

COVID-19 PANDEMIC MEDIA SENSITISATION CAMPAIGN IN NIGERIA AND “THE MARGINALISED EARS”: DISCOURSE IN DEVELOPMENT COMMUNICATION

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Abstract

The unprecedented outbreak of COVID-19 pandemic and its associated health and socio-economic consequences evidently triggered off global concern among governmental and non-governmental bodies towards sensitisation efforts on what the masses need to know/do in order to stay safe amidst persistent spread of the virus. The study was aimed at critically examining the crucial role of ‘information’ in shaping a people’s perception of [and of course response to] their social environment and its configurations, with particular reference to COVID-19 pandemic. Case study and qualitative research approach was employed in this study and explored through critical survey of “The Marginalised Ears” Tfd and PV intervention documentary project of Theatre Arts Department, AE-FUNAI, Nigeria, carried out in four communities in Southeast Nigeria to assess the impact of COVID-19 media reportage on rural dwellers, especially the aged and most vulnerable, who may not have access to electronic media. Findings reveal that the information at a people’s disposal has a remarkable way of shaping their perception of life and issues in their environment and their reactions to them. The study concludes by imploring on government and its agencies (including concerned stakeholders) to be more dynamic as they intensify efforts at media advocacy initiatives in the fight against COVID-19 pandemic. It recommends conscious efforts by media campaigners at appropriately selecting and utilising suitable media channels for effective realisation of objectives; while advocating for ‘Tfd’ option as one sure dynamic way to reach the *rural communities* for effective realisation of media advocacy objectives.

Keywords: COVID-19 pandemic, development communication, infodemic, media campaign, misinformation

Introduction

COVID-19, no doubt, is the disease of the moment. As of 4 September 2020, the global index rate of affected persons stood at 26,678,990, and 54,587 cases were also confirmed in Nigeria (Worldometer, 2020; NCDC, 2020a). Coronavirus Disease 2019 (COVID-19), officially named by World Health Organisation (WHO) on 11 February 2020 (*NEJM Journal Watch*, 2020), is an infectious disease caused by severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) (Carmosino, 2020). No fewer than 876,587 lives have been lost to the disease worldwide from the September update cited above, with Nigeria accounting for 1,048 cases (Worldometer, 2020; NCDC, 2020a). After the first official case of COVID-19 in Nigeria was announced on 27 February 2020 of an Italian citizen, who worked in Nigeria and had arrived in Lagos from Milan, Italy (BBC, 2020; Kalu, 2020, NCDC, 2020b); a second case was reported on 9 March 2020 in Ewekoro, Ogun state, this time by a Nigeria citizen who was discovered to have been in contact with the Italian (*P.M. News*, 9 March, 2020; Owoseye, 2020). This reinforced the need for Rapid Public Health Enlightenment (RPHE) to inform, educate, enlighten, and empower people across the world, especially in Africa, on how best to stay safe in a time like this (Akinmayowa & Amzat, 2020).

The federal government established the Presidential Task Force (PTF) on COVID-19 on 9 March 2020 to coordinate and oversee Nigeria’s multi-sectoral inter-governmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria. Part of its mandate is to enable the delivery of national and state-level outbreak control priorities which include sensitisation and awareness campaigns for the general public on prevention measures and response activities, among others. The Presidential Task Force rolled out

various activities towards controlling of the spread of the virus, and equally engaged in various media briefings to sensitise the Nigerian populace. In this media sensitisation process, which was carried out on daily basis, various protocols that were required to fight and prevent the virus were often rolled out. Besides the use of conventional communication channels like radio, television and newspaper, other social media platforms have also been employed in disseminating information and updates on the virus. The Nigeria Centre for Disease Control (NCDC) also embarked on providing regular updates on the outbreak with support from major telecommunication operators in the country.

However, the pertinent question remains, “how were these sensitisation programmes on corona virus received in the rural communities, who presumably had no electronic devices to access the messages?” Again, if the rural communities could not have access to such important messages, because of their apparent limitation, what alternative messages were they exposed to? What were the sources of such messages too? How, also did they relate or respond to such messages? This is the crux of the matter.

The study, therefore, was aimed at critically examining the crucial role of ‘information’ in shaping a people’s perception of [as well as response to] their social environment and its configurations, with particular reference to COVID-19 pandemic, using “The Marginalised Ears”, a Theatre for Development and Participatory Video intervention documentary project of Theatre Arts Department, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo, Nigeria, as a case study.

