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A Cross-Sectional Study on the Impact of Social Media on Patient Choices in Aesthetic Dentistry in Owerri

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Abstract

Background

Social media platforms—especially WhatsApp, Instagram, and Facebook—are increasingly shaping health choices in Nigeria. This study examined how these platforms influence decisions to seek aesthetic dentistry among adults in Owerri, Nigeria.

Methods

A descriptive cross-sectional survey of 220 adults was conducted across Owerri Municipal, North, and West LGAs, as well as patients at Oaklands Multispecialty Dental Care Clinic. Data were collected using online questionnaires and in-clinic intercepts (June–August 2025). Descriptive statistics and logistic regression were applied to analyze predictors of social media influence.

Results

WhatsApp (72%) was the most reported information source, followed by Facebook (58%) and Instagram (52%). Before–after images (72%) and peer/family testimonies (68%) were the strongest motivators, while celebrity endorsements had limited impact (28%). Frequency of social media use significantly predicted likelihood of seeking care ($p < 0.05$), while gender and employment status were not significant predictors.

Conclusions

Social media strongly influences aesthetic dental choices in Owerri, operating through community trust and peer validation. Clinics should integrate authentic visual communication with educational messaging to counter misinformation. Findings provide evidence for ethical digital marketing and public health regulation in dental services across urban African settings.

Key Message

- WhatsApp is the dominant route to aesthetic-dentistry awareness in Owerri; Instagram attracts youths while Facebook sustains community reach.
- Peer and family testimonies are more decisive than celebrity endorsements in finalizing treatment decisions.
- Authentic before–after visuals motivate inquiries but require ethical guardrails to avoid unrealistic expectations.

- Clinic-based education via WhatsApp groups can counter misinformation (e.g., DIY whitening) while building trust.
- Findings support practical guidance for clinics and regulators in Nigeria and comparable LMIC contexts.

Introduction

The intersection of digital technology and oral healthcare is rapidly transforming patient decision-making worldwide. Social media has evolved into a primary channel for health information, providing platforms where patients exchange experiences, view promotional content, and shape expectations [9, 14]. In Nigeria, where access to formal dental care remains uneven, increasing smartphone penetration has accelerated reliance on digital spaces for health knowledge [1, 7].

Owerri, the capital of Imo State in southeastern Nigeria, presents a unique context for examining this dynamic. With a growing youth population and expanding middle class, demand for aesthetic dental services—including teeth whitening, veneers, and orthodontics—is rising. However, access to reliable oral-health information remains inconsistent, leading many individuals to depend on informal digital sources such as WhatsApp statuses, Instagram stories, and Facebook pages.

Evidence from various Nigerian cities suggests that digital media now plays a substantial role in shaping healthcare behaviours [2, 3, 5]. Yet, unlike Western contexts where influencer marketing and celebrity endorsements strongly shape patient choices, decision-making in Nigeria tends to rely more heavily on community validation, peer testimony, and family recommendations. This reflects longstanding cultural structures in which trust is built collectively rather than individually [17, 18].

Local observations at Oaklands Multispecialty Dental Care Clinic reinforce this pattern. Many first-time patients reported that their initial awareness of dental services came from social-media content—particularly WhatsApp posts—but their final decision to seek care was validated through conversations with friends or relatives who had previous experiences with the clinic. This blend of digital exposure and offline trust illustrates a hybrid model of influence that remains under-documented in dental public-health research.

Globally, studies show that social media can increase access to health information while also contributing to the spread of misinformation [9, 13, 14]. In oral health, patients remain particularly susceptible to misleading claims about whitening kits, veneers, and “natural remedies.” These concerns raise important questions about how dental clinics in low- and middle-income countries (LMICs) can harness social media to enhance access while protecting patient safety.

