

## **Exploring the Use of Social Media for Adult Health Education: A Case Study of Aproko Doctor**

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### **Abstract**

*Adults engage with social media platforms like YouTube, X, Facebook, and Instagram for reasons such as connecting with people, marketing, professional networking, and seeking entertainment. While studies have examined social media engagement, limited focus has been given to the learning content and teaching strategies of Aproko Doctor, a Nigerian health content creator. This study explored the motivations behind subscribers following Aproko Doctor's social media channels, their learning outcomes, and the teaching methods used in his educational content delivery. A mixed-method research design was adopted, utilizing questionnaires and interview guides for data collection. Quantitative data were analysed using frequency counts and percentages, while thematic analysis was applied to qualitative data. Two hundred and seventy Aproko Doctor's subscribers were selected for the study. Findings showed that subscribers followed him for health updates, education, and his simplistic approach to content delivery. They reported learning to debunk health-related myths and adopting healthier habits. The demonstration method accompanied with humour and comedy is the most prominent teaching method and strategy adopted by Aproko Doctor. The study concludes that adult learners are motivated to follow health content creators for the learning outcomes and captivating teaching methods, highlighting social media's potential to enhance adult health education.*

**Keywords:** Social media, Adult learning, Health education, Teaching methods and strategies, Aproko Doctor

### **Introduction**

Social media, defined as internet-based applications that build on Web 2.0's ideological and technological foundations, facilitates the creation and exchange of user-generated content (Evans & Schenarts, 2016). It also serves as "computer-mediated communication channels" for real-time or asynchronous social interaction with broad or narrow audiences (Bayer, Trieu, & Ellison, 2020, p.472 cited in Jarman et al., 2022). There are a variety of social media platforms and categorisations available for users across different age groups, interests, professions and the likes. Social media is categorised/distinguished to include: social networking sites, social bookmarking,

social news, media sharing, blogs and microblogs, and online forums collaborative projects, content communities, virtual game worlds, and virtual communities. It also includes technologies that enable social media interactions such as list blogs, picture-sharing, vlogs, wall-postings, email, instant messaging, music sharing, crowdsourcing, etc. (Kaplan and Haenlein 2010 cited in Vaičiūnienė, Mažeikienė & Valūnaitė Oleškevičienė, 2013; Dollarhide, 2024).

Dollarhide (2024) gave analysis of some top used social media platforms as at January 2023 to include: Facebook (2.96 billion users), YouTube (2.51 billion users), WhatsApp (2 billion users), Instagram (2 billion users), WeChat (1.31 billion users), TikTok (1.05 billion users), Facebook Messenger (931 million users), Douyin (715 million users), Telegram (700 million users), Snapchat (635 million users). There are assertions that the use of social media continues to increase (Kemp, 2021). Compared to 2023 when there were 4.95 billion active social media users, there are now 5.17 billion active social media users globally (Backlinko Team, 2024). Social media serves diverse purposes, with Schou and Bucher (2023) cited in Behrend et al. (2024) highlighting its role in professional networking, particularly for non-traditional workers lacking formal union structures. Here, online social media forums such as Reddit has been used to facilitate collective action. Findings in a study by Das, Yearavdekar, and Singh (2024) which explored the usage, reasons and proposed features of social media networking platforms for improved experience among medical practitioners, revealed that network with industry professionals was one of the top three reasons driving medical practitioners' usage of social media platform. Findings further revealed that the prioritised order of social media platforms was LinkedIn, followed by Instagram, WhatsApp, Facebook, and Twitter.

Social media is widely recognized as a digital marketing channel that enables real-time communication with consumers through advertising, allowing marketers to engage with customers by linking their brands to key events, causes, and milestones (Appel, Grewal, Hadi & Stephen, 2020; Laradi et al., 2023). Marketers leverage social media due to its intersection with consumers' lives, touching various domains like travel (e.g., TripAdvisor), work (e.g., LinkedIn), food (e.g., Yelp), and music (e.g., Spotify). Social media has become a major source of entertainment, motivating users to engage with platforms to access, share, and discover new content in forms like

videos, images, and memes (Al-Menayes, 2015; Scholz, 2021 cited in Baskaran & Israel, 2023; Hatamleh, Aissani & Alduwairi, 2024).

Additionally, platforms like Instagram, Facebook, WhatsApp, TikTok, Twitter, and LinkedIn are highlighted for their role in targeted communication and information sharing (Correll, 2024 cited in Holton & Wynne, 2024). Scholars also acknowledge social media's potential to enhance teaching and learning, particularly through document exchange, virtual communication, and knowledge sharing (Hosen et al., 2021; Manca & Ranieri, 2017 cited in Perez et al., 2023). Manca's (2020) review of Instagram, Pinterest, Snapchat, and WhatsApp found that students primarily engage in content development and peer learning/assessment for educational purposes (cited in Perez et al., 2023).

