

Trust and Mistrust in a Pandemic: Evaluation of Acceptance of COVID-19 Communication Tools in Use in Nigeria

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Abstract: The outbreak of the COVID-19 pandemic was a test for the Nigerian government on how preventive measures and treatment procedures would be communicated, trusted, and accepted. This study therefore investigated the trust and mistrust that residents of Lagos and Kogi states had in the communication tools employed on COVID-19 prevention by the government from March-October, 2020. The study involved a Survey of 317 respondents selected through community contacts during the lockdown and four Focus Group Discussion (FGD) sessions involving 24 participants selected purposively based on presence of both gender, age diversity, and literacy. A Spearman Correlation statistic indicated that trust in Federal government and government parastatals will influence trust in communication on the COVID-19 pandemic (r -value = 0.547, p -value = 0.000) but that trust in state government and parastatals will lead to distrust in federal government and parastatals where there is conflicting communication from both tiers of government (Cramer V value = 0.394, p -value = 0.012). The perception of Nigerian political system as corrupt has a negative influence on the public trust of communication from the government. Political actors therefore need to do something positive to reverse the negative perception ahead of another possible pandemic.

Keywords: COVID-19, Nigeria, Trust, Mistrust, Communication

1. Introduction

The gravity and speed of the SARS- CoV-2 outbreak caused the World Health Organization (WHO) to officially call it a global pandemic, forcing many countries, including Nigeria, to undertake several preventive measures such as declaring national lockdowns and using communication tools to educate citizens in order to halt the spread of the virus. In Nigeria, some state actors accepted the reality of the pandemic while some did not. Prominent among those who openly spoke against the reality of the virus was the governor of Kogi State, Alhaji Yahaya Bello while his counterpart from Lagos State, Mr Babajide Sanwololu became a frontline persona in the fight against the virus by the way he mobilised the people of his state to undertake preventive measures designed by government. Although the federal government-imposed lockdowns on the country, Kogi state did not effectively comply with the order [1]. The federal government also introduced other non-pharmaceutical

measures to combat the spread of the virus.

Despite the use of preventive measures by leaders, and individuals who accepted that the virus was real, the pandemic still took a toll on global communities, particularly in countries ill-prepared for a continuous lockdown. The pandemic therefore became a form of 'stress test' on countries across the world and flattening the curve of the dreaded pandemic became very complex. It exposed not just the weaknesses of the capacity of health systems to handle such unexpected health crises, but revealed the status of the relationship between the leaders and the governed. Citizens took to the streets in Nigeria when the palliatives promised by the government to ease economic losses occasioned by the lockdown were discovered hoarded in warehouses by government officials and politicians instead of being shared as promised; but beyond that the subsequent infodemic that flooded social media platforms led to confusion with people unable to discern credible health information amidst the high level of fake news on social media. Despite the infodemic,

the government, and other organizations continued to disseminate messages on various aspects of the pandemic, using various Information, Education and Communication (IEC) tools via traditional and digital media platforms. Nevertheless, many citizens still ignored the calls to align with the preventive measures of social distancing, use of face mask, hand sanitizers, etc. thus leading many to ask if the citizens had problem with the message or the government that produced the message.

1.1. Problem Statement

The COVID-19 pandemic and attendant management approaches had different reactions globally. Given her poor and fragmented health infrastructure, a general lack of trust in government by majority of the population, poverty, and lack of access to credible health information amidst a growing spate of fake news on social media, the COVID-19 pandemic became a test for the Nigerian government; a test of how preventive measures and treatment procedures would be communicated, trusted, and accepted. Although various Information, Education and Communication (IEC) tools were developed for use on several aspects of the pandemic, there was still a significant noncompliance with the recommended preventive measures among the populace giving rise to questions about the positioning, ease of understanding and trust in the message by most of the population. Existing literature point to the usefulness of communication in tackling health challenges but also that it may be ineffective if not easily accessible, understood, and trusted by the target audience. Given the plethora of messages released, and the non-compliance from some citizens, and specifically some states, this research therefore sought to evaluate the communication tools in use with a view to establishing the trust people have in them, and their overall effectiveness.

The study objectives were to evaluate the communication tools in use to tackle the COVID-19 pandemic in Nigeria, especially in Lagos and Kogi states, establish the level of trust people have in such communication tools and determine how trust or the lack of it affected the effectiveness of such tools. Specific research questions include identifying the communication tools used to tackle the COVID-19 pandemic in Nigeria, evaluating how trustworthy they were among residents of Lagos and Kogi states and ascertaining lessons to learn from the differentials in the level of trust in the two sources of information in preparedness for another possible pandemic.

