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Influence of conspiracy theories, misinformation and knowledge on public adoption of Nigerian government's COVID-19 containment policies

KEYWORDS

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ABSTRACT

This study examined the individual and collective influence of conspiracy theories, misinformation and knowledge revolving around COVID-19, on public adoption of the Nigerian government's containment policies. The study adopted the Survey, and Focus Group Discussion (FGD) methods. For the survey, a sample of 466 respondents were drawn from Facebook, Instagram, Messenger and WhatsApp, while 24 participants were selected for the FGD. The Statistical Package for Social Sciences (SPSS) and thematic approach were used to analyse data generated from the study. Results revealed a COVID-19 conspiratorial thinking among survey respondents and FGD participants, who were also familiar with the orgy of unbridled dissemination of misinformation and conspiracy theories in the social media space. Majority of respondents were knowledgeable about government's COVID-19 containment policies and were practicing the recommended safety measures. Their decision was influenced by trust in opinion leaders, especially family members and medical experts.

INTRODUCTION

The concoction of alternative facts is hardly rare, and the equivalent of today's poisonous, bite-size texts and tweets can be found in most periods of history, going back to the ancients (Darnton 2017). Long before modern journalism established standards that define news as a genre, based on particular rules of integrity, mobilizing and manipulating information was a feature of history. An early record dates back to ancient Rome, when Antony met Cleopatra and his political enemy Octavian launched a smear campaign against him with 'short, sharp slogans written upon coins in the style of archaic Tweets' (Posetti and Matthews 2018; Darnton 2017). However, the arrival of the Internet in the late twentieth century, followed by social media in the twenty-first century, dramatically multiplied the risks of false information, popularly known today as 'Fake News'.

'Fake News' is a neologism used to conflate misinformation and disinformation (Ireton and Posetti 2018). While Misinformation is false information, which the disseminator believes to be true, Disinformation is false and deliberately created with the intent to harm (Amobi et al. 2020). Conspiracy theories have also been around and are often based on disinformation. They contradict the mainstream account of events and explain them as secret plots by powerful and malevolent groups whose members are coordinated, and secretly working together to commit wrongful actions (Douglas et al. 2017). The believability of conspiracy theories appears to be enhanced by the prejudices and biases of the consumers, as well as their distrust of official sources (Amobi et al. 2020).

Over the past decades, the way information is created and shared has changed dramatically. New digital platforms have unleashed innovative journalistic practices that enable novel forms of communication and greater global reach, than any point in history. The rapid accessibility of mobile devices and the rise of social media platforms such as Facebook, Twitter, Instagram, Blogs and others have only made it easier to deliver false information at a faster rate. Society is today witnessing the weaponization of information on an unprecedented scale, as powerful new technologies make the manipulation and fabrication of content simple, with social networks dramatically amplifying

falsehoods which are in turn shared by uncritical and unsuspecting publics (Turk 2018). All these are creating a very noisy information landscape, which presents new challenges for journalists, public health practitioners and health security professionals and society at large.

Conspiracy theories and misinformation about coronavirus

Conspiracy theories and misinformation increase in prevalence in periods of widespread anxiety, uncertainty or hardship, where people have little control over environmental threats, such as volcanic eruptions, unpredictable weather patterns and pandemics (Nyilasy 2019; Vidon 2020) such as the world is now witnessing with COVID-19. Thus, the coronavirus pandemic threw the world into a state of panic and the mainstream and social media into frenzy. Misinformation and conspiracy theories surrounding the pandemic have flooded the internet – often with an additional nudge from world leaders and celebrities (Vidon 2020). In times of health pandemics, misinformation becomes especially harmful, as was evident during the Ebola crisis in Nigeria, when narratives ranged from bathing in, and drinking salty water to eating kola nuts as a treatment for Ebola.

Today, with COVID-19, similar dynamics are coming to play as misinformation narratives are also changing rapidly, from the claim in early February, when Nigeria had not recorded any confirmed cases, that ‘African blood is immune to coronavirus’, to a former Nigerian president allegedly calling coronavirus a hoax (Centre for Democracy and Development 2020). Although the stories reported on traditional media largely emanate from fact-based reporting, stories disseminated on social media concerning the pandemic are speculative, conspiratorial and often false (Shahsavari et al. 2020). Prevalent cases of misinformation on social media and other public spaces include messages claiming that: inhaling hot steam is an effective treatment against coronavirus; alcohol kills coronavirus; African Blood is immune to coronavirus; Garlic, ginger, pineapple peel, neem leaves, among several others can cure COVID-19; inability to hold one’s breath for ten seconds without coughing is an indication of COVID-19; Chloroquine and Hydroxychloroquine are effective against COVID-19; coronavirus dies under high temperature; and disinfectants are potent against COVID-19 (Amobi et al. 2020).

