

Assessing the Influence of Online Health Information on Health-Seeking Behaviour Among Undergraduate Students of Tertiary Institutions in South-East Nigeria

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Abstract

Introduction:

The fast development of digital technologies and availability of the internet has affected the way people access and make use of health information especially among university students who are very active on the internet. This study assessed the role of online health information in health-seeking behaviour among undergraduate students in a tertiary institution in South East Nigeria

Methods

A cross-sectional quantitative design was employed for this study. 349 students were selected using a multistage sampling method in four hostels of the university. A structured questionnaire was used in data collection and descriptive and inferential statistics were used in data analysis.

Results

The results shows that most respondents regularly used online health information, with smartphones (80.2%) and social media (40.1%) being the most used device and sources respectively. Information on nutrition (54.4%), sexual and reproductive health information (27.2%) were the most frequently sought. A large percentage of the respondents (74.5%) indicated that online health information affected their health-seeking behaviour ($p < 0.001$), especially in regards to lifestyle change, medication decisions, and self-medication. Although the perceived usefulness of online health information (77.4%) was high, issues concerning accuracy (57.3%), conflicting information (43%), and the risk of privacy (28.7%) were eminent.

Conclusion

Online health information has a noteworthy impact on the health-seeking behaviour of undergraduate students. Enhancing digital health literacy and access to credible health information is crucial in the attainment of better health outcomes.

Key Points

- Gives a university-based evaluation of the influence of online health information on health-seeking behaviour among undergraduate students in South-East Nigeria.
- Recognizes the most important online health devices and sources such as social media and smartphones and how often they are used.
- Highlights concern with accuracy and misinformation and the necessity to enhance digital health literacy.

1. Introduction

The digital revolution has changed the way people access, interpret, and use information, including health-related information [1]. The usage of internet has grown at a high rate globally with more than 6 billion individuals, constituting approximately 74 per cent of the world population having access to the internet [2]. Studies have shown that health information seeking is the most widespread activities on the internet with 70–80% of the internet users seeking matters related to health online [3]. This is especially strong in the case of young adults who are more digitally oriented and more likely to use the online platform as the main source of information.

Internet penetration in Nigeria has also been growing at a high rate, with more than 122 million internet users and the penetration rate of more than 55% of the population [4]. The mobile devices continue to be the most popular mode of access particularly among the students in the university. It is indicated that a significant percentage of Nigerian undergraduates, approximately over 85%, turn to the internet as their initial source of information on health-related issues before seeking a professional medical service [5]. Although this growing dependency on digital platforms has contributed to increased access to health information, it also creates critical issues on the accuracy, reliability, and misuse of such information.

Information is vital in decision-making in all aspect of life, including health [6]. Information requirement is usually motivated by a perceived disparity between what people already know and what they should know in order to solve an issue or gain a desired result [7]. This gap in the health context frequently motivates people to find information about the symptoms, diagnoses, and the treatment options, and the internet is a convenient and easily available source for them.

The development of digital technologies also influenced the educational process changing the way of knowledge acquisition and sharing [8]. The internet helps to obtain a large volume of information instantly, promotes distance learning, and allows new teaching techniques to be developed, including virtual classes and online courses [9, 10]. Nevertheless, regardless of these benefits, the incorporation of the internet-based resources into everyday life is fraught with a range of challenges such as information overload, unequal access to digital skills, and challenges in assessing the reliability of the data posted online [11].

In this dynamic digital space, the university environment offers a valid background on how online health information affects the health-seeking behavior because of its ability to draws a wide range of students who are technologically skilled [5]. University students usually face some special health problems, including inaccessibility to healthcare services, financial resources, and time restrictions, which can also stimulate the use of online sources of health information.

Although online health information is very convenient and available, doubts still exist over its quality and reliability. Research has revealed that a significant percentage of Internet health data can be inaccurate or misleading, thus dangerous to the users [12]. Although online health information may empower students to make informed health choices and enhance their health literacy, it may also encourage self-diagnosis, self-medication, and late seeking of health care. Such practices can eventually result in unsuitable health practices and poor health outcomes.

