

An Appraisal of Ethics in Media Reportage of COVID-19 Index Case in Kwara State

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Abstract

This study presents a content analysis of ethical practices in media reportage during the initial phase of the COVID-19 pandemic in Kwara State, Nigeria, with particular focus on the case of the state's index patient. The study adopted qualitative content analysis. Analysis was done using descriptive thematic and narrative analysis. Findings by the study revealed a disregard for established journalistic ethics across multiple media outlets, though a lone contrast in the ethical reporting of the Kwara State Government Website fairly demonstrated a viable professional alternative. Findings further indicated ethical breaches, including sensationalism, the publication of unverified information, and violations of patient privacy and confidentiality through the direct identification of the index case by name, location, and town. These unethical reporting were identified as the direct catalyst for intense psychosocial harm, including the stigmatisation experienced by the index case, her social ostracisation, and economic boycott of the affected family. The study uncovered systemic institutional failures underpinning the breaches, such as a lack of trauma-informed training, weak fact-checking protocols, and an outdated regulatory framework that incentivises "clickbait" economics over the privacy rights of individuals featured in news stories. The study concluded that the ethical failures demonstrated by the various media organisations actively undermined the public health response and inflicted lasting harm on the index case and associated individuals. It recommended the retraction of stories deemed to have caused harm to individuals as a primary step towards mitigating the harmful impact and as a demonstration of institutional accountability, alongside urgent reforms, including mandatory trauma-informed training for journalists and a review of the Nigerian Press Council's 26-year-old code of ethics for journalists, to align Nigerian media practice with global standards that prioritise human dignity during public emergencies.

Keywords: Media Ethics, COVID-19, Sensationalism, Public Health Communication, Kwara State, Nigeria.

1. Introduction

Media practice is an all-encompassing profession that integrate several sectors of the society. In the words of Mustapha (2022), media practice is the only profession central to the functioning of other sectors of the society; health, sports, transportation, engineering, politics, economy, or entertainment, as the media ensures coverage of these sectors to render information services to society. This aligns with the position of Ogbodo et al. (2023) that the media, than political actors, occupies a central position in human affairs, influencing various dimensions of human life beyond the boundaries of politics. The media plays a critical role in shaping public discourse, disseminating information, and impacting

social, cultural, and health-related behaviours of people in society.

In the health sector, the media is responsible for disseminating information to enable citizens make informed decisions, especially during outbreaks of novel diseases and other public emergencies when it is expected to play a social responsibility role as demanded by the ethics that govern the practice of journalism. However, this responsibility was placed under a significant pressure during the COVID-19 pandemic, when the entire world under a lockdown due to the outbreak of an unprecedented health emergency, necessitating a scrutiny of media performance during that period.

The novel coronavirus disease (COVID-19) began during the winter of December 2019 in Wuhan, China (WHO, 2021). Rapid transnational transmission was subsequently recorded across multiple continents, including Africa in which Nigeria is located, leading the World Health Organisation (WHO) to declare it a global pandemic on 11th March, 2020 (WHO, 2020). At the emergent stage of the pandemic, health authorities globally communicated preventive measures through the mass media to check the spread of the disease. According to Huang et al. (2020), media organisations rushed to cover the disease outbreak, highlighting different aspects of the epidemic for public consumption.

Nigeria recorded its first COVID-19 index case on 27th February, 2020, through an Italian national (Ilesanmi & Afolabi, 2020; NCDC, 2020; Sahara Reporters, 2020; The Punch News, 2020). Following this development, public health education and risk communication campaigns began in earnest, with both conventional and social media platforms, including WhatsApp, Twitter, and Facebook, among others, deployed by the Nigerian government to disseminate updates and preventive information (Obioma et al., 2020). Within a month of the first detected case, a total of 139 cases and 2 deaths were recorded (Vanguard Online, 2020). Some of the messages disseminated by the various media organisations, motivated by ethical misconduct, misinformation, and disinformation, traumatically instilled fear among infected persons and their families, thereby raising issues of serious ethical concern.