Conceptualising and contextualising infodemic and misinformation

Infodemic, according to *Merriam-Webster*, is coined as a blend of *information* and *epidemic* in 2003 by journalist and political scientist, David Rothkopf, in a *Washington Post* column. Infodemic, as Rothkopf defined is:

a few facts, mixed with fear, speculation and rumour, amplified and relayed swiftly worldwide by modern information technologies, have affected national and international economies, politics and even security in ways that are utterly disproportionate with the root realities. It is a phenomenon we have seen with greater frequency in recent years – not only in our reaction to SARS, for example, but also in our response to terrorism and even to relatively minor occurrences such as shark sightings.

(Rothkopf, cited in *Merriam-Webster*, 2020, para. 6)

WHO (2020) further describes infodemic as an overabundance of information – some accurate and some not – occurring during an epidemic which makes it hard for people to find trustworthy sources and reliable guidance when they need it. In other words, infodemic is an excessive amount of information concerning a problem such that the solution is made more difficult, as well as a wide and rapid spread of misinformation as Wiktionary submits; a submission that undoubtedly establishes a clear linkage between infodemic and misinformation, as misinformation on the other hand refers to false or inaccurate information, especially such that is deliberately intended to deceive. Therefore, both infodemic and misinformation fuel and refuel each other, thus giving rise to a vicious circle. This is virtually the prevailing scenario about the ravaging COVID-19 pandemic and the surge of infodemic and misinformation that surround it as many false or misleading stories are regularly fabricated and shared about COVID-19 without any background or quality checking. Hence, various dimensions of inaccurate and false information have been circulating about the disease ranging from how the virus originated, its cause, its treatment, and its mechanism of spread (PAHO, 2020).

In the light of the foregoing, one may not have to look too far to ascertain the reason for the prevailing incidents of infodemic and misinformation regarding COVID-19 pandemic. The widespread of infodemic and misinformation has been mostly facilitated by advancement in information and communication technology (ICT). The Pan American Health Organisation (PAHO) affirms that:

increased global access to cell phones with an internet connection, as well as social media, has led to the exponential production of information and the number of possible paths for getting it,

creating an information epidemic or infodemic. In other words, we have a situation where a lot of information is being produced and shared to every corner of the world, reaching billions of people. How much of this information is accurate? Just some of it. (PAHO, 2020, p.3)

To reinforce PAHO's submission above, studies have observed that ICT tools like the social media are not only considered as one of the vital channels of accessing authentic and reliable news in contemporary times; but are also one of the primary avenues for users to propagate fake news (Akwayyiram, 2020; Hassan, 2020; Berghel, 2017). Thus, Ong'ong'a and Demuyakor (2020) have decried the widespread misinformation and infodemic in the various social media concerning the spread of coronavirus not only in China but also in the rest of the world, which has raised debate from credible health organisations, the media, and members of the public on the veracity of information on social media platforms.

The implication of the foregoing is that the high rate of infodemic and misinformation surrounding the coronavirus pandemic has been facilitated most as a result of various unregulated internet media space. Little wonder why Anna Volbrecht (2020) laments about the rumours, half-truths and hoaxes that have plagued COVID-19 pandemic, expressing great concern about where to actually go for trustworthy information. However, infodemics and misinformation are just as dangerous as coronavirus itself, if not more dangerous. False preventive measures, such as traditional African treatments and fake remedies, like eating garlic, drinking warm water with lemon slices or adulterated alcohol are among the infodemics and misinformation identified by WHO as hindering the fight against the illness; just as conspiracy theories accusing China of manufacturing the virus, blaming 5G cell towers for spreading the disease or falsely accusing business magnate Bill Gates of causing the epidemic to sell vaccine may have consequences that go beyond public health (Naffi *et al.*, 2020).

A critical examination of the peculiar feature of infodemic, and particularly misinformation, in this pandemic situation is its capacity to circulate and be absorbed very quickly, thereby changing people's behaviour and potentially leading them to take greater risks. Invariably, this makes the pandemic much more severe, harming more people and jeopardising the reach and sustainability of the global health system (PAHO, 2020).

‘The Marginalised Ears’: Who are they?

The use of the term ‘Marginalised Ears’ here is no doubt metaphorical. However, contextually, it refers to a set of people - the rural community dwellers, particularly the aged and the most vulnerable, who presumably do not have access to electronic media and as such are obviously alienated from getting first-hand sensitisation information from the media regarding all they need to know about the ravaging COVID-19 pandemic, to be able to stay safe from it and its effect. The significance of the focus on the rural dwellers in the light of this study is no doubt premised on its substantial numerical strength in the overall population of the nation, as accounting for 49.66% of the total population of Nigeria as of on 2018, according to the Nigerian Population Commission as cited in the Tfd project report, and the fact that majority of these rural dwellers have peculiar challenges (including persistent erratic power supply, and perhaps, not being literate) capable of depriving or denying them access to such important/invaluable COVID-19 information from both conventional and contemporary or (new-) media channels. Hence, it would only be reasonable that such disadvantaged rural population would be proactively considered in a sensitisation process of COVID-19 pandemic nature for maximum effect and goal realisation.

