PUBLIC PERCEPTION OF TRADITIONAL HEALERS' SOCIAL MEDIA ACTIVITIES AND CREDIBILITY OF HEALTH INFORMATION IN ANAMBRA STATE, NIGERIA

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ABSTRACT

The increasing use of social media by traditional healers to advertise herbal remedies and disseminate health information has raised concerns about the credibility of such content and its implications for public health in Nigeria. This study examined the nature and extent of public exposure to traditional healers' social media activities, the perceived credibility of health claims encountered online, and the influence of age and digital literacy on credibility assessments among residents of Anambra State, Nigeria. The study adopted a convergent parallel mixed-methods design, anchored on the Knowledge-Attitude-Practice (KAP) Model and the Health Belief Model (HBM). Quantitative data were obtained from 384 respondents through a structured questionnaire, while qualitative data were obtained through six in-depth interviews. Findings revealed that Facebook was the dominant platform for encountering traditional healers' content (84.0%), and advertisements for herbs and treatments were the most frequently encountered content type (48.2%). Nearly half of the respondents (48.2%) were neutral regarding credibility, while skeptical assessments (31.0%) exceeded positive assessments (20.6%). Chi-square analysis showed that age group was significantly associated with perceived reliability of traditional healers' information [$\chi^2(16, N = 384) = 35.190, p = 0.004$], and digital literacy was significantly associated with the credibility of unverified health claims [$\chi^2(12, N = 384) = 26.648, p = 0.009$]. The study concludes that traditional healers' social media activities are highly visible and predominantly promotional, received with cautious credibility judgments, and shaped by age and digital literacy. It recommends strengthened regulation of online health claims, improved digital health literacy, and multi-stakeholder collaboration.

Keywords: traditional healers, social media, health misinformation, credibility, digital literacy, Anambra State, Nigeria

INTRODUCTION

Traditional medicine remains an important source of healthcare in Africa, particularly where people value culturally familiar, accessible, and affordable treatment. The World Health

Organization (2019) recognises its importance in health systems. In Nigeria, traditional healers are consulted for physical, spiritual, psychological, and social concerns (Asuzu et al., 2019).

The growth of digital communication technologies has created a new environment for these practices. Social media platforms allow health-related information to be produced, shared, promoted, and received across audiences. For traditional healers, these platforms provide opportunities to advertise remedies, present testimonials, explain traditional practices, and communicate with clients. Ng et al. (2023) observed that social media is used in complementary and alternative medicine to disseminate beliefs, experiences, and health-related information.

However, this communication environment raises concerns about credibility, reliability, and public health. Health claims may circulate even when users cannot verify their accuracy. Suarez-Lledo and Alvarez-Galvez (2021) documented health misinformation across social media. In Nigeria, the digital promotion of herbal remedies has created an "algorithmic apothecary"—an unregulated online marketplace where unverified treatments are marketed with advertisements and testimonials (Ojo, 2026; Quadri, 2026).

In Anambra State, where traditional medicine is culturally familiar, the intersection of traditional healing and digital media is significant. Government efforts to profile and regulate herbal practitioners highlight recognition of the associated risks (Osibe, 2022). Yet evidence on how residents perceive this content, whether they view it as credible, and how socio-demographic factors shape their judgments remains limited. Existing studies have largely been conducted outside Nigeria or focused on healers' adoption of digital platforms rather than public perception (Ng et al., 2023; Tan et al., 2021). This study examines public exposure to traditional healers' social media activities, the perceived credibility of health claims encountered online, and the influence of age and digital literacy on credibility assessments among Anambra State residents.

RESEARCH QUESTIONS

1. What is the nature and extent of exposure to traditional healers' social media activities among residents of Anambra State?

2. What is the perceived credibility of health claims made by traditional healers on social media among residents of Anambra State?

3. How do age group and digital literacy influence the perceived credibility and reliability of traditional healers' health information on social media?

LITERATURE REVIEW

Social Media and the Transformation of Traditional Healing

Across Africa, traditional healers have increasingly adopted digital platforms to advertise remedies, share testimonials, and communicate directly with potential clients, thereby extending their visibility beyond local communities (Ng et al., 2023). In Malawi, this digital transition has altered its internal structure, with the online emphasis on herbalism coming at the expense of divination and spiritualisation (Ndekha & Solomon, 2024). In South Africa, younger female izangoma have commodified ubungoma through TikTok and YouTube, publicly competing for audiences (Khuzwayo & Muslim, 2026). These cases illustrate that

social media reshapes the practice itself, privileging visually marketable remedies over other dimensions of indigenous knowledge.

