	m
ز	z		ن	n
س	s		ه	h
ش	sh		و	w
ص	ṣ		ء	’
ض	ḍ		ي	y

## Transliteration Table: Vowels and Diphthongs

Arabic	Roman		Arabic	Roman
اَ	a		اَ، اِيَّ	an
اُ	u		اُو	un
اِ	i		اِي	in
اَ، اِ، اِيَّ	ā		اَو	aw
اُو	ū		اَي	ay
اِي	ī		اُو	uww, ū (in final position)
			اَي	iyy, ī (in final position)

*Source: ROTAS Transliteration Kit: <http://rotas.iium.edu.my>*





# Do We Really Have to Talk about That? Avoiding COVID-19 Topics with Close Contacts

**Tengku Siti Aisha Tengku Mohd Azzman Shariffadeen\***  
**Aini Maznina A. Manaf\*\***  
**Sharifah Sofiah Syed Zainudin\*\*\***

**Abstract:** As COVID-19 spread globally in 2020, it culminated in distress, anxiety, and uncertainty in dealing with a global health pandemic. Paramount during this period was the dissemination of accurate and updated information about COVID-19, as a means to reduce negative emotions. Close contacts also play a vital role; in disseminating information, they must ensure that they disclose their health status, to avoid infections from spreading. However, individuals may be reluctant to seek information from close contacts, due to many reasons. Accordingly, this study seeks to examine information avoidance on COVID-19 with close contacts among young adults from the perspective of the Theory of Motivated Information Management (TMIM). Specifically, we explored factors influencing COVID-19 information avoidance, including anxiety discrepancy, outcome expectancy and close contact's target efficacy among young adults. Through a cross-sectional survey distributed online in November 2020, we targeted undergraduate students in Klang Valley, Malaysia ( $N = 483$ ). Overall, the study found support for TMIM. Only two hypotheses were not supported; anxiety did not influence outcome expectancy or target efficacy. Target efficacy also mediated the relationship between outcome expectancy and information avoidance. The repercussions of these findings

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\* Associate Professor, Department of Communication, AbdulHamid AbuSulayman Kulliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia. ORCID ID: 0000-0003-1345-3001. Email: taisha@iium.edu.my. *Corresponding author.*

\*\* Associate Professor, Department of Communication, AbdulHamid AbuSulayman Kulliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia. ORCID ID: 0000-0002-7303-7792. Email: maznina@iium.edu.my

\*\*\* Senior Lecturer, Department of Communication, Faculty of Modern Languages and Communication, Universiti Putra Malaysia. ORCID ID: 0000-0002-4589-6176. Email: sharifahsofiah@upm.edu.my

on TMIM, as well as other factors that may influence health information management will be deliberated.

**Keywords:** Close contacts, COVID-19, health communication, information avoidance, theory of motivated information management

**Abstrak:** Apabila COVID-19 merebak ke seluruh dunia pada tahun 2020, timbul kesusahan, kebimbangan dan ketidakpastian dalam menangani wabak kesihatan global. Perkara utama dalam tempoh ini ialah penyebaran maklumat yang tepat dan terkini tentang COVID-19, untuk mengurangkan kebimbangan dan ketidakpastian. Hubungan rapat juga memainkan peranan penting; mereka mempunyai tanggungjawab dalam memastikan mereka mendedahkan status kesihatan mereka, untuk mengelakkan jangkitan daripada merebak. Walau bagaimanapun, individu mungkin keberatan untuk memperoleh maklumat dari hubungan rapat disebabkan pelbagai faktor. Sehubungan itu, kajian ini bertujuan untuk mengkaji pengelakan maklumat mengenai COVID-19 dengan kenalan rapat, dari perspektif Teori Pengurusan Maklumat Bermotivasi (TMIM). Secara khusus, kami meneroka faktor yang mempengaruhi pengelakan maklumat COVID-19, termasuk percanggahan kebimbangan, jangkaan hasil dan keberkesanan sasaran hubungan rapat. Melalui tinjauan keratan rentas yang diedarkan dalam talian pada November 2020, kami menasaskan pelajar universiti sarjana muda dari Lembah Klang, Malaysia ( $N = 483$ ). Secara keseluruhan, kajian ini memperoleh sokongan untuk TMIM. Hanya dua hipotesis tidak disokong; kebimbangan tidak mempengaruhi jangkaan hasil atau keberkesanan sasaran. Keberkesanan sasaran juga menjadi pengantara hubungan antara jangkaan hasil dan pengelakan maklumat. Kesan daripada penemuan ini terhadap TMIM, serta faktor lain yang berkemungkinan mempengaruhi pengurusan maklumat kesihatan akan dibincangkan.

**Kata kunci:** Hubungan rapat, COVID-19, komunikasi kesihatan, pengelakan maklumat, teori pengurusan maklumat bermotivasi

## Introduction

The World Health Organization (WHO) classified the COVID-19 outbreak as a pandemic in early January 2020, after the infection spread to numerous nations simultaneously. Based on the COVID-19 dashboard data managed by the Center for Systems Science and Engineering (CSSE), it led to more than 4.9 million deaths and has infected approximately 244 million people worldwide (Coronavirus Resource Center, 2021). Historically, COVID-19 emerged from Wuhan

City, China. Reports claimed that the initial outbreak began in December 2019, in one of the markets in Wuhan, which is reportedly known to be a hub of exotic animal exchange (The Guardian, 2019). The transmission of the virus has affected the people of Wuhan where 66% of them were workers from the market. By 1 January 2020, the market was forced to shut down after the declaration of an epidemiologic alert by the local health authority (Wu et al., 2020). The number of cases infected by this virus took only three months to reach one million worldwide ever since the first case was reported in China earlier in 2020 (Issa, 2020).

Malaysia is no stranger to this global pandemic. COVID-19 showed no sign of rest in Malaysia at the time, as cases increased daily (Choudhury, 2021). The first case occurred when a 41-year-old man experienced COVID-19 symptoms after returning from Singapore in 2020 (Elengoe, 2020). Since then, the number of positive cases surged in March 2020 due to a religious gathering event in Sri Petaling. Consequently, the Prime Minister of Malaysia declared the imposition of the Movement Control Order (MCO) for 14 days starting from 18th to 31st March of 2020. This order is premised on the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967 with the hope of reducing COVID-19 cases in Malaysia (New Straits Times, 2020). Afterward, initial steps such as closing borders and restricting international flights were accompanied by limiting domestic travel, applying curfews, and prohibiting mass movement. As a result of these stringent measures, the community's everyday life was in a complete shutdown, and economic activities were forced to halt. By mid-2021, Malaysia faced its most severe surge, prompting stricter lockdown measures. Malaysia entered the fourth phase in the COVID-19 National Recovery Plan, with 2.8 million COVID-19 cases and 32,000 deaths recorded (Ministry of Health Malaysia, 2022). Through a combination of vaccination campaigns, testing, and public health measures, Malaysia navigated through the pandemic challenges by striving towards a resilient and sustainable future.

