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Perception of Young People in Uyo Metropolis on Social Media Health-Related Information

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Abstract
Social media possess enormous potentials as tools for public health communication. While several studies have reported a growing interest of young people in sourcing information for their health and wellbeing from the social media, little is, however, known regarding young people's perception of health-related information sourced from the social media. This research helps to address this gap by exploring how young people in Uyo, Akwa Ibom State, Nigeria, perceive health information accessed on social media. The study, which is anchored on perception theory, draws on a survey of 120 young people (aged 18-35) in Uyo metropolis selected via stratified and purposive sampling procedures. The findings reveal that young people in Uyo generally source health-related information from social media. While some young people perceive health-related information accessed on social media as credible and authentic, others perceive such information as false and misleading. The study, however, concludes that while people can become more knowledgeable about their medical conditions through health-related information accessed on the social media; healthcare professionals remain the most credible sources of health information.

Keywords: Health Promotion, Education, Social Media, Perception, Young People, Health Communication

Introduction
Social media, also known by some scholars as "participative Internet" (Jones & Fox, 2009), are becoming important platforms for the sharing of health information, in health

and wellbeing (Gabarron & Wynn, 2016; George *et al.*, 2016; Abedin *et al.*, 2017), opening new vistas for public health communication, especially as global Internet penetration deepens (Jane *et al.*, 2018). The second phase web in the web evolution known as Web 2.0 enhanced interactivity and collaborative content sharing, producing "Internet-based social networking services such as Facebook and Myspace, Twitter, Wikis for collaborative content development, blogs, and two-way mobile messaging platforms that connect people through cell phones and personal digital assistants" (Korda & Itani, 2013, p.15). These networking sites are available to anyone with an Internet connection (Oke, 2013), and are used daily by millions of people around the world. This may have prompted Ekeanyanwu & Kalyango's (2013, p.150) conclusion that "Social Media Networks could be classified as the ninth Wonder of the world because such media platforms are becoming increasingly connected, interactive, participatory, integrative, community based, ubiquitous, and digital!"

Social media's easy and low-cost access to large, widely scattered people (Korda and Itani 2013, p.15), precise evaluations of campaign success, and increased sustainability have made it powerful outlets for public health communication (Lister *et al.*, 2015). A Pew Research survey of American respondents, for instance, found that eight in 10 Internet users look online for health information, the third most common use of the Internet (Fox, 2011). There are currently over two billion monthly active Facebook users globally (Statista, 2019), with 1.59 billion people on average logging onto the platform daily (Noyes, 2019). YouTube has over 1 billion users and more than 30 million people who visit YouTube daily to watch and upload videos (Cook, 2019). Twitter has about 126 million daily active users (Shaban, 2019). As at 2016, there were 2.34 billion social media users across the world, and it is estimated that there will be three billion users by 2020.

Of these figures, the younger people broadly distributed across race, gender, income, and education form a greater percentage of social media users (Duggan & Brenner, 2012). According to Facebook (2009), the early adopters of social media innovations were predominantly teenagers; however, social networking sites have strategically targeted other age cohorts, as this innovation has diffused through the population.

Nigerians are also on the social media bandwagon. About 21 million Nigerians use smart phones, 17 million are on Facebook, and over 123 million use the Internet, placing the country as the largest in Africa (Internet World Stats, 2019). Across the globe, nearly one in four persons connects to social networks on a monthly basis. More than one billion accounts are registered on Facebook. These numbers continue to go up every quarter as the populations grow.

According to Levac and O'Sullivan (2011), the impressive growth in social media has been fascinating to watch, but intriguing as well, when you consider the multitude of applications these tools have unleashed, and their potentials to influence population health. In high-connected countries, social media are becoming increasingly important to seek out

and share health information (Tennant *et al.*, 2015). It is stated in the literature that today's patients could be seeking and sharing health information on social media (Park *et al.*, 2016; Cole, Watkins & Kleine, 2016; Gabaronn, Bradway & Arsand, 2018) as an additional resource to the consultations with their clinicians (Koch-Weser *et al.*, 2010; Lie *et al.*, 2017).