The spread of the coronavirus has also witnessed a corresponding upsurge in the number of conspiracy theories spreading on social media regarding the origins of the virus and use of vaccination to prevent the virus infection. Some of the conspiracy theories prevalent in the Nigerian media and other public spaces include claims that: COVID-19 is a ploy by the political class to get funds from Europe in the guise of fighting what is considered a hoax; COVID-19 is part of a Bill Gates-led plot to use a vaccination programme to implant digital microchips that will somehow track and control people; and 5G networks is responsible for the spread of COVID-19. The claim that COVID-19 is a hoax was made by several notable persons, including Raymond Dokpesi, a Nigerian Media mogul, who was infected with the virus, and on his release from the Isolation Centre queried the existence of the virus, since according to him, he was treated with anti-Malaria drugs. Again, the video of a Nigerian-trained US-based doctor claiming to have cured over 300 COVID-19 patients with the same drugs only served to strengthen the conspiracy theories (Amobi et al. 2020). To determine respondents’ familiarity with COVID-19 conspiracy theories, and misinformation, we ask:

RQ1: What is the level of public awareness about the prevalent conspiracy theories, and misinformation revolving around COVID-19?

Nigerian government's COVID-19 containment policies

The onset of COVID-19 sent waves of panic across Nigeria, as in every other country of the world, and this was exacerbated by new information landscape, where both social and mainstream media bequeath information to information seekers. Contrary to Europe and the United States, it took a while before Nigeria recorded its first index case, but media reports of the infections and fatalities in China, Europe and the United States, sent shock waves across the world. Many health experts had projected that Africa would face a hard time and struggle to keep the coronavirus outbreak under control once the virus got into the continent (Amzat et al. 2020), but this has so far not materialized, as nine months after the index case from Italy was diagnosed in Nigeria, the country with a population of 214 million (US Census 2020a) has recorded 66,000 cases and 1100 deaths, respectively (NCDC 2020a), while the United States with a population of 330 million (US Census 2020a) has recorded over 12.5 million cases and 260,000 deaths (CDC 2020) and the United Kingdom with a population of 66 million (US Census 2020b) has recorded 1.5 million cases and over 66,000 deaths (GOV.UK 2020). Nonetheless, the Nigerian Centre for Disease Control (NCDC), put in place certain preventive measures to contain the spread and mitigate the impact of the COVID-19 pandemic (NCDC 2020b), and these include: wearing of face masks; washing hands regularly and using alcohol-based hand sanitizers where soap and water are not immediately available; social and physical distancing measures- observing at least a distance of two metres; avoiding touching the eyes, nose and mouth; self-isolation of infected persons and Quarantine of exposed persons; and cleaning of surfaces, door handles and staircase railings to reduce the risks of transmission via objects, equipment or contaminated environmental surfaces (NCDC 2020b). The safety measures were adopted from those developed by the Centre for Disease Control (CDC) in the United States and the World Health Organization (WHO), to assist countries to prepare for and respond to infectious disease threats like COVID-19 (NCDC 2020b).

As in some other countries, Nigeria established a lockdown or stay-at-home policy, which entailed shutting down businesses, churches, mosques, schools and government offices. Even food markets were closed for a while and were later allowed to open on specific days and times. Commercial vehicles could only carry a stipulated number of passengers, to ensure physical distancing. However, adopting the recommended actions to avoid a negative health condition, requires sufficient awareness and knowledge about how and by whom COVID-19 is transmitted, the preventive measures, and their mitigating factors (Cirrincione et al. 2020).

It is therefore important to ask the following question:

RQ2: How knowledgeable were Nigerians about government COVID-19 preventive measures?

Adoption of preventive measures

While preventive measures, when extensively and strictly enforced, appear to have been effective in stemming the spread of the virus in countries such as

South Korea and China, and eventually Italy (Andrew et al. 2020), the level of adoption of the measures in countries where they are not strictly enforced is unclear, and extant literature search indicated limited research.

One of the few studies found was on the adoption of personal protective measures by citizens during the COVID-19 outbreak in Japan. Results showed that in total, only 34.7 per cent of participants implemented all measures under the loose standards, and when the strict standards were applied, the prevalence was reduced to only 6.5 per cent. Individually, 58.5 per cent of the participants always practiced hand hygiene, 29.6 per cent always practiced social distancing measures, 24.4 per cent avoided touching their eyes, nose and mouth, and 40.1 per cent were definitely willing to self-isolate. The researchers concluded that the protective measures implemented by the citizens were insufficient and that further public awareness activities were required (Machida et al. 2020).