1.2. Hypotheses

The study also tested the following hypotheses:

- 1) Trust in Federal government and government parastatals will not positively influence trust in communication on the COVID-19 pandemic.
- 2) Trust in state government and government parastatals is not equivalent to trust in communication on the COVID-19 pandemic.
- 3) There is no positive relationship between trust in

Federal and State governments and their parastatals and the adoption of non-pharmaceutical preventive measures.

- 4) Trust in state government and parastatals will not lead to distrust in federal government and parastatals where there is conflicting communication from both tiers of government.

2. Source Credibility and Trust in Communication

Persuasion is the main thrust of crisis communication, and trust is one of the bedrocks that determines the success of that process. Trust has been an underlying construct in how people perceive and accept communication on any social issues they are exposed to, and a fundamental basis for their decisions around the issues in consideration [2]. The COVID-19 pandemic was one of those issues that showcased the importance of trust in the relationship between information sources and recipients. In evaluating the components of source credibility, trust has been defined as the mind-set or perception that an individual or groups of individuals have about a specific individual or authority figure, that s[he] or they would keep to their word on any issue [2]. This suggests that the individual or groups of individuals with a high trust quotient are credible to the audiences. There is also the perception of credibility as the receivers' view of the validity of the information accessed [3] or the level of esteem or regard that audiences have for the information source [4]. The concept of trust was a front liner following the introduction of the health crisis of COVID-19 in 2020. While credibility could have been limited to just the expert health information sources, the gravity of the issues extended it to secondary sources, like the government, and some of their parastatals who by the very nature of the pandemic, needed to be involved in managing the situation. As the government and its parastatals disseminated information on the pandemic, citizens evaluated not just the accuracy of the message but the intention of the source within the context of the health crisis. The pandemic thus highlighted the nexus between governance, health, and trust, especially as a baseline factor for influencing audiences' decisions, and choices around the health crisis. This emphasised the need to ensure that the source of sensitive messages is trusted by the audiences they wish to persuade. Source credibility was thus an important component of all the strategies implemented during the COVID-19 pandemic.

3. Trust in Public Health and Communication

Trust is an essential element of political leadership and communication, hence trust in government/public trust has been a subject of interest to scholars over the years. Trust in government has been described variously as confidence in government, or political trust [5], the extent to which citizens

confidently see government working in their best interest [6], how citizens evaluate their government based on how well that government is operating in line with people's normative expectations [7] or the evaluation of whether or not the government is performing in accordance with normative expectations of public [8]. In the context of health provision and communication trust can also be seen as "a relationship that exists between individuals, as well as between individuals and a system, in which one party accepts a vulnerable position, assuming the best interests and competence of the other, in exchange for a reduction in decision complexity" [9].

Trust is also presented as critical component of risk perception and a concept that has been of interest to scholars in that area over the years. In this wise, Siegrist adapted Rousseau, Sitkin, Burt & Camerer definition of trust as "a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behaviour of another" [10]. He assessed its importance in the risk domain by examining articles published in the journal, *Risk Analysis* over a 28-year period. A total of 225 articles during the period mentioned 'trust' either in their titles, abstracts, or key words and, according to the author used it as an "exploratory variable for a better understanding of perceptions or decisions made in the risk domain" (p.2). In the domain of risk perception, the study by Siegrist indicated, expectedly, divergence of opinion about the correlation between trust and risk perception [10].

Thus, as noted by Siegrist while some scholars indicated strong correlation between trust and the perception or acceptance of hazards others have questioned such role. Cummings has also introduced the heuristic dimension to the measurement of trust in public health. Cummings cited works which posited that perceptions of trust and credibility are dependent on three factors: perceptions of knowledge and expertise; perceptions of openness and honesty; and perceptions of concern and care [11]. He also cited Eiser, Stafford, Henneberry, and Catney whose works indicated that openness and shared interests were more significant predictors of trust than the perceived expertise of individual sources and who differentiated two components of trust; a general trust component made up of competence, care, fairness, and openness and a second component made up of credibility, reliability, and integrity [11].

The World Health Organisation in its guidelines on communicating risks in public health emergencies, noted that when accurate information is 'provided early, often, and in languages and channels that people understand, trust and use' such enables individuals to take proper protective actions for themselves, their families and communities [12]. This underscores the link between communication and trust in the information source to achieving public health safety. In its review of some literature on the subject, World Health Organisation noted that trust is influenced by organizational reputation, quality of stakeholder relationships, understanding and managing media relations, risk information provision strategies and accuracy. Others include

timeliness and comprehensive information, transparency about available information, fairness in the treatment of populations and participatory dialogue and involvement in pre-event planning, exercises, and in the design and testing of communication plans [12].

