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Influence of Selected Nigerian Social Media Health Influencers on Preventive Health Behaviour among Youths in Delta State

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Abstract

Social media health influencers have emerged as significant figures in the health information landscape of Nigeria, yet their specific influence on preventive health behaviour among youths in Delta State remains understudied. This study examined the influence of five selected Nigerian social media health influencers, namely Aproko Doctor, Doctor of the Future, Dr. Ayodele Renner, Dr. Bearded Sina, and Dr. Chioma Nmakama, on the preventive health behaviour of 400 youths in Delta State. Anchored on the Health Belief Model and using a descriptive survey design, data were collected through a structured online questionnaire administered via Facebook. The findings indicate that Aproko Doctor was the most recognised influencer, with 82.3% of respondents having either heard of or actively followed the account. TikTok emerged as the dominant platform for accessing health influencer content (65.3%), despite WhatsApp dominating general social media use (55.0%). Respondents reported broadly positive perceptions of influencer impact on disease prevention knowledge and lifestyle behaviour. Good personal hygiene (83.0%), healthy eating (76.0%), and adequate water intake (73.0%) were the most commonly adopted preventive practices. Message clarity (97.7%) and perceived medical qualification of the influencer (94.4%) were the strongest determinants of preventive health behaviour adoption. The researchers conclude that social media health influencers are most effective at producing lifestyle-level behavioural change, while clinical preventive behaviours such as vaccination and health screening remain constrained by structural barriers. Strategic partnerships between public health agencies and credible influencers, alongside investments in healthcare access, are recommended.

Keywords: Social media health influencers, preventive health behaviour, health communication, youths, Delta State, Nigeria, Health Belief Model.



Introduction

Social media has become one of the most influential channels through which young people obtain health information and make decisions about their wellbeing. Unlike conventional health communication, which often depends on periodic campaigns through traditional media, digital platforms provide continuous, interactive, and personalised access to health messages (Kuipers et al., 2025; Umoren & Udonquak, 2021). This shift has transformed how preventive health information is produced, shared, and consumed, particularly among young people who spend a substantial part of their daily lives online. In Nigeria, this transformation has accelerated alongside the rapid growth in internet connectivity and smartphone use. DataReportal (2026) reported that Nigeria had approximately 47.8 million social media user identities as of October 2025, representing about one-fifth of the country's population. As social media participation continues to expand, these platforms are increasingly becoming important spaces where health knowledge is communicated, discussed, and applied (Roy & Malloy, 2023).

Taking a cue from Paul and Headley-Johnson (2025), Social Media Health Influencers can be seen as individuals who consistently create and share health-related content designed to educate, inform, and encourage healthier lifestyles among their audiences. Through platforms such as TikTok, Instagram, Facebook, YouTube, and X, health influencers simplify medical information into language that is easy to understand while using videos, storytelling, humour, infographics, and interactive features to engage users (Thapliyal et al., 2024). As Kaňková et al. (2024) assert, unlike many institutional health campaigns that are often perceived as formal or distant, health influencers establish ongoing relationships with their audiences through regular interaction and relatable communication styles. This continuous engagement has made them increasingly relevant to preventive health communication, particularly among younger audiences who are more likely to trust and interact with digital content creators than with conventional institutional sources (Simba & Girma, 2025).

In Nigeria, the influence of medically trained content creators has grown considerably in recent years. Personalities such as Aproko Doctor, Doctor of the Future, Dr. Ayodele Renner, Dr. Bearded Sina, and Dr. Chioma Nmakama have attracted substantial online audiences by translating complex medical concepts into practical health advice that addresses everyday concerns. Their content frequently focuses on disease prevention, nutrition, personal hygiene, mental wellbeing, sexual and reproductive health, child health, and healthy lifestyle practices. By combining professional knowledge with communication styles that resonate with young audiences, these influencers have expanded the reach of preventive health information beyond conventional healthcare settings. Their growing visibility reflects a broader shift in health communication, where professional expertise is increasingly delivered through informal and highly interactive digital environments.

