



Perceived Credibility of Health Information on Social Media among Users in Selected Cities in Central Nigeria

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Abstract

The increasing use of social media for accessing health information has heightened concerns about the credibility of messages and the sources disseminating them. This study examined users' perceptions of the credibility of health information on social media in Abuja, Lafia and Makurdi. Anchored in Source Credibility Theory, the study adopted a descriptive quantitative survey design. Data were collected through an online questionnaire administered using purposive and snowball sampling, yielding 469 valid responses. The data were analysed using frequencies and percentages. Findings revealed mixed perceptions of message credibility: although 66.1% of respondents considered health information apparently accurate and equally many regarded it as clear, only 31.8% considered it sufficiently complete, while 39.9% perceived it as supported by evidence. Similarly, 44.8% considered the messages trustworthy, while 42.2% regarded them as objective. Regarding source credibility, no attribute received endorsement from a majority of respondents. Goodwill (48.2%) and expertise (48.0%) received relatively favourable assessments, whereas professional qualifications (40.5%) and transparency (42.2%) attracted lower endorsement. The study concludes that clarity and apparent accuracy alone may not be sufficient to establish confidence in health information shared on social media. It recommends that health professionals and organisations provide complete, evidence-based information and clearly disclose their professional credentials to strengthen perceived credibility and public trust.

Keywords: Health information, social media, message credibility, source credibility, health communication, Nigeria

Introduction

The credibility of health information is critical to informed health decisions, particularly in an increasingly digital environment where social media enables users to access, interpret and share health-related content with little or no verification (Viviani & Pasi, 2017). Although platforms such as Facebook, Instagram and WhatsApp have expanded access to health education and professional advice, they have also facilitated the circulation of inaccurate and misleading health claims, making it increasingly difficult for users to distinguish credible information from misinformation (Jeyaraman et al., 2023). Suárez-Lledó and Álvarez-Gálvez (2021) revealed that health-related misinformation constitutes a considerable proportion of social media content, although its prevalence varies across platforms and health topics. The World Health Organization (WHO) has similarly raised concerns about the proliferation of health misinformation, commonly discussed in the context of infodemics, which can undermine public trust, delay care-seeking and increase vaccine hesitancy, particularly during public health emergencies (WHO, 2020). These concerns have made the perceived credibility of online health information an important subject of global scholarly inquiry, as users' assessments of the reliability of health-related content may influence how they interpret, trust and potentially act on the information they encounter.



In Nigeria, the growing adoption of social media has further increased its significance as a channel for accessing and sharing health information. The number of social media users reportedly increased from 31.60 million in 2023 to 36.75 million in 2024, while Nigerians spent an average of three hours and twenty-three minutes daily on social media platforms (Kemp, 2024). Beyond interpersonal communication and entertainment, these platforms have become relevant to health education, public health campaigns and online health discussions. However, the diversity of information sources, ranging from qualified health professionals and healthcare organisations to influencers and ordinary users, raises questions about the credibility users assign to health-related messages and their presenters.

Previous studies in Nigeria have reported varying perceptions of the credibility of health information shared on social media. While some studies (Erinoso et al., 2021; Oni et al., 2025) suggest that users regard certain online health messages and sources as credible, others (Odiboh et al., 2022; Oni et al., 2025) indicate reservations about their reliability. Existing scholarship (Onyechi, 2023; Shadrach et al., 2026) also suggests that credibility judgements may depend on source-related attributes, including perceived expertise and trustworthiness, as well as other characteristics that influence users' evaluations of online content. These variations suggest that the credibility of health information on social media cannot be assumed to be uniform across users, sources or geographical settings. Although the existing studies contribute to understanding the credibility of online health information, their coverage of different population groups and geographical contexts remains limited.

A plethora of studies have focused on specific demographic groups, particularly university students (Shadrach et al., 2026; Obasola & Agunbiade, 2016), within individual states or institutions. Therefore, the extent to which these findings reflect the perceptions of the broader social media-using population across different urban settings remains unclear. This limitation is particularly relevant to Abuja, the Federal Capital Territory, Lafia in Nasarawa State and Makurdi in Benue State, where understanding how users perceive the credibility of health information can provide useful context for health communication planning. Without such context-specific evidence, health communication interventions may have limited insight into the extent to which their intended audiences regard online health information as credible. It is therefore necessary to examine perceived credibility among social media users across these selected cities.