The Paradox of Counter-Productivity of a Media Sensitisation Campaign Process: “The Marginalised Ears” in Focus

The concepts of infodemic and misinformation and how they relate to COVID-19 pandemic have been explained in the preceding section of the study. It is also comprehensible that the outbreak of the pandemic has turned out to be a serious global health crisis and thus of great concern to many world organisations and nations, including Nigeria. Hence, with the experience of those earlier cases of the disease in Nigeria already established, the indication of the alarming dimension the pandemic was going to assume was already staring us at the face. As of 10 June 2020, there were already over 13,000 cases of the virus, traversing the various states and communities in Nigeria. The Nigerian government could not have been swifter in responding by

establishing a Presidential Task Force (PTF) on COVID-19 for the management of various cases relating to the disease, including engaging in various media briefings to sensitise the Nigerian populace on all that needs to be known and done to prevent further spread of the virus and its effect.

However, despite this commendable media sensitisation initiative by the government, one pertinent question keeps obsessing the probing mind - “how were these sensitisation programmes on the coronavirus received in the rural communities, who presumably had no electronic devices to access these messages?” This is apparently in view of the fact that the rural population in Nigeria accounted for about 49.66% of the total Nigerian population as of 2018 (Index Mundi, 2019), thus constituting a substantial number in the population’s numerical strength.

The foregoing scenario is evidently the impetus for “The Marginalised Ears”, a Theatre for Development and Participatory Video documentary project of Theatre Arts Department, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo (AE-FUNAI), Nigeria, as part of its community service and in response to the above concern. The project, which had the full support of the university administration, was supervised by Professor Ameh Dennis Akoh and directed by Dr. Charles Okwuowulu, with assistance from Casmire Onyemuchara, Charles Emokpae and Christopher Akpa in conjunction with students. Spanning from 2 May to 11 June 2020, the project was a critical survey on the impact of media reporting on COVID-19 on rural community dwellers, particularly the aged and the most vulnerable – those who may not have access to electronic media.

Project/Production Management

The project, which took place in four designated zones of Southeast Nigeria, held in the following locations: Enugu at Iva Valley community [Forest Hill] and coordinated by Dr. Charles Okwuowulu; Owerri at Umualumu community, Old Road, Nekede and coordinated by Casmire Onyemuchara; Nsukka at Ogbagu, Obukpa community and coordinated by Christopher Akpa as well as in Ikwo, the university’s host town at Ohankwu, Ikwo community and coordinated by Charles Emokpae. These coordinators, who are all lecturers in the department, worked with a total number of ten designated students in carrying out the intervention initiative within the local communities under the supervision of Professor Akor, who ensured that the exercise was a success despite challenges.

The coordinators and students first went into these rural communities on a community research or information gathering mission and interviewed the aged populace on their notion about the coronavirus, basically to determine their level of information and misinformation on the virus as influenced by unregulated media space. This interview process, which formed the primary source of data collection, was essentially borne out of the necessity to appropriately articulate the problems and issues in context from the perspective of the people as the primary beneficiaries of the intervention initiative. This rather “journalistic approach” (Chukwu-Okoronkwo, 2020, p. 60), which involves a series of formal targeted interviews with individual members of the community, the aged in this instance, does not essentially lay emphasis on quantitative or statistical aggregation of collected data, but on qualitatively appropriating such data through simple rationalisation and interpretation of opinions in order to ensure “a level of community consensus” and “the presentation of a balanced view” of information (Daniel and Bappa, 2004, p. 20).

Through the interview process, the research team tried to assess what the people knew about the virus, the source of their information as well as determine if there were misinformation and myths surrounding their beliefs on the virus. They also inquired about their attitude towards the ethics prescribed by Nigeria Centre for Disease Control (NCDC), their experiences towards COVID-19 palliatives and how COVID-19 observances and ethics like social distancing affected their communal and social lives, traditional institutions, like burial, traditional wedding, new yam and other rites, rituals and ceremonies.

After gathering the necessary information, the team engaged in dramatic presentation/sensitisation for the people based on the information at their disposal; and subsequently re-interviewed them to assess whether their notions and misconceptions had changed.