Olumuji and Akerele (2025) affirm that exposure alone does not guarantee behaviour change, rather, the effectiveness of health influencer communication depends on several interconnected factors, including the perceived credibility of the influencer, the clarity and consistency of the message, audience trust, and the extent to which the information appears relevant to everyday life. Olumuji and Akerele (2025) found that exposure to health-related social media skits encouraged many Nigerian youths to adopt healthier behaviours, demonstrating the persuasive potential of engaging digital health content. Similarly, Li and Shi (2025) reported that messages delivered by clearly identifiable and professionally credible health communicators generated significantly higher intentions to comply with recommended health practices than messages from less credible or anonymous sources. These findings suggest that both the messenger and the manner in which health information is communicated influence whether audiences move beyond awareness to actual behavioural change.



Several other empirical evidence support the growing role of social media influencers in preventive health communication. Simba and Girma (2025), in their review of health influencer campaigns across Africa, found that influencers could complement traditional health campaigns by reaching young audiences effectively, although misinformation and commercialisation remained important concerns. Issaka et al. (2025) found that source credibility and message framing significantly predicted cancer prevention behaviour among social media users in Ghana, while Aleshinloye and Mogbogu (2026) reported that altruistic motivations and source credibility influenced health information seeking and sharing among Lagos State youths. Oni et al. (2026) similarly found that TikTok and Instagram were frequently used for health information among University of Abuja students, with nearly half of the respondents considering social media a trusted source. In Tanzania, Kim et al. (2024) demonstrated that influencer-led campaigns could produce measurable changes in vaccine confidence when properly coordinated. Kuyinu et al. (2020) also found that internet use for health information was significantly associated with adequate health literacy among Lagos residents, although language comfort and prior health knowledge influenced this relationship. Together, these studies show that health influencer content can shape health awareness, attitudes, and, in some cases, actual preventive behaviour.

Although interest in digital health communication has increased, empirical evidence from Nigeria remains relatively limited in scope. Much of the existing literature has concentrated on health information seeking, message sharing, awareness creation, or social media use within individual universities or single urban locations (Olumuji & Akerele, 2025; Aleshinloye & Mogbogu, 2026). Consequently, there is still limited understanding of how sustained exposure to multiple health influencers with different areas of professional expertise influences preventive health behaviour among young people across a wider population. Existing studies have also paid comparatively little attention to the factors that determine whether young audiences translate online health messages into practical preventive actions.

This gap is particularly evident in Delta State, where social media use among young people continues to increase, yet evidence on the behavioural influence of health-focused digital content remains scarce. Despite the growing popularity of Nigerian health influencers and the strategic importance of preventive healthcare in reducing the burden of disease, little is known about the extent to which these influencers shape preventive health practices among youths in the state. Addressing this gap is important because effective preventive health communication depends not only on the availability of health information but also on understanding the conditions under which such information motivates behavioural change. It is against this background that this study examined the influence of selected Nigerian social media health influencers on preventive health behaviour among youths in Delta State.

Objectives

1. To determine the level of exposure of youths in Delta State to the content of selected Nigerian social media health influencers.
2. To examine the extent to which exposure to selected Nigerian social media health influencers influences preventive health behaviour among youths in Delta State.
3. To identify the factors that affect youths' adoption of preventive health behaviour promoted by selected Nigerian social media health influencers in Delta State.



Theoretical Framework

Health Belief Model

This study is anchored on the Health Belief Model (HBM), developed in the early 1950s and refined by Rosenstock (1974). The HBM proposes that the likelihood of adopting a preventive behaviour depends on perceived susceptibility to a health threat, perceived severity of that threat, perceived benefits of action, perceived barriers to action, cues to action, and self-efficacy. The model is particularly well suited to this study because it explains the cognitive pathway that sits between exposure to a health message and the decision to act on it. Whether a young person who watches a health influencer's video subsequently changes their behaviour depends not simply on exposure but on whether the message shifts their beliefs about personal risk, the seriousness of the threat, and the feasibility of the recommended action.

The HBM is directly applicable to this study's three research questions. The exposure measures in Research Question 1 speak to the cues-to-action component of the model. The behavioural outcomes in Research Question 2 reflect the model's distinction between awareness-level change and actual behaviour adoption. And the factors explored in Research Question 3 map directly onto the HBM's perceived benefits, perceived barriers, and self-efficacy constructs. Issaka et al. (2025), working within the HBM framework in Ghana, found that social media source credibility and message characteristics jointly shaped cancer prevention behaviour, confirming the model's applicability to influencer-mediated health communication in African contexts.

