

Social Media and Mental Health Information: The Input of Aproko Doctor's Facebook Page to Youths

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Abstract

This research evaluated how Aproko Doctor's Facebook page contributes to mental health awareness and message uptake among young people in Anyigba, a semi-urban community in Kogi State, Nigeria. Three objectives guided the investigation: determining the frequency of youth exposure to Aproko Doctor's posts, measuring the level of awareness generated, and assessing the degree to which mental health messages were adopted. The study drew upon the Uses and Gratifications Theory and Social Cognitive Theory as its theoretical framework. A survey design was adopted, with data gathered from 384 respondents aged 15–35 years through a structured questionnaire employing a 5-point Likert scale. Descriptive statistics comprising frequencies, percentages, and mean scores were computed using SPSS version 21. The results showed that respondents had considerable exposure to Aproko Doctor's posts and experienced notable improvements in mental health awareness, including better recognition of stress symptoms, dispelling of false beliefs, and stronger acknowledgment of the value of professional help. Adoption of health messages was moderate, as youths employed coping mechanisms and motivated their peers, but demonstrated reluctance to pursue professional treatment or abandon detrimental behaviors. The study concludes that although social media advocacy effectively raises awareness, supplementary offline initiatives and professional mental health services are essential to promote lasting behavioral transformation among young people.

Keywords: *social media, Aproko Doctor, Facebook, mental health awareness, youth adoption*

Introduction

The advent of social media represents one of the most transformative developments in modern communication, fundamentally altering how individuals connect, exchange information, and access resources. Digital tools, particularly social media platforms, are increasingly serving not merely as communication channels but as informal support networks capable of shaping emotional and psychological health (Klimczuk, Smith & Adeoye, 2025). According to Noor, Hassan, and Musa (2024), social media constitutes a revolutionary internet-based phenomenon that has dramatically reshaped global perspectives and become deeply embedded in contemporary society. Zsila and Reyes (2023) observe that since social media emerged in the early 2000s, communication has expanded through numerous additional channels and avenues. Within health communication specifically, platforms including Facebook, Twitter, and Instagram are being utilized more frequently to distribute medical information and encourage wellness. Kapoor, Dwivedi, Piercy, and Rana (2022) contend that social media has revolutionized health communication by enhancing

its immediacy, interactivity, and accessibility for younger demographics. Ventola (2014) further notes that these platforms enable healthcare practitioners and advocates to circumvent conventional media intermediaries and establish direct, meaningful engagement with audiences.

Concurrently, mental health has emerged as a pressing global concern, especially among young populations. The World Health Organization (2022) reports that one in seven adolescents experiences a mental disorder, with anxiety and depression being particularly prevalent. In Nigeria, this situation is exacerbated by socioeconomic difficulties including unemployment, poverty, and academic pressures, which have been associated with increasing instances of stress, depression, and substance misuse among youth (Nweze, Nwizi & Christian, 2021). Nnadi, Ugwu, and Nwabineli (2023) emphasize that stigma and inadequate access to professional care continue to impede help-seeking behaviors, leaving numerous young people without sufficient support.

The intersection of social media and mental health holds particular significance in the Nigerian environment. Ofili and Tobin-West (2021) note that Nigerian youth increasingly depend on social media for health information, addressing gaps left by an underfunded healthcare system. Adewumi (2023) observes that these platforms have become essential for health advocacy, especially in raising awareness about poorly understood or stigmatized conditions such as mental health disorders. Olaniran and Williams (2022) add that Facebook remains among the most frequently used platforms by Nigerian youth, positioning it as a strategic medium for mental health communication.

Within this framework, the contributions of Dr. Chinonso Egemba, widely recognized as Aproko Doctor, are particularly noteworthy. Through his Facebook page, he distributes concise, evidence-based, and culturally resonant health messages that strongly appeal to young audiences. Dada (2025) emphasizes how his humorous delivery enhances audience engagement, while Maduka (2025) points out that his professional medical credentials increase the perceived reliability of his content.