Findings of another study by a group of Geneva psychologists on how people in Britain practised the preventive measures recommended in their country, showed that the measures were spontaneously adopted by a large section of the population. The authors attributed this response to a known phenomenon, similar to that of other 'tragic' health situations, such as the AIDS pandemic, whereby informing people about the presence of a danger is enough to bring about a massive and rapid change in behaviour, despite pockets of resistance (Science Daily 2020).

Similarly, in their study on the adoption of preventive behaviour strategies and public perceptions about COVID-19 in Singapore, Ozdemir et al. (2020) found that although the adoption of preventive behaviours among Singaporeans varied, it was overall, high and consistent with government recommendations. The most widely adopted measures were avoiding or cancelling social events (82.8 per cent) and reducing time spent shopping/eating out (86.2 per cent / 86.1 per cent), as against the adoption of mask wearing (57.5 per cent), which was not as widespread. The authors attributed this disparity to the inconsistent and unclear messages from government advisories regarding mask wearing, which had earlier suggested that mask wearing was of limited use and practicability, only to later recommend wearing masks in public (Ozdemir et al. 2020). Due to dearth of research, it is unclear how Nigerians are adopting the COVID-19 preventive measures. To address this concern, we ask the following question:

RQ3: To what extent did Nigerians adopt the government COVID-19 preventive measures?

Theoretical underpinnings

Scholars argue that information about the presence of a dangerous health threat is enough to bring about behaviour change (Science Daily 2020), thus, factors such as perception of vulnerability may lead to acceptance of a message. Hochbaum, Rosenstock and Kegels in their Health Belief Model (HBM), identify the role of perception of vulnerability in persuasion. They argue that if people regard themselves as susceptible to a condition (perceived susceptibility), they will take action to prevent the illness, if they believe it would have potentially serious consequences (perceived severity), if they believe that a particular course of action available to them would reduce the susceptibility

or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers) (Jones et al. 2015).

Although, messages about the severity of COVID-19 are consistently disseminated during presidential briefings, state governors' briefings, on NCDC and Ministry of Health websites, and via various forms of advertising, the messages are not often accompanied by images of COVID-19 victims. However, graphic images of dying and dead COVID-19 victims are constantly shown on cable TV networks, such as CNN, MSNBC, among many others, and these are capable of creating the perception of susceptibility among Nigerians. The belief that they would suffer the same fate may be strong enough to persuade them to adopt the recommended preventive measures they are exposed to on media campaigns and interpersonal networks.

This is supported by Champion and Skinner (2008, as cited in Jones et al. 2015), who argue that specific cues, such as factors in one's environment, can impact the final action one takes, and Bish and Michie (2010, as cited in Jones et al. 2015), note that these cues to action can be internal or external, ranging from experiencing symptoms of an illness to exposure to a campaign.

Failure of the studies reviewed in this article, to address the factors that influenced the adoption of preventive measures, prompts the following question:

RQ4: What factors influenced Nigerians' adoption of COVID-19 preventive measures?

METHODS

Based on its exploratory nature and exigency of time, this study adopts a triangulatory design, incorporating survey, and focused group discussions (FGDs). Online survey of 466 respondents on Facebook, Messenger, Instagram, Telegram and WhatsApp platforms were undertaken, given the divergent and cross-cultural nature of patrons of the sites. This also helped in maintaining social distance requirement for containing coronavirus pandemic. Respondents were requested to respond to certain demographic questions and other items measuring the key constructs of the study measured with Likert scale. Additionally, three Focus group discussions of selected participants were also conducted using the Zoom and Google Meet. They were conducted to decipher citizens' understanding of the coronavirus pandemic and their responses to government-promoted containment practices.

The FGDs also helped in clarifying grey areas on how conspiracy theories, misinformation and disinformation shape public knowledge of and behavioural dispositions to containment strategies promoted by the government and public health authorities. One Focus Group Discussion was conducted on Zoom, while two were held via Google Meet. The first group comprised of twelve working-class young people (seven females and five males). The second group comprised five young people, the participants included both working class and university students (two females and three males). The third group comprised of four elderly people (three females and one male).

Data collected via survey and FGDs were analysed using Statistical Package for Social Sciences (SPSS) version 25.0 and thematic analysis, respectively. For the survey data, descriptive analysis, based on means and standard variations

for collective and individual items measuring the main constructs, was used. Consonant opinions given about the main constructs by participants in the FGDs were deduced to enact themes emerging from discussions.

RESULTS

This section presents the findings of the study with survey results preceding the results of FGDs. The survey results are presented in tables in accordance with the research questions raised.

RQ1: What is the level of public awareness about the prevalent conspiracy theories, and misinformation revolving around COVID-19?

