

Influence of Digital Media Messages on Healthy Lifestyle of Academics in Southern Nigeria Universities

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Abstract : Lack of physical exercise, poor or unhealthy dieting and other unhealthy lifestyles are reported to be the cause of most non-communicable diseases, leading to the death of about 41 million deaths yearly. 77% of all the NCDs occur in the low and middle income countries, such as Nigeria. Despite the increasing volume of health messages on digital platforms, the number of deaths from NCDs, arising from unhealthy lifestyles, are still on the increase, raising question as to the influence such messages have on individuals. It is against this backdrop that the study seeks to find out the influence of digital media on the lifestyle of academics in Southern Nigeria. The study adopted the descriptive survey method to derive data from a sample size of 358, using the Multi-stage sampling technique. Out of the universities in Southern Nigeria, three (University of Nigeria, University of Benin and University of Lagos) were studied. Data were collected from respondents using the questionnaire. Data analysis was done using statistical tools like frequencies and percentages. The result indicated that exposure to digital messages on healthy lifestyle is high. The channel through which a higher percentage of respondents received digital messages on healthy lifestyle is social media. The result also shows that majority of them understood and complied with the messages. The study recommended the need for health promoters to leverage effective platforms and messaging strategies to further promote healthy behaviors.

Keywords: Digital media; Healthy Lifestyle; Non-communicable diseases; Exposure; Compliance

Introduction

Unhealthy lifestyles such as low physical activities, poor or unhealthy dieting, smoking, high alcohol intake etc, have been reported to lead to increasing rates of mortality around the globe (Zhao et al. 2020; English, 2021; Robb, 2023). In a report by World Health Organisation [WHO] (2023), these unhealthy lifestyles lead to non-communicable diseases (NCDs), which lead to the death of about 41 million people yearly, which is about 74% of all deaths and also 80% of all premature deaths globally. The WHO report also observed that 77% of all the non-communicable diseases take place in the low and middle income countries, of which Nigeria is one.

Even as no age group is exempted from deaths arising from NCDs, evidence shows that the most affected people are those in the older age brackets, as about 17 million NCD deaths take place before age 70 (WHO, 2023). The explanation of this is that people of all age brackets, including children are found to be susceptible to unhealthy lifestyles. Physical inactivity and unhealthy dieting, in most cases, result in high blood glucose, high blood lipids, high blood pressure, and obesity, and they are risk factors to cardiovascular disease. In fact, data from the Global Burden of Disease (2019) attributes about 830,000 global annual deaths to inadequate physical activities.

This situation has been partly blamed on advancements in technology, in forms of mechanization, which is said to have reduced physical activities and locomotion of individuals (Eshragi, et al., 2012). In fact, a study by Samson-Akpan, et al. (2013), reported that even though lecturers of higher institutions knew the necessity of maintaining a healthy lifestyle, their level of involvement practically, was low.

The increasing rate of NCDs, has grave socio-economic consequences. The above cited WHO report observed that its rising rate poses a challenge to WHO's 2030 Sustainable Development Goals Agenda of decreasing death probability from any of the four major NCDs in the age bracket of 30 – 70 years by one third. Another observed implication is that of poverty because the treatment of the diseases, which is in most cases protracted and expensive, is estimated to deplete the finances of most households.

It is in response to the risks posed by NCDs, that WHO (2023) calls on all sectors to join hands in promoting interventions that will curb it and encourage healthy lifestyle, using a comprehensive approach. One of the WHO recommended approaches is by focusing on the reduction of risk factors which are associated the diseases, such as unhealthy diets and physical inactivity. What then is a healthy lifestyle? The American Cancer Society (2022) sees it as a style of living which subscribes to regular physical exercise, eating well and avoidance of excess consumption of alcohol and tobacco. This

definition is similar to that of the WHO (2021) which states that it is a living style which involves eating healthy diet, maintenance of healthy weight and engaging in physical activities.

It is obvious that any intervention to encourage a healthy lifestyle must involve adequate and effective communication. Communication has been largely acknowledged as the sharing of information, ideas and opinion between or among a people. In modern society, exposure to multiple channels of information has led to a greater level of awareness and adoption of certain practices. Communication serves as a facilitator of social and behavioural change, as it largely facilitates the adoption of new method of doing things (Nancy & Dongre 2021).

