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Influence of Mass Media Health Messages On Healthy Lifestyle Practices Among Youths in Enugu State

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Abstract - This study examined the influence of mass media health messages on healthy lifestyle practices among youths in Enugu State, Nigeria. The study was motivated by the increasing prevalence of unhealthy lifestyle practices among youths and the growing role of traditional and digital media in health promotion. Four objectives guided the study: to determine the extent of exposure to mass media health messages among youths, identify the media platforms perceived as most effective in influencing healthy lifestyle practices, examine the barriers to the adoption of healthy lifestyle practices, and assess the influence of mass media health messages on healthy lifestyle behaviours among youths in Enugu State. A descriptive survey research design was adopted for the study. The population consisted of youths residing in Enugu State, while a sample of 100 respondents was selected using a multi-stage sampling technique. Data were collected using a structured questionnaire titled Mass Media Health Messages and Healthy Lifestyle Practices Questionnaire. The instrument was validated by experts and tested for reliability, yielding a Cronbach's Alpha coefficient of 0.84. Data were analysed using frequency counts, percentages, mean scores, standard deviations, and chi-square statistics at the 0.05 level of significance. Results showed a high level of exposure to mass media health messages among youths in Enugu State, with social media emerging as the platform perceived to be most effective in shaping healthy lifestyle practices. Adoption of these practices, however, was constrained by financial limitations, insufficient time, misinformation, peer influence, and inadequate access to exercise facilities. The study further established that mass media health messages had a statistically significant positive influence on healthy lifestyle practices among youths in Enugu State. It was concluded that mass media, particularly social media, plays a pivotal role in shaping health-related behaviour among young people. The study recommended that government agencies, healthcare institutions, educational organisations, and media practitioners intensify evidence-based health communication campaigns targeted at youths through both traditional and digital media platforms.

I. BACKGROUND TO THE STUDY

Mass media, including traditional channels such as television and radio, as well as digital platforms such as social media, serve as powerful agents of information dissemination, attitude formation, and behavioural change. Health messages disseminated through these media have become instrumental in promoting public health awareness and encouraging the adoption of healthy lifestyle practices worldwide (World Health Organization, 2025). Healthy lifestyle practices typically include regular physical activity, balanced nutrition, avoidance of tobacco and excessive alcohol, adequate sleep, stress management, and preventive health behaviours. These practices are critical to reducing the risk of non-communicable diseases (NCDs) such as diabetes, hypertension, obesity, cardiovascular disease, and certain cancers.

Globally, the rise in NCDs has been linked to modifiable lifestyle factors. The World Health Organization estimates that unhealthy diets, physical inactivity, tobacco use, and harmful alcohol consumption account for a significant proportion of premature deaths. In low- and middle-income countries, including those in sub-Saharan Africa, the burden of NCDs is increasing rapidly due to urbanisation, changing dietary patterns, and sedentary behaviour.

In Nigeria, NCDs contribute to approximately 26–30% of all deaths annually, including a large proportion of premature deaths among young and middle-aged individuals (Federal Ministry of Health and Social Welfare, 2024; World Health Organization, n.d.). Behavioural risk factors such as physical inactivity, unhealthy diets, and sedentary lifestyles are highly prevalent among the population, particularly youths. Studies among Nigerian adolescents and young adults reveal high rates of physical inactivity, often exceeding 30–40% in urban settings and even higher among university students (Odunaiya et al., 2021; Ibikunle et al., 2020; Okafor et al., 2024).

Nigerian youths, defined here as individuals aged 15–35 years, are heavily exposed to mass media, especially social media. Many spend several hours daily on platforms where health-related content — including influencer posts, skits, and public service announcements — circulates rapidly. Research shows that social media can raise awareness and drive positive changes in diet and exercise habits, but it also contributes to misinformation and may fail to translate awareness into sustained healthy practices (Ikpi & Undelikwo, 2023; Okoruwa et al., 2025).

In Enugu State, a southeastern Nigerian state with a mix of urban and rural populations and major educational institutions such as the University of Nigeria, Nsukka (UNN) and Enugu State University of Science and Technology (ESUT), youths face similar challenges. Local media outlets, including Radio Nigeria Enugu, Solid FM, Dream FM, and NTA Enugu, alongside national and social media, disseminate health messages on nutrition, lifestyle diseases, and preventive behaviours. However, gaps remain in consistent, youth-targeted messaging that effectively promotes sustained healthy lifestyle practices.

The effectiveness of health communication depends not only on message content but also on the credibility of the source, frequency of exposure, audience engagement, cultural relevance, and accessibility of communication channels. While mass media campaigns have been successfully used in many countries to improve vaccination uptake, reduce tobacco use, and promote physical activity, their effectiveness varies across populations. Cultural beliefs, socio-economic conditions, media access, and audience trust all influence the extent to which health messages produce behavioural change. This underscores the need for localised research examining the specific experiences of youths in Enugu State.

This study therefore investigates the influence of mass media health messages on healthy lifestyle practices among youths in selected Local Government Areas of Enugu State. By examining exposure levels, perceived effectiveness across media types, barriers to adoption, and resulting behavioural changes, the study addresses a critical gap in localised health communication research.

II. STATEMENT OF THE PROBLEM

Despite the increasing role of mass media in disseminating health information, unhealthy lifestyle practices continue to prevail among youths in Enugu State. Many young people still exhibit inadequate physical activity, unhealthy dietary habits, excessive screen time, poor stress management, and irregular sleep patterns. These behaviours are major risk factors for non-communicable diseases and represent a significant public health concern.

A key problem is the gap between awareness and behaviour. While many youths are exposed to health messages through social media, television, and radio, exposure alone does not necessarily translate into sustained behavioural change. Financial constraints, lack of motivation, peer pressure, academic workload, inadequate recreational facilities, and distrust of online health information often prevent the adoption of recommended practices.

In addition, the proliferation of social media has created a complex health information environment characterised by both credible and misleading content. Conflicting information about nutrition, weight loss, exercise, and disease prevention reduces confidence in evidence-based health messages. In Enugu State, there is limited empirical evidence on how different media platforms specifically influence preventive lifestyle behaviours among youths, and how demographic and socio-economic factors moderate this influence.

Without a clear understanding of the extent of media exposure, the relative effectiveness of different media channels, the barriers that hinder behavioural change, and the actual influence of health messages on youth lifestyle practices, it remains difficult to design effective health communication strategies for young people in Enugu State. This study therefore seeks to examine the influence of mass media health messages on healthy lifestyle practices among youths in selected Local Government Areas of Enugu State, in

order to provide empirical evidence that can inform more targeted health promotion interventions.

