Digital Media Representation of Women's Health Issues in Nigeria: A Study of the South-South and North-Central Regions

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ABSTRACT

Digital media has become a major source of informational tools for understanding health risks, mitigating and correcting misinformation, as well as shaping public understanding and health-seeking behavior. However, the main problem persists regarding the media tone, framing, representation, and accuracy of women's health issues online. This study investigates the digital media representation of women's health issues in South-South and North-Central Nigeria from January to December 2025. The study utilizes the mixed-method (convergent) approach. It also combines content analysis of sixty (60) social media posts with survey data collected from fifty-three (53) respondents across the two selected regions of Nigeria. The content analysis evaluates key health themes, which include: tone, accuracy of information, media framing, and engagement level. Also, the study survey examined public understanding, misinformation, misinterpretation, representations, and the influence digital media has on correcting these health issues and enabling informed healthcare decisions. The study recommended that digital media should extend media coverage beyond children and maternal healthcare, to include diverse crucial issues of women's health such as mental health, hormonal imbalance, Polycystic Ovary Syndrome (PCOS), menstrual cycles, and endometriosis; and also, that content creators, media influencers, and media practitioners should embrace new strategies of entrusting positive narratives which frame and portray women as active participants in their health determinations rather than passive recipients of care.

Keywords: Digital Media, Representation, Women's Health Issues, Nigeria

INTRODUCTION

In recent years, digital media has become a major driving force for advocating social change and promoting sustainable development in healthcare and health information worldwide, particularly in shaping public understanding, correcting misinformation and misrepresentation, and influencing responses to related health risks (Roy and Malloy, 2023). However, digital media is also seen as a significant tool that largely consolidates the world into a global family through the sharing of relevant information that connects people globally, including information on public health. It sheds light on health risks by advocating awareness of symptoms, stigmatization, mental illness, reproductive and hormonal health disparities, and maternal and child health issues, which are often closely linked to women's health risks (Vasudevan et al., 2025).

In Nigeria, the increasing use of social media and digital media channels has created new possibilities for public health communication and has led to emerging interventions in health awareness concerning women's health risks, such as Mobile Health (mHealth), Artificial Intelligence (AI), Chatbots, Telemedicine and Telehealth Platforms, and Social Media Algorithms and Data Analytics. These include

hormonal imbalances, Polycystic Ovary Syndrome (PCOS), menstruation cycles and related complications, child mortality, postpartum conditions, breast cancer, and fibroids (Moghimikandelousi et al., 2025). Raising awareness of these health risks faced by women through mass campaigns is significant in order to reduce stigma, encourage timely diagnosis and treatment, and promote health-seeking behavior (Roy and Malloy, 2023). Digital media platforms, particularly social media, play a role in creating awareness and enhancing public understanding, thereby influencing knowledge, attitudes, behavioural change, and health-seeking behaviour among women. These social media platforms, including Facebook, (X) formally as Twitter, WhatsApp, and Instagram, are generally used to share health risks, personal experiences, public opinion and validation, and advocacy campaigns, as well as to correct misinformation and disinformation, and disseminate professional health content related to women's health issues.

Despite these improvements, the digital space also presents more complicated issues, such as miscommunication, media and information overload, privacy and data security concerns, and digital health inequality, which may cause misuse of health data and unauthorized sharing of sensitive personal health information. The same platforms that promote health education and support can also expose women to objectification, harassment, and harmful social comparisons (Lasisi, 2024).

However, the representation of these issues in digital media remains limited and underexplored. A study shows that representational choices in Nigeria indicate that social media, emerging technologies, and mobile technologies have a significant effect on how women perceive and accept family planning information and make healthcare decisions, highlighting the transformative potential of digital platforms in health communication (Ayodeji, Oni & Ogunoye, 2025).

It is no longer news that the digital media spaces are replete with malformation, misinformation, disinformation, and misinterpretation of health issues, which can ultimately disturb how the public views and accepts health information related to women's health. A study conducted by Kuyinu, Femi Adebayo, Adebayo, Abdurraheem Salami, & Odusanya (2020), reveals that out of 1,831 adults in Lagos State, about 74.8 % of respondents had adequate health literacy when assessed with a standardized screening tool. This shows that there is a high level of health literacy in the urban areas of Nigeria, but one out of four persons still finds it difficult to communicate effectively through the use of digital media, even though the urban areas are better equipped with access to health messages. However, the limitations remain that misinformation or misrepresentation can be a major issue for those people with low health literacy, making them vulnerable and marginalized to health risks. Relatively, studies show that they are more low access to health information in rural areas in Nigeria; other factors include cultural and language barriers, and low formal education about health information (Chiweta-Oduah and Buchanan, 2025).

Moreover, this problem is compounded by the fact that women's health risks are not given the attention they deserve, unlike men's health, which often receives greater focus from researchers and government institutions. Studies show that men's and women's biology is not the same; women's biology is more complex, which makes it harder for many to fully understand how their bodies work and how to manage their health effectively. For example, the stigma surrounding menstrual disorders and other high-burden diseases of the female genital tract additionally contributes to societal tolerance of inadequate treatments and limited research investment. Another contributing factor is gender inequality, which is seen as a deep-rooted problem in the healthcare sector. When suffering from non-gender-specific health conditions, like cardiovascular diseases, women and girls are more frequently misdiagnosed and underdiagnosed than men and boys. (Temkin, Barr, Moore, Caviston, Regensteiner, & Clayton, 2023; Dahlman, Just, Munk Petersen, Valiant Lantz, & Würtz Kristiansen, 2023). Therefore, there is a need for stronger media campaign narratives that advocate against the underrepresentation and inaccurate framing of complex health issues related to women. Also, this disparity stems from the viewpoint that "women's health" is a niche, resulting in women-prevalent conditions being neglected and understudied by funding agencies, policymakers, and researchers. For example, media coverage often focuses on conventional health risks such as maternal and child health, which are largely subjected to gender bias and tend to position women as passive health consumers rather than active agents in their health decisions (Moghimikandelousi et al., 2025).

Nevertheless, the study aims to investigate how women's health is represented, underrepresented, misinterpreted, misinformed and understudied in the internet-based communication channels, particularly examining how it greatly affects women's perceptions and practices towards health behaviours, across various typical health risks related to women such as (Reproductive and hormonal health) – PCOS,

hormonal imbalances, menstruation, postpartum conditions, and maternal and child health, which comprises pregnancy, childbirth complications, child mortality, indicating the powerful role of digital health communication. The study aims to achieve an analysis of digital media representation of women's health issues in the South-South and North-Central regions of Nigeria.