Two main constructs in the question, familiarity with conspiracy theories and familiarity with misinformation associated with COVID-19, were measured by battery of items on 5-point Likert scale (1=not familiar at all, 5=very familiar). On the aggregate, eight items measuring familiarity with conspiracy theories (Table 1) show that respondents in the study are familiar with competing conspiracy theories ($M=3.11$, $SD=1.47$).

Specifically, respondents are familiar with the belief that much of information about coronavirus is deceptive ($M=3.56$, $SD=1.34$), coronavirus is part of biological warfare between China and the West ($M=3.42$, $SD=1.42$), coronavirus is more of a political tussle than health pandemic ($M=3.31$, $SD=1.45$), coronavirus is Chinese way of conquering the world ($M=3.29$, $SD=1.46$). Respondents displayed slight familiarity with other conspiratorial beliefs such as coronavirus is associated with 5G technology, developed to reduce world population and adopt new ways of life promoted by powerful people and organizations.

With regard to respondents' familiarity with misinformation about COVID-19, measured with seven items, respondents aggregately show slight familiarity ($M=2.93$, $SD=1.40$). They are, however, well familiar with information making rounds that coronavirus cannot stand high temperature ($M=3.80$, $SD=1.32$). They also confirmed their familiarity with information that Chloroquine and Hydroxychloroquine are effective against COVID-19 ($M=3.43$, $SD=1.38$), inhaling hot steam is effective in treating coronavirus ($M=3.06$, $SD=1.49$) and that boiled sliced pineapple peels, lime and ginger are helpful in treating COVID-19 ($M=3.02$, $SD=1.44$). Additionally, they are slightly familiar with misinformation that the blood of Africans possesses immunity against COVID-19 ($M=2.63$, $SD=1.48$) and that garlic can cure coronavirus ($M=2.62$, $SD=1.43$).

RQ2: How knowledgeable are the Nigerian public about government's COVID-19 preventive measures?

To measure respondents' knowledge about government-promoted COVID-19 preventive measures, eight items on 5-point Likert scale (1=not knowledgeable at all, 5=very knowledgeable) were used. Generally, results (Table 2) revealed that respondents are well knowledgeable about government-promoted preventive measures ($M=4.15$, $SD=1.11$).

Specifically, respondents claimed that they know that isolation of suspected carriers reduces the spread of coronavirus ($M=4.31$, $SD=1.11$), good sanitary hygiene like washing hands regularly reduces the spread of coronavirus

COVID-19 competing conspiracy theories and misinformation	M	SD
Conspiracy theories		
Coronavirus is associated with 5G technology	2.88	1.62
Coronavirus is part of biological warfare between China and the West	3.42	1.42
Coronavirus is Chinese way of conquering the world	3.29	1.46
Much of the information being offered about coronavirus by the authorities is deceptive	3.56	1.34
Coronavirus is more of a political tussle than health pandemic	3.31	1.45
Coronavirus was developed to reduce the world population	2.87	1.51
Coronavirus is developed to make the world adopt new ways of live promoted by powerful people and organizations	2.75	1.50
The number of those infected with COVID-19 as recorded by NCDC is exaggerated to amass funds from international agencies	2.76	1.42
Total	3.11	1.47
Misinformation		
Inhaling hot steam is an effective treatment against coronavirus	3.06	1.49
Boiled sliced Pineapple peels, Lime, Ginger is helpful in the treatment of COVID-19	3.02	1.44
Garlic can cure coronavirus	2.62	1.43
Coronavirus cannot stand high temperature	3.80	1.32
Pepper soup can clear coronavirus from a person’s system	1.96	1.29
The blood of Africans possesses immunity against COVID-19	2.63	1.48
Chloroquine and Hydroxychloroquine are effective against COVID-19	3.43	1.38
Total	2.93	1.40

1=not familiar at all, 2=not familiar., 3=slightly familiar, 4=familiar., 5=very familiar.

Source: Field research.

Table 1: Familiarity with COVID-19 competing conspiracy theories and misinformation.

($M=4.29$, $SD=1.11$), physical and social distancing reduces the spread of coronavirus ($M=4.21$, $SD=1.12$) and that quarantining reduces the spread of coronavirus ($M=4.21$, $SD=1.11$). Responses to other items revealed increased respondents’ knowledgeability of government-promoted preventive measure.

RQ3: To what extent did Nigerians adopt the government COVID-19 preventive measures?

Based on extant literature on pandemic containment as widespread government and public health authorities’ preventive measures, thirteen items on 5-point Likert scale (1=strongly disagree, 5=strongly agree) were used to instantiate agreement to adoption of the measures by the respondents. Holistically, respondents agreed to adopting government-promoted preventive measures ($M=3.97$, $SD=1.19$).