In higher education, Al-Rahmi and Zeki (2017) cited in Hosen et al. (2021) found that students preferred social media over conventional learning methods to enhance knowledge sharing and improve learning performance due to its convenience. Vaičiūnienė, Mažeikienė, and Valūnaitė Oleškevičienė (2013) noted that social media can complement formal education by fostering creative collaboration in informal settings, where students share ideas and create new knowledge. Saini and Mir (2023) discussed the positive impacts of social media on education, including overcoming cultural and geographical boundaries to connect with educators and peers via platforms like Twitter now X, Facebook, and Instagram. These platforms facilitate discussions, provide valuable educational content (e.g., Pinterest, YouTube), promote personalized learning, and offer access to online courses through LinkedIn and Coursera. Additionally, they enable learners to showcase skills through digital portfolios and badges, and offer tools for immediate feedback through online polls and quizzes.

Kenan (2023) identified social media platforms like Instagram Live, YouTube Live, and LinkedIn Live as tools for streaming lectures and facilitating accessible learning. Platforms like X threads can also be used for practice quizzes, discussions, or chats with guest speakers, and Instagram is especially effective for digital storytelling.

From an adult learning perspective, Monyai and Mooloo (2022) highlighted a positive relationship between social media use and academic achievement, particularly through platforms like

WhatsApp, which helped overcome learning barriers and improved technological skills. Social media has also proven to be an effective tool for health education, encouraging intentional learning and behavior change (Hsu et al., 2018; Latha et al., 2020).

In line with the diverse motivations among social media users across different platforms, content creators reel out posts and materials to engage with and meet the interests and needs of their audience thus enhancing a sense of community and audience engagement. One of such content creators is Dr. Egemba Chinonso Fidelis popularly known as Aproko Doctor. He is a Nigerian medical doctor and renowned social media content creator who has carved a niche for himself through his medical initiative to spread health awareness to the public particularly as it concerned preventing lifestyle diseases since 2017. This medical initiative He creates contents on platforms like Facebook, Twitter, Instagram and YouTube where he focuses on promoting exercise, hydration, proper diet, proper hygiene, countering medical misinformation among others. Initially using lecture formats and graphic designs, he later incorporated memes, skits, pidgin, relatable slangs, humour, and storytelling to connect with his audience. He is passionate about increasing the knowledge of Nigerians and Africans about their health in a simplified and understandable way (Opara, 2022; BusinessDay, 2023).

When social media users engage with contents provided by creators, there are possibilities of the transmission of and/or acquisition of knowledge, skills, attitudes which could potentially lead to attitudinal or behavioural change. Wang, Dai, Li and Song (2021) and Hu and Noor (2024) emphasize that social media is a valuable tool for sharing knowledge, insights, and experiences. For example, in a systematic review of knowledge-sharing intentions on social media, Hu and Noor (2024) submitted that the use of social media accelerates the dissemination of knowledge, broadens the access channels to the knowledge shared and promotes global knowledge sharing and innovation. Similarly, Wang, Dai, Li and Song (2021) affirm that emerging social media platforms have become important in information-sharing and communication and are equally growing stronger in guiding public opinion thus becoming extremely useful for transmitting knowledge and shaping attitudes.

Typically, in the context of adult education, learning could be formal, non-formal or informal in nature. Formal learning being characterised as structured by professional educators, following a

defined curriculum, and frequently resulting in a recognized qualification take place in settings like universities, technical colleges, and workplace training programmes that are delivered in a sequential manner (Foley, 2004). Non-formal learning occurs outside formal settings, is somewhat organized, and aims to acquire specific knowledge or skills without formal accreditation, often in community programmes, apprenticeships, and professional development (Foley, 2004; Johnson & Majewska, 2022; Mejiuni, Cranton, & Táíwò, 2015). Informal learning is experiential, unstructured, and occurs through everyday interactions and life situations, whether consciously or unconsciously. Informal learning can take place in diverse settings, including work, leisure, community activities, and exposure to mass media (Mejiuni, Cranton & Táíwò, 2015).

The role of technology, especially social media, has significantly increased informal learning activities (Lee & Sing, 2013; Nguyen & Diederich, 2023). Closely linked with this is acknowledging that a variety of methods facilitate and sustain adult engagement and learning, depending on the target audience, content, or context. Common adult teaching methods include lecture, brainstorming, group discussions, role play, case study, games, and storytelling (Kamp, 2011). Social media content creators similarly use different methods in their delivery. Storytelling, for example, conveys a message or lesson through real-life examples, creating emotional connections with the audience (SkillGym, 2019; 5W Public Relations, n.d.).

This study will serve as a reference resource to appreciating the limitless possibilities of adult education meeting adults' educational needs in a changing world especially from very often taken for granted informal contexts. Additionally, the outcome of this research will enlighten adult educators, programme planners and other stakeholders about the creative use of techniques, strategies and methods that sustain adult learning across varied contexts and settings including the virtual space. The outcome of this study will encourage the advocacy for widening adults' access to education and learning irrespective of gap of distance and physical barriers.

