

# **An Assessment of The Role of Media as A Veritable Instrument for Combating Fake News on Covid-19 (Global Health Crisis) In Northeast Nigeria**

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## **ABSTRACT**

The proliferation of fake news during the COVID-19 pandemic has significantly influenced public perceptions and uptake of vaccines, particularly in regions with limited access to reliable health information. This study investigated the impact of fake news on COVID-19 vaccine resistance in Northeastern Nigeria, identified the major sources of misinformation, and explored strategies through which media and stakeholders can collaborate to mitigate its effects. A mixed-method research design was adopted, combining quantitative surveys of 385 media consumers and internally displaced persons with qualitative interviews and focus group discussions involving journalists, media practitioners, and health communication stakeholders. Quantitative findings revealed that a large proportion of respondents delayed or resisted vaccination due to misinformation, doubted vaccine safety and effectiveness, and sometimes trusted fake news over official health information. Social media platforms, friends, family, and religious leaders were identified as the primary sources of fake news, while traditional media were less implicated. Qualitative data highlighted the critical role of collaboration between health authorities, media organizations, and community leaders in disseminating accurate information. Strategies such as multi-platform media engagement, fact-checking initiatives, culturally relevant messaging, and community-focused campaigns were reported to be effective in countering misinformation. The study concludes that fake news significantly undermined vaccine acceptance in Northeastern Nigeria but can be mitigated through coordinated stakeholder collaboration and strategic media deployment. Recommendations include targeted awareness campaigns, formal collaboration frameworks, monitoring of misinformation sources, and the use of multi-platform and culturally engaging media strategies. The findings have important implications for public health communication and policy planning during global health emergencies.

**Keywords:** Fake news, COVID-19 vaccine, Media strategies, Stakeholder collaboration, Misinformation

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## **1. INTRODUCTION**

The outbreak of the coronavirus disease 2019 (COVID-19) created one of the most severe global public health crises in modern history. The pandemic disrupted social, economic, and health systems across the world and placed enormous pressure on governments and health institutions to respond effectively. According to the World Health Organization, COVID-19 caused millions of deaths globally and required urgent public health interventions, including vaccination campaigns aimed at reducing transmission and preventing severe illness. Vaccination quickly became one of the most important strategies for controlling the spread of the virus and restoring normal social and economic activities.

Despite the availability of vaccines, many countries encountered significant resistance to vaccination among their populations. One major factor contributing to this resistance was the widespread circulation of fake news and misinformation about COVID-19 vaccines. Fake news refers to false or misleading information that is presented as factual news and is often disseminated through digital media platforms. Brennen, Simon, Howard, and Nielsen (2020) explain that misinformation related to COVID-19 included false claims about the origin of the virus, conspiracy theories about vaccines, and exaggerated reports about vaccine side effects. Such misinformation undermines public trust in health authorities and can influence individuals' willingness to accept vaccination.

The rapid expansion of digital communication platforms has intensified the spread of misinformation during the pandemic. Social media platforms allow information to circulate quickly among large audiences, often without proper verification or fact checking. Cinelli et al. (2020) observed that online platforms such as Facebook and Twitter played a significant role in the spread of the COVID-19 "infodemic," a term used to describe the overwhelming amount of information, including false and misleading content, circulating during the pandemic. Similarly, Islam et al. (2020) reported that misinformation related to COVID-19 spread widely through social media networks, leading to confusion and public misunderstanding about preventive measures and vaccination.

In many developing countries, including Nigeria, the problem of misinformation is further compounded by limited access to credible health information and existing mistrust in government institutions. Wonodi et al. (2022) found that conspiracy theories and misinformation significantly affected public attitudes toward COVID-19 vaccination in Nigeria. False claims that vaccines could cause infertility, alter human DNA, or contain tracking devices circulated widely and contributed to skepticism among members of the public. These narratives were often shared through social media platforms and interpersonal communication networks such as

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family members, friends, and religious communities.