Knowledge of preventive measures	M	SD
Physical and social distancing reduces the spread of coronavirus	4.21	1.12
Good sanitary hygiene like washing hands regularly reduces the spread of coronavirus	4.29	1.11
Isolation of suspected carriers reduces the spread of coronavirus	4.31	1.11
Quarantine policy reduces the spread of coronavirus	4.21	1.11
Staying at home reduces the spread of coronavirus	4.06	1.17
Using hand sanitizers reduces the spread of coronavirus	4.02	1.09
Wearing masks protects you and the person next to you from contracting coronavirus	4.00	1.08
Using alcohol-based solutions to clean surfaces and door handles reduces the spread of coronavirus	4.11	1.09
Total	4.15	1.11
1=not knowledgeable at all, 2=not knowledgeable, 3=slightly knowledgeable, 4=knowledgeable, 5=very knowledgeable.		

Source: Field research.

Table 2: Knowledge of COVID-19 preventive measures.

Response to containment policy	M	SD
I minimize visiting family members and friends at this moment	4.17	1.05
I do not visit family members and friends at this time	3.57	1.27
I use face mask whenever I am in the public	4.05	1.06
I desist from attending religious activities at this moment	4.13	1.71
I desist from attending social activities at this moment	4.26	1.05
I do not use non-prescribed medications to prevent contracting coronavirus	4.07	1.13
I do not circulate unverified information about COVID-19 on the social media	4.37	1.06
I am ready to submit myself for screening and isolation if I notice signs and symptoms of coronavirus infection	4.09	1.15
I do not use local concoctions being promoted as remedies on the social media for coronavirus prevention	3.94	1.29
I only go out for extremely necessary items such as food and medication	3.90	1.17
I stay two metres away from people when I am in the public	3.48	1.18
I wash my hands as frequently as possible	3.93	1.12
I use alcohol-based solutions to clean surfaces and door handles	3.65	1.25
Total	3.97	1.19
1=strongly disagree, 2=disagree, 3=slightly agree, 4=agree, 5=strongly agree.		

Source: Field research.

Table 3: Adoption of government COVID-19 preventive measures.

Factors influencing adoption of preventive measures	M	SD
My decision to adopt safety measures is influenced by trust in government	2.87	1.27
My decision to adopt safety measures is influenced by trust in mainstream media	3.31	1.24
My decision to adopt safety measures is influenced by trust in social media	2.65	1.26
My decision to adopt safety measures is influenced by trust in opinion leaders	3.34	1.17
Total	3.04	1.24

1=strongly disagree, 2=disagree, 3=slightly agree, 4=agree, 5=strongly agree.

Source: Field research.

Table 4: Factors influencing adoption of COVID-19 preventive measures.

In specific terms, respondents agreed that they: do not circulate unverified information about COVID-19 on the social media ($M=4.37$, $SD=1.06$), desist from attending social activities at this moment ($M=4.26$, $SD=1.05$), minimize visiting family members and friends at this moment ($M=4.17$, $SD=1.05$). They also agree that they desist from attending religious activities at this moment ($M=4.13$, $SD=1.71$), wash their hands regularly ($M=3.93$, $SD=1.12$) and ready to offer themselves for screening and isolation if they notice signs and symptoms of coronavirus infection ($M=4.09$, $SD=1.15$). They well agreed with other response mechanisms measured in the study (Table 3).

RQ4: What factors influenced Nigerians’ adoption of COVID-19 preventive measures?

Factors influencing Nigerians’ adoption of COVID-19 preventive measures were examined via three major social institutions shaping cognitions and behavioural response to pandemic: media, government and opinion leaders. Generally, respondents’ level of agreement to statements on trust of these institutions as basis for adopting preventive measures showed the importance of these institutions ($M=3.04$, $SD=1.24$).

Trust in opinion leaders such as family, religious leaders, and health experts ($M=3.34$, $SD=1.17$) is considered the most important factor influencing adoption of COVID-19 preventive measures. This is followed by trust in the mainstream media ($M=3.31$, $SD=1.24$) and trust in government ($M=2.87$, $SD=1.27$). Trust in social media ($M=2.65$, $SD=1.26$) has the least influence on adoption of COVID-19 preventive measures.

In addition to the findings from survey, participants in FGDs also offered useful information on their understanding of COVID-19. All participants across the FGDs agreed that they were familiar with issues surrounding the coronavirus, due to high diffusion of information about the scourge. Their knowledge was ascribed to a plethora of information arising from the media and interpersonal sources, thus, enhancing the salience of the issues in their perceptions. Additionally, participants were conversant with competing conspiracy theories surrounding the coronavirus. Majority of the participants said they were aware of story that COVID-19 was being used by government for economic exploitation of national and international donors. However, few of the participants believed that 5G technology is responsible for COVID-19.