The tension between social media's capacity to promote mental health awareness and the uncertainty surrounding whether young people actually embrace such messages constitutes the core problem this study addresses. Although Aproko Doctor commands a substantial following and considerable influence, limited empirical research has examined the extent to which his Facebook advocacy affects the mental health of youth in specific local communities such as Anyigba. This investigation therefore aims to explore the influence of Aproko Doctor's Facebook page on the mental health of Anyigba's youth, concentrating on exposure, awareness, and message adoption.

The rise of social media has expanded health communication opportunities, enabling advocates and professionals to disseminate health information directly to audiences. In Nigeria, where healthcare access remains insufficient, social media platforms like Facebook have become essential channels through which young people access health messages (Ofili & Tobin-West, 2021). Mental health, specifically, has gained online visibility as advocates work to combat stigma and promote wellbeing. Nevertheless, questions persist regarding the practical influence of such campaigns on young people's everyday mental health practices.

This gap is especially significant in a community like Anyigba, which hosts a university and consequently contains numerous youths and adolescents confronting substantial mental health risks related to academic strain, peer pressure, unemployment, and social difficulties (Nweze, Nwizi & Christian, 2021). With restricted access to professional mental health services (Gureje,

Oladeji, Montgomery & Bello, 2019; WHO, 2022), young individuals may rely significantly on alternative sources such as social media for direction. Hence, there is a need to evaluate the impact of digital campaigns like Aproko Doctor's Facebook messages on youth mental health in this context, prompting this research.

Three objectives have been established to direct this study:

1. To examine the extent of exposure of youths in Anyigba to Aproko Doctor's Facebook page.
2. To determine the level of awareness of mental health issues created among youths through Aproko Doctor's Facebook messages.
3. To assess the extent of adoption of Aproko Doctor's mental health messages by youths in Anyigba.

Review of Literature

The key concepts of social media, Aproko Doctor, Facebook, mental health awareness, and youth adoption, along with relevant literature, are examined herein.

Social Media

Social media encompasses internet-based applications and platforms that enable the creation and sharing of user-generated content through virtual communities and networks (Kaplan & Haenlein, 2010). These platforms—including WhatsApp, Facebook, Twitter/X, Telegram, and Instagram—integrate text, images, audio, and video functions to facilitate communication. They serve multiple purposes, including professional communication, knowledge sharing and training, and, informally, social connection, humor, and peer support (Ngai et al., 2015). However, they also carry risks such as distraction, excessive use, and exposure to harmful material, which can negatively affect productivity and mental health (Turel & Serenko, 2012).

Research also highlights risks associated with excessive or problematic usage. The Global Burden of Disease Study (GBD Mental Disorders Collaborators, 2022) identified problematic internet and social media use as an emerging risk factor for adolescent anxiety and depression. A systematic review by Keles, McCrae, and Grealish (2020) found consistent links between high social media use and increased symptoms of anxiety, depression, and psychological distress in adolescents. Recent global surveys indicate that approximately 29% of adolescents report negative mental health effects from social media, primarily resulting from cyberbullying, social comparison, and sleep disruption (Pew Research Center, 2022). In Nigeria, Ofili and Tobin-West (2021) reported that excessive social media use among undergraduates correlated with higher stress levels, diminished academic performance, and poor sleep quality.

Mental Health

Mental health extends beyond the absence of illness to include positive states of emotional, psychological, and social wellbeing. It encompasses the capacity to manage daily stressors, sustain healthy relationships, and contribute productively to society (World Health Organization, 2020). Young people, in particular, encounter distinctive mental health challenges stemming from academic stress, unemployment, social pressures, and digital influences (Nnadi, Ugwu & Nwabineli, 2023).