The pandemic was a novel global health emergency that demanded a different approach from the media and journalists. Thus, the International Journalists' Network (2020) noted then that for every announcement of COVID-19 casualty data, real lives were being affected, and according to Eniola Akinkotu, a frontline COVID-19 reporter for Nigeria's The Punch newspaper, casualty figures were facts and facts remained the cornerstone of journalism, noting however that publishing such figures must be done with a language that demonstrated sensitivity and respect for human life (International Journalists' Network, 2020). Conversely, the communication approach adopted by media corporations during the pandemic created significant cause for concern among media professionals (International Centre for Investigative Journalism, 2020) as issues of ethical considerations were seldom considered in the coverage of the pandemic.

Yunguan and Cheng (2021) observed that misin-

formation, without prudent journalistic evaluation of media content online, circulated rapidly and influenced public opinion during the pandemic. Radek and Lorencova (2020) further submitted that the communication approach adopted by media organisations in many countries during the COVID-19 outbreak was traumatising. Radek and Lorencova (2020) note that the anxious emotional tone of messages and the presentation of selectively chosen "bad ending stories" contributed to the psychological traumatising of the population. It was reasoned this form of communication was motivated by an effort to reach the broadest audience possible, neglecting the far-reaching health implications on patients and their families. As Horesh and Brown (2020) argued, governments must provide clear guidelines for media professionals disseminating information to an anxious and potentially traumatised public during public emergency, while Huang et al. (2020) contend that framing constitutes an important decision not only for shaping public discourse but also for communicating disease management interventions.

In Kwara State, Nigeria, the COVID-19 index case was reported on April 2, 2020 (African News, 2020; Sahara Reporters, 2020). An online media outlet based in Ilorin, the state capital, FreshInsightTV News, broke the news of an alleged deceased United Kingdom (UK) returnee who had been privately attended to by a family physician, a Professor of Medicine at the University of Ilorin Teaching Hospital (UITH) (FreshInsightTV News, 2020). The report labelled the UK returnee as the index case and impliedly identified the deceased's wife, the family physician who treated the alleged index case, and their associates as potential COVID-19 patients. In response, the Kwara State Government launched a 'manhunt' for the wife, the family physician, friends and relatives, which eventually resulted in the total lockdown of Offa Local Government (Premium Times, 2020).

Significant arguments emerged regarding the media and other stakeholders' handling of the supposed index case in Kwara. The disclosure of names and the revealing of identities without strict adherence to journalistic ethics were widely considered an infringement of privacy. For instance, Premium Times (2020) quoted the Chief Press Secretary to the Kwara State Governor, Mr. Rafiu Ajakaye, as stating that "one of the infected persons is the wife of a patient, a UK returnee who died last Thursday, and the other is another UK returnee." This approach prompted immense concern among citizens of Offa community, both within

and outside Kwara State, who feared the stigmatisation of the index case, their relatives, and the local government area as a whole.

Stigmatisation was identified as one of the major issues associated with the highly infectious novel coronavirus pandemic (Singh & Subedi, 2020). Kwaghe et al. (2021) submit that stigmatisation resulted in psychological and emotional trauma for the individuals affected, and had a severe negative impact on COVID-19 patients and health workers alike (Ramaci et al., 2020). The study addresses a clear knowledge gap at the intersection of journalism ethics and the psychosocial impact of COVID-19 reporting. For instance, Aaron and Shearon (2020) argue that ethical considerations in media reporting of traumatic incidents demand respect for privacy and dignity, accuracy and fact-checking, sensitivity, responsible framing and language, avoidance of sensationalism, and the countering of stigma and stereotypes. Non-adherence to these requirements can be inimical to individuals, communities, and the public health response (International Journalists' Network, 2020; The Punch News, 2020).

In order to investigate the performance of the media during the health emergency period, the study therefore undertook a content analysis the media reportage of the COVID-19 index case in Kwara State, within the context of journalistic ethical practices. It explored the potential impact of media reportage on the index case and the ethical responsibilities of media professionals through in-depth interviews. The findings highlight the importance of responsible reporting and the need for ethical guidelines to mitigate the negative consequences associated with sensationalism, stigmatisation, and other effects of poor ethical practice.

2. Literature Review

The media plays a crucial role in shaping public perception, particularly during emergency health crises such as the COVID-19 pandemic. While responsible journalism can inform and educate, unethical reporting can magnify stigma, spread misinformation, and potentially re-traumatise affected individuals and their families.