It is empirically evident that nowadays more and more people are receiving health-related messages from within social networks, which include friends, family members, co-workers, or other social contacts instead of from health experts (Neuhauser & Kreps, 2003; Kreps & Neuhauser, 2010). Messages from close contacts, 'trusted voices' of friends, neighbours, family, colleagues and other influencers, may seem more positive, and thus be more effective (Burke-Garcial & Scally, 2014).

Social media address some of the limitations in traditional health communication by increasing accessibility, interaction, engagement, empowerment and customisation (Levac & O'Sullivan, 2011). Burke-Garcial and Scally (2014) observe that social media have revolutionised the way in which health information is shared and gathered. Social media have fundamentally altered the nature of the interactions around health issues, thus offering an alternative to traditional methods of mass communication. A study conducted by Coyle and Vaughn (2008) revealed that the average college student visits their social networking account three times per day, while it is estimated that most of the students had never visited health organisation's website. The active participation of young people on social media platforms indicates that these networking sites can play a valuable and important source of information on illness prevention, treatment and counselling messages. This study therefore investigates how young people in Uyo, perceive health-related information sourced from the social media.

Statement of the Problem

Health information is an essential public good which should not only be readily available but accessible to the public. The use of social media is helping to make health information readily available and accessible to people, providing public access to a wide range of health promotion programmes and opportunities for people to communicate with others, and with health professionals (Cassell, Jackson & Cheuvront, 1998).

Several studies have shown moderate legitimacy of information on general health topics, even on websites identified as being 'credible' (Kunst *et al.*, 2002; Neuhauser & Kreps, 2003). However, in sourcing for health information from social networking sites, Manhanthan Research (2009) advises that vigilance must be applied because some information exchange should not be managed online as social media would be inappropriate and not feasible for more demanding requests such as diagnostics and treatments, where face-to-face contact with a physician is required.

Although much of the health information available on social media seems to be of reasonably good quality (Cole, Watkins & Kleine, 2016), some studies have also indicated that social media users are subject to risks associated with misleading or inadequate health information (Oyeyemi, Gabarron & Wynn, 2014; Cole, Watkins & Kleine, 2016; Lie *et al.* 2017).

Another basic limiting factor of health information sourced from social media relates to the authenticity of the information posted on social media sites. Users are advised to be wary of health information shared on social media, because the users are in control, as there is no filter for screening information sharing (Levac & O'Sullivan, 2011).

While several studies have reported a growing interest of young people in sourcing information for their health and wellbeing from the social media, little is, however, known regarding young people's perception of health-related information sourced from social media networks.

In the light of these observations and diverse opinions about health-related information from the social media, how do young people in Uyo perceive health-related information shared on social media platforms? This question and the underlying attempt to answer it forms the major problem that necessitates this investigation.

Research Questions

The following questions were formulated to guide the study.

1. To what extent do young people in Uyo metropolis source health-related information from the social media?
2. How do young people in Uyo metropolis perceive health-related information sourced from social media?
3. Are choices/decisions made by young people regarding their health influenced by health-related information obtained from the social media?

Theoretical Framework

The theoretical foundation upon which this study stands is the Perception theory introduced by Berelson and Steiner (1964). The theory holds that mass communicators want audiences to pay attention to their messages, and make appropriate changes in attitudes or beliefs, or produce the desired behavioural responses (Anaeto, Onabajo & Osifeso, 2008). The Perception theory suggests that the process of interpreting messages is complex and that the goal may be difficult to achieve.

Perception involves the complex process by which people select, organise, and interpret sensory stimulation into a meaningful and coherent picture of the world (Berelson & Steiner, 1964). Benneth, Hoffman and Prakash (1989) describe perception as notably active which involves learning, updating and interacting with what is observed. They identified two types of influences on our perception: structural and functional.

Structural influences on perception come from the physical aspects of the stimuli to which people are being exposed. Functional influences are the psychological factors that influence perception, and therefore, introduce some subjectivity into the process.

This theory becomes relevant to this study because young people in Uyo who have access to social media messages on health may interpret the messages differently depending on the structural and functional influences that affect their perception as at the time of exposure to these messages.