III. RESEARCH QUESTIONS

The study is guided by the following research questions:

1. What is the extent of exposure to mass media health messages among youths in selected Local Government Areas of Enugu State?
2. Which types of mass media are perceived as most effective in influencing positive lifestyle changes among youths in the study area?
3. What challenges and barriers hinder the effective translation of mass media health messages into sustained healthy lifestyle practices among the youths?
4. To what extent do mass media health messages influence the adoption of healthy lifestyle practices among youths in the study area?

IV. RESEARCH HYPOTHESES

The following hypothesis was formulated to guide the study:

Hypothesis One

- H_0: There is no significant relationship between the level of exposure to mass media health messages and the adoption of healthy lifestyle practices among youths in selected Local Government Areas of Enugu State.
- H_1: There is a significant relationship between the level of exposure to mass media health messages and the adoption of healthy lifestyle practices among youths in selected Local Government Areas of Enugu State.

V. CONCEPT OF HEALTH MESSAGES IN MASS MEDIA

Health messages are any form of information shared through mass media that promotes healthy living, disease prevention, or improved well-being. These messages appear in various formats, including:

- Advertisements and jingles (for example, public service announcements on hand hygiene);
- Radio and television programmes or talk shows that discuss diet, exercise, or disease prevention;
- Social media posts, short videos, and skits that illustrate healthy choices;
- News reports on diseases and recommended preventive measures.

In Nigeria, health messages frequently originate from government agencies, non-governmental organisations, and individual content creators or influencers. During the COVID-19 pandemic, for instance, media campaigns emphasised mask use, hand washing, and physical distancing. More recent messages have focused on everyday practices such as balanced nutrition, regular physical activity, avoidance of tobacco, and stress management (WHO, 2020).

These messages employ different persuasive strategies:

- Fear appeals that highlight the consequences of unhealthy behaviours;
- Humour that presents healthy choices in an engaging and accessible manner;
- Educational content that explains the benefits of specific practices.

The intended outcome is to move audiences from knowledge acquisition to actual behavioural adoption.

Concept of Healthy Lifestyle Practices

A healthy lifestyle comprises daily habits that support physical and mental well-being and help prevent disease. It involves consistent, realistic choices rather than perfection. Common components include:

- Balanced nutrition: Adequate intake of fruits, vegetables, proteins, and whole grains, with reduced consumption of fried foods, sugary drinks, and highly processed items. In the Nigerian context, this includes greater reliance on local foods such as leafy vegetables, beans, and plantain.
- Physical activity: Regular movement through walking, running, dancing, sports, or structured exercise. Given the sedentary tendencies associated with academic work and digital

device use, health messages often encourage at least 30 minutes of moderate activity daily.
- Avoidance of harmful substances: Abstinence from smoking and limited or no consumption of alcohol and other drugs.
- Adequate sleep and rest: Approximately 7–9 hours of sleep and effective stress management.
- Preventive actions: Hand hygiene, routine medical check-ups, vaccination, and other protective behaviours.
- Mental health care: Recognition of emotional needs, social support, and positive coping strategies.

For youths in Enugu State, these practices are particularly relevant. Academic pressure, peer influence, limited recreational facilities in some areas, and economic constraints can hinder healthy choices. Poor lifestyle habits contribute to rising rates of obesity, diabetes, hypertension, and mental health challenges among young people. Healthy lifestyles form a core component of health promotion, which emphasises prevention rather than treatment alone (WHO, 2020).

Concept of Youths in The Context of This Study

In Nigeria, youths are generally defined as persons aged 15–35 years according to the National Youth Policy. This group includes secondary school students, university undergraduates, National Youth Service Corps members, and young workers in Enugu State.

Youths are a distinctive demographic for several reasons:
- They exhibit higher levels of mass media, particularly social media, use compared with older adults;
- They are relatively open to new ideas and behavioural change;
- They are also susceptible to negative online trends, including extreme diets or substance use promoted as fashionable;
- In Enugu State, they navigate local realities such as urban stress, varying access to facilities between urban and rural areas, cultural food preferences, and economic pressures that can make healthy options less accessible.

Because behavioural patterns established in adolescence and early adulthood often persist into later life, promoting healthy lifestyles among youths has long-term public health implications for Nigeria.

The Link Between Mass Media Health Messages and Healthy Lifestyle Practices

Mass media health messages can influence healthy lifestyle practices through several pathways:
- Raising awareness: Informing youths about health risks (for example, the link between excessive sugar intake and diabetes) and the benefits of protective behaviours;
- Shaping attitudes: Presenting healthy choices as desirable, achievable, and socially acceptable;
- Encouraging action: Providing practical, low-cost recommendations that individuals can implement;
- Building self-efficacy: Demonstrating successful examples that increase confidence in one's ability to adopt the recommended behaviours.

Evidence from Nigeria indicates that social media content, including short educational skits, can motivate positive health behaviours among youths (Eze et al., 2025). Traditional media such as radio remain important for reaching populations in rural parts of Enugu State. However, media influence is not uniform. Misinformation, peer pressure, limited resources, and message fatigue can reduce effectiveness. When messages are clear, culturally relevant, repeated, and credible, they are more likely to support lifestyle change (Wakefield et al., 2010).

Mass Media as an Agent of Behavioural Change

Mass media influences behavioural change through information dissemination, persuasion, reinforcement, social modelling, and agenda formation. Repeated exposure to health messages can increase awareness, improve knowledge, shape attitudes, and encourage the adoption of healthier behaviours. Behavioural change communication emphasises that sustained exposure to persuasive health messages can gradually modify individual and community health practices. Television demonstrations, radio discussions, social media campaigns, and influencer-based health communication can all function as behavioural

change interventions (Bandura, 2004; Wakefield et al., 2010).

Digital Health Communication and Youth Engagement

Digital health communication refers to the use of internet-based technologies and social media platforms to disseminate health information and engage audiences in health promotion activities. Interactive features such as comments, likes, shares, live sessions, and online communities increase youth participation in health discussions. Digital platforms also facilitate peer learning, social support, and self-monitoring of health behaviours. However, effective digital health communication requires media literacy, because users are exposed to both accurate and misleading health information (Moorhead et al., 2013).

Media Credibility and Message Effectiveness

The effectiveness of health messages depends significantly on perceived media credibility. Messages delivered by medical professionals, government agencies, recognised health institutions, and reputable media organisations are generally considered more trustworthy than those from anonymous online sources. Credibility influences message acceptance, attitude change, and behavioural adoption. Repeated exposure to credible health messages increases the likelihood that individuals will adopt recommended health practices (Eze et al., 2025).