Statement of the Problem

Health information should be accurate, reliable and disseminated by credible sources to enable users to make informed health decisions. However, the proliferation of social media has created opportunities for diverse individuals and groups, including influencers and marketers, to disseminate health claims and promote health products, sometimes without the expertise or authority required to provide reliable health information. This has heightened concerns about the circulation of misleading health content and users' ability to distinguish credible information from unreliable claims, with potential implications for health knowledge, decision-making and the effectiveness of health communication interventions.

Although previous studies (Shadrach et al., 2026; Obasola & Agunbiade, 2016; Onyechi, 2023; Oni et al., 2026) have examined the perceived credibility of health information on social media among specific population groups and within individual geographical locations, their findings appear inconsistent, while evidence remains limited regarding users across different urban settings in North-Central Nigeria. This limits understanding of how users in these settings perceive



the credibility of health information encountered on social media and the sources disseminating it. Therefore, this study examines the perceived credibility of health information on social media among users in Abuja, Lafia and Makurdi to provide context-specific evidence that can inform health communication research and practice.

Research Objectives

The specific objectives of the study are to:

1. Assess users' perceptions of the credibility of health information encountered on social media in Abuja, Lafia and Makurdi.
2. Examine users' perceptions of the credibility of sources disseminating health information on social media in the selected cities.

Literature Review

Message Credibility

Message credibility refers to the extent to which audiences perceive a message as believable, accurate and worthy of acceptance (Appelman & Sundar, 2016). Hovland and Weiss (1951), through their work on source credibility, demonstrated that perceived credibility can influence how audiences respond to a message, although their emphasis was primarily on the communicator rather than the message itself. Appelman and Sundar (2016) defined message credibility as an individual's judgement of the veracity of communication content, assessed through perceptions of its accuracy, authenticity and believability. This operational definition remains relevant to contemporary social media research. From this standpoint, message credibility is understood as an audience's subjective evaluation of the trustworthiness and believability of message content rather than a direct reflection of its actual accuracy. Accordingly, the present study views message credibility in terms of eight attributes: accuracy, believability, trustworthiness, completeness, clarity, consistency, evidential support and objectivity. These attributes provide a basis for assessing whether users perceive health information on social media as factually accurate, understandable, sufficiently detailed, evidence-based and free from misleading claims.

Source Credibility

Source credibility refers to the extent to which audiences perceive a sender of information as knowledgeable, competent, trustworthy and capable of providing reliable information (Ohanian, 1990). Hovland et al. (1953) emphasised the role of the communicator's credibility in influencing message acceptance, while Ohanian (1990) identified expertise and trustworthiness, alongside attractiveness, as key dimensions of source credibility. Similarly, Pornpitakpan (2004) demonstrated the significance of perceived source credibility in persuasive communication, while Cheung and Thadani (2012) highlighted the importance of the source's perceived ability and willingness to provide accurate and truthful information. These perspectives suggest that source credibility is an audience-centred judgement shaped by perceptions of the source's knowledge, competence, trustworthiness and intentions, rather than merely the source's formal identity or professional status.

In this regard, the present study sees the concept of source credibility as the extent to which social media users perceive individuals and organisations disseminating health information as knowledgeable, competent, trustworthy, honest and genuinely concerned about their audience's well-being. This insight recognises that users may evaluate health information sources based not only on their perceived expertise but also on their professional qualifications, transparency and



commitment to responsible communication. Specifically, the study assesses perceived source credibility through eight attributes: expertise, competence, trustworthiness, honesty, goodwill, professional credibility, transparency and integrity.

Review of Empirical Studies

Several empirical studies on social media and online health information in Nigeria exist. These studies can be synthesised around two related themes: the perceived credibility of health information and the credibility of information sources. Regarding perceived credibility, Erinoso et al. (2021) found that most respondents considered the COVID-19 information sources they consulted accurate, while Oni et al. (2025) reported that social media was regarded as a trusted source by some university students, even though many also recognised the prevalence of misleading health content. Similarly, Obasola and Agunbiade (2016) examined undergraduates' perceptions of the accuracy and dependability of online health information. These studies suggest that users may regard online health information as useful or credible while remaining aware of its potential unreliability. However, their findings are not entirely comparable, as the studies differ in population, platform context, health subject and the way credibility is measured. In particular, perceived accuracy or general trust in a platform does not necessarily establish that users consider individual health messages accurate, complete, consistent, evidence-based or objective. Thus, although the studies provide useful evidence of users' credibility judgements, they offer a limited basis for understanding the specific attributes through which social media health messages are evaluated.

