Mapping the Covid-19 Infodemic: Prevalence, Beliefs and Misconceptions among Anyole Radio Listeners

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ABSTRACT

The Covid-19 pandemic unfolded alongside an extensive infodemic, marked by rapid dissemination of inaccurate, unverified and misleading information that undermined public health communication. This study maps the prevalence, belief structures and dominant misconceptions surrounding Covid-19 among listeners of Anyole Radio, a community broadcaster in Vihiga County, Western Kenya. Using a descriptive research design, 384 respondents were sampled through criterion based, quota and purposive techniques targeting active radio listeners, community radio journalists and local health practitioners. Data was collected through structured questionnaires and semi structured interviews to identify misinformation encountered and assess the extent to which audiences endorsed or rejected these claims. The study further examined Anyole Radio's role in disseminating misinformation and providing accurate and factual information to its audience.

Findings indicate that misinformation was widespread with respondents encountering multiple false claims regarding Covid-19 causes, prevention and treatment. Herbal remedies such as ginger and garlic (55.7%) and the belief that alcohol cures Covid-19 (31.3%) were the most frequently cited misconceptions, while claims that the pandemic was fabricated for donor funding (45.6%) and that vaccines cause impotence (21.4%) further shaped perceptions. Belief in these narratives remained substantial, with over half of those exposed accepting the herbal and alcohol cure claims as true.

Social media emerged as the primary source of misinformation (67.12%), followed by the broader internet (46.88%) and word of mouth (36.98%). Radio sources accounted for only 10.42% of misinformation reports, with Anyole Radio implicated by just 0.03125% of respondents. Conversely, 96.875% reported receiving factual Covid-19 information from Anyole Radio particularly on mask use, social distancing and hand hygiene, reflecting high audience trust.

These findings highlight the interplay between misinformation exposure, belief formation and trusted community media providing an empirical basis for strengthening localized strategies to counter health misinformation during public health crises.

Keywords: Infodemic, Misinformation Exposure, Community Media, Public Health Communication, Belief and Perception

INTRODUCTION

Background to the study

The Covid-19 pandemic was accompanied by a wide spread infodemic, characterized by the rapid dissemination of unverified, inaccurate and misleading information that challenged public health communication efforts. Misinformation significantly influenced public perceptions and adherence to preventive measures. Community radio, as a credible and widely accessible medium in rural contexts, plays a pivotal role in disseminating evidence based information.

Community radio represents a unique broadcasting model that prioritizes service to local communities over commercial or other interests. Unlike commercial or state owned radio, community radio provides populations with access to resources, amplifies marginalized voices, emphasizes volunteerism and participatory organizational structures and operates on a non-profit basis, often being community owned (UNESCO, 2012). Despite broadcasting in local languages in some instance, community radio is distinct from vernacular radio, which despite broadcasting in local languages in some instances often operates with commercial objectives and may be physically detached from the communities it serves (Manje, 2019; Ambekar, 2004). Community radio stations are designed to advance the social, educational, and cultural interests of specific regions, offering programming tailored to local needs that commercial broadcasters may overlook (O'Brien & Gaynor, 2011; Tabing & UNESCO, 2002).

Pandemics have historically shaped societies, from the Plague of Athens (430 BC) and the Black Death (1347–1351) to more recent outbreaks such as SARS (2002), H1N1 (2009), Ebola and recently the Covid-19 pandemic (Dotzert, 2020; Sampath et al., 2021). Unlike earlier pandemics, Covid-19 emerged in a digitally connected world allowing both rapid dissemination of accurate information and proliferation of misinformation, the latter often referred to as an "infodemic", a term coined by the World Heath Organization (Pergolizzi et al., 2021). Previous pandemics such as the Spanish flu were constrained by slower communication networks and wartime censorship whereas Covid-19 highlighted the dual role of digital platforms in spreading both vital public health messages and unverified claims (Fidler, 2004; Zhong et al., 2021).