The Kwara State COVID-19 Index Case

In early April 2020, the COVID-19 pandemic was spreading across Nigeria, with Kwara State Government on a red alert in case of a spread to the state. The announcement of an index case was a highly sensitive matter, officially reserved for the state au-

thority, through a committee headed by the Deputy Governor or the Nigeria Centre for Disease Control (NCDC). In line with this procedure, on April 6, 2020, the Kwara State Government announced the laboratory-confirmed index case (Premium Times, 2020), debunking the earlier *FreshInsightTV* News report of April 2, 2020, even after it had acted on the misleading report and caused a premature lockdown of a local government. The Kwara-based online news platform had published a report claiming that a COVID-19 patient in Kwara State had died, naming the alleged patient, the hospital of alleged admission, and the family physician (International Press Centre, 2020), a report believed and acted upon by the state government. The Kwara State Government later issued a strong rebuttal dismissing the report as "fake news" and "irresponsible journalism" (Shittu, 2020).

The situation created a profound journalistic ethical dilemma. Defenders of *FreshInsightTV* News argued that the report was accurate, fact-based, and fulfilled the journalistic watchdog function, breaking a story of immense public importance that the government was allegedly delaying (Daramola, 2021; Ojebode & Taiwo, 2021). According to this view, the core principle of journalism as the Fourth Estate was satisfied. In a pandemic, Adibe et al. (2021) contend, information speed is critical, as waiting for bureaucratic channels could cost lives. Not many, in this category, considered the accuracy of the information and the lack of proper verification and conformation from relevant expert sources.

However, a counter-position saw the *FreshInsightTV* News report not merely by its acclaimed accuracy but by its violation of established crisis communication protocols. This position, supported by media ethicists and official sources, contended that the reportage undercut the codes of responsible journalism during a public health emergency (Bello & Fadairo, 2022). The NCDC is the sole nationally designated authority for the verification and announcement of COVID-19 test results, an arrangement fundamentally designed to prevent conflicting information and ensure that public announcements are preceded by coordinated response plans (NCDC, 2020). It was argued that by circumventing this official protocol, *FreshInsightTV* News compromised the integrity of the state's emergency response efforts. The principle of verification, as Bello and Fadairo (2022) stressed, requires confirmation from the most authoritative source, which in this case was the NCDC.

Corroborating this position, Shittu (2020), quoting Ajakaye (2020), submits that responsible reporting must align with authorities to ensure that information release is synchronised with public health preparedness, thereby preventing social unrest, stigma, or panic. From this viewpoint, *FreshInsightTV News* report was considered ethically incorrect, as it prioritised the scoop over the potential to disrupt the system designed to protect public safety. The *FreshInsightTV News* report of April 2, 2020 was subsequently pulled down, but no formal retraction or apology was issued to the affected individuals and their family.

The question of retraction is considered central to media accountability. In journalism, a retraction is a formal, public statement issued by a news organisation to declare that a previously published story was substantially incorrect, unreliable, or unethical (Akinfeleye, 2017; Ojebode et al., 2020). A Nigerian media scholar, Ralph Akinfeleye, submits that:

The willingness to retract a story is the ultimate test of journalistic integrity. It is a painful but necessary antiseptic for the wound inflicted on public trust by inaccurate reporting. It demonstrates that the pursuit of truth outweighs the pride of the institution (Akinfeleye, 2017, p. 89).

In practice, an unconditional apology is owed to individuals, organisations, or communities harmed by false publication, and the retraction should be published with a prominence equal to or greater than the original erroneous story (Patterson & Wilkins, 2019). However, in the Nigerian media ecosystem, retractions are rare. News organisations are often reluctant to issue them due to fears of reputational damage and economic consequences (Society of Professional Journalists, 2014; Patterson & Wilkins, 2019). Paradoxically, the act of silence in correcting major inaccuracies does greater long-term damage than the error itself (Patterson & Wilkins, 2019; Ojebode et al., 2020). However, the digital age has compounded this challenge, as a retracted story can continue to circulate online, perpetuating the original harm (Adibe et al., 2021).