Statement of the Problem

No doubt digital media has played a tangible role in health communication, women's health risks in Nigeria, remain underrepresented, misinterpreted, and in many cases misinformed and disinformed within the digital media spaces via various social media channels: Facebook, (X) formerly known as Twitter, WhatsApp, and Mobile Health (mHealth) such as MyChart, mDoc (Nigeria), and Ada Health which is seen as an AI-based checker intervention used globally for healthcare information and guidance. While all these platforms offer various opportunities to improve and promote access and awareness of health communication, and also prioritize traditional health issues like child and maternal health, with limited awareness of complex and less visible conditions such as Polycystic Ovary Syndrome (PCOS), menstruation-related issues, hormonal imbalances, postpartum conditions, and other chronic women's health concerns. However, this health imbalance is due to patterns of representation that contribute to persistent stigma, misinformation, understudying, and inadequate public understanding of women's health risks, especially in contexts of digital inequality, digital media, and poor health literacy, particularly among vulnerable populations, mostly in rural communities in Nigeria. Hence, how digital media frames women's health issues may influence women's health-seeking behaviour, policy attention from the government and NGOs, and the effectiveness of public health communication. There is, therefore, an important necessity for researchers and other health professionals to organize systematic research that investigates how digital media advocates correctly interpret, frame, and mitigate women's health issues in Nigeria and the implications of these representations for public awareness and health communication.

Objectives of the Study

The research objectives are:
1. To determine the key women's health issues represented in digital media in South-South and North-Central Nigeria.
2. To investigate the tone and framing of these health issues in digital media.
3. To assess the accuracy of information presented on women's health in digital media.
4. To assess how women's health issues are represented in digital media and their impact on public awareness and health-seeking behaviour in South-South and North-Central Nigeria.

Research Questions

The study seeks to find out:
1. What are the key women's health issues represented in digital media in South-South and North-Central Nigeria?
2. What are the tone and framing of these health issues in digital media?
3. What is the accuracy of information presented on women's health in digital media?
4. How does the representation of women's health issues in digital media influence public awareness and health-seeking behaviour in South-South and North-Central Nigeria?

LITERATURE REVIEW

Digital Media and Health Communication

Digital media has tremendously transformed health information globally through interactive engagement and the decentralised transmission of health communication, providing accurate information that enlightens and educates the masses on the causes, consequences, and prevention measures of health risks. The rise of social media platforms, which include Facebook, WhatsApp, Instagram, Telegram, and X (formerly Twitter), has shaped and developed the way people in today's world understand, access, and interpret health risk messages, and has created new strategies for organising campaigns, awareness, and promoting public health for the benefit of the masses in society (Nugroho et al., 2022; Shudifat et al., 2024). Scholars argue that culture and health significantly influence media content and the outcomes of healthcare

communication. The Institute of Medicine (2004) & Brooks et al. (2019), as cited in Nugroho et al. (2022) & Shudifat et al. (2024), emphasise that cultural context is a prerequisite for effective health communication strategies. This highlights the need for communication approaches that are sensitive to cultural diversity and responsive to differing perspectives in health information dissemination.

However, in today's society, many individuals, especially young people, are now more literate in using these channels, through which both health professionals and regulatory bodies can disseminate health topics, diseases, and preventive health behaviours, and through which the masses can relate to their messages more effectively. Another effective way healthcare professionals can relate their messages is through podcasts. Podcasts are a new-generation medium with which most younger generations engage and obtain meaningful information about their health, particularly in learning how to communicate their health effectively, handle stigma, and know what is best to do when faced with health risks. (Borges et al., 2024).

A Brazilian study involving elderly people and caregivers using the same educational technology also identified podcasts as an accessible, comprehensive, and low-cost means of information dissemination, making them a more relevant instrument in health education and socialisation. Social media is an ally in distance education, serving as a strategy to combat, mitigate, and correct misinformation and fake news during and after the COVID-19 pandemic, which is why disseminating accurate and easily accessible content to the population is essential (Borges et al., 2024).

A systematic review on social media and eHealth literacy, particularly on how social media usage influences both the support and challenges in the numerous ways people engage with health risk information online, reveals that social media can adequately promote access to health understanding and empower users. However, it also underlines the need to understand how eHealth literacy influences users' evaluation of online health content (Bonfadelli, 2023; Milanti et al., 2023). For example, on social media platforms like Facebook, X (formerly known as Twitter), Instagram, LinkedIn and WhatsApp, many users join groups focused on chronic health risks information that affect women's health, such as hormonal imbalances, Polycystic Ovary Syndrome (PCOS), postpartum conditions, breast cancer, menstruation cycles and related complications, child mortality, and fibroids, where they can share experiences, tips, and receive peer support. While these groups can influence, motivate, and empower patients with adequate knowledge, misinformation and misinterpretation may be transmitted if posts are not actively moderated by healthcare professionals.

Women's Health Issues in Nigeria

Currently in Nigeria, women's health remains a major public health issue, which is mainly shaped by their biological, socio-economic, cultural, and structural factors. Globally, women face more stigma, anxiety, depression, and pain due to the health risks they normally face throughout their lifetime, which most men cannot relate to. However, the range of health concerns that women have affects the quality of their lives, well-being, and overall productivity. Despite ongoing public health interventions, therapy, and disparities in access to healthcare, media representations, health literacy, and advocacy campaigns on health messages continue to influence how women's health is understood, addressed, and received by the public (Maričić et al., 2021).

The inflexibility of healthcare literacy and its impact on women's health are significant challenges for policymakers, especially for healthcare providers dealing with reproductive health issues of female populations in Nigeria and other countries around the globe. Meaningfully, a positive impact on health literacy can be achieved by promoting a healthy lifestyle, increasing the availability of reproductive health protection, and providing resources and funding for further research on women's health, and also empowering women to actively participate in the community. In addition, multidisciplinary work and cooperation of the Ministry of Health with various educational institutions, sports associations, public media advocacy, local self-government, non-governmental and humanitarian organisations, and relevant associations can significantly contribute to women's overall health and well-being both in Nigeria and other countries around the world (Basnyat et al., 2025).

Conventionally, women's health discourse in Nigeria has largely concentrated on child and maternal health, childbirth, and pregnancy problems, with delivery outcomes, infants, and maternal mortality, cesarean section, and several child survival issues dominating both policy priorities, media storytelling, and framing. While these areas remain dubious, given Nigeria's high infant and maternal

mortality rates increase, they outweigh other special areas of particular concern that mainly affect and cause more harm to women's health throughout their lifetime (Robinson & Adams, 2022).

However, beyond these commonly reported health issues by the media, there are several misinterpreted and underrepresented aspects of women's health problems that remain inadequately addressed or discussed and poorly understood among individuals in society. (Short & Zacher, 2022) These conditions include reproductive health issues, cesarean sections (CS), hormonal imbalance, menstruation-related complications, Polycystic Ovary Syndrome (PCOS), and postpartum conditions, which are receiving limited attention in digital media and public discussion (Critchley et al., 2020; Jiang, 2025). Yet, many women experiencing these conditions often face delayed diagnosis, misinformation, stigma, and inadequate support from families and loved ones due to limited information about symptoms, low awareness, and insufficient health communication on related issues, which can be more destructive than the problem itself.