Another issue that attracts the attention of researchers concerns the credibility of information sources and its relationship with users' responses to health information. Onyechi (2023) reported a significant relationship between perceived social media credibility and health-information-seeking behaviour among youths in South-West Nigeria, demonstrating that credibility perceptions are relevant to how people seek health information. Shadrach et al. (2026), in their study of Nigerian undergraduates who followed a health influencer, found that source expertise and trustworthiness were highly rated, although trustworthiness significantly predicted message adoption, whereas expertise did not. This finding suggests that users' willingness to accept health messages may depend on different dimensions of source credibility rather than expertise alone. In the same vein, Clark et al. (2024) provided additional insights into Nigerians' experiences and perceptions of online health information, while Ochogwu and Adekeye (2026) reported greater trust in traditional than social media health messaging among respondents in Abuja. These findings point to a shared concern with trust, credibility and users' responses, but they also indicate that perceptions may vary according to the source, platform, population and outcome being examined. Importantly, studies of information-seeking behaviour, source trust or message adoption do not necessarily establish how users assess the credibility of the health messages themselves and the individuals or organisations disseminating them. Moreover, findings from undergraduates, youths, influencer followers or geographically dispersed Nigerians cannot automatically be generalised to social media users across different urban settings in North-Central Nigeria.

The principal gap is therefore conceptual, geographical and empirical. Conceptually, existing Nigerian studies tend to examine general perceptions of social media, perceived accuracy of health information, source credibility, information-seeking behaviour or message adoption as separate or partially overlapping concerns. They provide less direct evidence on how users



evaluate a defined set of message attributes alongside a distinct set of source attributes. Geographically, the evidence identified is concentrated on particular populations and locations, including youths in Southern Nigeria, undergraduates in individual universities and respondents surveyed during the COVID-19 pandemic; it does not adequately establish how social media users across Abuja, Lafia and Makurdi perceive health-message and source credibility. The current study fills this gap.

Theoretical Framework

The study is anchored in Source Credibility Theory, as articulated by Hovland and Weiss (1951) and Hovland et al. (1953), which posits that audience responses to communication are influenced by their perceptions of the credibility of the source, particularly the source's expertise or competence and trustworthiness. A source perceived as trustworthy, that is, honest, dependable and willing to convey information without distortion (Jenkins et al., 2020), is more likely to be believed by the audience. The theory is relevant to the present study because social media users encounter health information disseminated by individuals and organisations with varying levels of expertise, professional qualifications and perceived integrity. Their judgements of the credibility of such sources may shape how they perceive the health information being disseminated and subsequently adopt the message.

Accordingly, when social media users in Abuja, Lafia and Makurdi are exposed to health messages online, they are more likely to assess the message attributes, including accuracy, believability, trustworthiness, completeness, clarity, consistency, evidential support and objectivity, alongside source attributes such as expertise, competence, trustworthiness, honesty, goodwill, professional credibility, transparency and integrity, before believing, sharing or even using the information.

Methodology

The study adopted a descriptive quantitative survey design. The population comprised social media users across the Federal Capital Territory (FCT), Benue State and Nasarawa State, estimated at 12,572,610 (National Bureau of Statistics, 2024; Statista, 2024). Using the Yamane (1967) formula at a 95 per cent confidence level, a sample size of 484 was determined and proportionately allocated as 230 respondents for the FCT, 129 for Benue State and 125 for Nasarawa State. The questionnaire was administered through Google Forms, and 469 valid responses were retained for analysis. Respondents were recruited through purposive and snowball sampling. Recruitment began through the researchers' WhatsApp and Telegram networks, with participants referring the questionnaire to other eligible respondents.

The questionnaire comprised demographic items and substantive questions aligned with the study's objectives, measuring perceived message credibility through attributes such as accuracy, believability, trustworthiness, completeness, clarity, consistency, evidential support and objectivity, and perceived source credibility through expertise, competence, trustworthiness, honesty, goodwill, professional credibility, transparency and integrity. These attributes were adapted from established dimensions in the mass communication literature, including Gaziano and McGrath (1986) and Berlo, Lemert and Mertz (1969). Content and construct validity were assessed through reviews by supervisors and subject-matter experts, who examined the clarity, relevance and alignment of the items with the study's objectives. Reliability was assessed through a test-retest pilot involving 20 social media users who were excluded from the main study. The pilot was conducted approximately one week apart and yielded a Cronbach's alpha coefficient of 0.87 for



the credibility subscales. Data were analysed using descriptive statistics, particularly frequencies and percentages, to present respondents' perceptions of message and source credibility.