Globally, community radio has adapted swiftly to pandemic conditions. In Britain, stations employed innovative digital technologies to meet audience needs under operational restrictions (Coleman, 2020). In India, community radio used storytelling, traditional media and Covid-19 "warriors" to combat misinformation (Laskar & Bhattacharyya, 2020; Sen, 2020). In Africa, conflict affected regions have long relied on community radio to deliver critical information during crises such as Ebola outbreaks (Pavarala, 2024). In Kenya, media coverage of Covid-19 focused on daily updates, case numbers and mitigation strategies demonstrating the public's appetite for verified information, evidenced by over 20,000 daily calls to toll free lines and 300,000 daily USSD queries (*719#) (Ondieki, 2020).

Within this context, Radio Anyole, based in Luanda constituency in Vihiga County represents a localized example of community radio's societal role. Originally founded as Nganyi RANET (Radio Internet), the station operates at the foot of Nganyi Hills, integrating traditional knowledge from the Abasiekwe clan of the Banyore sub-tribe of the Luhya Community (a Bantu Community based in Western Kenya) into modern climate and community information dissemination (Ochunge, 2021; Gumo, 2017). Established by the Kenya Meteorological Department, Radio Anyole serves as a medium for both climate related communication and broader community education, exemplifying the participatory and locally grounded ethos of community radio (Omari, 2011).

Given the challenges posed by the Covid-19 infodemic, including misinformation spread through social media, word -of-mouth and unverified internet sources, community radios such as Anyole Radio are uniquely positioned to provide trusted information. Their focus on local languages, culturally appropriate messaging and close engagement with audiences enables them to counter misinformation effectively while reinforcing community understanding and compliance with public health measures. This study therefore situates Radio Anyole within the broader history and theory of community radio to examine its role in mitigating Covid-19 misinformation, highlighting the intersection of localized media, audience trust and public health communication.

Statement of the Problem

The Covid-19 pandemic not only posed unprecedented public health challenges but also generated a parallel "infodemic," characterized by widespread dissemination of inaccurate, misleading and unverified information. This proliferation of misinformation primarily through social media, word of mouth and unregulated online sources undermined public understanding of the disease, adherence to preventive measures and trust in official health guidance. In rural areas and informal settlements, where access to reliable information may be limited, community radio has the potential to serve as a critical medium for providing accurate, locally relevant information. However, the extent to which community radio such as Anyole Radio in Vihiga County effectively

counters misinformation while fostering audience trust remains underexplored. Despite the station's historical role in climate and community information dissemination, there is limited empirical evidence on how its broadcasts shaped listeners perceptions, beliefs and behaviors during the Covid-19 pandemic. This knowledge gap is particularly significant given the station's potential to influence public health outcomes in a context marked by high misinformation exposure. Consequently, there is a pressing need to examine the prevalence of Covid-19 misinformation among listeners, assess the degree of belief in false claims and evaluate the role of Anyole Radio in disseminating factual information in order to inform strategies for mitigating the infodemic and strengthening community-centered health communication.

Objectives of the Study

1.To investigate the prevalence, belief and misconceptions of Covid-19 misinformation among listeners of Anyole Radio and to assess the station's effectiveness in disseminating factual information to mitigate the infodemic.

Research Questions

1. What is the prevalence of Covid-19 misinformation among listeners of Anyole Radio, what are the patterns of belief and misconceptions and how did the station contribute to disseminating factual information to counter the infodemic?

LITERATURE REVIEW

Misinformation and Community Radio Context

The flow of information has historically been susceptible to disruption, misrepresentation and manipulation. While such challenges have existed since the inception of communication technologies, the advent of the internet has amplified the scale and speed at which misinformation spreads (Burkhadt, 2017). Historical accounts suggest that the manipulation of information is not a novel phenomenon. For instance, in 44 BC in the Roman Empire, political misinformation was strategically disseminated to influence public opinion (Posseti & Matthews, 2018). Similarly, in 16th century Rome and 17th century France, individuals and newspapers circulated false information for political and commercial gain (Canavilhas & Ferrari, 2018; Darnton, 2017). In 19th century Germany, the use of fake correspondents exemplified early strategies to fabricate news due to logistical constraints (Bernal, 2018).