Social Media and Health Information

Social media are changing the global communication culture. They are broadly understood as a set of online activities that facilitates interpersonal communication, information sharing, collaboration or crowd sourcing among online users. They have become a global phenomenon with over two thirds of worldwide adult Internet users being active on social networking sites (Mander, 2015). The users create a profile page where they can upload messages, videos and blogs and link their pages to their friends' pages, creating a social network. Users may also form groups based on common interests and ask their friends to join these groups. This process creates a haven for viral marketing (Freeman & Chapman, 2008), which can be leveraged to spread positive health behaviour messages.

Curtis (2011) cited in Ngonso, Okeke and Ugwonno (2017) describes the social media as Internet sites where people interact freely, sharing and discussing information about each other and their lives, using a multimedia mix of personal words, pictures, videos, and audios. Social media audiences rely on the opinions of members of their social networks rather than solely or mainly on the mass media (Srampickal, 2007).

The propensity for ideas, information and comment to spread rapidly on social media provides opportunities for health professionals and leaders to communicate and educate in new ways and to reach communities of interest that form and reform as issues develop (Burke-Garcial & Scally, 2014). The speed with which messages on social media can be shared and discussed is exponential. Marketing Charts.com (2012) reports that Facebook posts get half of it reach in the first 30 minutes after it is published. If this is compared with the viral spread of an email 23.63 percent of all email opens occur within the first hour after delivery (Marketing Charts.com, 2012), it is glaring that social media possess a unique strength to reach and engage enormous numbers of people and disseminate rapidly important health information.

Social media are greatly expanding and changing the way we communicate daily. Health authorities across the world are now using social media platforms to inform and educate their constituents about diseases. Social media can increase access to health information and healthcare providers as well as drive measurable health behaviour change (Levac & O'Sullivan, 2011; Burke-Garcial & Scally, 2014). The easy access provided by social networking sites makes an ideal avenue for reaching the general population. By

involving in social networking, people get connected and experience a sense of support without necessarily meeting for face-to-face interaction. Information on social networking sites is available at all times of the day, making it extremely accessible. Hence, Farhi (2009) describes networking as an ideal way to communicate because busy people can trade information rapidly.

Social media amplify changes in the media landscape as an avenue for dissemination and engagement (Benkler, 2006; Loader & Mercea, 2012). Andres and Woodward (2012) describe the power of the social media – for those who love access – as truly remarkable. Social networking provides users the opportunity to connect to one another, which could thus prove favourable to positive health behaviour change. This is because social networking could result in social influence. Social influence plays a key role in behaviour change, since an individual's actions are affected by observing the behaviours of others.

Social Media and Healthcare

The dissemination of health information online has not only been adopted by public health specialists but also by medical doctors. Doctors have adopted social websites to share simple information with their patients, eliminating waiting time and a trip to the clinic. James Rohack of the American Medical Association once observed that communication with existing patients online could add value to the patient-physician relationship (Cohen, 2009). Health promotion mediated by the Internet has enhanced opportunities for patients to be more actively engaged in their care, because patients who use this form of communication are involved in coping with their problems and in communicating with their doctors, compared to those who did not use the Internet as a communication mediator (Korp, 2006).

Manhanthan Research (2009) found that about 60 percent of physicians were already using or were interested in using physician online communities, a type of social networking used only for medical purposes. By using this platform, healthcare providers update patients on relevant health news by directly delivering personalised messages, reminders, and alerts.

P. ·ception

Perception is a complex process. Yet, it is an important aspect of human behaviour. Human perception, according to Hammons (2009), is related to a broad range of important endeavours in fields such as health, media, and national defence, among others. Hammons (2009) sees perception as being, "personal and social. It affects families, communities, countries, and the international community. Our perceptions and understanding of ourselves are key in the areas noted above and in many other ways" (p. 1).

Gamble and Gamble (2002) define perception as, "the process of selecting, organising, and subjectively interpreting sensory data in a way that enables us to make

sense of our world" (p.83). It is the process or product of organising and interpreting sensations (sensory data from external objects or events) into meaningful patterns (Chandler & Munday, 2011). Perception is an interpretive process – selective, constructive, and evaluative rather than a passive recording of external reality. According to Chandler and Munday (2011), perception is shaped by such factors as contextual and cultural frames of reference, as well as individual differences, purposes, and needs.