In Nigeria, traditional healers use Facebook, WhatsApp, Instagram, and TikTok to market herbal concoctions, often employing persuasive testimonials and promises of rapid cures (Ojo, 2026; Abdullahi, 2025). This online trade has been characterised as an "algorithmic apothecary"—an unregulated digital marketplace where unverified remedies circulate with the polished presentation of legitimate healthcare products (Ojo, 2026). The commercial logic of these platforms, which prioritise engagement over accuracy, further amplifies sensationalist health claims and increases their reach on social media platforms (Suarez-Lledo & Alvarez-Galvez, 2021).

Public Exposure and Credibility Perceptions

Social media has become a primary source of health information for many Nigerians, particularly younger users (Adewojo et al., 2025). A study of undergraduate students in Abuja found that nearly half (48.1%) regarded social media as a trusted health information source, even as 43.3% acknowledged that misleading content was common (Oni et al., 2026). This simultaneous trust and awareness of misinformation suggests that users navigate a continuum of trust shaped by source characteristics, message features, and personal experience.

A study of civil servants in three Southeast Nigerian states, including Anambra, found that 61.1% considered social media information on herbal remedies for chronic diseases accurate and reliable, while 71.0% perceived information shared by recognised health professionals as credible (Obi et al., 2026). Source qualifications, expertise, and reputation were the strongest credibility factors, followed by message clarity and scientific evidence.

Age, Digital Literacy, and Credibility Judgments

Younger users tend to have greater familiarity with social media platforms and encounter health content more frequently (Adewojo et al., 2025). However, greater exposure does not necessarily translate into more critical evaluation. Research with young adults in Nigeria has shown that they often lack comprehensive strategies for assessing credibility and may rely on source popularity or personal relatability (Uzuegbunam, 2024).

Digital literacy, understood as the ability to access, evaluate, and critically appraise health information online, is consistently identified as a protective factor against uncritical acceptance of health claims. The study of Gen Z Nigerians found critical gaps in digital health literacy, with many participants relying on unverified remedies (Adewojo et al., 2025). Trust is also shaped by institutional credibility and cultural and social authority (Hove & Cilliers, 2023). Younger users therefore require targeted digital health literacy interventions.

Health Misinformation and Public Health Implications

Documented cases include the marketing of herbal cures for HIV, cancer, and infertility, with some patients abandoning or delaying biomedical treatment after encountering such content online (Ojo, 2026; Abdullahi, 2025). The Nigerian Institute of Medical Research has warned against mistaking the safety of herbal remedies for proof of their effectiveness (Ibeh, 2025). An "infodemic" of competing claims can erode trust in official health communication (Olaniyi et al., 2026).

While the Anambra State government has initiated profiling and regulation of herbal practitioners, enforcement is challenged by the scale, anonymity, and rapid mutability of social media content (Onuigbo, 2025; Agubata, 2024). Users have few reliable cues to distinguish legitimate practitioners from those making exaggerated or dangerous claims. This study addresses the empirical gap by examining exposure patterns, credibility perceptions, and the influence of age and digital literacy on credibility judgments among residents of Anambra State.

THEORETICAL FRAMEWORK

This study is anchored on the Knowledge-Attitude-Practice (KAP) Model, with the Health Belief Model (HBM) serving as a complementary lens. The KAP Model proposes that knowledge acquisition contributes to attitudes, which may influence practice or behaviour (Genet et al., 2024). Here, knowledge concerns residents' awareness of traditional healers' social media activities; attitude concerns trust, skepticism, and credibility judgments; and practice concerns potential health-seeking actions.

The HBM explains health action through perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy (Champion & Skinner, 2008). Traditional healers' social media messages can function as cues to action, while users evaluate remedies' perceived benefits, illness severity, and barriers to orthodox care. Together, KAP explains the pathway from information to attitudes and possible practice, while HBM explains the health beliefs that may shape behaviour.

MATERIALS AND METHODS

Research Design This study adopted a convergent parallel mixed-methods design involving concurrent collection of quantitative and qualitative data, separate analysis, and integration of findings (Creswell & Plano Clark, 2018). The quantitative component measured exposure patterns, credibility judgments, and socio-demographic influences, while the qualitative component captured participants' experiences and explanations. The datasets were merged during interpretation to identify convergence, divergence, and elaboration.

Study Area The study was conducted in Anambra State, South-East Nigeria. Traditional medicine is culturally entrenched, with healers serving as first points of care for many residents (Okeke et al., 2006). Social media use is widespread, and the state government has introduced measures to regulate traditional medicine practitioners (Onuigbo, 2025). These characteristics make the state an appropriate setting for examining public perceptions of traditional healers' social media activities.