Menstrual health is a vital aspect of overall health, as most women menstruate between menarche and menopause. However, tens of millions of women around the world struggle with menstruation complications regularly, and often severely disrupt their physical, mental, and social well-being, leaving them feeling depressed, with mood swings, anxiety, and frustrations. Improving our understanding of the underlying processes involved in menstruation, abnormal uterine bleeding, and other menstruation-related disorders will bring us closer to achieving personalized care (Jiang, 2025).

Furthermore, chronic reproductive and health risks and diseases among women include Urinary Tract Infections (UTIs), Vaginitis or Vaginal infections, Sexually transmitted infections (STIs), such as chlamydia, gonorrhea, human papillomavirus (HPV), Human Immunodeficiency Virus (HIV), which can impact reproductive health, and Pregnancy and Maternal Health Risks which mainly include, ectopic pregnancy, Gestational diabetes, Preeclampsia or Eclampsia, Postpartum haemorrhage, and Postpartum depression, often framed by both the media and society as deviance (taboo), or a private topic, which further reduces open conversation and access to accurate information in this area.

Tone and Framing of Women's Health Issues in Digital Media

Framing theory provides a powerful and useful perspective on having a better understanding of how digital media shape public viewpoints of women's health issues. Emanating from the works of Goffman (1974) and later expanded by Entman (1993), framing theory explains how the media select, emphasise, present, and interpret certain facets of reality while de-emphasising others (Anbarini et al., 2022). In communicating health risks, framing influences and impacts how audiences interpret health risks, in terms of responsibility, and decide whether to seek care. Within digital media spaces, framing is particularly powerful due to the speed, reach, and expressive nature of online content (Gantiva et al., 2021). Digital health content is generally utilised to create public awareness and socialise the public's knowledge through informative or sensational framing. However, informative content framing focuses on in-depth evidence-based explanations that are more detailed for the public to consume without confusion. It also provides algorithms that navigate users to easy ways to identify symptoms, prevention, and treatment options, often aiming to educate and empower digital users (Chen et al., 2025; Moghimikandelousi et al., 2025). In contrast, sensational framing exaggerates health risks, uses alarming headlines, or emphasises extreme results to attract attention. Such stories are more of sad "breaking news" designed to stir the public's emotions. Also, sensational digital media content may increase engagement, but it can also exacerbate fear, depression, anxiety, and misinformation, particularly around women's health conditions that are already poorly understood, misinterpreted, and understudied, such as hormonal disorders, PCOS, and reproductive health complications (Malhotra & Kempegowda, 2023).

Online misinformation, misinterpretation, and fake news can enormously harm women with Polycystic Ovary Syndrome (PCOS). False claims about PCOS's causes, symptoms, and treatments spread rapidly through social media, mHealth platforms, and websites, leading to more confusion and delayed medical care. However, unproven remedies promoted as cures can divert women from evidence-based management, worsening their health condition and mental well-being. Misinformation can influence lifestyle choices and behavioural attitudes, encouraging extreme diets and exercise routines that affect health negatively (Malhotra & Kempegowda, 2023). Distrust in medical professionals may arise, preventing informed decisions and proper care daily regarding women's health. Significantly, women are mostly portrayed as passive recipients of healthcare rather than making active decisions about issues relating to

their health. However, such gendered framing reinforces limited recognition and power imbalances of women's lived knowledge and experiences (Moghimikandelousi et al., 2025; Schoßböck, 2021).

Also, the emotional tone of digital media content, ranging from confirmatory and empathetic to judgmental or alarmist, further shapes public understanding and responses to women's health issues. In summary, the tone and framing of women's health content in digital media play a pivotal role in influencing the decision-making process, promoting awareness, mitigating and correcting misinformation, trust, stigma, and health-seeking behaviour, making it a vital area for systematic investigation.

Accuracy and Misinformation in Digital Media Health Content

Digital media information has rapidly increased daily, setting the agenda for public discussion, particularly regarding the healthcare delivery system; however, it also has the capacity to disseminate misinformation and disinformation, which tends to most time, misinterpret health risks, treatment, and prevention, making the information incorrect and misleading (Stimpson et al., 2024). The lack of regulatory standards for online healthcare content often worsens this issue, as evidenced by studies finding that websites providing information on problematic conditions like Polycystic Ovary Syndrome (PCOS) frequently fail to meet established quality criteria (Elhariry et al., 2022; Gomula et al., 2024).

Health misinformation can be seen as an unintentional false misleading information about health-related matters, which may sometimes be disseminated through ignorance or incorrect assumptions, leading people to believe it is factual, without necessarily intending harm. In contrast, disinformation involves fabricated information that is disseminated through deliberate measure to create and transmit false narratives and deceive the public about related health issues, with the intention of causing health risks or deaths to individuals (Rodrigues et al., 2024). Reproductive health misinformation has increased on digital media due to individuals' ideological campaigns and limited content which often misinform the public, and also insufficient moderation for reproductive health topics, threatening to harm health outcomes and compromise medical trust (John et al., 2024; Malki et al., 2023).

Hence, within the digital environment, these inaccuracies and misinterpretations can spread quickly due to illiteracy, ignorance, and the interactive and decentralised nature of social media platforms and mobile health (mHealth) applications. These platforms allow users to both produce and consume content, unlike traditional media, where gatekeeping restricts the dissemination of information, and content must be filtered or approved before being posted, shared, or reported. This reduction in editorial control increases the speed at which inaccurate content circulates to the public (Muñoz et al., 2024; Prokopović & Vujović, 2021).

Several inaccurate sources produce health information. These include social media platforms, such as WhatsApp, X (formerly known as Twitter), Instagram, Telegram, and Facebook, commercial advertisements, unverified personal testimonies, and opinion-based posts are often presented as medical facts (Catapani, 2024; Rodrigues et al., 2024). In mHealth spaces such as mDoc (Nigeria), MyChart, Ada Health, WhatsApp Health Bots / Chat Services, and Clue or Flo App, which focuse on ovulation, menstruation complications, and reproductive health tracking for women's health, while many applications are evidence-based, some lack proper restriction or professional oversight, leading to the circulation of incomplete or misleading health suggestions. The reliance on peer-shared content in online communities further complicates the verification of medical accuracy (Ferretti et al., 2023; Zhou et al., 2024).

Content creators, micro celebrities, and social media influencers play important roles in mitigating and amplifying health narratives. While some collaborate with medical and healthcare providers, others promote unverified drug remedies or treatments for their own financial benefits or to boost the audience engagement. Algorithmic amplification further strengthens misinformation on digital platforms, as social media platforms prioritise content that generates high engagement, regardless of its accuracy. Sensational, rumours, controversial posts, or emotional posts often receive more visibility than evidence-based information (Gram et al., 2025). This dynamic is worsened by the fact that a substantial portion of healthcare information on social media is disseminated by digital influencers and users who have built strong relationships with their followers over the years, establishing high levels of trust and belief, and loyalty with their followers, which can potentially promote adverse health risk behaviours (de Oliveira Collet et al., 2024).

