

Crisis and Risk Communication During the COVID-19 Pandemic: Public Trust, Misinformation, and Institutional Messaging

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Abstract

The COVID-19 pandemic exposed substantial weaknesses in public health communication, revealing how institutional credibility, conflicting information, and unequal access to reliable guidance shaped responses to an evolving emergency. This review examines relationships among crisis communication, public trust, misinformation, risk perception and compliance, drawing on international evidence with particular attention to Nigeria and other African settings. A critical narrative synthesis of literature published through 2020 integrates theoretical frameworks with empirical studies of institutional messaging, digital information environments, behavioural responses and communication inequalities. The findings indicate that timely disclosure, consistent guidance, transparent acknowledgement of uncertainty and credible institutional representation supported public understanding, although communication effectiveness varied across contexts. Trust was important but insufficient to explain compliance, which also reflected perceived vulnerability, confidence in preventive measures, social norms and the practical capacity to follow recommendations. Social media accelerated access to health information while enabling rumours, conspiracy theories and misleading treatment claims to circulate widely, creating difficulties for official risk communication. Disparities in health literacy, language, digital connectivity, geography and socioeconomic resources compounded these challenges, particularly for rural and otherwise underserved populations. Evidence from African settings highlighted the value of culturally appropriate messaging and trusted community intermediaries alongside coordinated national communication. The review recommends transparent, responsive and inclusive communication systems that combine accessible digital and offline channels, proactive misinformation management, sustained public engagement and practical support for protective behaviour. Future research should prioritise longitudinal, cross-national and intervention-based evaluations to establish how trust and risk perception interact with structural constraints, identify effective approaches for disadvantaged communities and strengthen equitable preparedness for subsequent global public health emergencies.

Keywords: Crisis communication; COVID-19; Public trust; Risk perception; Misinformation; Health communication inequalities.

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1. Introduction

1.1 COVID-19 as a Global Communication Crisis

The emergence of coronavirus disease 2019 (COVID-19) precipitated an international communication crisis in which the rapid transmission of an unfamiliar pathogen coincided with unprecedented public demand for credible health information. Beyond its epidemiological consequences, the pandemic challenged governments, scientific institutions and international health organisations to communicate evolving evidence while coordinating protective measures across culturally, politically and economically diverse populations. Public understanding became particularly consequential because infection prevention depended substantially on individual behaviour, collective responsibility and confidence in institutional guidance. Garrett (2020) situated the pandemic within a rapidly changing international information environment, highlighting the relationship between communication, public perceptions and the unfolding global emergency. The crisis exposed the difficulty of maintaining coherent public health messaging when scientific uncertainty intersected with political debate and competing media narratives.

Unlike geographically contained emergencies, COVID-19 required simultaneous communication across national jurisdictions, institutional hierarchies and increasingly interconnected digital networks. Governments introduced movement restrictions, physical distancing requirements, quarantine protocols and hygiene recommendations while attempting to explain their scientific justification and socioeconomic implications. However, emerging evidence and changing epidemiological conditions necessitated frequent modifications to official guidance, creating opportunities for public confusion and contradictory interpretations. Finset et al. (2020) emphasised the importance of clear, empathetic communication that acknowledges uncertainty and addresses emotional responses during pandemic emergencies. Such requirements placed considerable pressure on institutions to balance scientific accuracy with accessibility, consistency and the urgency of communicating protective information.

The international character of the pandemic also revealed the limitations of conventional, predominantly unidirectional approaches to emergency communication. Effective institutional messaging required understanding how different populations interpreted threats, evaluated information sources and responded to preventive instructions. Betsch, Wieler, and Habersaat (2020) advocated systematic monitoring of behavioural insights to inform pandemic

communication, recognising that public knowledge, perceived vulnerability and psychological responses could change as outbreaks progressed. Their approach underscored the importance of treating communication as an adaptive process informed by community perceptions rather than merely transmitting epidemiological statistics or governmental directives.

An additional challenge emerged through the unprecedented volume and speed of pandemic-related information circulating across conventional and digital media. Alongside legitimate scientific reporting, misleading claims concerning transmission, treatment and prevention complicated public interpretation of health risks. Zarocostas (2020) described this phenomenon as an infodemic, drawing attention to the difficulty of identifying reliable information within an expanding and frequently contradictory information environment. Responding to this challenge demanded more than correcting individual falsehoods. Eysenbach (2020) proposed an infodemic management framework incorporating information surveillance, health literacy, knowledge refinement and timely evidence translation. These interconnected activities expanded the responsibilities of public health institutions beyond traditional emergency announcements towards continuous information management.