Lack of trust has affected the effectiveness of public health goals in Nigeria, the notable one being the rejection of the oral polio vaccination due to rumours supported by prominent public figures that the OPV was 'an American conspiracy to spread HIV and cause infertility in Muslim girls' [13] as well as the perception that it was a vehicle for geopolitical crusade by the Christian west led by the United States of America, against the Muslim north [14]. One outrageous consequence of such mistrust was the murder of polio vaccine workers in 2013 in the northern part of the country.

Essentially, therefore, trust is all about a readiness to accept and act upon an information as recommended. It is thus, in the arena of health communication, about the production, packaging and delivery of the information. This view encompasses the producer and the product as well as other variables that may intervene between the product and the consumer/audience, borrowing from the concept of social marketing. In the current study, the producer of the information is majorly the government, thus the focus of the study was on trust in political communication on health, or trust in government/political trust as enshrined in the propositions by Anderson Thomas and Larson et al [4, 5, 7]. Shore, in a 2003 article for the *Journal of Health Communication*, underscored the importance of trust in public health system, 'during the next crisis'; a crisis that ultimately came with the COVID-19 pandemic and brought to forefront the core argument by the scholar [15].

In their own study, Christensen and Lægreid measured trust among Norwegian citizens in terms of specific support they enjoyed from parliament, the cabinet, the civil service, local councils, political parties, and politicians. The supports were indicated by how citizens determined their satisfaction with specific public services, hence, citizens who are satisfied with specific public services, according to the authors, generally have a higher level of trust in public institutions than citizens who are dissatisfied. Their findings indicated that significant level of trust in one institution is usually transferred to other institutions and that general satisfaction with democracy is the single most important factor of people's trust in government. The study also found correlation between trust in government and demographic factors, such as age, education, and occupation [16].

4. Mistrust of Political Leadership in Nigeria

Political distrust has been acknowledged as a global phenomenon [17] and in 2018, the World Economic Forum (WEF) ranked Nigeria among the top seven countries with the highest level of citizen distrust of government officials [18]. In a report to the World Health Organisation (WHO)

Disu, Egwenu, Ajikobi et al acknowledged the issue of trust as a major challenge to the success of infodemic management by the Nigerian Centre for Disease Control (NCDC) at the outbreak of the pandemic and recommended trust building initiatives among individuals and communities for other countries seeking then to introduce their own infodemic response strategies. The report highlighted a four-prong, cyclical approach to the management of infodemic in Nigeria to enhance trust in the messages viz: Establishment of working relationships across society, Integrated Measurement, Research and Data Analysis, Evidence- Based Intervention and Implementation Research and Reporting and Integration into Decision making [19].

This recommendation aligns with the observation by Williams about the fact that although trust is “a crucial component of effective public health policy”, it is nevertheless a “two-way street”: while government needs the public to trust its decisions and directives on health situations, the people equally desire to be trusted by government. Not trusting the people takes away their autonomy (the ability to make personal decision), deny their competence (they are denied information needed to make personal decisions for themselves) and lead to lack of relatedness (absence of belonging or connection with the government). When public health communication overlook these three basic psychological “needs” that shape human behavior, it leads to reduction in people’s trust and therefore their motivation to follow guidelines and rules [20].

A survey conducted for the NCDC in Kano, Lagos and Port Harcourt, at the outbreak of the corona virus in Nigeria in March 2020 by the UNDP/NOI, indicated that doctors, religious leaders, the broadcast media and health officials had more credibility than politicians among the respondents ([https://ncdc.gov.ng/](https://ncdc.gov.ng/RCCCE%20Strategy%20for%20COVID-19%20Prevention%20and%20Control%20in%20Nigeria) RCCCE Strategy for COVID-19 Prevention and Control in Nigeria). Although the perception poll was conducted few weeks after the index case of covid-19 was reported in Nigeria, a trend and impact survey by the John Hopkins University a year later, still indicated a consistency of opinion, rating CDC/WHO, scientists and health experts as well as local health experts as the most trusted sources of information in Nigeria. In 2020, Logan, Howard, Gyimah-Boadi reported similar findings across African countries, where “fewer than half (46%) of citizens trust their elected leaders, when we average trust in the president (52%), Parliament (43%), and local government council (43%)” (para.13). In that survey, only 32% of Nigerians said they trusted elected leaders compared with 64% who trusted their religious leaders and 45% who trusted traditional rulers [21].

