
Perception of social media use in disseminating health-related academic information in public health schools in Minna, Nigeria

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Abstract: This study examined the use of social media among students at health schools in Minna to exchange health-related information. In order to obtain data from simple random samples of 344 respondents, the study used survey questionnaires. The rate of response was 100%. Findings found that the most used social media platforms for contact were Facebook (79.9%), WhatsApp (65.5%) and Twitter (34.3%). The research study also found that (79.8%) of student respondents benefited significantly from using social media to disseminate health-related information and preferred to communicate these health information through video, audio, and mobile phone text formats to them. The study concludes that low network coverage, high data subscription rates, high smartphone costs and epileptic power supply have an effect on access to social media at Minna health schools. The study recommended that lecturers, students, researchers and health care instructors should disseminate health related information using social media tools based on its effectiveness.

Keywords: social media; health information; information dissemination; social network; smart phones; data subscription; epileptic power; network coverage; health communication; internet access.

Reference to this paper should be made as follows: Musa, E.H. and Agboola, A.K. (2020) 'Perception of social media use in disseminating health-related academic information in public health schools in Minna, Nigeria', *Int. J. Electronic Healthcare*, Vol. 11, No. 2, pp.170–186.

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1 Introduction

Social networking is the term used in reference to a series of online resources that are mostly generated and adapted to the social interactions of two or more individuals each time. These online tools have been developed primarily to allow individuals (otherwise referred to as users) to connect socially with each other in order to exchange online content, correct shared content and generate knowledge (Bertot et al., 2012). The widespread adoption of social media tools can be attributed to the ever-growing developments in technology that have led to a great deal of change from the conventional way of transmitting and exchanging knowledge, communication modes and information generation (Trivedi and Vyas, 2014). With the primary objective of creating an online-based group of people with similar inclinations for easy interaction and information sharing, social networking tools were developed. According to Khan (2013), information sharing can simply be defined as the social process of intentionally passing on objects, products and inklings from a person tagged 'the sender' to another person or the recipient's tagged individuals.

Due to the fascinating and remarkable widespread adoption and development of social media, many social networking instruments have become very common words and names around the globe. Names like Facebook, WhatsApp, Google, Twitter, YouTube, Instagram, and a host of others. Lien and Cao (2014) stated that social media tools such as Instant Messaging (IM) tools, social networking sites such as Facebook and Twitter, and microblogs have become a big part of how knowledge is created and exchanged by people of different cultures and inclinations, both interpersonally and as a group. Social media has changed the way individuals pay attention and get access to health information, according to Han and Wang (2015), and there have been dramatic and rapid changes in the health care industry. The significance of this dynamic shift in the collection of information through social media networks has led to many studies on how the rapid growth of social media has influenced information generation and sharing.

Social media and mass media have complemented each other, according to Amend and Secko (2012), to create an unprecedented rate of collection and distribution of information. Kuehne and Olden (2015) re-echoed this view by positing the Science Media Ecosystem by which scientists produce information from research and surveys such as health-related information and use different platforms to communicate this

information with the public decision makers (government or relevant agencies) or their fellow scientists.

O'Mara (2013) argued that in the ever-changing modern world, where many health-related problems occur on a daily basis, the need to reach out to consumers of health products and services has become more urgent. O'Mara also emphasised the need to use social media platforms that have been discovered to reach audiences that are far broader than the mass media. Jha et al. (2016) reported a paradigm change from the use of mass media resources such as television and radio in the collection and exchange of health-related information to the use of technologies such as smartphones with their various social media platforms, with more than 60% of smartphone users using their devices to acquire health-related information.

The advantages of using social media are breathtaking since many studies have shown that no other mainstream media has the potential to explicitly link health products to their customers and also create an engaging forum between the products and their customers (Roberts et al., 2017). With the ever-growing need to share health-related information among individuals, it is important to conduct a survey on how individuals use social media resources to share such information.

1.1 Statement of the problem

With the rapid growth and widespread adoption of social media across the globe, the younger generation, who are mostly students of various lower and higher learning institutions, have been described as a large group of people who have easily embraced and mostly used these social media tools. However, Martinez-Garcia et al. (2013) reported that there are many problems that emerge as a result of the use of these tools, despite the tremendous advantages of using these social media tools. Similarly, Nyangeni et al. (2015) stated that the use of social media has become very difficult due to many ethical and legal problems. These social media tools are used inappropriately and irresponsibly by most young social media users, especially students, and thus carry a great deal of risk for the users themselves, as well as their educational institutions and health organisations. The rate of abuse and reckless use of social media tools is quite troubling, despite some information about the dangers of misuse of social media tools. It is against this backdrop that this study examines the use of social media to exchange academic knowledge related to health.