Population and Sampling The target population comprised adults aged 18 years and above who resided in Anambra State and were active social media users. The estimated population of social media users was 1,100,000. A sample size of 400 was determined using Taro Yamane's formula for finite populations at a 5% margin of error (Yamane, 1967).

Sampling Technique A multi-stage sampling technique was adopted for the quantitative component. Anambra State was stratified into three senatorial districts, and one Local Government Area (LGA) was selected from each through simple random sampling by balloting: Ayamelum, Awka South, and Nnewi South.

Respondents were recruited through a Google Forms questionnaire distributed through WhatsApp, Facebook, and relevant online networks. Participation was restricted to consenting residents of the selected LGAs aged 18 years or older who actively used social media. Of 400 questionnaires administered, 384 valid responses were retained for analysis.

For the qualitative component, purposive sampling selected six participants: two social media influencers and four regular users reflecting diverse ages, genders, occupations, and educational backgrounds. All were Anambra State residents and active social media users.

Instruments for Data Collection Data were collected using a structured questionnaire and a semi-structured interview guide. The questionnaire contained five sections covering socio-demographic characteristics; exposure to traditional healers' social media activities; credibility and influence; socio-demographic influences on perceptions; and public health implications and mitigation strategies. Close-ended questions with Likert-type response options facilitated quantification.

The interview guide explored awareness, credibility and trust, health-seeking behaviour, and recommendations for regulation. Probing questions explored emerging themes. Interviews lasted 30–45 minutes and were audio-recorded with participants' consent.

Data Collection Procedure Quantitative data were collected through Google Forms with assistance from one trained research assistant. Training covered study objectives, ethical considerations, recruitment, and instrument administration.

Qualitative interviews were conducted in English, either one-on-one or through Zoom, depending on participant preference and availability. The researcher moderated the interviews, while the research assistant recorded them with consent and took field notes. Familiar local expressions and social media examples facilitated understanding.

Data Analysis Quantitative data were analysed using SPSS version 29. Frequencies and percentages summarised respondents' characteristics, exposure patterns, credibility perceptions, and attitudes toward regulation. Cross-tabulations examined credibility judgments across age groups and digital literacy levels. Chi-square tests assessed associations at the 0.05 significance level. Expected cell frequencies were checked, and "Poor" and "Very Poor" digital literacy categories were merged into "Low Digital Literacy" where necessary.

Qualitative data were transcribed verbatim and analysed using Braun and Clarke's (2006) six-phase thematic approach. Codes were generated inductively, grouped into themes, reviewed, and illustrated with representative quotations. Member checking with two participants and an audit trail of analytical decisions enhanced trustworthiness (Lincoln & Guba, 1985).

RESULTS/FINDINGS

Socio-Demographic Characteristics of Respondents

A total of 400 questionnaires were administered to participants across selected areas in Anambra State. Out of these, 384 questionnaires were correctly filled and returned, representing a response rate of 96.0%. The socio-demographic profile of respondents, including age, gender, educational level, and digital literacy, is presented in Table 1.

Table 1: Distribution of Respondents by Socio-Demographic Characteristics

Variable	Frequency	Percent (%)
Age Group 18–25	186	48.4
26 – 35	159	41.4
36 – 45	15	3.9
46 – 55	8	2.1
55 – Above	11	2.9
Total	384	100
Gender		
Male	197	51.3
Female	187	48.7
Total	384	100
Educational Level		
Secondary Education	110	28.6
OND/NCE	132	34.4
Barchelor's Degree/HND	142	37.0
Total	384	100
Digital Literacy		
Excellent	178	46.4
Good	163	42.4
Fair	34	8.9
Poor	3	0.8
Very Poor	6	1.6
Total	384	100.0

Field Survey, 2026

Most respondents were aged 18–25 (48.4%) or 26–35 (41.4%), indicating a predominantly young adult sample. Gender distribution was relatively balanced, with 51.3% male and 48.7% female. Regarding education, 37.0% held a Bachelor's Degree/HND, 34.4% had OND/NCE qualifications and 28.6% had secondary education. Self-rated digital literacy was excellent among 46.4%, good among 42.4%, fair among 8.9%, poor among 0.8%, and very poor among 1.6%, suggesting a reasonably digitally literate sample.

Table 2: Respondents' Views on the Frequency of Exposure to Traditional Healers' Social Media Content

Response	Frequency	Percent (%)
Very Frequently	40	10.4
Frequently	61	15.9
Occasionally	161	41.9
Rarely	119	31.0
Never	3	0.8
Total	384	100.0

Field Survey, 2026

The findings reveal that the largest proportion of respondents (41.9%) occasionally encountered traditional healers' social media content, followed by those who reported rare exposure (31.0%). Furthermore, 15.9% of respondents indicated frequent exposure, while

10.4% reported very frequent exposure. Only a small proportion (0.8%) reported that they never encounter such content. This pattern suggests that exposure to traditional healers' social media activities is widespread but not uniformly intensive, with most respondents encountering such content on an occasional or rare basis.