Therefore, this study aims to examine the extent to which social media influences patient choices in aesthetic dentistry in Owerri, Nigeria. Specifically, it investigates: (i) the platforms most frequently used to access aesthetic-dentistry information; (ii) the types of digital content that shape patient decisions; and (iii) the cultural and public-health implications of digital influence on oral-health-seeking behaviour.

Methods

Study Design and Setting

This study employed a descriptive cross-sectional design to examine how social media influences decisions regarding aesthetic dentistry among adults in Owerri, Nigeria. Data were collected between June and August 2025 across three Local Government Areas (LGAs): Owerri Municipal, Owerri North, and Owerri West. Oaklands Multispecialty Dental Care Clinic served as both a recruitment site and a practical case example for understanding digital engagement pathways.

Study Population and Sampling

The study population comprised adults aged 18 years and older who had lived in Owerri for at least one year. A minimum sample size of 220 was determined using Cochran's formula for cross-sectional surveys, with an additional allowance for non-response. Participants were recruited using two approaches:

1. **Online recruitment** through WhatsApp, Facebook, and Instagram.
2. **In-clinic recruitment** of patients visiting Oaklands Multispecialty Dental Care Clinic during the study period. Convenience sampling was used due to accessibility and timing constraints, which may limit generalizability.

Data Collection Instruments

Data were collected using a structured, pre-tested questionnaire consisting of four sections:

1. Sociodemographic characteristics (age, gender, education, employment).
2. Social-media usage patterns (platforms, frequency, device access).
3. Influence of digital content (before–after photos, testimonials, adverts, celebrity endorsements).
4. Decision-making factors (peer influence, family validation, barriers to seeking care).

The questionnaire was adapted—with permission—from a previously validated tool used in a Bioinformation study on aesthetic-dentistry decision-making (Adeyemo & Musa, 2025) 16. Items were modified to reflect the Nigerian context, including targeted questions about WhatsApp usage. An English-language version of the adapted instrument is provided as *Supplementary File 1*.

Integration of Verbal Interview Responses

To enrich the quantitative findings, brief verbal interviews were conducted with consenting clinic participants. These short interactions allowed respondents to elaborate on:

- how family, friends, or community members influenced their decisions,
- how they evaluated the credibility of social-media content,
- and whether they had encountered misinformation.

These qualitative insights were used strictly to contextualize results and were summarized descriptively without formal qualitative analysis. They informed interpretation within the *Cultural Dimensions of Trust* and *Public Health Implications* sections.

Data Analysis

Quantitative data were entered into SPSS version 26. Descriptive statistics (frequencies, percentages, means, standard deviations) were computed for sociodemographic variables and social-media use patterns. Chi-square tests examined associations between platform use and aesthetic-dentistry decision-making. Logistic regression was conducted to identify predictors of social-media influence, with significance set at $p < 0.05$. Qualitative interview notes were reviewed manually and categorized into simple themes—peer validation, trust networks, and misinformation awareness—to support interpretation of quantitative trends.

Ethical Considerations

Ethical approval

was obtained from the Imo State Ministry of Health Research Ethics Committee (Ref: IMOH/ERB/25/081). The study adhered to the principles of the **Declaration of Helsinki (latest revision)**. Informed consent was obtained digitally or via written form. Participation was voluntary, and no identifying information was collected to protect confidentiality.

Results

Sociodemographic Characteristics

A total of 220 participants completed the survey. The mean age was 28.6 years (SD = 7.4). The majority were female (58%), had tertiary education (64%), and were either students (42%) or employed in the formal sector (38%).

Table 1
Sociodemographic characteristics of participants (N = 220)

Variable	Frequency (n)	Percentage (%)
Age (years)		
18–24	74	33.6
25–34	95	43.2
35–44	38	17.3
≥ 45	13	5.9
Gender		
Male	92	41.8
Female	128	58.2
Education		
Secondary	43	19.5
Tertiary	141	64.1
Postgraduate	36	16.4
Employment		
Student	92	41.8
Employed	84	38.2
Self-employed	32	14.5
Unemployed	12	5.5

Social Media Usage

WhatsApp (72%) was the most frequently used platform, followed by Facebook (58%) and Instagram (52%). This pattern aligns with earlier findings in Lagos and Uganda where WhatsApp and Facebook dominated digital health communication (2,9).

