

Misinformation and Mythical Beliefs about COVID-19 Pandemic in Nigeria

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Abstract

This paper investigated misinformation and mythical beliefs about COVID-19 pandemic in Nigeria. Some of the major misconceptions about COVID-19 pandemic include that the disease is a myth and fictitious, Nigerian masses are immune to the disease, it is meant for the elites and that the disease is just a means to loot public funds by Nigerian government. It was also discovered from the review of literature that this mis-information is largely spread on social media by bloggers in quest of traffic to the blogs and political entities who want to manipulate the news of the pandemic for their personal political gains. Based on the review by this paper, it was recommended among others that to rapidly and effectively counter disinformation and misinformation, the Nigerian government must engage in a sustained two-way communication with its citizens. It must consistently and transparently provide information that responds to people's concerns. Also, civil society groups can also be leveraged by government bodies like the National Orientation Agency to ensure that correct information is shared widely in the public domain and that false news is quickly countered.

Keywords: misinformation, mythical, beliefs, COVID-19, pandemic

Introduction

The COVID-19 pandemic is presenting unprecedented challenges for all, from its effects on everyday lives to its impacts on the world's economies. Beyond the tragic health hazards and the consequences of the COVID-19 pandemic on humans, the economic uncertainties, and disruptions that have resulted come at a significant cost to the global economy with the attendant demographic, social, and economic implications on the Nigerian population (Abati, 2020). However, many Nigerians gloat on COVID-19 as mainly targeting the country's elite, particularly politicians, despite warnings that the life-threatening respiratory illness could hit the poor as well.

The Nigeria Centre for Disease Control (2020) reported that Nigeria has recorded more than 25,000 cases since the first case of the pandemic in Nigeria - most of them are people who had been abroad, and those they had interacted with on their return to Nigeria. In the global race to understand the new coronavirus outbreak, a lot of misinformation has spread rapidly worldwide, including on social media. According to Brug, Aro and Richardus (2020), in Nigeria, misinformation includes the belief that the coronavirus cannot survive in hot weather, as well as many unproven and ineffective "cures", including drinking

alcohol, inhaling steam from a mixture of the eucalyptus ointment popularly known as Robb and hot water, and taking a high dose of the antimalarial drug, chloroquine. These and other unverified claims could have potentially drastic and sometimes fatal consequences. They can hamper efforts of public health practitioners in containing the spread of COVID-19 and result in the general public's distrust about science (Choi & Yang, 2020).

According to a GeoPoll Report (2020) on coronavirus that examined the awareness level, sources of information and knowledge of coronavirus among 1,350 people in Kenya, South Africa, and Nigeria, social media channels such as WhatsApp were particularly active in spreading false information on COVID-19 remedies. When the World Health Organisation (WHO) declared COVID-19 a global pandemic on 11 March, 2020, Dr. Mohammed Auwal Ibrahim, a Nigerian scientist, was in his laboratory at the National Institute for Advanced Industrial Science and Technology, Tsukuba, Japan (Adamu, 2020). His relatives in Kano—at the time, the state with the second-highest number of confirmed cases of COVID-19 in Nigeria—sent him a WhatsApp video that had gone viral and was circulating in Hausa language. In the video, a popular social media figure in northern Nigeria, Haruna Salisu alias Chizo Germany, was filmed touting the use of shea butter as a cure for COVID-19, the respiratory illness caused by the novel coronavirus. The video had close to 7,000 views on Instagram (Adamu, 2020).

According to Hussain (2020), the low levels of health literacy and exposure to scientific knowledge in Nigeria, has made messaging and communication about COVID-19 harder. The public does not, to a large extent, understand the science behind the virus's transmission. Therefore, many people find it difficult to identify credible evidence-based scientific information or to sort through messages on COVID-19, which are often published in languages that are not their mother tongue. Lau (2020) noted that preventive measures such as social distancing has largely come in foreign terms without translations into local languages. The Nigeria Centre for Disease Control (NCDC) and partners have recognized that these gaps exist and have begun disseminating contents in local languages to the different states.

Adamu (2020) observed that many people lacked knowledge about the new coronavirus. He posited that lack of communication in local languages was a big threat to efforts in curbing the spread of COVID-19 misinformation in Nigeria. Likewise, he also identified constraints in the implementation of preventive measures such as social distancing due to religious beliefs and sociocultural factors. Hence, he said, scientists must be at the forefront of the fight against COVID-19 misinformation, adding that the use of local languages to communicate preventive measures and raise awareness among communities was just as important as working in the laboratory to develop vaccines or drugs against COVID-19. This paper therefore dwells on misinformation and beliefs about COVID-19 in Nigeria.

Who is spreading the misinformation?

