



Predictors of Social Media use for Reproductive Health Seeking Behaviour among Students of Tertiary Institutions in Bauchi State, Nigeria

Article Record

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Abstract

Background: Social media (SM) has emerged as a dominant communication platform. It encompasses interactive tools like social networking sites, blogs, and content-sharing platforms that allow user-generated content, distinguishing it from traditional media. This shift from a monologue to a dialogue-based model of information exchange presents new opportunities for health communication.

Objective: To assess the predictors, knowledge and strategies associated with the use of social media (SM) for accessing reproductive health (RH) information among tertiary institution students in Bauchi State, Nigeria.

Methods: A descriptive cross-sectional study was conducted among 407 respondents. Data was Analysed using SPSS version 20.0, chi-square tests and logistic regression was used to identify predictors of SM use for RH information-seeking.

Results: The mean age of respondents was 23.60 ± 4.90 years, majority were male (64.1%). About 83.2% had good knowledge of using SM for RH information. Common RH topics sought included sex education (33.0%), abstinence from premarital sex (24.5%), and prevention of sexually transmitted infections (40.1%). Key barriers were poor internet connection (39.5%) and high cost (37.2%). The primary suggested strategy for enhancement was improved SM connection (45.4%). Logistic regression identified age group (AOR=5.47, 95% CI: 2.10-14.21) and type of institution (AOR=8.80, 95% CI: 2.00-38.73) as significant predictors of SM use for RH seeking behaviour.

Conclusion: Social media is a significant source of RH information for students. To maximize its potentials institutions should integrate digital literacy and SM-based RH education into their program

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Keywords: *Social media, Reproductive Health, Bauchi*

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1. Introduction

Social media (SM) has evolved into a dominant communication platform, particularly among young people under the age of 45 [1]. It encompasses interactive tools like social networking sites, blogs, and content-sharing platforms that allow user-generated content, distinguishing it from traditional media [1]. This shift from a monologue to a dialogue-based model of information exchange presents new opportunities for health communication, including the potential for health professionals to disseminate information and for peers to offer support [2].

The means of seeking and sharing health information have transformed significantly [2]. For sexual and reproductive health (SRH), a critical area for adolescents and young adults, SM offers anonymity and ease of access, which can be advantageous for discussing sensitive topics often stigmatized in traditional settings [3, 4]. Young people globally bear a high burden of SRH challenges, including HIV/AIDS, other sexually transmitted infections (STIs), and unplanned pregnancies [5, 6]. In many

settings, including Nigeria, formal SRH education in institutions remains limited or censored [7], potentially driving youth to seek information from alternative sources like SM.

However, the use of SM for health information is not without risks. The lack of regulation can lead to misinformation, and excessive or unguided use may have negative consequences [8]. In Nigeria, with high internet and mobile phone penetration among youth, the link between SM and SRH behaviour is pronounced [9].

While existing studies have explored SM use broadly, there is a paucity of context-specific research on its role in SRH information-seeking among tertiary students in Northern Nigeria. This study, therefore, aimed to investigate the predictors, patterns, barriers, and facilitators of SM use for SRH information among tertiary institution students in Bauchi State, Nigeria.

2. Methods

2.1. Study design and area

A descriptive cross-sectional study was conducted in Bauchi State, North-East Nigeria. The state hosts several federal, state, and private tertiary institutions. The study sites included Abubakar Tafawa Balewa University (ATBU), Bauchi State University Gadau (BASUG), Federal Polytechnic Bauchi, Abubakar Tatari Ali Polytechnic, and the College of Education, Kangare.

2.2. Study population and sampling

The study population comprised students of the selected tertiary institutions. Students who were too sick or absent during data collection were excluded. The minimum sample size was calculated as 384 using the formula for single proportions, with a 52% awareness rate from a previous study [10], a 95% confidence level, and a 5% margin of error. After adding 10% for non-response, a sample size of 423 was used.

A multistage sampling technique was employed. Four institutions (25% of 16) were purposively selected. From each, 25% of faculties were selected, followed by 25% of departments within those faculties. Finally, respondents were selected from the sampled departments using systematic random sampling.