1.2 Aim and objectives of the study

The aim of the study is to discover how students of the health schools in Minna, Niger State use social media in sharing health related information. The study aimed at achieving the following specific objectives:

- 1 to find out the level of students' exposure to health related academic information on social media
- 2 to examine the level of usage of social media tools by the students in the health schools in Minna

- 3 to examine the benefits of utilising social media to gather health related academic information among the students
- 4 to find out the level of access students have to social media, daily/weekly.

1.3 Research questions

Research questions help the research to further breakdown the main issues, in interrogative form, which the research study seeks to address. To this end, the study established the following research questions:

- 1 What is the level of students' exposure to health related information on social media?
- 2 What is the level of usage of social media tools by the students in the health schools in Minna?
- 3 In what ways is social media beneficial to students in gathering health related information?
- 4 What is the level of access students have in using social media, per day/week?

2 Literature review

2.1 Social media and information sharing

With social networks such as Facebook, Twitter, Blogs, LinkedIn and YouTube enjoying astronomical patronage and becoming global brands, social media growth over the years has been phenomenal (Trivedi and Vyas, 2014). These social networking sites have provided space for the creation of small groups of people with common inclinations and cultures, as well as professionals with similar practices. Dumbrell and Steele (2014) concluded that social media tools are capable of exchanging information from peer to peer, as well as group and individual content assessment. There are several characteristics of social media, according to Gaal et al. (2015), which make it the best platform for information sharing, particularly health information. These features include: authenticity, openness, intermediacy, engagement, communication and accountability.

2.2 Information sharing

The history of exchanging information can be traced back to the early days of man, where communication consists of face-to-face communication, song writing, storytelling, city-criers; storytelling is still considered before the advent of electronic systems as the most trusted way to exchange information (Mosha, 2014). But there must be a high degree of trust from the source of the information to the recipient of the information for any means of information sharing, traditional or modern, to be successful. In academic institutions, the mechanism of knowledge exchange can only be effective if people (both students and scholars) voluntarily donate information inside the academy and actively consult with their peers to gain access to other information (Mosha, 2014).

The information management system involves the creation and/or capture of information, the exchange and/or transfer of information, as well as the application of information (Kude et al., 2012). But the knowledge sharing component is the most significant among these components of the management system (Kumaresan, 2010). The two important components of information management are production and sharing, according to Mosha (2014), but information sharing is the most crucial component of all, which is why it is so difficult to get individuals to share data in their hands.

It is crucial that it be transferred from its point of existence or properly stored where it is required for actual communication and knowledge sharing (Mtega et al., 2014).

Mosha (2014) described knowledge sharing within institutions as the general practice within such institutions of gathering, establishing, saving and transmitting experience-based information, as well as ensuring that such information is made accessible to others, particularly within the same institution. The foundation of knowledge exchange is focused on perspectives gained both inside and outside the organisation.

2.3 Health information sharing

There is a need to look at the need for health information in order to truly understand the exchange of health information. The need for data, as Matingwina (2015) postulates, is the difference between what is known at that time and what is needed or anticipated to be known at that time. However, a need for information is considered essential, particularly when it occurs because the person(s) who need it(s) lack such information.

Any information that is connected to health science is health information (Mosha, 2014). Health knowledge seekers need the health challenge data base or as medically inclined students. Due to the significance of health information to man in general, the need for health information, regardless of reason(s), is quite significant (Matingwina, 2015).

Students attending various medical courses in higher education institutions need to have a catalogue of health information available to them both subjective and explicit, which is because health schools also have varying amounts of time that students spend as residents in hospitals and clinics in order to obtain subjective health information. Students' need for knowledge is often focused on many factors, according to Matingwina (2015), including: gaining more understanding of an ailment, having a better sense of how to make the right prognosis of an ailment, understanding the mechanism and probable result of future tests and therapies for an ailment, understanding how to care for a patient of such an ailment, and gaining a better understanding of the patient's condition.