According to the World Health Organization, mental health conditions remain a substantial global health concern, affecting roughly one in eight individuals worldwide. The burden of mental disorders increased considerably during the COVID-19 pandemic, with depression and anxiety rising by 25%. Suicide remains a serious public health issue, claiming approximately 703,000 lives annually and ranking as the fourth leading cause of death among individuals aged 15–29 years. Despite these high rates, the treatment gap is alarming: over 70% of people with mental health conditions in low-income countries receive no care, while governments allocate on average less than 2% of health budgets to mental health. Vulnerable groups, including adolescents (1 in 7 aged 10–19 years) and individuals in conflict settings (1 in 5 prevalence), experience disproportionate impacts.

For youth, mental health is especially critical given their exposure to stressors such as unemployment, academic pressure, and social instability (Nnadi, Ugwu & Nwabineli, 2023). Studies suggest that health education delivered through social media can reduce stigma, improve knowledge, and encourage proactive mental health behaviors (Maduka, 2025).

Social Media and Mental Health

The relationship between social media and mental health has generated considerable debate. On the positive side, social media offers emotional support, facilitates communication, and reduces isolation by connecting individuals with peers and communities (Nabi, Prestin & So, 2013; Best et al., 2014). Research in Nigeria similarly indicates that digital platforms help young people access mental health information, reduce stigma, and encourage peer support (Ofili & Tobin-West, 2021; Owolabi, Lawrence & Falade, 2024).

Conversely, evidence also points to risks. Excessive or maladaptive social media use has been associated with stress, anxiety, depression, and diminished self-esteem among adolescents (Andreassen et al., 2017; Keles et al., 2020). In the Nigerian context, Tanko and Akinro (2021) observed that overreliance on social media could intensify stress and restrict productivity. These divergent findings underscore the necessity for contextualized studies examining how young people interpret, internalize, and adopt mental health information from social platforms.

Social Media and Health Communication

Social media has transformed health communication by offering interactive platforms for direct health information sharing with audiences. Among these platforms, Facebook remains particularly influential due to its substantial youth user base, multimedia capabilities, and interactivity (Kapoor et al., 2022). Scholars argue that social media enables health communicators to bypass traditional media gatekeepers and deliver relatable, timely, and culturally appropriate content (Adewumi, 2023). In Nigeria, the emergence of health advocates such as Aproko Doctor highlights the increasing relevance of digital health promotion, particularly among youth who are both intensive social media users and vulnerable to mental health challenges (Dada, 2025).

Exposure, Awareness, and Adoption of Health Messages

Exposure constitutes the initial stage in media effects, referring to the extent to which individuals encounter messages. In health communication, exposure is commonly measured by the frequency and intensity of contact with media content (McQuail, 2010). Scholars contend that without sufficient exposure, subsequent stages such as awareness and adoption cannot occur (Wakefield,

Loken & Hornik, 2010). In the context of Aproko Doctor's Facebook page, exposure involves how frequently youth view his posts, the types of content they engage with, and their level of attention.

Awareness follows exposure and denotes the cognitive process of recognizing and comprehending a health issue as a consequence of media contact. Awareness campaigns are vital for reshaping attitudes and reducing stigma, especially in areas like mental health (Nweze, Nwizi & Christian, 2021). Social media platforms like Facebook are particularly effective for fostering awareness because they offer relatable narratives, user interactivity, and simplified explanations of complex health topics (Femi-Aderinto, 2024). Nonetheless, scholars caution that awareness does not automatically translate to behavior change unless reinforced by sustained engagement and trust in the message source (Tinuoye, 2025).

Adoption represents the behavioral phase where individuals integrate knowledge or recommendations from health messages into their everyday lives. In mental health, adoption may include practices such as stress management, seeking professional assistance, or discouraging harmful behaviors. Consequently, examining the extent to which Aproko Doctor's Facebook content not only raises awareness but also leads to adoption is central to this study.