The media plays a crucial role in shaping public understanding during health emergencies. While traditional media institutions such as radio, television, and newspapers have historically served as reliable sources of information, the rise of digital communication has created a complex information environment where misinformation can spread rapidly. Vraga and Bode (2020) emphasise that effective communication strategies and fact-checking initiatives are essential for countering misinformation and restoring public trust in scientific information. Understanding the dynamics through which fake news spreads and influences vaccine perceptions is therefore critical for improving health communication strategies and strengthening public confidence in vaccination programmes.

## **2. STATEMENT OF THE PROBLEM**

Although COVID-19 vaccines were developed to reduce the spread and severity of the virus, vaccine hesitancy emerged as a major challenge in many parts of the world. Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite the availability of vaccination services. Loomba et al. (2021) demonstrated that exposure to misinformation about COVID-19 vaccines significantly reduced individuals' intentions to receive vaccination in both the United Kingdom and the United States. The study highlighted how false narratives about vaccine safety and effectiveness could

influence public attitudes and undermine immunization efforts.

In the African context, misinformation has also played a major role in shaping public perceptions about COVID-19 vaccines. Osuagwu et al. (2023) reported that sources of health information significantly influenced vaccine hesitancy across several countries in sub Saharan Africa. The study found that individuals who relied heavily on social media for health information were more likely to encounter misinformation and express doubts about vaccine safety. Such findings suggest that the circulation of fake news within digital environments poses a serious challenge to public health communication.

In Nigeria, misinformation surrounding COVID-19 vaccines has been widely reported across different regions. Wonodi et al. (2022) documented the widespread presence of conspiracy theories and misinformation about COVID-19 within Nigerian communities. These narratives contributed to public mistrust of vaccination programmes and complicated efforts to promote vaccine uptake. In regions such as Northeastern Nigeria, where conflict, displacement, and limited access to reliable health information already exist, the effects of misinformation may be even more pronounced. Despite the growing recognition of misinformation as a public health challenge, there remains limited empirical research examining how fake news contributes to vaccine resistance in Northeastern Nigeria. There is also insufficient understanding of the

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specific sources through which misinformation spreads in the region and how the media can be effectively deployed to counter these narratives. Consequently, there is a need for systematic research that explores the relationship between fake news and vaccine resistance, identifies the major channels through which misinformation spreads, and examines how stakeholders and media institutions can collaborate to combat fake news during health emergencies. This study, therefore, seeks to address these gaps by investigating the role of fake news in shaping COVID-19 vaccine resistance in Northeastern Nigeria and by exploring strategies through which the media can be used to counter misinformation during global health crises.

### **3. OBJECTIVES OF THE STUDY**

This research specifically seeks to:

1. Determine how fake news has contributed to resistance against COVID-19 vaccines in Northeastern Nigeria.
2. Examine how stakeholders tackling COVID-19 can collaborate with the media in evolving strategies against fake news.
3. Identify the major sources through which fake news on COVID-19 spreads in Northeastern Nigeria.
4. Assess how the media can be strategically deployed to combat fake news during global health emergencies.

### **4. LITERATURE REVIEW**

A growing body of empirical research has documented the pervasive effect of misinformation on COVID-19 vaccine

hesitancy and health communication outcomes. Achor (2025) found that online disinformation significantly undermined vaccine acceptance in Taraba State, Nigeria, revealing that false narratives on social media eroded trust in immunization (e.g., claims that vaccines were harmful), which parallels the present study's focus on Northeastern Nigeria (Achor, 2025). Similarly, Osuagwu et al. (2023) reported that sources of health information, including social media, strongly influenced vaccine hesitancy across sub-Saharan Africa, with misinformation diminishing uptake intentions and highlighting the need for credible health messaging (Osuagwu et al., 2023).