Social media activists, influencers and self-styled warriors are using their social media platforms and fringe websites to spread misinformation, propagate conspiracy theories and promote the denial of COVID-19 (Adamu, 2020). Sometimes their motivation is simply to grow their online followership. For instance, the controversial blogger Kemi Olunloyo tweeted that President Muhammadu Buhari is sick with a persistent cough and that a makeshift ICU had been set up to treat him. Within hours, the tweet had been liked 3,300 times and retweeted more than 2,000 times.

In other instances, sensationalist comments from supposed “health experts” have been spread widely. On 23 March, for example, an audio clip emerged on WhatsApp of an alleged World Health Organization (WHO) official predicting that at least 45 million Nigerians would die in the pandemic. The audio provoked so much attention that the NCDC issued a rebuttal. Other so-called experts have proffered cures such as constant sex or sitting in the sun, or have claimed that African blood is immune to the coronavirus. None of these have any medical basis (Lau, 2020). There are also political ideologues who have been trying to exploit the pandemic to influence public opinion along partisan lines. Supporters of the opposition People’s Democratic Party (PDP) have sought to create a narrative that it handled the Ebola crisis far better than the current government is dealing with COVID-19. The confirmation that late Abba Kyari, the president’s former chief of staff, had tested positive gave the opposition new ammunition, though this has been complemented with unsubstantiated rumours that ventilators have been moved from the isolation centre in Abuja to Aso Rock for Kyari’s personal use. On their part, supporters of the ruling All Progressive Congress (APC) have sought to politicise the crisis by focusing more on the irresponsible action of individuals linked to the opposition. Confirmation that the son of Atiku Abubakar, the PDP’s 2019 presidential candidate, had contracted the virus was followed by fake photos and videos of the son dancing in clubs, ignoring government isolation advice (Hussain, 2020).

How does the misinformation spread?

The platforms used to share COVID-19 misinformation vary across geopolitical zones and demographics in Nigeria. Facebook and WhatsApp continue to be the most popular messaging platforms, whilst Twitter, Instagram and traditional media play complementary roles (Leppin & Aro, 2020). There is cross-posting across all platforms. WhatsApp, in particular, is a common conduit as it allows for the circulation of different types of media such as audio, video, text and links. For audio in languages like Hausa, listeners do not necessarily have to be literate to understand. Trust also plays a massive role in whether messages are believed and spread. According to Makinde (2020), content is more likely to resonate when it comes from religious leaders, friends, family or other trusted authority figures.

How much of a threat is misinformation and panic in Nigeria?

Perhaps the biggest danger faced at the moment is panic (Lau, 2020). To control diseases such as COVID-19, it is critical that human behaviour is controlled in a way that inhibits

the spread of the disease. The challenge with panic is that people change their behaviour erratically. They might even behave in a way that leads to the disease spreading, or poses a different risk entirely to them and their communities. Hussain (2020) noted that misinformation can lead to panic. In fact, it does more than create panic. It can lead to wrong actions. It has already been seen where people come down with chloroquine toxicity in this pandemic when they heard the drug might be effective. Misinformation can also lead to complacency. There are people who believe that black people cannot have the COVID-19 infection.

According to Adamu (2020), the biggest threats of COVID-19 misinformation are panic, politics and indecision. While COVID-19 is a serious disease and should be tackled as such, such should be done with calmness and focus. It should not be forgot that, if the situation is handled right, most people are not expected to die. But that is also the tricky nature of the disease. Most people will be asymptomatic or with mild illness. But they will nevertheless pose a great risk to those who are more susceptible to severe disease and death – the elderly and those with other underlying diseases. There are already more people dead and dying from other diseases. But COVID-19 has gained notoriety to such an extent that it cannot be ignored. Panic leads to knee-jerk responses that are not likely to effectively curtail the spread of the disease (Makinde, 2020).

Olatunji (2020) opined that politics should have some boundaries. One such boundary is the containment of a pandemic. This is no time to make promises that are not immediately fulfilled. The disparity between the public statements about Nigeria's preparedness and the reality on the ground as revealed by ordinary people is alarming. An example is the accounts given by people who passed through Nigeria's airports before they were shut down. While the politicians talked about money that had been assigned, two weeks later the Nigeria Centre for Disease Control said that no money had been released (Adamu, 2020).

What is missing in the current narrative around COVID-19 and its handling in Nigeria?

A coordinated response across the federation is really missing. The Federal Ministry of Health and the Nigeria Centre for Disease Control are supposed to be the national coordinators. But states seem to be making individual decisions (Makinde, 2020). Some states shut down schools with the dramatic rise in the number of confirmed cases. Others looked on. It has been seen that diseases do not know boundaries (not even international ones), so the best thing to do is to have a synchronised response. For example, many countries have found that locking down only parts of their countries was ineffective and had to do a total lock down eventually. That does not mean that exactly the same thing is done at all the places at the same time. But it does mean that one can have an eye on how every place is faring at once and is able to make response appropriately (Lau, 2020).