Challenges of Health Communication in Nigeria

Health communication in Nigeria faces several challenges, including low health literacy, misinformation, unequal media access, language barriers, cultural beliefs, inadequate funding for public health campaigns, and limited evaluation of communication interventions. These challenges may reduce the effectiveness of mass media campaigns, particularly among vulnerable populations. Understanding these contextual challenges is essential to designing more effective youth-oriented health communication strategies.

Healthy Lifestyle Practices and Non-Communicable Disease Prevention

Healthy lifestyle practices constitute one of the most important approaches to preventing non-communicable diseases (NCDs) and promoting overall well-being across the lifespan. NCDs such as hypertension, diabetes mellitus, cardiovascular disease, obesity, chronic respiratory disease, and certain forms of cancer are strongly associated with modifiable behavioural risk factors, including physical inactivity, unhealthy dietary patterns, tobacco use, excessive alcohol consumption, inadequate sleep, and poor stress management. Unlike many communicable diseases, NCDs often develop gradually, making preventive health behaviours particularly important during adolescence and early adulthood. Consequently, the adoption of healthy lifestyle practices among youths is increasingly recognised as a major public health priority (WHO, 2020).

One of the most important components of a healthy lifestyle is regular physical activity. The World Health Organization recommends that adults engage in at least 150–300 minutes of moderate-intensity physical activity per week, or 75–150 minutes of vigorous-intensity activity, together with muscle-strengthening activities on at least two days each week (WHO, 2020). Regular physical activity contributes to weight management, improves cardiovascular function, enhances metabolic health, reduces blood pressure, and lowers the risk of type 2 diabetes and several cancers. It also provides psychological benefits by reducing symptoms of anxiety and depression and improving overall quality of life.

Dietary behaviour is another critical determinant of health. A healthy diet involves adequate consumption of fruits, vegetables, whole grains, legumes, nuts, lean proteins, and healthy fats, while limiting excessive intake of sugar, salt, saturated fats, and highly processed foods. Poor dietary habits have become increasingly prevalent among young people due to urbanisation, changing food environments, aggressive marketing of unhealthy foods, and the growing popularity of convenience foods. Frequent consumption of sugar-sweetened beverages, fried

foods, and processed snacks has been associated with obesity, insulin resistance, hypertension, and cardiovascular disease (WHO, 2020).

Sedentary behaviour has emerged as a major public health concern among youths in the digital era. Prolonged sitting and excessive screen time reduce energy expenditure and are associated with increased risks of obesity, metabolic disorders, and poor mental health. Although digital technologies provide opportunities for health communication, excessive screen time may also facilitate sedentary behaviour if not managed appropriately.

Adequate sleep is increasingly recognised as essential to healthy living. Sleep supports physical recovery, cognitive performance, emotional regulation, and immune function. Many youths experience inadequate sleep due to academic pressures, employment demands, and nighttime media use. Stress management is equally important; chronic psychological stress can contribute to unhealthy coping behaviours. Preventive health behaviours, including regular medical check-ups and early health-seeking, also contribute significantly to disease prevention.

For youths in Enugu State, healthy lifestyle practices are particularly important because behavioural patterns established during adolescence and young adulthood often persist into later life. Mass media health messages can play a crucial role in promoting these practices, increasing awareness of NCD risk factors, and encouraging sustained behavioural change (WHO, 2020; Wakefield et al., 2010).

Social Media Influencers and Health Communication

The rapid growth of social media has transformed health communication, particularly among young people. Social media influencers have become important intermediaries between health information and youth audiences, often shaping attitudes and behaviours related to nutrition, physical activity, body image, mental health, and disease prevention. Influencers are individuals who have established credibility and large followings on platforms such as Instagram, TikTok, YouTube, Facebook, and X. Their ability to communicate in relatable and interactive ways has made them influential in promoting health-related behaviours.

One major mechanism through which influencers affect youth behaviour is social modelling. Young people observe and may imitate behaviours demonstrated by individuals they admire. Fitness influencers who share exercise routines, dietary practices, and wellness tips can motivate followers to adopt similar behaviours. This process aligns with Bandura's Social Cognitive Theory, which emphasises observational learning, imitation, and self-efficacy (Bandura, 1986, 2004).

Health influencers often simplify complex information into short videos, infographics, and motivational content that is easily understood by young audiences. They also create online communities that provide social support and accountability. However, the influence of social media personalities is not uniformly positive. A major concern is the spread of health misinformation, including unverified nutritional advice, extreme dieting practices, and unrealistic fitness expectations. Commercialisation further complicates the picture when sponsored content prioritises product promotion over scientific accuracy.

The effectiveness of influencer communication is also shaped by demographic and cultural factors. Youths are more likely to respond to influencers who share similar language, cultural background, and lifestyle experiences. In the Nigerian context, locally relevant influencers who incorporate indigenous foods and culturally appropriate activities may have greater persuasive power. For the present study, social media influencers represent an important dimension of mass media health communication, because they may significantly affect the adoption of healthy lifestyle practices among youths in Enugu State.

Theoretical Framework

This study is guided by three complementary theories: the Health Belief Model, Agenda-Setting Theory, and Social Cognitive Theory. Together, these theories provide a comprehensive framework for

understanding how mass media health messages can influence healthy lifestyle practices among youths.

Health Belief Model (HBM)

The Health Belief Model posits that individuals are more likely to adopt a health-related behaviour when they believe they are susceptible to a health problem, perceive the problem as serious, believe the recommended action will be beneficial, and perceive that the barriers to action are manageable. Additional constructs include cues to action (triggers that prompt behaviour) and self-efficacy (confidence in one's ability to perform the behaviour) (Rosenstock, 1966; Champion & Skinner, 2008).

Mass media frequently supplies these cues to action by highlighting health risks and benefits. For example, a short video or radio message about the dangers of excessive sugar intake, or the advantages of regular exercise, can increase perceived susceptibility and severity while reducing perceived barriers and strengthening self-efficacy.

Relevance to the present study: The Health Belief Model helps explain how exposure to mass media health messages can motivate youths in Enugu State to adopt healthy lifestyle practices. Media messages that raise awareness of personal risk (susceptibility and severity), emphasise the benefits of healthy eating and exercise, address common barriers such as cost or time, and provide practical cues can increase the likelihood of behavioural change. The model therefore offers a useful lens for examining the relationship between media exposure and the adoption of preventive health behaviours among the study population.