2.3. Data collection and instrument

Quantitative data were collected using a pre-tested, semi-structured, self-administered questionnaire adapted from previous studies [10]. The questionnaire covered five sections: (A) socio-demographic characteristics, (B) knowledge of SM as an SRH source, (C) use of SM for SRH information, (D) SM as a source of SRH-seeking behaviour, and (E) the relationship between SM use and SRH-seeking behaviour.

2.4. Data management and analysis

Data were cleaned, entered into Microsoft Excel, and analyzed using IBM SPSS version 20.0. Descriptive statistics were presented using frequencies and percentages. Knowledge was scored on a 10-point scale and categorized as good (6-10) or poor (0-5). The Chi-square test was used to determine associations between variables, with statistical significance set at $p \leq 0.05$. Variables significant at $p \leq 0.10$ in bivariate analysis were entered into a binary logistic regression model to identify independent predictors.

2.5. Ethical considerations

Ethical approval was obtained from the Bauchi State Research Ethical Committee. Permission was also sought from the heads of the respective institutions. Written informed consent was obtained from all participants, and confidentiality was maintained throughout the study.

3. Results

3.1. Socio-demographic characteristics

A total of 407 valid responses were retrieved from 423 distributed questionnaires, giving a 96.2% response rate. The mean age was 23.60 ± 4.90 years, with 68.3% aged 15-24 years. There were more males (64.1%) than females (35.9%). Most respondents were from universities (46.4%), followed by polytechnics (35.6%). The largest departmental representation was from Engineering (35.6%), and the majority were undergraduate students (41.3%) (Table 1).

Table 1. Socio-demographic Characteristics of the Respondents

Variables	Frequency	Percentage
Age Group (years)		
15 – 24	278	68.3
25 – 34	113	27.8
35 – 44	14	3.4
45 – 54	2	0.5
Sex		
Male	261	64.1
Female	146	35.9
Type of Institution		
University	189	46.4
Polytechnic	145	35.6
College of Education	73	18.0
Department		
Engineering	145	35.6
Economics	91	22.4
English/Social Studies	73	17.9
Vocational Training Ed.	56	13.8
Biological Sciences	42	10.3
Programme		
Undergraduate	168	41.3
ND	82	20.1
HND	63	15.5
NCE	46	11.3
Certificate	27	6.6
Postgraduate	21	5.2

3.2. Knowledge of social media for SRH information

Most respondents (83.2%) had good knowledge of using SM for RH information. The primary RH topics sought via SM were: methods to avoid STIs (40.1%), general sex education (33.0%), abstinence from premarital sex (24.5%), and avoidance of sexual abuse (25.1%). The main reasons for preferring SM were its perceived wealth of information (37.8%) and the privacy it offers (28.9%).

3.3. Barriers and strategies related to SM use for RH

The most frequently cited barriers to using SM for RH information were poor internet connection (39.5%) and the high cost of data/devices (Table 3).

Correspondingly, the top suggested strategies to enhance use were improved internet connection (45.4%) and reduced access costs (29.5%) (Table 4).

3.4. Predictors of SM use for SRH seeking behaviour

Bivariate analysis showed significant associations ($p < 0.05$) between SM use for SRH seeking behaviour and age group, type of institution, department, and type of programme (Table 5). After logistic regression analysis, age group and type of institution remained significant independent predictors.

Respondents in the younger age groups (15-24) were 5.5 times more likely to use SM for SRH information compared to older groups (Adjusted Odds Ratio, AOR=5.47, 95% CI: 2.10-14.21). University students were 8.8 times more likely to use SM for this purpose compared to their counterparts in other institutions (AOR=8.80, 95% CI: 2.00-38.73) (Table 5).