Performance and Analysis

The drama by the Ikwo team is a short skit of two characters, used to sensitise the people on the coronavirus pandemic and how best to protect themselves from contracting the virus. The setting was a street path where one of the characters was walking by and saw a friend who excitedly walked up to him to hug him; but he declined the gesture thus making her (the friend) upset. Nevertheless, he went ahead to educate her on why she did not need to hug (or be hugged by) anybody, but rather keep recommended distance from people, wear face mask when going out in public and constantly wash her hands with running water, as well as the use of an alcohol-based hand sanitiser in the absence of water to be able to stay safe since health is wealth. The project revealed that some people learnt about the virus mainly from the radio and they also confirmed their observance of the recommended safety measures. However, there was also a hint on the adverse effect of the lockdown on majority of the people due to the virus which equally predisposed them to noncompliance to the recommended safety measures.

In Enugu, the project was held at Iva Valley (Forestry Hill). Here, most dwellers were discovered to be aware of the virus and its dreaded effect through television and fellow neighbours i.e., people around them, as well as through interpersonal rather than group communication by some executive member of youths in the community. The lockdown effect is also felt by people here and there was no form of palliative either from anyone or anywhere. However, some people also expressed misgivings about the virus and its lethal effect while for some others the whole issue is shrouded in either one myth or some other narratives, especially about the emergence of 5G networks as well as the biblical prophesied end of time. The drama was a simple story of someone who on coming back from the market and seeing his wife and her friend on their way to the market, tried to sensitise them on the ethics of the prevailing COVID-19 pandemic, as well as educate them on the importance of the face mask, social distancing and the rest of what they need to know about the preventive measures recommended for the period.

In Owerri, people there affirmed their knowledge of the virus and the various recommended safety measures through radio, television and newspaper. However, there is also a representation of the views of those who do not believe in either the existence of the virus or its effect on anybody. One respondent in particular condemned the closure of churches by government because of the coronavirus pandemic, and argued that even if it was true that the existed, he maintained that the church was quite capable of warring against it through prayers since it is God that heals diseases, and this would only be realised through prayers. It is also revealed that a lot of people do not adhere to the recommended safety measures, especially the wearing of face masks and social distancing, even in the market, or any other gathering place. The Owerri team's drama skit is titled, "Corona Wahala". It had two major characters, Okwu and Uka. Uka met Okwu in the bar, heavily dressed in his jacket and wearing a face mask. Okwu, full of surprise, inquired Uka why he was putting on such things. Uka tried to educate him on the prevailing issue of the disease of the moment – coronavirus, and the need to wash his hands regularly, and to also avoid crowded gathering of more than 20 people, in addition to always keeping 2 meters distance from people as well as the regular use of hand sanitiser, to stay safe.

In Nsukka, the team interviewed some prominent personalities in the community, including HRH Igwe Simon C. Omada, who seemed to reinforce the views of those who believe in the reality of the virus and its far-reaching health, social and economic implications. There was equally an affirmation from a respondent on radio as the source of information on the virus. However, one respondent who perhaps represented those on the sceptic divide particularly expressed doubt about the reality of the virus and its health implications and expressed his conviction that it was only a fabricated hoax and an avenue to embezzle public funds. Another respondent also expressed her belief that the virus was a judgement from God because of His kindled wrath for the enormous sins of the world, but maintained that if only people could submit to the will of God, that sickness or disease would have no place in their lives. From responses from the people regarding COVID-19, the team was able to design a drama skit. There were two characters in the skit, Chief Idoko and Nwama. Chief Idoko appeared on stage using the face mask wrongly. This caught the attention of Nwama who took time to educate him on the proper way to use it. She informed him that he must always have his face mask on when sneezing or coughing or speaking to people, and that he must not use his hands on his nose, eyes or touch his mouth since these are possible ways of contracting the virus. He was also informed that the regular washing of his hands and the use of hand sanitiser will also help him in guarding himself against the virus.

Post-performance Assessment

At the end of the project, project supervisor Professor Akor disclosed that the apparent exclusion of high percentage of rural dwellers in the PTF's information structure absolutely made them susceptible to fallacies surrounding the pandemic as a result of various unregulated internet media space. He stressed that there was a whole lot of disbelief and misconceptions about the virus as evidenced in the research.

The supervisor's observation is only a clear indication that majority of the people dwelling in the rural communities (the grassroots) who were certainly part of the target recipients of the media sensitisation campaign messages on COVID-19 pandemic in Nigeria may not have effectively benefited from it, thus engendering a palpable lacuna in the organisational structure of this laudable initiative, with particular reference to such disadvantaged populace. This, no doubt, should arouse a serious 'development communication concern'; especially as such development ends up impeding than fostering the widening of the intellectual horizon of the people and the raising of their consciousness on issues relating to their economic, political, religious and prevailing social realities (Gbilekaa, 1990).