Digital communication platforms further transformed the relationship between institutional information producers and their audiences. The extensive dissemination of pandemic-related content through multiple social media networks demonstrated that information circulated through distinct platform-specific structures, with questionable sources potentially achieving substantial visibility (Cinelli et al., 2020). The resulting fragmentation complicated the establishment of common interpretations of epidemiological developments. Bunker (2020) examined how digital misinformation and conflicting information environments could undermine shared situational awareness, a fundamental requirement for coordinated crisis management. Consequently, official information increasingly competed with alternative interpretations circulated through decentralised networks.

These developments made institutional credibility an essential dimension of pandemic communication. Public health agencies needed to establish themselves as dependable information sources while engaging audiences whose existing beliefs and experiences influenced their reception of official messages. Limaye et al. (2020) highlighted the importance of trust-building within digital communication environments, particularly where institutional messages competed with misleading online content. This challenge extended beyond message accuracy to questions of transparency, responsiveness and the credibility of institutional representatives communicating uncertainty.

The communication crisis was equally consequential in African settings, where socioeconomic circumstances and unequal access to information complicated public health responses. In Egypt, a survey involving 559 adults identified differences in pandemic knowledge associated with age, education, income and residence, illustrating the importance of audience-sensitive

communication (Abdelhafiz et al., 2020). In Nigeria, evidence from Lagos, Abuja and Ibadan demonstrated how movement restrictions affected essential travel and transport alternatives differently across population groups (Ajayi, Alaka & Tiamiyu, 2020). These findings illustrate why communicating restrictive public health measures required attention to their practical consequences and the circumstances of affected communities. International pandemic communication therefore involved interconnected challenges concerning scientific uncertainty, institutional messaging, misinformation, public trust and unequal capacities to interpret and implement official health guidance.

1.2 Public Trust and Pandemic Risk Communication

Public trust constituted a fundamental determinant of pandemic risk communication, influencing how populations interpreted scientific evidence, evaluated institutional credibility and responded to protective health directives. During COVID-19, governments faced the complex responsibility of communicating evolving epidemiological information while introducing restrictive interventions with substantial social and economic consequences. Institutional legitimacy consequently depended not only on scientific expertise but also on transparency, accountability and sensitivity to public concerns. Trust was particularly vulnerable when official assurances appeared inconsistent with lived experiences or when authorities failed to explain uncertainties surrounding their decisions (Balog-Way & McComas, 2020).

The relationship between institutional trust and risk perception was complicated by the unprecedented uncertainty surrounding SARS-CoV-2 transmission and disease severity. Effective communication required authorities to explain emerging evidence without presenting provisional scientific interpretations as facts. Equally important was recognising that perceived risk reflected psychological, cultural and social influences rather than epidemiological probabilities alone. Drawing upon established risk perception research, Cori et al. (2020) emphasised the importance of integrating public participation, stakeholder engagement and transparent communication into pandemic risk governance. Such approaches allowed institutional messaging to address public concerns while accommodating changing scientific knowledge.

International evidence demonstrated that perceptions of pandemic risk were shaped by institutional credibility and broader social environments. A cross-national investigation involving 6,991 respondents across ten countries identified trust in government, science and medical professionals among the significant predictors of perceived COVID-19 risk. Personal experience, social relationships and perceived efficacy also influenced how individuals evaluated the pandemic and adopted preventive behaviours. These findings illustrated the limitations of communication strategies premised on uniform public responses and highlighted the importance

of incorporating population-specific perceptions into institutional messaging (Dryhurst et al., 2020).

Nevertheless, institutional confidence did not invariably translate into greater individual precaution. Evidence from Singapore demonstrated the complex relationship between public trust, perceived vulnerability, and personal responsibility. Confidence in governmental competence could encourage acceptance of official guidance while potentially diminishing perceptions of personal risk where individuals assumed that effective institutional management adequately controlled the threat. This paradox suggested that authoritative reassurance needed to be accompanied by explicit communication of continuing individual responsibilities, particularly when apparently successful government interventions created perceptions of reduced exposure (Wong & Jensen, 2020).

Differences in public evaluations of governmental responses further complicated international communication efforts. A multinational survey involving 13,426 respondents across nineteen countries revealed substantial variation in perceived governmental performance, with national assessments associated with reported trust in government and pandemic-related mortality. Such findings demonstrated the importance of measuring public perceptions rather than presuming that institutional communication achieved equivalent legitimacy across jurisdictions. The assessment also highlighted the relevance of responsive public engagement and context-sensitive messaging to the development of effective pandemic governance (Lazarus et al., 2020).