The qualitative data provided context to these quantitative findings. A participant recounted:

"I come across content from traditional healers very frequently, almost every day. Especially on Facebook, they are always sponsored posts. Some even normally appear on my timeline." (IDI-01, Female, Lecturer, 50 years, Awka South, 2026)

The above response implies that frequent exposure to traditional healers' social media content is driven not only by user interest but also by algorithmic promotion and sponsored advertising. It suggests that paid posts increase the visibility of traditional healers' content and make it more likely to appear on users' timelines even when they are not actively searching for it. This also indicates that social media platforms play an important role in shaping how often users encounter traditional medicine content. However, another participant offered a contrasting perspective.

Table 3: Respondents' Views on the Social Media Platforms Where Traditional Healers' Content Is Encountered

Platform	Frequency	Percent (%)
Facebook	322	84.0
Tiktok	104	27.0
Whatsapp	58	15.0
Telegram	58	15.0
X (Twitter)	7	1.9

Field Survey, 2026. Multiple responses were allowed; therefore, percentages do not sum to 100.

The findings reveal a highly concentrated pattern of platform exposure. Facebook was reported by 322 respondents (84.0%), making it by far the dominant platform on which respondents encountered traditional healers' content. TikTok was a distant second at 104 respondents (27.0%), followed by WhatsApp and Telegram at 58 respondents each (15.0%), and X (Twitter) at 7 respondents (1.9%). Because respondents could select more than one platform, these percentages represent overlapping exposure rather than mutually exclusive categories. Even with that qualification, the difference is substantial: the proportion reporting Facebook was more than three times the proportion reporting TikTok. This indicates that, within this sample, the visibility of traditional healers' social media activities was anchored principally on Facebook, while the other platforms played more secondary roles.

Table 4: Respondents' Views on the Types of Content from Traditional Healers Seen Most Often

Response	Frequency	Percent (%)
Advertisements for herbs and treatments	185	48.2
Promises of solutions for specific ailments	75	19.5
Testimonials/Cures from clients	44	11.5
Educational content about traditional medicine	40	10.4
Live sessions or spiritual consultations	40	10.4
Total	384	100.0

Field Survey, 2026

The findings indicate that the content environment encountered by respondents was predominantly promotional and treatment-oriented. Advertisements for herbs and treatments accounted for 185 responses (48.2%), almost half of the sample. Promises of solutions for specific ailments were the next most common category at 75 (19.5%), followed by testimonials or reported cures from clients at 44 (11.5%). Educational content about traditional medicine and live sessions or spiritual consultations were each reported by 40 respondents (10.4%). Taken together, advertisements, promises of solutions, and testimonials represented 79.2% of responses. This pattern suggests that respondents were much more likely to encounter content designed to promote remedies, treatment claims, or claimed outcomes than content described primarily as educational or live/spiritual consultation.

The qualitative data reinforced this finding. A participant recounted:

"The types of content I see most often are advertisements for herbal remedies. They usually promote different mixtures for treating illnesses like stroke and infections. These posts often include pictures showing the herbs." (IDI-03, Female, Lecturer, 50 years, Awka South, 2026)

This account describes the prominence of herbal-remedy advertisements and the way they are presented visually. It also shows that the advertisements may involve claims concerning serious health conditions. The importance of this finding lies in the fact that what respondents encounter most often is not simply general information about traditional medicine, but content that presents specific products and treatment possibilities.

Table 5: Respondents' Views on the Perceived Credibility of Traditional Healers' Social Media Content

Response	Frequency	Percent (%)
Neutral	185	48.2
Not Very Credible	88	22.9
Somewhat Credible	56	14.6

Not Credible at All	31	8.1
Very Credible	23	6.0
Total	384	100.0

Field Survey, 2026

The findings reveal a cautious credibility profile rather than strong acceptance. The largest category was neutral, with 185 respondents (48.2%), meaning that almost half of the sample did not make a clearly positive or negative credibility judgment. Among respondents who did take a direction, skeptical assessments were more common than positive ones. The categories 'Not Very Credible' and 'Not Credible at All' together accounted for 31.0%, whereas 'Somewhat Credible' and 'Very Credible' together accounted for 20.6%. Thus, negative credibility assessments exceeded positive assessments by 10.4 percentage points. The pattern is important because it shows that high visibility of traditional healers' content does not translate automatically into high credibility; substantial exposure exists alongside uncertainty and skepticism.