### **Theoretical Framework**

This study is based on the uses and gratifications theory (UGT), developed by Lazarsfeld and Stanton (1944) to explain why people use mass media and the gratifications they derive from it. Gratifications refer to the rewards or satisfactions media users obtain (The University of Oklahoma, n.d.). The theory assumes that audiences are active in choosing content and are

conscious of their reasons for media use (Kasirye, 2024). Katz and Blumer (1974) expanded on this, adding five assumptions: media influences behaviour through psychological factors, media use is goal-oriented, media is selected based on user needs, media competes with other communication types, and users retain control over media, which significantly influences them (Kasirye, 2024).

UGT categories needs into four: diversion (escape from daily problems), personal relationships (companionship), personal identity (value reinforcement), and surveillance (information access for tasks) (Hajdarmataj & Paksoy, 2022). The theory involves stages: categorizing gratifications sought, studying audience motives, and linking media use to gratification (Sichach, 2023). Examples of media gratifications include information, education, guidance, advice, relaxation, social contact, and emotional release (McQuail, 2010 cited in Hajdarmataj & Paksoy, 2022).

In this study, UGT provides insights into why adults use social media, particularly for health education. It can help identify the motivations and gratifications adults seek from health-related content, as well as the types of content that meet their needs. The theory can also explain the extent of gratification after engaging with social media, especially in terms of learning outcomes.

Despite research exploring various motivations for social media use, little attention has been given to motivations among subscribers of health education content. While studies confirm that learning occurs through social media interactions, informal learning dynamics are often underexplored. Additionally, while the importance of teaching methods to enhance adult learning is recognized, little research has focused on the specific methods used by Aproko Doctor in his educational content delivery. Hence, this study examined the motivations behind subscribers following Aproko Doctor's social media channels, explored the learning outcomes they acquired, and identified the teaching methods used in his educational content delivery.

### **Research Questions**

To this end, the following research questions were developed to guide this study:

1. What are the motivations behind subscribers following Aproko Doctor's social media channels?
2. What are the learning outcomes subscribers acquired from Aproko Doctor's channels?

3. What teaching methods and strategies did Aproko Doctor use in his educational content delivery?

## **Methodology**

Quantitative and qualitative data collection methods were used in this study: an online structured questionnaire developed using Google Forms tagged: “Social Media for Adult Education and Learning Questionnaire (SMAELQ) which gathered quantitative data from respondents’ views based on their engagement with Aproko Doctor’s social media channels for health education, and an in-depth interview guide tagged: Social Media for Adult Education and Learning (SMAELIG) which was designed to explore qualitative insights regarding participants’ interactions with Aproko Doctor’s health education content. Recruitment was conducted through social media platforms (Facebook, WhatsApp, Instagram, X), with instruments distributed online both within and outside Nigeria for broader coverage. The study population comprised Aproko Doctor’s subscribers on Instagram, YouTube, X, and Facebook, from which a sample of 272 subscribers was selected. Of these, 252 respondents were chosen using simple random sampling, ensuring equal selection chances, while 20 participants were selected through purposive sampling based on their willingness to participate in the interview. Ethical considerations included obtaining consent from respondents upon clicking the questionnaire link, while participants signed written consent forms before interviews. Pseudonyms were used to ensure confidentiality. Quantitative data were analysed using frequency counts and percentages. The audio recorded interviews which lasted for approximately 15 to 25 minutes per participant were transcribed and analysed using thematic analysis which involves identifying, analysing this should come and interpreting themes within the data.

## **Results**

### **Socio-demographic Information of the Respondents and the Participants**

Tables 1 and 2 shows the socio-demographic information of the respondents and the participants.

**Table 1: Socio-demographic information of respondents**

Variables	Categories	Frequency	Percentage (%)
Gender	Female	187	76.3
	Male	56	22.9
	Prefer not to say	9	0.8
Religion	Christianity	218	86.6
	Islamic	31	12.1
	Traditional	3	0.12
Age	15-20	28	11.1
	20-25	140	55.6
	25-30	38	15.1
	30-35	20	7.9
	35-40	8	3.2
	40-45	12	4.8
	45-50	1	0.4
	50-55	2	0.8
	55-60	3	1.2
Educational Attainment	Primary School Certificate	1	0.4
	WASSCE/SSCE/NECO	43	17.1
	NCE/OND	11	4.4
	HND/Bachelor's Degree	168	66.7
	Postgraduate Diploma	3	1.2
	Master's Degree	20	7.9
	Doctorate	3	1.2
	Others	3	1.2

**Table 2: Profile of participants**

Pseudonym	Age	Sex	Educational Qualification	Religion
Taiwo	23	Female	Graduate	Christianity
Janet	20	Female	Undergraduate	Christianity
Ibesi	21	Female	Undergraduate	Islam
Favour	Early 20s	Female	Graduate	Christianity
Muodi	Early 20s	Female	Undergraduate	Christianity
Martina	25	Female	Undergraduate	Christianity
Dammy	Early 20s	Female	Graduate	Christianity
Mercy	Late 20s	Female	Graduate	Christianity
Busola	Early 20s	Female	Graduate	Islam
Stella	Early 20s	Female	Graduate	Christianity