Within Nigeria, understanding risk perception was essential to developing communication interventions capable of encouraging protective behaviour. A cross-sectional investigation involving 1,554 respondents across the country's geopolitical zones established that perceived risk mediated the relationship between COVID-19 knowledge and precautionary behaviour, with the indirect relationship moderated by gender. These findings indicated that disseminating factual information alone was insufficient to ensure behavioural adaptation. Communication initiatives also needed to address perceived susceptibility, the personal relevance of preventive recommendations and demographic differences in responses to health information (Iorfa et al., 2020).

African epidemic experience additionally demonstrated how institutional interventions could undermine public cooperation when communication neglected community circumstances. Research conducted during Liberia's Ebola outbreak documented how coercive quarantine, contested burial practices and inadequate information generated suspicion, stigma and socioeconomic distress. Although preceding COVID-19, these findings offered an important comparative perspective on the relationship between institutional authority and community acceptance. They illustrated how insufficient explanation and limited responsiveness to affected populations could aggravate mistrust, particularly when emergency measures conflicted with established social practices (Pellecchia et al., 2015).

The circulation of misleading pandemic information introduced further challenges to institutional credibility. Research across five national samples encompassing the United Kingdom, Ireland, the United States, Spain and Mexico demonstrated that susceptibility to COVID-19 misinformation varied between individuals and was associated with factors including trust in scientists and scientific numeracy. Acceptance of misinformation was also associated with reduced willingness to undertake certain protective health behaviours. These findings highlighted the importance of maintaining accessible, evidence-based communication while strengthening the capacity of audiences to distinguish credible institutional guidance from misleading alternative narratives (Roozenbeek et al., 2020).

1.3 Scope and Objectives of Review

This review critically examines crisis and risk communication during the COVID-19 pandemic, focusing on the interrelationships between public trust, misinformation, institutional messaging and behavioural responses to public health interventions. It explores how governments, international health organisations and public health institutions communicated scientific uncertainty, conveyed epidemiological risks and sought public cooperation amid rapidly evolving evidence and competing information narratives. Particular attention is given to the communication challenges that emerged when institutional recommendations intersected with political considerations, socioeconomic inequalities and culturally diverse interpretations of health risks.

The review adopts an international perspective, integrating experiences from developed and developing countries, including Nigeria and other African nations, to identify similarities and contextual differences in pandemic communication. It examines established crisis communication theories, institutional messaging strategies, the proliferation of misinformation across digital platforms, and the influence of institutional credibility on risk perception and adherence to preventive measures. Particular consideration is accorded to communication inequalities affecting vulnerable populations and communities experiencing limited access to reliable health information.

The principal objectives are to evaluate the relationship between institutional communication and public trust, examine how misinformation influenced public understanding and behavioural responses, and identify the communication practices that supported or undermined effective pandemic management. Through critical synthesis of relevant scholarly evidence, the review seeks to identify persistent knowledge gaps, examine opportunities for more inclusive communication frameworks and establish research priorities for strengthening institutional preparedness, public engagement and communication resilience during future global health emergencies.

2. Theoretical Foundations of Crisis Communication

Crisis communication theory provides a conceptual foundation for examining how institutions construct messages, negotiate uncertainty and sustain public confidence during health emergencies. Situational Crisis Communication Theory explains how organisational responses interact with stakeholders' attributions of responsibility and perceptions of institutional credibility. Applied to COVID-19, this framework illuminates how transparency, corrective measures and acknowledgement of institutional shortcomings may influence public evaluations of governmental responses. However, its application requires recognising that pandemic management encompasses collective health protection rather than organisational reputation alone (Coombs, 2007).

The Crisis and Emergency Risk Communication model offers a complementary framework specifically suited to public health emergencies. It integrates established principles of risk communication with crisis communication practices, emphasising the changing informational requirements associated with different emergency phases. Within this framework, timely warnings, credible spokespersons, empathetic messaging and continuous public engagement facilitate coordinated responses under conditions of uncertainty. Its relevance to COVID-19 lies in explaining why institutional communication must evolve alongside epidemiological developments, emerging scientific evidence and changing public information needs (Reynolds & Seeger, 2005).