Discussion

It is on the strength of the post-performance assessment made by the project supervisor that the concern raised in this section of the study on infodemic, misinformation and the paradox of counter-productivity of a media sensitisation campaign process on COVID-19 pandemic revolves. The implication of the foregoing is that most often, both governmental and organisational 'development communication' initiatives fail not because of any misguided intentions behind such initiatives; rather, they fail simply because of the approach adopted in executing them. Hence, the suitability and efficiency or in other word, 'validity' of the approach adopted is crucial to the desired outcome of any development communication initiative.

Worthy of note in the light of the above, therefore, about the importance of information and where or how such information is accessed is Anna Volbrecht's apt submission that: "In unpredictable times" such as the prevailing COVID-19 pandemic that we all find ourselves, "we use information to regain our sense of certainty". Volbrecht stresses that "information can validate our decisions, aid our understanding, and offer reassurance"; and this is made possible "only if that information is reliable and true" (p.1).

The fact that the menacing spread of COVID-19 pandemic and its lethal effect has spurred the Nigerian government's initiative in establishing a Presidential Task Force on COVID-19 for the management of issues relating to the disease is no doubt a step in the right direction, especially the various media briefings to sensitise the Nigerian populace. However, the structure of such sensitisation initiative and its reach is as important as the goal/s it is meant to achieve. The report of the Tfd project under review reveals that the rural population in Nigeria accounted for about 49.66% of the total Nigerian population as of 2018, citing the Nigerian Population Commission. Based on the above substantial number of the rural populace in the overall population strength of the nation, the issue of "how they received these sensitisation messages on coronavirus, particularly the aged and the most vulnerable, especially when they presumably had no electronic devices to access the messages", becomes pertinent; considering also the perennial challenge of erratic power supply.

The implication is that despite the good intentions of such media sensitisation initiative, its comprehensive dissemination mechanism is important for effective goal realisation. The PTF on COVID-19 media sensitisation initiative is meant to adequately inform the generality of the Nigerian populace including the rural dweller of all they needed to know and do and not do regarding COVID-19 pandemic in order to stay safe. However, when this "substantially" disadvantaged portion of the population is alienated from having access to such vital sensitisation information/messages, it is an indicator to a big dilemma.

A popular saying has it that nature abhors vacuum. The implication here is that since some disadvantaged rural population could either by commission or omission not have access to appropriate information regarding the coronavirus pandemic, the vacuum of such 'denied access' certainly had to be filled; and mostly it is always through 'filtered' or 'exaggerated' report of the original information (than scarcely of it). This is exactly where it touches on the prevalent infodemic and misinformation about the pandemic, which emanate mostly from unregulated sources, to fill this palpable void; from which the people are unfortunately incapable of sorting

out the ‘facts’ from ‘fiction’ thereof. This, therefore, makes them highly susceptible to a whole lot of fallacies surrounding the pandemic. For instance, through the TfD project under review, a number of observations were made regarding the (mis)information at the disposal of the people which no doubt informed their disbelief and misconceptions:

- i. some of the rural dwellers had doubt about the reality of the virus and its health/lethal effect.
- ii. the whole issue about the coronavirus pandemic was shrouded in either one myth or the other or some other narratives, especially about the emergence of 5G networks as well as the prophesied end of the age.
- iii. a lot of people could not adhere to the recommended safety measures: especially the wearing of face masks and social distancing, even in the market, or any other gathering.
- iv. some had the belief that the virus is only a fabricated hoax and an avenue to embezzle public funds.
- v. some also thought that the virus is a judgement from God because of His kindled wrath for the enormous sins of the world, and if only people could submit to the will of God, the sickness/disease would have no place in their lives.

Hassan (2020) is of the belief that the plethora of misinformation and disinformation which has accompanied the pandemic has not only provoked fear among the people, but has also exploited their vulnerabilities; and because many simply refused to believe its existence, this perhaps has opened the door for misinformation and disinformation to thrive. Besides some people’s doubt about the reality of the virus, some had also linked its origin to the emergence of 5G networks. However, an information and communication technology expert, Mr. Jide Awe, has described rumours linking coronavirus to the roll-out of 5G technology as baseless conspiracy theories and misinformation; and further noted that most of the misinformation came from a deadly mix of ignorance, unsubstantiated evidence and zeal (*Vanguard*, 5 April, 2020).