Pseudonym	Age	Sex	Educational Qualification	Religion
Ade	23	Male	Prefer not to say	Christianity
Mr B	25	Male	Undergraduate	Christianity
Chris	Prefer not to say	Male	Prefer not to say	Christianity
Mr Y	25	Male	Undergraduate	Prefer not to say
Mr D	25	Male	Undergraduate	Prefer not to say
Olayinka	Prefer not to say	Male	Graduate	Prefer not to say
Ms Smile	Prefer not to say	Female	Graduate	Prefer not to say
Testimony	Early 20s	Female	Graduate	Prefer not to say
Chippy	25	Male	Graduate	Christianity
Miss Quest	Early 20s	Female	Undergraduate	Islam

Table 1 presents the socio-demographic information of respondents by gender, religion, age and educational attainment. A total of 252 respondents partook in the quantitative aspect of this study, while (187) 76.3% are female, (56) 22.9% are males while a small proportion (9) 0.8% preferred not to disclose their gender. Most respondents 218 (86.6%) are Christians, 31 (12.1%) are Muslims and three (0.12%) are Traditional worshippers. The age group with the highest representation is 20-25 years 140 (55.6%), this is followed by 25-30 years 38 (15.1%) and 15-20 years 28 (11.1%). The other age groups with smaller proportions are ages 30-35 years (20, 7.9%), 35-40 years (8, 3.2%), 40-45 years (12, 4.8%), 45-50 years (1, 0.4%), 50-55 years (2, 0.8%), and 55-60 years (3, 1.2%). In respect to respondents' educational attainment, majority 168 (66.7%) hold a Higher National Diploma (HND) or a Bachelor's Degree. Other levels of education include 43(17.1%) WASSC/SSCE/NECO, twenty (7.9%), Master's Degree, eleven (4.4%) NCE/OND and three (1.2%) Postgraduate Diplomas. A small proportion 1 (0.4%) has a Primary School Certificate while respondents in both the Doctorate and "others" category have 1 (0.4%) respectively. This analysis shows the prevalence of young, educated females within the data set, majority of whom are Christians.

On the other hand, Table 2 shows the pseudonyms, age, sex, educational qualification and religion of participants. A total of 20 participants were interviewed. These participants were identified by pseudonyms and are within early and late 20s although about three participants preferred not to disclose their age. Among the 20 participants 13 are females while seven are males. With regards to their educational qualifications, 10 are graduates, eight are undergraduates while two preferred not to disclose their qualifications. Twelve participants are Christians, three practice Islam while

five of them did not indicate the religion they profess. This indicates that majority of Aproko Doctor's reach is among young female Christians with university education.

**Research Question 1:** What are the motivations behind subscribers following Aproko Doctor's social Media channels?

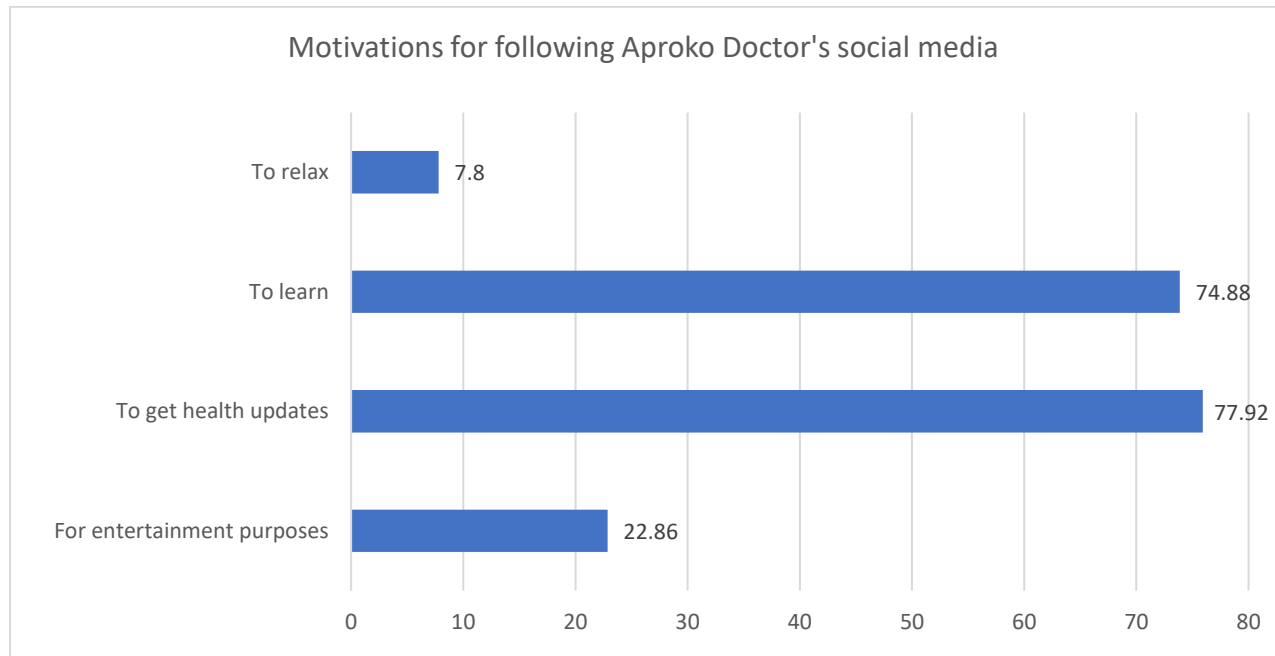


Figure 1: Motivations for following Aproko Doctor's social media channels

Figure 1 presents the results of the motivations for following Aproko Doctor's social media channels. On the figure, most respondents (77.9%) followed to get health updates, followed by 74.9% who followed to learn, 22.9% followed for entertainment purposes, and 7.8% followed for relaxation. From this, it can be concluded that most respondents followed to get updates and to learn.