Ethics as Foundation of Responsible Journalism

The media represents a social institution with the boundless potential to influence moral consciousness and societal values, functioning either as a force for collective good or as a vehicle for ethical decay. Couldry and Hepp (2017) submit that the media constitutes a crucial social establishment that constructs

and negotiates the meaning of reality for audiences in contemporary societies, thereby carrying meaningful ethical responsibilities. McNair (2018) describes the contemporary media as a “secular pulpit,” capable of enlightening the public, exposing falsehoods, and establishing factual narratives that promote societal well-being. This function makes it essential for media professionals to adhere to ethical standards that preserve objectivity, accuracy, and fairness. As Christians et al. (2021) assert, ethical journalism is vital in fostering a media culture that not only informs but uplifts, educates, and morally orientates the general public.

This potential is particularly evident in emergency health situations such as the COVID-19 pandemic, where media reporting shaped public attitudes towards affected individuals and health policies. According to Freelon et al. (2020), unchecked media practices can result in stigmatisation, fear-mongering, and the erosion of public trust, underscoring the necessity for ethically responsible journalism. Modern media codes of ethics, such as those established by the International Federation of Journalists (IFJ, 2019), place high emphasis on accuracy, non-discrimination, privacy, and public interest, reinforcing the idea that ethical journalism is integral to democratic societies.

Craft and Davis (2022) contend that contemporary journalism is frequently confronted with conflicting pressures: the demand for sensationalism driven by commercial interests and the ethical obligation to serve the public good. Bertrand (2021) identifies contemporary “deadly sins” of modern journalism that include sensationalism, invasion of privacy, misinformation, character assassination, exploitation of sensitive content, and abuse of editorial power. As Kovach and Rosenstiel (2021) argue, ethical media practice is foundational for sustaining public trust and the legitimacy of democratic processes.

Ethical Theory and the Journalistic Dilemma

Ethical theory provides the philosophical foundation for moral decision-making in journalism, offering structured frameworks for navigating complex dilemmas. According to Christians et al. (2021), ethical theories can be broadly categorised as consequentialist (teleological), duty-based (deontological), and virtue ethics. Consequentialist ethics posits that the morality of an action is determined by its outcomes; actions are considered morally justified if they result in the greatest good for the greatest number (Weston, 2020). In contrast, deontological ethics, derived from Immanuel

Kant's work, asserts that certain actions are morally obligatory irrespective of their consequences (Kant, 2004; Ward, 2020). A third approach, virtue ethics, traces back to Aristotle's *Nicomachean Ethics* and evaluates the moral agent's character, proposing that good journalism is a function of good character cultivated through practice and habituation (Banks, 2022).

Contemporary journalism ethics literature recognises that professional conduct is equally shaped by institutional constraints, socio-political contexts, and market dynamics (Craft & Davis, 2022). Juan-Carlos (2015) highlights that journalism ethics is fundamentally conditioned by the personal values of journalists, the independence of their media institutions, and external influences such as political, economic, and technological factors.

In the Nigerian context, ethical challenges in journalism have historically been compounded by weak institutional frameworks, commercial pressures, poor remuneration, ownership interference, and inadequate professional regulation (Oso, 2020). Idowu (1996, as cited in Jim, 2015) identified systemic issues such as poor technical training, market-driven content decisions, and conflicts of interest as contributing factors to unethical practices.

The Nigerian Press Organisation (NPO) developed its first code of ethics in 1979; a revised code was adopted in 1998 following extensive consultations by the Nigerian Press Council (NPC), the Nigerian Union of Journalists (NUJ), and the Nigerian Guild of Editors (NGE) (NPC, 1998; Ojebode & Akinwale, 2022). Despite these frameworks, unethical practices persist, driven by commercial pressures and political patronage that undermine editorial independence (Hanitzsch

& Vos, 2023). As Jim (2015) aptly observes, ethical principles often fail to provide clear directives for journalists facing high-pressure decisions in the field.

