Conspiracies and Contagion: Understanding the Impact of Conspiracy Theories on COVID-19 Response in Muslim Northern Nigeria

Salisu Gumel
Jigawa State Polytechnic,
Nigeria
sgumel@nigerianbar.ng

Abstract: *This paper explores how conspiracy theories influenced public reactions to COVID-19 health interventions in Muslim Northern Nigeria. Using qualitative document analysis of policy texts, media reports, and academic literature, the study identifies colonial legacies, geopolitical disillusionment, and social media misinformation as central drivers of mistrust. These factors undermined compliance with health protocols and weakened institutional legitimacy. Guided by postcolonial and information disorder theories, the paper recommends culturally informed strategies to rebuild public trust and enhance risk communication during health crises.*

Keywords: Colonial Legacy; Conspiracy Theories; COVID-19; Misinformation; Public Trust.

Introduction

The global outbreak of the COVID-19 pandemic challenged governments and health systems worldwide. It exposed deep structural vulnerabilities and tested the resilience of societies in unprecedented ways. In Nigeria, the pandemic not only posed a medical emergency but also illuminated long-standing issues related to governance, public trust, and socio-cultural dynamics. While the federal government implemented a range of non-pharmaceutical interventions, including lockdowns, contact tracing, mandatory mask use, and the closure of religious spaces, compliance varied significantly across the country. Nowhere was resistance more pronounced than in the predominantly Muslim Northern Nigeria, where public skepticism, fuelled by conspiracy theories and historical grievances, severely undermined the efficacy of these interventions (Hassan, 2020).

Conspiracy theories, defined as explanations that attribute events to secret plots by powerful actors (Douglas et al., 2017), gained significant traction during the pandemic, particularly in regions with pre-existing distrust toward state and foreign actors. In Northern Nigeria, such theories were not merely isolated beliefs but part of a broader narrative shaped by colonial experiences, religious identity, and geopolitical disillusionment (Yahya, 2007). These narratives often portrayed COVID-19 as a Western fabrication designed to disrupt Islamic practices, enforce population control through vaccination, or justify foreign intervention (BBC News, 2002). The widespread circulation of such This study aims to explore the causes, content, and consequences of COVID-19-related conspiracy theories in Muslim Northern Nigeria. It seeks to understand how historical memory, religious identity, and digital misinformation interacted to shape public perception and behaviour.

The paper also considers how conspiracy theories eroded state legitimacy, undermined public health goals, and contributed to broader challenges in governance. Through a qualitative analysis of policy documents, media reports, and existing academic literature, the study

identifies core themes in the formation of mistrust and offers recommendations for countering future waves of health-related disinformation. In doing so, the research contributes to a growing body of scholarship on the social dimensions of pandemics and the critical role of trust in public health compliance.

Contextual Background: COVID-19 in Nigeria

COVID-19 was first officially reported in Nigeria in February 2020, when an Italian national tested positive for the virus in Lagos, signaling the entrance of the pandemic into Africa's most populous country (Nigeria Centre for Disease Control [NCDC], 2020). Over the following months, the virus spread rapidly across the nation, triggering widespread concern about the readiness of Nigeria's healthcare system and its capacity to respond to a pandemic of such scale. By early 2021, Nigeria had reported over 100,000 confirmed cases and several thousand deaths, although the true figures may be significantly higher due to limited testing and underreporting in rural and conflict-affected areas (Adepoju, 2021). The case fatality rate (CFR) stood at approximately 1.2%, which, while lower than in some African countries, was disproportionately higher.

In an effort to contain the spread of the virus, the Nigerian government swiftly rolled out a set of non-pharmaceutical interventions (NPIs) aligned with World Health Organization (WHO) guidelines. These measures included international and domestic travel bans, mandatory quarantines for exposed individuals, and the closure of public spaces such as mosques, schools, markets, and event centres (Oyekan, 2021). The government also mandated the use of face masks, promoted social distancing, and launched public enlightenment campaigns in various local languages, especially Hausa and Fulfulde, to enhance the cultural relevance and acceptance of the guidelines (Hassan, 2020). These NPIs were communicated through.

Despite the comprehensive nature of the federal response, widespread defiance of COVID-19 protocols occurred in Northern Nigeria, particularly in states with high concentrations of Muslim populations. There, resistance to health mandates was frequently shaped by deep-seated mistrust of government authority, skepticism about Western medicine, and the belief that the pandemic was part of a geopolitical agenda against Islam (Gumel, 2023). The resistance led to the establishment of mobile courts by state governments to prosecute offenders. For instance, in Kano State, authorities prosecuted over 150 individuals within days of initiating enforcement. Similarly, in Kaduna, 311 persons were convicted for violating public health.