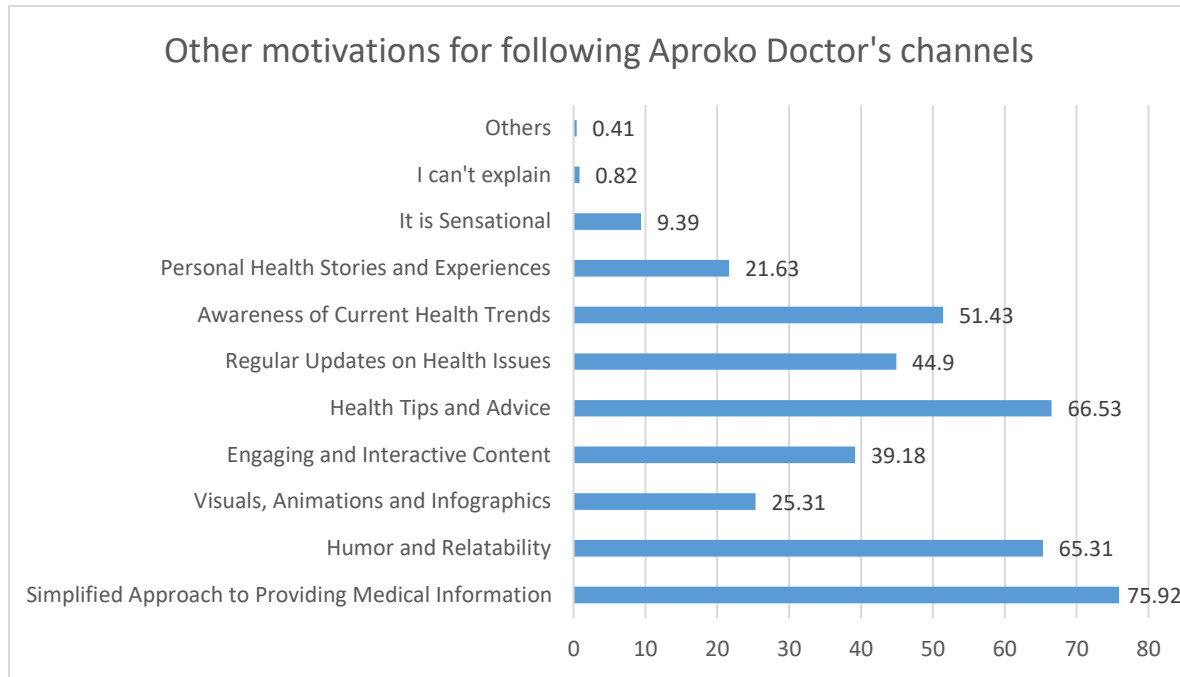


Figure 2: Other motivations for following Aproko Doctor's social media channels

Figure 2 shows that other motivations for following Aproko Doctor's channels are simplified approach to providing medical information ranked as highest with 76%, followed by for health tips and advice, with 66.5%. This is followed by humor and reliability with 65.3%. The least on the Figure include being sensational, with 9%, and respondents not been able to explain with 0.8%. From this, it can be concluded that respondents followed Aproko Doctor more because of his simplified approach and to get health tips.

The following themes emerged from the qualitative analysis:

### **Educational content**

Nine participants noted that the quest to learn was why they followed Aproko Doctor. They appreciate the educational nature of his content and how it improves their knowledge about health and well-being. For example, Testimony explained:

I follow Aproko Doctor because I want to learn more about my health. I have some personal health concerns, so I follow his page in case he talks about something related to my situation, so I know what to do and what to avoid.

Mr D also said, *"...his content is educative. He has a lot of knowledge and capacity. Whenever I watch his videos, I feel comfortable and intrigued to learn more. His content is engaging and makes you want to know more."*

### **Simplification of Complex Health Information**

Six participants noted the simplicity and accessibility of Aproko Doctor's content. They find his ability to break down complex medical terms into understandable language appealing Ade said, *"Aproko Doctor explains health issues in simple, relatable language that everyone can understand. This keeps me interested in his content."* Chris explained, *" he simplifies health information. He breaks it down in a way that even a layperson can understand."* Mr B added, ...the fact that I can relate to his posts. He communicates in simple language that makes his health content accessible to everyone. That's why I follow him and always check his new posts... even our parents, who don't have a medical background, can understand it. That's what sets him apart from other health sources.