The qualitative data provided insight into the basis for skeptical evaluation. A participant stated:

"I find most of the health claims made by traditional healers on social media not very credible. Many of the posts make very strong promises, which make me doubt their authenticity. There is also no scientific evidence to support their claims." (IDI-07, Male, Student Nurse, 24 years, Nnewi South, 2026)

This account illustrates that credibility judgments are linked not only to the identity of the source but also to the nature of the claim and whether respondents believe it can be verified. The emphasis on exaggerated promises and the absence of scientific evidence suggests that respondents applied critical evaluation standards when assessing online health information.

TEST OF STUDY HYPOTHESES

Hypothesis One

H_1: There is a significant relationship between respondents' age group and perceived reliability of traditional healers' information compared to orthodox medical sources.

Table 6: Relationship between Respondents' Age Group and Perceived Reliability of Traditional Healers' Information

Age Group	Much More Reliable	Somewhat More Reliable	Equally Reliable	Less Reliable	Much Less Reliable	Total
18 - 25	1	22	76	36	6	141
26 - 35	5	15	46	70	22	158
36 - 45	0	5	2	7	1	15
46 - 55	0	4	0	4	0	8
56 - Above	0	2	0	9	0	11
Total	17	53	111	160	42	384

Field Survey, 2026

The Chi-square test revealed a statistically significant association between respondents' age group and perceived reliability of traditional healers' information compared with orthodox medical sources, $\chi^2(16, N = 384) = 35.190$, $p = 0.004$. The null hypothesis was therefore rejected. This finding is consistent with the KAP framework, which suggests that socio-demographic factors shape attitudes and perceptions that may influence health-related practices (Genet et al., 2024).

Hypothesis Two

H_2: People with higher digital literacy are less likely to believe unverified health claims on social media.

Table 7: Relationship between Digital Literacy and Credibility of Unverified Health Claims

Digital Literacy Level	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Excellent	14	56	79	23	6	178
Good	6	71	49	29	8	163
Fair	3	14	9	6	2	34
LowDigital Literacy	0	6	3	0	0	9
Total	23	147	140	58	16	384

Field Survey, 2026.

Note: For the purpose of the Chi-square analysis, the "Poor" and "Very Poor" digital literacy categories were combined into "Low Digital Literacy" to reduce small expected cell frequencies.

The result obtained showed that there is a statistically significant association between the variables, $\chi^2(12, N = 384) = 26.648$, $p = 0.009$. The reason for rejecting the null hypothesis is because the value of p is less than 0.05. The implication is that the level of digital literacy of the respondents had a significant effect on the credibility of health information provided by traditional healers. This finding aligns with the KAP model's emphasis on knowledge as a precursor to attitude formation and critical evaluation (Liao *et al*., 2022). It also resonates with broader literature indicating that digital health literacy is a protective factor against uncritical acceptance of online health claims (Adewojo *et al*., 2025; Hove & Cilliers, 2023).

Hypothesis Three

H_3: There is a significant relationship between exposure to traditional healers' content and health-seeking behaviour.

Table 8: Relationship between Exposure to Traditional Healers' Content and Health-Seeking Behaviour

Frequency of Exposure	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Very Often	3	8	6	1	1	19

Often	2	9	7	2	4	24
Sometimes	18	39	21	8	2	88
Rarely	4	10	7	3	0	24
Never	3	5	4	1	1	14
Total	30	71	45	15	8	169

Field Survey, 2026

The Chi-square test showed no statistically significant association between exposure to traditional healers' social media activities and health-seeking behaviour, $\chi^2(16, N = 384) = 17.836$, $p = 0.336$. The null hypothesis was therefore not rejected. Although most respondents perceived these activities as moderately or very influential, exposure frequency was not significantly associated with health-seeking behaviour. Other factors, including trust, cultural beliefs, perceived illness severity, previous experiences, and access to orthodox healthcare, may shape health decisions, consistent with the Health Belief Model (Champion & Skinner, 2008).

DISCUSSION

The Dominance of Facebook and Algorithmic Exposure

Facebook dominated respondents' exposure (84.0%), consistent with its use for health-related discourse in Nigeria (Ihechu et al., 2021). Qualitative findings identified sponsored posts and timeline distribution as exposure routes, supporting the description of an "algorithmic apothecary" where unverified remedies are promoted through persuasive advertisements (Ojo, 2026).

Predominantly Promotional Content and the Commodification of Traditional Healing

Advertisements, promises of solutions, and testimonials accounted for 79.2% of content encountered, suggesting predominantly commercial activities. Similar developments in Malawi and South Africa indicate that digital platforms privilege marketable remedies over traditional healing's educational, cultural, and spiritual dimensions (Ndekha & Solomon, 2024; Khuzwayo & Muslim, 2026)..