However, in the Nigerian context, impediments to accurate narratives that fuel misinformation, disinformation, and misinterpretations are due to poor digital health literacy, uneven access to viable and

credible health information, and inadequate regulatory mechanisms for health messages, which mostly increase vulnerability to misinformation (Shudifat et al., 2024). Kbaier et al. (2024), note that fact-checking initiatives exist, but enforcement remains unreliable, especially on encrypted platforms like WhatsApp. Addressing these gaps needs robust regulatory frameworks, improved digital literacy, and collaboration between health specialists, online media practitioners, and technology companies to ensure that digital media serves as a trustworthy source of women's health information rather than a vehicle for misinformation and disinformation.

Digital Media, Public Awareness, and Health-Seeking Behaviour

The significant transformation of digital media has shaped how health messages are consumed, produced, and disseminated among individuals within society. Mobile applications, also known as mHealth, social media platforms, and online news media channels are now primary sources of health information, especially among women of reproductive age. Studies reveal that greater exposure to digital media is positively associated with the development of healthcare information, particularly in contexts where conventional health messages are limited (Shapna et al., 2025). Also, several studies suggest that internet usage has improved access to digital healthcare and has various benefits, including increased health knowledge, self-care abilities, and enhanced engagement with healthcare services through interactive features and widespread reach (Ayodeji et al., 2025; Chandra et al., 2024).

In recent years, the proliferation of the internet has revolutionised various aspects of daily life, including communication, socialisation, enlightenment, education, commerce, and healthcare, and as well as shaping perceptions of health risks, especially among populations in low- and middle-income countries (LMICs). However, despite the increasing availability of internet services globally, significant inequalities persist in terms of access, adoption, and usage, particularly among marginalized and underserved populations where socio-cultural, economic, and gender-based disparities are deeply rooted, limiting the potential of digital health resources to foster inclusive healthcare systems (Hadjiat, 2023; Gupta et al., 2025).

In Nigeria, online platforms have now become important instruments for disseminating women's health information, such as reproductive and maternal health content, thereby impacting public awareness and engagement with healthcare services. However, studies reveal that 68% of respondents reported improved antenatal care access through telemedicine and SMS reminders. Additionally, 34% leveraged mobile tools for income generation, which indirectly supported healthcare expenditures. Thematic analysis identified community-led training sessions and male advocacy campaigns as critical for bridging literacy gaps and challenging restrictive norms (Nasiru & Muazu, 2025). These interventions highlight how digital health mechanisms can be leveraged to enhance maternal healthcare access while fostering social, technological, and socio-economic development in regions like Toro, Bauchi State, where infrastructural deficits and patriarchal norms often hinder care (Nasiru & Muazu, 2025). Despite these promising developments in healthcare, a significant gendered digital divide persists, as evidenced by data demonstrating that while over half of men have reported using the internet, only one-third of women have done so, resulting in gender imbalance in access to online health information (Chandra et al., 2024). However, this disparity, often referred to as the digital divide, encompasses systematic differences between various groups and regions in the opportunity, ability, and capacity to engage with digital systems for self-improvement, particularly among vulnerable populations in Nigeria, including individuals in the North Central and South-South geopolitical regions.

Theoretical Framework
Uses and Gratifications Theory (UGT)

Uses and Gratifications Theory posits that individuals actively choose and use media to get satisfaction, and in return, rather than being passively influenced by it. The theory was propounded by Elihu Katz in 1974, shifting the focus from what media does to people to what people do with media (Udenigwe et al., 2022). By applying this framework, the study examines how Nigerian women intentionally and actively choose digital platforms that educate, socialise, and help them address specific health information needs, navigate social support networks, and manage personal well-being, rather than merely functioning as passive recipients of content (Lasisi, 2024; Udenigwe et al., 2022).

This theory provides a useful perspective for investigating the representation of women who actively make use of digital media to become informed about health risks. Unlike the traditional media theories that portrayed participants or audiences as passive respondents to information dissemination, uses and gratification theory (UGT) perceives audiences as active participants who intentionally select media channels that satisfy their specific needs, as demonstrated in selective influence processes such as selective attention, selective perception, selective retention, and selective exposure (Valkenburg, 2022;

Katz, Blumler, & Gurevitch, 1973). These needs may include social interaction, personal identity formation, information seeking, entertainment, and reassurance, particularly related to health risks for women in Nigeria. Nevertheless, this theoretical lens is especially relevant for understanding how women can develop public understanding of health-related health issues using digital media as tools and navigate the internet to seek reproductive health information, as the technology's attributes of anonymity and ease of access make it an attractive source for sensitive health issues among youth (Nwagwu, 2007). In studying the digital media representation of women's health issues in Nigeria, Uses and Gratifications Theory (UGT), provides a foundational framework for analysing what needs they aim to satisfy, why women choose specific platforms, and how these motivations shape public awareness, trust, and health-seeking behaviour.

RESEARCH METHOD

This study utilises a convergent mixed-method (triangulation) approach combining a quantitative survey and content analysis of digital media to investigate the representation of women's health issues in North-Central and South-South geopolitical regions of Nigeria (Silva et al., 2023). Digital media content was collected from social media platforms, including Instagram, Facebook, TikTok (formerly Twitter), and YouTube, which feature video, articles, and editorials related to reproductive health, menstruation, maternal health, and chronic health conditions affecting women's health, between January 2025 and December 2025. Data collection involved systematically gathering and archiving posts that met the inclusion criteria, ensuring a comprehensive dataset that captured the diversity of digital narratives surrounding women's health risks across the selected geopolitical regions of Nigeria (Nwagwu, 2007; Ofori et al., 2023).

A purposive sampling technique was employed to select content explicitly addressing women's health risks, while irrelevant content was excluded. The survey targeted adult participants aged 18 years and above, with female respondents, and employed a convenience sampling technique disseminated via social media links and online community forums to evaluate public understanding, perceptions, and the influence of digital media on health-seeking behaviour. However, the content analysis applied a coding framework based on framing theory, investigating tone and framing (informative vs. sensational; moralistic, fear-based, or medicalised), stigmatising vs. empowering representations, accuracy against evidence-based sources, and audience engagement metrics such as shares, comments, likes, and views to quantify the reach and impact of health communication messages (Chen et al., 2023; Muhtar et al., 2024).

Questionnaire Survey responses were examined using descriptive statistics to summarise awareness and behavior, and inferential statistics such as chi-square tests or ANOVA were used to examine the relationships between media exposure and health decisions. Ethical approval was obtained, survey participation was voluntary and anonymous, and only publicly available digital content was analyzed, with no personal identifiers included.

RESULTS AND DISCUSSION

This section presents the findings from the content analysis and quantitative survey of women's health posts collected from social media platforms across the South-South and North-Central regions of Nigeria between January and December 2025. It also reports the results of questionnaires administered within the two regions. The analysis focuses on post distribution, framing patterns, information accuracy, engagement levels, and statistical differences between regions.

A total of sixty (60) posts were analyzed, with thirty (30) posts purposively sampled from each region. Additionally, one hundred (100) questionnaires were distributed, of which fifty-three (53) were properly completed and returned, representing a 45% response rate.