Table 2
Social-media platforms and primary use cases (N = 220)

Platform	Users (n)	Percentage (%)	Main Use Case
WhatsApp	158	72.0	Daily updates, peer sharing, group chats
Facebook	128	58.0	Community groups, older adults' network
Instagram	114	52.0	Visual posts, before–after photos
TikTok	48	22.0	Short videos, youth engagement
Twitter/X	40	18.0	Trends, discussions, news sharing

As shown in Fig. 1, WhatsApp was the most frequently used platform, followed by Facebook and Instagram.

Content Influence on Decision-Making

Participants ranked content types by influence on their decision to seek aesthetic dentistry as follows:

- Before–after images (72%)
- Peer/family testimonials (68%)
- Educational posts (54%)
- Clinic adverts (46%)
- Celebrity endorsements (28%)

Table 3
Influence of content types on aesthetic-dentistry decisions

Content Type	Influenced (n)	Percentage (%)	Notes
Before–after images	158	72.0	Strong motivator; visual appeal
Peer/family testimonials	150	68.0	Builds trust; community validation
Educational posts	119	54.0	Enhances knowledge; credibility boost
Clinic adverts	101	46.0	Moderate influence
Celebrity endorsements	62	28.0	Limited influence; youth-leaning

Predictors of Social Media Influence

Logistic regression showed that **frequency of social media use** significantly predicted likelihood of seeking aesthetic dental care ($p < 0.05$). This aligns with Househ's report that digital engagement

strongly shapes health-seeking behaviour in LMIC settings (17). Gender, employment, and income were not significant predictors.

Table 4
Logistic regression analysis of predictors of social-media influence

Variable	Odds Ratio	95% CI	p-value
Daily social media use	2.3	1.2–4.1	0.01*
Female gender	1.1	0.6–2.0	0.72
Tertiary education	1.4	0.8–2.6	0.19
Employment status	0.9	0.5–1.7	0.67
(*Significant at p < 0.05)			

Gender Differences in Information Sources

Table 5
Relationship between gender and preferred first-choice information source

Gender	Social Media First Choice (n, %)	Other Sources (n, %)	Total (n)
Male	65 (70.7%)	27 (29.3%)	92
Female	100 (78.1%)	28 (21.9%)	128
Total	165 (75.0%)	55 (25.0%)	220

As shown in Fig. 2, peer and family testimonials exerted far greater influence than celebrity endorsements, consistent with prior African evidence (2,9).

In summary, WhatsApp and peer/family testimony were the most influential factors in motivating patients to seek aesthetic dentistry in Owerri. Celebrity endorsements had limited impact, underscoring the cultural preference for trust-based validation. This culturally grounded pattern reflects similar findings from Uganda, where peer networks strongly shaped digital health decisions (9)

Summary of Key Findings

WhatsApp and peer/family validation were the strongest motivators for seeking aesthetic dentistry in Owerri. Celebrity endorsements had limited impact, underscoring a cultural preference for community-based trust. A similar pattern was documented in Uganda, where peer networks strongly shaped digital health decisions (9).