According to Richards (2020), Nigeria has been 'haemorrhaging' health care workers in recent years. But, thankfully, the country still has some dedicated and innovative health care workers left. Its health workers are nothing short of heroes, given the environment in

which they work. This situation now reveals how much the country needs them and that this will inform future policies to ensure that the health system improves and health workers are retained in the country. Nigeria also has a big economy and a strong private sector. It is time to draw on the strengths of its private sector to combat this disease. Apart from money, the private sector can drive community engagement, communication, procurement, and even the manufacturing of drugs and equipment.

Misinformation and conspiracy theory: The role of international organizations

Vartti (2020) noted that the misinformation and conspiracy theories on COVID-19 pandemic have continued to present great challenges for medical professionals, social media platforms, journalists, government and concerned citizens. The uncertainty induced by COVID-19 has stimulated fear, anxiety, hatred and hate speech. Under this circumstance, there is need for the right narrative; with credible and quality communication and information intervention.

In addressing this menace, UNESCO Abuja Office organized a Webinar on the theme, “Overriding influence of misinformation on the COVID-19 Pandemic” on April 28, in collaboration with UNIC, WHO and UN Women. According to Macaulay Olushola, the UNESCO Abuja Communication and Information Officer, “The objective of the webinar is to x-ray the various information circulating on COVID-19 and build competencies to empower people with critical thinking capacity for making informed decisions.”

The UNESCO Regional Director, Ydo Yao reiterated the role played by UNESCO in combating fake news and promoting freedom of expression and access to information under the framework of the UN Plan of Action on the Safety of Journalists and the Issue of Impunity. According to him, the webinar was organised to bring together the efforts from communication experts and international community to build resilience in the face of misinformation and ‘fake news’ that preceded the COVID-19 pandemic. In her presentation on the truth about COVID-19, Dhamari Naidoo, the Technical Officer for Laboratory Strengthening from WHO indicated that, disseminating correct medical and professional messages is very critical. She said that WHO has partnered with social media platforms like Facebook, TikTok and others to ensure that the right information is shared via these platforms.

In the same view, Patience Ekeoba from UN Women pointed out an increased rate in gender-based violence during the pandemic. She advised that women, especially in rural communities, should partner with local influencers and networks to access the right information. Speaking on the main theme of the webinar, “Overriding Influence of misinformation on the COVID-19 Pandemic”, Edward Kargbo from BBC Media Action (Ethiopia) stated that COVID-19 is the first pandemic to occur in the digital and information age, and fake news, rumours, conspiracies and misleading information have become dominant today. “Since the outbreak of the disease, the explosion of misinformation has been accompanied along. It became more difficult for people to get and detect accurate messages,” he stated. He added that the ‘infodemic’ should not be

treated as a ‘seasonal’ issue. He believes that joint efforts and support to empower media development are needed at a time like this (Abati, 2020).

In his contribution, Jide Atta, a media and gender consultant emphasized that the negative impact induced by dis/misinformation should receive serious attention. Atta reminded the audience on the havoc that misinformation could cause, namely, mental health and stigma of health services. He proposed that a corresponding and harmonizing framework should be put in place to combat fake news, with cultural sensitivity. Efforts should also be made to reach out to the community level to curb the spread of fake news. Discussing on another sub-theme, “Engaging the Media and Information Literacy (Educated) Citizens in the COVID-19 pandemic Narrative,” Dr. Olunifesi Suraj, a senior lecturer at the University of Lagos concentrated on the sources and contents of information itself. Suraj’s presentation calls for reflection and check on the current narrative of COVID-19, including the channels and publishers spreading the information. In his point of view, knowledge must guide information, so that it will be the light to guide humanity. In his point of view, people should always keep questioning on the terms of ‘truth’ and ‘reality’.

On his part, Mr. Oluwamayowa Tijani, a youth leader reflected on the power influence. He pointed out that forces behind dis/misinformation include political powers, financial powers and soft power (fun, comedy) which is to achieve various gains. Aside from this, Tijani charges the youth who are the majority in the digital era to make best of their time in promoting good values. “Young people have great potential in forcing solidarity to combat dis-misinformation together”, he said. While reflecting on the UN interventions over the pandemic, Mr. Oluseyi Soremekun introduced the work that has been and are being done on combating the dis/misinformation on COVID-19. Aside from that, he emphasized that people should validate information before sharing it with anyone else. At the end of the meeting, it was agreed that, only joint efforts and solidarity among stakeholders would help the society to find the beacon showing the way forward out of uncertainty, and finally, lead everyone to the shore.