Results and Data Presentation

Table 1. *Demographic Characteristics and Social Media Use of Respondents*

Item	Category	Frequency (f)	Percentage (%)
Gender	Male	265	56.5
	Female	204	43.5
	Total	469	100.0
Age	18–30 years	260	55.4
	31–40 years	112	23.9
	41–50 years	61	13.0
	51 years and above	36	7.7
	Total	469	100.0
Occupation	Civil/public servants	118	25.2
	Students	143	30.5
	Self-employed/business owners	84	17.9
	Private-sector employees	65	13.9
	Unemployed	32	6.8
	Other occupations	27	5.8
	Total	469	100.0
Frequency of social media use	Always	286	61.0
	Occasionally	101	21.5
	Once in a while	54	11.5
	Rarely	28	6.0
Exposure to health-related messages on social media	Very high	220	46.9
	High	151	32.2
	Moderate	66	14.1
	Low	23	4.9
	Very low	9	1.9

Note: *N* = 469.

The demographic profile suggests that the study predominantly reflects the perceptions of male and younger social media users, particularly those within the 18–30 age bracket, with students and civil/public servants constituting substantial occupational groups. This composition indicates that the findings may be especially relevant to digitally active populations who frequently encounter health information through social media. The high frequency of social media use and substantial exposure to health-related messages also suggest that most respondents have regular opportunities to evaluate the credibility of health content and its sources.

Table 2. *Perceived Credibility of Health Information on Social Media*

Credibility attribute	Measurement item	Yes	No
Accuracy	The health information I encounter on social media appears factually accurate.	310 (66.1%)	159 (33.9%)
Believability	The health information I encounter on social media is believable.	230 (49.0%)	239 (51.0%)
Trustworthiness	The health information presented in social media posts appears trustworthy.	210 (44.8%)	259 (55.2%)
Completeness	The health information in social media posts provides sufficient details about the health issues discussed.	149 (31.8%)	320 (68.2%)



Clarity	The health information in social media posts is clear and easy to understand.	310 (66.1%)	159 (33.9%)
Consistency	The health information in social media posts is consistent with other reliable health information I know.	206 (43.9%)	263 (56.1%)
Evidential support	The health information in social media posts provides evidence or explanations to support its claims.	187 (39.9%)	282 (60.1%)
Objectivity	The health information in social media posts presents health issues objectively and without misleading claims.	198 (42.2%)	271 (57.8%)

Note: *N* = 469.

The findings indicate that respondents' perceptions of the credibility of health messages on social media were mixed, with more favourable assessments of their apparent accuracy and clarity than of their completeness, evidential support and objectivity. This suggests that health messages may be presented in ways that are easy to understand and appear factually correct, without necessarily providing sufficient detail or verifiable evidence to support their claims. The relatively low endorsement of believability and trustworthiness further indicates that clarity and apparent accuracy do not automatically translate into confidence in message content.

Table 3. *Perceived Source Credibility of Health Information on Social Media*

Source credibility attribute	Measurement item	Yes	No
Expertise	The people or organisations sharing health information on social media appear knowledgeable about the health issues discussed.	225 (48.0%)	244 (52.0%)
Competence	The people or organisations sharing health information on social media appear competent to discuss health matters.	218 (46.5%)	251 (53.5%)
Trustworthiness	I consider the people or organisations sharing health information on social media trustworthy.	210 (44.8%)	259 (55.2%)
Honesty	The people or organisations sharing health information on social media appear honest in their communication.	205 (43.7%)	264 (56.3%)
Goodwill	The people or organisations sharing health information on social media appear genuinely concerned about the health of their audience.	226 (48.2%)	243 (51.8%)
Professional credibility	The people or organisations sharing health information on social media have relevant health qualifications or credentials.	190 (40.5%)	279 (59.5%)
Transparency	The people or organisations sharing health information on social media are clear about their professional identity and qualifications.	198 (42.2%)	271 (57.8%)
Integrity	The people or organisations sharing health information on social media appear committed to communicating health information responsibly.	215 (45.8%)	254 (54.2%)

Note: *N* = 469.

The findings suggest that respondents were generally cautious in their assessments of the credibility of individuals and organisations disseminating health information on social media. No source credibility attribute received endorsement from a majority of respondents, indicating that confidence in the knowledge, competence, honesty and reliability of health information sources was limited. Although goodwill and expertise received relatively more favourable assessments, the responses suggest that perceived concern for audiences' well-being and apparent knowledge of health issues were insufficient to establish strong confidence in the sources. The low endorsement of professional credibility and transparency is particularly noteworthy, as it points to reservations about whether those sharing health information possess relevant qualifications and clearly disclose their professional identities and credentials. Similarly, the responses concerning



trustworthiness, honesty and integrity suggest uncertainty about the reliability and responsible conduct of these sources.