Agenda-Setting Theory

Agenda-Setting Theory, originally proposed by McCombs and Shaw (1972), asserts that the media may not tell people what to think, but it significantly influences what people think about. By giving prominence to certain issues through frequency, placement, and framing, the media elevates the perceived importance of those issues in the public mind.

When mass media repeatedly emphasises healthy eating, physical activity, or the risks of sedentary behaviour, these topics become more salient for audiences. Over time, increased salience can translate into greater attention to, and eventual adoption of, the recommended practices.

Relevance to the present study: Agenda-Setting Theory explains how sustained media coverage of health issues can raise the priority that youths in Enugu State attach to healthy lifestyle practices. When radio, television, and social media platforms consistently feature messages about nutrition, exercise, and disease prevention, these topics become more prominent in the minds of young audiences. This increased salience creates a favourable condition for the subsequent behavioural influence described by the other theories used in the study.

Social Cognitive Theory

Social Cognitive Theory (SCT), developed by Albert Bandura (1986), explains behaviour as the product of continuous interaction among personal factors, environmental influences, and behavioural experiences. A central mechanism is observational learning, or modelling: individuals learn by observing the behaviour of others and the consequences of those behaviours. Self-efficacy (belief in one's capability to perform a behaviour), outcome expectations (beliefs about the likely results of the behaviour), and reciprocal determinism are additional key constructs.

Mass media provides abundant behavioural models. When youths observe fitness influencers, health professionals, or peers engaging in exercise, preparing healthy meals, or discussing preventive care, they may imitate those behaviours, especially when the models are perceived as similar or successful. Messages that demonstrate achievable routines can also enhance self-efficacy.

Relevance to the present study: Social Cognitive Theory is particularly useful for explaining how repeated exposure to mass media health messages influences healthy lifestyle practices among youths in Enugu State. Through observational learning, youths can acquire new behavioural patterns from media

models. Messages that strengthen self-efficacy and create positive outcome expectations increase the probability of adoption and maintenance of healthy behaviours. The theory also accounts for the role of social reinforcement on digital platforms (likes, comments, peer encouragement) and for the possibility of negative modelling when unhealthy behaviours are portrayed attractively. Thus, SCT provides a comprehensive framework for understanding both the positive and potential negative pathways through which media shapes youth health behaviour in the study context.

Relevance of the Theories to the Study

The three theories complement one another. Agenda-Setting Theory accounts for how media attention elevates the importance of healthy lifestyle issues. The Health Belief Model explains the cognitive evaluations (risk perception, benefits, barriers, cues, and self-efficacy) that convert awareness into intention and action. Social Cognitive Theory describes the learning processes — especially modelling and self-efficacy enhancement — through which media content is translated into actual behaviour. Together, they provide a robust framework for examining the influence of mass media health messages on healthy lifestyle practices among youths in Enugu State.

Empirical Review

This section reviews empirical studies that have examined the relationship between mass media, social media, and health-related behaviours, with particular attention to Nigerian and comparable contexts.

Mass Media and Health Behaviour in Nigeria

Numerous studies have demonstrated that mass media is a critical channel for public health communication in Nigeria. During the COVID-19 pandemic, radio, television, and social media were extensively used to disseminate information on hand hygiene, mask use, and physical distancing. These campaigns were associated with increased knowledge and improved preventive practices among various population groups. Radio stations such as Radio Nigeria Enugu broadcast programmes in Pidgin English and local languages to reach audiences with limited formal education.

In a related study, Odionye, Anorue, and Ekwe (2019) examined the influence of mass media campaigns on the knowledge, attitude, and practice (KAP) of residents in South-East Nigeria regarding Lassa fever. Using a survey design and multi-stage sampling of 428 respondents, the researchers found that exposure to media health campaigns significantly improved knowledge and positively influenced attitudes and preventive practices among the respondents. The study confirmed the effectiveness of mass media in raising health awareness and promoting behavioural change in the South-East region, which includes Enugu State. This finding supports the argument that well-designed media health messages can influence healthy lifestyle practices among target audiences.

More broadly, mass media campaigns have been shown to reduce harmful behaviours such as smoking and poor dietary habits by providing accurate information and encouraging change (Wakefield, Loken, & Hornik, 2010). Wakefield and colleagues conducted a comprehensive review and concluded that mass media campaigns can produce positive changes, or prevent negative changes, in health-related behaviours across large populations when messages are sustained and supported by enabling environments.

Social Media's Role Among Nigerian Youths

Social media has become particularly influential among Nigerian youths. A descriptive study on youth engagement with social media skits for health awareness in Nigeria found that 72% of respondents reported adopting positive health behaviours after exposure to health-related skits, while 69% indicated that the skits helped them discontinue negative health habits. Fear appeals in the skits were rated effective in deterring harmful behaviours by 74% of respondents, and humour increased receptivity for 64%. A large majority (91%) expressed the view that professional health organisations should use skits for public health campaigns.

Other research has noted that while social media raises health awareness, it can also generate anxiety; one study reported that 63% of Nigerian youths experienced worry after encountering alarming health posts. Positive messaging and improved digital literacy were identified as factors that facilitate adherence to health advice (Eze et al., 2025). Digital health content creators and influencers have also been shown to motivate youths to modify diet and exercise habits when the sources are perceived as credible.

Studies in Southeast Nigeria and Enugu

Research conducted in Southeast Nigeria, including Enugu State, has examined media coverage of specific health risks. Studies on Lassa fever, for example, found that media campaigns increased awareness, knowledge of risk factors, and adoption of preventive practices. Broadcast media (radio and television) exerted a particularly strong influence on behaviour.

Media interventions have also supported cholera prevention and maternal and child health programmes in the region. In Enugu, television and radio were used to sensitise youths about HIV/AIDS, contributing to attitude change. More recent work on Instagram lifestyle content has indicated associations with mental health behaviours among residents of Enugu Metropolis, underscoring the local relevance of digital platforms.

A study among undergraduate students at Enugu State University of Science and Technology found a statistically significant association between social media use and meal-skipping habits, illustrating both the potential positive and negative dietary influences of digital media in the local context.

Other Related Findings

Internet use influences health-seeking behaviour. Many youths search online before consulting a physician, which can lead to self-medication but can also facilitate access to useful information when sources are credible. Globally and in Nigeria, excessive social media use has been linked to reduced physical activity, poorer sleep, and less healthy eating patterns; however, well-designed campaigns can reverse these trends and promote positive change.

Mass Media Campaigns and Lifestyle Modification

Several studies have demonstrated that sustained mass media campaigns can influence dietary behaviour, physical activity, smoking cessation, and alcohol reduction. Campaigns that combine television, radio, social media, community engagement, and interpersonal communication generally produce stronger outcomes than single-channel interventions (Wakefield et al., 2010). This suggests that integrated communication strategies may be more effective for promoting healthy lifestyles among youths.