The frames of reference are a result of what we are aware; make sense of the stimuli received from our environment by the senses: sight, hearing, smell, taste and touch (Watson & Hill, 2006). Simply, perception involves deciding which information to notice, how to categorise that information and how to interpret it within the framework of our existing knowledge (McShane & Glinow, 2003).

These definitions highlight three important elements in perception: noticing, organising, and interpreting (Akpan, 2011). Young people in Uyo may have perceptions of health-related information sourced from social media. They take cognizance of such information (noticing), put the information into a coherent and meaningful pattern (organising) and draw conclusions from the available information (interpreting). This implies that young people engage in social perception which is an attempt to explain, understand and make judgments about health information sourced from the social media.

Perception is simply a particular way of understanding a phenomenon. It is important to communication. The knowledge of perception helps us to understand and appreciate why people perceive a given idea, innovation or phenomenon differently. The perception of the social media influences responses to the health-related information received there from. Akpan (2011) describes perception as relative. Two persons may not perceive a given phenomenon or information the same way. Hence, perception is dependent on who is engaging in perception, when it is done or where it occurs. In the long run, it is subjective, therefore relative (Akpan, 2011).

Perceptions regulate behaviour. How young people perceive health-related information on social media, for example a campaign on quitting smoking, safe sex, sleeping under long lasting insecticide-treated nets regulates their behaviour either negatively or positively toward the information received. Perceptions affect the thoughts, feelings, and actions of people on a given situation.

Methodology

This study surveyed the perception of health-related information sourced from social media among young people in Uyo, capital city of Akwa Ibom State. From a projected population of 183,000 young people residents in Uyo (National Bureau of Statistics, 2017), using Comrey and Lee (1992) sampling guideline, a sample size of 120 young persons were chosen. The 120 subjects selected as sample size for the study were drawn using stratified and purposive sampling procedures. The inclusion criteria were: being within 18-

35 years' bracket, having a mobile phone with access to the Internet, being on a social networking site or platform such as Facebook, Twitter, WhatsApp, among others.

The 120 subjects selected as respondents were purposively drawn from Ibom Plaza, Ibom Tropicana, University of Uyo and Uyo City Polytechnic. The selected areas are the hub of young people in Uyo who fell within the criteria listed above. The research instrument was the structured questionnaire. The items on the questionnaire were structured using close-ended format. Items 1-3 contained the demographic data of respondents, 4-7 addressed research question one, 8-11 focused on research question two, while items 12-15 provided answers to research question three. One hundred and twenty copies of the questionnaire were administered on the 120 respondents selected as the sample size for the study. All the 120 copies of the questionnaire were returned and found useful for data analysis.

Data Presentation and Analysis

The study focused on sampling the opinion of 120 young people in Uyo on their perceptions of health-related information sourced from the social media. The results and analysis of data are presented below.

Table 1: Sources of health-related information and frequency of sourcing the information

Sourcing for Health Information	Distribution / %	Frequency of Sourcing	Distribution /%
I source health-related information from the social media.	74 (62%)	Daily	6 (5%)
		Weekly	24 (20%)
I do not source health-related information from the social media.	40 (33%)	Twice a week	8 (6%)
		Twice a month	2 (2%)
		Monthly	48 (40%)
		Can"t say	32 (27%)
Undecided	6 (5%)		
Total	120	**Total**	120

Table 1 above shows that 74 (62%) of the respondents sourced for health-related information on social media networks and 48 (40%) did so monthly.

Table 2: Extent of respondents' sourcing health-related information from the social media

Issues	Very great extent	Great extent	Some extent	A little extent	Can't say
	n (%)	n (%)	n (%)	n (%)	n (%)
I source health-related infor from the social media	14 (12)	62(51)	10(8)	20(17)	14(12)
I do not source health-related infor from the social media	14(11)	48(40)	15(13)	25(21)	18(15)

N= 120; n=number of individual responses

Table 2 shows that 62 (51%) respondents to a great extent sourced health-related information from the social media.