Kapoor, Dwivedi, Piercy, and Rana (2022), in their article 'The Impact of Social Media on Health Communication: A Global Perspective', conducted a systematic literature review of 85 peer-reviewed studies published between 2010 and 2020. Their analysis demonstrated that social media platforms such as Facebook and Twitter allow health professionals to circumvent traditional media gatekeepers and communicate directly with audiences. They concluded that this interactivity enhances the cultural relevance and timeliness of health campaigns. This finding is significant to the present study as it underscores Facebook's credibility as a platform for distributing mental health information to young audiences.

Ofili and Tobin-West (2021), in their study 'Facebook Groups as Platforms for Peer-to-Peer Health Support in Nigeria', carried out a cross-sectional survey of 423 Facebook users in Port Harcourt using structured questionnaires. Their findings revealed that participation in health-related groups enhanced knowledge, created supportive peer networks, and encouraged open conversations on sensitive health issues. This demonstrates Facebook's potential to foster awareness and social support, which relates directly to this study's concern with youths' exposure to and awareness of mental health messages.

Okoro and Adediran (2020), in 'Social Media Campaigns and Adolescent Substance Abuse Awareness in Lagos, Nigeria', employed surveys and focus group discussions among 300 secondary school students. The results indicated that Facebook-based campaigns significantly improved awareness of substance abuse risks and preventive measures. This suggests that Facebook is an effective tool for health advocacy among adolescents. By implication, the platform may also serve as a viable channel for mental health awareness, which this study examines in Anyigba.

Nweze, Nwizi, and Christian (2021), in their work 'Social Media Use and Awareness of Mental Health Disorders among Nigerian University Students', adopted a survey method involving 250 undergraduates in Enugu. The study found that structured online campaigns increased awareness of depression and anxiety but also cautioned that misinformation was prevalent on social platforms. This underscores both the potential and the risks of social media for mental health education, making it relevant to this research's focus on accurate awareness and message adoption.

Nnadi, Okorie, and Agbo (2023), in 'Social Media, Stress, and Psychological Wellbeing of Adolescents in Nigeria', used a mixed-methods design combining questionnaires and focus group interviews with 200 adolescents. This contrast illustrates the ambivalent effects of social media on wellbeing and justifies the present study's attention to how specific health content on Facebook influences adoption of positive practices.

Femi-Aderinto (2024), in the article 'Digital Health Advocacy and Trust-Building: A Case Study of Aproko Doctor', applied content analysis of 50 Facebook posts and in-depth interviews with 30 young followers. The findings revealed that Aproko Doctor's humor, relatable storytelling, and reliance on evidence-based facts built trust and encouraged lifestyle changes. This study is directly relevant as it demonstrates how a single influencer can shape awareness and adoption of health practices, which the present research evaluates in the context of mental wellbeing.

Onuorji (2024), in 'Health Professionals as Influencers on TikTok and Facebook: Humor and Language as Tools for Mental Health Promotion', employed audience surveys with 400 Nigerian youths. The study showed that humorous skits, use of local languages, and visual storytelling enhanced retention and comprehension of health messages. This finding affirms the importance of communication style in awareness creation and message adoption, which parallels the approach employed by Aproko Doctor on Facebook.

Owolabi, Lawrence, and Falade (2024), in their study 'Media Influencers and the Destigmatization of Mental Illness in Nigeria', conducted a survey of 350 undergraduates across three universities. They concluded that digital influencers were effective in normalizing mental health conversations and reducing stigma among youths. This underscores the contribution of online advocates in reshaping perceptions of mental health, a focus that aligns with the objectives of the current study.

Olumuji and Akerele (2025), in 'Humor and Health: The Effectiveness of Social Media Skits in Motivating Youth Behavioral Change', carried out a descriptive survey of 280 young social media users in Lagos. Their findings indicated that humor and brevity were powerful factors in capturing attention and motivating short-term behavioral intentions. However, the study noted that attention does not necessarily translate into sustained adoption. This gap strengthens the rationale for the present study, which seeks to assess whether Aproko Doctor's Facebook messages influence long-term adoption of mental health practices.