Psychometric approaches provide further insight into the relationship between institutional messaging and public interpretations of health threats. Risk perception theory distinguishes expert assessments of hazards from subjective evaluations influenced by familiarity, perceived controllability, uncertainty, and potentially catastrophic consequences. During COVID-19, these distinctions were relevant because epidemiological information did not necessarily correspond with individuals' perceived vulnerability or willingness to adopt preventive measures. Effective communication therefore required understanding the psychological characteristics through which audiences interpreted scientific information rather than assuming that factual accuracy alone would determine public responses (Slovic, 1987).

The Social Amplification of Risk Framework extends this perspective by explaining how information acquires meaning through interactions among media institutions, scientific authorities, social networks and cultural environments. Risk signals undergo amplification or attenuation as different communication channels select, interpret and disseminate information. This framework provides an explanation for how conflicting pandemic narratives could intensify public anxiety, diminish perceived vulnerability or generate distrust towards institutional recommendations. It also establishes the importance of examining misinformation within wider social processes rather than treating it exclusively as individual misunderstanding (Kasperson et al., 1988).

The translation of theoretical principles into institutional practice requires additional attention to communication governance. Established crisis communication scholarship identifies preparation, organisational coordination, communication partnerships, transparency and public accessibility as essential elements of effective emergency messaging. These principles provide a basis for examining whether pandemic institutions maintained coherent information systems, addressed emerging concerns and coordinated communication across administrative boundaries. They additionally emphasise the importance of credible communication relationships established before emergencies, when institutions have greater opportunities to develop public familiarity and constructive engagement (Seeger, 2006).

The Nigerian context illustrates the importance of incorporating behavioural evidence into these frameworks. An online survey conducted during the country's initial lockdown gathered responses concerning COVID-19 knowledge, information sources, risk perceptions and precautionary behaviour across its geopolitical zones. Although its non-probability sampling limits population-wide generalisation, the dataset provides a basis for examining how audience characteristics and information exposure relate to pandemic responses. Such evidence can inform communication planning by identifying differences in informational requirements and perceived health threats among surveyed populations (Olapegba et al., 2020).

Cultural approaches further expand the theoretical foundations of crisis communication by situating institutional credibility within established social relationships. Applying the PEN-3 cultural model to the Democratic Republic of the Congo, researchers examined how perceptions, enabling conditions and social influences shaped public trust in governmental health institutions. Their conceptual analysis demonstrates the relevance of historical experiences, institutional relationships and culturally embedded information networks to pandemic communication. It also highlights the limitations of transferring standardised communication strategies between populations without considering their distinctive sociocultural circumstances (Whembolua & Tshiswaka, 2020).

Empirical evidence from earlier African epidemics offers an additional foundation for understanding institutional legitimacy. During the 2018–2019 Ebola outbreak in North Kivu, a population-based survey identified associations between institutional mistrust, belief in misinformation, and reduced adoption of protective health behaviours. Although these findings arose from a different epidemic, they demonstrate the importance of examining communication credibility alongside social and institutional conditions. This perspective is relevant to interpreting pandemic messaging as a process mediated by pre-existing institutional relationships, community experiences and competing explanations of disease threats (Vinck et al., 2019).

3. Institutional Messaging and Public Health Responses

Institutional messaging constituted a central component of COVID-19 governance, providing the informational foundation through which governments and public health organisations communicated epidemiological developments, justified emergency interventions and encouraged collective protective behaviour. The pandemic exposed institutional communication systems to considerable pressure as scientific uncertainty, competing information sources and rapidly changing public expectations challenged conventional emergency management practices. Public health communication consequently required more than disseminating medical recommendations; it demanded coordinated institutional leadership, transparent explanations and sustained engagement with affected communities. Drawing upon lessons from previous international health emergencies, Ratzan et al. (2020) emphasised the importance of strengthening global communication practices through accessible information, institutional coordination and approaches that support informed public decision-making.

Early experiences in China illustrated the difficulties of communicating emerging health threats while scientific evidence remained incomplete. Public authorities confronted rapidly increasing information demands concerning disease transmission, clinical consequences and preventive interventions. Delays in communicating relevant information, inconsistent institutional messaging and insufficient responsiveness to public concerns risked weakening the credibility of official recommendations. Examining the outbreak in Wuhan, Zhang et al. (2020) identified transparency, timely information disclosure and effective coordination between governmental institutions and public health authorities as important considerations for emergency risk communication. Their analysis highlighted the need to integrate public feedback into institutional communication processes.