3. Material and Method

The study adopted a multi-method research design combining qualitative content analysis and in-depth interviews with the Kwara Covid-19 index case, journalists and media scholars. This choice is consistent with qualitative inquiry's emphasis on uncovering subjective meanings, social realities, and contextual interpretations within the domains of media ethics, psychosocial impact, and public health communication. Qualitative content analysis is a systematic research method for interpreting textual data through processes of coding, categorisation, and theme identification (Schreier, 2018; Bengtsson, 2016). The study examined selected media reports relating to the COVID-19 index case in Kwara State, covering the period from April 2 to October 31, 2020. The data corpus comprised print and online media reports from seven purposively selected news outlets: the Kwara State Government Website, Vanguard Newspaper, The Eagles Online, the International Centre for Investigative Reporting (ICIR Nigeria), Pulse News, Naija News, and FreshInsightTV News. A total of 10 news reports were content analysed across these seven sources.

Unit of Analysis and Content Categories

The units of analysis comprised all conventional news stories, feature articles, editorials, and commentary pieces related to the Kwara State COVID-19 index case published by the selected outlets during the defined period. Table 1 presents the coding scheme applied in the study.

Table 1: Units of Analysis and Content Categories (Coding Scheme)

| Code | Category | Description | Example Indicators |
|------|----------------------|---|--|
| EA | Ethical Adherence | Evidence of professional standards (e.g., protecting the patient's identity, balanced language) | "A patient in Kwara..." vs. naming the individual |
| EB | Ethical Breach | Unethical practices such as naming the patient, sharing location, using stigmatising language | Use of terms like "victim", "brought it upon themselves" |
| SC | Stigmatising Content | Language reinforcing fear or blame | "Infected community", "carrier", public panic mentions |
| TS | Trauma Sensitivity | Evidence of trauma-informed reporting | Empathetic tone, quotes expressing emotional toll |
| PC | Post-Stigma Coping | Descriptions of how patients handled stigma | Statements about therapy, community support, etc. |

Intra-Coder Reliability

The intra-coder reliability test was conducted to

assess the stability and consistency of the coding process. Table 2 presents the results.

Table 2: Intra-Coder Reliability Test for Selected Major Themes

| Thematic Code | Cohen's Kappa (κ) | Strength of Agreement |
|-------------------------------------|----------------------------|-----------------------|
| Sensationalism as a Catalyst | 0.92 | Almost Perfect |
| Breach of Confidentiality | 0.96 | Almost Perfect |
| Economic Incentives for Malpractice | 0.88 | Almost Perfect |
| Experiences of Social Ostracisation | 0.85 | Almost Perfect |
| Trauma and Psychological Impact | 0.90 | Almost Perfect |
| Kinship as a Coping Mechanism | 0.82 | Almost Perfect |
| Calls for Regulatory Reform | 0.79 | Substantial |

The high Kappa values, ranging from $\kappa = 0.79$ to $\kappa = 0.96$, indicate "almost perfect" agreement for the vast majority of codes, confirming stable and consistent application of the codebook throughout the coding process. The marginally lower Kappa value recorded for the code "Calls for Regulatory Reform" ($\kappa = 0.79$), though still representing "substantial" agreement, reflected a tendency to conflate this code with the adjacent theme of "Need for Training" during the initial coding pass. This was resolved through iterative re-reading and codebook refinement.

4. Result and Discussion

This section presents the findings of the content analysis of 10 news reports from seven news sources on Kwara State's handling of COVID-19 cases involving the alleged UK returnee and the confirmed index case. The categories were derived deductively from the media text materials through close reading and iterative comparison, systematised under two analytical lenses: ethical impacts and psychosocial impacts.

Table 3: Summary of Ethical Impact Categories

| Main Category | Subcategories | Description |
|-----------------------------------|---|---|
| Privacy and Confidentiality | - Disclosure of patient identity - Lack of anonymisation | Ethical concerns over naming or indirectly identifying the index case or associated individuals. |
| Consent and Agency | - Lack of informed consent - Top-down communication | Whether the patient had a say in disclosures; press releases often originated from government bodies. |
| Stigmatisation and Responsibility | - Blame rhetoric - Moral undertones | Reports implicitly or explicitly framed the index case as responsible for bringing the virus. |
| Media Ethics | - Sensationalism - Balance and fairness | Use of dramatic language, unverified claims, or lack of context in news writing. |