In the print era, misinformation was hinged on access to authoritative texts (Johns, 1998). In contrast, the digital age has democratized information access, enabling widespread manipulation through copying, sharing and editing content without verification. Social media has particularly intensified the challenge, creating an unregulated and faceless environment in which misinformation and disinformation thrive (Bushak, 2024). Lies need not be inherently false to mislead, as the misuse or miscontextualization of information can distort understanding whether deliberate or unintentional (Chisholm & Feehan, 1977; Carson, 2010). Individual beliefs further influence susceptibility to misinformation, complicating efforts to promote accurate public health practices (Carletto et al., 2024).

Disinformation is a deliberate form of misinformation, designed to mislead and create false interpretations for the receiver (Ireton & Posetti, 2018; Tucker et al., 2018). Similarly, false news may arise from incompetence or journalistic error, while fake news is intentionally misleading (Meneses, 2018). In health communication, particularly during pandemics such as COVID-19, misinformation and disinformation are more relevant constructs than "news," given that online content often bypasses traditional editorial oversight unless published by mainstream media (Meneses, 2018; Muigai, 2017).

The rise of the internet and social media initially promised expanded access and opportunities for expression (Guess & Lyons, 2020). However, the omnidirectional flow of information has created vulnerabilities, facilitating the spread of misinformation, propaganda and misleading content. During crises, such as pandemics, the public often relies heavily on the press for information, placing media outlets in a critical position to mitigate

misinformation (Rasinski, 2002). Despite previous pandemics relying primarily on official channels and traditional media, the digital era has accelerated misinformation dissemination through social media, often outpacing verified reporting (Luckerson, 2014; Hosangadi & Trotochaud, 2020). The instantaneous nature of digital communication sometimes ensnares even traditional media in the cycle of misinformation.

Misinformation in modern society has reached crisis proportions, affecting diverse spheres including politics, health, science and finance (West & Bergstrom, 2021). The COVID-19 pandemic exemplifies the public health risks of widespread misinformation, labeled an "infodemic" by the World Health Organization (Roozenbeek et al., 2020). Social media is a major vector, but traditional media, including radio, is also implicated due to the speed of information cycles (Kouzy et al., 2020; Tsfati et al., 2020; Dice, 2017). While mainstream media may carry editorial biases shaped by geopolitics or political alignments (Lee & Hosam, 2020), community radio presents a distinct model. By prioritizing audience ownership, participatory governance and localized, contextualized content, community radio possesses a unique potential to counter misinformation and build public trust (Ephraim, 2020).

RESEARCH METHODOLOGY

Research Design

This study employed a case study design, focusing on Anyole Radio in Luanda, Vihiga County, as the primary unit of analysis. The design allowed an in-depth exploration of how the station influenced listener perceptions and countered COVID-19 misinformation within its real-life context.

Both quantitative and qualitative data were collected. Structured questionnaires captured the prevalence of misinformation, sources and listener beliefs, while semi structured interviews with listeners, journalists and health practitioners explored the station's strategies, operational challenges and audience trust.

By situating the study in a single community radio station, the case study approach enabled a detailed examination of patterns, relationships and contextual factors, providing insights into the role of localized media in managing infodemics and supporting community targeted health communication strategies.

Study Site

The study was conducted in Vihiga County, Western Kenya, within a 30-kilometer radius of Anyole Radio, corresponding to the station's documented broadcast reach. Respondents were drawn from Emuhaya, Hamisi, Luanda, Vihiga and Sabatia constituencies, ensuring representation across the key areas served by the community radio.

Sampling Procedure

The study employed a multi method sampling procedure, integrating purposive and stratified sampling techniques. Respondents with direct interactions or affiliations with Anyole Radio were identified through purposive sampling. These respondents were subsequently stratified into three distinct groups; listeners, journalists and health specialists with proportional representation in each stratum determined according to the actual population distribution. This approach ensured targeted selection while maintaining representativeness across the key stakeholder groups.