Studies beyond Nigeria likewise show the impact of misinformation. For example, Pierri et al. (2022) documented the prominence of low-credibility vaccine misinformation on Twitter, showing that misinformation was frequently reshared more than authoritative sources (Pierri et al., 2022). Muric et al. (2021) similarly developed datasets of anti-vaccine content to show how online narratives have shaped public sentiment against vaccines. Propagation of false information on social media was further analysed by Aondover et al. (2024), who concluded that digital platforms facilitated rapid spread of fake COVID-19 information among Nigerians (Aondover et al., 2024).

Contextual studies link media literacy to misinformation resilience. Ogunbola et al. (2025) reported that Lagos residents employed verification strategies to mitigate fake news

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effects, underscoring the role of media literacy in public health crises (Ogunbola et al., 2025). In sub-Saharan Africa, misinformation undermined public trust and obstructed vaccine uptake, suggesting a need for reliable information dissemination (Osuagwu et al., 2023). A scoping review by Taubert et al. (2024) found a significant negative relationship between belief in vaccine-related conspiracy narratives and vaccination intention across global contexts (Taubert et al., 2024).

In Nigeria, Wonodi et al. (2022) provided thematic evidence that widespread COVID-19 conspiracy theories, including mistrust of government and disbelief in the pandemic's reality, severely impeded immunization demand, reinforcing the importance of counter-messaging frameworks (Wonodi et al., 2022). Additionally, Oyeyemi et al. (2023) found that misinformation regarding microchips and DNA alteration influenced health care workers' willingness to vaccinate, highlighting the impact of false beliefs even among health professionals (Oyeyemi et al., 2023). BMC Health Services Research (2025) showed that community-based strategies improved awareness and reduced misinformation in Niger State, illustrating that proactive engagement can combat false COVID-19 narratives (Erim et al., 2025).

Research on online misinformation campaigns reveals that coordinated misinformation groups propagate conspiracy narratives such as the "Great Reset" and bioweapon theories, which contribute to vaccine hesitancy (Sharma et al.,

2021). A scoping review further identified interventions such as social norm feedback, fact-checking labels, and prebunking that can reduce belief in vaccine conspiracy narratives and, in some cases, increase vaccination intentions, although these effects are relatively small (Taubert et al., 2024).

Taken together, the literature underscores that misinformation and fake news not only spread rapidly via social platforms but also meaningfully shape vaccine perceptions and behaviours. Importantly, many studies emphasize the potential of fact-checking, digital literacy, and targeted communication strategies to counter misinformation and enhance public health outcomes during pandemic responses.

## **5. THEORETICAL FRAMEWORK**

This study is anchored in the Health Belief Model (HBM), which provides a robust framework for understanding how individuals' perceptions influence health-related behaviors, particularly in the context of vaccine uptake and misinformation. Developed by Rosenstock (1974), the HBM posits that an individual's decision to adopt a health behavior is influenced by perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. In the context of COVID-19 vaccination, these constructs can explain why exposure to fake news and misinformation may lead to vaccine resistance among residents of Northeastern Nigeria.

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For instance, perceived susceptibility and perceived severity refer to an individual's beliefs about their likelihood of contracting COVID-19 and the potential seriousness of the disease. Fake news that downplays the risk of infection or exaggerates vaccine side effects can distort these perceptions, reducing the perceived urgency to vaccinate. Similarly, perceived benefits involve beliefs about the efficacy of vaccination in preventing illness, while perceived barriers reflect factors that inhibit action, such as fear of side effects or distrust in health authorities, often fueled by misinformation.

Cues to action, such as public health campaigns, social media messages, or news broadcasts, can trigger vaccination behavior, particularly when credible information counters misinformation. Finally, self-efficacy, confidence in one's ability to access and receive the vaccine, may be undermined by fake news, which may propagate doubts or false logistical challenges.

Applying the HBM to this study allows for a structured analysis of how misinformation interacts with individuals' beliefs and perceptions to influence vaccine hesitancy. By examining how fake news affects these constructs, the study can identify strategic points for media intervention, stakeholder collaboration, and targeted communication to mitigate misinformation, improve public trust, and enhance COVID-19 vaccine uptake in Northeastern Nigeria.