South Africa demonstrated the relationship between scientific advisory structures, governmental leadership and coordinated pandemic responses. Its early response incorporated epidemiological surveillance, restrictions on population movement and the establishment of scientific advisory mechanisms to inform public health decision-making. Communication between scientific specialists and political authorities was particularly important because restrictive interventions required public understanding of epidemiological projections and the anticipated consequences of uncontrolled transmission. Abdool Karim (2020) documented the country's early response, illustrating how scientific evidence informed national containment strategies and how institutional coordination contributed to the organisation of emergency interventions.

Nigeria similarly confronted substantial communication and implementation challenges during its initial pandemic response. Public authorities introduced travel restrictions, lockdown measures, public awareness campaigns and coordinated surveillance activities while addressing constraints in diagnostic capacity and healthcare infrastructure. Institutional messaging operated within a complex environment characterised by socioeconomic vulnerability, heterogeneous

information access and substantial dependence on informal economic activities. Examining Nigeria's first 100 days, Amzat et al. (2020) documented the country's multisectoral response and identified persistent operational challenges, highlighting the importance of aligning public health directives with institutional capacity and the practical circumstances of affected populations.

The effectiveness of institutional messaging also depended on whether communication strategies addressed underlying social inequalities. In developing countries, differences in literacy, language, employment conditions and access to communication technologies influenced opportunities to receive, interpret and implement official health recommendations. Uniform messaging could therefore reproduce existing disadvantages when institutional guidance failed to acknowledge unequal capacities to practise recommended preventive behaviours. Ataguba and Ataguba (2020) emphasised the importance of addressing social determinants of health within pandemic communication, particularly where structural inequalities affected the accessibility and practical relevance of public health information.

Beyond information accessibility, institutional communication needed to encourage sustained behavioural adaptation without undermining public autonomy. Excessively prescriptive messaging risked overlooking psychological needs, while contradictory instructions could generate confusion and reduce confidence in health authorities. Drawing on psychological principles, Porat et al. (2020) proposed communication strategies that support autonomy, provide meaningful choices, encourage community participation, strengthen solidarity and acknowledge scientific uncertainty. These considerations demonstrate the importance of integrating behavioural understanding into institutional communication rather than relying exclusively on authoritative directives.

International media reporting introduced additional challenges by influencing how national pandemic strategies were interpreted beyond their original institutional contexts. Comparative reporting sometimes presented complex policy arrangements through simplified narratives, obscuring distinctions between voluntary recommendations, legal restrictions and epidemiological objectives. Examining international coverage of Sweden's early pandemic response, Irwin (2020) demonstrated how decontextualised reporting could distort interpretations of national strategies. This experience illustrates the importance of accurate institutional explanations and careful communication of policy differences across international audiences.

Earlier pandemic preparedness research further establishes that institutional messaging must accommodate populations experiencing heightened vulnerability and restricted access to protective resources. Effective communication requires understanding community circumstances, cultural interpretations of risk and practical barriers to implementing public health recommendations. Vaughan and Tinker (2009) emphasised the importance of incorporating these considerations into pandemic communication planning. Their framework provides a basis for examining how accessible messaging, trusted community intermediaries and

targeted information delivery can complement national communication systems during widespread public health emergencies.

4. Misinformation, Social Media, and the Infodemic

The COVID-19 pandemic exposed the vulnerability of contemporary information ecosystems to misinformation circulating alongside legitimate scientific and institutional communication. Social media accelerated the dissemination of health information while enabling rumours, conspiracy theories, and misleading therapeutic claims to reach geographically dispersed audiences. This overlapping circulation of credible and unreliable content created substantial difficulties for public health authorities seeking to communicate evolving scientific evidence. A global analysis of online misinformation documented the international circulation of COVID-19 rumours, stigma and conspiracy theories, illustrating how misleading narratives could generate confusion and contribute to harmful public health decisions (Islam et al., 2020).

The architecture of digital platforms intensified these challenges by allowing unverified information to circulate through decentralised networks with limited editorial oversight. An early Twitter investigation examined 673 pandemic-related posts and identified substantial quantities of misinformation and unverifiable claims alongside accurate health information. Its findings demonstrated how individual users and informal networks participated in constructing the pandemic information environment, frequently communicating beyond established scientific and governmental channels. The study highlighted the importance of systematic information surveillance and early identification of misleading narratives before they became extensively embedded within online discussions (Kouzy et al., 2020).

Video-sharing platforms introduced additional communication risks because audiovisual presentations could convey misleading health claims through apparently authoritative narratives. An examination of widely viewed YouTube videos revealed that 27.5% contained non-factual information, collectively attracting more than 62 million views. Although governmental and professional videos generally demonstrated greater informational reliability, they accounted for relatively limited proportions of the analysed content and audience engagement. These findings exposed the limitations of relying exclusively on institutional websites and traditional media to disseminate accurate pandemic information (Li et al., 2020).