8.1 Section A: Content Analysis

Table 1: Monthly Content Analysis of Digital Media Posts on Women's Health in South-South and North-Central Nigeria (January–December 2025)

Month	Region	Platform /Source	No. of Posts	Theme	Tone	Accuracy	Engagement (Likes + Shares + Comments)
January	South-South	Facebook	45	Awareness	Informative	Accurate	1,230
January	North-Central	Instagram	38	Misinformation	Sensational	Misleading	980
February	South-South	X (Twitter)	50	Empowerment	Informative	Accurate	1,450
February	North-Central	WhatsApp Health Bot	42	Self-Care	Neutral	Accurate	870
March	South-South	Instagram	47	Misinformation	Fear-Based	Misleading	1,120
March	North-Central	Facebook	40	Awareness	Informative	Accurate	900
April	South-South	Flo App / Clue	35	Self-Care	Neutral	Accurate	640
April	North-Central	Telegram	33	Misinformation	Sensational	Misleading	710
May	South-South	WhatsApp Health Bot	38	Awareness	Informative	Accurate	880
May	North-Central	X (Twitter)	36	Empowerment	Informative	Accurate	770
June	South-South	Facebook	42	Misinformation	Sensational	Misleading	950
June	North-Central	Instagram	39	Self-Care	Neutral	Accurate	690
July	South-South	Instagram	40	Empowerment	Informative	Accurate	1,010
July	North-Central	WhatsApp Health Bot	35	Misinformation	Fear-Based	Misleading	710
August	South-South	Flo App / Clue	37	Self-Care	Neutral	Accurate	720
August	North-Central	Facebook	36	Awareness	Informative	Accurate	830
September	South-South	X (Twitter)	44	Misinformation	Sensational	Misleading	1,060
September	North-Central	Telegram	34	Self-Care	Neutral	Accurate	650

October	South-South	Instagram	41	Awareness	Informative	Accurate	890
October	North-Central	WhatsApp Health Bot	37	Misinformation	Fear-Based	Misleading	720
November	South-South	Facebook	39	Empowerment	Informative	Accurate	940
November	North-Central	X (Twitter)	35	Misinformation	Sensational	Misleading	710
December	South-South	Flo App / Clue	36	Self-Care	Neutral	Accurate	680
December	North-Central	Instagram	34	Awareness	Informative	Accurate	750

Distribution of Posts by Region
Table 2: Distribution of Analyzed Posts by Region

Region	Number of Posts	Percentage
South-South	30	50%
North-Central	30	50%
Total	60	100%

The table shows that the study maintained equal representation across regions, ensuring balance in comparative analysis. Each region contributed 50 percent of the total sampled posts, allowing direct comparison without sampling bias.

Framing of Women's Health Posts

Table 3: Framing Pattern of Women's Health Posts by Region

Framing Type	South-South (n=30)	North-Central (n=30)	Total
Informative	10 (33.3%)	15 (50%)	25
Sensational	12 (40%)	6 (20%)	18
Stigmatizing	5 (16.7%)	6 (20%)	11
Empowering	3 (10%)	3 (10%)	6
Total	30	30	60

Results indicate noticeable regional variation in framing. Sensational framing appeared more frequently in the South-South region (40%) compared with the North-Central (20%). Conversely, informative framing dominated posts originating from North-Central (50%), compared with 33.3% in South-South. However, stigmatizing framing occurred at moderate levels in both regions, while empowering content remained the least frequent framing type across both areas. These findings suggest that audiences in South-South were exposed more often to emotionally heightened or sensational health messaging, whereas North-Central audiences encountered relatively more informative content.

Accuracy of Health Information
Table 4: Accuracy of Health Information by Region

Accuracy Level	South-South	North-Central
Accurate	15 (50%)	20 (66.7%)
Partially Accurate	7 (23.3%)	5 (16.7%)
Misleading/False	8 (26.7%)	5 (16.7%)
Total	30	30

The results show that accurate information appeared more frequently in North-Central posts (66.7%) than in South-South (50%). Misleading or false information occurred more often in South-South posts (26.7%) compared to North-Central (16.7%). This pattern indicates that misinformation exposure was somewhat higher in the South-South region, while North-Central sources generally provided more accurate health messaging.

Engagement Levels by Region

Table 5: Mean Engagement Score by Region

Region	Mean Engagement	Standard Deviation
South-South	245.6	110.4
North-Central	182.3	95.7

The table indicates that posts from the South-South region generated higher average audience engagement compared to those from North-Central. This suggests that content originating from South-South platforms attracted more interaction, even though informational accuracy was comparatively lower. Higher engagement may be influenced by framing style, emotional appeal, or platform usage patterns.

Test of Regional Difference in Engagement

Table 6: Independent Samples t-test for Engagement Difference

Variable	t-value	p-value
Engagement by Region	2.34	0.023

The test result shows a p-value less than 0.05, indicating a statistically significant difference in engagement levels between regions. This means that regional location plays a meaningful role in determining how audiences interact with women's health content online.

8.2 Section B: Survey Analysis Section
8.2.1 Demographic of Respondents

Table 7: Age group of Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage

18-24 years	9	17%	17%	17%
25-34 years	23	43.4%	43.4%	60.4%
35-44 years	14	26.4%	26.4%	86.8%
45+ years	7	13.1%	13.2%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 7 shows that the majority of respondents fall within the 25–34 years age group (43.4%), indicating that young adults constitute the largest segment of the study population. This is followed by respondents aged 35–44 years (26.4%). Participants aged 18–24 years account for 17%, while those aged 45 years and above represent 13.1%. This suggests that the study largely reflects the perspectives of economically active and digitally engaged age groups.

Section A: Demographic of Respondents 1. Age group of Respondents
53 responses
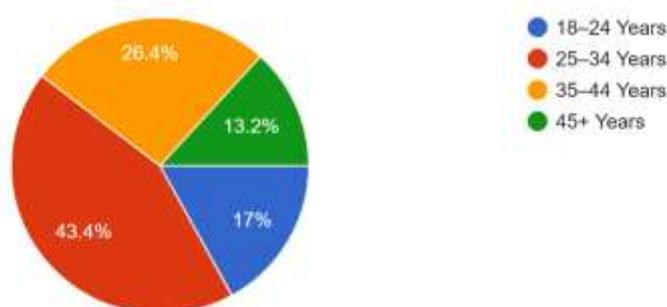
Table 8: Gender of Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Male	14	26.4%	26.4%	26.4%
Female	39	73.6%	73.6%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 8 shows that female respondents dominate the sample, accounting for 73.6% of participants, while males constitute 26.4%. This indicates that women are more represented in the survey, which may be relevant given the focus on women's health content.
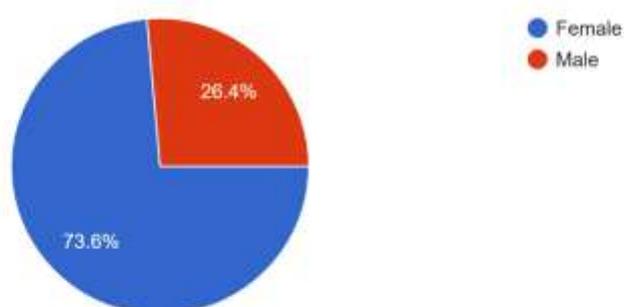
2. Gender of Respondents
53 responses