Media Exposure and Physical Activity Among Youths

Research in sub-Saharan Africa indicates that exposure to fitness-related media content is positively associated with exercise participation among young adults. Social media fitness communities, online workout videos, and health influencers have increased awareness of the benefits of physical activity. However, researchers also caution that exposure alone does not always lead to sustained behavioural change, because environmental and socio-economic factors often constrain actual participation.

Media Literacy and Health Decision-Making

Media literacy refers to the ability to access, evaluate, interpret, and use media information effectively. Higher levels of media literacy are associated with better identification of misinformation and greater reliance on evidence-based health information. Young people with stronger media literacy skills are more likely to critically evaluate online health claims, verify information sources, and make informed health decisions. This suggests that media literacy may strengthen the positive influence of mass media health messages on healthy lifestyle practices.

Influence of Television Health Campaigns on Healthy Lifestyle Practices

Television remains an influential channel for health communication because of its combination of visual

and audio elements. Health campaigns broadcast through television can demonstrate exercise routines, healthy food preparation, and personal testimonies in ways that enhance message retention and emotional engagement.

Wakefield, Loken, and Hornik (2010), in a major review published in The Lancet, concluded that television-based public health campaigns significantly improved health awareness and encouraged preventive behaviours across different populations when messages were sustained and supported by other channels. In Nigeria, television has been widely used for campaigns on immunisation, HIV/AIDS prevention, family planning, and COVID-19 measures. Although reach is substantial, effectiveness varies according to audience trust, educational level, and access.

The present study regards television as an important component of mass media health communication, because many youths in Enugu State continue to consume television content through conventional broadcasting and digital streaming platforms.

Influence of Radio Health Campaigns on Healthy Lifestyle Practices

Radio remains one of the most accessible communication channels in Nigeria, particularly in semi-urban and rural communities. Its affordability and portability make it effective for reaching diverse populations. Interactive programmes that include phone-in segments, expert interviews, and community discussions often increase audience engagement.

Studies have shown that radio-based health communication interventions are associated with increased health awareness and improved preventive practices in several developing countries, especially when messages are repeated, broadcast in local languages, and accompanied by community participation. In Enugu State, radio stations frequently air programmes on nutrition, environmental health, disease prevention, and healthy lifestyle promotion, thereby complementing television and social media.

Influence of Social Media Health Campaigns on Healthy Lifestyle Practices

Social media has become one of the most significant channels for health communication among young people. Platforms such as Facebook, Instagram, WhatsApp, TikTok, YouTube, and X enable rapid dissemination of information, interactive communication, and peer engagement.

Moorhead et al. (2013) reported that social media facilitated health information sharing, emotional support, health education, and increased engagement with health promotion activities. Interactive features strengthened health-related behavioural intentions. In Nigeria, social media has been used to promote exercise challenges, healthy eating campaigns, mental health awareness, and disease prevention initiatives targeted at young audiences.

However, social media also presents challenges, including misinformation, commercialised content, and unrealistic body ideals. These challenges underscore the importance of digital health literacy. The findings of the present study are expected to contribute to understanding the extent to which social media health messages influence healthy lifestyle practices among youths in Enugu State.

Comparative Studies of Traditional and Digital Media in Health Promotion

Recent research has compared the effectiveness of traditional media (television, radio, newspapers) and digital media (social media, websites, mobile applications) in promoting health behaviours. Traditional media generally offers greater institutional credibility and wider reach among less digitally connected populations, while digital media provides interactivity, personalisation, and stronger peer influence among youths.

Integrated communication strategies that combine multiple channels have generally produced stronger behavioural outcomes than single-channel interventions. For youths in Enugu State, both traditional and digital media are likely to exert influence, but their relative effectiveness may vary according to age, education, place of residence, and digital access.

Demographic Factors and Media Influence on Healthy Lifestyle Practices

Demographic characteristics such as age, gender, educational level, income, occupation, and place of residence significantly influence media exposure and health behaviour. Younger adults generally have higher exposure to social media, while older adults may rely more on traditional media. Educational attainment affects health literacy and the ability to evaluate messages. Gender differences have been observed in health information seeking, and urban residents typically enjoy greater access to digital media and health infrastructure than rural residents. These factors may moderate the influence of mass media health messages on healthy lifestyle practices among youths in Enugu State.

VI. METHODOLOGY

Population of the Study

The population of the study consisted of youths aged 15–35 years residing in Enugu State. The target population included secondary school students, university and polytechnic students, apprentices, traders, civil servants, and other young adults exposed to mass media platforms. The study focused specifically on youths resident in Enugu North, Enugu East, and Nsukka Local Government Areas, which were purposively selected on account of their large concentration of youths, educational institutions, commercial activities, and access to both traditional and digital media platforms.

According to the 2006 National Population Census conducted by the National Population Commission (NPC), the population figures for the three selected Local Government Areas were as follows: Enugu North, 244,852; Enugu East, 279,089; and Nsukka, 309,633 — giving a combined population of 833,574 (National Population Commission, 2006). Because population grows over time, it becomes necessary to project this figure to reflect the estimated population for 2026, the year in which this study was conducted.

Population Projection to 2026

The population projection was computed using the compound annual growth rate formula, applying Nigeria's estimated annual population growth rate of 1.8% (0.018), consistent with National Population Commission growth estimates.

$$\mathbf{P = P_0(1 + r)^n}$$

Where: - P = Projected population - P_0 = Initial population (833,574) - r = Annual growth rate (0.018) - n = Number of years (2026 − 2006 = 20 years)

Calculation:

$P = 833,574\ (1 + 0.018)^{20}$ $P = 833,574\ (1.018)^{20}$ $P = 833,574 \times 1.4288$ $P \approx 1,190,967$

Therefore, the estimated total population of Enugu North, Enugu East, and Nsukka Local Government Areas in 2026 is approximately 1,190,967 persons of all ages.

Estimating the Youth (15–35) Sub-Population

Since the study population is restricted to youths aged 15–35 years rather than the entire population of the three Local Government Areas, the projected total population was further narrowed using the proportion of youths within Nigeria's population structure. According to the National Baseline Youth Survey conducted by the National Bureau of Statistics in collaboration with the Federal Ministry of Youth Development, the population of youths aged 15–35 years in Nigeria was estimated at 64.1 million (National Bureau of Statistics & Federal Ministry of Youth Development, 2012), representing approximately 38% of Nigeria's estimated national population at the time.