Paramount during this period was the dissemination of accurate and timely information about COVID-19, to ensure that the Malaysian public are equipped with the latest information. Part of the Malaysian government's efforts in disseminating information and controlling the number of positive cases is through contact tracing. Patients who tested positive for COVID-19 and their close contacts are required to

quarantine themselves at home, and to update their health status using the Home Assessment Tools (HAT) through *MySejahtera*, the mobile app for contact tracing (Ministry of Health Malaysia, 2021). Close contacts must ensure that they disclose their health status to others to ensure that the virus does not spread. Avoiding honest discourse on COVID-19 status could be detrimental to others. However, despite all these efforts to control the pandemic outbreak, some individuals may resort to avoiding information on COVID-19 from close contacts due to stress, other negative emotions, information overload or due to their low coping ability.

In the present study, we examine factors that motivate individuals to avoid COVID-19-related information from close contacts, from the Theory of Motivated Information Management (TMIM) perspective. As TMIM is a relatively new theory in health information management, more empirical works are needed to understand how information avoidance can occur in a global pandemic context, such as COVID-19. This study will also extend understanding on how health communication can be improved by focusing on how reliance on information avoidance among young adults can be mitigated during a global pandemic. The next section of this paper reviews relevant literature, followed by a brief description of the methodology used in this study.

## **Literature Review**

### *Nature of COVID-19 information*

As health researchers worked around the clock to find a viable cure for COVID-19, information on COVID-19 is constantly evolving as new research findings emerge, policies change, and the situation develops. The dynamic nature of COVID-19 information can create uncertainty and anxiety as the public attempt to keep up with the latest updates and guidelines. With information coming from multiple sources, such as governmental agencies, news outlets, social media, and word-of-mouth, this may create confusion and frustration for individuals who do not know which source to trust.

Also, not all information related to COVID-19 is reliable or accurate; misinformation and disinformation spread easily, particularly on social media platforms and this leads to difficulty in controlling the situation (Caceres et al., 2022). To exacerbate the issue, social media

algorithms may prioritise sensational or emotionally charged content, further accentuating the emotional impact of COVID-19 information. Further, differentiating between credible and unreliable sources requires critical thinking, which not everyone possesses.

Some researchers found that there are emotional responses such as fear, anxiety, frustration, anger, and sadness, to COVID-19 information (i.e., Jones et al., 2021). For instance, exposure to COVID-19-related news can exacerbate anxiety. However, others suggest that negative emotional responses to COVID-19 information can be reduced when the information is perceived to be credible (Lep et al., 2020). Overall, the impact of COVID-19-related information on emotions can be significant and diverse based on individual circumstance, coping strategies and source characteristics (i.e., credibility and efficacy). Other factors such as the severity of the outbreak, personal experiences with the virus or its consequences, and the effectiveness of public health measures can all influence emotional responses in managing information related to COVID-19. The next section will examine specific factors that may lead to health information avoidance.

### *Health information avoidance*

In assessing how to manage health information, individuals may seek information from significant others, mediated sources, and health care providers (Brashers, et al., 2002). Individuals may rely on supportive others such as family members, romantic partners, or close friends when seeking health-related information (e.g., Afifi et al., 2006; Chang, 2014; Gettings & Kuang, 2021). Mohamad et al. (2020) found that Malaysians mainly relied on television for updated information on COVID-19, followed by the Internet and news portals. Maon and Seman (2004) found that the existence of mediated sources such as new media technologies has made it easier for individuals to proactively seek for updated information quickly.

Obtaining relevant and crucial health information certainly has its benefits. In one study that examined conversations about end-of-life (EOL) preferences with their spouses, those who engaged in direct conversations on EOL reported improved communication and quality care (Teno et al., 2007). Wakefield et al. (2010) also found that obtaining information from the Internet facilitates them in making key health care decisions by connecting with those who have access to health

information and interacting with health professionals and social support groups.

However, despite the importance of health information seeking, avoidance may sometimes be the preferred strategy when managing health-related information. Health information avoidance occurs when people engage in any action that is designed to prevent or delay access to information that is available but may not be desired (Sweeney et al., 2010). Several studies have examined information avoidance related to health issues (Afifi & Afifi, 2009; Howell et al., 2020; Rafferty et al., 2014; Soroya, et al., 2021; Tannebaum et al., 2015). When difficult conversations on health issues are anticipated, information avoidance is likely to occur instead of active information seeking behaviours (Rafferty et al., 2014). Specifically, in examining EOL preferences with spouses, researchers found that topic avoidance occurred due to difficulty in navigating process of dying, leading to a culture that normalises avoidance on topics related to death and dying. Anticipating negative outcomes from speaking directly about EOL and anxiety about information discrepancy also influenced information avoidance.

Additionally, information avoidance may also occur if the said health information is perceived as threatening and overwhelming, and avoidance can help reduce stress (Babrow, et al., 2000). For instance, when information from the Internet and social media on efficacy of COVID-19 vaccines gets overwhelming, the public may perceive avoidance as a maladaptive strategy to reduce distress (Siebenhaar et al., 2020). Some who initially choose to avoid information only changed their minds after being persuaded by their significant others to seek crucial health information (Brashers et al., 2000). Further, information avoidance may be influenced by the ability to cope with the said health information; those with high coping efficacy are less likely to avoid information (Hua & Howell, 2020).

Further, young adults may be reluctant to seek information from close contacts due to concerns with privacy issues, lack of confidence in their communication ability to discuss health issues, cultural or social stigma related to disclosures of health issues, and limited awareness, where seeking information is not prioritised when there is no clear benefit to seeking information, and when they underestimate the potential severity of their health concerns. Thus, younger adults who perceive COVID-19

as low risk may not seek information on COVID-19 as they did not anticipate it would have a severe impact on their health.

Finally, in the online context, findings indicate that when seeking information on COVID-19, information overload predicted information anxiety, and this in turn led to information avoidance (Soroya et al., 2021). In this study context, COVID-19 was still in its infancy stages, where not much is known about how to manage the illness, including how to prevent infection and the cure available. Individuals may hesitate to approach close contacts in seeking information about COVID-19 due to stigma, and uncertainty about whether close contacts will disclose their status, and whether they are able to fully communicate information about COVID-19. Thus, it easier to rely on other sources, such as mediated platforms to find out more about COVID-19, instead of approaching a close contact.

In sum, numerous factors may lead to information avoidance when dealing with uncertainty and health information management, particularly if that strategy is perceived as more advantageous than direct or indirect information seeking. The next section reviews antecedents that may lead to COVID-19 information avoidance, as predicted by TMIM.

### *Theory of Motivated Information Management (TMIM)*

TMIM is a relatively new framework in explaining information management and is concentrated on information occurring through interpersonal sources (Afifi & Weiner, 2004). TMIM is relevant in understanding COVID-19 health information management, where people's responses and behaviours to health information may vary on several aspects. Overall, TMIM provides a theoretical framework in understanding how people navigate the vast amount of information surrounding COVID-19 and how their motivations influence their information-seeking and processing behaviour. In this study, we examined factors that would influence how individuals may engage in information avoidance on COVID-19 from the TMIM framework.

In examining health information management, TMIM proposes that the sequence of the theory is achieved when a three-phase process is followed. First, in the interpretation phase, the individual is in the state of awareness that uncertainty discrepancies exist in each challenging

situation. In this phase, they assess uncertainty discrepancy based on what they know and what they want to know. Higher levels of uncertainty discrepancy will result in an emotional response (Afifi & Afifi, 2009). Several studies on TMIM have established a significant relationship between uncertainty discrepancy and emotions, such as anxiety and fear (Afifi et al., 2006; Afifi & Weiner, 2006; Rafferty et al., 2014; Tannebaum, 2015). Therefore, individuals with high uncertainty discrepancy related to COVID-19 are likely to experience greater anxiety. Further, the larger the uncertainty discrepancy, the less likely it is for individuals to anticipate positive outcomes from doing nothing about COVID-19 information seeking. Consequently, the following hypotheses are predicted:

H1: Uncertainty discrepancy is positively associated with anxiety.