Iroghama whose findings about high level of trust in religious leaders also align with these, sought to explain the phenomenon as stemming from the emphasis in religious teachings for adherents to trust only God, and not creation, arguing that such teachings once rooted in the minds of adherents, makes trusting in government difficult as it means that “trusting in man or the government is sharing belief with God” [22]. However, such argument might not be valid if the

trust is based on the perceptions that religious leaders are more open, honest, have concern and care for their followers than politicians, using the Covello, and McCallum dimension of trust. Iroghama identified the trust factors in Nigeria as interpersonal trust, media, interest in public affairs, religious members, political participation, individual wellbeing, economy performance, and handling of corruption issues and concluded that interpersonal trust and (perceived) handling of corruption were the two variables that influenced trust in government the more among his respondents. According to him, “those that reported interpersonal trust also reported that they have trust for the government, while those that believe the government are fighting corruption have a tendency to trust in the government” [22].

The literature on trust and covid-19 have also focused on government’s use of statistics of cases and deaths to drive home the reality of the pandemic and drive compliance with non-pharmaceutical prevention measures. Oyeleye queried the use of statistics especially as a means of convincing the ‘obstinate’ among the public about the threat of the corona virus. According to him, the approach did not satisfy the demands of the Health Belief Model [23].

The Knight Commission attributed the declining trust in government in the United States of America (USA) to four key factors that apply in reality, not only to that continent, but the global community: poor institutional performance, large scale global ‘shocks’, political polarization, increasing economic inequality and decreasing economic mobility [24]. As just noted, these factors apply not only to the focus of the Knight Commission study but other countries of the world at varying degrees. It is therefore safe to conclude that as it is in America, so it is in Nigeria: the level of trust in the political leadership is declining. This study aimed to see how this decline affected the acceptance of government communication on the COVID-pandemic especially at its early stage.

5. Materials and Method

This study adopted both quantitative and qualitative designs, following the pragmatic approach to research design. Google Form was used to develop the questionnaire for the quantitative component of the study. The questionnaire was in English. The questionnaire had items to extract demographic information and also measure the degree of trust and mistrust of government by respondents, using a 4-point Likert scale. The link to the questionnaire was sent to social media platforms purposively selected among contacts in Lagos and Kogi states due to the lockdown. Respondents had only one opportunity to answer the survey, in order to avoid multiple responses from one source. The results of the survey were analysed using both descriptive and inferential statistics. For the qualitative component, a total of 24 participants took part in the FGD. They were selected purposively using the following criteria: presence of both gender, age diversity, and literacy. There were four FGD sessions; two in each state used for the study. Each session

was recorded on video and the comments transcribed. The comments were interpreted and analyzed using 9 thematic areas identified as “trust influencers” in the Guideline for Emergency Risk Communication [12]. Lagos and Kogi states were purposively selected for the study because their political leadership had opposing views on the cause, treatment, and preventive measures of the COVID-19. We secured ethical approval for the research (Caleb University Lagos Research Ethics Committee CULREC: CULREC 01/0020).

6. Results

Survey participants for the study were made up of males and females within the age bracket of 15-48 years who were either students, teachers, employee in private businesses, business owners and civil servants. Their educational level ranged from secondary school to doctoral degree and earned income that ranged from less than Naira 200,000 per annum to above Naira 1 million per annum.

Table 1. Communication materials on COVID-19 seen by respondents.

		Frequency	Percent	Valid Percent
Valid	Poster	12	3.8	3.8
	Billboards	13	4.1	4.1
	Radio Adverts	20	6.3	6.4
	TV adverts	61	19.2	19.4
	Word of mouth conversations	7	2.2	2.2
	Sponsored TV announcements	7	2.2	2.2
	Combination of the above	194	61.2	61.8
	Total	314	99.1	100
Missing	System	3	0.9	
Total		317	100	

Source: Field Work, 2021

Table 2. Sources of communication materials on COVID-19 among respondents.

		Frequency	Percent	Valid Percent
Valid	Federal government	111	35.0	35.8
	State government	25	7.9	8.1
	Civil societies	59	18.6	19.0
	Religious bodies	12	3.8	3.9
	Family members	12	3.8	3.9
	Combination of the above	91	28.7	29.4
	Total	310	97.8	100
Missing	System	7	2.2	
Total		317	100	

Source: Field Work, 2021

Table 3. Frequency of exposure to preventive information from federal government among Respondents.