Given these dynamics, this study aims at exploring how online health information affects health-seeking behaviour among undergraduate students of FUTO. Specifically, the study will evaluate the level of dependence on online health information, the benefits, and the risks. Findings from this study will give an important understanding of how digital information environments influence health behaviors in university students and be used to inform strategies to promoting guided use of online health resource.

2. Methods

2.1. Study design and setting

The study employed a quantitative cross-sectional design to determine the influence of online health information on health-seeking behavior of undergraduate students. The study was carried out in the Federal University of Technology Owerri (FUTO), Owerri, Imo State, a top institution in south east Nigeria with a population size of about

25,000 representing different parts of the country. The institution has various faculties and departments including health sciences. It also has a medical center where students are able to get healthcare services within the campus. The study was narrowed down to students living in the school hostels. The hostels offer a suitable environment because of the internet availability via campus Wi-Fi and personal computers. Also, students who stay in the school hostels tend to make their own decisions on health issues, and this predisposes them to use online sources as sources of health information. This renders the setting to be very appropriate in studying the effect of access to online information on the health-seeking behavior among undergraduate students.

2.2. Study population

The study population was the undergraduate students in the selected hostels in Federal University of Technology Owerri (FUTO), Owerri, Imo State, Nigeria. These were two male hostels (Hostels A and B) and two female hostels (Hostels C and D). The overall population of students in the chosen hostels was estimated to be 3,770.

2.3. Inclusion and exclusion criteria.

Inclusion criteria

The individuals who were eligible to the study were those who satisfied the following criteria:

- Registered full-time undergraduate students of the FUT Owerri, Southeast Nigeria.
- Had ages between 16 and 30 years.
- Lived in one of the chosen university hostels (Hostels A, B, C, or D)
- Accessed internet and utilized online resources on health-related information.

Exclusion criteria

Participants were not eligible for the study provided they:

- Were non regular or part-time undergraduates.
- Never used the internet on health-related issues.
- Were not residing in the selected hostels at the time of the study

3.4. Sample size determination and sampling method.

Cochran formula was used to arrive at a sample size of 349. The sample size was distributed proportionately in the sampled four hostels to have an adequate representation of students in both male and female hostels.

A multistage sampling method was used to sample out the study participants. Stratified sampling was employed in the first stage to classify the hostels into two strata depending on gender: male and female hostels. Purposive sampling technique was then used in the second stage to choose two hostels in each stratum (Hostel A and B in males and Hostel C and D in females). At the last phase, simple random sampling was employed to sample out respondents in each of the chosen hostels so that all eligible students were given equal opportunities to participate.

3. Results

3.1. Sociodemographic characteristics of respondents

Majority of the respondents are within the age of 20-23 (40.1%), with the fewest being 28 years and above (0.6%). The majority of the respondents were males (54.4%), and females (45.6%). The majority of the participants were in Hostel A (Male) (34.4%), and the smallest were in Hostel D (Female) (10.9%).

3.2. Patterns of online health information usage

Table 2 shows the distribution of the respondents according to patterns of online health information usage. Most of the respondents were able to access Wi-Fi in the hostel (88.8%), as compared to some who could not access it (11.2%). Nutrition information was the most commonly accessed (54.4%) health information, whereas sexual and reproductive health information was the least accessed (27.2%). The majority of the respondents had a weekly online health information use of 23 times (33.0%). Most of the respondents spend 30 minutes to 1 hour (40.1%) on the internet per session, and the fewest took over 2 hours (8.6%). The most frequently used devices were Smartphones (80.2%), and the least frequently used devices were desktop computers (12.9%).

3.3. Sources of online health information and frequency of use

Table 3 shows the distribution of respondents by sources of online health information and frequency of use. The social media was the most used (40.1%) per day while online forums were the least used (11.5%). The highest usage of health websites was on a weekly basis (34.4%) and the lowest usage was on a rarely basis (14.0). Video platforms were mostly used weekly (33.0%), whereas mobile apps were used more often with monthly use being the most frequent (28.7%), and daily use the least frequent (17.2%). Statistically, there were significant patterns of usage of social media, online forums, video platforms, and health websites with no significant relationships of mobile apps.