In all the FGD sessions, there was a consensus that most information being peddled in social media and some mainstream media are misinformation

and conspiracy theories. Majority of the participants said they do not believe that COVID-19 can be cured by drinking lime and ginger or by ingesting Dettol antiseptic liquid. They also did not believe that Chloroquine and Hydroxychloroquine could cure COVID-19.

However, the degree to which misinformation and conspiracy theories are gaining traction in the society appears to be complicating the issues. Participants said they have avalanche of puzzling information from traditional media and social media which are in contrast with observed reality. This sometimes leads to the creation of more conspiracy theories, as expressed by one participant:

They keep telling us that the numbers of Covid-19 patients are increasing, yet I personally don't know anyone with Covid-19. The big markets are open, with little or no Covid-19 rules observed, yet not a single outbreak in the markets. I ask, who are the people making up the list of cases, especially in Lagos? Our government is using Covid-19 to embezzle all the money donated. The government cannot be trusted.

However, a few of the participants expressed opposing views and one of them, who trusts two of the agencies said that:

I believe the statistics released by government daily, showing the number of cases and deaths, I trust the stories on Covid-19 in traditional media, but not social media. People keep releasing Covid-19 stories there just to drive traffic to their sites, ignoring the consequences of such stories.

Majority of the participants were knowledgeable about the containment policy being promoted by government. For example, all the participants agreed that they were familiar with the containment policy, and majority said they practiced the recommended behaviours. One of the few participants who was not practicing them all the time, explained her reason thus:

I was practicing all the government's recommended safety measures before the lockdown was lifted. Since then, I find it hard to practice, as I work daily in a building that is open to the public, I use public transport that does not adhere to physical distancing measures, and I also go to markets that do not conform with the safety measures.

When participants were asked if trust in the government, mainstream/social media, or opinion leaders influenced their adoption of the safety measures, all the participants identified trust and respect for opinion leaders. Only a few mentioned mainstream media and government. One of the respondents said this:

I don't observe the government safety measures because the government or the media says I should do so, rather I observe them because my mother will kill me if she finds out I went out without wearing face mask, or carrying hand sanitizers with me.

The information offered by the participants in this study revealed the interplay of many factors in the understanding of coronavirus' existence as well as the adherence to government's containment policies. The results of the FGDs

reinforced most of the findings of the survey, particularly with regard to familiarity with conspiracy theories and misinformation about coronavirus in the media and public domain, as well as knowledge and practice of containment policies.

DISCUSSION

This study explores communication and information dynamics that are central to COVID-19 pandemic and how they shape the adoption of government preventive measures. Findings reveal familiarity with existence of competing conspiracy theories about origin, virulence and therapeutic mechanisms for coronavirus infection. Additionally, respondents are familiar with avalanche of misinformation about coronavirus circulating on the mainstream and social media. This portends a great danger, due to its potential to attenuate people's response to containment behaviours. For example, scholars have found that a relationship exists between endorsement of conspiracy thinking and low adherence to government-endorsed containment guidelines (Freeman et al. 2020; Machidda et al. 2020; Ozdemir 2020).

Dominant misinformation on the social media creates misleading information atmosphere that is capable of mainstreaming deep disbelief about the existence of the virus thus resulting into futility of the efforts being deployed to contain the virus by national, supranational and international governments. This is consistent with previous research that revealed diminishing interest in authentic information in an atmosphere of information pollution (Mian and Khan 2020; Olorunfemi 2020). The implication of this is that citizens are likely to be less inclined to accepting and practicing government's containment guidelines (Article 19 2020; Bruns et al. 2020; Mian and Khan 2020).

Interestingly, this was not the case in Nigeria, as respondents were able to sift through and to identify the falsity of some coronavirus information in the public domain. Again, consistent with the findings of the studies on the adoption of preventive behaviour strategies in Singapore and Britain, majority of respondents in this study practised the preventive measures. Trust in information from opinion leaders, particularly health experts and family members and to a lesser extent, the media, were the most influential in persuading them to adopt the preventive measures, rather than information from government. These results reveal important dynamics that need to be critically appraised in understanding how pandemic of COVID-19 magnitude could be controlled in an infodemic milieu like Nigeria. Adoption of the measures is relieving, given the deleterious consequences that misinformation could have at a time when consensus, based on altruistic information, needs to be forged by the entire citizenry to contain the pandemic.

CONCLUSION

Conscious of the fact that the emergence of the coronavirus created moral panic that facilitated the thriving of conspiracy theories and misinformation, we profile Nigerians' understanding of the scourge and adoption of its containment policy. Using online survey that sampled respondents across the ubiquitous social media platforms, that serve as locales for data collection, and FGDs, our results revealed both depressing and reassuring positions. On the negative side, there exists conspiratorial thinking among survey respondents and FGD participants resulting from the orgy of unbridled dissemination of misinformation and disinformation.