H2: Uncertainty discrepancy is negatively associated with outcome expectancy (to do nothing).

Next, in the evaluation phase, individuals contemplate possible realities or outcomes, anticipating either negative or positive outcomes (Afifi et al., 2006). Consequently, the experience of anxiety is expected to negatively affect the expected outcomes (outcome judgements) of the information search in the evaluation phase and the perceived ability to procure the information sought (efficacy judgements). Past research on TMIM have established the role of emotions, such as anxiety, fear, nervousness, and distress (Afifi & Weiner, 2006; Afifi et al., 2006; Rauscher & Hesse, 2014; Tannebaum, 2015). Specifically, TMIM proposes negative relationships between anxiety and outcome expectancy of information seeking and efficacy (Afifi & Weiner, 2004). Thus, in this context, a significant increase in anxiety related to COVID-19 information discrepancy is expected to influence the following outcomes: (a) increased anticipation of positive outcomes from doing nothing, as it provides temporary relief from anxiety, and (b) access to a close contact and belief in the target's ability to produce the information sought, where greater anxiety leads to doubts about the target's efficacy to self-disclose their status. Specifically, the following hypotheses are put forth:

H3a: Anxiety is positively associated with outcome expectancy (to do nothing).



H3b: Anxiety is negatively associated with target efficacy.

Further, perceptions about the outcome of an action (for example, positive and negative outcomes from information avoidance) will influence the perceptions about the target's ability and honesty to self-disclose (Afifi et al., 2006). In this context, when the individual perceives doing nothing about COVID-19 information search as being advantageous, they are more likely to engage in inaction and have decreased belief in the accessibility to the close contact and their ability to be honest about their COVID-19 health conditions. Therefore, we suggest the following:

H4: Outcome expectancy (to do nothing) is negatively associated with target efficacy.

As individuals transition from evaluation phase to decision making, they are presented with various factors and decisions as a management strategy in accordance with the level of emotion caused by the uncertainty discrepancy. The outcomes and target efficacy judgements in the earlier phase will trigger the individual's action regarding the information they sought (Afifi et al., 2006). Studies have identified direct information seeking, indirect information seeking, and information avoidance as main strategies in health information management (i.e., Afifi et al., 2006; Rafferty et al., 2014; Rauscher & Hesse, 2014; Tannebaum, 2015). More recent studies have also focused on mediated information seeking as an information management strategy (i.e., Kanter et al., 2019; Li et al., 2020).

Health topic avoidance is likely to occur if uncertainty is high, issue is considered of low importance or irrelevant, or if the conversation with target is unlikely to generate an effective outcome (Rafferty et al., 2014). In this context, those who perceive positive outcomes from doing nothing regarding COVID-19 information search are more likely to engage in information avoidance on COVID-19 from close contacts. Thus, young adults who perceive low priority on obtaining COVID-19 information, are more likely to engage in information avoidance. Also, decreased belief in target efficacy's ability to self-disclose information on COVID-19 are likely to increase frequency of engaging in information avoidance, where those who feel that close contacts are not accessible or honest about their COVID-19 status, are more likely to engage in

information avoidance. Finally, heightened anxiety about information discrepancy is also expected to lead to an increase in information avoidance on COVID-19.

Therefore, we propose the following hypotheses:

H5: Outcome expectancy (to doing nothing) is positively associated with COVID-19 information avoidance.

H6: Target efficacy is negatively associated with COVID-19 information avoidance.

H7: Anxiety is positively associated with COVID-19 information avoidance.

Further, Afifi and Weiner (2004) suggested that efficacy assessments may function as a partial mediator in information management decisions. Consistent with TMIM's assumptions, efficacy judgements mediated the relationship between outcome expectancy and topic avoidance among spouses who were deciding to discuss end-of-life preferences (Rafferty et al., 2014). A similar relationship is hypothesised here, where target efficacy functions as a mediator in the COVID-19 information management decision process. It is predicted that those who wish to avoid information on COVID-19 will anticipate positive outcomes from doing nothing about COVID-19 information search, but target efficacy will also be given due consideration. If the target is accessible and honest with their disclosures on COVID-19, this will influence if one chooses to avoid or seek information about COVID-19. However, since they already anticipate positive outcome in doing nothing about the information search, target efficacy is expected to only play a smaller role. Specifically, the following mediating hypothesis is proposed:

H8: Target efficacy mediates the relationship between outcome expectancy (to do nothing) and COVID-19 information avoidance.

### *Conceptual Framework*

The present study focused on the relationship between TMIM variables in the COVID-19 health information management among young adults. Figure 1 displays the predictions of the present study based on the TMIM framework.

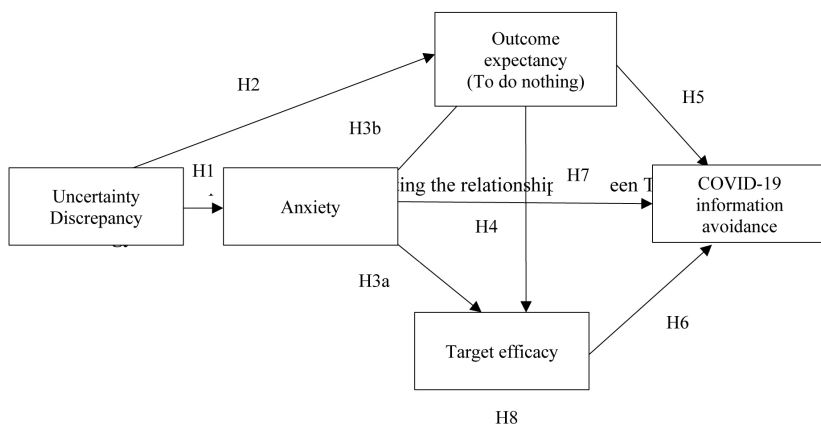


Figure 1. Conceptual framework depicting the relationships between TMIM variables

## Methodology

### *Sampling*

The main sample for this study consists of young adults who are undergraduate students from two public universities in the Klang Valley, Malaysia. Klang Valley was chosen as the study location as COVID-19 cases in this area were relatively high during the data collection period (Code Blue, 2020) and the study required that respondents identify a “close contact” who tested positive for COVID-19 in order to answer the research instrument. The second university was chosen to increase participation from non-Malays as the first target location consisted of only Malay students.

Since we did not have access to the sampling frames, non-probability purposive sampling was chosen for this study with respondents needing to identify a close contact to participate in the study. The use of power analysis is recommended for researchers who are considering the use of non-probabilistic sampling technique in the absence of available sampling frame (Memon et al., 2014). According to Hair et al. (2019), to perform the data analysis in PLS-SEM, the sample must be ten times the study paths and this criterion was fulfilled for this study. The G\*power software is recommended in recent studies (e.g., Memon et al., 2020), and determined the minimum sample size based on the

number of predictors ( $N = 129$ ). The final number of valid responses exceeded the minimum sample size required for data analysis ( $N = 483$ ).