		Frequency	Percent	Valid Percent
Valid	Poster	4	1.3	1.3
	Billboards	19	6.0	6.2
	Radio Adverts	31	9.8	10.1
	TV adverts	82	25.9	26.6
	Word of mouth conversations	10	3.2	3.2
	Sponsored TV announcements	19	6.0	6.2
	others	143	45.1	46.4
	Total	308	97.2	100
Missing	System	9	2.8	
Total		317	100	

Source: Field Work, 2021

Table 4. Perception about truthfulness and correctness of federal government communication on COVID-19 among respondents.

		Frequency	Percent	Valid Percent
Valid	strongly agree	73	23.0	26.07
	agree	105	33.1	37.50
	disagree	33	10.4	11.79
	strongly disagree	69	21.8	24.64
	Total	280	88.3	100
Missing	System	37	11.7	
Total		317	100	

Source: Field Work, 2021

Table 5. Link between government's sectorial performance and trust in pandemic information.

		Frequency	Percent	Valid Percent
Valid	strongly agree	89	28.08	32.6
	agree	90	28.39	33.0
	disagree	67	21.14	24.5
	strongly disagree	27	8.52	9.9
	Total	273	86.12	100
Missing	System	44	13.88	
Total		317	100	

Source: Field Work, 2021

Table 6. Influence of discovery of palliative materials on distrust in Nigerian government.

		Frequency	Percent	Valid Percent
Valid	strongly agree	130	41.0	51.4
	Agree	62	19.6	24.5
	disagree	45	14.2	17.8
	strongly disagree	16	5.0	6.3
	Total	253	79.8	100
Missing	System	64	20.2	
Total		317	100	

Table 7. Perception of media performance during the pandemic among respondents.

The media is always hiding genuine information about the coronavirus from us.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	95	30.0	35.8	35.8
	agree	85	26.8	32.1	67.9
	disagree	56	17.7	21.1	89.1
	strongly disagree	29	9.1	10.9	100.0
	Total	265	83.6	100.0	
Missing	System	52	16.4		
Total		317	100.0		

6.1. Available Communication Tools Deployed to Tackle the COVID-19 Pandemic in Nigeria

As seen in Tables 1 and 2, we identified five stakeholders in the dissemination of information on COVID and six communication tools commonly in use and sought to know the level of awareness about the tools as well as the connections to respective stakeholders. The tools were Posters, Billboards, Radio adverts, TV adverts, Word of mouth conversations and Sponsored TV Announcements while the stakeholders were the Federal Government, State Government, Civil Societies, Religious Bodies and Family Members. From the results in Table 2, television advertisements appeared to have been the most common tool seen by respondents at 19.4%, followed by radio adverts (6.3%), billboards (4.1%), posters (3.8%) and sponsored television announcements (2.2%). Majority of respondents, as seen in Table 3 identified the federal government (35.8%) as the source of their exposure to these tools followed by civil societies (19.0%), state governments (8.1%), religious bodies (3.9%) and family members (3.9%). Thus, civil society groups were perceived to have worked better in exposing residents of the two states to communication tools on COVID. When asked to link the tools to specific stakeholders, the result indicated that while the federal government made extensive use of television (26.6%) state governments were seen to have used more of posters (15.6%)

than television (11.9%). On the other hand, civil society groups used radio (14.6%) more than television (12.6%) or posters (8.3%). We hypothesised that there is no positive link between trust in federal government/ government/federal parastatals and the people's trust in the communication on COVID-19. However, the Spearman Correlation test indicated a strong, positive (0.547) statistically significant relationship between the belief in communication materials and the content of the material seen by respondents. We therefore rejected the null hypothesis and conclude that trust in Federal government and government parastatals will positively influence trust in communication on the COVID-19 pandemic. Given that we had two states with differing viewpoints of their political leaders on the pandemic we tested to see if trust in each of the states will be equivalent to trust in their communication. For Kogi state, out of the six constructs cross-tabulated, item 6 (the State government communication and stance on the COVID-19 pandemic is true and correct. * The Federal government cares about the citizens) reveal a statistical significance with a Crammer's V value of 0.317, indicating a moderate relationship between the two variables, at 10%. We therefore accepted the null hypothesis and conclude that trust in state government and government parastatals is not equivalent to trust in communication on the COVID-19 pandemic in Kogi state. Hence, although their state governor did not accept the reality of the pandemic and communicated his position to the people, residents of Kogi state were more likely to believe the reality

of the pandemic. This was not the case with Lagos state, using the same set of parameters. All the six constructs cross-tabulated for Lagos state were statistically significant using the Crammer's V test statistic, although the value of the test statistic indicated only a moderate relationship (except for item 3 and 6). We therefore rejected the null hypothesis and thus conclude that trust in state government and government parastatals is equivalent to trust in communication on the COVID-19 pandemic in LAGOS state.