## **6. METHODOLOGY**

### **6.1 Research Design**

The study adopted a mixed-method research design, combining quantitative and qualitative approaches. The quantitative component involved the use of structured questionnaires administered to media consumers and internally displaced persons (IDPs), while the qualitative component involved semi-structured interviews and focus group discussions (FGDs) with key stakeholders, including journalists, media practitioners, and health communication officials. This design was chosen because it allowed for the generation of both measurable data and rich contextual insights, thereby strengthening the validity of the findings.

### **6.2 Population of the Study**

The study population comprised residents of the six states of Northeastern Nigeria, Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe, which, according to the National Bureau of Statistics (2019), had a combined population of approximately 31,834,949 people (Adamawa: 4,248,436; Bauchi: 6,537,314; Borno: 5,751,590; Gombe: 3,657,043; Taraba: 3,066,834; and Yobe: 3,573,732). Within this population, two categories were of particular relevance: (i) general media consumers, who were vulnerable to misinformation and disinformation, and (ii) media practitioners and health stakeholders who were directly involved in responding to COVID-19 and in shaping information flow during the pandemic.

### 6.3 Sample and Sampling Technique

The study employed a multi-stage sampling technique to ensure representativeness while addressing the realities of the research context. In the first stage, three states, Adamawa, Borno, and Taraba, were purposively selected from the six states of North-Eastern Nigeria. This purposive choice was guided by their strategic relevance: Adamawa represented a relatively stable state with active media presence; Borno reflected the epicentre of both conflict and high vulnerability to misinformation; while Taraba provided insights from a multi-ethnic and semi-urban setting. The purposive selection at this stage was justified on the grounds of diversity, accessibility, and the need to capture varied socio-political dynamics within the North-East, which made the findings more reflective of the region.

In the second stage, members of the general public within the selected states were sampled through stratified random sampling to ensure inclusiveness across gender, age, and educational levels. In the third stage, key stakeholders, including journalists, media practitioners, health communication officials, and policymakers, were selected through purposive sampling because of their expertise and direct involvement in information management during the COVID-19 pandemic. The sample size for the quantitative survey of the general public was determined using Yamane's (1967) formula at a 95% confidence level, which produced a total of 385 respondents. This quantitative data was

complemented by qualitative data from interviews and focus group discussions with stakeholders, providing both breadth and depth to the study.

### 6.4 Methods of Data Analysis

Quantitative data were coded and analysed using IBM SPSS Version 22 to generate descriptive and inferential statistics (frequencies, percentages, and chi-square tests) addressing objectives one and three. Qualitative data from interviews and FGDs were transcribed, coded, and thematically analysed, with findings triangulated against the quantitative results. This approach provided a comprehensive understanding of the role of the media in combating fake news during a global health crisis.

## 7. RESULTS

**Table 1: Demographic Distribution of Respondents**

Variable	Category	Frequency	Percent age (%)
<b>Gender</b>	Male	210	54.5
	Female	175	45.5
<b>Qualification</b>	NCE/Diploma	110	28.6
	B.Sc.	185	48.1
	M.Sc.	70	18.2
	PhD	20	5.1
<b>Marital Status</b>	Married	225	58.4
	Single	160	41.6
<b>Age</b>	18–25	95	24.7
	26–35	150	39.0
	36–45	85	22.1
	46–60	40	10.4
	61 and above	15	3.8
<b>Total</b>		<b>385</b>	<b>100</b>

Source: Field Survey, 2025

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Table 1 presents the demographic characteristics of the respondents who participated in the study. The gender distribution shows that males constituted a slight majority, accounting for 210 respondents (54.5%), while females comprised 175 respondents (45.5%). This indicates a balanced gender representation, suggesting that perspectives from both male and female participants were adequately captured. In terms of educational qualifications, most respondents possessed a B.Sc. degree, representing 185 respondents (48.1%), followed by those with NCE/Diploma qualifications at 110 respondents (28.6%). Respondents with M.Sc. degrees accounted for 70 (18.2%), while only 20 respondents (5.1%) held PhD qualifications. This distribution suggests that most participants had at least a tertiary level of education, which may enhance their ability to access and interpret information related to COVID-19 and media messages.