In our contemporary society, technology has largely changed the way we do things, including how we communicate in all areas of life, leading to the increasing popularity of digital media. Digital media are electronic communication that enables people to gather, process and disseminate all manner of information through the internet (Rayburn, 2012). Nowadays, people easily access healthy lifestyle information using digital devices such as computers, smartphones, and tablets. The impact of digital media on health and wellness has been a topic of growing interest among researchers, healthcare professionals, and the general public, especially, due to the growing rate of serious diseases and health conditions like diabetes, kidney failure, liver cirrhosis, obesity and others which have roots in lifestyle habits.

Digital media in the context of this study are social media platforms, online health resources, and mobile health applications, through which people receive healthy lifestyle information, such as dietary plans and advice on nutrition and exercise from health professionals and influencers. Websites, blogs, social media platforms, and mobile apps dedicated to dieting and nutrition have become increasingly popular and many of them provide evidence-based information, practical advice, and tools to help people make informed choices about their dieting and physical activities.

Digital media has been recognized as a valuable tool for promoting healthy living and nutrition. A study by Habes et al (2022) found that the use of social media to promote healthy living, provides improved health chances and advances the living standard of individuals. Another study by Li and Zhang (2023) also identified digital communication as a promising tool for promoting healthy living among Chinese youths. Another study by Cohen (2023) is also of the view that digital media have the potential of promoting positive healthy lifestyle behaviors and also improve healthy living, when used properly. Similarly, a study by Klassen and colleagues (2014) found that participants who received daily text messages promoting healthy eating behaviours were more likely to make

positive changes to their diet. The use of digital media for promoting healthy living extends beyond healthy eating or nutrition. A study by Ikpi & Undelikwo (2023) found that social media use significantly influenced lifestyle modifications of students studied and suggested that efforts should be made by government to create more awareness on health, through existing popular platforms. In addition, studies done by Loef & Walach (2012), Li, (2018) and Wu (2020) have gone further to associate improved healthy lifestyles with improvement in healthy longevity of individuals.

The studies cited above have been able to establish a link between digital media messages and healthy lifestyles of individuals. However, literature search reveals that most of such works were done in other climes outside Nigeria. This indicates a dearth of empirical studies of this nature done in the country. It is against this background that the study seeks to investigate the influence of digital health messages on lifestyle of academics in three Universities in Southern Nigeria. The objectives of the study are to ascertain the level of exposure of academics in Southern Nigeria to digital media messages on healthy lifestyle and to find out if digital messages on healthy lifestyle influence a change in their lifestyle.

3. Methods

3.1 Research Design

The survey research design was adopted in this study, while questionnaire was the measuring instrument. Population of the study consist of lecturers in three universities in Southern Nigeria (University of Nigeria, University of Benin and University of Lagos). The population of study is 6,920 and sample size of 358 was derived, using the Australian calculator.

The structured questionnaire was arranged in two sections. The first part focused on the demographic data, while the second part focused on the psychographic data, helping to answer the research questions regarding medium through which respondents received messages on healthy lifestyle; understanding of digital messages on healthy lifestyle; level of compliance with the messages; influence of digital media messages on the lifestyle of academics; and the factors affecting compliance with the digital messages. The scales of measurement are: Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. Copies of questionnaire were self-administered with the help of three (3) Research Assistants.

3.2 Sampling Technique

The multi-stage sampling technique was used in the study. The sampling was done in six stages as follows:

Stage 1: Cluster Sampling Technique

The cluster sampling technique was employed. The vast geographical characteristics of this study informed this choice. Southern Nigeria was sub-divided into three existing Geo-political zones - South-East, South-South and South-West. These geopolitical zones were regarded as clusters.

Stage 2: Purposive sampling

At this stage, the purposive sampling technique was adopted. From the three geopolitical zones representing Southern Nigeria, three universities were selected, one from each geopolitical zone (University of Nigeria, University of Benin and University of Lagos). The rationale for the choice of these first generation universities was to ensure that diverse ethnic, cultural, social and religious groups that make up federal character were represented in this study.

Stage 3: Cluster Sampling Technique

At this stage, cluster sampling technique was further employed again. The three selected universities in Southern Nigeria were clustered into 44 faculties.