2.4 Factors that enhance information sharing

If it is an opportunity for students, scholars and other members of the academy within an organisation to benefit from whether or not they contribute to the data, knowledge becomes a good endeavour (Lam and Lambermont-Ford, 2010). The quality of knowledge exchanged by an academic institution is highly dependent on the capacity of the institution's members to produce, transfer and exchange information on a regular basis. But all of these rely on many efficiency factors, which can be categorised into administrative, individual and process factors.

3 Theoretical framework

This research was based on the theory of uses and gratification (UGT). In 1969, Blumier and McQuail initially postulated the hypothesis when they tried to categorise why people were watching political programming during the 1964 US Elections. The initial hypothesis tried to explain why individuals search for the media they use and what they use it for. The theory of use and satisfaction is a theory that seeks to explain why and how people use such platforms, in this case social media, to fulfil their needs. The theory postulates that social media users are not only passive users, but that they actually monitor their use of such media and actively view and incorporate social media into their everyday lives. The theory postulates that social media users frequently use social media platforms to accomplish particular objectives and goals.

In addition, the idea is that consumers have the option of a social media platform to use to achieve their defined goals. The theory also stipulates that social media tool users are self-aware of their choices and ensure that they have all the fundamental awareness and understanding of the operation of such a tool (Fiester, 2016).

The UGT claims that there are four explanations why people use social media tools, according to Wang et al. (2012), and they are for regular, behavioural, social and cognitive needs. Habitual need talks about the need to be a product of embedded behaviours for the user of a social media tool. The emotional need speaks of the need for a social media tool user to be due to emotional connection to the tool; possibly because friends and acquaintances of the users are users of the same social media tool. The social need speaks of the need for the user of a social media platform to use the tool because of its social recognition.

Finally, the cognitive need is due to the capacity of the individual to grasp the instrument and use it to accomplish a special task or endeavour. UGT also claims that knowledge collection, schooling, identification with specific characters, entertainment, social interaction, as well as escaping from the pressures of everyday life (Grellhesl and Punyanunt-Carter, 2012) are the objectives of using social media resources.

3.1 Research design

This study employed a survey research was used for this study. The total population from both health schools were 2,460 students. Simple random sampling technique was used based on the Slovin's sample size formula:

$$n = \frac{N}{1 + N(e)^2}$$

where

n sample size

N total population

e error margin = 5%.

Thus,

$$n = \frac{2,460}{1 + 2,460(0.05)^2}$$

$$n = \frac{2,460}{1 + 2,460(0.0025)}$$

$$n = \frac{2,460}{1 + 6.15}$$

$$n = \frac{2,460}{7.15}$$

$$= 344.$$

Hence, the sample size for this study was 344 respondents, which were obtained from the three health schools in Minna. The researchers made use of the 7-point likert scale, ranging from very strongly disagree (VSD) = 1 to very strongly agree (VSA) = 7. The questionnaire had two sections; section A comprises the demographic characteristics of the respondents, while section B comprises of 24 items.

The validity of the tool was developed by discussing the tool with the Department's experts, including the research supervisor, in order to add their comments, insights, opinions and recommendations that were integrated into the tool before being applied to the respondents. Although the method of split-half reliability was used to assess the reliability of the test instrument, the correlation coefficient was 0.96, indicating the reliability of the instrument. Using the statistical kit for social sciences (SPSS), the collected data was analysed. The T-test was used to plot the mean score and to plot the frequency and percentile tables. Using what was extracted.

4 Findings

All 344 copies of the administered questionnaire were retrieved and considered useful with a 100% response rate. Demographic results of the respondents indicate that the majority of respondents are women, 243 (70.6%), while 101 (29.4%) are males. Age-wise, the majority of 160 (46.5%) are below 20 years of age, 156 (45.3%) are between 20 and 25 years of age, 21 (6.1%) are between 26 and 30 years of age, while 7 (2.0% of respondents are 31 years of age. As for the academic level of the respondents, the majority of 200 (58.1%) of the respondents are at 100, 60 (17.4%) of the respondents are at 200, and 84 (24.4%) are at 300. Results indicate that the majority of 132 (38.4%) use the social networking platform they are familiar with every day in terms of the level of use of social media sites.

As for respondents' involvement in social media site groups or page sharing academic information, the majority of respondents belong to a social media group or page sharing academic information, 288 (83.7%). Finally, the results indicate that the majority of 302 (87.8%) respondents agreed that academic data posted on the group or page is important to their field of research.

4.1 Answering research questions

RQ1 What is the level of students' exposure to health related information on social media?