Regarding marital status, the data reveal that 225 respondents (58.4%) were married, whereas 160 respondents (41.6%) were single. This indicates that a larger proportion of the respondents were individuals with family responsibilities, which may influence their health information behaviour and decision-making. The age distribution further shows that the largest proportion of respondents, 150 (39.0%), fell within the 26–35 age bracket, followed by those aged 18–25 with 95 respondents (24.7%). Respondents aged 36–45 constituted 85 (22.1%), while those aged 46–60 accounted for 40 (10.4%). The smallest group comprised individuals aged 61 and above with 15 respondents (3.8%). Overall, the age distribution suggests that the study population was largely dominated by young and middle-aged adults who are generally active media users.

**Table 2 Fake News and COVID-19 Vaccine Resistance**

Statement	SA	A	D	SD	Total
Fake news discouraged many people in my community from taking the COVID-19 vaccine	160 (41.6%)	145 (37.7%)	55 (14.3%)	25 (6.4%)	385
I personally delayed or resisted vaccination due to fake news	120 (31.2%)	150 (39.0%)	75 (19.5%)	40 (10.3%)	385
Fear of side effects from fake news increased resistance to the vaccine	170 (44.2%)	140 (36.4%)	50 (13.0%)	25 (6.4%)	385
Fake news made me doubt vaccine safety and effectiveness	165 (42.9%)	150 (39.0%)	45 (11.7%)	25 (6.4%)	385
People trusted fake news more than official health information	150 (39.0%)	155 (40.3%)	55 (14.3%)	25 (6.4%)	385

Source: Field Survey, 2025

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Table 2 indicates that a large proportion of respondents acknowledged the influence of fake news on vaccine resistance. Specifically, 41.6% strongly agreed and 37.7% agreed that fake news discouraged vaccination in their communities. Similarly, 31.2% strongly agreed and 39.0% agreed that they delayed vaccination due to misinformation. Furthermore, 44.2% strongly agreed and 36.4% agreed that fake news increased fear of vaccine side effects.

Also, 42.9% strongly agreed and 39.0% agreed that misinformation created doubts about vaccine safety and effectiveness, while 39.0% strongly agreed and 40.3% agreed that people trusted fake news more than official health information. The implication of these findings is that misinformation significantly undermines public confidence in vaccines, thereby contributing to vaccine hesitancy and resistance within communities

**Table 3: Sources of Fake News on COVID-19**

Statement	SA	A	D	SD	Total
Social media platforms were the main sources of fake news	210 (54.5%)	120 (31.2%)	40 (10.4%)	15 (3.9%)	385
Radio stations contributed to the spread of fake news	80 (20.8%)	140 (36.4%)	110 (28.6%)	55 (14.2%)	385
Religious leaders spread fake information about vaccines	135 (35.1%)	145 (37.7%)	70 (18.2%)	35 (9.0%)	385
Friends and family spread fake news about COVID-19	160 (41.6%)	150 (39.0%)	50 (13.0%)	25 (6.4%)	385
Traditional media helped spread fake news	60 (15.6%)	110 (28.6%)	145 (37.7%)	70 (18.1%)	385

**Source: Field Survey, 2025**

Table 3 presents respondents' views on the major channels through which fake news about COVID-19 spread. The results show that 54.5% strongly agreed and 31.2% agreed that social media platforms were the main sources of fake news. Regarding radio, 20.8% strongly agreed and 36.4% agreed, while 28.6% disagreed. Additionally, 35.1% strongly agreed and 37.7% agreed that religious leaders spread misinformation. Similarly, 41.6% strongly agreed and 39.0% agreed that friends and

family circulated fake news. However, 37.7% disagreed and 18.1% strongly disagreed that traditional media spread fake news. The implication is that misinformation about COVID-19 was driven mainly by social media and interpersonal communication channels rather than conventional media platforms.