These incidents are emblematic of the broader challenges faced by the Nigerian state in balancing public health mandates with civil liberties, religious sensibilities, and regional distrust. In Northern Nigeria, pandemic-related restrictions, particularly the closure of mosques during Ramadan, were perceived not as neutral health policies but as symbolic assaults on religious freedom (Hassan, 2020). The enforcement of such measures without sufficient community engagement or trust-building only served to exacerbate tensions and amplify conspiracy-driven narratives. As numerous studies have shown, public health interventions are significantly less effective in environments where citizens harbour institutional distrust, especially when such distrust.

Emergence of Conspiracy Theories

The COVID-19 pandemic did not occur in a vacuum; its arrival in Northern Nigeria activated long-standing grievances, fears, and narratives deeply embedded in the socio-historical consciousness of the region. Conspiracy theories about the virus and the measures to contain

it were not random ideas but emerged from a complex web of historical experiences, cultural beliefs, and geopolitical resentments. Understanding the roots of these narratives requires close attention to both colonial memory and the perceived political behaviour of Western nations toward the Muslim world.

Historical Grievances and Colonial Memory

Northern Nigeria's Muslim population has historically exhibited suspicion toward Western medicine and colonial health institutions, dating back to British rule in the early 20th century. Colonial medical campaigns were often interpreted not as humanitarian efforts but as mechanisms of surveillance, control, and cultural imperialism (Vaughan, 1991). The imposition of European sanitary codes, vaccination programmes, and disease control efforts frequently clashed with indigenous and Islamic healing practices, leading to social resistance and a lasting legacy of mistrust (Last, 2007).

British colonial health officers often prioritised the protection of European lives and economic interests over the well-being of local communities. For instance, urban sanitation programmes were concentrated in European quarters, while African neighbourhoods remained under-resourced and heavily policed (Falola, 1992). These double standards in colonial medical ethics contributed to a perception that Western medicine serves elite and foreign interests, reinforcing suspicions that have persisted well into the post-colonial period.

Moreover, the polio vaccine boycott in Northern Nigeria during the early 2000s is a notable contemporary reflection of this colonial hangover. Misinformation spread rapidly, including claims that polio vaccines were laced with infertility agents targeting Muslims. These allegations echoed during the COVID-19 pandemic (Yahya, 2007). Such historical patterns have become embedded in collective memory, shaping how many communities interpret modern health interventions as potential threats rather than protections.

Mistrust in Western Agendas

The persistence of conspiracy theories during the pandemic was further fuelled by widespread perceptions of hostility from Western powers toward the global Muslim community. Among many Northern Nigerian Muslims, there is a belief that the West, particularly the United States and its allies, consistently pursues foreign policies that marginalize, destabilize, and surveil Muslim societies (Gumel, 2023). This belief system is often reinforced by high-profile international events, including the U.S.-led invasions of Afghanistan and Iraq, the NATO bombing of Libya in 2011, and Western silence or complicity in the Israeli-Palestinian conflict (Said, 1979; Esposito, 2002).

Within this framework, the COVID-19 pandemic was interpreted by some as a strategic opportunity for the West to further its agenda under the guise of humanitarianism. Specific conspiracy narratives claimed that the virus itself was a fabricated hoax or a biological weapon, designed to disrupt Muslim religious practices, particularly congregational prayers during Ramadan, and Jumu'ah prayers, both are central pillars of communal Islamic life. Others asserted that the pandemic provided cover for introducing vaccines engineered to control Muslim fertility, thereby reducing the population growth of Islamic communities under the guise of global public health (Hassan, 2020).

These conspiracy theories are not limited to fringe beliefs but have circulated widely through social media platforms such as WhatsApp and Facebook, often in local languages and through trusted networks (Ahmed et al., 2020). The narratives gained further traction through charismatic preachers and local leaders who echoed suspicions of Western intentions, often

without direct endorsement, but through subtle rhetorical strategies that validated public fear (Hassan, 2020).

Importantly, such beliefs are not necessarily irrational but rooted in a logic shaped by historical marginalization, cultural trauma, and real geopolitical asymmetries. When seen through the lens of lived experience, the rejection of Western interventions emerges as a form of cultural resistance, albeit one that carries significant public health consequences (Mbembe, 2001).