Furthermore, we tested to see the outcome of conflicting communication between federal government and state governments on the trust in the federal government among respondents. For Kogi state all the six constructs that were cross tabulated showed statistical significance but with Cramer's value of 0.394, a very strong relationship between the variables was revealed when we cross tabulated perception about federal government communication and stance on the COVID-19 pandemic as true and correct and overall assessment of the reactions of KOGI state government to the coronavirus. We therefore rejected the null hypothesis and assume that trust in state government and parastatals will lead to distrust in federal government and parastatals where there is conflicting communication from both tiers of government in Kogi state. Thus, residents of Kogi state were in an ambivalent position; while not believing their government's official position that the pandemic was not real, they also were not able to trust the federal government whose communication on the pandemic was considered more real. A contrary situation played out in the test for Lagos state: all the six construct that were cross-tabulated for examining the hypothesis were statistically significant using the Crammer's V test statistic. The value of the test statistic reveals a very strong relationship except for items 1, 3 and 6 with Cramer's V value of 0.324, 0.214 and 0.286 respectively. We therefore rejected the null hypothesis and thus conclude that trust in state government and parastatals will lead to distrust in federal government and parastatals where there is conflicting communication from both tiers of government in Lagos state. Thus the Lagos state government appeared to have the upper hand in attracting public trust among residents.

6.2. How Trustworthy Were the Communication Tools Among Residents of Lagos and Kogi States

Our first hypothesis already established a positive relation between trust in government and trust in communication tools in use. Our second question was to see how trustworthy the available communication tools were perceived among the respondents. To do this, we identified 13 elements of trust and conspiracy theories and used them to measure respondents' views using a Likert scale on level of agreement. The trust elements were as follows:

- 1) Perceived truth and correctness of government communication and stance on the pandemic
- 2) Assessment of governance as basis for trust
- 3) Perception of the pandemic as opportunity for embezzlement by government officials

- 4) Perception of the lockdown as selfish opportunity by government
- 5) Perception of the pandemic as opportunity for government to secure more foreign aid
- 6) Linkage of non-transparency in governance to execution of pandemic preventive measures
- 7) Perception of government's overall readiness to act on the pandemic when it was reported in Nigeria
- 8) Perceived inclusiveness of government measures in dealing with the pandemic
- 9) Perception of official performance in health sector.
- 10) Perception of government as always acting in best interest of the public.
- 11) Perception about how much government tried to cushion the economic impact of the pandemic on the public
- 12) Influence of the discovery of palliative materials stored in several places on trust in the federal government
- 13) Perception of the media as always hiding genuine information about the coronavirus from the public.

As seen in Table 4 when asked if the government communication and stance on the COVID-19 pandemic was true and correct, a combined total of 63.5% of the respondents agreed with the statement. However, in their answers to the question on the second element of trust in the study, a combined total of 60.7% of the respondents, as seen in Table 5, indicated that the performance of those in government actually made it difficult to trust them even though their messages are well understood and correct. Furthermore, 77.3% of the respondents indicated that they believed the pandemic was another opportunity for government and its parastatals to embezzle money.

From the data in Table 5, a total of 65.6% indicated they agreed with the statement, 'the government performance in other sectors and health make it easy to believe their intentions'. According to the results from Table 6, a great majority (75.9%) of the respondents agreed that they lost trust in government with the discovery of the palliative. The implication and interpretation of this will be that discovery of the palliatives convinced the respondents that government actually made efforts to cushion the effects of the pandemic on the people but that corruption made a mess of the efforts as the palliatives were hoarded by those who were meant to have distributed them. Since those people were also part of the same government, the discovery altered the trust in government negatively. Since this could affect the adoption of the preventive measures recommended in the communication tools, our second hypothesis tested the relationship between trust in Federal and State governments and their parastatals and the adoption of non-pharmaceutical preventive measures against COVID-19.

Although the three constructs cross-tabulated were statistically significant using the Crammer's V test statistic; indicating a strong relationship, only the construct that measured the link between perceptions of respondents about protecting themselves as a way of protecting others based on the communication messages indicated a very strong

relationship with Cramer's V value of 0.394. We therefore rejected the null hypothesis and thus conclude that there is positive relationship between trust in Federal and State governments and their parastatals and the adoption of non-pharmaceutical preventive measures for COVID-19.

