AN ASSESSMENT OF THE UTILIZATION OF THE SOCIAL MEDIA FOR HEALTH DISCOURSES IN AWKA ANAMBRA STATE, NIGERIA

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ABSTRACT: *The benefits inherent in the utilization of the social media technologies for various areas of discourse especially health cannot be over emphasized. This is increasing as many use it for various purposes other than health discourse. This study explored the utilization of the social media for health discourses in Awka Urban. This study was designed as a survey. A sample of 384 respondents was drawn from 10 districts, randomly selected from Awka Urban. Findings show that Adults in Awka Urban use Smartphones and other gadgets to access information on social media; the social media platforms that are readily available to them are Facebook and Whatsapp. Although they use these social media platforms they do not get involved in health discourses. The study recommended that hospitals should employ the use of social media to disseminate health information. This would ensure that only trusted health messages are disseminated online. It also recommended that the Ministry of health should also use the social media to disseminate health information that would at long last modify behaviours of individuals as it relates the right way to live.*

KEYWORDS: Social Media, Social Media Gadgets, Health Information, Social Media Platforms

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INTRODUCTION

The popularity of social media technologies or gadgets has increased over recent years, enabling millions of internet users to share data, information on different areas of discourse. The use of social media technologies such as Blogs, Watsap, Instagram, Twitter, YouTube, Wikis, Facebook is increasing at an incredible pace. In addition to scholarly literature, there is a global recognition of the power of social media in transforming various sectors of society, especially on health information (Fayoyin ,2016). Social media technologies have evolved from the early computing machines into smart devices which have increasingly enabled large scale networked connections, coordination and communication in both automated and human driven ways (Lindgren, 2017). In parts of Africa and in Nigeria in particular, a key driver of the growing power of social media platforms is the mobile phone and the mobile internet. Notwithstanding, social media use is still elitist and mostly an urban experience due to the uneven penetration of technology which further creates a dichotomy between users of technology in the continent (Nwafor, Odoemelam, Orji-Egwu,Nwankwo and Nweze,2013).

Analysis from studies have proved that social media gadgets provide alternative sources of information on health information to its users such as the prevailing and predominant COVID-19 health issues. There is a great deal of interest in using social media as a tool for public health communications. Recently numerous commentators have suggested that social media technologies- blogs, wikis, social networking sites (SNS) tools may facilitate communication practices in organizations (such as hospitals) that differ from those associated with traditional computer mediated communication (CMC) technologies like e-mail, teleconferencing, decision- support systems and instant messaging (Grudin, 2006; McAfee,2006; Steinhuser, Smolnik & Hoppe, 2011).

Observational studies show an abundance of both informal health conservation related to public health issues and organized health related activities on leading social media platforms such as YouTube, Twitter and Facebook. Social media platforms have now become indispensable for health literacy and overall improvement of health outcomes. However, the quality of health information available to users on these platforms is highly variable raising some concerns that social media users are exposed to unopposed viewpoints that counter core public health recommendations and contemporary medical science such as those opposing COVID-19 vaccines and promoting unaccepted or risky medical information (Fayoyin, 2016).

Against this backdrop, social media is used for health discourse in Africa and in Nigeria in particular. Reference to this, is the manner in which health information virally spreads (sometimes causing panic and fear). An example, the Ebola Virus Disease (EVD) and Coronavirus (Covid-19) panic in Nigeria; that made social media platforms users like WhatsApp, facebook to access health information on this issue and broadcast false health information. In order words, this study aims at assessing the utilization of social media for health discourses.

Statement of the Problem

Social media is becoming a powerful additional tool for health discourses, it is currently utilized by internet users and health organizations both as a broadcasting platform to amplify messages from traditional legacy media sources (e.g radio, television, print media) and as an entirely new way of collaborating and co-creating content with target audiences. In light of the

foregoing, the utilization of social media for health discourse by internet users becomes imperative. However, the solution to the problem posed by the study would be geared towards providing answers to questions like: what are the enabling technologies or gadgets that aid access and use of social media? What are the predominant social media platforms preferably used by individuals for health discourses and to what extent do individuals get involved in health discourses using the available social media platforms?

Objectives of the Study

This study generally assessed the utilization of social media for health discourses. However, the specific objectives are:

i. To find out the enabling technologies or gadgets that aid access and use of social media for the purpose of health information dissemination.

ii. To find out the social media platforms available to respondents

iii. To ascertain the extent to which individuals get involved in health discourses using social media.