Discussion

These findings differ from a similar cross-sectional study reported in 2025, where celebrity endorsements were the strongest predictor of patient choices 16. In Owerri, peer and family validation exerted greater influence, reflecting the collectivist and trust-oriented social structure of southeastern Nigeria, yet both studies converge on the central role of visually engaging content in shaping awareness and intention. This study confirms that social media is a decisive factor in shaping patient decisions about aesthetic dentistry in Owerri, but the influence operates through a culturally grounded mechanism of peer trust. Unlike Western contexts where celebrity endorsements strongly impact behavior [11, 14], in Owerri and southeastern Nigeria, decisions are filtered through friends, family, and community voices [2, 10]. This study examined how social media influences decisions about aesthetic dentistry among adults in Owerri, Nigeria. The findings show that while digital platforms—particularly WhatsApp, Facebook, and Instagram—are increasingly central to how patients access information about dental services, their final decisions are shaped by a deeper cultural logic of trust. This pattern differs from a recent study in 2025, where celebrity endorsement emerged as the strongest predictor of aesthetic-dentistry choices 16. In Owerri, however, peer and family validation exerted greater influence, reinforcing the collectivist and trust-oriented social structures typical of southeastern Nigeria. Despite these contextual differences, both studies highlight the central role of visually engaging content in shaping awareness and intention toward aesthetic procedures. The results also support broader Nigerian evidence while revealing notable regional differences. Adeyemi et al. 2 reported that dental professionals in Nigeria routinely use social media as part of professional communication, signalling a rising digital influence in dental practice. Lagos-based studies have likewise shown that platforms like Instagram amplify youth interest in aesthetic dentistry [3, 5]. In comparison, Owerri reflects a hybrid information ecosystem where WhatsApp groups, church communities, and personal testimonies work together to reinforce digital messages. This underscores that, while social-media penetration is widespread in Nigeria, the mechanisms of influence vary significantly across cities and cultural contexts.

Cultural Dimensions of Trust

In Igbo communities such as Owerri, healthcare decisions are rarely individualized. The proverb onye ajụjụ anaghị efu ụzọ (“one who asks questions does not miss the way”) reflects a communal approach to decision-making. Participants routinely discussed social-media posts with family, friends, classmates, or church members before acting on them, consistent with findings reported in Ghana and Uganda regarding community-mediated health communication [9, 10]. This collective validation process, combined with the symbolic value of an attractive smile—associated with confidence, opportunity, and social mobility—helps explain why peer testimonies serve as strong motivators in this environment.

Public Health Implications

While digital platforms provide opportunities for accessible oral-health education, they also expose users to misinformation. Participants frequently mentioned encountering unregulated whitening kits, charcoal toothpaste claims, and promotional posts by unlicensed “mobile dentists.” Similar risks in digital health communication have been documented globally [13, 18]. Clinicians at Oaklands Multispecialty Dental

Care Clinic reported treating complications such as enamel erosion and gingival irritation linked to such misinformation, echoing patterns noted in other African populations [9, 17]. Interestingly, simple myth-correcting messages shared on WhatsApp—for example, warnings about charcoal toothpaste—elicited stronger engagement than standard promotional content. This aligns with evidence that culturally sensitive, credibility-focused messages foster more trust than purely commercial messages [13, 15].

Policy and Regulatory Needs

The persuasive power of before-and-after photographs is well recognized in digital health communication research 14. While such images attract interest, they may also elevate patient expectations if not presented responsibly. Professional bodies such as the Nigerian Dental Association (NDA) could develop clearer guidelines for digital dental advertising, emphasizing informed consent, image authenticity, and ethical communication practices, in line with existing digital-health frameworks [15, 18]. The Imo State Ministry of Health could further support regulatory oversight by monitoring online dental adverts and discouraging unlicensed operators.

Technology and Equitable Access

Digital influence was strongest among younger adults and students—groups with higher levels of smartphone ownership and social-media activity. Older adults and individuals in peri-urban communities reported lower digital engagement. These gaps mirror broader regional disparities in digital access reported in Sub-Saharan Africa [11, 12]. Hybrid communication approaches may therefore be necessary: digital campaigns for younger populations complemented by offline education through churches, radio programs, and community events for older or less connected groups.

Global Parallels

The study's findings resonate with evidence from other LMICs. Musoke et al. 9 highlighted the role of peer networks in shaping digital health behaviour in Uganda, while Househ 17 reported that social media expands access to health information but remains deeply embedded in cultural decision-making structures. These parallels emphasize that digital health strategies must be culturally responsive rather than assuming uniform patterns of influence across settings.