Conclusion

Misinformation about COVID-19 is engendering false hopes and generating fear, promoting quackery as well as undermining scientifically proven pathways that curb the spread of the virus such as social distancing, staying at home, proper handwashing and use of hand sanitizers. This endangers lives, and allows the pandemic to spread more and more. Ordinarily, managing information effectively for routine situations is critical. During periods of crisis, how information is handled is most crucial and could make all the difference between positive outcomes and exacerbated scenarios. WHO Regional Office for Africa is actively helping the continent through trainings, guidelines on how to deal with the pandemic, donation of test kits and helping to counter disinformation, and is guiding countries on setting up call centres to ensure the public is informed. It is therefore understandable why drastic responses are needed from all sectors to contain the spread of the pandemic in Africa.

Recommendations

The following recommendations were made:

1. To rapidly and effectively counter disinformation and misinformation, the Nigerian government must engage in a sustained two-way communication with its citizens. It must consistently and transparently provide information that responds to people's concerns.
2. Civil society can also be leveraged by government bodies like the National Orientation Agency to ensure that correct information is shared widely in the public domain and that false news is quickly countered.
3. There is an urgent need in Nigeria and beyond to counter the scourge of fake news around coronavirus. As has been seen around the world, tackling the disease requires everyone to follow advice and do their part. Accurate information is critical.

References

- Abati, R. (April 7, 2020). *CoronaVirus*. Available online at <http://saharareporters.com/2020/04/07/corona-blues-reuben-abati>
- Adamu, H. I. (2020). *The other COVID-19 pandemic: Fake news*. Retrieved from <https://africanarguments.org/2020/03/26/the-other-covid-19-pandemic-fake-news/>
- Brug, J., Aro, A. R. & Richardus, J. H. (2020). Risk perceptions and behaviour: Towards pandemic control of emerging infectious diseases: International research on risk perception in the control of emerging infectious diseases. *International Journal of Behavioural Medicine*, 16(1), 3-6. doi: 10.1007/s12529-008-9000-x.
- Choi, J. S. & Yang, N. Y. (2020). Perceived knowledge, attitude, and compliance with preventive behavior on influenza A (H1N1) by university students. *Journal of Korean Academic and Nursing Studies*, 22(3), 250–259.
- GeoPoll (2020). *COVID-19: How We Plan To Implement Social Distancing in Lagos Markets, Transport System – Sanwo-Olu*. Retrieved from <https://www.channelstv.com/2020/03/22/covid-19-how-we-plan-to-implement-socialdistancing-in-lagos-markets-transportssystem-sanwo-olu/>
- Hussain, Z. A. (2020). Medical students' knowledge, perceptions, and behavioral intentions towards the H1N1 influenza, swine flu, in Pakistan: a brief report. *American Journal of Infectious Diseases and Control*, 40(3), e11–e13. doi:10.1016/j.ajic.2011.12.004
- Lau, J. T. (2020). Monitoring community responses to the COVID-19 pandemic in China: from day 10 to day 62. *Journal of Epidemiology and Community Health*, 57, 864–870
- Leppin, A. & Aro, A. R. (2020). Risk perception related to COVID-19: theoretical foundations of current behavioral research. *International Journal of Behavioral Medicine*, 16(1), 7–29. doi:10.1007/s12529-008-9002-8.
- Makinde, F. N. (March 22, 2020). *COVID-19: Adeboye, Oyedepo, Okonkwo, Adeyemi, others hold online services*. Retrieved from <https://punchng.com/covid-19-adeboye-oyedepo-okonkwo-adeyemi-others-hold-onlineservices/>

- Nigeria Centre for Disease Control (NCDC) (April 9, 2020). *COVID-19 case update*. Retrieved from <https://twitter.com/NCDCgov/>
- Olatunji, H. (February 29, 2020). *Coronavirus: Catholic Church in Lagos suspends sprinkling of 'holy water', handshakes during mass*. Retrieved from <https://www.thecable.ng/coronavirus-catholic-church-in-lagos-suspends-sprinkling-of-holy-water-handshakes-during-mass>
- Richards, P. (2020). *COVID-19: How a people's science helped end an epidemic*. London: ZedBooks.
- Varti, A. M. (2020). COVID-19 knowledge, perceptions, and behaviors. *International Journal of Behavioral Medicine*, 16 (1), 41–48.
- World Health Organization. (WHO, 11 March, 2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Geneva, Switzerland: World Health Organization. Retrieved from <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>
- Worldometers (April 9, 2020). *Coronavirus Update (Live)*. Available online at <https://www.worldomet>