Stage 4: proportionate sampling technique

At this stage, the proportionate sampling technique was used to proportionately share the number of the instrument to the respective forty-four faculties that made up the three selected universities in Southern Nigeria. The sharing was done in a way that the university with higher number of faculties got higher number of instruments, while the university with lower number of faculties got the least number of instruments. This was demonstrated statistically using Cochran's formula below:

$$n = \frac{N}{\text{Total } N} \times \text{desired } n$$

Where

n = sample for each university

N = Population for each university

Total N = Total population for all the university.

Desired n = desired sample for all the universities

$$\text{UNN} \quad \frac{3231}{6920} \times \frac{358}{1} = 167$$

$$\text{UNIBEN} \quad \frac{1980}{6920} \times \frac{358}{1} = 102$$

$$\text{UNILAG} \quad \frac{1709}{6920} \times \frac{358}{1} = 88$$

Stage 5: Simple Random Sampling Technique

At this juncture the simple random sampling technique was applied. One department was randomly selected from each of the 44 faculties that made up the three selected universities. This was done by balloting.

Stage 6: Accidental sampling technique

The researcher and her trained research assistants visited the respective departments that were randomly selected. The instruments were shared based on the number of respondents assigned to each department according to the individual university staff strengths that was proportionately determined.

Results

Level of exposure to digital media messages on healthy lifestyle

Table 1: I am exposed to digital media

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	90	25.1	25.1	25.1
	Agree	72	20.1	20.1	45.3
	Neutral	62	17.3	17.3	62.6
	Disagree	64	17.9	17.9	80.4
	strongly disagree	70	19.6	19.6	100.0
	Total	358	100.0	100.0	

The reactions of those who are exposed to digital media is shown in the Table above. 90 respondents, or 25.1%, strongly agree that they are exposed to digital media. 72 (20.1%)

concur that they are exposed to digital media, while 62 (17.3%) were indifferent. Comparably, 70 respondents (19.6%) strongly disagreed, while 64 (17.9%) disagreed. This suggests that majority of those surveyed are exposed to digital media.

Table 2: I receive messages from digital platforms

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	150	41.9	41.9	41.9
	Agree	90	25.1	25.1	67.0
	Neutral	48	13.4	13.4	80.4
	Disagree	44	12.3	12.3	92.7
	strongly disagree	26	7.3	7.3	100.0
	Total	358	100.0	100.0	

Table above shows respondents who receive messages on digital platforms. 150 (41.9%), strongly agree. 90 respondents (25.1%) agree. 48 people, or 13.4%, are neutral. 44 people or 12.3% disagreed. 26 people, or 7.3% expressed significant disagreement. It shows that those in agreement are more.

Table 3: I receive a wide range of healthy lifestyle related messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	169	47.2	47.2	47.2
	Agree	66	18.4	18.4	65.6
	Neutral	61	17.0	17.0	82.7
	Disagree	53	14.8	14.8	97.5
	strongly disagree	9	2.5	2.5	100.0
	Total	358	100.0	100.0	

Results show respondents' response on healthy lifestyle related messages. A total of 169 respondents, or 47.2% of the sample, strongly agreed that they are inundated with messages pertaining to healthy lifestyles. 66 people (18.4%) concurred with the statement. 61 people, or 17.0%, were neutral. 53 respondents, or 14.8%, disagreed with the assertion. 9 respondents or 2.5% of the sample, strongly disagreed with the statement.

Table 4: I receive health lifestyle messages through social media

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	148	41.3	41.3	41.3
	Agree	77	21.5	21.5	62.8
	Neutral	65	18.2	18.2	81.0
	Disagree	64	17.9	17.9	98.9
	strongly disagree	4	1.1	1.1	100.0
	Total	358	100.0	100.0	

The above results show that majority of the respondents receive healthy lifestyle messages through social media. 148 respondents (41.3%) strongly agree; 77 (21.5%) agreed. 65 or 18.2%, expressed no opinion. 64 people, or 17.9% disagree with the assertion. 4 respondents, or 1.1% strongly disagree.