### **Follow Content Quality and Delivery**

Five followers recognized the high quality of Aproko Doctor's videos and the concise, impactful way he delivered his messages. Muodi for instance noted: *"There's something about the quality of his video; his rendering, how he renders the message. Even the most critical biological term, he finds a way to break it in layman language."* Mr D stated, *"His content is engaging and makes you want to know more."*

### **Entertainment and Creativity**

Four followers indicated that the entertaining and engaging nature of Aproko Doctor's content which are combined with humour, memes, and creativity, attracted them to follow him on social media. Stella noted, *"His entertainment... the way he... put the memes together, and the information."* Ms Smile also noted, *"I like the way he shares health tips, especially the "Aproko" style of revealing things people may not know. He uses humour and breaks down health concepts in a way that's easy to understand."*

These findings are consistent with the quantitative findings in respect to the ability of Aproko Doctor's contents to meet the varied needs of his followers. The teaching and learning components

of his health contents, the simplification of seemingly complex topics present as the most prominent reasons for following Aproko Doctor. Additionally, the entertaining, practical relevance and relatable approach are complementary motivating factors for followers.

**Research Question 2:** What are the learning outcomes subscribers acquired from Aproko Doctor's channels?

**Table 3: Health knowledge and awareness of Aproko Doctor's followers on social media channels**

S/N	Items	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
1	The health topics or concepts from Aproko Doctor's content are important?	145 (57.5)	100 (39.7)	11 (4.4)	00 (0.0)	00 (0.0)
2	The knowledge gained from Aproko Doctor applies to my daily life?	90 (35.7)	129 (51.2)	31 (12.3)	2 (0.8)	00 (0.0)
3	There is a particular health topic covered by Aproko Doctor that you wish you had known about sooner?	72 (28.6)	115 (45.6)	59 (23.4)	5 (2)	1 (0.4)
4	Aproko Doctor's content has helped correct any health misconceptions you previously had?	104 (41.3)	12 (49.6)	18 (7.1)	4 (1.6)	1 (0.4)
5	I share Aproko Doctor's videos with others because I have learned so much and I want others to learn as well?	61 (24.2)	80 (31.7)	81 (32.1)	27 (10.7)	3 (1.2)

Table 3. presents the results of the health knowledge and awareness adult learners gain from following Aproko Doctor's social media channels. On the Table, results showed that respondents gained knowledge on correcting health misconceptions and knowledge on daily living from following Aproko Doctor.

Furthermore, in respect to research question two: what are the learning outcomes subscribers acquired from Aproko Doctor's channels? Respondents' specific learning on what they did differently is reported in Table 4.

**Table 4: Knowledge gained and changes made since subscribing to Aproko Doctor's channel**

Learning category	Examples	Percentage
Drinking Water and Hydration	Drinking water more, learning to hydrate, reducing soda intake, water therapy	25
Dietary Changes	Eating healthy, reducing sugar, sodium, and processed foods (e.g., sausages), boiling carrots	20
Personal Hygiene and Bathing	Using less sponge, avoiding soap on genitals, brushing habits, handwashing, shaving practices	15
Health Consciousness and Lifestyle	Taking health seriously, prioritizing rest, reducing stress, addressing health issues early	10
Misconceptions Corrected	MSG not harmful, avoiding late-night eating, not eating eggs frequently	10
Avoiding Harmful Practices	Stopping soda intake, using safe cooking materials, avoiding mixing Harpic and Hypo for cleaning	10
New Health Practices	Performing CPR, taking dewormers, managing fertility, being intentional about health checks	5
Nothing/Unchanged	Nothing new, there are no significant changes	5

Tables 3 and 4 highlight the learning and insights gained by Aproko Doctor's followers. Results from the survey show that a significant majority of respondents (57.5% strongly agree, 39.7% agree) view Aproko Doctor's health topics as important which indicates that his content focuses on health concerns that followers can identify with. About 86.9% of respondents combined strongly agreed and agreed that the knowledge gained from Aproko Doctor applies to their daily lives. Implying the practicability of the contents to followers. Respondents 45.6% and 28.6% agreed and strongly agreed respectively that Aproko Doctor's content corrected their previous health misconceptions. This aligns with Table 4 findings, where 10% of respondents reported addressing myths and misconceptions. Although 55.9% of respondents (strongly agree and agree combined) indicated sharing Aproko Doctor's content, 32.1% were neutral, suggesting that while the content is personally useful, not all followers actively share it.

From the qualitative analysis, participants' learning is thematised as:

**Debunking health-related myths and misconceptions**

Many participants shared how they had debunked health misconceptions through Aproko Doctor. For example, Favour learned that menstrual pain could signal other health issues, and Muodi debunked the myth that hunger causes ulcers. Olayinka, who previously believed that using rough sack sponges for bathing was best, changed his perspective after Aproko Doctor explained how such sponges can damage the skin. Favour and Ms. Smiles emphasized that Aproko Doctor provides evidence-based information, builds trust, and corrects common misunderstandings.