### *Procedures*

To collect data, an online survey was constructed using Google Form. The questionnaire was distributed online to the main target respondents from November 2020 to January 2021. Respondents must be actively registered for undergraduate courses during the time of data collection. The survey took 10–15 minutes for each respondent to complete. Throughout the survey, the respondents were instructed to respond to the items in the survey, while selecting a close contact who had tested positive for COVID-19, and their behaviour in avoiding COVID-19-related topics with that close contact. The respondents were briefed on informed consent in the survey instructions, and by proceeding with the first section of the survey, they consented to participate in the study.

### *Measures*

The independent variables of this study are the TMIM variables, including uncertainty discrepancy, anxiety, outcome expectancy (of doing nothing), and target efficacy. The dependent variable is information avoidance from a close contact who supposedly tested positive for COVID-19. Target efficacy and outcome expectancy (of doing nothing) are mediating variables in this study. The following paragraphs outline specific details of each scale used in the study.

Close contact is a person the individual has been in contact with and meets the following criteria: while in contact they were closer than six feet or two meters apart for a total of 15 minutes or more within a 24-hour period while that person was infectious, which starts two days before any symptoms begin and continues until they have recovered (Center for Disease Control and Prevention, 2021). Examples of close contact include someone the individual lives with (e.g., family member, housemate), someone the individual is intimate with (i.e., spouse), or someone the individual shared a car with.

Uncertainty discrepancy is measured using the scale that is consistently used in numerous other applications of TMIM in the health context (e.g., Dillow & Labelle, 2014). Two items measured the discrepancy between the knowledge that a person has about a close contact's health and what they want to know about the close contact's

health. All items were measured using a 7-point Likert scale, with responses ranging from 1 (*Nothing*) to 7 (*Everything*). An example of the item for uncertainty discrepancy is: “how much information do you want to know about your close contact’s current health condition?” (UD1). As with other previous applications of uncertainty discrepancy, a single score was computed by subtracting the level of information they want to know (UD2) from the level of information they already know about the close contact’s current health condition and COVID-19 status (UD1). Scores for this construct may range from -6 to +6. Higher scores reflect greater uncertainty about a close contact’s current health condition, and vice versa. A positive score reflects a larger need for information regarding a close contact’s current health condition, whereas a negative score reflects less need for information.

As previously applied in other studies (e.g., Afifi & Weiner, 2006), anxiety is defined as anxiety discrepancy about a close contact’s current health condition. Five items were used to measure the respondent’s anxiety about the discrepancy they experienced regarding knowledge of their close contact’s health. These items were measured on a 7-point scale, with responses ranging from 1 (*Not at all anxious*) to 7 (*extremely anxious*). A sample item for this construct is “rate your anxiety about how little/how much you know about your close contact’s current health status.”

To measure outcome expectancy (to do nothing), this study adopted the 3-item scale used by Tannenbaum (2015). Outcome expectancies reflect beliefs about the outcomes of a specific information management phase. In the present study, we focused on outcomes anticipated from doing nothing with when dealing with COVID-19 information management. It was measured using a 7-point Likert scale, with the responses ranging from 1 (*A lot more negatives than positives*) to 7 (*A lot more positives than negatives*). A sample item states, “doing nothing to figure out my close contact’s COVID-19 status would produce...”.

To measure target efficacy, this study adopted the scale consistently used by previous researchers (Afifi & Weiner, 2006). Target efficacy measures the belief about whether the target individual has access to the desired information and would be candid with this information. Target efficacy consisted of six items (items 2 and 6 were reverse coded). All items were measured using a 7-point scale, with responses ranging

from 1 (*Extremely Disagree*) to 7 (*Extremely Agree*). An example of an item used for target efficacy is, “if asked, my close contact would be completely honest about my risk for COVID-19”.

Information avoidance is also adopted from previous measures, with three items (e.g., Afifi & Afifi, 2009; Tannebaum, 2015). It occurs when individuals choose to avoid relevant and important information related to the issue. In this study context, respondents are asked to respond to the likelihood of avoiding information from a close contact on COVID-19-related topics. These items were also measured using a 7-point scale, with the responses ranging from 1 (*Completely false*) to 7 (*Completely true*). An example of an item for information avoidance is “I will ignore information from my close contact about his or her COVID-19 health status.” Data analysis to assess both the structural and measurement model was performed using SMARTPLS 3.3.3.

## Findings

### *Demographic background*

The survey respondents were mainly young adults ( $M = 21.48$ ,  $SD = 2.05$ ), and females (68%). Almost a majority stayed off campus during the period of data collection (73%), while close to one third stayed on campus (27%). They also reported to be living in the same residence with an average of at least four people ( $M = 4.39$ ,  $SD = 2.03$ ). Only 21% lived with six or more people in the same residence. Close to half were more than willing to get tested if they suspected they had COVID-19 (47%). More than half perceived that they had adequate information on COVID-19 (71%).

### *Common method bias*

Since the data were collected from a single source, based on the following suggestions (i.e., Kock & Lynn, 2012; Kock, 2015), the data were tested for common method bias by conducting full collinearity testing. In this method, all variables were regressed against a common variable, and if the variance inflation factors (VIF) is less than or equals to 3.30, there is no bias in the study based on a single source data. Because the analysis resulted in VIF values of less than 3.30, for the present study, there is no issue with bias coming from a single source data. Table 1 shows the full collinearity testing.

Table 1: Full Collinearity Testing

Construct	UD	ANX	OE	TE	IA
VIF	1.057	1.051	1.404	1.447	1.741

Note: UD = uncertainty discrepancy, ANX = anxiety, OE = outcome expectancy (to do nothing), TE = target efficacy, IA = information avoidance

*Measurement model*

The measurement model depicts the relationship between the constructs and the indicator variables. In evaluating the measurement model, indicators with low factor loadings (i.e., values < 0.60) were removed (Gefen & Straub, 2005). Only three items were removed from the analysis due to low factor loadings, i.e., anxiety item 4 (ANX4), target efficacy items 1 (TE1) and 2 (TE2). Further, two components, namely composite reliability, and Cronbach’s alpha, were assessed to examine reliability. First, the composite reliability was inspected. The desirable cut-off value is .70 (Ringle et al., 2018), and this criterion was met. Hence, all the latent constructs of the model achieved adequate composite reliability. Also, the Cronbach’s alpha values for all constructs in this study, with a minimum of 0.85, are well above the threshold of .70 (Chin, 2010). These outcomes reflect adequate reliabilities of the latent constructs, implying their suitability for further analysis. The complete results are displayed in Table 2.