Table 1 indicates the responses of the respondents about their social media exposure and use. The Table indicates that the majority of 83 (24.1%) strongly agreed that they use Facebook as a communication social media site, while 37 (10.8%) of them strongly disagreed with the use of Facebook as a communication social media site. As for the use and exposure of the respondents to WhatsApp as a contact social media site, it was very firmly accepted by the majority of 106 (30.8%) of the respondents, while the meagre number disagrees with 15 (4.4%) of the respondents. Findings on the table indicate that the majority of 119 (34.6%) of respondents very strongly disagreed with the usage of Snapchat as a communication social media site, while only 47 (13.7%) of respondents agreed on their use and visibility of Snapchat as a communication social media site. With respect to the use and exposure of respondents to Twitter as a communication social media site, the majority of respondents agreed on their use and exposure of Twitter as a communication social media site, while 64 (18.6%) of respondents disagreed.

Table 1 Respondents' responses on Social Media Exposure and Usage

<i>S/N</i>	<i>Question</i>	<i>VSD</i> <i>1</i>	<i>SD</i> <i>2</i>	<i>D</i> <i>3</i>	<i>N</i> <i>4</i>	<i>A</i> <i>5</i>	<i>SA</i> <i>6</i>	<i>VSA</i> <i>7</i>
1	I use Facebook as a social media site for communication	37 (10.8%)	23 (6.7%)	34 (9.9%)	24 (7.0%)	65 (18.9%)	78 (22.7%)	83 (24.1%)
2	I use WhatsApp as social media site for communication	22 (6.4%)	16 (4.7%)	15 (4.4%)	16 (4.7%)	81 (23.5%)	88 (25.6%)	106 (30.8%)
3	I use Snapchat as a social media site for communication	119 (34.6%)	35 (10.2%)	64 (18.6%)	41 (11.9%)	47 (13.7%)	24 (7.0%)	14 (4.1%)
4	I use Twitter as social media site for communication	41 (11.9%)	42 (12.2%)	64 (18.6%)	79 (23.0%)	67 (19.5%)	22 (6.4%)	29 (8.4%)
5	I use Instagram as a social media site for communication	103 (29.9%)	28 (8.1%)	46 (13.4%)	29 (8.4%)	63 (18.3%)	36 (10.5%)	39 (11.3%)
6	I use Skype as a social media site for communication	147 (42.7%)	32 (9.3%)	53 (15.4%)	39 (11.3%)	37 (10.8%)	16 (4.7%)	20 (5.8%)
7	I use Badoo as a social media site for communication	153 (44.5%)	40 (11.6%)	62 (18.0%)	21 (6.1%)	27 (7.8%)	24 (7.0%)	17 (4.9%)
8	I use BBM chat as a social media site for communication	118 (34.3%)	40 (11.6%)	54 (15.7%)	42 (12.2%)	42 (12.2%)	26 (7.6%)	22 (6.4%)
9	I use Pintrest chat as a social media site for communication	120 (39.9%)	37 (10.8%)	42 (12.2%)	33 (9.8%)	49 (14.2%)	32 (9.3%)	31 (9.0%)

Note: n = 344.

As for the usage of Instagram by respondents as a communication social media site, the majority of 103 (29.9%) of respondents strongly disagreed with their use of Instagram as a communication social media site, while 63 (18.3%) of them agreed on their use and visibility of Instagram as a communication social media site. Table 2 indicates that 147 (42.7%) of respondents strongly disagreed with their use and exposure to Skype as a communication social media site, while 37 (10.8%) of respondents agreed with their use and exposure to Skype as a communication social media site. The table reveals that the majority of 153 (44.5%) of respondents were very strongly opposed to using Badoo as a communication social media site, while just 27 (7.8%) of respondents decided to use and expose Badoo as a communication social media site. Whereas, the results show that the majority of 118 (34.3%) of the respondents strongly disagreed with the usage of BBM as a communication social media site, while only 42 (12.2%) of the respondents agreed on their use and visibility of BBM as a communication social media site. Finally, the table indicates that the majority of 120 (34.9%) of respondents disagreed very strongly with the usage of Pinterest as a communication social media site, while only 49 (14.2%) of respondents agreed on their use and visibility of Pinterest as a communication social media site.