Method

This study employed a descriptive survey design to investigate how selected Nigerian social media health influencers shape preventive health behaviour among young people in Delta State. The survey approach was considered suitable because it enabled the researchers to gather information directly from a large number of respondents and describe their opinions, experiences, and health-related behaviours within the context of the study.

The study population comprised youths aged 18–35 years residing in Delta State. The population estimate was derived from the 2006 National Population Census figure of 4,112,445. Applying Nigeria's annual intercensal growth rate of 3.2 percent with the exponential growth formula, $Pn = Po(1 + r)^n$, the projected population of Delta State in 2026 was estimated at approximately 7,720,750. In line with the National Youth Policy, which classifies youths as individuals between 18 and 35 years of age, this age group was estimated to constitute about 35 percent of the state's population, giving an estimated youth population of 2,702,263. Using the Taro Yamane formula, $n = N / [1 + N(e)^2]$, with a 95 percent confidence level and a 0.05 margin of error, a sample size of 400 respondents was obtained.

Purposive sampling was used to select participants who met the requirements of the study. To qualify, respondents had to be between 18 and 35 years old, reside in Delta State, actively use Facebook, and follow at least one of the selected Nigerian health influencers. Facebook was chosen as the survey platform because each of the selected influencers maintains an active and verified presence on the platform, making it an appropriate avenue for reaching the target audience. To ensure that only eligible participants completed the questionnaire, respondents were first asked to confirm that they lived in Delta



State and to indicate their Local Government Area. Anyone who did not reside in the state was automatically screened out of the survey.

The five health influencers included in the study were selected purposively based on clearly defined criteria. These included having at least 10,000 followers, regularly producing health-related educational content, focusing on preventive healthcare, attracting a predominantly Nigerian audience, and presenting health information in a style that is engaging and accessible to young people. Based on these criteria, the influencers selected were Aproko Doctor, whose content focuses on general health education; Doctor of the Future, known for nutrition and lifestyle disease prevention; Dr. Ayodele Renner, who specialises in child and family health; Dr. Bearded Sina, whose content centres on internal medicine; and Dr. Chioma Nmakama, whose work focuses on sexual and reproductive health.

Data were collected using a structured questionnaire organised into six sections. Questions relating to the influence of health influencers and the factors affecting the adoption of preventive health practices were measured on a four-point Likert scale ranging from Strongly Agree to Strongly Disagree. The study intentionally excluded a neutral response option to encourage respondents to express a clear opinion on each statement.

To ensure the quality of the instrument, specialists in communication and research methodology examined the questionnaire for face and content validity. A pilot study involving 30 respondents from outside the study area was conducted to test its reliability. The instrument produced a Cronbach's Alpha coefficient of 0.70, indicating that it possessed an acceptable level of internal consistency. The data collected from the main survey were coded and analysed using descriptive statistics with SPSS version 26. Ethical consent was sought from all participants prior to their participation in this study. Respondents were informed that participation was voluntary and that their responses would be treated with strict confidentiality and used solely for research purposes. Data collection commenced on 29 June 2026 and was completed on 19 July 2026, covering a period of 21 days.



Findings

Table 1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Local Government Area	Isoko North	113	28.3
	Ughelli North	43	10.8
	Ethiope East	38	9.5
	Ndokwa West	38	9.5
	Ethiope West	33	8.3
	Uvwie	28	7.0
	Udu	25	6.3
	Isoko South	20	5.0
	Ughelli South	13	3.3
	Ukwuani	10	2.5
	Warri North	5	1.3
	Warri South	5	1.3
	Ndokwa East	5	1.3
	Aniocha North	3	0.8
	Aniocha South	3	0.8
	Okpe	3	0.8
	Burutu	3	0.8
	Patani	3	0.8
Gender	Female	276	69.0
	Male	124	31.0
Age	18–24 years	324	81.0
	25–29 years	45	11.3
	30–35 years	31	7.7
Educational Qualification	Bachelor's Degree	209	52.3
	Secondary School	76	19.0
	Postgraduate Degree	75	18.7
	OND/NCE	40	10.0
Occupation	Student	360	90.0
	Civil Servant	22	5.5
	Unemployed	9	2.3
	Self-employed	9	2.2
Length of Social Media Use	1–3 years	138	34.5
	More than 6 years	129	32.3
	4–6 years	120	30.0
	Less than 1 year	13	3.2
Most Used Social Media Platform	WhatsApp	220	55.0
	TikTok	139	34.8
	Facebook	18	4.5
	YouTube	14	3.5
	X (Twitter)	4	1.0
	Instagram	5	1.2

Note. N = 400.