Table 4: Summary of Psychosocial Impact Categories

| Main Category | Subcategories | Description |
|----------------------------------|--|---|
| Fear and Anxiety | - Emotional language - Public panic - Health fears | Language inducing fear in readers, uncertainty about spread, overwhelming tone. |
| Public Trust and Distrust | - Scepticism of official information - Community reactions | Reactions of residents doubting government accounts or the virus's presence. |
| Social Division and Stereotyping | - 'Us vs. Them' narratives - Geographic undertones | Tensions between locals and perceived outsiders; scapegoating of travelers. |
| Support and Solidarity | - Community response - Empathy toward affected persons | Stories emphasising collective action, sympathy, or resilience. |

Ethical Reporting Compliance

The Kwara State Government Website report on the index case partly demonstrated adherence to ethical guidelines in later communications. The outlet affirmed that “Names and addresses of confirmed cases are being withheld to preserve their dignity and avoid public backlash,” and stated that it was “committed to maintaining the confidentiality of all patients while encouraging others to come forward for testing.” This commitment was, however, made after an earlier ethical lapse in the initial announcement of the index case.

Vanguard and *The Eagles Online* reported case numbers factually but did not provide direct warnings against stigmatisation. Notably, both outlets were effectively silent on the events of April 2, 2020 relating to the UK returnee, not publishing on this event at all. In contrast, *ICIR* included the descriptor “wife of the index case” and described the location as “the family compound in Ilorin,” providing sufficient context for identification in a close-knit community. The report further stated that “she reportedly showed symptoms days before her sample was collected,” adding an additional layer of patient identification.

Naija News described the deceased as “a well-known Ilorin-based trader” and “a prominent figure in the Yoruba Road,” information that risked revealing the individual’s identity at the community level. The report acknowledged that “her identity could not be officially confirmed, but several residents named her during interviews,” a statement that, paradoxically, amplified the very identification it purported to disclaim. *FreshInsightTV News* represented the most pronounced case of ethical breach, specifically naming the alleged index case, the confirmed case, and the family physician by name. The report further noted that “a video of the burial has gone viral on local social media groups,” thereby compounding the privacy breach by directing further public attention to identifying content.

Collectively, *ICIR*, *Naija News*, and *FreshInsightTV News* breached confidentiality norms by revealing personal identifiers, including familial relationships and full names. These findings are consistent with the ethical categories of “Ethical Breach” (EB) and “Stigmatising Content” (SC) identified in the coding scheme.

Stigmatisation and Ethical Breaches

The issue of stigmatisation was explicitly addressed by state authorities. The Kwara State Govern-

nor stated that “testing positive for the virus is not a crime as anyone could contract it” and warned against stigmatisation of COVID-19 patients or their families (Kwara Website). He further emphasised: “Government will punish anyone who stigmatises any of our patients or members of their families” (Kwara Website). This government’s stance reflects an awareness of the social backlash facing the index case and associated individuals. However, the governor’s own administration had previously disclosed contextual details that made the index case identifiable, an irony that further underscores the difficulty of balancing public health disclosure with the ethical protection of individual privacy.

Disclosure and Privacy Concerns

Multiple reports revealed breaches of index case confidentiality and the ethical handling of sensitive health data. *FreshInsightTV News* reported: “The wife of the deceased has tested positive. We’re only awaiting the confirmation of the other results before an official announcement is made.” Similarly, *ICIR* stated: “The wife of the deceased man, Kwara COVID-19 index case, is still alive and well, also asymptomatic at the moment.” These disclosures, combined with identifying contextual details such as “UK returnee” and “Offa resident,” rendered the patients readily identifiable to local audiences, raising profound concerns regarding consent, anonymity, and media ethics in a public health emergency.

Public Health Ethics and Institutional Accountability

An ethical predicament also emerged regarding the handling of the corpse and its release from the University of Ilorin Teaching Hospital (UIITH). *Naija News* reported that “the Professor was sacked due to what it described as ‘unethical conduct in the admission, management and eventual release of the corpse of a suspected COVID-19 patient’.” While this outcome reflects a measure of institutional accountability, it simultaneously underscores the lapses in ethical medical protocol that worsened public exposure and deepened distrust in health institutions during a critical period.