Data Collection and analysis

Data was collected using structured questionnaires and semi structured informant interviews. Questionnaires, incorporating both closed and open-ended items, were administered to 384 listeners of Anyole Radio to identify prevalent misinformation, belief structures and misconceptions regarding Covid-19. Semi-structured interviews were conducted amongst 10 radio journalists and 2 health specialists to explore misinformation from professional broadcasting and health perspectives.

The collected data was analyzed to examine the nature, sources and prevalence of Covid-19 misinformation. Analysis involved categorizing responses according to the three stakeholder groups listeners, journalists and health specialists to provide an understanding of misinformation dynamics and the effectiveness of the radio station in disseminating factual information. Patterns, trends and key themes were then analyzed to inform conclusions regarding the role of community radio in mitigating the infodemic.

Ethical Considerations

The researcher sought permissions from the Chuka University Ethical Review committee, from the board of Post graduate and a NACOSTI permit alongside all other necessary approvals. Participation in the study was voluntary and respondents were fully informed on the purpose and scope of the research. Measures were taken to ensure confidentiality, privacy and dignity of all participants and their informed consent was obtained prior to the collection and use of their responses.

FINDINGS

Prevalence of misinformation

The study findings indicated a high prevalence of misinformation among respondents, highlighting its widespread impact on public understanding and decision-making regarding Covid-19. Misconceptions ranged from erroneous beliefs about modes of transmission to unverified treatments and prevention strategies. Among the misinformation items assessed, the use of local herbs as a cure was the most commonly reported, identified by 59.8% of respondents, followed closely by the belief that the government exploited the pandemic for funding purposes by 54.2% of the respondents.

Common Misconceptions

Interactions between radio journalists and listeners through call-ins and messaging platforms, revealed several pervasive misconceptions regarding Covid-19. A notable belief was that herd immunity could be achieved merely through population exposure overlooking the scientific complexities involved in establishing effective herd immunity. Other widespread misinformation included the use of herbal remedies such as ginger and garlic as effective treatments despite the absence of empirical evidence.

False perceptions also persisted regarding transmission, including the belief that asymptomatic individuals could not spread the virus, contrary to established findings. Additionally, some listeners questioned the efficacy of cloth face masks and erroneously considered alternatives such as helmets, face shields or bandanas as adequate protection despite their lower effectiveness. Misunderstandings about immunity were also observed with some assuming that previously infected and recovered individuals were entirely protected from reinfection. Also, some respondents attributed Covid-19 to divine punishment and believed that divine intervention through prayers would provide a cure.

These misconceptions highlight the critical need for targeted, evidence-based health communication to correct false beliefs and reinforce scientifically validated prevention and treatment measures.

Table 1: Misinformation and belief table

Misinformation	Number of respondents who encountered it	Percentage out of the total number of respondents	Belief in the misinformation by those who encountered it	Percentage in belief in the misinformation by those who encountered it
Alcohol cures Covid-19	120	31.3%	65	54.2%

Ginger, Garlic and Local herbs cure Covid-19	214	55.7	128	59.8%
Covid-19 Vaccine brings impotence in men	82	21.4	28	34.1%
The government is using the pandemic to get funding from donors	175	45.6	92	52.6%
Covid-19 is a fake pandemic aimed at population control	63	16.4	18	28.6

Sources of misinformation

The study sought to identify the various sources of Covid-19 misinformation to better understand the information environment in which Anyole Radio operates. Respondents were asked to indicate the sources from which they had encountered misinformation with an option being provided to report additional sources not captured in the initial list. Findings revealed that only 0.03125% of respondents attributed misinformation to Anyole Radio, while the majority reported receiving false information from other sources. This places Anyole Radio as a conduit for factual information than a disseminator of misinformation. Some respondents indicated exposure to misinformation from multiple sources, highlighting the complex and overlapping channels through which inaccurate information spreads. The low attribution of misinformation to Anyole Radio underscores its potential role in countering false narratives and promoting accurate public health information within the community.