Conspiracy theories represented another prominent dimension of the infodemic, often connecting epidemiological developments with unrelated technological or institutional activities. The claim linking fifth-generation telecommunications technology to COVID-19 exemplified how alternative explanations could circulate through interconnected online communities. Social network analysis of Twitter discussions demonstrated the involvement of influential accounts and distinct communication networks in spreading and contesting this narrative. Such findings

illustrated the importance of identifying misinformation sources, network structures and communication pathways when developing targeted institutional responses (Ahmed et al., 2020).

Nevertheless, misinformation did not invariably attract greater engagement than credible scientific material. A study of 1,000 tweets found that false information appeared frequently within the sampled discussions, whereas science-based evidence and fact-checking messages generated substantial redistribution through retweets. This distinction demonstrates that information production and audience amplification constitute different communication processes. Public health institutions could therefore benefit from disseminating accessible scientific explanations and supporting credible information intermediaries rather than assuming that misleading narratives inevitably dominate digital engagement (Pulido et al., 2020).

In Nigeria, misinformation circulated through digital networks that simultaneously provided essential channels for pandemic awareness and interpersonal communication. A survey involving 278 respondents examined information-sharing behaviour among Nigerian youths, identifying the relevance of social networking practices and information evaluation to the dissemination of COVID-19-related falsehoods. The findings underscored the importance of strengthening critical information assessment while recognising that online sharing frequently occurs within established social relationships. Institutional interventions consequently require attention to the motivations and informational practices influencing community participation (Sulaiman, Adeyemi& Ayegun, 2020).

South African evidence further demonstrated that misinformation could reinforce pre-existing social divisions and misconceptions about disease susceptibility. Qualitative research involving communities across three provinces identified misleading narratives concerning vulnerability, infection and presumed immunity. These misconceptions contributed to fear, stigma and the social exclusion of particular population groups. Such findings emphasised that misinformation management must address culturally embedded interpretations of health risks alongside factual inaccuracies, particularly where misleading content intensifies discrimination against vulnerable communities (Schmidt et al., 2020).

Table 1. Principal misinformation mechanisms and institutional communication implications during COVID-19

Misinformation mechanism	Illustrative manifestation	Public health implications	Institutional communication response
False prevention and treatment claims	Unverified remedies and misleading therapeutic recommendations	Unsafe practices and confusion about effective prevention	Rapid fact-checking and accessible clinical explanations

Technological conspiracy theories	False associations between telecommunications infrastructure and viral transmission	Distrust of scientific evidence and institutional messaging	Evidence-based clarification and targeted engagement
Misconceptions about susceptibility	Unsupported claims of immunity among particular population groups	Reduced perceived vulnerability and social stigma	Culturally appropriate risk communication
Viral amplification	Repeated circulation of unverified posts and audiovisual content	Increased exposure to misleading information	Digital surveillance and coordinated platform engagement
Inadequate information evaluation	Sharing unverified content without assessing its accuracy	Continued dissemination through interpersonal networks	Digital health literacy and accuracy-focused communication

Source: Author's synthesis of the studies reviewed in this section.

Addressing the infodemic also required interventions capable of changing the behavioural processes underlying misinformation dissemination. Experimental research involving more than 1,700 American adults demonstrated that participants were less discerning when deciding which headlines to share than when explicitly assessing their accuracy. A brief accuracy reminder substantially improved subsequent sharing discernment, suggesting that misinformation dissemination does not always reflect deliberate deception or entrenched false beliefs. Incorporating accuracy prompts into digital communication environments could therefore complement fact-checking, institutional transparency and community engagement, although the effectiveness of such interventions across different cultural and technological settings requires further investigation (Pennycook et al., 2020).

5. Public Trust, Risk Perception, and Compliance

Public trust, risk perception, and compliance formed an interconnected behavioural system during COVID-19, determining how individuals interpreted institutional guidance and translated health recommendations into protective action. Trust influenced the credibility assigned to government announcements, while perceived susceptibility and disease severity shaped motivation to adopt preventive measures. However, protective behaviour also depended on social norms, collective responsibility and the perceived feasibility of recommended actions. A behavioural science perspective therefore situates pandemic compliance within broader psychological and social processes rather than treating it as an automatic response to scientific information (Van Bavel et al., 2020).