This 38% proportion is considered suitable for the present study for the following reasons:

(i) It is drawn from an official national survey specifically focused on the youth age bracket (15–35 years) that matches the age range adopted in this research;
(ii) In the absence of more recent Local Government Area–level, age-disaggregated census data for Enugu State, the national youth proportion provides a transparent and replicable proxy that has been widely applied in Nigerian social science research;

(iii) Applying a uniform national proportion across the three selected Local Government Areas maintains consistency in the estimation of the study population.

This 38% proportion was therefore applied to the projected 2026 population of the study area to estimate the youth sub-population:

Youth Population = 1,190,967 × 0.38 Youth Population ≈ 452,567

Therefore, the estimated youth population (15–35 years) of Enugu North, Enugu East, and Nsukka Local Government Areas in 2026 is approximately 452,567. This figure serves as the population (N) for the determination of the sample size in the section that follows.

Table 3.3.1: Estimated 2026 Population of the Study Area

Local Government Area	2006 Census Population	2026 Projected Population
Enugu North	244,852	349,832
Enugu East	279,089	398,748
Nsukka	309,633	442,387
Total	**833,574**	**1,190,967**

The choice of these three Local Government Areas as the population of the study is informed by their urban and semi-urban character, high concentration of youths, and the presence of educational institutions, markets, and commercial centres that expose residents to mass media platforms, making them appropriate for examining the relationship between mass media health messages and youth lifestyle practices.

Sample Size and Sampling Technique

Because it was impracticable to study the entire youth population of the three Local Government Areas, sampling became necessary so that only a manageable number of respondents could be selected for investigation. To determine the appropriate sample size, the Taro Yamane (1967) formula for sample size determination was adopted.

The formula is expressed as:

$$\mathbf{n = N / [1 + N(e)^2]}$$

Where: n = sample size; N = population size; e = margin of error (level of precision).

Choice of margin of error (e = 0.10)

A margin of error of 10% (e = 0.10) was adopted for this study. In social science research, particularly descriptive survey studies that seek to describe patterns of opinion, attitude, and self-reported behaviour rather than to make precise population estimates for policy intervention, a 10% margin of error is methodologically acceptable (Yamane, 1967). The choice is further justified by the large size of the estimated youth population (N = 452,567). At a 5% margin of error, Yamane's formula would produce a sample of approximately 400 respondents once the population exceeds roughly 385,000.

Such a sample size would have been beyond the practical reach of a single research team working within the time frame and resource constraints of this study, especially given that data collection was to be carried out across three geographically dispersed Local Government Areas.

The 10% margin of error therefore represents a deliberate methodological trade-off that balances statistical adequacy with feasibility. It remains within the range recognised for exploratory and descriptive research of this nature, and it produces a sample size that can be realistically administered, supervised, and analysed while still allowing proportional representation of the three selected Local Government Areas.

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Calculation:
Using the estimated youth population of the study area (N = 452,567) and a margin of error of 0.10:

$n = 452,567 / [1 + 452,567(0.10)^2]$ $n = 452,567 / [1 + 452,567(0.01)]$ $n = 452,567 / [1 + 4,525.67]$ $n = 452,567 / 4,526.67$ $n \approx$ **100**

Therefore, the sample size of this study is approximately 100 respondents. This sample size was considered adequate to provide sufficient data for meaningful analysis and interpretation, given the descriptive nature of the study and the resources available to the researchers. The sample of 100 was further justified by its distribution across the three Local Government Areas, ensuring that each selected LGA was proportionally represented.

Sampling technique
A multi-stage sampling technique was employed. In the first stage, three Local Government Areas (Enugu North, Enugu East, and Nsukka) were purposively selected because of their high concentration of youths and ready access to both traditional and digital media platforms. In the second stage, educational institutions and youth gathering points, such as campuses, markets, business centres, and residential areas within each selected Local Government Area, were identified as sampling locations.

In the third stage, respondents were selected through simple random sampling. The sampling frame consisted of eligible youths (aged 15–35 years) who were present at the selected educational institutions and youth gathering points during the period of data collection and who met the study's inclusion criteria. At each location, the researchers first identified and listed the eligible youths who were available and willing to participate. From this temporary list (the sampling frame for that location), respondents were selected by simple random sampling using the lottery method: each eligible youth's name or identifying number was written on a slip of paper, the slips were thoroughly mixed, and the required number of slips corresponding to the allocated quota for that Local Government Area was drawn. This procedure gave every eligible youth present an equal chance of being selected and reduced selection bias.

To ensure that each Local Government Area contributed to the sample in proportion to its youth population, the target population of this study — the projected youth population of each Local Government Area — was first estimated by applying the same 38% youth proportion (National Bureau of Statistics & Federal Ministry of Youth Development, 2012) used above to each Local Government Area's 2026 projected total population. The total sample of 100 respondents was then allocated across the three Local Government Areas using proportional allocation, expressed as:

$$\mathbf{n_i = (N_i / N) \times n}$$

Where: n_i = sample size allocated to a given Local Government Area; N_i = estimated 2026 youth population of that Local Government Area; N = total estimated 2026 youth population of the three Local Government Areas (452,567); n = total sample size (100).

Estimated youth population by Local Government Area:
- Enugu North: 349,832 × 0.38 ≈ 132,936
- Enugu East: 398,748 × 0.38 ≈ 151,524
- Nsukka: 442,387 × 0.38 ≈ 168,107

Applying the proportional allocation formula to each Local Government Area's youth population:
- Enugu North: (132,936 / 452,567) × 100 ≈ 29
- Enugu East: (151,524 / 452,567) × 100 ≈ 34
- Nsukka: (168,107 / 452,567) × 100 ≈ 37

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Table 3.4.1: Distribution of Respondents by Local Government Area

Local Government Area	Estimated 2026 Youth Population	Number of Respondents
Enugu North	132,936	29
Enugu East	151,524	34
Nsukka	168,107	37
Total	**452,567**	**100**

This proportional allocation, based on the youth population rather than the total population of each Local Government Area, ensures that Nsukka — which has the largest youth population among the three Local Government Areas — is correspondingly represented with the largest share of respondents, while Enugu North and Enugu East are represented in proportion to their relatively smaller youth populations.

Instrument for Data Collection

Data were collected using a structured questionnaire titled "Mass Media Health Messages and Healthy Lifestyle Practices Questionnaire."

The questionnaire consisted of five sections:

- Section A: Demographic characteristics of respondents.
- Section B: Extent of exposure to mass media health messages.
- Section C: Types of mass media perceived as most effective.
- Section D: Barriers to adopting healthy lifestyle practices.
- Section E: Perceived influence of mass media health messages on healthy lifestyle practices.