Table 2 Mean scores of respondents' response to social media exposure and usage

<i>S/N</i>	<i>Items</i>	<i>Mean</i>	<i>Remark</i>
1	I use Facebook as a social media site for communication	4.8	Accepted
2	I use WhatsApp as a social media site for communication	5.3	Accepted
3	I use Snapchat as a social media site for communication	3.0	Rejected
4	I use Twitter as a social media site for communication	3.8	Accepted
5	I use Instagram as a social media site for communication	3.5	Accepted
6	I use Skype as a social media site for communication	2.8	Rejected
7	I use Badoo as a social media site for communication	2.6	Rejected
8	I use BBM as a social media site for communication	3.1	Rejected
9	I use as a Pinterest social media site for communication	3.2	Rejected
	Average mean score	3.6	

The average ratings of respondents' responses to social media exposure to health-related information are shown in Table 2. The estimated average for 'I use WhatsApp as a communication social media site' is 5.3, followed by 'I use Facebook as a communication social media site' is 4.8. 'I use Twitter for communication as a social media site' is 3.8, and 'I use Instagram for communication as a social media site' is 3.5. Answers one, two, four and five were accepted because they met the average mean score, while the remaining items were rejected because they dropped below the average mean score of 3.5. This shows that the majority of respondents use Whatsapp, Facebook, Twitter and Instagram for contact as their social media website.

RQ2 What is the level of usage of social media tools by the students in the health schools in Minna?

Table 3 illustrates the responses of respondents to the degree of use of social media tools. The majority of 115 (33.4%) of respondents strongly agreed, according to the table, that students have the ability to search for health information on their own through social

media, while 28 (8.1%) of them disagreed very strongly. Students were also asked if they believed that students exchanged health information through social media with their fellow students to assess the extent of use of social media resources. The results showed that the majority of 114 (33.1%) respondents strongly agreed that students exchange health information through social media with their fellow students. The respondents were asked whether they prefer health information through video format on social media, the majority strongly agreed 97 (28.2%) and very strongly agreed that they prefer health information on video format on social media, while only meager 18 (5.2%) strongly disagreed with the question.

Table 3 Respondents response on the level of usage of social media tools

<i>S/N</i>	<i>Question</i>	<i>VSD</i> <i>1</i>	<i>SD</i> <i>2</i>	<i>D</i> <i>3</i>	<i>N</i> <i>4</i>	<i>A</i> <i>5</i>	<i>SA</i> <i>6</i>	<i>VSA</i> <i>7</i>
1	I believe students have the ability to search for health information via social media on their own	28 (8.1%)	17 (4.9%)	11 (3.2%)	9 (2.6%)	57 (16.6%)	115 (33.4%)	107 (31.1%)
2	I believe student shares health information to their fellow students via social media	14 (4.1%)	14 (4.1%)	17 (4.9%)	17 (4.9%)	66 (19.2%)	102 (29.7%)	114 (33.1%)
3	I believe I prefer health information on social media in video format	16 (4.7%)	18 (5.2%)	34 (9.6%)	26 (7.6%)	75 (21.8%)	78 (22.7%)	97 (28.2%)
4	I believe I prefer health information on social media in audio format	20 (5.8%)	19 (5.5%)	40 (11.6%)	33 (9.6%)	77 (22.4%)	75 (21.8%)	80 (25.6%)
5	I believe I prefer health information on social media in mobile phone voice and text format	23 (6.7%)	15 (4.4%)	32 (9.3%)	40 (11.6%)	67 (19.5%)	79 (23.0%)	88 (25.6%)

Note: n = 344.

Table 4 Mean scores of respondents response to health information exposure

<i>S/N</i>	<i>Items</i>	<i>Mean</i>	<i>Remark</i>
1	I believe students have the ability to search for health information via social media on their own	5.4	Accepted
2	I believe student shares health information to their fellow students via social media	5.5	Accepted
3	I believe I prefer health information on social media in video format	5.2	Accepted
4	I believe I prefer health information on social media in audio format	5.0	Accepted
5	I believe I prefer health information on social media in mobile phone voice and text format	5.0	Accepted
	Average mean score	5.2	

In addition, the respondents were asked if they prefer health information in audio formats on social media. Findings show that the majority agreed very strongly on 80 (25.6%),

while 20 (5.8%) of respondents disagreed that they prefer audio-format health information on social media. Finally, the student was asked if they prefer social media health details in text format for mobile phones. Eighty-eight (25.6%) were very firmly agreed by the majority, while 32 (9.3%) of the respondents disagreed. From the table, the majority of health school students have the ability to search for health information on their own via social media, can also exchange health information via social media with their fellow students, and prefer video, audio and text health information on social media. This outcome proves that the level of use of social media resources by the respondents is very high. The mean score of the respondents' responses to health information exposure is illustrated in Table 4. The measured mean for 'I believe that students have the opportunity to search for health information on their own via social media' is 5.4, 'I believe that students communicate health information via social media to their fellow students' is 5.5, 'I think I prefer health information in video format on social media' is 5.2, 'I think I prefer health information in audio format on social media' is 5.0, 'I think I prefer health information in audio format on social media' is 5.0, 'I think I prefer health information in audio format'. Therefore as they surpassed the average mean ranking, answers one, two, three, four and five are all acknowledged.