Extent to which digital messages on healthy lifestyle influence a change in lifestyle

Table 5: I have stopped eating late from the knowledge I get from digital media

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	123	34.4	34.4	34.4
	Agree	73	20.4	20.4	54.7
	Neutral	96	26.8	26.8	81.6
	Disagree	54	15.1	15.1	96.6
	strongly disagree	12	3.4	3.4	100.0

Total	358	100.0	100.0	
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Findings show that 123 (34.4%) respondents have strong agreement that they have stopped eating at night as a result of the messages. 73 (20.4%) agreed. 96 (26.8%) are neutral. 12 (3.4%) strongly disagreed. 54 (15.1%) respondents disagreed. This means that digital media messages influenced academics to avoid eating late at night.

Table 4.24 I exercise regularly as a result of the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	150	41.9	41.9	41.9
	Agree	94	26.3	26.3	68.2
	Neutral	50	14.0	14.0	82.1
	Disagree	45	12.6	12.6	94.7
	strongly disagree	19	5.3	5.3	100.0
	Total	358	100.0	100.0	

150 (41.9%) respondents have strong agreement that they exercise regularly, as a result of the messages. 94 (26.3%) agreed. 50 (14.0%) are neutral. 19 (5.3%) strongly disagreed. 45 (12.6%) disagreed. The implication of this is that majority of the academics engage in exercises, as a result of the messages.

Table 4.25 I rest from work as a result of the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	180	50.3	50.3	50.3
	Agree	56	15.6	15.6	65.9
	Neutral	58	16.2	16.2	82.1
	Disagree	40	11.2	11.2	93.3
	strongly disagree	24	6.7	6.7	100.0

	Total	358	100.0	100.0	
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Findings suggest that 180 (50.3%) respondents have strong agreement that they do rest from work as a result of the messages. 56 (15.6%) agreed. 58 (16.2%) were neutral. 24 (6.7%) strongly disagreed, 40 (11.2%) respondents disagreed. This means that majority of academics have taken rest as an important aspect of their habit because of the messages.

Table 4.26 I prefer taking water to carbonated drinks, as a result of the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	170	47.5	47.5	47.5
	Agree	66	18.4	18.4	65.9
	Neutral	58	16.2	16.2	82.1
	Disagree	45	12.6	12.6	94.7
	strongly disagree	19	5.3	5.3	100.0
	Total	358	100.0	100.0	

Table 4.26 shows that 170 (47.5%) respondents have strong agreement that they prefer taking water to carbonated drinks, as a result of the messages, while 66 (18.4%) agree. 58 (16.2%) respondents are neutral. 19 (5.3%) strongly disagreed, while 45 (12.6%) disagreed. This suggests that many academics appreciate the value of water because of their exposure to the messages.

Table 4.28 I have stopped eating sugar because of the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	128	35.8	35.8	35.8
	Agree	125	34.9	34.9	70.7
	Neutral	70	19.6	19.6	90.2
	Disagree	10	2.8	2.8	93.0

	strongly disagree	25	7.0	7.0	100.0
	Total	358	100.0	100.0	

Table 4.28 shows that 128 (35.8%) respondents have strong agreement that they have stopped taking sugar, while 125 (34.9%) agreed. 70(19.6%) were neutral. 25 (7.0%) strongly disagreed, while 10 (2.8%) disagreed. This means that academics now avoid synthetic food.

Table 4.29 I now trek a short distance, rather than drive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	108	30.2	30.2	30.2
	Agree	125	34.9	34.9	65.1
	Neutral	100	27.9	27.9	93.0
	Disagree	10	2.8	2.8	95.8
	strongly disagree	15	4.2	4.2	100.0
	Total	358	100.0	100.0	

108 (30.2%) respondents have strong agreement that they rather trek than driving a short distance, similarly 125 (34.9%) agreed. 100 (27.9%) respondents strongly disagreed, while 10 (2.8%) respondents disagreed. The implication is that majority of the academics trek at short distance instead of driving.

Table 4.30 I have made healthy dieting a habit because of the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	68	19.0	19.0	19.0
	Agree	135	37.7	37.7	56.7
	Neutral	120	33.5	33.5	90.2

	Disagree	30	8.4	8.4	98.6
	strongly disagree	5	1.4	1.4	100.0
	Total	358	100.0	100.0	

The above table shows that 68 (19.0%) respondents have strong agreement that they make healthy dieting a habit because of the messages. 135 (37.7%) agreed. 120 (33.5%) were neutral, Similarly 5 (1.4%) strongly disagreed, while 30 (8.4%) disagreed. This means, majority of the respondents now eat healthy because of the messages.