Future Research Directions

While this study sheds light on how social media shapes aesthetic-dentistry decisions in Owerri, it also opens the door to several important questions. A useful next step would be to follow people over time to see how their online habits and influences change as platforms evolve and new trends appear. Looking across different Nigerian cities could also offer a clearer picture of how regional cultures, economic differences, and levels of digital access shape the way patients make decisions about their smiles. Expanding this work to other African countries may reveal even richer patterns. Understanding how different communities blend culture, trust, and technology could help researchers and policymakers design digital-health strategies that truly fit people's everyday realities. In the end, although social media is rapidly transforming how people in Owerri learn about dental care, its influence seems strongest when

it reinforces the trust already present in families, friendships, and community networks. For Oaklands and similar clinics, the future lies in staying visible online while staying connected to the real human stories and cultural values that guide patients' choices.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design restricts the ability to establish causal relationships between social-media exposure and patients' decisions regarding aesthetic dental care. The associations identified here therefore reflect correlations rather than evidence of direct influence, a limitation also noted in prior studies on digital health behaviour and decision-making (13,19).

Second, the sampling strategy relied on convenience sampling among digitally active adults and patients attending a single private dental clinic—Oaklands Multispecialty Dental Care Clinic. While this approach enabled efficient recruitment, it may limit the generalizability of the findings to the broader Owerri population, particularly residents in rural or peri-urban communities who have less consistent access to internet-enabled devices or who rely more on offline information sources (12,20).

Third, the study depended on self-reported data. As is common in survey-based research, participant responses may be influenced by recall bias or social-desirability bias. Some respondents may have under- or over-stated their social-media usage or the influence of digital content, a challenge similarly noted in other Nigerian and international studies (2,6,14).

Fourth, although the questionnaire was adapted from a validated instrument used in a related Bioinformation study on social-media influence in aesthetic dentistry (21), context-specific modifications —such as adding WhatsApp-focused items and incorporating short verbal interviews—may affect its psychometric reliability. Further validation within similar Nigerian or West African populations would help ensure broader applicability.

Finally, the qualitative verbal interviews conducted were brief and were analysed descriptively rather than through a formal qualitative methodology. While these insights enriched the interpretation of cultural and trust-related themes, they should be viewed as exploratory, echoing limitations acknowledged in comparable qualitative health-communication research (1,9).

Conclusion

This study suggests that in Owerri, decisions about aesthetic dentistry may be influenced by a hybrid model in which social media enhances visibility while community trust reinforces credibility. WhatsApp and Instagram appear to be among the most influential platforms; however, many patients still seek validation from conversations with family, peers, and church networks before making final treatment decisions (2,10,21). For dental clinics such as Oaklands Multispecialty Dental Care Clinic, these insights imply that while technology can attract attention, it is genuine trust that ultimately motivates patients to

act. Clinics that combine visually appealing content with credible patient education are likely to expand access to care while helping to reduce misinformation online (13,18). From a policy perspective, the findings highlight the importance of developing ethical guidelines that balance innovation with public protection. Professional bodies such as the Nigerian Dental Association and the Imo State Ministry of Health could lead by setting clear standards for responsible digital advertising and ensuring that only licensed providers promote dental services (15,17). Finally, this research underscores how cultural context shapes digital health behaviour. In Owerri, a bright smile represents confidence, social belonging, and aspiration. Recognizing this symbolic value may help policymakers and dental professionals better appreciate why patients respond strongly to social media messages (9,10). A smile shared on WhatsApp may begin the journey, but it is often the quiet reassurance from a trusted voice that makes the difference. Across Nigeria and other African settings, social media is likely.