Research Questions

Based on the foregoing objectives, the following research questions were formulated to proffer solutions to the problem of this study;

i. What are the enabling technologies or gadgets that aid access and use of social media?

ii. What are the social media platforms available to respondents?

iii. To what extent do individuals get involved in health discourses using the available social media platforms?

Social Media Technologies

Social media gadgets or technologies such as Smartphone and other information and communication technology (ICT) have now become an alternative source of   for health discourses including sharing of data and creating opportunities for interaction among internet users. Nevertheless, developments in internet technology and an unprecedented growth in mobile infrastructure have expanded the deployment of social media devices for health communication globally (Fayoyin, 2016). It has been noted that smartphones have permeated the fabrics of our everyday life and are being used for several purposes like surfing the internet, taking pictures.

A smart phone application (app) is defined as a software application that runs in a smartphone or other portable device. They are apps that perform specific tasks for mobile users. According to the Nielsen Company in 2010 the popular categories of smartphone apps include games, music, social networking news, weather, maps/navigation, video movies, entertainment, food, sports, communication banking/ finance, shopping productivity and travel/ lifestyle. A detailed breakdown of Smartphone use has been presented by Gartner (2012). It projects that by 2012, the top ten smartphone apps would include money transfer and location based services, search,

browsing, health monitoring, mobile payment near field communication service, advertising internet messaging and music.

Researchers have also expressed serious concern over the use of social media gadgets for health delivery especially because of its embryonic infrastructural support. As a result, posit that social media gadgets or technologies should not be considered a panacea for the health challenges of developing countries. Another study lists the following constraints on the use of mobile phones for health communication: cost, limited access to mobile phones, content restriction and limited personalization of health information. Information and communication technology (ICT) is another enabling technology that aids discourses on social media platforms. It has transformed many sectors of society including the way maternal health care services delivery and utilization which may result in improving the well being of women and communities (Hall & Irvine, 2009). There have been numerous studies of mobile phone users and adolescent users in particular. As Taylor and Harper point out these studies almost all deal with the same issues and problems and reach the same conclusions. They posit that there are many interesting aspects of mobile phone use such as the use of the mobile in face to face settings for example giving each other photos and text messages from the personal mobile phone.

A survey by (Alex & Richard, 2003) showed that seven out of ten young people rated the importance of the mobile between eight and ten on a scale from zero to ten. Only around 4 percent did not find the mobile very important giving it a rating of three or below. The mobile seemed to be rated as more important among the older than among the younger informants. Another explanation we found from interviews is that the mobile becomes increasingly important for coordination not just of social relationships, but also of work/ study related appointments, communication with institutions (bank, library etc) and as the lifeline to family and friends.

The Multipurpose Nature of Social Media Platforms

Kaplan and Haenlein (2010), refer to social media as Internet-based applications that build on the ideological and technological foundations of web 2.0 and that allow the creation and exchange of user generated content. They include WhatsApp, YouTube, Facebook, Wikis, Instagram,Twitter, etc. In lieu of providing a clear definition, social media focuses people's attention on what the technology itself does (or does not do) instead of the ways the technology becomes mutually constituted with the organizational context in which it is embedded (Leonardi, 2009). The web 2.0 is what has become known as the social media or user generated content or media and web 2.0 is collaborative in nature, meaning that users are active receivers and creators of content to buttress this dual ability to produce and to consume/ use.

Fayoyin (2016) showed that social media platforms are sources of health information. Pointing out that some forms of health interventions which include data collection and disease surveillance, health monitoring, health information management, point of care treatment compliance and emergency response are accessed via the social media platforms. Social media is user generated content distributed through the internet with the intent to be shared and facilitate conversation between users (Wright & Hinson, 2009). In general, the following are considered social media tools and platforms: message boards, photo sharing, wikis, blogs, social networks and micro blogging sites. Newer forms of social media include mapping and geotagging sometimes known as location services. Although there are many prevalent social

media tools, social networking sites will be the tools focused on for this study. There are many terms related to social media that are important to understand. Computer mediated communication (CMC) is the conversations facilitated through technology (ICT) is a term that encompasses the internet and social media (Palen et al,2009).