RQ3 In what ways is social media beneficial to students in gathering health related information?

Table 5 Respondents response on the Benefits of utilising social media

<i>S/N</i>	<i>Question</i>	<i>VSD</i> <i>1</i>	<i>SD</i> <i>2</i>	<i>D</i> <i>3</i>	<i>N</i> <i>4</i>	<i>A</i> <i>5</i>	<i>SA</i> <i>6</i>	<i>VSA</i> <i>7</i>
1	I believe I get relevant health related academic information from the social media tools I use	21 (6.1%)	13 (3.8%)	21 (6.1%)	20 (5.8%)	87 (25.3%)	106 (30.8%)	76 (22.1%)
2	I believe the social media tools I use are trusted and reliable	15 (4.4%)	10 (2.9%)	17 (4.9%)	25 (7.3%)	102 (29.7%)	96 (27.9%)	79 (23.0%)
3	I believe the social media tools I use has helped me understand some courses better	18 (5.2%)	14 (4.1%)	20 (5.8%)	19 (5.5%)	94 (27.3%)	93 (27.0%)	86 (25.0%)
4	I believe I have gotten assistance in solving an academic problem or assignment via social media tools	18 (5.2%)	10 (2.9%)	13 (3.8%)	30 (8.7%)	69 (20.1%)	93 (27.0%)	111 (32.3%)
5	I believe the use of social media has helped me to get relevant health academic information and has impacted positively on my performance academically	14 (4.1%)	15 (4.4%)	15 (4.4%)	27 (7.8%)	81 (23.5%)	98 (28.5%)	94 (27.3%)

Note: n = 344.

Table 5 presents the answers of the respondents to the question about the advantage of using social media in their academic pursuit. According to the table, the majority of 106

(30.8%) of the respondents strongly agreed on the issue, while 21 (6.1%) of the respondents disagreed that the social media platforms they use respectively provide important health-related academic information. The respondents were asked whether the social media platforms they use are trusted and accurate, 102 (29.7%) of the respondents agreed with the majority, while 17 (4.9%) of the respondents disagreed with the meagre number.

Table 6 Mean scores of respondents response to benefit of utilising social media

<i>S/N</i>	<i>Items</i>	<i>Mean</i>	<i>Remark</i>
1	I believe I get relevant health related academic information from the social media tools I use	5.2	Accepted
2	I believe the social media tools I use are trusted and reliable	5.3	Accepted
3	I believe the social media tools I use has helped me understand some courses better	5.3	Accepted
4	I believe I have gotten assistance in solving an academic problem or assignment via social media tools	5.5	Accepted
5	I believe the use of social media has helped me to get relevant health related academic information and has impacted positively on my performance academically	5.4	Accepted

As for the issue of the social media tools they use if it helped them better understand some courses, the majority of respondents agreed that 94 (27.3%) of the respondents agreed that the social media tools they used helped them better understand some courses, while some 18 (5.2%) of respondents disagreed. In terms of whether respondents were assisted in solving any academic problems or assignments through social media tools, the majority of 111 (32.3%) of respondents agreed very strongly that they were assisted in solving an academic problem or assignment through social media tools, while only 18 (5.2%) of respondents disagreed. Finally, the respondent was asked if the use of social media had allowed them to access relevant health-related academic information and had a positive effect on their academic success. According to the findings, the majority 98 (28.5%) strongly agreed, while 15 (4.4%) of the respondents were very strongly disagreed respectively.

Table 6 indicates the mean ratings of respondents responding to the advantage of using social media. ‘The measured mean I think I get important health-related academic knowledge from the social media tools I use’ is 5.2, ‘I think the social media tools I use are trusted and accurate’ is 5.3, ‘I think the social media tools I use have helped me to better understand some courses’ is 5.3, ‘I think I have been helped to solve an academic issue or task through social media’. They acknowledged all the responses because they met the average mean score. This suggests that the respondents were in complete agreement with the argument that they profit in their academic endeavours from using social media.

