



Are There Differences in the Approach to Disinformation Between People in Different Regions?

Coffee Beans

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Fake news is a global problem not limited to a particular region or continent. However, until recently, substantial attention has been paid to this phenomenon mainly in the USA and Europe. Today, it appears that it is the African continent whose inhabitants are exposed to fake news to a far greater extent than Americans or Europeans. The current socio-political climate in Africa seems to have encouraged the spread of biomedical misinformation, prefabricated by various individuals and groups, through video messages, images, interviews and newspaper articles (1,2).

According to studies focusing on search engines and online discussions, people in Africa and Europe consume and share fake news differently in certain aspects. The research shows that while media consumers in Kenya, Nigeria, and South Africa perceive that they are exposed to 'fake news' on a fairly regular basis, they are nonetheless much more likely to share it. 38% of Kenyans, 28% of Nigerians, and 35% of South Africans admitted to sharing stories that turned out to be fabricated based only on the emotions evoked by well-targeted headlines. Very often, these people had not even read the texts, thought critically about them, or considered their narrative value and veracity (1-3). In contrast, German and British analyses reveal a greater ability of Europeans to detect misinformation and critically evaluate it to the exclusion of strong emotional influences. Many European countries are already working to define legal and technological regulatory frameworks to combat fake news and hate speech (3,4).

Traditionally, in Africa, there is a flood of myths, misconceptions, and unsubstantiated information concerning health issues. These harmful rumors usually spread quickly and effectively undermine antiepidemic campaigns. A few years ago, Angola in Africa was hit hard by a cholera epidemic. The local population attributed the disease and its extremely rapid and dangerous spread to the wickedness of the gods, enchanted air, and black magic. The Angolan Red Cross became a key actor in the fight against the problem, trying to explain the situation to the indigenous population in a truthful and effective manner. It was undoubtedly the dissemination of false, distorted information that made it difficult, to say the least, to implement many rational operational counter-epidemic measures on the ground.

On the African continent of 1.3 billion people, the World Health Organization (WHO) and its partners are trying to cut through the information pollution on social media and provide the population with accurate guidance on how to understand the information presented. The Infodemic Response Alliance (AIRA) has been active here since 2020. Its tools search social media for false claims and counter them by disseminating scientifically accurate information through videos. The tools can detect problematic rumors, measure how many people share them, how fast they spread, and what emotions they evoke. One of AIRA's main strategies is to quickly identify and close information gaps before false information spreads (5-9).



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