ICT has simplified finding information in addition to expanding social interactions and communication patterns. Social networking platforms or sites also give users the ability to observe their connections and the connections of others on the site (Boyd & Ellison, 2008). The first recognized social networking site , six degrees.com was launched by 1997, between 1997 and 2001,social networking sites like Live journal, Cyworld, Lunarstorm and Ryze.com were launched around the world (Boyd & Ellison, 2008). In 2002, major social networking sites such as friendster began to launch. My space and LinkedIn launched in 2003, Flick and Facebook in 2004, YouTube in 2005 and Twitter launched in 2006. These sites are only the most prevalent ones that have gained and maintained popularity since their launch. There have been countless sites, some of which still exist but have not attained the same prestige or use as the ones just listed. Social networking sites are currently a major form of social media use. Twenty five percent of adults in the United States visit a social networking site at least once a month (Li & Bernoff, 2008). Social networking sites can serve many uses throughout disaster relief. Social networking sites can gather information in a central location as well as serve as a resource to understand the magnitude of a disaster during the disaster or emergency (Palen et al, 2009).

Utilization of Social Media Platforms for Health Discourses by Internet Users

Almost 45% of the world's population is now social media users (Global Digital Yearbook, 2020). The evolution of social media gave it popularity when Mark Zukerberg established facebook in 2014 but long before facebook however the technologies and similar ideas were there sites such as SixDegrees, LiveJournal, Friendster and Myspace had ushered in a new kind of online relationship when people could publicly list their profile as well as their friends, contacts, fans and followers (Uzuegbunam,2020).

People get involved in health discourses and this assertion was buttressed in a study done by Makoza et al (2014) in maternal health. The use of social media for health permeated even the maternal part of our living. He maintained that maternal health is one of the priorities for many governments across the globe and is included in the Development Millennium Goals of the United Nations. Governments in developing countries and development agencies are also adopting maternal health in their development agendas. The media plays a major role in promoting innovative interventions like maternal health. The media is important in the construction of social reality and may inform the public and policy makers on decisions related to maternal health. The study reports on the analysis of online media on social inclusion to the discourse for maternal health. The study focused on the case of Malawi as an example of a low income country facing challenges on maternal health. The study employed Critical Discourse Analysis on online media reports to bring to light issues on alienation in participation in maternal health discourse. Using Habermas' Theory of Communicative Action as a theoretical lens, the study analysed the validity claims on maternal health. The analysis showed that (i) the media mainly reported on issues on the supply side of maternal health (ii) other members of the society who are indirectly affected by maternal health were excluded from the maternal health discourse. The study recommends promoting awareness of maternal health to all members of society through online media and inclusion of the marginalised participants to the

discourse. A further study is recommended on the effectiveness of online media focusing on the demand side of maternal health**.**

The use of social media tools in health and development programs has become an effective way to expand reach, foster engagement, and increase access to credible, science-based health messages (Centers for Disease Control and Prevention 2011). In addition, research shows that delivering health information online impacts knowledge and health outcomes. A randomized control trial in rural United States tested the efficacy and acceptability of using the Internet to deliver risk-reduction messages to MSM. The trial determined that those who received risk reduction messages appeared to have increased knowledge of HIV and self-efficacy compared with those who were not exposed to Internet intervention (Bowen, Keith, and Williams 2007). In Kenya, where text messages were used as reminders for antiretroviral use, persons receiving the messages had greater levels of adherence and better viral suppression readings at the end of 12 months (Chi and Stringer 2010) compared with those who had not received the texts, thus indicating a benefit to social media activity in this context.

The literature indicates that knowing the prevalence of social media use by target populations is important for effective HIV and health messaging. This may be most relevant for programmers attempting to reach marginalized and vulnerable populations, like sex workers and MSM. Under sections 76 and 68, respectively, of the Jamaican Offences against the Persons Act, both the act of buggery and the act of selling one's person for exchange of goods are considered illegal in Jamaica (Ministry of Justice, Jamaica). This makes it difficult to implement far-reaching HIV and other health programs and interventions for and with these populations. As a result, innovative and creative means need to be employed to disseminate HIV and health information to these populations and to engage them in dialog and strategies around and for their own protection. Jamaica has both a generalized and a concentrated HIV epidemic. It is estimated that approximately 1.7 percent of the adult population is living with HIV and AIDS and 50 percent do not know their status. St. Ann, one of the major tourism-dependent parishes, has the third highest cumulative HIV–prevalence rate after the capital Kingston and St. James, the home to Montego Bay and also a parish heavily dependent on tourism (National HIV/STI Programme [NHP] 2010). The MSM population, estimated at approximately 28,000, and the sex worker population at approximately 10,000 (Harvey 2010) have an HIV prevalence of 32 percent and 5 percent, respectively (NHP 2010).