Sections B–E were structured on a four-point Likert scale:

- Strongly Agree (SA) = 4
- Agree (A) = 3
- Disagree (D) = 2
- Strongly Disagree (SD) = 1

It should be noted that the items in the questionnaire primarily measured respondents' perceptions and self-reports of the influence of mass media health messages rather than objectively observed behavioural change. Consequently, the analysis and conclusions of the study remain within the bounds of what the instrument actually measured — namely, perceived and reported influence and relationships.

Table 3.8.1: Questionnaire Distribution and Response Rate

Questionnaire	Frequency	Percentage
Distributed	100	100%
Returned	100	100%
Not Returned	0	0%

VII. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Analysis of Research Questions

Research Question One

What is the extent of exposure to mass media health messages among youths in Enugu State?

Table 4.5: Extent of Exposure to Mass Media Health Messages

S/N	Item	SA	A	D	SD	Mean	SD	Decision
1	I frequently see health-related messages on social media	40	42	12	6	3.16	0.87	Agree
2	I regularly hear health messages on radio	24	46	20	10	2.84	0.91	Agree
3	I watch television programmes that promote healthy living	28	44	18	10	2.90	0.89	Agree
4	Health messages appear frequently in my daily media use	35	40	18	7	3.03	0.88	Agree
5	I intentionally seek health information through the media	30	45	17	8	2.97	0.86	Agree

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Grand Mean = 2.98

The results indicate that the respondents had a high level of exposure to mass media health messages (Grand Mean = 2.98). This suggests that social media, radio, and television were important sources of health information among the youths studied in Enugu State.

Research Question Two

Which types of mass media are perceived as most effective in influencing positive lifestyle changes among youths in Enugu State?

Table 4.6: Perceived Effectiveness of Different Media Types

S/N	Item	SA	A	D	SD	Mean	SD	Decision
6	Social media motivates me to exercise	44	38	12	6	3.20	0.85	Agree
7	Television health programmes influence my diet	30	42	18	10	2.92	0.90	Agree
8	Radio health programmes encourage healthy behaviours	26	40	22	12	2.80	0.93	Agree
9	Online videos and skits influence my lifestyle choices	46	36	12	6	3.22	0.84	Agree
10	Social media is more influential than radio and television	48	34	10	8	3.22	0.88	Agree

Grand Mean = 3.07

The findings show that social media was perceived by the respondents as the most effective medium in influencing positive lifestyle changes among the youths studied.

Research Question Three

What challenges and barriers hinder the effective translation of mass media health messages into sustained healthy lifestyle practices among youths in Enugu State?

Table 4.7: Barriers to Adopting Healthy Lifestyle Practices

S/N	Item	SA	A	D	SD	Mean	SD	Decision
11	Healthy foods are expensive	50	30	12	8	3.22	0.90	Agree
12	Lack of time prevents me from exercising	42	36	14	8	3.12	0.88	Agree
13	I do not trust some health information online	38	40	14	8	3.08	0.87	Agree
14	Peer influence makes healthy living difficult	34	38	18	10	2.96	0.91	Agree
15	Limited access to exercise facilities affects my lifestyle	40	34	16	10	3.04	0.90	Agree

Grand Mean = 3.08

The respondents agreed that the cost of healthy food, lack of time, misinformation or distrust of some online health information, peer influence, and limited access to exercise facilities were major barriers to adopting healthy lifestyle practices.

Research Question Four

To what extent do mass media health messages influence the adoption of healthy lifestyle practices among youths in Enugu State?

Table 4.8: Influence of Health Messages on Healthy Lifestyle Practices

S/N	Item	SA	A	D	SD	Mean	SD	Decision
16	Media messages have improved my eating habits	38	42	14	6	3.12	0.84	Agree
17	I exercise more because of health information from the media	34	40	18	8	3.00	0.89	Agree
18	Media messages have reduced my consumption of unhealthy foods	36	38	18	8	3.02	0.88	Agree
19	Health campaigns have increased my awareness of disease prevention	44	40	10	6	3.22	0.82	Agree
20	I am more likely to adopt healthy habits after seeing health messages	40	42	12	6	3.16	0.85	Agree

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Grand Mean = 3.10

The results indicate that the respondents reported a positive influence of mass media health messages on their healthy lifestyle practices (Grand Mean = 3.10). It should be noted that these are self-reported responses; the data reflect the respondents' own perceptions of change rather than independently verified behavioural outcomes.

Test of Hypotheses

Hypothesis One

- **H_0:** There is no significant relationship between the level of exposure to mass media health messages and the adoption of healthy lifestyle practices among youths in selected Local Government Areas of Enugu State.
- **H_1:** There is a significant relationship between the level of exposure to mass media health messages and the adoption of healthy lifestyle practices among youths in selected Local Government Areas of Enugu State.

Table 4.9: Chi-square Analysis of the Relationship Between Exposure to Mass Media Health Messages and Healthy Lifestyle Practices

Variable	χ^2	df	p-value	Decision
Exposure and healthy lifestyle practices	18.62	6	0.005	Reject H_0

The chi-square test was computed from the cross-tabulation of levels of exposure to mass media health messages and reported healthy lifestyle practices. The calculated χ^2 value is 18.62, with 6 degrees of freedom. The associated p-value is 0.005. Since p = 0.005 is less than the 0.05 level of significance, the null hypothesis is rejected. This indicates that there is a significant relationship between exposure to mass media health messages and healthy lifestyle practices among the youths in the study.

Summary of Findings

The analysis revealed that:

1. The youths sampled in the selected Local Government Areas of Enugu State had a high level of exposure to mass media health messages.
2. Social media was perceived by the respondents as the most effective medium for influencing healthy lifestyle practices.
3. Financial constraints, lack of time, misinformation or distrust, peer influence, and limited exercise facilities were major barriers reported by the respondents.
4. Mass media health messages were reported by the respondents to have positively influenced their healthy eating, exercise, and disease prevention practices. These findings are based on self-reported data.
5. There is a significant relationship between exposure to mass media health messages and healthy lifestyle practices among the youths sampled ($\chi^2 = 18.62$, df = 6, p = 0.005).

CONCLUSION

Based on the findings of the study, it was concluded that mass media health messages were significantly associated with healthy lifestyle practices among youths in Enugu State. The study established that higher levels of exposure to health messages through various media platforms, especially social media, were related to improved health awareness and healthier behavioural choices among the respondents. The findings further showed that while mass media effectively promoted awareness of healthy lifestyle practices, several socio-economic and environmental factors limited the translation of health messages into sustained healthy behaviours. Consequently, effective health communication requires not only increased media exposure but also supportive social and economic conditions that enable youths to practise healthy lifestyles.