RQ4 What is the level of access students have in using social media, per day/week?

Table 7 shows the responses of the respondents about the factors that influence their daily or weekly level of access to social media. According to the table, the majority of 122 (35.5%) of respondents agreed very strongly with the argument that epileptic power supply affects their level of access to social networking sites, while 31 (9.0%) of respondents disagreed very strongly with the statement respectively. The respondents

were asked whether their level of access to social networking sites was influenced by inadequate network coverage, the majority 149 (43.3%) of the respondents agreed very strongly to the statement, while 21 (6.1%) of them disagreed with the statement. If the high cost of data subscription influenced their level of access to social media sites on a regular or weekly basis, the respondents were asked, the majority 138 (40.1%) agreed very strongly to the argument, while 16 (4.7%) of them disagreed strongly with the statement. In addition, the respondents were asked whether the high cost of smart phones influenced their regular or weekly level of access to social networking sites. The majority of 135 (39.2%) of the respondents agreed very strongly with the explanation, while 25 (7.3%) of the respondents disagreed with the argument. Finally, respondents were questioned if the lack of social networking site knowledge is what restricts their level of access to social media sites. The majority disagreed with 140 (40.7%), although only 17 (4.9%) of the respondents agreed to the statement very strongly. It can be concluded from this outcome that the majority of respondents are aware of social networking platforms and the extent of access to social media is not influenced by the lack of awareness.

Table 7 Respondents response on the factors affecting the level of access to social media on daily/weekly bases

<i>S/N</i>	<i>QUESTION</i>	<i>VSD</i>	<i>SD</i>	<i>D</i>	<i>N</i>	<i>A</i>	<i>SA</i>	<i>VSA</i>
		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
1	I believe the epileptic power supply affect my level access to social media sites	31 (9.0%)	20 (5.8%)	17 (4.9%)	21 (6.1%)	62 (18.0%)	71 (20.6%)	122 (35.5%)
2	I believe poor network coverage affect my level of access to social media	16 (4.7%)	15 (4.4%)	21 (6.1%)	15 (4.4%)	64 (18.6%)	64 (18.6%)	149 (43.3%)
3	I believe the high cost of data subscription affect my level of access to social media sites	11 (3.2%)	16 (4.7%)	14 (4.1%)	22 (6.4%)	68 (19.8%)	75 (21.8%)	138 (40.1%)
4	I believe the high cost of smart phones affect my level of access to social media sites	17 (4.9%)	14 (4.1%)	25 (7.3%)	25 (7.3%)	60 (17.4%)	68 (19.8%)	135 (39.2%)
5	I believe lack of awareness affect the level of access to social media	64 (18.6%)	67 (19.5%)	140 (40.7%)	25 (7.3%)	16 (4.7%)	15 (4.4%)	17 (4.9%)

Note: n = 344.

Table 8 shows the mean scores of the respondents response on factors affecting the level of access to social media. The calculated mean on 'I believe the epileptic power supply affected my level of access to social media' is 5.2, 'I believe poor network coverage affect my level of access to social media' is 5.6, 'I believe the high cost of data subscription affect my level of access to social media' is 5.6, 'I believe the high cost of mobile phones affect my level of access to social media' is 5.4, 'I believe lack of awareness affect my level of access to social media' is 3.2. The majority of the statement were accepted because their mean scores were above 3.5 which is the cut off point only one statement was rejected because its mean score was below 3.2.

Table 8 Mean scores of respondents response on factors affecting the level of access to social media

<i>S/N</i>	<i>Items</i>	<i>Mean</i>	<i>Remark</i>
1	I believe the epileptic power supply affect my level access to social media	5.2	Accepted
2	I believe poor network coverage affect my level of access to social media	5.6	Accepted
3	I believe the high cost of data subscription affect my level of access to social media	5.6	Accepted
4	I believe the high cost of smart phones affect my level of access to social media	5.4	Accepted
5	I believe lack of awareness affect the level of access to social media	3.2	Rejected

4.2 Discussion of findings

The study examined the use of social media in the sharing of health information among students in Minna health schools. Much of the students in the health school are women, according to demographic statistics. The study of the age distribution of students in health schools indicates that the majority of health school students are young people. The results indicate that students of the health school participants use social media groups/pages on a regular basis and are familiar with one or more social media sites and belong to social media groups. This means that these students are interested in social media organisations that are of considerable interest to their field of study.