Few studies have been conducted in the Caribbean regarding the use of social media, whether web-based or mobile based, to improve health programming. A recall study on HIV prevention advertisements conducted by NHP in 2009 among adolescent males and females aged 14–18 years indicated that the single most used media was the cell phone at 64.8 percent. In addition 38 percent of the respondents indicated that text messaging played an important role in their lives. The study recommended the use of the Internet and social media sites such as YouTube to disseminate messages related to HIV (Chambers 2009). Focus groups conducted in 2010 for an NHP MSM study (Anderson 2010) recommended the use of the Internet, social media sites, and blogs as avenues for prevention interventions, making an assessment of this nature quite timely. The same study also reported the use of the Internet for socializing and accessing information regarding social activities, such as parties geared toward MSM. Currently, NHP has social media programs geared toward sex workers; in one outreach program sex workers receive messages via cell phones inviting and reminding them of empowerment workshops conducted by health care providers.

Furthermore, anecdotal data from the MSM community in Jamaica tells of their high use of social media sites, blogs, and chat rooms to meet partners, friends, and to build their networks. Knowledge of the numbers who use both the Internet and text messaging for social interaction and their preferences would strengthen any prevention intervention that uses these media. To better understand sex workers' and MSM's use and preferences for these channels, C-Change conducted an assessment around this topic in 2011.

THEORETICAL FRAMEWORK

This study was hinged on Uses and Gratification Theory and Media Ecology Theory.

Uses and Gratification Theory (U & G) was developed by the functionalist theorists such as Jay Blumier and Elihu Katz. The U&G theory is based on the premise that media can affect people if they have some use for those tools or their messages being transmitted. Uses and Gratification theory has been used for investigating how social media are utilized to satisfy the needs of users with different aims.

In relation to the study, Severin & Tankard, 1997 believes that the U & G theory approach deals with the reality that different users of the same communication tool might have different reasons for using it to fulfill their personal needs. In order words, social media platforms users utilize it for diverse purposes to assess information on different discourses such as health communication information and medical effectiveness example is the use of social media technologies to more easily spread useful information during health crises such as COVID-19 pandemic, weather reports, entertainment etc. Social media users access information online via social media gadgets for different objectives which only the users need to satisfy their curiosity on a particular discourse or depending on the user's motivational factors directed by their needs.

Media Ecology Theory (MET) aims to understand the social impact of technology and communication (Mcluhan, 1964). He noted that the media have revolutionized society and society quickly became reliant on these communication technologies. The influence of media technology on society is the main concept of MET, upheld by three main assumptions: media is infused into every act and action in society, media fixes our perceptions and organizes our experiences, and the media connects the world into a global village.

In view of this work, social media platforms give users the ability to observe their connections and the connections of others on site. The internet users utilize social media platforms to access information instantaneously in various areas without depending on the traditional media as the only source of access information. Social media technology provides novel opportunities to embed and interject public health messaging.

METHODOLOGY

The research design adopted for this study was a survey. The population of this study covers only the human population, mainly the adults in Awka urban. The target Awka urban adults were predominantly traders, students, civil servants and drivers, between the ages of 18 years

and above. Awka urban has an estimated human population of **167,738,** world population review year **(** 2021). A sample size of 384 was statistically determined for this study using an online calculator for determining sample size; specifically, calculator.net.

The Multi- stage sampling technique was adopted for the study. At the first stage, 33 villages in Awka urban were divided into groups or clusters with each cluster housing a number of villages. To ensure that every individual within the villages in the clusters had an equal chance of being sampled, a simple random sampling technique was adopted, using a "Statistical Random Numbers Table". Randomly, each group in the population of study was assigned a number. From the numbers in the random numbers table, two groups, made up of 10 (ten) villages were randomly chosen.

Group	Villages
Ifite-Oka	Enu-Ifite, Ezinato-Ifite, Agbana-Ifite
Agulu	Umuogbu, Umubele, Umuanaga, Umuike, Umujagwo, Umuenechi, Umuoruka.