From the reviewed studies, it is clear that Facebook and other social media platforms have become significant tools for health communication, contributing to increased awareness, peer support, and stigma reduction. Nonetheless, concerns remain about misinformation, stress from excessive use, and the gap between exposure and sustained adoption of practices. Few studies have investigated these issues within localized Nigerian communities, particularly in relation to a single digital health advocate such as Aproko Doctor. The present research addresses this gap by focusing on youths in Anyigba community.

This study finds the Uses and Gratifications Theory relevant because youths in Anyigba community do not consume media randomly. They are active users of Facebook who selectively follow and engage with Aproko Doctor's health content to meet informational and social needs. For instance, through his posts, they can acquire knowledge about mental health, relate the information to their personal experiences, and discuss or share it with peers. Thus, UGT provides the foundation for explaining the level of exposure to Aproko Doctor's Facebook page and why youths are motivated to engage with his content.

This study also adopts Social Cognitive Theory (SCT) because Aproko Doctor, as a digital health influencer, provides a model of positive health behavior for youths to observe and potentially imitate. By watching his Facebook posts—whether videos, infographics, or text—youths can learn about stress management, the importance of seeking help, and healthier coping strategies. The SCT therefore serves as a lens to explain how exposure to Aproko Doctor's content may translate into awareness and adoption of mental health practices.

Taken together, UGT and SCT provide a dual perspective for this research. While UGT explains the motivations that drive youths to seek out Aproko Doctor's content on Facebook, SCT explains how that exposure may influence awareness and adoption of mental health messages. The combined use of the two theories ensures a more comprehensive understanding of how social media health communication functions in this research.

Methodology

The study employed a survey design to collect data directly from respondents using a structured questionnaire. The population comprised youths in Anyigba community in Dekina Local Government, Kogi State, defined in line with the National Youth Policy (2019) as individuals aged 15–35 years. According to the National Population Commission (NPC, 2006), Anyigba had a total population of 81,323. Applying an average annual growth rate of 2.7% as reported by the National Bureau of Statistics (2023), the projected population of the community in 2025 is approximately 134,900. Based on national demographic distributions, youths (15–35 years) constitute about 30–35% of the total population (United Nations Population Fund, 2022), giving an estimated youth population of about 43,800 in 2025, which was adopted as the study population. The sample size was determined using Cochran's formula (1977) at a 95% confidence level and 5% margin of error, assuming a population proportion of 0.5. This yielded an initial sample size of 384, which was therefore adopted for the study.

The multi-stage sampling technique was used for sample selection. In total, 384 copies of the questionnaire were administered, in line with the computed sample size. Of these, 380 were retrieved, representing a response rate of over 98%. 370 copies of the questionnaire were found to be valid and were used for analysis, while 10 were discarded because they contained incomplete or inconsistent responses. The questionnaire, divided into four sections, covered demographics, exposure to Aproko Doctor's Facebook page, awareness of mental health issues, and adoption of messages. It was based on a 5-point Likert scale (Strongly Agree = 5 to Strongly Disagree = 1), with a decision rule that items scoring above 3 were accepted, while those below 3 were rejected. Distribution was carried out both physically and online to maximize participation.

Data were analyzed using descriptive statistics (frequencies, percentages, means, and standard deviations) with SPSS version 21 facilitating computation. Ethical protocols were observed, ensuring voluntary participation, informed consent, and confidentiality.

Data Presentation and Analysis

Table 1: Demographic Information of Respondents (N = 370)

Variable	Category	Frequency	Percentage (%)
Age	15–20	85	23.0
	21–26	132	35.8
	26–30	92	24.8
	31–35	61	16.4
	Total	370	100
Gender	Male	193	52.1
	Female	177	47.9
	Total	370	100
Education	Secondary	72	19.4
	Undergraduates	170	46.1
	Graduate	93	25.2
	Postgraduate	35	9.4
	Total	370	100
Occupation	Student	165	44.5
	Self-employed	80	21.5
	Civil servant	65	17.6
	Unemployed	47	12.7
	Others	13	3.6
	Total	370	100

Source: Field study, 2025

Table 1 presents the demographic profile of the respondents. In terms of age distribution, the largest group were youths between 21–25 years (132; 35.8%), followed by those aged 26–30 years (92; 24.8%), 15–20 years (85; 23.0%), and 31–35 years (61; 16.4%). This shows that the majority of participants fell within the younger segment of the youth category as defined by the Nigerian National Youth Policy.