Despite the information pollution, findings reveal respondents' positive orientation towards the facts about COVID-19, and compliance with government-promoted preventive measures, that need to be exploited by government and public health experts. The conclusion that adherence to preventive measures was majorly influenced by opinion leaders and in part by mainstream media, rather than government and social media, crystallizes a trust gap that necessitates appropriate response, given the fact that the hugest burden of responding to distress devolves on government.

While the government should evolve appropriate mechanisms that could enhance public trust via sound health policy and creation of health infrastructure, efforts should also be geared towards institutionalization of responsible use of social media. This is more essential, given the free fall that information dissemination has become with the advent of social media buoyed by availability of low-cost mobile devices and affordable data. It is important to state that COVID-19, as a novel pandemic, will generate huge literature from multi-theoretical, multi-disciplinary and cross-cultural perspectives. Hence, this study only contributes to the ongoing discourses on how the pandemic is viewed based on the information available to Nigerian citizens vis-à-vis their perceived roles of social institutions, predominantly government, opinion leaders and the media, in containing the virus.

Being a cross-sectional research, the study suffers from some deficiencies such as sampling design issue, exploration of respondents' sources of credible information, and the use of first-generation analytical tool (SPSS), which need attention of future researchers. Additionally, the use of descriptive statistics limits the ability of the study to draw causal inferences. However, these limitations do not diminish the modest contributions of this study to the understanding of the ramifications of coronavirus pandemic. Hence, our hope is that factors identified by this study, that diminish knowledge of, trust in, and respect for key institutions, that are central to guiding people's appropriate response to crisis of pandemic proportion, need to be addressed for the benefit of the present and future times.

REFERENCES

- Amobi, T., Obia, V., Udodi, L. and Akinuliola, O. (2020), 'Media and the menace of information disorder in Nigeria's public sphere', in U. Pate, L. Oso, I. Okoye, A. Ogwezzy-Ndisika and F. Yusuf (eds), *Media a La Carte: Essays in Honour of Professor Ralph Akinfeleye*, Ibadan: Stirling-Horden Publishers Ltd., pp. 622–42.
- Amzat, J., Aminu, K., Kolo, V., Akinyele, A., Ogundairo, J. and Danjibo, M. (2020), 'Coronavirus outbreak in Nigeria: Burden and socio-medical response during the first 100 days', *International Journal of Infectious Diseases*, 98, pp. 218–24.
- Andrew, A., Armand, A., Augsburg, B and Taveras, I. K. (2020), 'Challenges of adopting coronavirus precautions in low-income countries', Institute for Fiscal Studies, <https://www.ifs.org.uk/publications/14779>. Accessed 12 September 2020.
- Article 19 (2020), 'Viral lies: Misinformation and the coronavirus', March, <https://www.article19.org/wp-content/uploads/2020/03/Coronavirus-briefing.pdf>. Accessed 12 September 2020.
- Baekkeskov, E. and Rubin, O. (2014), 'Why pandemic response is unique: Powerful experts and hands-off political leaders', *Disaster Prevention and Management*, 23:1, pp. 81–93.