A total of 400 copies of questionnaire were distributed and retrieved online, representing a 100% response rate. Table 1 presents the demographic profile of the respondents. They were drawn from 18 Local Government Areas across Delta State, with Isoko North contributing the highest proportion (28.3%). Females constituted the majority (69.0%), and 81.0% were aged 18 to 24 years, confirming that the study captured the younger end of the defined youth bracket. Over half of the respondents held a Bachelor's degree (52.3%) and 90.0% identified as students, reflecting a predominantly university-attending sample consistent with studies documenting high social media engagement among Nigerian undergraduates (Oni et al., 2026). A total of 96.8% had used social media for at least one year. WhatsApp was the most frequently used platform for general social media purposes (55.0%), followed by TikTok (34.8%).

Table 2: Familiarity with Selected Nigerian Social Media Health Influencers

Health Influencer	Currently Follow	Heard, Do Not Follow	Never Heard
Aproko Doctor	147 (36.8%)	182 (45.5%)	71 (17.7%)
Doctor of the Future	36 (9.0%)	71 (17.8%)	293 (73.2%)
Dr. Ayodele Renner	22 (5.5%)	107 (26.7%)	271 (67.8%)
Dr. Bearded Sina	26 (6.5%)	116 (29.0%)	258 (64.5%)
Dr. ChiomaNmakama	26 (6.5%)	125 (31.2%)	249 (62.3%)

Table 2 presents respondents' familiarity with the five selected Nigerian social media health influencers. Aproko Doctor was the most recognised and widely followed, with 147 respondents (36.8%) actively following the account and 182 (45.5%) indicating familiarity without followership, leaving only 17.7% who had never heard of the influencer. In contrast, the remaining four influencers recorded considerably lower recognition: Doctor of the Future was unknown to 73.2% of respondents, Dr. Ayodele Renner to 67.8%, Dr. Bearded Sina to 64.5%, and Dr. Chioma Nmakama to 62.3%. Active followership for each of these four ranged narrowly between 5.5% and 9.0%. Among the respondents sampled, Aproko Doctor commands substantially greater awareness and followership than the other selected influencers, a disparity that may reflect differences in content style, platform longevity, and audience reach.

Table 3: Length of Following Health Influencers on Social Media

Length of Following Health Influencers	Frequency	Percentage (%)
Less than 6 months	171	42.8
6 months to 1 year	81	20.2
1–3 years	112	28.0
More than 3 years	36	9.0
Total	400	100.0

Table 3 shows that 42.8% of respondents had followed health influencers for less than six months and a further 20.2% for between six months and one year, meaning that 63.0% had done so for one year or less. Only 9.0% had maintained followership for more than three years. This indicates that engagement with social media health influencers is a relatively recent behaviour among the sampled population, consistent with the rapid growth of health content on short-form video platforms in Nigeria in recent years.

Table 4: Frequency of Viewing Health-Related Content from Selected Influencers

Frequency of Viewing Health-Related Content	Frequency	Percentage (%)
Several times a week	99	24.8
Occasionally	99	24.8
Rarely	99	24.8
Daily	63	15.7
Once a week	27	6.7
Never	13	3.2
Total	400	100.0

Table 4 shows that respondents were generally exposed to health-related content from the selected influencers, although the intensity of exposure varied. The largest proportion of respondents reported viewing such content several times a week, occasionally, or rarely, suggesting that exposure was more moderate than daily. This indicates that health-related content from the selected influencers formed part of the respondents' social media experience, with only a small proportion reporting no exposure.