European evidence demonstrated the relationship between pre-existing institutional trust and responses to restrictive public health policies. An analysis of mobility and political trust across 233 regions in nineteen European countries found greater reductions in non-essential movement in regions characterised by higher trust. The association was particularly pronounced where restrictions were more stringent. These findings suggest that institutional credibility may facilitate cooperation with disruptive interventions, although regional mobility measurements cannot establish the motivations of every individual resident (Bargain & Aminjonov, 2020).

Nevertheless, trust alone cannot adequately explain pandemic compliance. An international investigation involving 8,317 participants identified perceived effectiveness of protective precautions and personal health priorities as important predictors of voluntary preventive behaviour. Trust in government, perceived susceptibility and anticipated disease severity exhibited comparatively limited predictive importance within the study's models. This distinction demonstrates why risk communication must explain not only the seriousness of an infectious threat but also the practical effectiveness of recommended protective actions (Clark et al., 2020).

Evidence from Hong Kong illustrates the relationship between perceived risk and early community responses. A survey of 1,715 participants documented substantial perceived vulnerability, widespread adoption of personal hygiene practices and considerable engagement with travel avoidance and social distancing. These findings reflect the importance of communicating credible information during the initial stages of an outbreak, when uncertainty is pronounced, and voluntary behavioural responses are particularly consequential. Previous epidemic experience may also influence how communities interpret emerging threats (Kwok et al., 2020).

Australian research further demonstrates that willingness to comply cannot be considered independently of individuals' capacity to sustain recommended behaviours. A national survey of 1,420 adults examined perceptions of COVID-19 and the adoption of hygiene and avoidance measures. Its findings emphasised the importance of explaining the rationale for restrictions and strengthening public confidence in undertaking protective actions. Communication strategies must therefore address practical barriers alongside perceptions of disease severity, particularly when preventive recommendations impose sustained behavioural demands (Seale et al., 2020).

In Nigeria, a community-based investigation involving 360 residents of Ibadan identified substantial differences between recognising COVID-19 risks and implementing recommended preventive practices. Although respondents reported mask use and physical distancing, demonstrated handwashing proficiency remained comparatively low. The relationship between perceived susceptibility and preventive behaviour was positive but weak. These findings reveal the limitations of equating risk awareness with compliance and emphasise the importance of practical demonstrations, accessible facilities and communication adapted to local circumstances (Ilesanmi & Afolabi, 2020).

Similarly, an early Ghanaian online survey examined public knowledge, perceived susceptibility and preparedness during the initial phase of the outbreak. Its findings provide a context-specific perspective on how understanding of disease threats relates to readiness for preventive action. Because online recruitment can underrepresent individuals with limited digital access, such evidence requires cautious interpretation when designing population-wide interventions. Community engagement and accessible communication channels remain important considerations when translating pandemic awareness into practicable protective behaviour (Serwaa et al., 2020).

Table 2. Interrelationships Between Public Trust, Risk Perception and Pandemic Compliance

Key determinant	Relationship with preventive behaviour	Communication implications
Institutional trust	Can support acceptance of official restrictions and cooperation	Maintain transparency, consistency and credible institutional representation
Perceived susceptibility	Influences the personal relevance assigned to infection risks	Communicate individual vulnerability without exaggerating uncertainty
Perceived effectiveness	Strengthens motivation to undertake recommended precautions	Explain how and why particular preventive measures reduce transmission
Practical capacity	Determines whether individuals can implement and sustain protective actions	Provide accessible instructions and address material barriers.
Community experience	Shapes interpretations of institutional advice and emerging threats	Adapt messaging to local experiences, cultural circumstances and information needs

Source: Author's synthesis of the seven studies reviewed in this section.

6. Communication Inequalities and Future Research Priorities

Communication inequalities during COVID-19 extended beyond unequal exposure to official announcements. Differences in language proficiency, health literacy, socioeconomic circumstances and access to communication technologies shaped individuals' ability to interpret public health guidance. These disparities became particularly consequential when institutions relied on standardised messages to encourage preventive behaviours across heterogeneous populations. An Australian survey of 4,362 adults identified poorer comprehension of COVID-19 symptoms and preventive recommendations among respondents with inadequate health literacy. Similar difficulties were observed among participants whose primary home language

was not English, demonstrating the importance of linguistically accessible institutional messaging (McCaffery et al., 2020).

In Nigeria, geographical isolation and limited literacy presented additional challenges for reaching rural populations through conventional communication channels. Research involving 470 participants in rural Enugu State demonstrated that interpersonal communication improved COVID-19 awareness and knowledge. The study also identified source credibility as an important factor in influencing reported preventive behaviour. These findings support greater investigation of community-based communication networks, particularly where trusted local intermediaries can communicate in familiar languages and respond directly to concerns inadequately addressed by centralised announcements (Ezeah et al., 2020).