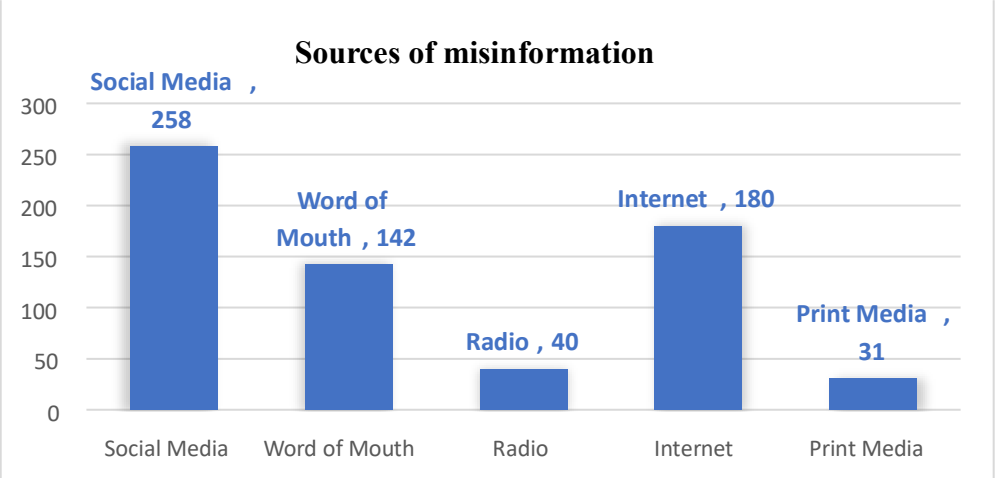

Figure 1: Sources of Misinformation

The study found that social media was the leading source of Covid-19 misinformation with 67.12% of respondents identifying platforms such as Facebook, WhatsApp, Instagram, Telegram and Twitter. The rapid, unregulated dissemination of content, combined with algorithms that amplify engagement allows false information to spread quickly often before it can be debunked. Internet sources beyond social media, including blogs, websites and forums contributed to misinformation for 46.88% of respondents, while word of mouth accounted for 36.98% highlighting the role of personal networks in perpetuating false beliefs. Radio broadcasts, excluding Anyole Radio, were cited by 10.42% of respondents and print media was the least frequent source at 8.07% likely due to editorial oversight and slower dissemination. These findings underscore the omnipresence of misinformation across digital, interpersonal and traditional media channels, emphasizing the importance of media literacy, fact-checking and ethical communication during pandemics.

Factual Information from Anyole Radio

The study also examined the dissemination of factual information through Anyole Radio and its effectiveness in reaching the audience. Factual content was obtained from the station's Covid-19 fact sheet, which guided programming during the pandemic. A significant majority of respondents, 96.875%, reported relying on Anyole

Radio for accurate information. This aligns with Mheidly and Fares (2020), who note that effective implementation of preventive measures and health awareness relies heavily on the provision of vital information. Chang (2012) further emphasizes the role of news media, including community radio in serving as a critical source of health information. Similarly, Van Zyl (2005) highlights that community radio is particularly important for populations with limited access to conventional information channels. Respondents reported receiving multiple pieces of factual information though some highlighted just a single key message. These findings indicate a high level of trust in Anyole Radio, supporting Tsai et al. (2020), who observed that not all media were equally trusted during the Covid-19 pandemic. The results underscore the capacity of community radio to serve as a reliable source of health information, especially in contexts where misinformation is widespread.