Perceived Influence on Health-Seeking Behaviour and the Limits of Exposure

Although 79.7% perceived these activities as influential, exposure frequency was not significantly associated with reported health-seeking behaviour. Qualitative findings highlighted affordability, accessibility, and persuasive testimonials. This aligns with the Health Belief Model's emphasis on interacting factors shaping health decisions (Champion & Skinner, 2008). Possible roles of trust, cultural beliefs, and previous experiences require further investigation.

STRENGTHS AND LIMITATIONS

The mixed-methods design combined exposure patterns with participants' explanations. However, the cross-sectional design precludes causal inference. Online recruitment and the predominantly young sample limit representation. Health-seeking behaviour reflected perceived influence rather than observed actions, while six interviews may not capture the full diversity of perspectives.

CONCLUSION

Traditional healers' social media activities were visible and predominantly promotional, but credibility judgments remained cautious. Age and digital literacy were associated with credibility perceptions, while exposure frequency was not associated with reported health-seeking behaviour. Stronger monitoring, digital health literacy education, and stakeholder collaboration are needed to protect public health while respecting traditional medicine's cultural importance.

RECOMMENDATIONS

On the strengths of the findings of this work, the following recommendations were put forward:

1. Improve digital health literacy. Health agencies, educational institutions and civil society organisations should all run programmes to improve people's ability to assess online treatment claims and to spot reliable health information. That's in line with the finding that 35.4% of respondents felt public health education on media literacy would be the most effective way of dealing with misleading health information online.
2. Need to improve oversight of online health advertisements. The relevant regulatory authorities should be looking at the level of oversight of online health ads with a view to ensuring that there is no exaggeration of the treatment claimed and no misleading advertising. This of course must be done in a way that is sensitive to the cultural importance of traditional medicine. This recommendation is based on the sheer volume of promotional content and the fact that 21.4% of respondents would prefer to see stronger laws and enforcement.
3. Support online practitioner identification. Regulatory bodies and recognised Traditional Medicine Associations should be able to provide practical means by which users can verify the identity and registration details of practitioners who are advertising online. This caters for the desire of 20.1% of respondents for certification and account verification. The verification would be to confirm the identity of the practitioner and would not in any way imply that the remedies being advertised are safe or effective.
4. Promote collaboration and appropriate referral. There should be a concerted effort by the health organisations and the traditional medicine associations to engage in dialogue on responsible health communication, patient safety and timely referral. This is in line with the 17.2% of respondents who preferred a collaborative approach and the interview accounts which identified affordability and accessibility as the reasons people might consider traditional remedies.
5. Improve the reporting and review of misleading content. Social media companies should have accessible reporting mechanisms and involve appropriately qualified health professionals in the review of content which may be misleading in a health context. Facebook in particular should be looked at as 81.8% of respondents said they had seen content from traditional healers on that platform. This also addresses the 6.0% who wanted false claims to be removed more quickly.

DIRECTIONS FOR FUTURE RESEARCH

Longitudinal and comparative studies should examine exposure, trust, cultural beliefs, and regulatory contexts. Experiments could assess digital literacy interventions, while research on traditional healers' perspectives and multivariate analyses could clarify factors shaping health decisions.

REFERENCES

Abdullahi, I. (2025, October 5). Desperate patients turn to social media for cure amid extortion. *Punch Healthwise*. https://punchng.com/desperate-patients-turn-to-social-media-for-cure-amid-extortion/

Adewojo, A. A., Olatunji, O. M., Adewojo, A., & Olalere, P. M. (2025). Patterns of online health information seeking among Gen Z Nigerians: A behavioral analysis. *Razavi Journal of Medicine, 13*(3), 16–26. https://doi.org/10.30483/rijm.2025.254600.1385

Agboluaje, R. (2026, July 1). *Olubadan moves to institutionalise traditional, orthodox medicine partnership*. The Guardian Nigeria. https://guardian.ng/features/health/olubadan-moves-to-institutionalise-traditional-orthodox-medicine-partnership/

Agubata, D. (2024, September 30). Who is regulating traditional medicine practitioners on social media? *Pulse Nigeria*. https://www.pulse.ng/story/traditional-medicine-practitioners-should-be-regulated-on-social-media-20241028104431034 54

Asuzu, C. C., Akin-Odanye, E. O., Asuzu, M. C., & Holland, J. (2019). A socio-cultural study of traditional healers role in African health care. *Infectious Agents and Cancer, 14*, Article 15. https://doi.org/10.1186/s13027-019-0232-y

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Champion, V. L., & Skinner, C. S. (2008). The health belief model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 45–65). Jossey-Bass.