Table 2. Knowledge and Use of Social Media for RH Information

Variables	Frequency	Percentage
Knowledge Level		
Good (6–10)	339	83.2
Poor (0–5)	68	16.8
Indicate the RHI you have looked up or would enquire on social media:		
How to abstain from premarital sex?		
Yes	83	24.5
No	256	75.5
How to avoid contracting STDs?		
Yes	136	40.1
No	203	59.9
How to identify signs of STI?		
Yes	95	28.0
No	244	72.0
Health effects of female circumcision?		
Yes	49	14.5
No	290	85.5
Different methods of pregnancy prevention?		
Yes	72	21.2
No	267	78.8
Sexual abuse:		
Yes	85	25.1
No	254	74.9
How to maintain sexual hygiene:		
Yes	82	24.2
No	257	75.8
General sex education?		
Yes	112	33.0
No	227	67.0
Pornography display?		
Yes	27	8.0
No	312	92.0

Table 3. Barriers to Using Social Media for RH Information

Barriers	Frequency	Percentage
Poor social media connection	134	39.5
High cost of access tools	126	37.2
Parental restrictions	88	26.0
Limited device access	83	24.5
Ignorance of good SM sites	43	12.7
Ignorance of RH-seeking behaviour	42	12.4
Poor typing/search skills	28	8.3

Table 4. Suggested Strategies to Enhance SM Use for RH Information

Strategies	Frequency	Percentage
Improved SM connection	154	45.4
Acquisition of info literacy skills	103	30.4
Reduction in SM access cost	100	29.5
Improved SM search skills	89	26.3
Ownership of personal device	85	25.1
Enhanced computer skills	83	24.5
Less parental restriction	76	22.4

Table 5. Logistic Regression Analysis of Predictors of SM Use for SRH Seeking Behaviour

Variables	p-value	Adjusted OR	95% CI for AOR
Age group (15-24)	0.000*	5.467	2.103 – 14.213
Type of Institution	0.004*	8.804	2.001 – 38.731
Department	0.099	0.726	0.496 – 1.062
Programme	0.813	0.919	0.457 – 1.850

*Statistically significant

4. Discussion

This study found that SM is a widely used and recognized source of RH information among tertiary students in Bauchi State, with over 80% demonstrating good knowledge of its use for this purpose. This high awareness aligns with the global trend of youth engagement with digital platforms [3, 11]. The preference for SM was driven by its informational breadth and privacy, underscoring its value as a confidential space for addressing sensitive SRH topics often avoided in face-to-face interactions due to cultural stigma [4, 12].

The SRH topics sought—STI prevention, sex education, and abstinence—reflect the core concerns of this demographic. However, the lower reporting for topics like the health effects of female circumcision (14.5%) may indicate cultural sensitivities or a gap in available content [13]. The significant use of SM for “general sex education” may also serve as an umbrella term for those reluctant to specify precise needs, a behaviour noted in settings where adolescent sexuality is problematized [12].

Key barriers were infrastructural: poor internet connectivity and high access costs. This highlights a critical digital divide that limits the potential of SM as a health tool in this region, consistent with challenges noted in other low-resource settings [14]. The suggested strategies centred on mitigating these same barriers, emphasizing that improving physical and financial access is paramount.

The study identified younger age and being a university student as strong predictors of SM use for SRH information. The age finding is consistent with global patterns of digital adoption [1, 3]. The institutional effect may be related to differences in curriculum exposure, peer networks, or access to resources between university and non-university tertiary students.

A notable limitation was the hesitancy of some respondents, particularly females, to answer sensitive questions, potentially leading to social desirability bias. The cross-sectional design also limits causal inference. Furthermore, the findings are specific to Bauchi State and may not be generalizable to all Nigerian tertiary students.

5. Conclusion

Social media serves as a major, valued resource for RH information among tertiary students in Bauchi State, Nigeria. Its use is predicted by younger age and enrolment in a university. However, its effectiveness is hampered primarily by poor internet connectivity and the high cost of access.

5.1. Recommendations

1. Tertiary institutions and policymakers should collaborate with telecommunication companies to improve internet infrastructure on campuses and explore subsidized data plans for students.
2. Institutions should integrate comprehensive digital and health literacy training into orientation or general studies

programs to enhance students' skills in finding and evaluating online RH information.

3. Health promotion units within institutions should establish confidential, SM-based counselling services (e.g., via dedicated WhatsApp lines or Telegram bots) to provide accurate SRH information and referrals.
4. SRH educational programs on campus should be expanded to cover crucial topics like STI prevention, sexual hygiene, consent, and gender-based violence, complementing the information students seek online.
5. Future research should employ qualitative methods to gain deeper insights into the motivations, perceptions, and quality of information obtained through SM by this population.

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