Amplifiers of Misinformation

While historical grievances and geopolitical disillusionment provided the fertile ground for the emergence of conspiracy theories in Northern Nigeria, their rapid dissemination and normalisation were made possible by powerful communication infrastructures, such as social media platforms (Ahmed et al., 2020; Hassan, 2020). Usually, in regions with limited formal media literacy and a high reliance on peer-to-peer communication, unverified information circulates rapidly, often gaining credibility through repetition, social trust, and cultural resonance (Wardle & Derakhshan, 2017).

Social Media Disinformation

Social media platforms, particularly WhatsApp and Facebook, served as crucial vectors for the spread of misinformation during the COVID-19 pandemic in Nigeria. Unlike traditional media, these platforms operate through decentralised, encrypted, and personalized channels that allow users to receive and share information without any formal editorial oversight. In Northern Nigeria, WhatsApp groups are often used for religious, community, and family communication, making them effective tools for the rapid spread of misleading or conspiratorial content (Ahmed et al., 2020).

Misinformation circulated in multiple formats, including voice notes, videos, memes, and flyers translated into local languages like Hausa and Fulfulde. Common themes included the claim that COVID-19 was a hoax invented by Western nations, that vaccines were designed to sterilise Muslim populations, or that government-imposed restrictions were part of a plot to prevent Muslims from attending mosque prayers (Hassan, 2020). Such claims were not merely fringe beliefs; they gained power because they were delivered in familiar formats by trusted community members, often without critical interrogation. In this context, authority is not derived from scientific credibility but from social proximity, meaning that a message forwarded by a respected relative or religious figure may carry more weight than an official government announcement.

The lack of digital literacy further exacerbated the problem. Many users in rural areas lacked the tools or training to critically evaluate digital content, thereby are more susceptible to manipulation (Wardle & Derakhshan, 2017; Hassan, 2020). Studies have shown that low media literacy and high mobile phone penetration create an environment ripe for information disorder (false information shared without harmful intent), disinformation (false information shared with intent to deceive), and malinformation (genuine information used maliciously) (Wardle & Derakhshan, 2017). These conditions were particularly visible during Nigeria's COVID-19 response and remain a persistent challenge for future public health campaigns.

Naming Patterns as Indicators of Political Sentiment

Beyond the digital realm, conspiracy-laden attitudes toward the West and its perceived agenda in Muslim societies have also been expressed through symbolic cultural practices, one of which is naming patterns. Notable examples are seen in the significant increase in newborns being named "Osama," "Gaddafi," "Yasir," and "Saddam.". According to BBC News (2002), these names, are associated with figures who openly resisted or antagonized Western powers, were given in admiration and solidarity, despite the international condemnation many of these figures attracted.

This naming trend is not merely anecdotal but deeply political, reflecting a form of cultural resistance and identity signalling. Naming a child after Osama bin Laden, for example, does not necessarily indicate support for terrorism; rather, it often serves as a symbolic rejection of Western hegemony and an assertion of affiliation with the broader Islamic ummah (Esposito, 2002). In the context of conspiracy theories surrounding COVID-19, these naming patterns help to contextualise local perceptions of the West not as neutral actors, but as historical antagonists, whose involvement in health interventions is viewed with suspicion.

The social practice of naming, therefore, functions as a barometer of political sentiment and an embodied form of protest. It provides insight into how communities construct narratives of victimhood, resistance, and agency, particularly in response to global events framed as Western aggression. Such symbolic acts, while not directly responsible for misinformation, contribute to the normalisation of oppositional worldviews in which conspiracy theories are more easily believed and circulated.

Consequences of Conspiratorial Belief

Conspiracy theories surrounding the COVID-19 pandemic in Northern Nigeria have had far-reaching consequences, extending beyond misinformation to produce tangible disruptions in public health, societal order, and political governance. These consequences are not isolated nor coincidental; rather, they reflect the systemic vulnerability of governance structures in postcolonial settings, where trust between state and society remains precarious (Hassan, 2020; Mbembe, 2001). When misinformation is widely accepted as truth, it not only obstructs evidence-based responses to health crises but also fuels a climate of fear, non-compliance, and institutional fragility.

Non-Compliance and Civil Disobedience

One of the most immediate and visible outcomes of conspiratorial belief in Northern Nigeria was widespread non-compliance with public health directives, often expressed through overt civil disobedience. To enforce lockdown measures and social distancing protocols, state governments established mobile courts to handle violators swiftly. In Kano State, over 150 individuals were prosecuted within the first few days of enforcement, while in Kaduna State, 311 people were convicted for breaching COVID-19 restrictions (Gumel, 2023). These numbers reflect more than mere behavioural infractions; they signify a broader rejection of governmental authority and deep scepticism towards the legitimacy of the measures imposed.