Gender distribution was relatively balanced, with 193 males (52.1%) and 177 females (47.9%), indicating near-equal participation across gender lines and enhancing the representativeness of perspectives in the study.

In terms of educational background, most respondents were undergraduates (170; 46.1%), followed by graduates (93; 25.2%), secondary school leavers (72; 19.4%), and postgraduates (35; 9.4%). This reflects the predominance of students and emerging professionals in the study area, consistent with Anyigba's profile as a university town.

Regarding occupation, the largest category were students (165; 44.5%), followed by the self-employed (80; 21.5%), civil servants (65; 17.6%), unemployed youths (47; 12.7%), and others (13; 3.6%).

Table 2: Exposure to Aproko Doctor's Facebook Page (N = 370)

Item	Category	Frequency	Percentage (%)
Facebook usage	Daily	232	62.7
	Weekly	83	22.4
	Occasionally	39	10.6
	Rarely	16	4.3
Frequency of exposure to Aproko Doctor's Facebook page	Very often	139	37.6
	Often	110	29.7
	Sometimes	80	21.5
	Rarely	41	11.2
Time spent engaging	Less than 5 minutes	80	21.5
	5–10 minutes	119	32.1
	10–20 minutes	102	27.6
	More than 20 minutes	69	18.8

Source: Field study, 2025

Table 2 shows that a majority of respondents (62.7%) reported daily use of Facebook, while 22.4% used it weekly. Exposure to Aproko Doctor's content was also frequent, with 37.6% encountering his posts 'very often' and 29.7% 'often,' suggesting consistent visibility. Regarding engagement duration, most respondents (59.7%) spent between 5 and 20 minutes with his posts, indicating a reasonable depth of interaction. These results confirm that youths in Anyigba are not only active Facebook users but are also regularly exposed to Aproko Doctor's content for meaningful periods of time.

Table 3: Awareness of Mental Health Issues via Aproko Doctor's Content (N = 370)

Item	SA	A	N	D	SD	Total	Mean	Decision
Posts increased my knowledge of mental health issues	128	120	52	50	30	370	3.70	Accepted
Helped me recognize stress, anxiety or depression	120	128	54	48	30	370	3.68	Accepted
Made me more aware of the importance of seeking help	116	124	61	51	28	370	3.63	Accepted

Item	SA	A	N	D	SD	Total	Mean	Decision
Helped me correct misconceptions about mental health	111	121	67	53	28	370	3.58	Accepted
Cumulative Mean							3.65	Accepted

SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree. Decision rule: $M \geq 3.0$ = Accepted; $M < 3.0$ = Rejected.

Source: Field study, 2025

Table 3 reveals that all four awareness items were accepted, with mean scores above the decision threshold of 3. Respondents strongly agreed that Aproko Doctor's content increased their knowledge (Mean = 3.70) and improved their recognition of stress, anxiety, or depression (Mean = 3.68). Similarly, they affirmed that his posts emphasized the importance of seeking help (Mean = 3.63) and corrected misconceptions about mental health (Mean = 3.58). The cumulative mean of 3.65 confirms the effectiveness of Aproko Doctor's content in enhancing mental health awareness among youths in Anyigba community.

