



MANAGING NUTRITION MYTHS AND MISCONCEPTIONS DURING COVID-19

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This short guide covers social and behavior change (SBC) strategies for combating misinformation and supporting programs in responding to COVID-19 related misinformation that affects nutrition.

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Nutrition and the COVID-19 Infodemic

An “infodemic” is an overabundance of information about a problem—some accurate and some not—which makes it difficult to identify a solution.¹ Like the COVID-19 virus itself, misinformation spreads rapidly and adds complexity to the response. People may have trouble finding or screening trustworthy sources and reliable guidance due to the amount and speed of information passed. The infodemic exacerbates challenges that nutrition programmers already face in responding to the pandemic, including weakened and overwhelmed health systems and food systems, as well as disruptions to income and social safety nets. The infodemic can result in the spread of rumors and misinformation, inadvertently leading people to draw conclusions based on incorrect or incomplete information. This causes additional stress, creates confusion, and prevents informed decision-making.

Misinformation undermines confidence in the underlying science behind disease prevention and limits participation in recommended practices, including making use of available nutrition services and activities. Misinformation negatively impacts nutrition by leading to

- Unnecessary and damaging separation of mother and infant with suspected, probable, or confirmed COVID-19 infection during delivery and breastfeeding.²
- Mistrust of the health care system and delayed care-seeking of nutrition services.
- Limited uptake of preventive practices, including physical distancing, face covering, and handwashing with soap before handling food.
- Reliance on unfounded or unsafe remedies with no scientific credibility.³

In light of these issues, this short guide covers social and behavior change (SBC) strategies for combating misinformation and supporting programs in responding to COVID-19 related misinformation that affects nutrition.



¹ Katella, K. (2020, April 13). A COVID-19 “infodemic”? How to make sense of what you’re reading. *Yale Medicine*. <https://www.yalemedicine.org/stories/covid-19-infodemic/>

² UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. (2020). Infant & young child feeding in the context of COVID-19. *Global Nutrition Cluster Brief 1(2)*. <https://www.nutritioncluster.net/node/5836>

³ Resnick, D. (2020, June 10). Trust in science and in government plays a crucial role in COVID-19 response. *International Food Policy Research Institute*. <https://www.ifpri.org/blog/trust-science-and-government-plays-crucial-role-covid-19-response>

How to Manage Misinformation About Nutrition and COVID-19

Misinformation cannot be stopped but it can be managed by maintaining consistent factual communication giving communities the tools to make informed decisions. Experts in public health have summarized lessons from past epidemics that have faced rumors and misinformation. First and foremost, trusted authorities should provide continuous accurate information about nutrition in the context of the virus. Information is most effective when tailored to people's values, translated into actionable behavior change messages⁴ and presented in ways that people may use. If misinformation has the potential to cause serious harm, trusted authorities should address it carefully without giving further attention to the rumors. Research shows that talking about misinformation, even when well-intentioned, can sometimes exacerbate the issue. At the same time, strengthening media literacy through nutrition programs will support informed decision-making.

Key recommendations for managing nutrition related misinformation during COVID-19 are described below.

Further information

For further detailed information on how to manage rumors and misinformation, please refer to the [Technical Brief: COVID-19 Rumor Tracking Guidance for Field Teams](#) and the [Technical Brief: Using Social Media to Disseminate COVID-19 Information](#).

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Maintain consistent communication with up-to-date information, tailored to people's values

- Provide a **consistent source of up-to-date information** using channels most accessible and trusted by communities and households, among both women and men. For example, in Chad, where many people lack access to digital technologies, locally trusted [troubadours](#) share reliable information about COVID-19 transmission and prevention.⁵
- Aim for **two-way communication** whenever possible. Local radio call-in shows can ensure people have a chance to be heard and engage in dialogue with trusted sources related to nutrition.
- Ensure that health care providers understand and follow best practices. Training and supportive supervision for health workers communicating information related to COVID-19 and nutrition during the pandemic can be done remotely and should include best breastfeeding practices such as not separating mothers and infants after delivery, even when a mother may be infected.

⁴Tangcharoensathien, V., Calleja, N., Nguyen, T., et al. (2020). Framework for managing the COVID-19 infodemic: methods and results of an online, crowdsourced WHO Technical Consultation. *Journal of medical Internet research*, 22(6), e19659. <https://doi.org/10.2196/19659>

⁵Resnick, D. (2020). [Trust in science](#). (See page 2, footnote 3).

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1. Maintain consistent communication with up-to-date information, tailored to people's values (continued)

- Help health care providers, community health workers and peer support group leaders, to clearly and positively **communicate the facts**.⁶ For example, health care providers should continue to counsel people, including pregnant and lactating women, on eating a healthy, balanced diet, rather than focusing on single foods that may be rumored to treat COVID-19.
- Train journalist and authorities in how best to clearly communicate the facts related to nutrition. For example, avoid putting misinformation into story headlines or highlights. For example, “*Can eating garlic prevent COVID-19?*” may get readers’ attention, while at the same time contributing to the confusion. Research shows that after only one week, people remember the myths rather than the facts.⁷ Instead, highlight the facts in the headline, such as “*Eating nutrient-rich foods boosts your immune system.*”
- Disseminate **accurate information on social media** to support wide reach. UNICEF Europe and Central Asia are using digital engagement tools like the [HealthBuddy](#) chatbot to provide practical tips on COVID-19 and multi-language recommendations on COVID-19 and breastmilk.⁸
- Pair scientific evidence with stories and actions that speak to people’s **beliefs and values**. For example, in Kolkata, India, to prevent people from going hungry during the lockdown, two groups in the Sikh community have been preparing langar for those in need at quarantine centers. Langar is a free meal to uphold the value of equality among all people and promote togetherness and community. Langar delivered to these centers encourages vulnerable people to continue to quarantine to prevent the spread of COVID-19 while having access to meals.