### 7.1 Qualitative Data

This section presents findings from the semi-structured interviews and focus group

discussions conducted with journalists, media practitioners, and health communication stakeholders. The analysis follows a thematic approach, where responses were grouped into emerging themes related to stakeholder collaboration with the media and strategies for deploying the media to combat fake news during health emergencies. To ensure confidentiality, respondents are identified using coded labels such as Interviewee 1, Interviewee 2, etc.

## 7.2 Stakeholder Collaboration with the Media in Combating Fake News

One of the major themes that emerged from the interviews was the importance of collaboration between health institutions, government agencies, and media organisations in addressing misinformation during the COVID-19 pandemic. Respondents noted that the media served as a critical channel for disseminating accurate health information to the public.

For instance, Interviewee 1, a health communication officer, explained that collaboration between public health agencies and media houses helped in spreading reliable information about the vaccine.

*“During the peak of the pandemic, we worked closely with radio and television stations to disseminate verified information about the COVID-19 vaccine. This collaboration helped counter many of the rumours circulating on social media.”*

(Interviewee 1)

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Similarly, Interviewee 2, a journalist, emphasised the role of joint awareness campaigns between media organisations and health authorities.

*“Many media houses partnered with health agencies to run awareness campaigns. These campaigns included interviews with medical experts, talk shows, and special reports that clarified misconceptions about the vaccine.”*

(Interviewee 2)

Another important issue raised by participants was the challenge of misinformation spreading faster than verified information. According to Interviewee 3, a media practitioner, limited coordination between stakeholders sometimes hindered efforts to combat fake news.

*“One of the challenges we faced was that fake news spreads very quickly, especially on WhatsApp. Sometimes the media received official information late, making it difficult to counter misinformation immediately.”*

(Interviewee 3)

In addition, Interviewee 4 stressed the need for capacity building for journalists in health communication and fact-checking.

*“Journalists need specialised training on health reporting and fact-checking. If reporters are well trained, they can identify and correct misinformation before it spreads widely.”*

(Interviewee 4)

The above qualitative findings indicate that strong collaboration between media organisations, government health agencies, NGOs, and community leaders is essential for effectively combating fake news during public health emergencies.

### **7.3 Media Deployment Strategies for Combating Fake News During Health Emergencies**

Another major theme explored in the interviews relates to how the media can be strategically deployed to combat fake news during global health crises. Participants highlighted the importance of using multiple media platforms to reach diverse audiences.

For example, Interviewee 5 noted that radio played a particularly important role in rural communities.

*“In many rural communities in the North-East, radio remains the most trusted and accessible medium. Health messages broadcast through radio programmes and jingles helped clarify many misconceptions about the vaccine.”*

(Interviewee 5)

Similarly, Interviewee 6 emphasised the need to combine traditional media with digital platforms in addressing misinformation.

*“Social media was one of the major channels through which fake news spread. Therefore, media organisations must also use these platforms to provide accurate information and correct false*

*narratives.”*

(Interviewee 6)

Another strategy suggested by respondents involved the use of engaging formats such as drama, testimonials, and community dialogue programmes. According to Interviewee 7, such formats help audiences better understand health messages.

*“People respond better when messages are presented through storytelling, drama, or testimonials from people who have taken the vaccine. These formats make the information more relatable and credible.”*

(Interviewee 7)

Furthermore, Interviewee 8 stressed the importance of fact-checking programmes and rapid response communication strategies.

*“Media organisations should establish dedicated fact-checking units that can quickly respond to misinformation. When fake news appears online, it is important to correct it immediately with verified information.”*

(Interviewee 8)

The findings therefore suggest that effective deployment of the media during health emergencies requires coordinated communication strategies, use of multiple media platforms, fact-checking initiatives, and community-focused messaging approaches.