In distributing the questionnaire, the researcher used a Non- Probability Convenience Sampling, whereby questionnaires were served only on respondents who were available at the time and showed willingness to be sampled, when the researcher visited each of the chosen villages. Questionnaire (open-ended and closed-ended) was used as the instrument for data collection. This means that out of the 384 copies of questionnaires structured and distributed, two out of the 10 villages in the two groups chosen, got 40 questionnaires for 40 respondents while 8 other villages got 38 questionnaires for 38 respondents. Data gathered were presented and analyzed using SPSS 19 data analysis software.

DATA PRESENTATION AND ANALYSIS

In terms of Sex of the respondents, results from the study indicated that 173 of the respondents sampled representing 45% are male while 211 representing 55% are females. This goes to prove that at the time of filling the questionnaires, more women were available and willing to respond to questions. On the age of the respondents, about 134 representing 35% of the entire 384 respondents, between the ages of 18-25, attempted the questionnaire. 131 respondents or 34% were in the ages of 26-30, 119 respondents about 31% of the entire respondents were within the ages of 31-40. From the data, it can be deduced that the respondents were more young people, who have access to the internet and use social media often. On Occupational distribution of Respondents, out of the total 384 respondents surveyed, 69 respondents representing 18% were drivers, civil servants were 115 or 30% of the entire respondents; 146 students about 38% of the entire respondents attempted the questionnaire, while 54 respondents representing 14% of the overall respondents were traders. From the foregoing analysis, a large number of students and civil servants responded to the questionnaire, possibly, because of their more exposure and frequent usage of social media.

1. **Research Question One:** What are the enabling technologies or gadgets that aid respondents' access and use of social media?

Table 1: Respondents major technologies or gadgets

Response	Frequency	Percentage
Smart phones with camera, pictures, sound clips, videos, applications (and the internet).	235	61.3
Normal phones without applications	33	8.7
Laptops	96	25
Desktops	20	5
Total	**384**	**100**

Responses to table 1 show that the majority of the respondents 61.3% use smart phones with applications that enable internet use; while Laptops and desktops are mostly other gadgets used by the respondents to access and use social media (30%). On the other hand, only 8.7% of respondents use phones without internet enabling applications. What this means is that the majority of the respondents have access to and use social media.

Table 2: Access to Internet

Variables	Frequency	Percent
Yes	351	91.3
No	33	8.7
Total	**384**	**100.0**

Table 2 shows that 91.3% of the respondents have access to the internet. Hence, the internet could be seen as something which the adults in Awka Urban can commonly access.

Table 3: Frequency of access to internet

Variable	Frequency	Percent
Always	211	55
Sometimes	100	26
Rarely	54	14
Never	19	5
Total	384	100

Data in Table 4 show that 55% of respondents always have access to the internet, 26% have access sometimes to it, 14% rarely have access to it while 5% never had access to it. These data indicate that the majority (81%) of the respondents either always or sometimes have access to the internet as against the minority (19%) that either rarely or never had access to it.

Research Question Two: What are the social media platforms available to respondents?

Table 4: Respondents' available social media platforms

Variable	Frequency	Percent
Facebook	134	35
YouTube	69	18
Twitter	12	3
Linkedln	Nil	Nil
Instagram	54	14
Whatsapp	115	30
Total	384	100

Data in Table 4 show that Facebook is mostly used as a social media platform (35%), 30% of the respondents make use of Whatsapp, while YouTube, Twitter and Instagram are minimally used as they account to only 35% of the respondents.

Table 5: Respondents' activities on social media

Variable	Frequency	Percent
Chatting with family and friends	134	35
View entertainment news and download songs	96	25
Arranging relationships	54	14
Conduct business	77	20
Seeking health Information	23	6
Total	384	100

Data in Table 5 show that the majority of the respondents use social media to chat with family and friends and also view and download songs and films (75%); while a minimal number of 6% use it for the purpose of seeking health information.

Research Question Three: To what extent do the respondents get involved in health discourses using the available social media platforms?

Table 6 Respondents' involvement in health discourses online

Variable	Frequency	Percent
Yes	110	28.7
No	274	71.3
Total	384	100

Data from Table 6 show that 71.3% respondents do not discuss health information online. Hence health discourse could be seen as something the majority of Adults in Awka Urban do not get involved in.