Another rife rumour or misinformation about the pandemic is that COVID-19 only affects the rich. Little wonder why BBC in its report on 22 April, 2020 disclosed that many Nigerians gloat that Covid-19 is mainly targeting the country's elite, particularly politicians, despite warnings that the life-threatening respiratory illness could hit the poor as well. As could be inferred from the report, the above assumption might have been premised on the available record of Nigeria's list of people who got or have died from COVID-19 within the period to have included President Muhammadu Buhari's chief of staff, politicians, heads of government agencies, former ambassadors and their aides or relatives. Hence, the foregoing is only part of the many incidents of infodemic and misinformation surrounding the pandemic. The following ‘rumours’ against ‘facts’ about COVID-19 is also a noteworthy analogous dimension in the above direction that has been documented from Opera News (2020) about the pandemic as perhaps informing people’s belief and misconceptions as shown below:

Rumours and facts about COVID-19 pandemic

1. Rumour: The virus can be spread through mosquito bite.
Fact: Coronavirus is spread through respiratory droplets, not blood.
Mosquitos do not increase the spread of the virus.
2. Rumour: Natural remedies like garlic, palm oil or lemon, can be used to prevent or treat infected people.
Fact: Eating garlic, drinking palm oil or lemon alone or mixed with other herbs/solutions will not kill the coronavirus.
3. Rumour: Rising the nose and gargling with warm salt water prevents COVID-19.
Fact: Using salt water to rinse the nose or throat will not prevent coronavirus infection.
4. Rumour: Spraying alcohol or bleach all over your body will kill the coronavirus infection.
Fact: Spraying alcohol or bleach on the body will not kill the virus that is inside the body. These substances will actually harm your skin, eyes, mouth and other parts of the body.
5. Rumour: Chloroquine and antibiotics are used to prevent and treat COVID-19.

- Fact: This is no proven evidence that chloroquine/antibiotics can prevent or treat COVID-19 infection. Research is ongoing. Infected people receive appropriate care to relieve and treat symptoms in designated health facilities.
6. Rumour: Some countries have developed a vaccine for the disease and the Nigerian Government will soon make it available in our primary health care facilities.
Fact: There is no vaccination (immunisation) for coronavirus.
7. Rumour: COVID-19 does not affect poor people.
Fact: The virus does not discriminate. Anyone, rich or poor, Muslim or Christian, old or young, Yoruba, Igbo or Hausa (all tribes) can be infected. Whatever your status in the society you must protect yourself and your family.
8. Rumour: Coronavirus does not survive in hot environments.
Fact: Living in hot or cold places does not prevent spread of the infection. Also, hot water or heat will not kill virus. There is no reason to believe the virus only spreads in cold environments.
9. Rumour: COVID-19 only affects older people
Fact: People of all ages can be infected by coronavirus (COVID-19), no age group is immune. However, older people and people that already have medical conditions like asthma, diabetes, high blood pressure and heart disease, are more likely to develop serious illness.

Wealth Okete (2020) in reinforcing, and perhaps, debunking the foregoing scenario of assumptions, rumours, myths, narratives, misinformation and misconceptions encapsulates it in the following manner:

At first, we had thought it was a rumour, another attention-seeking 'made in China' article trying to distract us. But it didn't care. It kept on growing in swift silence, spreading its tentacles across borders and beyond boundaries. Next, we had found consolation in thoughts that even if it does get into the continent, it wouldn't survive our climate, let alone our thick, dark, unyielding melanin; that Africans are much more virile and venomous than any virus; that we are too strong to be defeated by the white man's ailment. But it wouldn't give up still. Right under our watch, it crawled into the continent, defied our beliefs, embraced our climate and invaded our skin. Today, the whole narrative is scary; both strange and spontaneous. It breaks down our walls of superstition, ignorance and indifference; stonewalls built on the premise of an age-long assumption - 'disease no dey kill African man'. Hopefully, if we would learn and imbibe all the beautiful lessons this ugly experience affords us, we'd be able to avert a 'next time', just in case... (p.1)

In the light of the trend of the above discussion and with particular reference to the TfD project under review, a critical consideration of government's media sensitisation/awareness efforts in the fight against coronavirus pandemic to ensure the safety of the Nigerian populace against a “substantially” disadvantaged portion of the population (the rural dwellers) being alienated from having access to such vital sensitisation information/messages calls for serious concern. This could only engender ‘filtered’ or ‘exaggerated’ report of the original messages, thus reinforcing Volbrecht’s apt assertion that: “When the accuracy of information changes over time or when it can’t be verified, misinformation and disinformation fill the uncertain void” (p.1); and this further makes the people more susceptible to a whole lot of fallacies, rumours, myths, half-truth, misinformation and misconceptions about the pandemic, potentially leading them to take greater risks.

In appraising the outcome of the TfD project, the project supervisor, Professor Akor, unequivocally asserted that:

Our little effort in our TfD experiment in the local communities has really exposed the lacuna in the information mechanism of the Presidential Task Force on COVID-19, and so we call on government to intensify efforts in its media advocacy, of course we call on Nigerians to stay safe.