These findings agree with similar findings by Oleribe, Idita et al (2021) who also reported 40% of their respondents expressing the view that 'there was little or no transparency in the management of COVID-19 by Government and its agencies'. Nigeria dropped five places on the 2021 Corruption Perceptions Index (CPI) released by Transparency International as the nation was ranked 154 out of 180 countries in the index, a five point drop from its rank of 149 in 2020. With this ranking, Nigeria is perceived as the second most corrupt country in West Africa, after Guinea.

We measured trust in media because Nigeria has a strong media system and government ownership is still strong especially in the broadcast sector. The federal government controls the Nigeria Television Authority (NTA) which is regarded as the largest television network in Africa with its sub stations in all the 36 states of the federation as well as indigenous language channels on satellite. There is also the Federal Radio Corporation of Nigeria (FRCN), also considered the largest network in its category across Africa, and like its television counterpart with indigenous language channels across the country. The two states in this study, like the rest of the states of the federation, also have their own radio and television stations. Thus the government has a strong media presence and the media is supposed to be the purveyor of the truth about government. In this study however, 67.9% of the respondents felt that the media was not truthful enough; that the media 'hid' key information on the pandemic from the public as seen in Table 7. Thus, while respondents believed that the communication on the pandemic by the federal government was true and correct, more than two third said

they still found it difficult to believe the materials due to the perceived widespread corruption in government and the performance of government in other sectors of the national life.

These findings agree with similar findings by Oleribe, Idita et al who also reported 40% of their respondents expressing the view that 'there was little or no transparency in the management of COVID-19 by Government and its agencies' [25]. Nigeria dropped five places on the 2021 Corruption Perceptions Index (CPI) released by Transparency International as the nation was ranked 154 out of 180 countries in the index, a five point drop from its rank of 149 in 2020. With this ranking, Nigeria is perceived as the second most corrupt country in West Africa, after Guinea.

7. Discussion of FGD

The qualitative investigation of the trust element used comments from FGD participants. The comments were analysed using nine thematic areas identified as trust influencers in the Guideline for Emergency Risk Communication [12] These are, organizational reputation; quality of stakeholder relationships; understanding and managing media relations; risk information provision strategies; accuracy, timeliness and comprehensive information; transparency about available information; fairness in the treatment of populations and participatory dialogue and involvement in pre-event planning, exercises, and in the design and testing of communication plans.

The summary of the comments is that the government lacked reputation, demonstrated poor stakeholders' relationship, was not accurate in its information dissemination, was not transparent in its information management and was not fair in its dealings with the populations, and thus could not be trusted with its activities on the pandemic.

Table 8. Themes and comments from FGD participants.

Theme	Comments
Organizational reputation	Maybe the question should be, have they provided an avenue for me to trust what they say? Do they set the right tone at the top to trust their leadership? that should be the question and all of us know the answer because all up till now we know that our people in governance, most Nigerian government are not subscribed to serving the people... The tone at the top does not give me the opportunity to trust my leader and because integrity and empathy, they are the major thing in leadership (LAG 2 P) The government has gotten a tradition of deception always, most times they normally promise and fail, so we feel the trust there is not there because they lack integrity in terms of their promises. (KOG 2P)
Understanding and managing media relations	What happened to the national orientation agency? That is what the federal or local state government can use to reach out to the masses. Now what happened to all those documentaries, editorials that government can sponsor to push this things out and make people to believe?(KOG 2P) <i>Accuracy</i> For example, NCDC, at some point statistically some were wrong and some right. Some statistics will come today and the next day it is corrected. You see some on twitter, you see some in the media outlets like <i>Punch</i> , AIT, you see different records and this creates a lot of fears and anxiety. (LAG 2P) <i>Appropriateness of Messages</i>
Risk information provision strategies	Some of these messages are not good for mental health, because they obviously create fear and we couldn't even quantify. We are in Lagos where people move around in market, people entering parks without protection and you are claiming that there is COVID, you wonder where the figures are gotten from sometimes and if not careful it could create fear in you that may not be good. (LAG 2P) <i>Timeliness and comprehensive information</i> Yes it was easy for some people to understand but then for others, you would go out and then have conversation, people would tell you it is not real, so I feel like they could have broken the messages down a bit more (KOG 1) <i>Transparency about available information</i> Some governors will just come and say okay I have contacted COVID and I have gone on isolation. The funniest thing is they will say I have recovered, what did you take? Or what did you do that cured it? (KOG 1P)