Table 2: Factor Loadings, Reliability, and Validity

Items	Loadings	CA	CR	AVE
<i>Uncertainty discrepancy (UD)</i>		NA	NA	NA
UD	SIM			
<i>Anxiety (ANX)</i>		0.864	0.908	0.712
ANX1	0.874			
ANX2	0.893			
ANX3	0.831			

ANX5	0.771			
<i>Outcome Expectancy (OE)</i>		0.915	0.946	0.854
OE1	0.899			
OE2	0.934			
OE3	0.939			
<i>Target Efficacy (TE)</i>		0.767	0.837	0.563
TE3	0.728			
TE4	0.793			
TE5	0.743			
TE6	0.735			
<i>Information Avoidance (IA)</i>		0.859	0.874	0.780
IA1	0.837			
IA2	0.907			
IA3	0.904			

Note: CA = Cronbach's alpha, CR = Composite reliability; AVE = Average Variance Extracted, SIM = Single Item Measure. Items ANX4, TE1, and TE2 were deleted due to low loadings

Further, convergent validity was examined to assess the measurement model. The average variance extracted (AVE) and the heterotrait-monotrait (HTMT) ratio procedure were included in the convergent validity assessment. Based on recommendations by Ringle et al. (2018), the threshold for the AVE is .50, and this was met. Thus, the constructs in the study demonstrated convergent validity. To assess discriminant validity, the HTMT ratio procedure was employed. Henseler et al. (2015) emphasised that in determining discriminant validity, the most conservative threshold values of the HTMT ratio should be  $\leq .90$ . All the HTMT values in this study were below the threshold value of .90, indicating that discriminant validity was achieved (refer to Table 3).



Table 3: Discriminant Validity (HTMT)

Variable	1	2	3	4	5
1. ANX					
2. IA	0.088				
3. OE	0.087	0.584			
4. TE	0.248	0.564	0.356		
5. UD	0.157	0.149	0.145	0.055	

Note: UD = uncertainty discrepancy, ANX = anxiety discrepancy, OE = outcome expectancy (to do nothing), TE = target efficacy, IA = information avoidance

*Structural model*

Having obtained acceptable reliability and validity, the next step of the analysis is to test the hypotheses of the study using the structural model. Multivariate skewness and kurtosis were assessed, as suggested by Hair et al. (2017) and Cain et al. (2017). The results revealed that the data collected were not multivariate normal, based on Mardia’s multivariate skewness ( $\beta = 3.427, p < 0.001$ ) and Mardia’s multivariate kurtosis ( $\beta = 41.630, p < 0.001$ ) values. Therefore, following the recommendations given by Hair et al. (2019), the path coefficients, the standard errors, *t*-values, and *p*-values in the structural model are reported. We used a sample resample of 5,000 bootstrapping procedures, as suggested by Ramayah et al. (2018).

The structural model displays the relationships (paths) among the constructs of the proposed study model. The adjusted *r*<sup>2</sup> value for the three exogenous constructs (i.e., outcome expectancy to do nothing, target efficacy, and anxiety) explains 42% of the variance in information avoidance. The predictive relevance (*Q*<sup>2</sup>) value for the part of the model predicting information avoidance is 0.318, indicating moderate predictive relevance (Hair et al., 2017).

The model’s standardised path values, *t*-values, standard deviation, confidence intervals, effect sizes, and *p*-values are displayed in Table 4. First, we tested the direct effect of UD on A. The path coefficient between UD and ANX indicates a significant and positive relationship

between UD and ANX ( $\beta = 0.148, t = 2.530, p < 0.01$ ). Therefore, H1 is supported. Next, H2 examines the direct effect of UD on OE, where a negative relationship was hypothesised. Results indicate that there is a negative, significant relationship between UD and OE. Therefore, H2 is supported ( $\beta = -0.142, t = 2.282, p < 0.01$ ). H3a measures whether ANX has a positive impact on OE. The results show that ANX has no significant impact on OE, although it was in the hypothesised direction ( $\beta = 0.028, t = 0.266, p = 0.395$ ). Thus, H3a is not supported. H3b examines whether ANX is negatively related to TE. The path values revealed that ANX does not have a significant impact on TE ( $\beta = 0.084, t = 0.266, p = 0.103$ ). Consequently, H3b is also not supported.

Next, H4 examines the effect of OE on TE; results display a negative relationship between OE and TE. Thus, H4 is also accepted ( $\beta = -0.361, t = 8.214, p < 0.001$ ). For H5, the analysis measures the relationship between OE and IA; the path values indicate a significant relationship ( $\beta = 0.377, t = 8.642, p < 0.01$ ). Hence, H5 is accepted. Next, H6 examines the effect of TE on IA; and the results indicate a negative relationship between TE and IA ( $\beta = -0.404, t = 10.965, p < 0.001$ ). Therefore, H6 is accepted. Finally, H7 focuses on the direct effect of ANX on IA; there is a positive relationship between ANX and IA. Therefore, H7 is accepted ( $\beta = 0.092, t = 2.176, p < 0.05$ ).

Table 4: Hypothesis Testing

Hypothesis	Path coefficient	SD	t-value	p-value	BCI LL	BCI UL	f <sup>2</sup>	VIF
H1: UD → ANX	0.148	0.053	2.796	0.006	-0.028	0.156	0.022	1.000
H2: UD → OE	-0.142	0.050	2.282	0.002	-0.023	-0.059	0.179	1.023
H3a: ANX → OE	0.028	0.104	0.266	0.395	-0.168	0.179	0.001	1.023
H3b: ANX → TE	0.084	0.084	1.264	0.103	-0.028	0.190	0.008	1.000
H4: OE → TE	-0.361	0.044	8.214	p<.001	-0.430	-0.285	0.151	1.000
H5: OE → IA	0.377	0.044	8.642	p<.001	0.486	0.636	0.024	1.151
H6: TE → IA	0.404	0.037	10.965	p<.001	-0.463	-0.341	0.243	1.159
H7: ANX → IA	0.092	0.042	2.176	0.015	0.015	0.150	0.014	1.008

Note: UD = uncertainty discrepancy, ANX = anxiety, OE = outcome expectancy, TE = target efficacy, IA = information avoidance.

*Mediation analysis*

To test the mediating analysis, we followed the guidelines by Preacher and Hayes (2004; 2008) by bootstrapping the indirect effect. H8 evaluates whether TE mediates the relationship between OE and IA. Results are significant, OE à TE à IA ( $\beta = 0.146, p < 0.001$ ). In this analysis, the confidence intervals bias corrected 95% also did not show any intervals straddling a 0, thus confirming our findings. Thus, H8 is accepted (refer to Table 5).

Table 5: Hypothesis Testing Indirect Effects

Hypotheses	Relationship	Path coefficient	SD	t-values	p-values	BCI LL	BCI UL
H8	OE → TE → IA	0.146	0.020	7.249	<0.001	0.114	0.179

*Note: OE = outcome expectancy (to do nothing), TE = target efficacy, IA = information avoidance*

**Discussion**

In the present study, we propose to identify factors that influence COVID-19 information avoidance from close contacts among young adults. To test the hypotheses, we used SMARTPLS 3.3.3 to analyse the measurement and structural models. First, results indicate the existence of a positive relationship between uncertainty discrepancy and anxiety (H1). Uncertainty discrepancy also negatively influenced outcome expectancy (H2). However, there is no significant relationship between anxiety and outcome expectancy (H3a), and between anxiety and target efficacy (H3b). Next, there is a negative relationship between outcome expectancy and target efficacy (H4). Outcome expectancy, target efficacy, and anxiety also significantly influenced information avoidance (H5-H7). Finally, target efficacy functioned as a mediator in the COVID-19 information management process (H8). Overall, the study does lend some support to TMIM as a useful framework in understanding COVID-19 information management. The followings paragraphs will deliberate specific details related to the results of the study.