The results of the study also showed that health students are mainly exposed to the use of social media websites such as Facebook, WhatsApp, Twitter and Instagram in the study area. This is because these platforms are easy to understand and user-friendly, and are used by the majority of young people in the world today. Scanfeld et al. (2010) study corroborated this finding, “that Twitter is a place for informal exchange of health information” (p.5).

Findings on the dissemination of information on twitter through networks of followers and a culture of retweeting demonstrate that the potential reach for the dissemination of both valid and invalid information is in tandem with Hand et al. (2016), who concluded that, health information can be transmitted through social media due to the fact that majority of students in health schools are youths and are exposed to the use of social media sites they are familiar with such as twitter, Facebook, WhatsApp and Instagram.

As for the level of use of social media resources, studies have shown that most students have a very high level of use of the social media tools they use. They use the resources of social media to check for health information, exchange health information, obtain audio, video, or text health information. This result was corroborated by the study by Gaal et al. (2015, p.195) that “social media tools allow students to build a profile on the social media page in order to exchange health information with their fellow students”. Jalonen (2014) and Kaplan and Haenlein (2010), who interpreted and defined such media as a community tool that supports a full knowledge kit, communication, cooperation, networking and combination of resources, can only share relevant information with the members for a broader audience. They described the communication of health related

information among youth as comprising of tools such as blogs, microblogs, video sharing, mobile phone text format etc.

The outcome of the third research issue, which is on the way to collecting health-related knowledge from social media. The majority of students have greatly benefited from the use of social media platforms to collect health-related information. This health-related knowledge ranges from information from some of the courses provided for proper comprehension or understanding at the health school, reports on some of the breakthroughs required for their academic pursuit in the field of health sciences, understanding some courses better, solving an academic problem or answering assignment questions, and acquiring relevant questions. The study showed that most students use social media platforms, e.g., Facebook, WhatsApp, Twitter, to boost their everyday activities. These results are also in line with that of Mosha (2014, p.9). Most of the activities identified by those using social media platforms are: collaboration, engagement and knowledge sharing inside and outside their departments. The findings indicate that medical and health students have greatly benefited from using social media to collect and disseminate health-related information among themselves, customers and the general public (Mosha, 2014).

The outcome of the fourth research issue, which is about the factors that influence the degree of access to social media on a regular or weekly basis for students. The majority of respondents agreed very strongly that epileptic power supply, which causes students not to be able to charge their smartphones or laptops, is poor coverage of the mobile network in some of the places where these health schools are located. High data subscription costs offered by my network and also high mobile smartphone costs and PC's have had a significant effect on the student's access to and use of social networking sites in the field of study. The table also indicates that the lack of knowledge affects the extent of access to or use of social media platforms by a minority of the students sampled. This could be a group of students from poor local government areas surrounding the region of the study area who are present in the school. This set of health students may not be aware of recent developments in the use of social media for the distribution and acquisition of information related to health.

The epileptic power supply is a major problem that affects not only the region of study, but the state's entire local government. The inadequate supply of electricity is a sign of poor state governance, the effect of which is seen in all sectors of the state's economy.

5 Conclusions

In conclusion, the results of this study have shown that social media platforms such as WhatsApp, Facebook and Twitter are used and are effective in disseminating information related to health. Although the level of student exposure to the use of social media tools is very high, it can be a way of disseminating and collecting health-related data. Results have also shown that students have gained academically from the use of social media platforms and this translates into a positive change in their academic performance. In addition, epileptic power supply, low network coverage and high prices of smart phones and P.C's are major factors affecting health school students' access to social media resources.

Finally, the study showed that high data subscription rates, high smartphone costs and low network coverage are the biggest barriers to the level of access to social media tools.

6 Recommendations

On the basis of this study and its conclusions, the following suggestions are suggested:

- 1 As seen in this research report, lecturers, teachers, researchers and health care educators are strongly encouraged to disseminate health-related knowledge to their students using social media platforms based on their effectiveness.
- 2 The government should provide solutions to the issue of the epileptic nature of the supply of electricity in the state and in Nigeria in general, so that students can benefit from improving sufficient access to social media over the internet.
- 3 Network providers can develop such packages, such as cheap tariff plans, cheap data plans, decent coverage of the network and other user-required data incentive packages.

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