Ghanaian experience illustrates the potential contribution of culturally grounded communication to pandemic awareness. An examination of creative arts responses to COVID-19 documented how artistic expression contributed to public health discussion and the interpretation of institutional messages. Creative communication offers opportunities to connect epidemiological information with established cultural practices, particularly where conventional announcements are insufficiently engaging. Future research should examine the accessibility, audience reception and behavioural effects of locally developed artistic interventions, distinguishing their capacity to attract attention from their effectiveness in improving health understanding (de-Graft Aikins & Akoi-Jackson, 2020).

Health literacy also influenced the ability to distinguish trustworthy information from competing pandemic narratives. A German population survey found that approximately half of respondents experienced problematic or inadequate coronavirus-related health literacy, while difficulties evaluating media information were widespread. Such findings highlight the need for research extending beyond information availability to investigate how individuals assess scientific credibility, interpret uncertainty and reconcile conflicting recommendations. Standardised measures of pandemic health literacy could facilitate comparisons between demographic groups while identifying populations requiring additional communication support (Okan et al., 2020).

Digital inequality introduced further complexity as pandemic communication increasingly depended on internet-based platforms. Research in the Netherlands demonstrated that differences in digital skills and patterns of internet use were associated with unequal COVID-19-related online outcomes. Expanding connectivity alone may therefore be insufficient to eliminate communication disadvantages. Future investigations should evaluate digital competence, accessibility and the comparative effectiveness of online and offline information channels, particularly for populations whose technological resources remain limited (van Deursen, 2020).

Age-related inequalities require attention because digital communication strategies may overlook individuals with restricted technological access or experience. Research using data from 17,704

older adults in California identified differences in online health information use associated with socioeconomic status and race or ethnicity. Although the underlying survey preceded COVID-19, its findings identify structural inequalities relevant to pandemic communication planning. Research should examine whether accessible technologies, alternative media and personalised assistance can improve information access without increasing dependence on unfamiliar digital systems (Yoon et al., 2020).

Communication inequalities also warrant experimental investigation into differences in audience responses to institutional messages. A Brazilian study involving 571 participants found no statistically significant overall effects of experimentally presented fragmented pandemic messages on reported perceptions and intended behaviours. Exploratory analyses nevertheless suggested variation among certain sociodemographic groups. Future studies should use adequately powered, longitudinal and comparative designs to examine these potential differences, establish whether observed changes persist and assess their practical significance. Integrating such evidence with community participation would support the development and evaluation of communication strategies responsive to diverse informational circumstances (Melo & Cabral, 2020).

Conclusion

This review has examined the interplay between institutional messaging, public trust, misinformation and risk perception in shaping responses to COVID-19. Drawing on crisis communication theory and international evidence, it has shown that communication effectiveness depends on more than the speed or scientific accuracy of official announcements. Messages must also acknowledge uncertainty, demonstrate institutional accountability and offer practical guidance that audiences can understand and act upon.

The evidence reviewed identifies institutional credibility as an important condition for public cooperation, although trust alone does not determine adherence to preventive measures. Perceived susceptibility, confidence in the effectiveness of precautions, social norms and material circumstances also influence behaviour. Across the countries considered, contradictory messages and misleading online narratives complicated public interpretation of evolving recommendations, while credible scientific explanations and community engagement offered opportunities to strengthen understanding.

The review further reveals that the infodemic and communication inequalities were mutually reinforcing. Differences in health literacy, language, digital access and economic security affected both exposure to reliable information and the feasibility of following official advice. Experiences from Nigeria and other African settings underline the value of trusted local intermediaries and culturally appropriate communication, particularly where centralised digital campaigns cannot adequately reach rural or otherwise disadvantaged populations.

Future pandemic preparedness should therefore incorporate transparent and coordinated messaging, timely correction of misinformation, continuous audience feedback and communication plans designed with underserved communities. Public health authorities should explain the evidential basis of changing guidance, combine digital channels with accessible offline approaches and ensure that recommendations are supported by the resources necessary for compliance. Research priorities include longitudinal and cross-country evaluation of communication strategies, the effectiveness of culturally adapted interventions, and the relationship between trust, perceived risk and observed protective behaviour. Such evidence can guide more equitable, responsive and resilient communication systems during future public health emergencies in diverse national and local contexts.

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