**Health-related attitudinal changes**

Followers indicated that they adopted healthier lifestyles and made more informed decisions based on Aproko Doctor's content. Olayinka, for instance, learned the importance of exercise and proper handwashing. Ade became more conscious of food choices after learning that hotdogs are as harmful as smoking. Testimony became intentional about staying hydrated, using an app to track water intake. Others, like Muodi, integrated more exercise into their routine, and Ibesei became more mindful of soda consumption.

**Knowledge sharing and health advocacy**

Aproko Doctor encourages his followers to share content, and many, including Taiwo, Ibesei, Martina, and Ade, attest to sharing health information with family and friends. Ade shared, *"I believe his content benefits those around me."* Testimony also shared content after learning about fibroids: *"His content is practical and educational."* Taiwo advocates for seeking medical help, saying, *"You should speak up! ... there are people who can help."*

**Broadened horizons about health conditions and management**

Participants also noted how Aproko Doctor expanded their knowledge of health conditions and how to manage them. Taiwo, for instance, learned about vaginismus and shared her newfound understanding. Others, like Ibesei and Muodi, learned more about cancer and diabetes, respectively.

The qualitative analysis shows that Aproko Doctor's content serve as a tool for debunking myths, fostering health advocacy, encouraging attitudinal changes, and broadening understanding of health conditions and management. Subscribers gain specific health knowledge and develop a

deeper overall understanding of health. These identified learning outcomes are in line with those identified in the results of the survey in Table 4.

**Research Question 3:** What teaching methods and strategies did Aproko Doctor adopt in his educational content delivery?

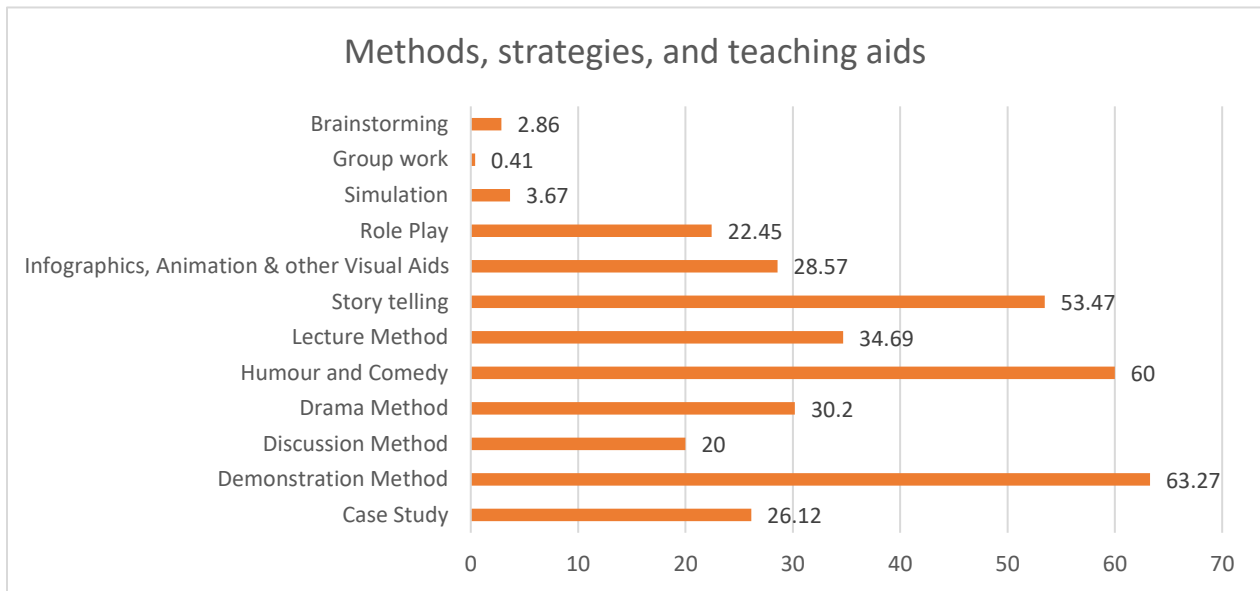


Figure 3: Methods, strategies, and teaching aids utilized by Aproko Doctor

Figure 3 shows the results of the methods, strategies, and teaching aids Aproko Doctor utilises for educational content delivery on social media. In Figure 2, the demonstration method ranked as the highest, with 63.3%, followed by humour and comedy with 60.0%, Next is storytelling with 53.5%, lecture method with 34.7% and drama method with 30.2%. The least of the methods include simulation with 3.7%, brainstorming with 2.9% and group work with 0.4%. From these, demonstration method, the use of humour and comedy, and storytelling are the most employed by Aproko Doctor in his content delivery on social media.

Results from the analysis of qualitative data are presented under the theme:

### Teaching methods, strategies and techniques

Participants identified various teaching methods used by Aproko Doctor in his educational content. Several participants highlighted the demonstration method, noting instances like Martina's



memory of Aproko Doctor's step-by-step guide on calorie calculation. Muodi and Chippy mentioned the use of dummies and simulations to explain complex health concepts. Damilola, Busola, Ade, Mr. B., and Christian emphasized their preference for Aproko Doctor's short, focused video formats, citing their clarity and retention benefits. Christian noted, *"His brief content is easier to digest,"* while Mr. Y. highlighted the effectiveness of the videos in explaining complex medical conditions.