Table 9: Gender of Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage

South-South Nigeria	28	52.8%	52.8%	52.8%
North-Central Nigeria	25	47.1%	47.2%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 9 shows that respondents are fairly distributed across the two regions, with 52.8% residing in South-South Nigeria and 47.1% in North-Central Nigeria. This relatively balanced representation strengthens the regional comparison in the study.
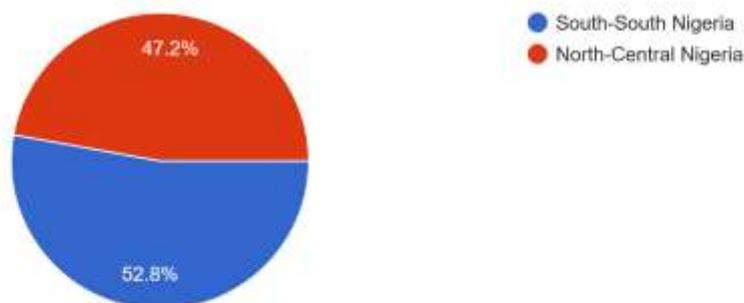
3. Region of Respondents

53 responses

Table 10: Educational Level of Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Secondary or below	1	1.9%	1.9%	1.9%
Diploma/NCE	6	11.3%	11.3%	13.2%
Bachelor's degree	22	41.5%	41.5%	54.7%
Postgraduate	24	45.2%	45.3%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 10 shows that most respondents are highly educated. A significant proportion possess postgraduate qualifications (45.2%), followed by those with a bachelor's degree (41.5%). Only 11.3% hold Diploma/NCE qualifications, and 1.9% have secondary education or below. This suggests that the findings largely reflect the views of an educated population.
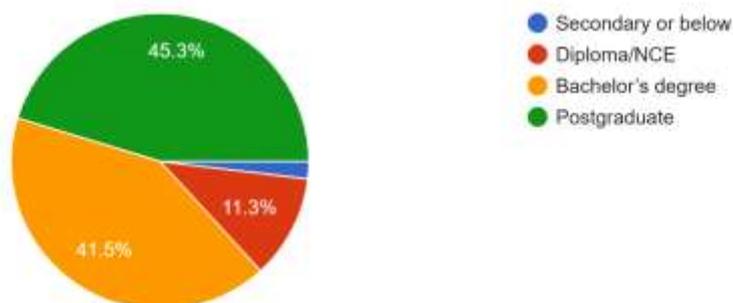
4. Educational level of Respondents

53 responses

Table 11: Primary Digital Platform Used for Health Information by Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage

Facebook	7	13.2%	13.2%	13.2%
WhatsApp	22	41.5%	41.5%	54.7%
Instagram	7	13.2%	13.2%	67.9%
X(Twitter)	2	3.8%	3.8%	71.7%
mHealth Apps	3	5.7%	5.7%	77.4%
Others	12	22.5%	22.6%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 11 shows that WhatsApp is the most commonly used digital platform for accessing health information (41.5%). This is followed by other platforms (22.5%), while Facebook and Instagram each account for 13.2%. X (Twitter) (3.8%) and mHealth apps (5.7%) are the least used. This indicates that messaging platforms play a major role in health information dissemination among respondents.

5. Primary digital platform used for health information of Respondents
53 responses
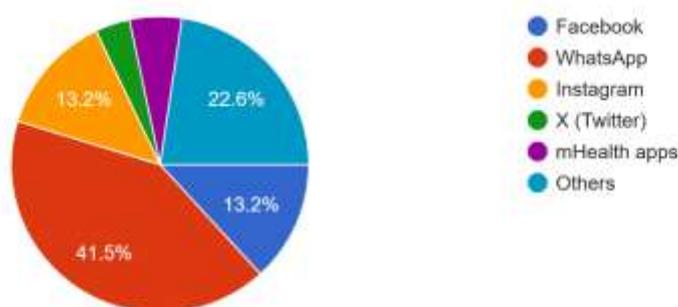
Table 12: Place of residence of Respondents

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Urban	33	62.3%	62.3%	62.3%
Semi-Urban	14	26.4%	26.4%	88.7%
Rural	6	11.2%	11.3%	100%
Total	**53**	**99.9%**	**100.00%**	

Source: Field Survey, 2026.

Table 12 shows that the majority of respondents reside in urban areas (62.3%), followed by semi-urban areas (26.4%), while only 11.2% live in rural areas. This suggests that the study findings may be more reflective of urban health information exposure and digital engagement patterns.

6. Place of residence of Respondents
53 responses
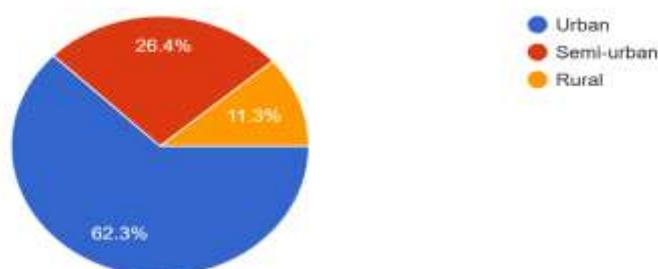
8.2.2 Section B:

**Objective 1: Key Women's Health Issues Represented in Digital Media**

Table 13: Digital media platforms in Nigeria mainly focus on maternal and child health, with limited attention to other women's health conditions.

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	5	9.4%	9.4%	9.4%
Disagree	8	15.1%	15.1%	24.5%
Neutral	5	9.4%	9.4%	33.9%
Strongly agree	26	49.1%	49.1%	83%
Agree	9	16%	17%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 13 shows that the majority of respondents (49.1% strongly agree and 16% agree) believe that digital media platforms in Nigeria mainly focus on maternal and child health, with limited attention to other women's health conditions. Only 24.5% disagree, while 9.4% remain neutral. This suggests a perceived imbalance in the thematic focus of women's health content online.