Table 4: Adoption of Mental Health Messages (N = 370)

Item	SA	A	N	D	SD	Total	Mean	Decision
Applied coping strategies to improve mental wellbeing	131	131	72	51	33	370	3.65	Accepted
Encouraged friends/peers to adopt positive practices	115	123	59	50	33	370	3.54	Accepted
More likely to seek professional help	69	77	72	87	75	370	2.88	Rejected
Reduced harmful habits (alcohol, poor sleep, isolation)	59	67	77	92	85	370	2.74	Rejected
Found content practical and applicable	119	122	54	53	30	370	3.67	Accepted
Cumulative Mean							3.32	Moderate

SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree. Decision rule: $M \geq 3.0$ = Accepted; $M < 3.0$ = Rejected.

Source: Field study, 2025

As presented in Table 4, respondents demonstrated a generally positive adoption of mental health messages. They reported applying coping strategies to improve their wellbeing ($M = 3.65$), encouraging peers to practice positive behaviors ($M = 3.54$), and finding the content practical and applicable to their daily lives ($M = 3.67$). However, two items fell below the acceptance threshold of 3.0 and were therefore rejected: being more likely to seek professional help ($M = 2.88$) and reducing harmful habits such as alcohol use, poor sleep, and isolation ($M = 2.74$). These results suggest that while the majority of the mental health messages were well received, there remain challenges with professional help-seeking and behavioral change regarding harmful practices.

Discussion of Findings

The results of this study demonstrate considerable levels of Facebook usage and engagement with Aproko Doctor's content among youths in Anyigba. A majority (62.7%) reported daily Facebook use, while 22.4% used it weekly. In terms of content exposure, 37.6% encountered Aproko Doctor's posts 'very often' and 29.7% 'often,' indicating consistent visibility. The time spent engaging was also meaningful, with most respondents (59.7%) spending 5–20 minutes on his content per session, and 18.8% engaging for longer than 20 minutes. These findings confirm that Aproko Doctor's posts enjoy consistent visibility and attention among young people in the study area.

These results align with Kapoor, Dwivedi, Piercy, and Rana (2022), who demonstrated that social media platforms allow health advocates to reach audiences directly, making campaigns timelier and culturally relevant. Similarly, Ofili and Tobin-West (2021) found that Facebook groups provided Nigerian youths with opportunities to exchange health information and form supportive peer networks. Both studies reinforce the evidence here that Facebook, as a platform, is well positioned to influence youth exposure to health content.

From a theoretical perspective, the Uses and Gratifications Theory (UGT) helps explain why youths actively follow and interact with Aproko Doctor's posts: they fulfill their informational needs about mental health and provide opportunities for peer discussions. The Social Cognitive Theory (SCT) also applies, as repeated exposure to a credible health influencer creates avenues for observational learning, modeling, and potential reinforcement.

Findings from Table 3 indicate that Aproko Doctor's content significantly enhanced awareness. Respondents agreed that his posts increased their knowledge of mental health ($M = 3.70$), helped them recognize stress, anxiety, or depression ($M = 3.68$), emphasized the importance of seeking help ($M = 3.63$), and corrected misconceptions ($M = 3.58$). With a cumulative mean of 3.65, all awareness indicators were accepted.

This outcome is consistent with Okoro and Adediran (2020), who found that Facebook-based campaigns significantly improved adolescents' awareness of substance abuse risks and prevention. Likewise, Nweze, Nwizi, and Christian (2021) observed that structured online campaigns increased students' understanding of depression and anxiety, though they warned about misinformation risks. These parallels support the present findings, showing that Facebook can serve as a powerful platform for raising mental health awareness.

The study's results are also in agreement with Femi-Aderinto (2024), who noted that Aproko Doctor's credibility and humorous communication style foster trust and make his messages more relatable to youths. Furthermore, Onuorji (2024) emphasized that humor, storytelling, and local language use enhance comprehension and retention of mental health messages, which explains why respondents in this study acknowledged improvements in knowledge and correction of misconceptions.

Within the UGT framework, these findings suggest that youths engage with Aproko Doctor's content to satisfy their need for information and personal relevance, while SCT shows that observing credible role models online enables the internalization of accurate mental health knowledge.