The important role played by uncertainty discrepancy in the interpretation phase of information management is a valuable input for the government, health agencies, medical professionals, and front liners. As COVID-19 is a newly discovered pandemic, uncertainty levels surrounding how to manage it is still relatively high. Consistent with previous studies (Afifi et al., 2006; Afifi & Weiner, 2006; Rafferty et al., 2014; Tannebaum, 2015), high uncertainty discrepancy appears to trigger negative emotions (i.e., anxiety) (H1). It also leads to decreased belief in the positive outcomes of doing nothing (H2). Thus, to facilitate individuals to evaluate and assess the information that they have, the Malaysian government and other health agencies should continuously provide updated, crucial, and timely information, to reduce uncertainty and to highlight positive outcomes from obtaining information. Consequently, this will help ease anxiety and encourage individuals to perceive direct information seeking, instead of avoidance, as advantageous to manage their own health.

The failure of anxiety in influencing outcome expectancies and target efficacy is puzzling (H3a-H3b), considering previous research indicate that negative emotions such as anxiety would trigger anticipation to certain outcomes related to information management, and belief in information provider's ability to honestly self-disclose pertinent information related to their health (e.g., Tannebaum, 2015). This could be attributed to fluctuating levels of anxiety on COVID-19 corresponding to different phases of COVID-19 in Malaysia. Anxiety may have reached its peak at the start of the pandemic and fluctuated after. At the time the data was collected, panic and anxiety may have subsided compared to the early onset of COVID-19. The Malaysian government was also lauded for their earlier success at breaking the chain of infections and stringent rules regarding movement control orders (Passeri, 2020). Therefore, perhaps anxiety did not play a more prominent role in influencing evaluations on appropriate strategies to manage COVID-19 information (i.e., efficacy and outcome expectancies).

Further, the importance of outcome expectancy in the evaluation phase of information management is also evident, where it led to decreased belief in close contact's target efficacy (H4). Those who perceive doing nothing as advantageous are less likely to approach close contacts for information. Finally, H5-H7 identified significant

factors that influenced information avoidance, where target efficacy negatively influenced information avoidance, and outcome expectancy and anxiety positively influenced information avoidance. This is also a valuable input in improving COVID-19 information management. Although Malaysia is now in the recovery phase for COVID-19, there are still plenty of grey areas. In July 2021, emerging data on new COVID-19 variants such as *Delta* by Center for Disease Control and Prevention (2021) suggest that it is more infectious and may lead to higher transmissibility compared to other variants. Thus, there are still information gaps regarding the availability and efficacy of post-vaccination booster shots. Most recently, there are concerns with the side effects of *AstraZeneca* COVID-19 vaccines (Kathirasen, 2024). As such, health campaigns should continuously provide updated information on COVID-19 through various platforms to reduce anxiety and empower others with accurate knowledge. Campaigns should highlight the importance of quick preventive measures as opposed to avoidance, in the effort to curb the spread of the pandemic, or to prevent recurring infections.

Based on evidence pointing to target efficacy as a mediating variable, close contacts are an important component in the decision-making phase of COVID-19 information management process. Thus, they should be encouraged to share their story with others. When close contacts engage in full and honest disclosures about their health, this may reduce inaccurate stereotypes and exaggerated stigma about being a COVID-19 patient, and make it more likely for others to approach them for information. However, as this study only focused on the role of target efficacy of close contacts on information avoidance, future studies could examine other aspects of efficacy in dealing with COVID-19, such as communication efficacy and coping efficacy, as suggested by Afifi and Weiner (2004). Perhaps low communication ability (i.e., not wanting to navigate difficult conversations on COVID-19 with close contacts) and low coping efficacy (i.e., not being able to cope with the risk of being COVID-19 positive) will trigger individuals' propensity to engage in information avoidance, where avoidance may be perceived as the only viable option to manage COVID-19-related information. As this sample is also relatively educated, choosing a different population, such as those with no formal education and income (i.e., B40 population from rural areas) may shed light into how those with low communication and coping efficacy manage health information.

## Conclusion

This study has provided a small glimpse into how young adults may choose to avoid COVID-19 information from close contacts, as predicted by the TMIM perspective. However, it is important to note that this study has its limitations. First, although a large-scale survey does enable generalising the study finding, it precludes a deeper examination of motives that lead to information avoidance, when dealing with a global health pandemic situation. Future studies could also extend the findings of this study by employing the mixed methods approach (i.e. survey and focus group interviews) to qualitatively and quantitatively examine motives that may lead to COVID-19 health information avoidance, such as information dissonance or information overload. The study's findings must also be interpreted with caution in terms of representativeness as it falls short of the Malaysian demography by ethnic composition, with only 58% being Malays, and the remaining were other minority groups.

Additionally, more recent research on TMIM has highlighted the role of direct information seeking on health issues using online platforms instead of interpersonal sources only (e.g., Kanter et al., 2019; Li et al., 2020). As such, considering the ubiquity of social media and new communication technology (i.e., artificial intelligence) as a preferred source of health information, future studies could examine the contribution of TMIM variables that lead to information avoidance of COVID-19 information disseminated through various technological platforms, including social media accounts of health care providers, professional health websites (i.e., WebMD), virtual communities, online support groups, or the government mandated mobile application for contact tracing. Further, as anxiety did not significantly trigger outcome expectancy and target efficacy, future research could perhaps adopt a longitudinal approach in examining more precisely, the long-term and fluctuating effects of a wider range of negative emotions, such as anxiety, fear, guilt, panic, or distress in evaluating strategies to manage COVID-19 information.

Based on the present study, there is no doubt that health communication is an important prospective in managing a global pandemic, particularly from the individuals' interpersonal interaction with close contacts, such as their family members and others in their local communities. As such, it is important that the government, front-liners, and other health agencies continuously educate the public and encourage them

to be more proactive in managing their health, as preventive actions and quick decision-making could help break the spread of the disease and safeguard the health of individuals, neighbours, and families, in a community that is still presently dealing with the devastating impact of COVID-19.

## References

- Afifi, W.A., & Weiner, J.L. (2004). Toward a theory of motivated information management. *Communication Theory*, 14(2), 167-190.
- Afifi, W.A., & Weiner, J.L. (2006). Seeking information about sexual health: Applying the theory of motivated information management. *Human Communication Research*, 32, 35-57.
- Afifi, W.A., & Afifi, T.D. (2009). Avoidance among adolescents in conversations about their parents' relationship: Applying the Theory of Motivated Information Management. *Journal of Social and Personal Relationships*, 26(4), 488-511.
- Afifi, W.A., Morgan, S.E., Stephenson, M.T., Morse, C., Harrison, T., Reichert, T., & Long, S.D. (2006) Examining the decision to talk with family about organ donation: Applying the theory of motivated information management, *Communication Monographs*, 73(2), 188-215. 10.1080/03637750600690700
- Babrow, A. S., Hines, S. C., & Kasch C. R. (2000). Managing uncertainty in illness explanation: An application of problematic integration theory. In B. B. Whaley (Ed.), *Explaining illness: Research, theory, and strategies* (pp. 41–68). Erlbaum.
- Brashers, D.E., Goldsmith, D.J., & Hsieh, E. (2002). Information seeking and avoiding in health contexts. *Human Communication Research*, 28(2), 258-271.
- Brashers, D. E., Haas, S. M., Klingle, R. S., & Neidig, J. L. (2000). Collective AIDS activism and individual's perceived self-advocacy in physician-patient communication. *Human Communication Research*, 26, 372–402.
- Cain, M. K., Zhang, Z., & Yuan, K. H. (2016). Univariate and multivariate skewness and kurtosis for measuring nonnormality: Prevalence, influence and estimation. *Behavior Research Methods*, 49(5), 1716-1735.
- Carceres, M.M., Sosa, J.P., Lawrence, J.A., Sestacovschi, C., Tidd-Johnson, A., Ul Rasool, M.H., Gadamidi, V.K., Ozair, S., Panday, K., Cuevas-Lou, C., Parrish, M., Rodriguez, I. & Fernandez, J.P. (2022). The impact of misinformation on COVID-19. *AIMS Public Health*, 9(2), 262-277.
- Center for Disease Control and Prevention (2021, October 19). *Appendices*. <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#print>