Table 3: Respondents' perception of health-related information sourced from the social media

Perceptions	Distribution	%
Credible	26	22
Authentic	24	20
Reliable	17	14
Satisfactory	7	5
False	23	19
Misleading	20	17
Can"t say	3	3
Total	120	100

In Table 3, 26 (22%) and 24 (20%) respondents perceived health-related information sourced from the social media as credible and authentic; while 23 (19%) and 20 (17%) respondents perceived it as false and misleading.

Table 4: Extent of respondents' perceptions of health-related information sourced from the social media

Issues	Very great extent	Great extent	Some extent	A little extent	Can't say
	n (%)	n (%)	n (%)	n (%)	n (%)
Credible	10 (8)	14(12)	59(49)	23(19)	14(12)
Authentic	12(10)	15(13)	52(43)	23(19)	18(15)
Reliable	10(8)	13(11)	50(41)	27(23)	20(17)
Satisfactory	8(6)	14(12)	43(36)	37(31)	18(15)
False	11(9)	16(13)	49(40)	24(20)	20(17)
Misleading	9(8)	17(14)	50(41)	26(22)	18(15)

N= 120; n=number of individual responses

Table 4 shows that respondents perceived to some extent health-related information source from the social media as credible (49%), authentic (43%), reliable (41%), satisfactory (36%), false (40%) and misleading (41%).

Table 5: Responses on whether health-related information sourced from the social media influenced health habits and actions of respondents

Responses	Distribution	%	Action	Distribution	%
Influences health habit	48	40	Influence action	50	42
Not sure	34	28	Not sure	36	30
Does not influence health habit	38	32	Does not influence action	34	28
Total	120	100	**Total**	120	100

Table 5 indicates that 48 (40%) of the respondents said that the health-related information sourced from the social media influenced their health habits and 50 (42%) of them acted upon such information with regard to diagnostics and treatments.

Table 6: Extent of influence on respondents' health habits and reliance on diagnostic and treatment information source from the social media

Issues	Very great extent	Great extent	Some extent	A little extent	Can't say
	n (%)	n (%)	n (%)	n (%)	n(%)
Extent of influence on health habit	8(6%)	14(12%)	48(40%)	14(12%)	36(30%)
Extent of reliance on diagnostic and treatment regimes	10(8%)	12(10%)	45(38%)	17(14%)	36(30%)

N=120; n= number of individual responses

Table 6 shows that 48 (40%) and 45 (38%) of respondents were those who said their health habits were to some extent influenced by the health-related information sourced from the social media and that they relied on the diagnostic and treatment regimes provided on the platforms.

Discussion of Findings

Sourcing Health-Related Information from the Social Media

The data in Tables 1 and 2 clearly indicate that apart from using social media for other information needs, young people also sourced health-related information on their various social networking sites. As indicated in Tables 1 and 2, out of the 120 respondents sampled, 62 percent of the respondents sourced health-related information on their

respective social media networking sites. The majority (40%) of those who sourced health-related information did that on a monthly basis and 51 percent did so to a "great extent."

This finding supports the empirical evidence that younger people, broadly distributed across race, gender, income and education, form greater percentage of the over one billion social media users across the world (Duggan & Brenner, 2012). This finding also underscores Gabarron and Wynn (2016), George *et al.*, (2016) and Abedin *et al.*, (2017) that social media are becoming important platforms for the sharing of health information, in health and wellbeing.

Across the globe, nearly one in four persons connects to a social network on a monthly basis. Literature is replete with the fact that nowadays, more and more people are receiving health-related messages from within social networks, which include friends, family members, co-workers, or other social contacts instead of from health experts (Neuhauser & Kreps, 2003; Kreps & Neuhauser, 2010). The finding also aligns with Burke-Garcial and Scally's (2014) conclusion that messages from close contacts, trusted voices of friends, neighbours, family, colleagues and other influencers, may seem more positive, and more effective. The answer to research question one therefore is that to a 'great extent' young people in Uyo sourced for health-related information on social media platforms.

Perceptions of Health-Related Information sourced from Social Media

The available data from the study reveal that the respondents had different perceptions about the health-related information they sourced from the social media. As clearly shown in Table 3, 22 percent of the respondents perceived the health-related information from the social media to be credible. Twenty percent of the respondents said they believed in the authenticity of the health-related information received from the social media. Out of the 120 respondents sampled, 14 percent said the health-related information they sourced from the social media was reliable.