Table 2: Factual Information Table

Factual Information from Anyole Radio	Percentage of respondents
Proper use of face masks prevents the spread of Covid-19	78.125%
Maintaining the requisite social distance prevents the spread of the virus	78.125%
Regular washing of hands prevents the spread of the virus	39.06%
The Covid 19 vaccine is effective, tested and woks efficiently	26.04%
Covid 19 is a contagious disease	22.14%
Avoiding crowded places prevents spread of the virus	18.49%
Individuals of all ages are susceptible to Covid-19	0.26%
Covid 19 is caused by a virus	0.26%
Prolonged use of masks does not have any negative health effects	0.26%
Herbal medicine has not been proved to cure Covid-19	0.26%
Drinking alcohol does not prevent the spread of Covid 19	0.26%
Covid- 19 can be transmitted even in hot weather and areas	0.26%
Mosquito bites and vectors do not transmit Covid-19	0.26%
Individuals with flu-like symptoms should seek medical assistance	026%

These findings indicate a deliberate effort by Anyole Radio journalists to counter misinformation by providing accurate and factual information through their broadcasts. Emphasis however, may have been placed on certain topics more than others such as the proper use of face masks which was highlighted by the majority of respondents. The station's framing of the pandemic focused on providing information within a local context, contrasting with Mutua and Oloo (2020), who found that international media coverage predominantly emphasized Sinophobia, geopolitics, misinformation, crime and fake news. The approach taken by Anyole Radio aligns with Mutoro (2021), who observed that Kenyan media framed the Covid-19 pandemic according to themes of eminence, severity, action, assurance, conflict and impact, in that order.

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

Summary of the findings

The study revealed a high prevalence of Covid-19 misinformation among the community within the 30 km broadcast radius of Anyole Radio, with local herbal remedies, government funding narratives and misconceptions about transmission and immunity being the most commonly reported. Social media emerged as the primary source of misinformation (67.12%), followed by the internet (46.88%) and word of mouth (36.98%), while radio including sources other than Anyole Radio accounted for only 10.42% of misinformation, with Anyole Radio contributing negligibly (0.03125%).

Despite widespread misinformation, Anyole Radio was a trusted source of factual information for 96.875% of the respondents. The station deliberately disseminated health information particularly on mask usage, hand hygiene and social distancing thereby framing the pandemic in a local context. This approach contrasted with

international media, which emphasized geopolitics, Sinophobia and misinformation but aligned with Kenyan media's emphasis on severity, action and impact.

The findings highlight that while misinformation spreads rapidly through digital and social channels, community radio, particularly Anyole Radio, plays a critical role in mitigating misinformation and providing reliable, contextually relevant health communication. The station's localized framing and emphasis on factual content demonstrate the potential of community radio to counter the infodemic during public health crises.

Conclusions

The study demonstrates that Covid-19 misinformation was highly prevalent among the community within Anyole Radio's broadcast radius, with social media, the internet and word of mouth serving as the primary sources. Misconceptions ranged from unproven herbal remedies to flawed beliefs about transmission, immunity and prevention. In contrast, Anyole Radio emerged as a trusted and reliable source of factual information, with over 96% of respondents relying on the station for guidance on mask use, hand hygiene and social distancing.

The findings highlight the critical role of community radio in countering the infodemic. By framing Covid-19 information within a local context and emphasizing preventive measures, Anyole Radio effectively mitigated misinformation while maintaining high audience trust. This underscores the potential of community radio to serve as a frontline tool in public health communication especially during pandemics by providing timely, accurate and culturally relevant information that complements broader media efforts.

Recommendations

1. Community radios like Anyole Radio should be supported with training, resources and partnerships with health experts to strengthen their capacity to deliver accurate, timely and locally relevant health information during public health crises, thereby countering misinformation effectively.
2. Initiatives should be implemented to educate listeners on critically evaluating information from social media, word of mouth and other digital sources, empowering communities to identify and demistify misinformation while relying on verified sources.

Suggestions for further research

The following recommendations are proposed for further studies:

1. Conduct a comparative study across multiple community radio stations in Kenya or the East African region to assess variations in the prevalence of misinformation and the effectiveness of factual information dissemination during health crises.
2. Investigate the effectiveness of targeted media literacy programs on reducing the belief and spread of health-related misinformation among community radio audiences.

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