Section B: Psychologic of Respondents: Objective 1: Key Women's Health Issues Represented in Digital Media   7. Digital media platforms in Nigeri...imited attention to other women's health conditions.
53 responses
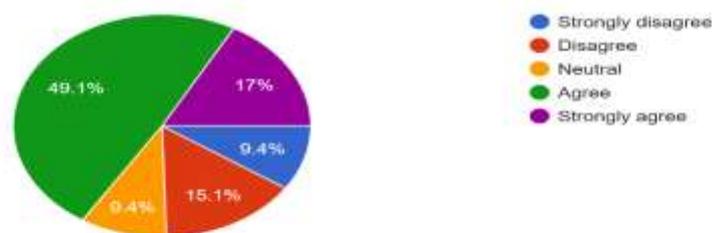
Table 14: Women's health issues, such as PCOS, hormonal imbalances, and menstruation-related complications, are underrepresented in digital media content.
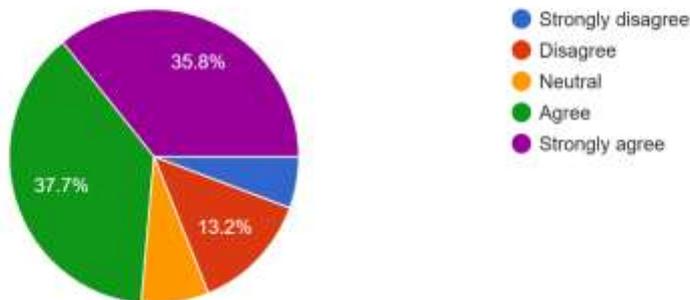
Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	3	5.7%	5.7%	5.7%
Disagree	7	13.2%	13.2%	18.9%
Neutral	4	7.5%	7.5%	26.4%
Strongly agree	20	37.7%	37.7%	64.1%
Agree	19	35.8%	35.9%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 14 shows that a significant proportion of respondents (37.7% strongly agree and 35.8% agree) believe that issues such as PCOS, hormonal imbalances, and menstruation-related complications are underrepresented in digital media. Only 18.9% disagree, and 7.5% remain neutral. This indicates strong agreement that non-maternal health concerns receive inadequate digital visibility.

8. Women's health issues such as PCOS, hormonal imbalances, and menstruation-related complications are underrepresented in digital media content.

53 responses

Objective 2: Tone and Framing of Women's Health Issues in Digital Media
Table 15: The way women's health issues are framed in digital media often reinforces stigma and stereotypes.

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	2	3.8%	3.8%	3.8%
Disagree	10	18.9%	18.9%	%
Neutral	12	22.6%	22.6%	%
Strongly agree	21	39.6%	39.6%	%
Agree	8	15.1%	15.1%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 15 shows that 54.7% of respondents (39.6% strongly agree and 15.1% agree) believe that digital media framing of women's health reinforces stigma and stereotypes. While 22.7% disagree and 22.6% are neutral, the dominant response suggests concern about negative or stereotypical portrayals.

Objective 2: Tone and Framing of Women's Health Issues in Digital Media   9. The way women's health issues are framed in digital media often reinforces stigma and stereotypes.

53 responses
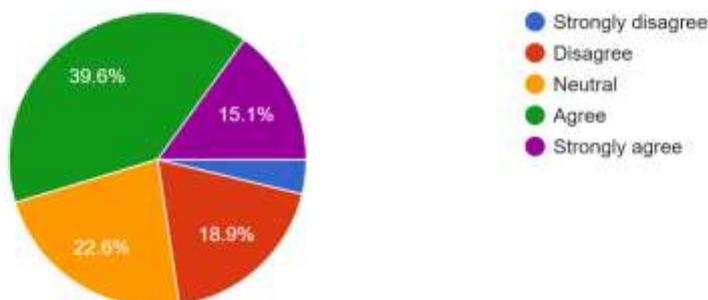
Table 16: Digital media presents women more as passive health recipients than as active decision-makers in their health care.
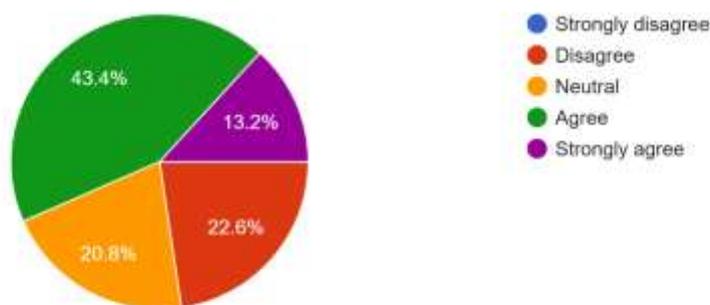
Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	-	-	-	-
Disagree	12	22.6%	22.6%	22.6%
Neutral	11	20.8%	20.8%	43.4%
Strongly agree	23	43.4%	43.4%	86.8%
Agree	7	13.1%	13.2%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 16 shows that a majority of respondents (43.4% strongly agree and 13.1% agree) believe that digital media presents women more as passive health recipients rather than active decision-makers. About 22.6% disagree, and 20.8% remain neutral. This indicates that many participants perceive digital narratives as limiting women's agency in healthcare decision-making.

10. Digital media presents women more as passive health recipients than as active decision-makers in their health care.

53 responses

Objective 3: Accuracy of Women's Health Information in Digital Media

**Table 17: A significant amount of women's health information on digital media is inaccurate or misleading.**

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	2	3.8%	3.8%	3.8%
Disagree	12	22.6%	22.6%	26.4%
Neutral	13	24.5%	24.5%	50.9%
Strongly agree	21	39.6%	39.6%	90.5%
Agree	5	9.4%	9.5%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 17 shows that nearly half of the respondents (39.6% strongly agree and 9.4% agree) believe that a significant amount of women's health information on digital media is inaccurate or misleading. While 26.4% disagree and 24.5% remain neutral, the findings point to widespread concern about information credibility.

Objective 3: Accuracy of Women's Health Information in Digital Media 11. A significant amount of women's health information on digital media is inaccurate or misleading.

53 responses
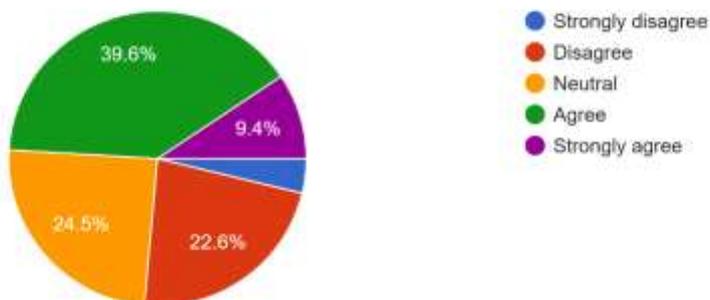
Table 18: Women's health content shared on social media is rarely verified by qualified health professionals.
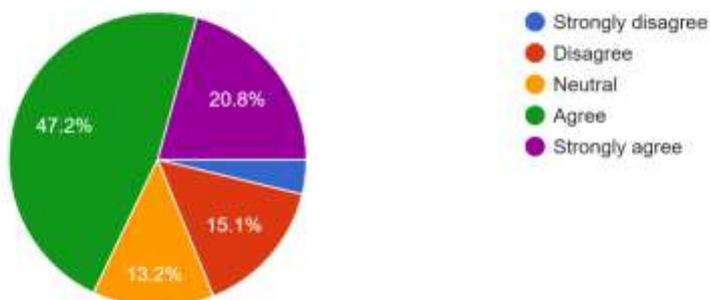
Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	2	3.8%	3.8%	3.8%
Disagree	8	15.1%	15.1%	18.9%
Neutral	7	13.2%	13.2%	32.1%
Strongly agree	25	47.2%	47.2%	79.3%
Agree	11	20.6%	20.7%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 18 shows that a strong majority (47.2% strongly agree and 20.6% agree) believe that women's health content shared on social media is rarely verified by qualified health professionals. Only 18.9% disagree. This reinforces concerns about the lack of professional oversight in online health communication.