Chen, J., & Wang, Y. (2021). Social media use for health purposes: Systematic review. *Journal of Medical Internet Research, 23*(5), e17917. https://doi.org/10.2196/17917

Cloatre, E., Ndoye, T., Badji, D., & Diedhiou, A. (2023). Traditional healing and law in contemporary Senegal: Legitimacies, normativities and practices. *Social & Legal Studies, 32*(3), 356–377. https://doi.org/10.1177/09646639221122434

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.

Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.

da Cunha, D. T., Soon, J. M., Eluwole, K. K., Mullan, B. A., Bai, L., & Stedefeldt, E. (2022). Knowledge, attitudes and practices model in food safety: Limitations and methodological suggestions. *Food Control, 141*, 109198. https://doi.org/10.1016/j.foodcont.2022.109198

Digital Health and Rights Project Consortium. (2025). *Paying the costs of connection: Human rights of young adults in the digital age in Colombia, Ghana, Kenya and Vietnam*. Digital Health and Rights Project. https://doi.org/10.31273/RSBN5245

Etikan, I., Musa, S. A., & Alkassim, R. S. (2015). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Evans, J. R., & Mathur, A. (2018). The value of online surveys: A look back and a look ahead. *Internet Research, 28*(4), 854–887. https://doi.org/10.1108/IntR-03-2018-0089

Farsi, D. (2021). Social media and health care, part I: Literature review of social media use by health care providers. *Journal of Medical Internet Research, 23*(4), e23205. https://doi.org/10.2196/23205

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs—Principles and practices. *Health Services Research, 48*(6 Pt 2), 2134–2156. https://doi.org/10.1111/1475-6773.12117

Gbelee, G. (2026, April 22). *UNILAG IADS marks World Malaria Day 2026, advocates synergy between traditional and orthodox medicine*. University of Lagos. https://unilag.edu.ng/unilag-iads-marks-world-malaria-day-2026-advocates-synergy-between-traditional-and-orthodox-medicine/

Genet , M., Alamirew , B., & Tsehay , S. (2024). Investigating Knowledge, Attitudes, and Practices of Lake Tana Stakeholders: Implications for Policy Integration Using Item Response Theory. Ethiopian Journal of Business and Economics (The), 14(2), 262–295. Retrieved from https://www.ajol.info/index.php/ejbe/article/view/285304

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59–82. https://doi.org/10.1177/1525822X05279903

Hove, C., & Cilliers, L. (2023). A structured literature review of the health infodemic on social media in Africa. *Jàmbá: Journal of Disaster Risk Studies, 15*(1), a1484. https://doi.org/10.4102/jamba.v15i1.1484

Ibeh, R. (2025, October 2). 'Safe does not mean effective'—NIMR warns Nigerians against unproven herbal cures. *BusinessDay NG*. https://businessday.ng/news/article/safe-does-not-mean-effective-nimr-warns-nigerians-against-unproven-herbal-cures/

Ihechu, I. P., Chiaghana, C. A., & Oduh, O. (2021). An assessment of the utilisation of the social media for health discourses in Awka, Anambra State, Nigeria. *African Journal of Social Sciences and Humanities Research, 4*(4), 68–81. https://doi.org/10.52589/AJSSHR-MUCI4GYJ

Isangula, K. G., Leo, J. K., & Kengia, J. T. (2026). Formal and informal digital health in Tanzania: Healthcare workforce, regulatory and trust implications of e-patients and virtual care and the development of the TRUST framework. *Frontiers in Health Services, 6*, 1859331. https://doi.org/10.3389/frhs.2026.1859331

ITREALMS Online. (2026, January 26). Nigeria: The cost of a click and social media's unseen exploit. *ITREALMS*. https://www.itrealms.com.ng/2026/01/nigeria-cost-of-click-and-social-medias.html

Khuzwayo, L., & Muslim, C. (2026). Ubungoma and izangoma online: Debating authenticity and authority on social media. *African Journal of Gender and Religion, 32*(1), 1–31. https://doi.org/10.36615/26706677

Liao, X., Nguyen, T. P. L., & Sasaki, N. (2022). Use of the knowledge, attitude, and practice (KAP) model to examine sustainable agriculture in Thailand. *Regional Sustainability, 3*(1), 41–52. https://doi.org/10.1016/j.regsus.2022.03.005

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

Manika, D., Papagiannidis, S., Bourlakis, M., & Clarke, R. M. (2021). Drawing on subjective knowledge and information receptivity to examine an environmental sustainability policy: Insights from the UK's bag charge policy. *European Management Review, 18*(3), 249–262. https://doi.org/10.1111/emre.12453

McHugh, M. L. (2013). The Chi-square test of independence. *Biochemia Medica, 23*(2), 143–149. https://doi.org/10.11613/BM.2013.018

National Population Commission. (2009). *2006 population and housing census of the Federal Republic of Nigeria: National and state population and housing tables: Priority tables* (Vol. 1).