Figure 1. Platform Mostly Used to Access Health Influencers' Content

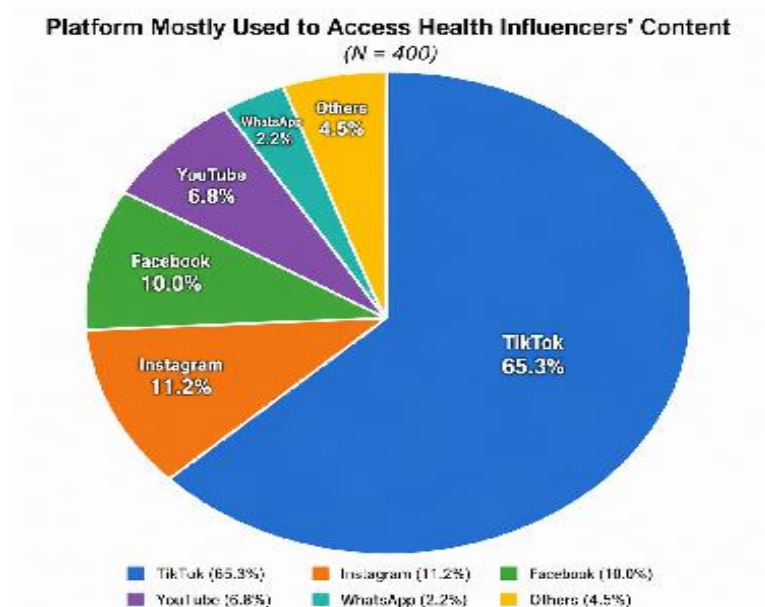


Figure 1 presents the social media platforms used by respondents to access health-related content from the selected influencers. TikTok recorded the highest proportion of respondents, followed by Instagram and Facebook. The figure also shows the proportions recorded for WhatsApp, X (Twitter), and YouTube.

Table 5: Level of Attention Paid to Health-Related Posts

Level of Attention	Frequency	Percentage (%)
Moderate	157	39.3
High	90	22.5
Low	63	15.7
Very High	58	14.5
Very Low	32	8.0
Total	400	100.0

Table 5 shows that respondents generally paid moderate attention to health-related posts from the selected influencers. The responses were spread across the five levels of attention, ranging from very high to very low. However, moderate attention recorded the highest proportion of responses, followed by high and very high attention, while fewer respondents reported low or very low attention.

Table 6: Influence of Social Media Health Influencers on Preventive Health Behaviour

Statement	SA n (%)	A n (%)	D n (%)	SD n (%)	Mean	Decision
Health influencers have improved my knowledge of disease prevention.	202 (50.6)	189 (47.2)	5 (1.1)	5 (1.1)	3.47	Agree
Their content has encouraged me to eat healthier foods.	191 (47.7)	186 (46.6)	18 (4.6)	5 (1.1)	3.41	Agree
Their posts have motivated me to exercise regularly.	117 (29.2)	193 (48.3)	85 (21.4)	5 (1.1)	3.06	Agree
I now pay more attention to personal hygiene because of their content.	153 (38.2)	225 (56.2)	22 (5.6)	0 (0.0)	3.33	Agree
I have adopted healthier lifestyle habits after following these influencers.	117 (29.2)	247 (61.8)	31 (7.9)	5 (1.1)	3.19	Agree
Their content has encouraged me to seek medical check-ups when necessary.	108 (27.0)	229 (57.3)	63 (15.7)	0 (0.0)	3.11	Agree
I have become more conscious of preventing diseases because of their health messages.	139 (34.8)	242 (60.7)	14 (3.4)	5 (1.1)	3.29	Agree
Overall, these influencers have positively influenced my preventive health behaviour.	166 (41.6)	216 (53.9)	18 (4.5)	0 (0.0)	3.37	Agree

Table 6 shows that respondents generally agreed that social media health influencers influenced their preventive health behaviour, as reflected by the grand mean of 3.28. The highest mean score was recorded for improved knowledge of disease prevention (3.47), followed by encouragement to eat healthier foods (3.41) and the overall positive influence of the influencers on preventive health behaviour (3.37). The



lowest mean was recorded for motivation to exercise regularly (3.06). All the statements recorded mean scores above the 2.50 decision benchmark, indicating agreement across the items.