12. Women's health content shared on social media is rarely verified by qualified health professionals.

53 responses

Objective 4: Implications for Public Awareness and Health-Seeking Behaviour

Table 19: Digital media representations of women's health influence how women perceive their own health risks.
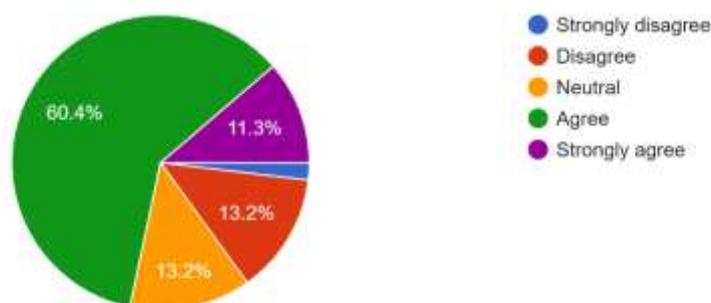
Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	1	1.9%	1.9%	1.9%
Disagree	7	13.2%	13.2%	15.1%
Neutral	7	13.2%	13.2%	28.3%
Strongly agree	32	60.4%	60.4%	88.7%
Agree	6	11.2%	11.3%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 19 shows that a large majority of respondents (60.4% strongly agree and 11.2% agree) believe that digital media representations influence how women perceive their health risks. With only 15.1% disagreeing, this suggests that digital media plays a significant role in shaping health awareness and risk perception.

Objective 4: Implications for Public Awareness and Health-Seeking Behaviour   13. Digital media representations of women's health influence how women perceive their own health risks.
53 responses

Table 20: Exposure to women's health information on digital media affects women's decisions to seek professional healthcare services

Variable	Frequency (n)	Percentage (%)	Valid Percentage	Cumulative Percentage
Strongly disagree	3	5.8%	5.8%	5.8%
Disagree	11	21.2%	21.2%	27%
Neutral	6	11.5%	11.5%	38.5%
Strongly agree	22	42.3%	42.3%	80.8%
Agree	10	19.2%	19.2%	100%
Total	**53**	**99.9%**	**100%**	

Source: Field Survey, 2026.

Table 20 shows that 61.5% of respondents (42.3% strongly agree and 19.2% agree) believe that exposure to women's health information on digital media affects women's decisions to seek professional healthcare services. Although 27% disagree and 11.5% remain neutral, the results indicate that digital health content significantly influences health-seeking behaviour.

14. Exposure to women's health information on digital media affects women's decisions to seek professional healthcare services.

52 responses
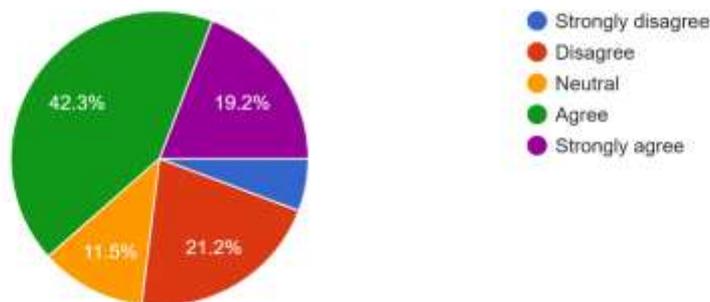
Findings

The findings of this study indicate significant patterns in the representation of women's health issues in digital media across the South-South and North-Central regions of Nigeria. Regarding Research Question One, respondents largely perceived that digital media content prioritises maternal and child health while underrepresenting other critical issues such as Polycystic Ovary Syndrome (PCOS), hormonal imbalances, and menstruation-related complications. This suggests a narrow thematic focus, where reproductive and maternal concerns dominate the media agenda at the expense of broader women's health realities.

For Research Question Two, the findings indicate that digital media framing often reinforces stigma and portrays women as passive recipients of healthcare rather than active decision-makers. Such framing aligns with scholarship showing that media narratives can shape social meaning and reinforce gendered stereotypes (Goffman, 1974). When women's health is framed in limited or stereotypical ways, it may influence public interpretation and normalise restrictive roles.

Concerning Research Question Three, a significant proportion of respondents expressed concern about the accuracy of women's health information on digital platforms, particularly regarding the lack of verification by qualified professionals. This aligns with existing research highlighting the prevalence of misinformation in digital health communication environments (Chou, Oh, & Klein, 2018).

For Research Question Four, the results demonstrate that digital media significantly influences women's perceptions of health risks and decisions to seek professional care. This supports evidence that media exposure can shape health awareness and behavioural intentions (Wakefield, Loken, & Hornik, 2010).

These findings strongly align with Agenda-Setting Theory. According to McCombs and Shaw (1972), the media may not tell people what to think, but it tells them what to think about. By emphasizing maternal health while marginalising other issues, digital media shapes public priorities regarding women's health. Furthermore, consistent exposure to particular frames may elevate certain topics in public consciousness, thereby influencing awareness and health-seeking behaviour. Thus, the study supports the agenda-setting proposition that media salience significantly shapes public perception and action.

CONCLUSION

This study examined the representation of women's health issues in digital media across the South-South and North-Central regions of Nigeria, focusing on issue prominence, framing, accuracy, and behavioural implications. The findings indicate that digital media content predominantly emphasizes maternal and child health, while other important women's health concerns such as hormonal disorders and reproductive complications receive comparatively limited attention. This imbalance reflects a selective pattern of issue salience, which shapes public awareness and priorities.

The study also revealed that the framing of women's health issues in digital media often reinforces passive portrayals of women, potentially sustaining stereotypes and limiting the perception of women as active decision-makers in their healthcare. Furthermore, concerns about misinformation and the lack of

professional verification highlight credibility gaps within digital health communication spaces. Importantly, the findings demonstrate that digital media significantly influences women's perceptions of health risks and their decisions to seek professional healthcare services.

However, the results underscore the powerful role of digital media in shaping health discourse, awareness, and behaviour, particularly within the Nigerian context.

RECOMMENDATIONS

The study recommends the following:

1. Digital media should extend media coverage beyond maternal and child healthcare, to deliberate on diverse and crucial issues of women's health such as mental health, hormonal imbalances, Polycystic Ovary Syndrome (PCOS), menstrual cycles, and endometriosis.
2. Content creators, media influencers, and media practitioners should embrace new strategies that promote positive narratives framing and portraying women as active participants in their health-decision making rather than passive recipients of care.
3. Media platform algorithms should be designed to support fact-checking health-related content before it is made available to users. In addition, verified and qualified healthcare professionals should review and approve such information prior to dissemination. Partnering with medical experts can enhance credibility and help reduce misinformation, disinformation, and public misinterpretation.
4. Public health agencies such as the World Health Organization (WHO), UNICEF, Pan American Health Organization (PAHO), the Centers for Disease Control and Prevention (CDC, USA), and educational institutions should focus more on promoting digital health literacy initiatives to help audiences critically evaluate online health information.

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