- Bruns, A., Harrington, S. and Hurcombe, E. (2020), 'Corona? 5G? or both?': The dynamics of COVID-19/5G conspiracy theories on Facebook', *Media International Australia*, 177:1, pp. 12–29.
- CDC Centers for Disease Control and Prevention (2020), 'CDC COVID data tracker', https://covid.cdc.gov/covid-data-tracker/#cases_casesper_100klast_7days. Accessed 15 August 2020.
- Centre for Democracy and Development (2020), 'Health misinformation: False stories from Ebola to coronavirus', *The Cable*, 24 March, <https://www.thecable.ng/health-misinformation-false-stories-from-ebola-to-coronavirus>. Accessed 15 August 2020.
- Cirrincone, L., Plescia, F., Ledda, C., Rapisarda, V., Martorana, D., Moldovan, E. R., Theodoridou, K. and Cannizzaro, E. (2020), 'COVID-19 pandemic: Prevention and protection measures to be adopted at the workplace', *Sustainability*, 12:9, pp. 1–18.
- Darnton, R. (2017), 'The true history of fake news', *The New York Review*, 13 February, <https://www.nybooks.com/daily/2017/02/13/the-true-history-of-fake-news/>. Accessed 15 August 2020.
- Douglas, K. M., Sutton, R. M. and Cichocka, A. (2017), 'The psychology of conspiracy theories', *Journal of Association of Psychological Science*, 26:6, pp. 538–42.
- Freeman, D., Waite, F., Rosebrock, L., Petit, A., Causier, C., East, A., Jenner, L., Ashley-Teale, L., Carr, L., Mulhall, S., Bold, E. and Lambe, S. (2020), 'Coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines in England', *Psychological Medicine*, pp. 1–13, <https://doi.org/10.1017/S0033291720001890>. Accessed 15 August 2020.
- GOV.UK (2020), 'Coronavirus (COVID-19) in the UK', <https://coronavirus.data.gov.uk/details/deaths>. Accessed 15 August 2020.
- Ireton, C. and Posetti, J. (2018), *Journalism, Fake News and Disinformation: Handbook for Journalism Education and Training*, Paris: United Nations Educational, Scientific and Cultural Organization (UNESCO).
- Jones, C., Jensen, J., Scherr, C., Brown, N., Christy, K. and Weaver, J. (2015), 'The health belief model as an explanatory framework in communication research: Exploring parallel, serial, and moderated mediation', *Health Communication*, 30:6, pp. 566–76.
- Machidaa, M., Nakamurab, I., Saitoc, R., Nakayad, T., Hanibuchid, T., Takamiyaa, T., Odagiria, Y., Fukushimaa, N., Kikuchia, H., Kojimae, T., Watanabeb, H. and Inouea, S. (2020), 'Adoption of personal protective measures by ordinary citizens during the COVID-19 outbreak in Japan', *International Journal of Infectious Diseases*, 94:1, pp. 139–44.
- Mian, A. and Khan, S. (2020), 'Coronavirus: The spread of misinformation', *BMC Medicine*, <https://doi.org/10.1186/s12916-020-01556-3>. Accessed 15 August 2020.
- Nigeria Center for Disease Control (2020a), *COVID-19 Nigeria*, <https://covid19.ncdc.gov.ng/>. Accessed 19 September 2020.
- Nigeria Center for Disease Control (2020b), 'Nigeria resource mobilisation tracker', <https://statehouse.gov.ng/covid19/>. Accessed 19 September 2020.
- Nyilasy, G. (2019), 'Fake news: When the dark side of persuasion takes over', *International Journal of Advertising*, 38:2, pp. 336–42, https://www.researchgate.net/publication/332935397_Fake_news_When_the_dark_side_of_persuasion_takes_over. Accessed 15 August 2020.
- Olorunfemi, S. (2020), 'Covid-19: Conspiracy theories and lackluster global responses', *E- International Relations*, 7 August, <https://www.e-ir>.

- info/2020/08/07/covid-19-conspiracy-theories-and-lacklustre-global-responses/. Accessed 19 September 2020.
- Ozdemir, S., Ng, S., Chaudhry, I. and Finkelstein, E. A. (2020), 'Adoption of preventive behaviour strategies and public perceptions about COVID-19 in Singapore', *International Journal of Health Policy and Management*, https://www.ijhpm.com/article_3935.html. Accessed 10 November 2020.
- Posetti, J. and Matthews, A. (2018), 'A short guide to the history of fake news and disinformation', *International Centre for Journalists*, <https://www.rcmediafreedom.eu/Publications/Manuals/A-Short-Guide-to-the-History-of-Fake-News-and-Disinformation>. Accessed 10 November 2020.
- Science Daily (2020), 'COVID-19: Social dilemmas about protective measures', 2 October, <https://www.sciencedaily.com/releases/2020/10/201002093837.htm>. Accessed 2 October 2020.
- Shahsavari, S., Holur, P., Wang, T., Tangherlini, T. R. and Roychowdhury, V. (2020), 'Conspiracy in the time of corona: Automatic detection of emerging Covid-19 conspiracy theories in social media and the news', *Journal of Computational Social Science*, 3:5, pp. 279–317.
- Turk, Z. (2018), 'Technology as enabler of fake news and a potential tool to combat it', Policy Department for Economic, Scientific and Quality of Life Policies, <http://www.europarl.europa.eu/supporting-analyses>. Accessed 2 October 2020.
- United States Census (2020a), 'U.S. and world population clock', <https://www.census.gov/popclock/>. Accessed 4 November 2020.
- United States Census (2020b), 'U.S. and world population clock', <https://www.census.gov/popclock/world/uk>. Accessed 4 November 2020.
- Vidon, T. S. (2020), 'Conspiracy theories and fake news: Fighting the Covid-19 "infodemic"', *France*, 24, 26 April, <https://www.france24.com/en/20200426-conspiracy-theories-and-fake-news-fighting-the-covid-19-infodemic>. Accessed 30 April 2020.
- World Health Organization (2020), 'COVID-19 strategy update', <https://www.who.int/publications/i/item/covid-19-strategy-update---14-april-2020>. Accessed 10 July 2020.

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