Conclusion

It cannot be overemphasised that ‘knowledge’ is, indeed, ‘power’ as often believed among development communication scholars; and information – the right information – the fulcrum upon which this knowledge revolves. God Almighty, understands the comprehensive importance of this ‘knowledge’; little wonder He asserts, perhaps in lamentation, that “My people are destroyed for lack of knowledge...” (Hosea 4:6a, KJV). The negative effect of lack of knowledge cannot be discountenanced either. The power of knowledge via information is the power of empowerment. An appropriately informed mind is invariably a dependably empowered mind. This is why the information at a people’s disposal has a remarkable way of shaping their perception of life, issues, events, surrounding or environment and of course, attitude and actions. Hence, from the outcome of the Tfd project reviewed, when the people, especially the substantially disadvantaged portion of the rural populace, are alienated from getting the *right information* they needed for necessary direction, more so, from such government’s media sensitisation effort in the fight against the coronavirus pandemic in order to ensure their safety, the vacuum of such ‘denied access to the ‘right information’ only has to be filled by *such misguided and misleading information* at their disposal, which is capable of not only undermining the *good intention of the government* and the susceptibility and lethality of the coronavirus pandemic on them, *but also potentially leading them to taking greater risks about it* and making them *much more susceptible to the lethality of their own misinformation and misguidance* as deadlier than the virus itself as they could be.

This is the colossal ‘paradox’ – the paradox of counter-productivity of a media sensitisation campaign process. The author, therefore, joins Professor Akor to call on government and its agencies, including concerned stakeholders, to not only intensify efforts, but to also be much more dynamic in their media advocacy initiatives in the fight against the coronavirus pandemic; and of course, recommends the ‘Theatre for Development’ technique. It is “An increasingly burgeoning development practice, especially in contemporary society” (Chukwu-Okoronkwo, 2020, p.58), as one sure dynamic way to reach the rural communities for effective realisation of media advocacy objectives; especially because of its obvious grassroots orientation, to reinforce “the need to incorporate theatre practitioners into efforts towards...public enlightenment” (Nasiru, 1990, p.48) and as agents of mass mobilisation efforts (Obuh, 2006).

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Note

1. “The Marginalised Ears”, is a Theatre for Development and Participatory Video intervention documentary project of Theatre Arts Department, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo (AE-FUNAI), Nigeria, produced by Professor Ameh Dennis Akor and directed by Dr. Charles Okwuolwulu. The project spanned from 2 May to 11 June, 2020.

References

- Akwagyiram, A. (02 April, 2020). Fake Covid-19 cures soar in Nigeria as social media companies battle to keep up. *City Press*. <https://www.news24.com/citypress/news/fake-covid-19-cures-soar-in-nigeria-as-social-media-companies-battle-to-keep-up-20200402>
- Akinmayowa, S. & Amzat, J. (2020). Rapid public health enlightenment (RPHE) to curb the continued spread of COVID-19 in Nigeria. *Medical Anthropology at UCL*. <https://medanthucl.com/2020/04/25/rapid-public-health-enlightenment-rphe-to-curb-the-continued-spread-of-covid-19-in-nigeria/>.
- Amzat, J., Aminu, K., Koko, Victor I.; Akinyele, A. A., Ogundairo, J. A., & Danjibo, M. C. (2020). Coronavirus outbreak in Nigeria: Burden and socio-medical response during the first 100 days. In press, *International Journal of Infectious Diseases*, 98.
- BBC (22 April, 2020). Coronavirus: Why some Nigerians are gloating about Covid-19. <https://www.bbc.com/news/world-africa-52372737>
- BBC (28 February, 2020). Coronavirus: Nigeria confirms first case in sub-Saharan Africa. <https://www.bbc.com/news/world-africa-51671834>
- Berghel, H. (2017). Lies, damn lies, and fake news”. *IEEE Computer Society*: 80 - 85.
- Carmosino, A. (2020). Background and history of the coronavirus (COVID-19). *Psych Central*. <https://psychcentral.com/coronavirus/background-history-of-the-coronavirus-covid-19/>
- Chukwu-Okoronkwo, S. O. (2020). Re-enacting theatre for development: Examining the unique role of theatre in development communication”. *The Journal of Development Communication*, 31(1), 57 – 65.
- Daniel, S., & Bappa, S. M. (2004). Methodology and process: Foundations for incorporating child rights issues in Tfd practice. In Femi Osofisan (Ed.), *Communicating children and women’s rights in Nigeria: Experiences from the field* (pp. 19-24). The Department of Theatre Arts, UI/UNICEF.
- Gbilekaa, S. E. T. (1990). Harnessing radical theatre as a potent tool for community development in Nigeria: A methodological approach. In I. H. Hagher (Ed.), *The practice of community theatre in Nigeria* (pp. 26 – 35). Society of Nigerian Theatre Artists.