3.4. Health-seeking behaviour after consulting online health information.

Table 4 present how the respondents are distributed across the health-seeking behaviour after consulting online health information. Most behaviours were often described as sometimes visiting a doctor (34.4%), self-medication (28.7%), consulting family (28.7%), and trying alternative therapy (31.5%). Severity of symptoms was the major influencing factor (54.4%) for seeking health care, followed by online health information (43.0%) and availability of healthcare services (38.7%). All the associations were significant ($p < 0.001$).

3.5. Influence of online information on health-seeking behaviour

Majority of the respondents (74.5%) reported that health information from online influenced their health-seeking behaviour ($p < 0.001$). it influenced behaviour such as doctor visits, lifestyle changes, and self-medication. Decisions were largely related to lifestyle changes (48.7%) and medication choices (43%) ($p < 0.001$), showing a significant impact on health decisions.

3.6. Attitudes towards online health information

The majority of respondents were confident in the accuracy of online health information, with 60.2% reporting being very or moderately confident ($p < 0.001$). Majority of respondents (77.4%) thought that online health information was helpful. The accuracy of the material (57.3%), conflicting recommendations (43%), privacy and security issues (28.7%), and trouble comprehending medical jargon (22.9%) were the main concerns expressed, about online health information ($p < 0.001$).

4. Discussion

The results of this study are indication that online health information has emerged as a key health determinant of health-seeking behaviour among students. This tendency is reflected in a general trend towards changes in the dynamics of health information on a global scale, where young individuals increasingly depend on digital platforms as the initial point of contact in terms of health-related issues [13, 14]. Globally, studies have demonstrated that 70–80% of the internet users seek health information online, which supports the increasing reliance on digital health ecosystems [3]. Findings of this study therefore places students in this wider global digital health transformation.

Similar patterns shaped with contextual influences such as infrastructure and digital literacy have been observed in studies across sub-Saharan Africa showing that mobile technology has greatly increased access to health information, especially among the youth [12].

Key findings from this study shows that social media is the most common source of health information. This is consistent with the global trends in use of platforms like social media and video-sharing sites which are becoming more popular because its accessibility, visually appealing, and peer-driven [15]. Students have also reported similar trends in the Nigerian context, as they tend to use social media platforms as first-line sources of information, rather than traditional health websites [16]. In Africa, the trend is further enhanced by the low cost of accessing mobile data bundles which prefer social media to other internet usage. Nevertheless, as much as social media can improve the dissemination of information, its unregulated status poses a serious threat, especially the dissemination of fake information and health guidance that is not evidence-based [17, 18].

This study also indicates a severe lack of information validation among students. A significant percentage of respondents fail to confirm the credibility of the health information they find on the internet; similar result has been found in studies globally as people tend to depend on convenience and perceived credibility instead of accuracy [19]. Such behaviour has been associated with higher risks of self-diagnosis, unneeded anxiety, and improper health choices [20]. This issue is more acute in the Nigerian and the African context, where digital health literacy is not evenly distributed, and users might not have the required skills to judge online information critically. Notably, this research paper presents the dual influence of online health information. On the positive side, the respondents mentioned that their lifestyle behaviours have improved, such as dietary practices and health awareness. This result is aligned with the findings of research in Europe and Asia, in which digital health platforms have been identified to encourage preventive health behaviours and self-care practices [21]. In Nigeria, the same results have been documented, which validates that online health information can make a good tool of promoting the health of the population when used properly.

The study also reported some serious adverse consequences especially the high rate of self-medication using online information. This is similar to other research reports in Asia and other developing countries which indicate that people are more likely to bypass professional healthcare systems and turn to online consultations [22]. Access to healthcare in Nigeria might be hindered by cost and availability, thus this behaviour is further supported, and self-medication is a frequent yet dangerous coping strategy [23]. This highlights a significant public health issue, because improper use of drugs may cause complications, antimicrobial resistance and delayed treatment.