Discussion of Findings

The first objective of this study was to examine how social media users in Abuja, Lafia and Makurdi perceived the credibility of health messages encountered on social media. The findings reveal a mixed assessment of message credibility. Although most respondents perceived the messages as accurate and clear, fewer considered them believable, trustworthy, consistent with reliable health information, evidence-based or objective. This suggests that respondents could recognise health messages as understandable and apparently accurate without being convinced that they provided sufficient detail, verifiable evidence or a balanced account of the issues. The findings partly align with Erinoso et al. (2021), whose respondents generally considered the COVID-19 information sources they consulted accurate. However, the present study adds an important qualification: perceived accuracy does not necessarily extend to other dimensions of credibility.

Similarly, although Oni et al. (2025) found that some university students regarded social media as a trusted source of health information, the present findings indicate that confidence in individual messages may be more limited when credibility is assessed through distinct attributes. This difference may reflect the distinction between general trust in a platform as a source of information and the evaluation of particular messages encountered on it. The low rating for completeness is especially noteworthy because it suggests that clarity alone may not satisfy users' need for adequate explanations and supporting evidence. From the perspective of Source Credibility Theory, the findings indicate that credibility judgements are not necessarily based on a single impression; users may find a message easy to understand while remaining uncertain about its reliability and evidential basis. The implication is that health communicators should go beyond making messages clear and accessible by providing sufficient context, credible supporting evidence and information that can be checked against dependable sources.

The second objective explored how users assessed the credibility of sources sharing health information on social media, particularly in relation to their expertise, competence, trustworthiness, honesty, goodwill, professional qualifications, transparency and integrity. The findings show that respondents were generally cautious: none of the eight attributes received endorsement from a majority of the sample. While goodwill and expertise received relatively favourable assessments, professional qualifications, transparency, honesty and trustworthiness attracted lower endorsement. These results suggest that respondents were not fully convinced that the people and organisations sharing health information necessarily possessed the relevant qualifications, disclosed their credentials clearly or communicated with sufficient honesty and reliability.

The findings contrast in part with Shadrach et al. (2026), who reported that undergraduates following a health influencer rated expertise and trustworthiness highly, although only trustworthiness significantly predicted message adoption. While the present study also found expertise relatively favourably rated, its endorsement remained below 50 per cent, and trustworthiness received a less favourable assessment. This difference may be associated with variations in the populations studied and the context of exposure: following a particular health influencer may encourage more focused judgements than encountering health information from different sources across social media. The findings also resonate with Ochogwu and Adekeye (2026), whose study among Abuja respondents reported greater trust in traditional media than in



social media health messaging, pointing to continuing reservations about social media as a channel for health communication. Viewed through Source Credibility Theory, the results reinforce the importance of perceived expertise and trustworthiness in evaluating communicators, while also highlighting the relevance of professional disclosure and responsible conduct in health communication. For health communication practice, this means that professionals and health organisations should make their identities and credentials visible, substantiate their claims, communicate transparently and demonstrate responsible engagement with audiences.

Conclusion

The credibility of health information on social media depends not merely on how clearly messages are presented or how confidently sources communicate, but also on the evidence supporting the information and the credibility demonstrated by those disseminating it. Therefore, this study takes the position that effective health communication on social media requires a stronger commitment to transparency, completeness, verifiability and professional accountability. The reservations expressed by users suggest that clear and apparently accurate messages may still fall short of earning their trust when they lack sufficient detail, supporting evidence or credible sources. Ultimately, improving public confidence in online health information requires attention to both the quality of the message and the credibility of its source. However, since the study examined users' perceptions rather than the objective accuracy of messages or the verified qualifications of their sources, its conclusions concern perceived credibility among the respondents studied.

Recommendations

Based on the findings and their limitations, the study recommends that:

1. Health professionals and organisations should ensure that health information shared on social media is complete, evidence-based, objective and consistent with reliable health sources, while maintaining clarity and accuracy to strengthen users' confidence in the information.
2. Health professionals and organisations disseminating health information on social media should clearly disclose their relevant qualifications, demonstrate expertise, communicate honestly and transparently, and provide verifiable evidence to establish their credibility and build public trust.

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AI Use Disclosure:

Grammarly was used for proofreading, while SciSpace and Google Labs were used to search for literature.