Integration of Verbal Interview Responses

In addition to the structured questionnaire, brief in-clinic interviews were conducted with consenting participants to provide contextual explanations for selected items. These short interviews allowed participants to elaborate on how family, peer, or community influences shaped their aesthetic dental choices and how they perceived social-media content credibility. Insights from these responses informed interpretation of findings in the Cultural Dimensions of Trust and Public Health Implications sections. Interview prompts included: “Who or what most influenced your decision to try aesthetic dental care?” and “Have you ever encountered misleading dental information on social media?” These qualitative insights correspond to the descriptive summary described in the Methods and were handled with full confidentiality.

Declarations

Ethics approval and consent to participate

The study was conducted in accordance with the Declaration of Helsinki (latest revision). Ethical approval was granted by the Imo State Ministry of Health Research Ethics Committee (Approval number: IMOH/ERB/25/081). All participants provided informed consent digitally or through a signed form. Participation was voluntary, and no identifying information was collected to preserve confidentiality.

Consent for publication

Participants consented to the publication of anonymized data and illustrative quotes.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the author on reasonable request. The English-language questionnaire is provided as Supplementary File 1.

Competing interests

The author declares no competing interests.

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Authors' contributions

IC conceived the study, designed the methods, collected and analysed data, interpreted the findings, and drafted and revised the manuscript.

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Clinical trial registration number

Not applicable. This study did not involve any clinical intervention requiring registration.