Another important finding from this study is that of internet access in the development of health information behaviour. Learners who were able to access steady WiFi connection had better access to more and reliable content, and learners who depended on mobile data access were more likely to read shorter and less informative

information. This is an African generalization on digital divide, in which internet access disparities have not only caused variations in the quantity of information accessed but also the quality of information accessed [24]. Therefore, as access is rising due to digital expansion, disparities in access remain to determine health outcomes.

Furthermore, the study observed that the attitude of students towards online health information is rather cautious but positive. Most of them thought it was helpful, but there were also issues regarding accuracy, conflicting information, privacy, and complexity of medical terminology. This is indicative of a rising degree of digital health awareness that is being witnessed across the world with its users becoming more aware of the advantages and drawbacks of using online health sources [25, 26, 27]. Nevertheless, the fact that these issues have not been addressed is an indication that awareness alone is inadequate without the required skills to properly evaluate information.

5. Conclusion

This study demonstrates that online health information has become a significant determinant in health-seeking behaviour of undergraduate students, as a result of increased use of mobile internet and social media in Nigeria. Although it has positive effects, such as increased awareness and changing of lifestyles as students have easy access to health information, the results also indicate a high inclination to self-medication and recourse to unverified sources. In the Nigerian situation where the availability of affordable and timely healthcare services may be of limited nature, online information can be a first point of care. Nonetheless, this dependence can lead to poor health outcomes in the absence of proper digital health literacy and control over online content.

6. Limitations

The study was carried out in one university, which might not be a complete reflection of the different experiences of students in Nigeria. The use of cross-sectional design prevents the possibility of determining cause-effect relationships. Self-report data can be influenced by recall bias or the underreporting of some behaviours including self-medication. Also, the study did not address other systemic issues like healthcare cost, cultural beliefs, and health system challenges which are significant determinants of health-seeking behaviour in Nigeria.

Recommendations

Digital health literacy among university students in Nigeria should be enhanced to empower them to recognize credible information and prevent misinformation. There should also be increased regulation and monitoring of health information posted on social media by the government and health agencies. Besides their part, the public health campaigns in universities should be targeted at the health risks of self-medication and encouraging patients to use qualified healthcare providers. Increasing cheap access to internet should be accompanied by the marketing of verified health sites.

Declarations

Ethics approval and consent to participate

Ethical approval for this study was obtained from the Research and Ethics Committee of the Department of Public Health, Federal University of Technology, Owerri, Nigeria. The study was carried out in accordance with the ethical

standards of the institutional research committee. Participants' informed consent was obtained before they were included for the study.

Consent for Publication

Not applicable.

Competing Interests

The authors state that they do not have any competing interests.

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Author Contribution

The study was conceived by NPI who developed the protocol framework and wrote the manuscript. ANC assisted in the study design and methodological refinement and intellectual critical revision of the manuscript. OJC contributed and offered methodology support and helped with data interpretation and revision of the manuscript. UMC was the overall supervisor, coordinator of the research process and the final approval of the manuscript. The final manuscript was read and approved by all authors.

Data Availability

The data produced in the course of this study can be got at the hands of the respective author, with the help of a reasonable request.

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Tables

Table 1: Sociodemographic Characteristics of Respondents

Variables	Response	n	%
Age (years)	16–19	129	36.9
	20–23	140	40.1
	24–27	78	22.4
	28 and above	2	0.6
Sex	Male	190	54.4
	Female	159	45.5
Hostel of Residence	Hostel A (Male)	120	34.4
	Hostel B (Male)	103	29.5
	Hostel C (Female)	88	25.2
	Hostel D (Female)	38	10.9

Table 2: Distribution of Respondents by Patterns of Online Health Information Usage

