RESEARCH SNAPSHOT

Research for health in humanitarian crises | elrha

Does the source of health information matter?

This pilot randomized controlled trial (RCT), explored whether manipulating the source of public health information during the COVID-19 pandemic would shift the attitudes, knowledge and behaviour of refugees and internally displaced persons in Beni, Democratic Republic of the Congo (DRC) who were receiving the information.

Learning from a pilot study

Public health information is usually intended to influence people's behaviour, but this outcome may depend on whether audiences perceive the source as trustworthy. Manipulating the source should therefore affect outcomes.

But, as this pilot study demonstrated, doing this is not easy. Attribution of attitude or behaviour changes to the source manipulation was not possible. Learning and recommendations for how source-labelled information can be delivered more effectively in humanitarian settings were documented for the benefit of those who might conduct similar evaluations in future.

The Director General of the World Health Organisation, Dr. Tedros Adhanom Ghebreyesus and the regional Director for Africa visit Beni, North Kivu Province, DRC. Credit: MONUSCO photos

Background

COVID-19 misinformation in humanitarian settings can exacerbate suffering by discouraging preventative and health-seeking behaviors. Humanitarian organizations often seek to counter misinformation by sharing scientifically robust information. Yet, whether this can stem the misinformation tide depends on whom recipients perceive to be the source of the accurate information, and whether they think the source is credible and trustworthy. This research explored how attaching official sources to factual information about COVID-19 affects recipients' attitudes, perceptions, and behaviors.

How the research was conducted

Control group participants received two interactive voice response (IVR) phone calls about COVID-19 over one week. Treatment group participants received the same information with the official source made explicit. Cited sources were Government of South Africa, World Health Organization (WHO) and scientific researchers. Participants completed a baseline survey, received phone calls after 1-2 weeks, and endline at 11 weeks. In Kenya and Somalia, key informant interviews with health workers and local leaders were conducted.

Key findings

There were challenges in the delivery and receipt of the source intervention:

- **Answering calls**: 33% did not answer either of the two IVR calls.
- **Engaging with information**: Among participants who answered a call, only 25% stayed on the phone until the end. Less than 50% listened long enough to hear the first piece of COVID-19 information; few treatment participants heard the official sources in the latter stage of the call.
- **Perceiving the source:** During endline research, participants were presented with vignettes to understand how they identify information sources. Some confused the source of the call with the source of information; others attributed information explicitly credited to the WHO to a local helpline instead.

Since the intervention was not received by participants as intended, attributing attitudinal or behavioral changes to manipulating the information source was not possible.

Implications for humanitarian practitioners and policymakers

Communications rely on a Theory of Change - a pathway that explains why a particular approach to delivering information will shift recipients' perceptions, attitudes or behavior. In remote environments, this shift relies on recipients answering phone calls, listening to, and recognizing sources of information, and then crediting this source as trustworthy. These challenges are exacerbated in conflict settings because people's attention is overwhelmed, and access to and familiarity with technology might be limited.

Recommendations were developed for how researchers or humanitarian programme staff could test their Theory of Change prior to conducting a similar evaluation.

- Understand what factors determine whether participants answer their phone, e.g., identify the best time to reach participants and schedule phone calls accordingly.
- Begin the message by disclosing the information source to optimize initial engagement.
- Determine how participants perceive the source of information (and ways this can be distinguished from the caller) to incorporate those elements in the intervention's design.
- Deliver the information directly through the source, rather than simply attaching a source label to the message.

Recommendations for future research

Questions remain around best practices to build credibility by signaling the information source where communication occurs via audio-based media. Future studies might explore how recipients perceive sources of information within the limited touchpoint of a phone message, and which individual preferences and social mechanisms influence how people process information.

Documenting IVR phone calls. Credit: study team

About the study team

The project team at Busara were Krittika Gorur, Pooja Gupta, Daniel Hernandez, Sandhya Srinivas, Alice Escande, Mark Milrine, Mareike Schomerus (principal investigator), Chang Tang, and Lara Tembey. We collaborated with the Danish Refugee Council for this project and are grateful to Yasmin Anis, Frank Mwangi Chege, Emily Nashesha Gikaara, Padmini Iyer, Karin Sørensen, and DRC field officers who supported this research. We thank our strong supporters at Elrha: Jessica Brown, Cordelia Lonsdale and Simon Pickard.

Keywords

Misinformation; COVID-19; Democratic Republic of Congo; refugees; IDPs

Articles and further reading

Misinformation and COVID-19-related health measures in displacement settings - Elrha study page

A Complicated Relationship: Bringing Behavioral Science into the Fight against Health Misinformation in a Pandemic in Displacement Settings. Busara

Nudging Knowledge: Tackling health misinformation in humanitarian settings using behavioral science. Busara Playbook

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http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/