Table 7: Factors Influencing Youths' Adoption of Preventive Health Behaviours Promoted by Selected Nigerian Social Media Health Influencers

S/N	Statement	SA n (%)	A n (%)	D n (%)	SD n (%)	Agree (%)	Mean	Decision
Credibility and Trust Factors								
1	I trust the health information shared by these influencers.	100 (25.0)	268 (67.0)	32 (8.0)	0 (0.0)	92.0	3.17	Agree
2	I adopt health advice when I believe the influencer is medically qualified.	166 (41.6)	211 (52.8)	18 (4.5)	5 (1.1)	94.4	3.35	Agree
3	I am more likely to follow advice from influencers I consider trustworthy.	133 (33.3)	230 (57.5)	32 (8.0)	5 (1.2)	90.8	3.23	Agree
4	Scientific evidence or references increase my confidence in health messages.	130 (32.6)	243 (60.7)	22 (5.6)	5 (1.1)	93.3	3.25	Agree
5	I verify health information from other credible sources before acting on it.	155 (38.6)	186 (46.6)	59 (14.8)	0 (0.0)	85.2	3.24	Agree
Message and Content Factors								
6	Clear and simple health messages encourage me to adopt preventive health behaviours.	141 (35.2)	250 (62.5)	9 (2.3)	0 (0.0)	97.7	3.33	Agree
7	The influencer's consistency in posting health content encourages me to follow their advice.	142 (35.5)	227 (56.8)	31 (7.7)	0 (0.0)	92.3	3.28	Agree
8	Personal testimonies and success stories motivate me to adopt preventive health practices.	115 (28.8)	246 (61.5)	39 (9.7)	0 (0.0)	90.3	3.19	Agree
Social and Cultural Factors								
9	Family and friends influence whether I follow health advice shared by influencers.	65 (16.3)	212 (53.0)	104 (26.0)	19 (4.7)	69.3	2.81	Agree
10	Cultural or religious beliefs influence whether I adopt health advice from social media influencers.	58 (14.5)	165 (41.3)	150 (37.5)	27 (6.7)	55.8	2.63	Agree
Structural and Environmental Factors								
11	The cost of practising recommended health behaviours affects whether I adopt them.	96 (24.0)	219 (54.8)	77 (19.2)	8 (2.0)	78.8	3.01	Agree
12	Easy access to healthcare services encourages me to adopt preventive health behaviours.	112 (28.0)	242 (60.5)	42 (10.5)	4 (1.0)	88.5	3.15	Agree



Table 7 shows that the factors examined generally influenced respondents' adoption of preventive health behaviours, with a grand mean of 3.14, which is above the 2.50 decision mean. The highest mean score was recorded for the belief that medical qualification of the influencer influences adoption of health advice (3.35), closely followed by clear and simple health messages (3.33). The lowest mean score was recorded for cultural or religious beliefs (2.63). All the twelve statements recorded mean scores above the decision mean of 2.50 and were therefore accepted.

Table 8: Preventive Health Behaviours Adopted or Maintained in the Last Six Months as a Result of Health Content from Social Media Influencers

Preventive Health Behaviour	Frequency	% of Respondents
Good personal hygiene	332	83.0
Healthy eating	304	76.0
Adequate water intake	292	73.0
Regular exercise	248	62.0
Routine medical check-up	128	32.0
Blood pressure monitoring	92	23.0
Regular health screening	88	22.0
Vaccination	56	14.0
None of the above	16	4.0

Note. Multiple-response item. Frequencies and percentages reflect the proportion of respondents selecting each behaviour and do not sum to 100%.

Table 8 presents behaviours adopted specifically as a result of health influencer content. Good personal hygiene (332; 83.0%), healthy eating (304; 76.0%), adequate water intake (292; 73.0%), and regular exercise (248; 62.0%) were most commonly adopted. These are lifestyle-level practices requiring no healthcare appointment, no significant financial outlay, and no institutional access. In contrast, routine medical check-ups (128; 32.0%), blood pressure monitoring (92; 23.0%), regular health screening (88; 22.0%), and vaccination (56; 14.0%) were adopted at considerably lower rates. Only 16 respondents (4.0%) reported adopting none of the listed behaviours.

Discussion

The findings of this study collectively point to a picture of health influencer impact that is real, meaningful, and growing, but concentrated in specific behavioural domains and shaped by a clear hierarchy of enabling and constraining factors. Regarding exposure, the dominance of Aproko Doctor in terms of awareness and followership is the most striking single finding. With 82.3% of respondents having either followed or heard of the account, Aproko Doctor stands in a category of its own among the five influencers, a gap that likely reflects the influencer's longevity, cross-platform presence, and humour-driven storytelling style, the very format that Olumuji and Akerele (2025) identify as most effective at engaging Nigerian youth audiences. The relatively low recognition of the other four influencers is a finding that tempers any aggregate interpretation of results across the five: the study's findings on behavioural influence are weighted more heavily by Aproko Doctor's reach than by a balanced spread.