Variable	Response	n	%
Access to Wi-Fi in Hostel	No	39	11.2
	Yes	310	88.8
Types of Online Information Used for Health-Related Purposes	Nutrition	190	54.4
	Fitness/Exercise	160	45.8
	Disease prevention	175	50.1
	Symptoms and diagnosis	142	40.7
	Treatment and therapy	120	34.4
	Sexual & reproductive health	95	27.2
	Mental health & well-being	108	30.9
Frequency of Use of Online Health Information	Daily	98	28.1
	2–3 times a week	115	33.0
	Weekly	72	20.6
	Monthly	40	11.5
	Rarely	24	6.9
Time Spent per Session	< 30 minutes	115	33.0
	30 min – 1 hour	140	40.1
	1–2 hours	64	18.3
	> 2 hours	30	8.6
Device(s) Used to Access Online Health Information	Smartphone	280	80.2
	Tablet	65	18.6
	Laptop	150	43.0
	Desktop computer	45	12.9

Table 3: Distribution of Respondents by Sources of Online Health Information and Frequency of Use

Variables	Response	Frequency (n)	Percentage (%)	p-value
Online Forums	Daily	40	11.5	< 0.001
	Weekly	85	24.4	
	Monthly	110	31.5	
	Rarely	114	32.7	
Video Platforms	Daily	90	25.8	< 0.001
	Weekly	115	33	
	Monthly	80	22.9	
	Rarely	64	18.3	
Mobile Apps	Daily	60	17.2	< 0.001
	Weekly	95	27.2	
	Monthly	100	28.7	
	Rarely	94	26.9	
Health Websites	Daily	100	28.7	< 0.001
	Weekly	120	34.4	
	Monthly	80	22.9	
	Rarely	49	14	
Social media	Daily	140	40.1	< 0.001
	Weekly	110	31.5	
	Monthly	55	15.8	
	Rarely	44	12.6	

Table 4: Distribution of Respondents by Health-Seeking Behaviour after consulting online health information.

Variables	Response	n	%	p-value
Visiting a doctor	Always	65	18.6	< 0.001
	Often	80	22.9	
	Sometimes	120	34.4	
	Rarely	60	17.2	
	Never	24	6.9	
Self-Medicating	Always	70	20.1	< 0.001
	Often	95	27.2	
	Sometimes	100	28.7	
	Rarely	60	17.2	
	Never	24	6.9	
Consulting Family	Always	80	22.9	< 0.001
	Often	100	28.7	
	Sometimes	90	25.8	
	Rarely	54	15.5	
	Never	25	7.2	
Trying Alternative Therapy	Always	50	14.3	< 0.001
	Often	85	24.4	
	Sometimes	110	31.5	
	Rarely	70	20.1	
	Never	34	9.7	
Factors Influencing Health-Seeking Behaviors	Online health information	150	43	< 0.001
	Severity of symptoms	190	54.4	
	Cost of healthcare services	120	34.4	
	Recommendations from friends/family	95	27.2	
	Availability of healthcare services	135	38.7	

Table 5: Influence of Online Information on Health-Seeking Behaviour

Variables	Response	n	%	p-value
Has online health information influenced your health-seeking behaviours	Yes	260	74.5	<0.001
	No	89	25.5	
If yes, in what ways has it influenced your behaviour	Encouraged to visit a doctor	180	51.6	<0.001
	Led to self-medication	140	40.1	
	Changed diet/lifestyle	160	45.8	
	Gave confidence in managing health	120	34.4	
Types of decisions made based on online information	Medication choices	150	43	<0.001
	Lifestyle changes (exercise, diet)	170	48.7	
	Health service utilisation	120	34.4	
	Others	40	11.5	

Table 6: Respondents' Attitudes Towards Online Health Information

Variables	Response	n	%	p-value
Confident accuracy of online health information	Very confident	70	20.1	< 0.001
	Somewhat confident	140	40.1	
	Neutral	90	25.8	
	Not confident	49	14	
Is online health information useful	Very useful	150	43	< 0.001
	Somewhat useful	120	34.4	
	Neutral	50	14.3	
	Not useful	29	8.3	
What concerns do you have about using online health information?	Accuracy of the information	200	57.3	< 0.001
	Privacy and security risks	100	28.7	
	Contradictory advice from sources	150	43	
	Difficulty understanding jargon	80	22.9	