This resistance was not solely due to economic hardship or misinformation, but often stemmed from deeply entrenched mistrust in government motives, especially when health interventions were perceived as being aligned with foreign powers. In April 2020, violent clashes erupted in Kaduna between local youth and security forces during an enforcement operation, resulting in five fatalities (Premium Times, 2020). The severity of such reactions reveals the symbolic weight of pandemic-related policies, particularly in religiously conservative societies where mosque closures and the cancellation of communal worship were interpreted not as public health necessities, but as attacks on Islamic identity (Hassan,

2020; Gumel, 2023). In many cases, compliance was further hindered by a lack of contextualised messaging that addressed the specific concerns of Muslim communities. (Hassan, 2020).

Theoretical Frameworks

This study draws on two complementary theoretical frameworks; Postcolonial Theory and the Information Disorder Paradigm, to analyse how conspiracy narratives surrounding the COVID-19 pandemic emerged and circulated in Northern Nigeria. Postcolonial theory, as advanced by scholars such as Edward Said (1978), Homi Bhabha (1994), and Achille Mbembe (2001), is used here to interrogate the historical and structural roots of mistrust towards Western-backed public health interventions. The Information Disorder Paradigm, developed by Claire Wardle and Hossein Derakhshan (2017), provides an analytical lens for understanding the production, circulation, and normalisation of false or misleading information in digital environments. Together, these frameworks explain both why and how conspiratorial narratives take root and gain traction in postcolonial societies facing crisis, uncertainty, and institutional distrust.

Postcolonial Theory

Postcolonial theory provides a critical lens through which to understand the enduring skepticism of Western medical presence and governance structures in many postcolonial societies, including Northern Nigeria. It is grounded in the assumption that colonialism continues to shape modern epistemologies, hierarchies of knowledge, and perceptions of authority (Said, 1978; Mbembe, 2001). Under British colonial rule, the health sector was not merely a humanitarian enterprise but also a mechanism of imperial control and social engineering. Public health campaigns often functioned to assert colonial authority, impose foreign sanitary codes, and displace indigenous healing traditions (Vaughan, 1991; Last, 2007).

In this framework, Western-backed health initiatives are viewed as continuations of imperial power through "biopolitical" means, where health interventions also serve as instruments of governance and surveillance (Foucault, 1978; Mbembe, 2001). The core assumption is that postcolonial subjects interpret such initiatives through collective memory; as legacies of subjugation and control rather than neutral scientific exercises.

Applied to Northern Nigeria, this theory helps explain why COVID-19 measures such as mosque closures, social distancing mandates, and Western-promoted vaccines were perceived by some communities as acts of cultural domination or demographic manipulation (Hassan, 2020). These responses are not simply irrational but are historically and politically informed expressions of resistance to perceived neocolonial interference. Thus, postcolonial theory allows this study to situate conspiracy beliefs within a broader narrative of historical trauma, epistemic injustice, and contested authority rather than dismissing them as mere misinformation.

Information Disorder Paradigm

While postcolonial theory addresses the historical why of conspiracy narratives, the information disorder paradigm explains the how, that is, how these beliefs spread, evolve, and persist in digital communication environments. Wardle and Derakhshan (2017) proposed this paradigm to conceptualise the ecosystem of false or misleading information that circulates through media systems, particularly during crises. It is premised on three central assumptions:

1. Information ecosystems are socially embedded, meaning that messages gain credibility through social trust rather than factual verification;
2. False information fulfills emotional, ideological, or identity-based needs; and
3. Digital infrastructures amplify misinformation when institutional trust is weak.

Wardle and Derakhshan categorise this disorder into three overlapping forms: misinformation (false but non-malicious), disinformation (false and intentionally deceptive), and malinformation (true information used to harm).

In Northern Nigeria, all three forms manifested during the COVID-19 pandemic. Misinformation spread through WhatsApp messages and community radio, for instance, claims that vaccines caused infertility or contained microchips. Disinformation, often tied to geopolitical or religious narratives, portrayed COVID-19 as a Western bioweapon designed to reduce Muslim populations. Malinformation occurred when genuine reports about vaccine side effects were exaggerated or selectively framed to validate conspiratorial claims (Hassan, 2020).

Applying this paradigm highlights that information disorder thrives under conditions of low media literacy, historical distrust, and political fragility (Uwalaka, 2021). The pandemic revealed how algorithmic amplification, combined with colonial-era suspicions, developed a "perfect storm" for the spread of conspiracy theories. Thus, the information disorder paradigm complements postcolonial theory by demonstrating that digital misinformation is technological and sociocultural sustained by pre-existing power asymmetries and epistemic divides.