National Population Commission (NPC) [Nigeria] & ICF. (2024). *Nigeria Demographic and Health Survey 2023–24: Key Indicators Report*. NPC; ICF

Ndekha, L., & Solomon, T. (2024). From the bush to social media: Dynamics in the practice of traditional medicine in contemporary Malawi. In L. Ndekha, J. Bachmann, R. Munyenyembe, & J. Kügler (Eds.), *African traditional religions revisited: Dynamics in indigenous religions in 21st century Africa* (pp. 193–216). University of Bamberg Press. https://doi.org/10.20378/irb-106016

Ng, J. Y., Verhoeff, N., & Steen, J. (2023). What are the ways in which social media is used in the context of complementary and alternative medicine in the health and medical scholarly literature? A scoping review. *BMC Complementary Medicine and Therapies, 23*, Article 32. https://doi.org/10.1186/s12906-023-03856-6

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1–13. https://doi.org/10.1177/1609406917733847

Obi, E. C., Moneke, A. J., Okoli, O. N., & Nweke, C. F. (2026). Perceived credibility of social media information on herbal home remedies for chronic diseases among state civil servants in selected Southeast Nigerian states. *Biannual Review of Glorious Vision University, 3*(2), 56–65. https://doi.org/10.5281/zenodo.22085283

Oddone, K., & Merga, M. K. (2025). Evaluation strategies of school students accessing health information in social media videos: A case study investigation. *Journal of Library Administration, 65*(2), 214–234. https://doi.org/10.1080/01930826.2024.2437964

Ojo, I. O. (2026, May 31). How Nigeria's 'algorithmic apothecary' fuels a surge in risky herbal cures. *Al Jazeera*. https://www.aljazeera.com/news/2026/5/31/how-nigerias-algorithmic-apothecary-fuels-a-surge-in-risky-herbal-cures

Oke, B. R., Meribe, N., & Iwok, U. A. (2020). Perception of young people in Uyo metropolis on social media health-related information. *The Nigerian Journal of Communication, 17*(1), 173–189.https://doi.org/10.60787/4V0F-TX55

Okeke, T. A., Okafor, H. U., & Uzochukwu, B. S. C. (2006). Traditional healers in Nigeria: Perception of cause, treatment and referral practices for severe malaria. *Journal of Biosocial Science, 38*(4), 491–500. https://doi.org/10.1017/S002193200502660X

Olaniyi, A., Akinwande, O., & Uyanna, J. (2026). Social media and health literacy in Nigeria's infodemic era. *International Journal for the Study of Intercultural Values and Indigenous Ecoethics, 7*(1), 95–113.

Oni, O., Esalomi, O., Orok, E., & Adelusi, A. (2026). Social media usage for health information among undergraduate students: A cross-sectional study. *BMC Public Health, 26*, Article 417. https://doi.org/10.1186/s12889-025-26099-1

Onuigbo, C. (2025, June 23). Natural medicine doctors endorse Governor Soludo for second term. *Voice of Nigeria*. https://von.gov.ng/natural-medicine-doctors-endorse-governor-soludo-for-second-term/

Osibe, O. (2022, August 17). Anambra commences bio-data capturing of herbal practitioners to tackle insecurity. *The Guardian Nigeria*. https://guardian.ng/news/anambra-commences-bio-data-capturing-of-herbal-practitioners-to-tackle-insecurity/

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Quadri, F. (2026, April 27). HIV cure scams: How fraudsters mask false claims on social media. *FactCheckHub*. https://factcheckhub.com/hiv-cure-scams-how-fraudsters-mask-false-claims-on-social-media/

Rapheal. (2024, August 14). LASCOPA visits traditional medicine regulatory body. *The Sun Nigeria*. https://thesun.ng/lascopa-visits-traditional-medicine-regulatory-body/

Sulaiman, I. (2026, August 3). Kano board shuts herbal shop over 'indecent' advertisements. *P.M. News*. https://pmnewsnigeria.com/2026/08/03/kano-board-shuts-herbal-shop-over-indecent-advertisements/

Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research, 23*(1), e17187. https://doi.org/10.2196/17187

Uzuegbunam, C. E. (2024). Perceptions and practices of young people regarding COVID-19 health misinformation and the underlying interdependencies. *Cultures of Science, 7*(S2), 87–106. https://doi.org/10.1177/20966083241308655

World Health Organization. (2019). *WHO global report on traditional and complementary medicine 2019*.

Wu, M. J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports, 7*, 100206. https://doi.org/10.1016/j.chbr.2022.100206

Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.