- Center for Disease Control and Prevention (2021, August 26). *Delta variant: What do we know about the science*. <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>
- Chang, L. (2014). College students' search for sexual health information from their best friends: An application of the theory of motivated information management. *Asian Journal of Social Psychology*, 17(3), 196-205.
- Chin, W.W. (2010). How to write up and report PLS analyses. In V.E. Vinzi, W.W. Chin, & H. Wang (Eds.). *Handbook of partial least squares: Concepts, methods and applications in marketing and related field* (pp. 655-690). Springer.
- Choudhury, S. R. (2021, August 9). *Charts show that Covid is hitting parts of Asia harder now than when the pandemic began*. CNBC. <https://www.cnbc.com/2021/08/10/covid-is-hitting-parts-of-asia-harder-now-than-beginning-of-pandemic.html>
- CodeBlue (2020, November 20). *Klang Valley's Covid-19 cases keep rising after five week's CMCO*. <https://codeblue.galencentre.org/2020/11/20/klang-valleys-covid-19-cases-keep-rising-after-five-weeks-cmco/>
- Coronavirus Resource Center (2021, October 27). *COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. Retrieved October 27, 2021, from <https://coronavirus.jhu.edu/map.html>
- Dillow, M.R., & Labelle, S. (2014). Discussions on sexual health testing: Applying the theory of motivated information management. *Personal Relationships*, 21(4), 676-691.
- Elengoe A. (2020). COVID-19 Outbreak in Malaysia. *Osong public health and research perspectives*, 11(3), 93-100.
- Gefen, D., & Straub, D. (2005). A practical guide to factorial validity using PLS-Graph: tutorial and annotated example. *Communications of the Association for Information Systems*, 16(1), 91-109.
- Hair, J. F., Hult, G., T. M., Ringle, C. M., & Sarstedt, M. (2017). *A primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)*. SAGE Publications, Incorporated.
- Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle. C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), 2-24.
- Henseler, J., Ringle, C.M. & Sarstedt, M. (2015), A new criterion for assessing discriminant validity in variance-based structural equation Modeling, *Journal of the Academy of Marketing Science*, 43(1), 115-135.
- Howell, J.L., Lipsey, N.P. & Shepperd, J.A. (2020). Health information avoidance. In K. Sweeney, M.L. Robbins, & L.M. Cohen (Eds.). *The Wiley*



- encyclopaedia of health psychology* (pp. 2798-286). John Wiley & Sons. <https://doi.org/10.1002/9781119057840.ch77>
- Hua, J., & Howell, J.L. (2020). Coping self-efficacy influences health information avoidance. *Journal of Health Psychology*. <https://doi.org/10.1177/1359105320965664>
- Jones, R., Mougouei, D., & Evans, S.L. (2001). Understanding the emotional response to COVID-19 information in news and social media: A mental health perspective. *Human Behavior and Emerging Technologies*, 3(5), 645-1184.
- Issa, G. (2020, July 18). For the first time, world records 1 million coronavirus cases in 100 hours – Reuters tally. *The Star*. <https://www.thestar.com.my/news/world/2020/07/18/for-first-time-world-records-1-million-coronavirus-cases-in-100-hours---reuters-tally>
- Kathirasan, A. (2024, May 6). Troubling questions over AstraZeneca’s Covid-19 vaccine side effect admission. *Free Malaysia Today*. <https://www.freemalaysiatoday.com/category/opinion/2024/05/06/troubling-questions-over-astrazenecas-covid-19-vaccine-side-effect-admission/>
- Kanter, E., Bevan, J.L., & Dorros, S.M. (2019) The use of online support groups to seek information about chronic illness: Applying the theory of motivated information management, *Communication Quarterly*, 67(1), 100-121. 10.1080/01463373.2018.1539406
- Kock, N. (2015). Common method bias in PLS-SEM: A full collinearity assessment approach. *International Journal of e-Collaboration*, 11(4), 1-10.
- Kock, N., & Lynn, G. S. (2012). Lateral collinearity and misleading results in variance-based SEM: An illustration and recommendations. *Journal of the Association for Information Systems*, 13(7), 546-580.
- Lep, Z., Babnik, K., Beyazoglu, K.H. (2020). Emotional responses and self-protective behavior within days of the COVID-19 outbreak: The promoting role of information credibility. *Frontiers in Psychology*, 11.
- Li, J., Wen, J., Kim J., & McKeever, R. (2020) Applying the theory of motivated information management to the context of conflicting online health information: Implications for childhood vaccination communication with parents, *International Journal of Strategic Communication*, 14(5), 330-347. 10.1080/1553118X.2020.1817030
- Memon, A.M., Ting, H., Cheah, J-H., Ramayah, T., Chuah, F., & Cham, T.H. (2020). *Journal of Applied Structural Equation Modelling*, 4(2).
- Ministry of Health Malaysia (2021, August 18). *Guidelines on home monitoring*. [https://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm/ANNEX\\_2n\\_Guidelines\\_on\\_Home\\_Monitoring\\_by\\_Private\\_Medical\\_Practitioners\\_18082021.pdf](https://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm/ANNEX_2n_Guidelines_on_Home_Monitoring_by_Private_Medical_Practitioners_18082021.pdf)

- Ministry of Health Malaysia. (2022). *COVID-19 deaths in Malaysia*. [Infographic]. Covidnow.moh.gov.my. <https://covidnow.moh.gov.my/deaths>
- Ministry of Health Malaysia. (2022). *COVID-19 cases in Malaysia*. [Infographic]. Covidnow.moh.gov.my. <https://covidnow.moh.gov.my/cases>
- New Straits Times (2020, March 16). 14-day Movement Control Order begins nationwide on Wednesday. *News Straits Times*. <https://www.nst.com.my/news/nation/2020/03/575180/14-day-movement-control-order-begins-nationwide-wednesday>
- Passeri, A. (2020, November 6). Malaysia's success story in curbing the COVID-19 pandemic. *The International Spectator*. <https://www.iai.it/en/publicazioni/malysias-success-story-curbing-covid-19-pandemic>
- Preacher, K.J., & Hayes, A.F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation model. *Behavior Research Methods, Instruments, & Computers*, 36, 717-731.
- Preacher, K.J., & Hayes, A.F. (2008). Contemporary approaches to assessing mediation in communication research. In Hayes, A.F., Slater, M.D., Snyder, L.B. (Eds.). *The SAGE sourcebook of advanced data analysis methods for communication research* (pp. 13-54). Sage.
- Rafferty, K.A., Cramer, E., Priddis, D., & Allen, M. (2015) Talking about end-of-life preferences in marriage: Applying the theory of motivated information management, *Health Communication*, 30(4), 409-418. 10.1080/10410236.2014.889555
- Ramayah, T., Cheah, J., Chuah, F., Ting, H., & Memon, M. A. (2018). *Partial least squares structural equation modeling (PLS-SEM) using SmartPLS 3.0: An updated guide and practical guide to statistical analysis* (2nd ed.). Pearson.
- Rauscher, E.A., & Hesse, C. (2014). Investigating uncertainty and emotions in conversations about family health history: A test of the theory of motivated information management. *Journal of Health Communication*, 19(8), 939-954. 10.1080/10810730.2013.837558
- Ringle, C.M., Sarstedt, M., Mitchell, R. & Gudergan, S.P. (2018). Partial least squares structural equation modeling in HRM research. *The International Journal of Human Resource Management*, 1-27. [10.1080/09585192.2017.1416655](https://doi.org/10.1080/09585192.2017.1416655)
- Siebenhaar, K. U., Köther, A. K., & Alpers, G. W. (2020). Dealing With the COVID-19 Infodemic: Distress by information, information Avoidance, and compliance with preventive measures. *Frontiers in Psychology*, 11, 1-11.