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- Hassan, I. (2020). COVID-19: The dual threat of a virus and a fake news epidemic. Centre for Democracy and Development. <https://www.cddwestafrica.org/covid-19-the-dual-threat-of-a-virus-and-a-fake-news-epidemic-idayat-hassan/>
- Index Mundi (2019). Nigeria - rural population (% of total population). <https://www.indexmundi.com/facts/nigeria/indicator/SP.RUR.TOTL.ZS>
- Kalu, B. (2020). COVID-19 in Nigeria: A disease of hunger. *The Lancet Respiratory Medicine*, 8(6): 556-557.
- Miriam-Webster (2020). Infodemic. <https://www.merriam-webster.com/words-at-play/words-were-watching-infodemic-meaning>
- Naffi N., Davidson A., & Jawhar, H. (*The Conversation*, May 21, 2020). 5 ways to help stop the 'infodemic,' the increasing misinformation about coronavirus". <https://theconversation.com/5-ways-to-help-stop-the-infodemic-the-increasing-misinformation-about-coronavirus-137561>
- Nasiru, A. (1990). The Nigerian theatre and community development: Myth, reality or wishful thinking? In I. H. Hagher (Ed.) *The Practice of Community Theatre in Nigeria*. (pp. 47 – 53) Society of Nigerian Theatre Artists [SONTA].
- NCDC (2020a). COVID-19 NIGERIA. September 4, 2020 10:35 pm updates. <https://covid19.ncdc.gov.ng/>
- NCDC (2020b). First case of corona virus disease confirmed in Nigeria. 28 February 2020. <https://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-nigeria>.
- NEJM Journal Watch (2020). Novel coronavirus officially named. 12 February, 2020. <https://www.google.com/search?client=firefox-b-d&q=coronavirus+is+officially+named+by+WHO+on+February+12%2C+2020>
- Obuh, S. O. S. (2006). Drama as instrument for mass mobilization – A critical analysis of some MAMSER drama programme in Nigeria. In Malomo, J., & Gbilekaa, S. (Eds.) *Theatre and Politics in Nigeria*. (pp. 146 – 158) Caltop Publications Nig. Ltd.
- Okete, W. (2020). Truths and myths about COVID-19. *Science Communication Hub Nigeria*. <https://www.scicommigeria.org/covid-19/Truths-and-Myths-About-COVID-19>
- Ong'ong'a, O. D., & Demuyakor, J. (2020). Coronavirus (COVID-19) "infodemic" in the social media: A survey of Kenya international students in China. *New Media and Mass Communication*, 90, 23 – 34.
- Opera News (2020). Rumours and facts about Covid-19. https://www.operanewsapp.com/ng/en/share/detail?news_id=60a737c39ca2a22cb4b93abdc7c0bac9&news_entry_id=s6a45d5ed200809en_ng&open_type=transcoded&from=news&request_id=share_request
- Oweseye, A. (9 March, 2020). UPDATED: Coronavirus: Second case confirmed in Nigeria. *Premium Times*. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Nigeria
- Pan American Health Organization (2020). Understanding the infodemic and misinformation in the fight against covid-19. Factsheet N. 5. Department of Evidence and Intelligence for Action in Health. https://iris.paho.org/bitstream/handle/10665.2/52052/Factsheet-infodemic_eng.pdf?sequence=14
- P. M. News (9 March, 2020). Nigeria records second case of Coronavirus. <https://www.pmnewsnigeria.com/2020/03/09/breaking-nigeria-records-second-case-of-coronavirus/>
- UNICEF (2020). Coronavirus disease 2019 (COVID-19): What is it really? <https://www.unicef.org/wca/what-is-coronavirus>
- Vanguard (5 April, 2020). Rumours linking 5G to COVID-19, baseless conspiracy theories – Experts. <https://www.vanguardngr.com/2020/04/rumours-linking-5g-to-covid-19-baseless-conspiracy-theories-expert/>
- Volbrecht, A. (2020). Fact or fiction: Navigating the infodemics. <https://www.path.org/articles/fact-or-fiction-navigating-infodemic/>
- Wiktionary. Infodemic. <https://en.wiktionary.org/wiki/infodemic>
- Worldometer (2020). Covid-19. September 4, 2020, 20:27 GMT updates. Coronavirus Pandemic. <https://www.worldometers.info/coronavirus/>