The finding that 63.0% of respondents had followed health influencers for one year or less suggests that health-specific following is a more recent behaviour than general social media engagement. This gap indicates that health influencer content has been gaining ground among this population in recent years,



consistent with Simba and Girma's (2025) observation of growing uptake across Africa. TikTok's dominance for health content (65.3%) against WhatsApp's dominance for general use (55.0%) reflects platform-specific consumption habits and confirms Simba and Girma's (2025) finding that short-form video platforms have become the preferred medium for health communication among African youth populations.

On the question of behavioural influence, the broadly positive agreement rates in Table 6 suggest that the selected influencers are effective at raising awareness and shaping health-related attitudes. However, the data must be read carefully. These are self-reported perceptions of influence, not objective measurements of behaviour change. The more concrete behavioural data in Table 8 reveal that the practices most commonly adopted are precisely those requiring the least structural support: hygiene, eating habits, and water intake. Clinical preventive behaviours attracted considerably lower uptake, with vaccination at only 14.0%. This pattern aligns directly with the Health Belief Model's proposition that perceived barriers moderate the pathway from motivation to action. Kim et al. (2024) found in Tanzania that even well-coordinated influencer campaigns for vaccination required structural enablers to produce meaningful uptake, and Aleshinloye and Mogbogu (2026) similarly found that structural barriers constrained the translation of health information interest into formal healthcare engagement among Lagos State youths.

The factor analysis in Table 7 illuminates why some health messages work better than others. The primacy of message clarity (97.7%) speaks to a well-established insight in health communication: technical accuracy without accessible delivery cannot change behaviour. The entertainment-education approach of influencers such as Aproko Doctor appears well calibrated to this preference. The equally strong influence of perceived medical qualification (94.4%) and scientific evidence (93.3%) confirms that Delta State youth audiences are not simply attracted by entertainment; they want authority behind the message. This is consistent with Li and Shi's (2025) experimental finding that source clarity and professional identity drive compliance through enhanced perceived credibility, and with Issaka et al.'s (2025) demonstration that credibility perceptions predicted cancer prevention behaviour in Ghana. The relatively weak influence of cultural and religious beliefs (55.8%) is noteworthy in the Niger Delta context and may reflect the predominantly student composition of the sample, though social desirability bias cannot be ruled out.

Conclusion and Recommendations

This study has established that Nigerian social media health influencers occupy a meaningful and growing role in the preventive health communication landscape of Delta State. Their influence is most pronounced at the level of awareness and low-barrier lifestyle behaviour, driven primarily by message clarity, source credibility, and perceived professional authority. Where preventive behaviour demands structural resources, including healthcare access and financial outlay, influencer content encounters limits that communication alone cannot overcome. The gap between the high adoption of hygiene and dietary practices and the low uptake of vaccination and clinical screening is not a failure of health communication alone; it is a structural problem that requires a structural solution. The study had some limitations. It was carried out among youths in Delta State and focused on selected Nigerian health influencers, so the findings may not necessarily reflect the experiences of youths in other parts of the country. The study also depended on respondents' personal accounts of their exposure to health influencers and their preventive health practices. Some respondents may therefore have given answers based on what they remembered or considered appropriate. In addition, the study was conducted at a particular point in time, making it difficult to determine whether the reported influence would remain the same over a longer period.



The study recommended that public health agencies in Delta State should formalise partnerships with credible, medically qualified health influencers and prioritise TikTok as the primary platform for preventive health campaigns targeting youths. Influencers should invest in the clarity and accessibility of their messaging, ground content in scientific evidence, and maintain consistency of posting to sustain audience trust and engagement. Health communication strategies should begin with lifestyle-level behaviours before advancing to clinical preventive practices, building a foundation of health habit adoption that prepares audiences for more demanding behavioural changes. Policymakers and health system planners should reduce financial and geographic barriers to preventive health services so that influencer campaigns promoting vaccination, screening, and check-ups are backed by accessible and affordable service delivery points.

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