- Soroya, S.H., Farooq, A., Mahmood, K., Isoaho, J., & Zara, S. (2021). From information seeking to information avoidance: Understanding the health information behavior during a global health crisis. *Information & Management*, 58(2).
- Sweeney, K., Melnyk, D., Miller, W. , & Shepperd, J.A. (2010). Information avoidance: Who, what, when, and why. *Rev. Gen. Psychology*, (14), 340-353.
- Tannebaum, M. (2015). *Seeking sexual health information from romantic partners: Testing an application and extension of the theory of motivated information management*. (Doctoral dissertation, Georgia State University). ScholarWorks @ Georgia State University. [https://scholarworks.gsu.edu/communication\\_diss/65/](https://scholarworks.gsu.edu/communication_diss/65/)
- The Guardian. (2020, April 28). *How did coronavirus start and where did it come from? Was it really Wuhan's animal market?* <https://www.theguardian.com/world/2020/apr/28/how-did-the-coronavirus-start-where-did-it-come-from-how-did-it-spread-humans-was-it-really-bats-pangolins-wuhan-animal-market>
- World Health Organisation. (2020, April 23). *Coronavirus disease 2019 (COVID-19) Situation Report – 94*. <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200423-sitrep-94-covid-19.pdf>
- Wu, Y.-C., Chen, C.-S., & Chan, Y.-J. (2020). The outbreak of COVID-19: An overview. *Journal of the Chinese Medical Association*, 83(3), 217-220.

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## **Chapter in a Book**

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## **Journal Article**

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(i) direct quotation, write as 30:36

(ii) indirect quotation, write as Qur'ān, 30:36

Reference:

*The glorious Qur'ān*. Translation and commentary by A. Yusuf Ali (1977). US: American Trust Publications.

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(i) Al-Bukhārī, 88:204 (where 88 is the book number, 204 is the ḥadīth number)

(ii) Ibn Hanbal, vol. 1, p. 1

Reference:

(i) Al-Bukhārī, M. (1981). *Ṣaḥīḥ al-Bukhārī*. Beirut: Dār al-Fikr.

(ii) Ibn Ḥanbal, A. (1982). *Musnad Aḥmad Ibn Ḥanbal*. Istanbul: Cagri Yayinlari.

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*The new Oxford annotated Bible*. (2007). Oxford: Oxford University Press.

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Research Management Centre  
International Islamic University Malaysia  
P.O. Box 10, 50728 Kuala Lumpur, Malaysia  
Phone (+603) 6196-5014, Fax: (+603) 6196-4862  
E-mail: [intdiscourse@iium.edu.my](mailto:intdiscourse@iium.edu.my); [intdiscourse@yahoo.com](mailto:intdiscourse@yahoo.com).  
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# In This Issue

*Note from the Editor*

*Research Articles*

**Farish A Noor**

‘Time’ in the Time of Empire: The Idea of Linear Time during the Era of Late Colonial-Capitalism from William Marsden to Munshi Abdullah

**Dietrich Jung**

A Theory of “Islamic Modernities:” Religion and Modernisation in Muslim History

**Syamsuddin Arif**

Shaykh Yūsuf of Makassar (d. 1111 AH/1699 CE): A Bio-bibliographical and Doctrinal Survey

**Zunaidah binti Mohd Marzuki, Nurulhaniz binti Ahmad Fuad, Jamilah Hanum binti Abdul Khaiyom, Normala binti Mohd Adnan & Aida binti Mokhtar**

Bibliometric Analysis on Islamic Spiritual Care with Special Reference to Prophetic Medicine or *al-Ṭibb al-Nabawī*

**Anke Iman Bouzenita & Feryad A. Hussain**

Sibling Sexual Abuse: Seeking Sharī‘ah-based Solutions

**Igo Febrianto, Norhayati Mohamed & Imbarine Bujang**

Developing *Sharī‘ah*-Compliant Asset Pricing Model in the Framework of *Maqāṣid al-Sharī‘ah* and Islamic Wealth Management

**Chellitda Farhana Gunaish, Mohd Firdaus Abdullah, Saifulazry Mokhtar,**

**Norazilawati Abd Wahab & Azian Tahir**

Da‘wah through Documentary Films Produced by Malayan Film Unit (MFU) and *Filem Negara Malaysia* (FNM), 1957-1970

**Hairuzzaki bin Mohd Yusof, Danial bin Mohd Yusof & Normala binti Mohd Adnan**

The Role of the Principal-Agent-Client Model in Understanding Corruption in the Public Procurement Sector in Malaysia

**Ramli Dollah, Amrullah Maraining, Adi Jafar, Eko Prayitno Joko & Nordin Sakke**

Exploring the Interdependence Model in Malaysia-Indonesia Relations: Insights from Sabah, Malaysia

**Adha Shaleh & Md. Saidul Islam**

Averting the Existential Threat of the Planet: Islamic Environmental Ethics to Address the Contemporary Environmental Crisis

**Umar Adam Musa, Zainal Abidin bin Sanusi & Hassan bin Suleiman**

Causes of Climate Change: A Neglected Dimension

**Tengku Siti Aisha Tengku Mohd Azzman Shariffadeen, Aini Maznina A. Manaf & Sharifah Sofiah Syed Zainudin**

Do We Really Have to Talk about That? Avoiding COVID-19 Topics with Close Contacts

**Mohammad Syifa Amin Widigdo**

Revisiting the Relevance of Religion in the Post-Covid-19 Pandemic: A Critical Analysis through the Lense of Religious Scholarship – Freud, James, and Dewey

**Halim Ismail, Azam Othman, Syarifah Rohaniah Syed Mahmood, Hasniza Ibrahim & Noor Azizi Ismail**

International Islamic University Malaysia’s (IIUM) Islamic Education Teacher Trainees’ Self-Efficacy during Teaching Practicum

**Jamal Mohammed Ameen Hussein & Abdulwahed Jalal Nori**

The Influence of Civil Society Organisations on Political Decision-Making in Iraqi Kurdistan

**Caglar Ezikoglu**

The Collapse of Economic Voting Behaviour in Turkish Politics

**Ahmad Akram Mahmud Robbi & Saidatolakma Mohd Yunus**

Challenges of *‘Awrah* Coverage for Muslim Women Athletes in Malaysia: A Qualitative Review

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