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Figures

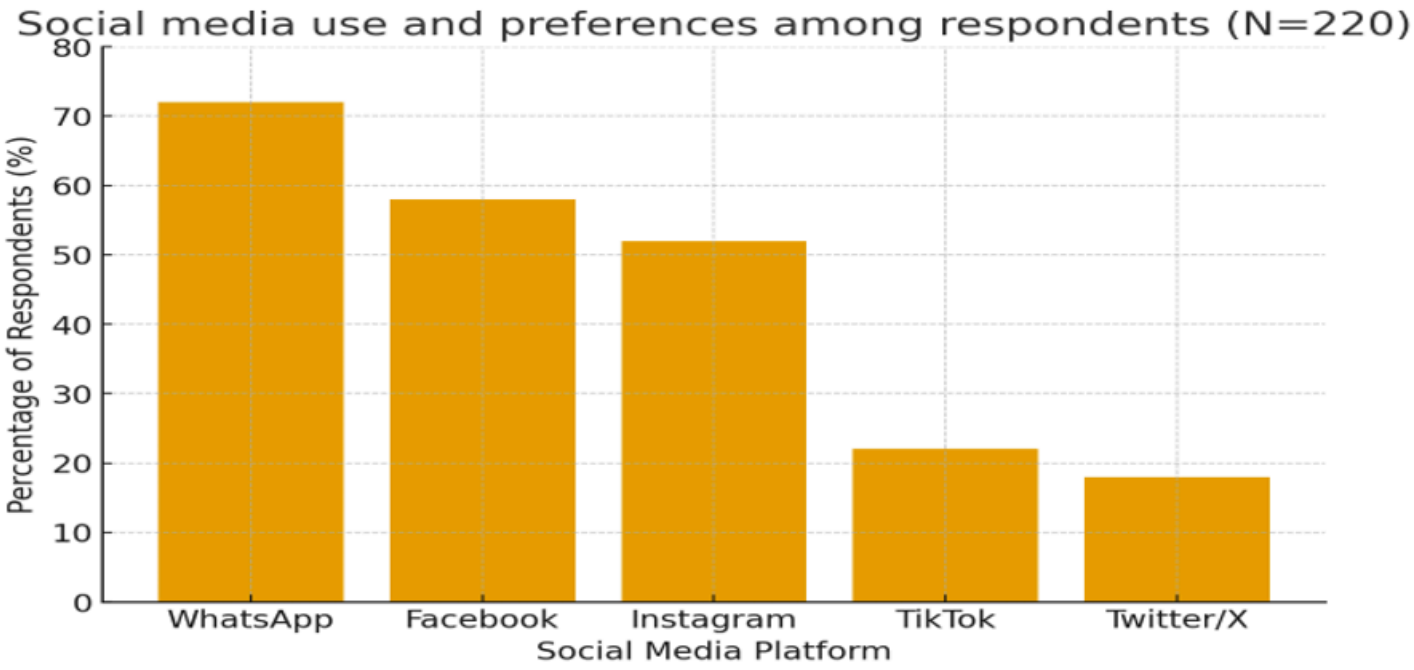


Figure 1

Distribution of social-media platform use for aesthetic-dentistry information

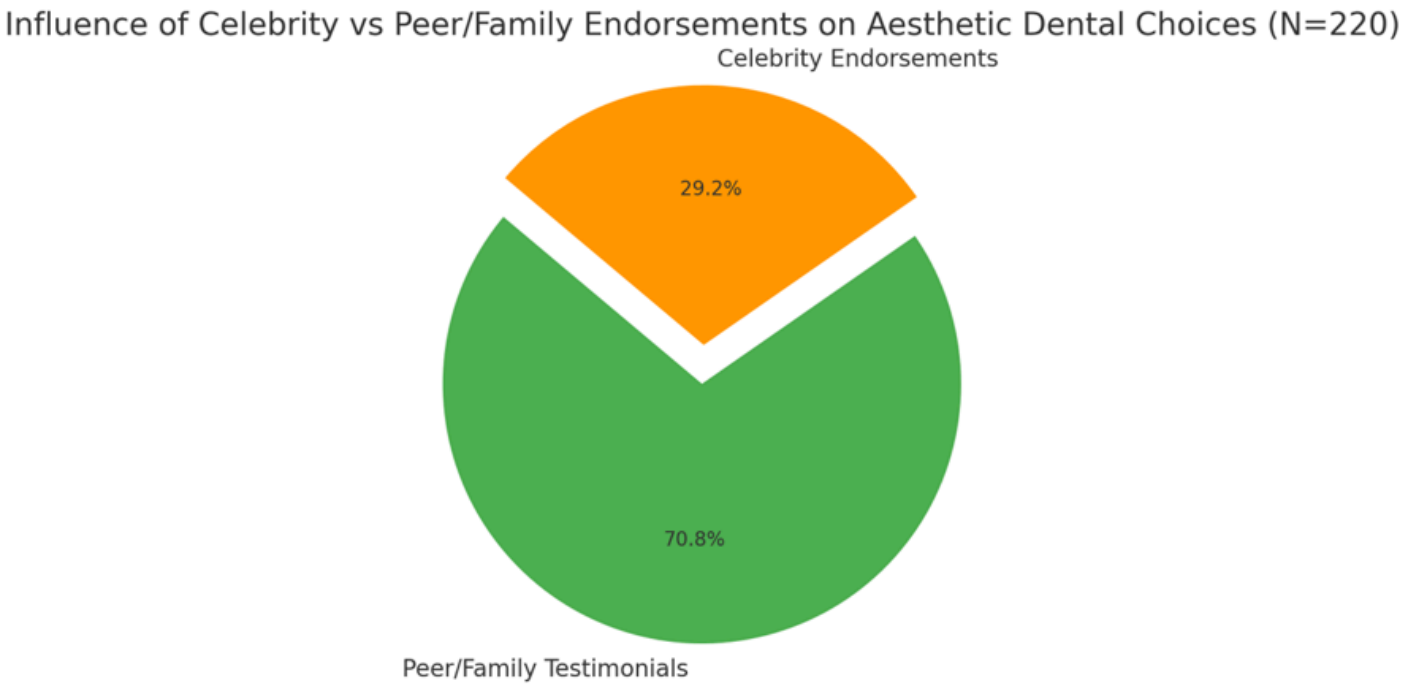


Figure 2

Influence of peer/family testimonials versus celebrity endorsements.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- SupplementaryFile1.pdf