On the other hand, 19 percent of the respondents perceived the health-related information sourced from the social media to be false and 17 percent were of the opinion that health-related information received from the social media is misleading and therefore unbelievable. The extent of respondents' perceptions was also sought. It was evident from the study that respondents' perceptions of the health-related information sourced from the social media networking sites were to 'some extent' credible at 49 percent, authentic at 43 percent, reliable at 41 percent, satisfactory at 36 percent, false at 40 percent and misleading at 41 percent.

This finding aligns with some previous studies (Kunst *et al.*, 2002; Neuhauser & Kreps, 2003) which have shown moderate legitimacy of information on general health

topics, even on websites identified as being "credible". The result suggests that respondents had different perceptions of the health-related information sourced from the social media. This is an indication that while some social media users viewed health-related information accessed on social media as credible, authentic and reliable; others perceived such information as false and misleading. Perception theory holds that two types of influences affected the perception of people: the structural and functional influences. The structural influences come from the physical aspects of the stimuli (health-related information from the social media) which people are being exposed. The functional influences are the psychological factors prevalent in the individual as at the time of exposure to the information (Benneth, Hoffman & Prakash, 1989). These influences affected the respondents' different perceptual interpretations of the health-related messages they were exposed to on the social media.

However, irrespective of the different perceptions the respondents had regarding health-related information they sourced from the social media, social networking provided users the opportunity to connect to one another, which could prove favourable for positive health behaviour change. The social influence prevalent in social networking could play a key role in behaviour change since an individual's actions are affected by observing the behaviours of others.

Influence of Health-Related Information Sourced from Social Media on Respondents' Health Choices

The data from Tables 5 and 6 show that out of the 120 respondents sampled, 40 percent said the health-related information sourced from their social networking sites influenced their health habits. Another 42% of the respondents also agreed that they acted upon the health-related information they received from the social media regarding their health.

Furthermore, the extent to which the respondents were influenced by the health-related information sourced from the social media indicates that a greater percentage (40%) of the respondents were to 'some extent' influenced by the health-related information received from the social media; while 38 percent of them relied 'to some extent' on the health-related information sourced from the social media. The influence and reliance are particularly with regard to diagnostic and treatment information available on the social networking sites.

This finding is contrary to Manhanthan Research (2009) warning that socio-media are inappropriate and not feasible for more demanding request such as diagnostics and treatments where face-to-face contact with a physician is required. Although health-related information sourced from the socio-media influenced the respondents' health choices, causing them to take action about their health; however, the fact that this influence was to 'some extent', implies that they were not totally influenced by the social media health messages.

This finding also has a relationship with Perception theory – the theoretical base of this study. What the finding here suggest is that the perception of uncertainty around the credibility, authenticity and reliability of the information posted on social media sites may account for some of the respondents' distrust of the health-related information sourced from the social media. Total dependence on health-related information from the social media poses some risks to users. As documented in the literature, users are subject to risks associated with misleading or inadequate health information (Koeh *et al.*, 2010; Oyeyemi, Gabawan & Wynn, 2014; Cole, Watkins & Kleine, 2016; Lie *et al.*, 2017).

To answer research question three, it is empirically revealed from this study that health-related information accessed on social media networking sites had some level of influence on the choices young people made regarding their health habits especially as it concerns diagnostics and treatments, but they did not totally depend on such information.

Conclusion/Recommendations

From the findings of this study, we note that young people in Uyo are well represented on social media platforms and they source health-related information from the social media networks. It is also evident from the study that while some respondents perceived the health-related information received from the social media as credible, authentic and reliable; others perceived such information as false and misleading. The study equally finds that health-related information sourced from the social media networks, to some extent, influence young people's health habits, particularly reliance on diagnostic and treatment regimes offered on the social media.

It is therefore, recommended that diagnostic and treatment regimes should not be sought online as they are more demanding and requires face-to-face contact with a physician. The diagnostic and treatment regimes offered on the social media may not come from medical personnel as the true identities of such persons are not often known. Health-related information received online should be subjected to further confirmation or verification with health experts. The conclusion is that while people can become more knowledgeable about their medical conditions through health-related information on social media, healthcare professionals remain the most credible sources of health information.

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