⁶ Omer, S. [purnatt]. (2020, July 1). *Battling a pandemic in a fact-resistant world: epidemiology, public health, and the COVID-19 infodemic* [video]. YouTube. https://youtu.be/uwy_SMZ3zN0

⁷ Wardle, C. (2020). Conspiracies, rumors and falsehoods. (See page 4, footnote 11).

⁸ UNICEF. (2020). *HealthBuddy*. HealthBuddy. <https://healthbuddy.info/index>

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Carefully craft communication and responses to misinformation

- Use a range of approaches rather than direct responses. Instead, focus on spreading correct information. Giving voice to misinformation, even if the goal is to disprove it, can lead to more confusion. The better tactic is to not repeat the falsehood or give validation to the person saying it.⁹ On social media, ignoring, deleting, or hiding offending posts can help. Addressing recurring themes in separate posts is also possible.
- Where, due to rumor propagation, people are commonly relying on a particular food or drink—such as lemon, herbal infusions, or garlic—because they believe it will prevent COVID-19, take care to address this misconception. For example, *“Lemon juice does not prevent COVID-19. Good nutrition can support a healthy immune system but cannot prevent infection. A single food alone is not enough to boost your immune health. Young children and people of all ages should eat a variety, including fruits, vegetables, and animal-sourced foods.”*
- Correct misinformation when many believe in a type of “cure”, such as herbal remedies or juices. One response may be, *“Food or drinks cannot cure COVID-19. Anyone with a suspected case should self-isolate and wear a face covering, while seeking support from a health worker. Reducing symptoms of the illness by using ways to treat a cold or flu are recommended, although these do not cure COVID-19.”*
- Where fears about transmission through breastmilk are high, explain through peer groups or community media that, *“Breastfeeding boosts a child’s immune system, and the mother’s antibodies are passed on to the child through breast milk, helping the child fight infections. Furthermore, transmission via breastfeeding has not been demonstrated. If your infant or young child becomes sick with COVID-19 or any other illness, continue breastfeeding. In this case, wear a mask or other face covering and wash hands with soap before touching the baby.”*¹⁰
- Misinformation may create concerns around contracting COVID-19 through fresh fruits and vegetables, which in turn may result in reduced consumption. One way to respond is, *“Fresh food is safe to eat. The virus is not passed through food. Feed your family, including young children and pregnant women, vegetables and fruits every day as part of a healthy, diverse diet for good growth.”*¹¹

⁹ Wardle, C. [purnatt]. (2020, July 1). *Conspiracies, rumors and falsehoods: the truth about why the infodemic is so dangerous* [video]. YouTube. <https://youtu.be/j1G5B8i5UG8>

¹⁰ Global Breastfeeding Collective. (2020) Key Advocacy Messages on Breastfeeding and COVID-19 prepared by the Global Breastfeeding Collective. <https://www.unicef.org/breastfeeding/files/Key-advocacy-messages-on-BF-and-COVID-19.pdf>

¹¹ Centers for Disease Control and Prevention. (2020, June 25). *Food and coronavirus 2019 (COVID-19)*. CDC. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/food-and-COVID-19.html>

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Continually build trust and media literacy

- Be transparent about what is not known about COVID-19 and nutrition and acknowledge when there is inadequate consensus in the evolving science.
- Engage community leaders in combating misinformation related to nutrition. For example, religious and faith leaders across South Asia are helping to disseminate simple and accurate COVID-19 information on hygiene and reducing stigma.¹²
- Incorporate media literacy into ongoing nutrition community activities and media. For example, teach people how disinformation is spread through fake news experts and how to spot them.¹³ Teach communities and individuals, in peer groups or via local media, about the individuals who spread rumors and their motivations; this helps people think more critically about what they hear. Often those who spread misinformation and disinformation do so to make money.



Vinay Panjwani, UNICEF, India, Gujarat. June 20, 2020.
<https://weshare.unicef.org/archive/-2AM408PXLXO.html>

¹² UNICEF. (2020). *Religious and faith leaders join hands to protect women and children*. UNICEF.
<https://www.unicef.org/rosa/stories/religious-and-faith-leaders-join-hands-protect-women-and-children>

¹³ Wardle, C. (2020). *Conspiracies, rumors and falsehoods*. (See page 4, footnote 11).

Online Resources

- [Coronavirus Misinformation, and How Scientists Can Help to Stop It](#)
- [Technical Brief: COVID-19 Rumor Tracking Guidance for Field Teams](#)
- [Technical Brief on Using Social Media to Disseminate COVID-19 Information](#)
- [Guidance on Social and Behavior Change for Nutrition During COVID-19](#)
- [Technical Brief: Social and Behavior Change for Maternal, Newborn and Child Health During COVID-19](#)

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Vinay Panjwani, UNICEF, Gujarat, India: a community meeting by AWW in Hindloa Fadia, Limkheda village in India. June 20, 2020.
<https://weshare.unicef.org/archive/-2AM408PXGVVK.html>