Psychosocial Repercussions

The psychosocial atmosphere in the affected community was shaped by fear, containment policies, and narratives of death. The government’s decision to impose a total lockdown on Offa Local Government

was cited as necessary “to contain community transmission and save people’s lives” (The Eagles Online). However, this action reinforced fear and social suspicion within the Offa community. The burial of the alleged index case and his wife’s subsequent confirmed positive status intensified communal anxiety: “The woman had made series of contacts with people right after the burial of her late husband in Offa, receiving condolence visitors” (Naija News), with over 300 contacts reportedly traced (ICIR). This chain of events contributed significantly to communal grief and widespread apprehension.

Compassion, Solidarity, and the Counter-Narrative

Against the backdrop of ethical failures, there were also efforts to mitigate fear and demonstrate institutional solidarity. Discharged patients publicly commended the government for “putting in place ‘such a good facility’ and for the care” (Kwara Website). The Governor emphasised: “We are glad that you are fine and we wish you all the best... the people of the state stand by them always” (Kwara Website). This human-centred communication served to de-escalate tensions and reframe the narrative around COVID-19 patients as deserving of empathy rather than condemnation, a positive model for ethical crisis communication. The UITH also took disciplinary action against the physician responsible for the premature release of the corpse, while the state government initiated palliative distributions for vulnerable populations, including the aged, the physically challenged, widows and widowers, and poor artisans (Pulse).

5. Conclusion and Recommendation

This study’s analysis of media reporting on Kwara State’s COVID-19 index case reveals a significant failure in Nigerian journalism during a public health emergency, with profound consequences for both individual well-being and the broader public health response. The findings collectively paint a picture of a media ecosystem in which ethical standards were systematically compromised, leading to direct and severe harm to those featured in the news stories. The core finding is that an acute disconnect existed between established ethical journalism principles and the actual practice of most outlets, most especially *FreshInsightTV News*. This was not an isolated incident but a systemic issue, characterised by sensationalism, the publication of unverified claims, and a flagrant disregard for privacy and confidentiality. These actions were directly identified as catalysts for

intense psychosocial harm, including stigmatisation, economic boycott, and social ostracisation of the affected family, demonstrating that unethical reporting actively worsens a health crisis by discouraging cooperation with official interventions.

Underpinning these ethical failures were structural and institutional deficiencies: a media economy driven by a “clickbait” model that prioritises web traffic over truth, an outdated regulatory framework incapable of addressing digital-age challenges, a critical gap in trauma-informed training for journalists, and a lack of meaningful accountability mechanisms. Nonetheless, the study identifies pathways for correction. The ethical and compassionate reporting of the Kwara State Government Website demonstrates that responsible journalism is achievable, even under pressure. The case of media reportage of the Kwara State COVID-19 index case ultimately highlights a fundamental tension between press freedom and social responsibility, showing how disregard for ethics can undermine public health efforts, cause stigma, and inflict lasting damage on individuals and social cohesion.

Based on the findings, the study proposes the following recommendations: *FreshInsightTV News* ought to and should issue a formal retraction and unconditional apology for its April 2, 2020 report, to be published with prominence equal to or greater than the original story. This act of accountability is essential for rebuilding public trust in journalism. The Nigerian Press Council should undertake a substantive and urgent review of its 1998 code of ethics to address digital-age challenges, incorporate explicit provisions for health emergency reporting, and align Nigerian media practice with international standards that prioritise human dignity. Mandatory trauma-informed or trauma-sensitive journalism training should be institutionalised within Nigerian media organisations, equipping reporters with the knowledge and skills to cover health emergencies without causing secondary harm. Media organisations should strengthen internal fact-checking protocols and establish clear editorial guidelines for the reporting of index cases and sensitive health information, with explicit prohibitions on the identification of patients without verified consent. Government health agencies, in particular the NCDC and its state affiliates, should develop and disseminate formal media engagement protocols for epidemic announcements, providing journalists with verified, timely information through coordinated briefings to reduce the incentive for unilateral, speculative re-

porting. Finally, the reformation of media practice in Nigeria, guided by context-sensitive ethical standards that protect human dignity without sacrificing the public's right to accurate and timely information, is

essential to rebuilding institutional trust and ensuring that media professionals act as genuine agents of public good in future health emergencies.

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