Addressing the Problem: Strategic Responses

Tackling the complex challenge posed by conspiracy theories requires more than reactive fact-checking or punitive enforcement. The spread of misinformation and public distrust during the COVID-19 pandemic in Northern Nigeria is deeply intertwined with issues of historical memory, religious identity, political exclusion, and digital vulnerability. Therefore, an effective response must be multi-dimensional, drawing from public health, political communication, education, and community engagement.

Localised Trust-Building

Trust is the cornerstone of effective public health responses, and in culturally diverse settings like Northern Nigeria, trust must be built from the ground up. Top-down messaging, especially when delivered by distant government officials or international agencies, often fails to resonate with communities that feel historically marginalised or ideologically targeted (Yahya, 2007). Therefore, efforts to disseminate accurate health information must be culturally embedded and locally delivered through religious leaders, community teachers, and traditional authorities.

When these figures are informed, engaged, and visibly supportive of public health goals, they can significantly influence community perceptions and reduce resistance to government policies (Oyekan, 2021).

To be effective, however, these leaders must be seen as autonomous actors, not as state proxies. Any engagement should be collaborative, transparent, and respectful of religious and cultural values.

Critical Thinking and Fact-Checking

A long-term strategy for curbing the influence of conspiracy theories involves enhancing public capacity to assess information critically. In regions where digital content circulates rapidly via informal social media citizens are often exposed to a mix of credible, misleading, and fabricated information. Without the tools to differentiate between them, disinformation can easily gain momentum (Wardle & Derakhshan, 2017).

To address this, governments and civil society organisations should invest in media literacy programmes, specifically customised for local linguistic and cultural contexts. These programmes should cover basic digital literacy, strategies for evaluating sources, and techniques for identifying logical fallacies and emotional manipulation in media content.

Furthermore, religious institutions and community organisations should be encouraged to preach for fact-checking culture. Partnerships with local media houses can also help by providing community-based fact-checking services and means for verifying suspicious content. Over time, this will cultivate a critical culture that does not passively consume information but interrogates it.

Transparent Governance and Accountability

One of the primary enablers of conspiracy theories is the perceived inconsistency of state actions. When citizens observe that policies are unevenly applied, poorly explained, or suddenly reversed without justification, it feeds a narrative that the state is either incompetent or malicious (Hassan, 2020). Therefore, rebuilding public trust requires governments to commit to transparent, consistent, and accountable governance practices, particularly during emergencies. If places of worship are to be closed while markets remain open, authorities should clearly explain the scientific basis for such distinctions. When explanations are absent or vague, suspicions fill the void (van Prooijen & Douglas, 2017; Lewandowsky et al., 2012; WHO, 2020).

Conclusion

The response to COVID-19 in Northern Nigeria cannot be divorced from its socio-political and historical context. The prevalence of conspiracy theories reflects enduring mistrust rooted in colonial legacies and reinforced by perceived geopolitical bias. Rather than dismissal, these beliefs demand structural transformation, including participatory governance, contextual health messaging, and investments in digital literacy. Combating disinformation requires rebuilding trust through inclusion and recognising local voices as essential to public health.

As this paper has demonstrated, the proliferation of conspiracy theories during the COVID-19 pandemic was not simply a case of disinformation campaigns taking advantage of digital platforms; it was a symptom of a deeper rupture between the state, international institutions, and segments of the population. The colonial legacy of medical authoritarianism, coupled with modern geopolitical grievances and a toxic information ecosystem, has created an environment in which conspiratorial belief systems flourish not in spite of logic, but because of a different logic shaped by survival, identity, and resistance.

Therefore, any attempt to combat conspiracy theories in such contexts must go far beyond conventional methods of public health messaging or punitive enforcement. Mere rebuttals, fact-checking, or corrections are useful but insufficient in the face of epistemic inequality and structural exclusion. What is needed is a transformative approach that addresses both the material conditions of marginalisation and the epistemological hierarchies that delegitimise local knowledge systems and worldviews.

This transformation must begin with trust-building, participatory governance, and the recognition of local actors as co-producers of health knowledge and public policy, rather than passive recipients. It also requires critical investments in education, digital literacy, and transparent institutional practices that can restore public confidence over time. In summary, confronting conspiracy theories is not merely a battle over information; it is a struggle over power, legitimacy, and belonging. Only by addressing these deeper issues can states hope to build resilient, informed, and cooperative communities capable of responding effectively to future global crises.

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