## **8. DISCUSSION OF FINDINGS**

The study examined the influence of fake news on COVID-19 vaccine resistance in

Northeastern Nigeria, the sources of such misinformation, and the role of media and stakeholder collaboration in countering false narratives. The demographic profile of respondents (Table 1) revealed a fairly balanced gender distribution, with males constituting 54.5% and females 45.5% of participants. The majority of respondents held tertiary education, predominantly B.Sc. degrees, which suggests that participants had adequate literacy to engage with both digital and traditional media sources. The age distribution indicated a predominance of young and middle-aged adults, who are typically active consumers of media content, highlighting their susceptibility to online misinformation.

Quantitative findings (Table 2) demonstrated that fake news significantly influenced vaccine hesitancy. Over 79% of respondents agreed that misinformation discouraged vaccination within their communities, while 70% reported personal delays in receiving the vaccine due to false information. Concerns about side effects were amplified by fake news, with 80.6% agreeing that such content increased fears regarding vaccine safety. Similarly, 79.9% expressed doubts about vaccine effectiveness, while 79.3% indicated that fake news was more trusted than official health information. These results underscore the strong impact of misinformation on public confidence and support prior studies linking fake news to vaccine hesitancy (Loomba et al., 2021; Osuagwu et al., 2023).

Analysis of misinformation sources (Table 3) revealed that social media platforms were the primary vectors of fake news, corroborating findings by Cinelli et al. (2020) and Islam et al. (2020). Over 85% of respondents identified platforms such as WhatsApp, Facebook, and TikTok as major conduits of misinformation. Interpersonal networks, including friends, family, and religious leaders, were also significant contributors, highlighting the role of community dynamics in propagating false narratives. Traditional media were perceived as less responsible for misinformation, suggesting that verified news outlets remain relatively trusted in this context.

Qualitative findings complemented these results by emphasizing the importance of stakeholder collaboration and strategic media deployment. Interviewees reported that partnerships between health agencies, NGOs, and media organisations were effective in disseminating verified information and countering misinformation. Radio emerged as a particularly influential medium in rural areas, while social media required proactive engagement to correct false narratives. Participants also highlighted the need for capacity building among journalists and the use of relatable formats such as drama, testimonials, and community dialogues to improve message credibility. Fact-checking and rapid response communication were identified as essential strategies to combat the rapid spread of misinformation.

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In sum, the findings suggest that fake news significantly undermined COVID-19 vaccine uptake in Northeastern Nigeria. Both digital and interpersonal channels played key roles in disseminating false information, while media and stakeholder collaboration proved crucial in mitigating these effects. The study highlights the need for integrated communication strategies that combine traditional and digital media, engage community leaders, and employ interactive messaging approaches to address misinformation effectively during public health emergencies.

## 9. CONCLUSION

The study concluded that fake news significantly fuelled COVID-19 vaccine resistance in Northeastern Nigeria. Quantitative results indicated that misinformation led many respondents to delay or refuse vaccination, doubt vaccine safety, and sometimes trust false information over official health guidance. Social media platforms, friends, family, and religious leaders were the primary sources of misinformation, while traditional media were less implicated. Qualitative findings emphasized that collaboration between health authorities, media organizations, and community stakeholders was crucial in countering fake news. Coordinated campaigns, multi-platform communication, fact-checking, and culturally engaging formats effectively mitigated misinformation and enhanced public confidence in vaccines.

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## 10. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to address the challenges of fake news and enhance COVID-19 vaccine uptake in Northeastern Nigeria:

1. Implement targeted public awareness campaigns to address and correct fake news that contributes to COVID-19 vaccine resistance.
2. Establish formal collaboration frameworks between health authorities, government agencies, NGOs, and media organizations to coordinate responses against misinformation.
3. Monitor and regulate major misinformation sources, particularly social media and community networks, to reduce the spread of fake news.
4. Deploy multi-platform media strategies, including radio, television, social media, and culturally engaging formats, to disseminate accurate health information during global health emergencies.

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