Table 7 Who the respondents share health discourses with

Variables	Frequency	Percent
Colleagues	96	25
Parents	58	15
Friends	134	35
Siblings	77	20
Others	19	5
Total	384	100

Data from Table 7 show that 35% of the respondents share health information with their friends, 25% share it with colleagues; 30% share with siblings, while only 15% share it with parents.

Table 8 Extent to which respondents share/involve in health discourses online

Variables	Frequency	Percent
Regularly	19	5
Occasionally	100	26
Rarely	211	55
Never	54	14
Total	384	100

Data from Table 8 show that 55% of the respondents rarely get involved in health discourses, 26% occasionally do theirs, 5% regularly do theirs, while 14% never get involved.

Table 9 social media platform mostly used by respondents for health discourses

Variables	Frequency	Percent
Facebook	235	61.3
YouTube	Nil	Nil
Twitter	Nil	Nil
LinkedIn	Nil	Nil
Instagram	20	5
WhatsApp	129	33.7
Total	384	100

Data from Table 9 show that the majority of the Respondents (61.3%) engage in health discourses on Facebook and WhatsApp (33.7%). Hence, Facebook and WhatsApp could be said to be the available social media used by Adults in Awka Urban for health discourses.

DISCUSSION OF FINDINGS

The first research question seeks to find out the enabling technologies or gadgets that aid respondents' access and use of social media. To answer this question, the researchers referred to tables 1, 2 and 3above. Data in table 1 shows that the majority of the respondents 61.3% use smart phones with applications that enable internet use. Furthermore, Data in table 2 indicates that 91.3% of the respondents have access to the internet. Based on the foregoing, it is admitted in answer to the first research question that there is a widespread access to social media by the use of smartphones and other gadgets with applications that enable internet use.

The second research question sought to discover the social media platforms available to respondents. Data in table 4 and 5 above indicate that Facebook (35 %) featured most as the major used social media platform, while Whatsapp came second followed by YouTube, Instagram and Twitter. Therefore, it could be stated in answer to the second research question that Facebook and Whatsapp are the predominantly used social media platforms.

The third research question sought to find out the extent to which the respondents get involved in health discourses using the available social media platforms. Data in tables 6, 7, 8 and 9 above show that 71.3% respondents do not discuss health information online, Table 7 shows that 35% of the respondents which is the majority share health information with their friends, Table 8 shows that 55% of the respondents admitted that they rarely get involved in health discourses online, Table 9 shows that the majority of the Respondents (61.3%) engage in health discourses on Facebook and WhatsApp. Consequently, it may be admitted in answer to the third research question that Adults in Awka Urban do not get involved in health discourses online to a large extent.

The first finding of this study indicates that there is widespread access to social media by the use of smartphones and other gadgets with applications that enable internet use. This is in line with what Hall & Irvine, (2009) posits that (ICTs) Information and communication technology (ICT) is another enabling technology that aids discourses on social media platforms. It has transformed many sectors of society including the way maternal health care services delivery and utilization which may result in improving the well being of women and communities.

The Second finding reveals that Facebook and Whatsapp are the predominantly used social media platforms. The implication of the foregoing is that Adults in Awka Urban make use of social media platforms for other areas of discourse which is a reflection of the tenets of Media Ecology theory that says internet users utilize social media platforms to access information instantaneously on various areas without depending on the traditional media as the only source of access information. Social media technology provides novel opportunities to embed and interject public health messaging.

The third finding of the research holds that Adults in Awka Urban do not get involved in health discourses online to a large extent. And this could be traced to fact that they access the social media for other personal needs instead of health discourses, this is in agreement with the principles of Uses and Gratification as captured in a study done by Severin & Tankard (1997) that different users of the same communication tool might have different reasons for using it to fulfill their personal needs.

CONCLUSION AND RECOMMENDATIONS

This study concludes that a good number of Adults in Awka Urban access social media especially Facebook and Whatsapp for other personal purposes, but painfully not for health discourses.

Thus, the study recommends as follows;

i. Since most people access social media for other purposes like business, arranging relationships, and entertainment and rarely health issues, hospitals should employ the use of social media to disseminate health information. This would ensure that only trusted health information spread virally online.

ii. That the Ministry of Health should also use social media to disseminate health information that would at long last modify behaviours of individuals as it relates to the right way to live.

iii. That more health sanitization campaign should be done using the popular social media platforms in order to increase health discourses online.

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