Overall, the study concluded that mass media remains a valuable tool for promoting healthy lifestyle practices and preventing lifestyle-related diseases among youths in Enugu State. However, given the cross-sectional nature of the study, the

observed associations should not be interpreted as direct causal effects.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Government agencies and public health organisations should intensify health campaigns on social media platforms, since social media was found to be the most effective medium in influencing positive lifestyle changes among youths.
2. Television and radio stations in Enugu State should increase the frequency of youth-targeted health programmes and present health messages in simple, engaging formats, given the high level of exposure of youths to these traditional media.
3. Health authorities should collaborate with social media influencers, content creators, and digital health educators to disseminate accurate, evidence-based health information, in order to counter the problem of misinformation on social media identified in the study.
4. Public health campaigns and relevant government agencies should specifically address the high cost of healthy foods by promoting affordable healthy food options, supporting local production of nutritious foods, and improving access to low-cost healthy alternatives for youths.
5. Government and community stakeholders should improve access to recreational and exercise facilities in Enugu North, Enugu East, and Nsukka Local Government Areas, since limited access to such facilities was identified as a major barrier.
6. Schools, universities, and youth organisations should organise regular health education programmes that reinforce the messages disseminated through the mass media, particularly those addressing peer influence and time management for physical activity.
7. Policies and programmes should be implemented to reduce the spread of health misinformation on digital platforms through media literacy programmes and fact-checking initiatives targeted at youths.

CONTRIBUTION TO KNOWLEDGE

This study contributed to knowledge by providing empirical evidence on the relationship between mass media health messages and healthy lifestyle practices among youths in Enugu State.

Unlike many previous studies that focused on specific diseases, this study examined a broader range of healthy lifestyle practices, including nutrition, physical activity, disease prevention, and general health behaviour.

The study specifically showed that youths in the selected areas had a high level of exposure to health messages, particularly through social media, television, and radio. It also established that social media was perceived as the most effective platform for influencing positive lifestyle changes among these youths.

Furthermore, the study identified context-specific barriers — namely the high cost of healthy foods, lack of time for exercise, misinformation on social media, peer influence, and limited access to exercise facilities — that limit the translation of media health messages into practice in the Enugu State context. These findings highlight both the dominant role of social media and the practical constraints that must be addressed for media health campaigns to be more effective among youths in the study area.

SUGGESTIONS FOR FURTHER STUDIES

Future researchers should consider the following areas:

1. A comparative study of urban and rural youths in Enugu State regarding media exposure and healthy lifestyle practices.
2. The influence of social media influencers on dietary and physical activity behaviours among Nigerian youths.
3. A longitudinal study examining whether exposure to health messages is associated with sustained healthy lifestyle changes over time.
4. The effectiveness of community-based health communication interventions compared with mass media campaigns.

5. The role of digital health literacy in moderating the influence of online health messages among youths.

REFERENCES

[1] Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall.

[2] Bandura, A. (2004). Health promotion by social cognitive means. Health Education & Behavior, 31(2), 143–164.

[3] 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.

[4] Eze, A., et al. (2025). Influence of social media skits on health behaviour among Nigerian youths. International Research Journal of Public Health and Communication, 8(1), 1–14.

[5] Federal Ministry of Health and Social Welfare. (2024). National policy and strategic plan for the prevention and control of non-communicable diseases in Nigeria. Abuja, Nigeria.

[6] Ibikunle, P. O., Oyeyemi, A. L., & Adegoke, B. O. A. (2020). Physical activity patterns and sedentary behaviour among Nigerian university students. African Journal of Health Sciences, 33(1), 15–28.

[7] Ikpi, E., & Undelikwo, V. (2023). Social media exposure and health behaviour among Nigerian youths. Journal of Communication and Media Research, 15(2), 120–136.

[8] McCombs, M. E., & Shaw, D. L. (1972). The agenda-setting function of mass media. Public Opinion Quarterly, 36(2), 176–187.

[9] McQuail, D. (2010). McQuail's mass communication theory (6th ed.). Sage.

[10] Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: Systematic review of the uses, benefits, and limitations of social media for health communication. Journal of Medical Internet Research, 15(4), e85.

[11] National Bureau of Statistics & Federal Ministry of Youth Development. (2012). National baseline youth survey. Abuja, Nigeria.

[12] National Population Commission. (2006). 2006 population and housing census of the Federal Republic of Nigeria. Abuja, Nigeria.

[13] National Population Commission. (2022). Population projections for Nigerian states. Abuja, Nigeria.

[14] Odionye, C. M., Anorue, L. I., & Ekwe, O. (2019). A knowledge, attitude and practice (KAP) analysis of Lassa fever media campaigns among residents of South-East Nigeria. African Population Studies, 33(1), 4738–4749. https://doi.org/10.11564/33-1-1365

[15] Odunaiya, N. A., Oyeyemi, A. L., & Adegoke, B. O. A. (2021). Prevalence of physical inactivity among Nigerian adolescents and young adults. Nigerian Journal of Medical Rehabilitation, 24(1), 56–67.

[16] Okafor, C. I., Eze, J. N., & Ugwu, R. O. (2024). Lifestyle risk factors among university students in Enugu State, Nigeria. Journal of Public Health in Africa, 15(3), 210–223.

[17] Okoruwa, A., Ibrahim, T., & Bello, S. (2025). Digital health communication and healthy lifestyle practices among Nigerian youths. African Journal of Media Studies, 12(2), 85–102.

[18] Rosenstock, I. M. (1966). Why people use health services. The Milbank Memorial Fund Quarterly, 44(3), 94–127.

[19] Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. The Lancet, 376(9748), 1261–1271.

[20] World Health Organization. (2020). WHO guidelines on physical activity and sedentary behaviour. https://www.who.int

[21] World Health Organization. (2024). Guidelines on physical activity and sedentary behaviour.

[22] World Health Organization. (2025). Health promotion and healthy lifestyle interventions. https://www.who.int

[23] World Health Organization. (2026). Healthy diet.

[24] World Health Organization. (n.d.). Noncommunicable diseases: Key facts. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

[25] World Health Organization Regional Office for Africa. (2025). Noncommunicable diseases and behavioural risk factors in sub-Saharan Africa. https://www.afro.who.int

[26] Yamane, T. (1967). Statistics: An introductory analysis (2nd ed.). Harper and Row.