The adoption results present a mixed picture. Respondents reported positively applying coping strategies ($M = 3.65$), encouraging friends and peers to adopt positive practices ($M = 3.54$), and

finding the content practical and applicable ($M = 3.67$). However, they were less likely to seek professional help ($M = 2.88$) or reduce harmful habits such as alcohol use, poor sleep, and isolation ($M = 2.74$). The cumulative mean (3.32) shows that adoption was moderate overall.

These findings resonate with Olumuji and Akerele (2025), who observed that while social media skits successfully captured attention and motivated short-term behavioral intentions, they did not necessarily lead to long-term adoption. Similarly, Owolabi, Lawrence, and Falade (2024) found that media influencers were effective in destigmatizing mental health issues but that adoption of behaviors remained limited without supportive structures. Nnadi, Okorie, and Agbo (2023) also highlighted the challenges posed by stigma and limited access to professional services, which help explain why professional help-seeking in this study was low despite high awareness.

The findings can also be linked to Social Cognitive Theory (SCT), which emphasizes that while observational learning can lead to positive behavioral modeling (e.g., coping strategies, peer encouragement), reinforcement and self-efficacy are necessary for sustained adoption. The limited adoption of professional help-seeking reflects barriers beyond social media, such as cultural stigma and weak mental health infrastructure. Meanwhile, UGT highlights that while informational needs are being met, the structural environment influences the degree to which knowledge translates into behavior.

Conclusion and Recommendations

The results indicate that Aproko Doctor's Facebook page is not merely visible but impactful in shaping mental health awareness among youths in Anyigba. His capacity to communicate with humor, clarity, and evidence-based content has generated trust and visibility that traditional campaigns sometimes lack. The study also demonstrates, however, that awareness does not automatically translate into lasting behavioral change. While young people are learning, sharing, and experimenting with healthier coping strategies, they remain hesitant to take larger steps such as seeking therapy or abandoning harmful habits.

In essence, the study underscores both the promise and the limitations of social media health advocacy. Platforms like Facebook can successfully initiate conversations and challenge stigma, but for deeper behavioral change to occur, digital advocacy must be supplemented by offline interventions, professional services, and community-level efforts. Based on the findings of this study, the following recommendations are offered:

4. Since youths in Anyigba community showed high exposure to Aproko Doctor's content but only partial adoption of messages, digital health advocates should design more interactive strategies such as live Q&A sessions, testimonials, and collaborations with professionals to sustain engagement and guide audiences toward practical application.
5. While Aproko Doctor's relatable style effectively enhanced awareness, it was less successful in encouraging deeper behavioral changes like therapy-seeking. Health advocates are therefore encouraged to include referral links, helplines, and direct pathways to professional services alongside their content to bridge this gap.
6. Findings also highlighted that peer influence played a stronger role than formal health-seeking behaviors. To capitalize on this, influencers and NGOs should collaborate with youth ambassadors and community figures to reinforce online health campaigns with offline peer-led initiatives.

7. Given the critical role of social media in creating awareness, policymakers should integrate credible digital influencers into national and community-level mental health campaigns, while also ensuring that such campaigns are supported by affordable and accessible counseling and therapy services.
8. Although awareness was significantly raised, stigma and misinformation remain barriers. Policymakers and public health agencies should prioritize stigma-reduction campaigns, supported by strong regulatory frameworks to curb misinformation and amplify credible voices.
9. Schools and universities were shown to be strategic spaces for youth influence. Educational institutions should embed digital health literacy in their curricula and organize workshops that connect online campaigns with offline practices to foster continuity from exposure to adoption.
10. Finally, the study revealed a gap between awareness and sustained adoption. Future researchers are encouraged to conduct longitudinal studies to track behavioral outcomes over time, as well as comparative analyses across platforms such as TikTok, Instagram, and Facebook to identify the most effective channels for mental health advocacy.

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