Humour and memes were also mentioned as key elements, with participants noting that they enhanced retention and made learning enjoyable. Testimony said, *"The humor makes you want to keep watching while learning."*

Storytelling was another widely used strategy, with Ms. Smiles appreciating the relatable characters, like "Nkechi" and "Emeka," that simplified health information. Olayinka also noted that the use of Nigerian Pidgin English made the content easier to remember. Participants also identified infographics and virtual storytelling, combining graphics with verbal explanations, as effective teaching tools.

The qualitative findings align with the quantitative results, confirming the effectiveness of demonstration, humour, storytelling, infographics, and visual aids.

### **Discussion of Findings**

The findings related to the first research objective revealed diverse motivations for following Aproko Doctor's social media channels, with a primary focus on obtaining health-related information and education. This aligns with Hsu et al. (2018) and Latha et al. (2020), who recognize social media as a powerful tool for health education. While less common, entertainment and relaxation were also motivations, consistent with Al-Menayes (2015), Scholz (2021) cited in Baskaran & Israel (2023), and Hatamleh, Aissani, and Alduwairi (2024), who highlight social media's role in providing entertainment through images, videos, and memes. Additional motivations included a simplified approach to medical information, health tips, humor, and reliability, emphasizing the importance of accessibility and simplification in engaging followers. These motivations suggest that Aproko Doctor's content promotes health literacy. The simplified content delivery approach aligns with studies by Hosen et al. (2021) and Manca and Ranieri

(2017), which highlight social media's role in enhancing teaching and learning through virtual communication, document exchange, and knowledge sharing.

In line with the second research objective, which explored the learning acquired from Aproko Doctor's channels, findings revealed that subscribers gained varied health knowledge, including correcting misconceptions and practical advice for daily living. Aproko Doctor's content was deemed highly relevant, resonating with health concerns that followers identified with and considered essential. Many subscribers reported sharing Aproko Doctor's content, aligning with Al-Rahmi and Zeki (2017) cited in Hosen et al. (2021), who noted that social media enhances knowledge sharing and learning performance. The content also served as a tool for fostering attitudinal changes, promoting health advocacy, and broadening awareness of health conditions and management, as highlighted by Hsu et al. (2018) and Latha et al. (2020). Aproko Doctor's ability to deliver accessible, practical health education through social media aligns with Monyai and Mooloo (2022), who emphasized platforms like WhatsApp for overcoming learning barriers and enhancing technological proficiency. Additionally, the functionality of platforms such as Facebook, Instagram, and WhatsApp for targeted communication and information sharing, as noted by Correll (2024) cited in Holton and Wynne (2024), supports this approach. Subscribers also reported gaining specific knowledge on managing health conditions and making informed lifestyle choices, reflecting the transformative potential of accessible health education in fostering informed decision-making and promoting healthier behaviours.

In line with the third objective, which identified the teaching methods and strategies in Aproko Doctor's content delivery, findings revealed that Aproko Doctor uses varied methods and strategies, with the demonstration method being the most employed. Humour and comedy were also key strategies, alongside storytelling, which, infused with humour and Nigerian Pidgin English, made lessons relatable and memorable. These methods align with Kamp's (2011) list of effective adult teaching strategies. Findings also showed that short video formats and visual aids like infographics were effective for presenting information clearly and enhancing learning retention, supporting Mejiuni, Cranton, & Táíwò's (2015) acknowledgment of the role of technology in informal learning. Furthermore, Aproko Doctor's use of demonstration and storytelling aligns with Kenan's (2023) findings on social media platforms like Instagram and YouTube Live for accessible learning. Aproko Doctor's storytelling strategy, aimed at simplifying

health information, supports the idea that storytelling creates emotional links with audiences (SkillGym, 2019; 5W Public Relations, n.d.). The study also aligns with Lee and Sing (2013) and Nguyen and Diederich (2023), who note that social media fosters informal adult learning, where users engage with content to acquire knowledge and skills.

## **Conclusion**

From the findings of this study, it was concluded that adult learners are motivated to follow health content creators based on the learning outcomes they achieved and the engaging teaching methods employed thus highlighting the potential of social media to enhance adult health education and learning.

## **Recommendations**

Based on the findings of this study. The following recommendations were made:

1. Professionals with mandates to enhance adult education and learning should be encouraged to leverage social media and technology for educational content delivery. Additionally, adult educators should adopt simplified approaches, such as those used by Aproko Doctor, to effectively communicate complex medical concepts to non-medical audiences.
2. Beneficiaries of educational content should be encouraged to share valuable information, materials, and resources with others, while also being sensitized to recognize and seize learning opportunities in “ordinary” daily activities, such as browsing or using social media.
3. The use of short, concise videos, accompanied by memes, music, and humorous content, should be encouraged alongside other adult teaching methods to enhance knowledge retention.

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