Theme	Comments
Fairness in the treatment of populations	What they are saying about the cases is fake because they have not even proved it that the case is real, every day they tell us they record cases like this but we have not seen a single person that so they are not making us to believe or have trust in them about the cases (LAG 1P)
	... now when one of the top government official passed on due to COVID, you have said that during that period, not more than 5 or 10 people should gather and no celebration and during this person burial, we saw thousands of people. So if you are saying this and acting the other way, it will be very difficult for people to trust you. (LAG 2P)
	The time this guy, what is the name of the Prime Minister in the UK, Boris Johnson, he contacted the illness, did you watch it when he was been wheeled out of the hospital? That is what leadership is all about. Come and see Britons lining up in the street, being excited. When the other guy (Nigeria's Chief of Staff, Abba Kyari) passed on, what was our feeling? Do you understand? That's where it starts from. (KOG 1P)

To corroborate the observations by the FGD participants, it is recalled that the federal government broke its own rule when Mallam Abba Kyari, the Chief of Staff to the President, died from COVID-19 and was to be buried. Every protocol laid down by the NCDC for the burial of people who died from COVID-19 was abandoned in the full glare of the media. Incidentally, Mr Boss Mustapha, Chairman of the Presidential Task Force on Covid-19, was among those who attended the burial, contrary to available protocol [26].

The results from the perception survey as well as the FGD indicate clearly that the Nigerian government did not meet some of the criteria for a successful risk communication as recommended by the WHO [12]. The results confirms similar findings by Vinck, Pham, Bindu, Bedford and Nilles on 'institutional trust and misinformation in the response to the 2018–19 Ebola outbreak in North Kivu, DR Congo' where they found that 'low institutional trust and belief in misinformation were associated with a decreased likelihood of adopting preventive behaviors, including acceptance of Ebola vaccine'[27].

8. Lessons to Learn from These Results

There are several lessons to learn from the outcome of this study and we itemize five key ones below:

- 1) Political leadership is instrumental to how citizens respond to pandemic. In Nigeria, the citizens felt government was not sincere and caring enough in its attitude to the pandemic.
- 2) Political leaders need to be transparent in their dealings with the public in order to enhance trust in their communication not just about the pandemic but on all sectors of governmental activities. The looting of warehouses where palliatives supposedly meant to cushion the effect of the pandemic were hidden was an indication of non-transparency with the public.
- 3) Local political leadership are needed to enhance public trust in national communication. Although it is in a reverse, the fact that residents of Kogi state associated more with the wrong belief of their governor on the pandemic is a pointer to the strength of local political leadership as significant leverage on public acceptance of policies. The test of our seventh hypothesis also support this assertion.
- 4) Trust in public communication about a pandemic will be influenced by trust in the political leadership. According to WHO, there is enough evidence to show that 'the less people trust those who are supposed to protect them, the more afraid the public will be and less likely they will be

to conform their choices and behavior to outbreak management instructions.' Similarly, Trapido referred to a significant statement by Vinck, Pham, Bindu, and Nilles on the role of trust in aiding public health, with example from the Democratic Republic of Congo where, according to the authors, the people 'have been taught by bitter experience to distrust authority, in ways that make it difficult to sustain public health interventions' [28].

- 5) The perception of Nigerian political system as corrupt has a negative influence on the public acceptance of communication from the government. Political actors in Nigeria need to do something positive to reverse public perception of their reputation, as can be seen from both the survey results and the FGD outcomes.

9. Conclusion and Recommendations

This study was undertaken to evaluate the communication tools in use to tackle the COVID-19 pandemic in Nigeria, especially in Lagos and Kogi states, establish the level of trust people have in the political leadership responsible for disseminating the messages and determine how trust or the lack of it in the leadership affected the acceptance and utilization of the messages. The study presented evidence indicating that the perception of the political leadership as corrupt and uncaring led to a mistrust of their communication on the prevention of the pandemic. Individuals are more likely to undertake preventive measures presented in a communication if they trust the messenger.

Based on the findings, the study makes the following recommendations:

- 1) The Nigerian government should run a perception survey among the populace to discover the issues leading to mistrust of its communication, especially during a crisis such as the COVID-19.
- 2) There is need for better collaboration between the federal and state governments in times of health crisis such as the COVID-19 without jeopardizing the constitutional independence of each federating unit.
- 3) The mass media in Nigeria must reflect on public perception of their roles in order to gain better confidence that will enhance trust in media fare.

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