Table 4.31 I now eat food rich in fiber as a result of my exposure to digital messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	135	37.7	37.7	37.7
	Agree	105	29.3	29.3	67.0
	Neutral	78	21.8	21.8	88.8
	Disagree	12	3.4	3.4	92.2
	strongly disagree	28	7.8	7.8	100.0
	Total	358	100.0	100.0	

In the table above, 135 (37.7%) respondents have strong agreement that they now eat food rich in fiber as a result of their exposure to digital messages, while 105 (29.3%) agreed. However, 78 (21.8%) respondents were neutral. 28 (7.8%) strongly disagreed. 12 (3.4%) disagreed. This suggests that majority of the academics now eat healthily as a result of exposure to the messages.

Table 4.32 The messages have made me to occasionally go for medical check-up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	135	37.7	37.7	37.7

Agree	105	29.3	29.3	67.0
Neutral	78	21.8	21.8	88.8
Disagree	12	3.4	3.4	92.2
strongly disagree	28	7.8	7.8	100.0
Total	358	100.0	100.0	

In Table 4.32 above, 135 (37.7%) respondents have strong agreement with this position. 105 (29.3%) agreed. However, 78 (21.8%) respondents were neutral, 12 (3.4%) disagreed and 28 (7.8%) strongly disagreed. The implication of this is that academics now consult medical professionals, as a result of their exposure to the digital messages.

Table 4.37 I eat the right combination of foods as a result of exposure to the messages

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	106	29.6	29.6	29.6
	Agree	100	27.9	27.9	57.5
	Neutral	75	20.9	20.9	78.5
	Disagree	55	15.4	15.4	93.9
	strongly disagree	22	6.1	6.1	100.0
	Total	358	100.0	100.0	

Table above indicates that 106 (29.6%) respondents have strong agreement that they eat right combination of foods as a result of their exposure to the messages. 100 (27.9%) agreed, 75 (20.9%) were neutral. 55 (15.4%) strongly disagreed, while 22 (6.1%) disagreed. This means that majority of academics now eat the right combination food due to their exposure to the messages.

Discussion

The first objective of this study was to ascertain the level of exposure of the Academics in Southern Nigeria universities to digital messages on healthy lifestyle. The reason behind this question is to gauge if the Academics in the universities are exposed to

digital media messages on healthy lifestyle. 45.2% of the respondents cumulatively agreed they were exposed to digital media messages on healthy lifestyle, against the 37.5% who claimed they were not exposed to the messages. This indicates a high level of exposure.

Furthermore, a cumulative figure of 65.6% respondents sampled concurred that they are inundated with messages pertaining to healthy lifestyles. This finding aligns with an earlier study of Chudey et al (2014) who looked at teenagers' response to local radio messages on HIV/AIDS campaign in Ogwashi -Uku, Delta State and found out that majority of persons were exposed to media messages on malaria. This however differ from Beacom and Newman (2010) who carried out a study entitled "Communicating Health Information to Disadvantaged Populations" and found out that there is information non-seeking and avoiding behaviours. The difference in the finding may be attributed to the segment of the population both studies were targeted at. While this study focused on academics, the other one centered on the general population.

Efforts were also made to find out the digital medium through which academics are expose to messages on healthy lifestyle. A cumulative number of 62% of the respondents concurred that social media was their source of information about healthy living. It means that academics, are exposed to social media messages. However, an aggregation of the neutral response and the disagreed response suggest that a good number of the academics do not take social media as their primary source of information about healthy lifestyle. The source credibility theory is implicated in this regard, when Academics do not trust the source of information on healthy lifestyle, it will be difficult for them to accept the messages from such a platform. This is why MacLuhan, in 1965, opined that the medium is the message. With the growing impact of fake news around the world and the activities of fraudsters, many academics may take digital messages with skepticism. This Finding differ from that of Klassan et al (2018) who concluded that the use of social media for nutrition campaigns was adaptable.

However, the finding did not indicate a positive relationship between exposure to social media messages and adoption. A higher percentage of respondents clearly show that though they get exposed to messages on healthy lifestyle through social media, they do not base their decisions on them. Indeed the uses and gratification theory propounded by Elihu Katz, Jay Blumler, and Gurevitch in 1974 is relevant here. The uses and gratifications approach assumes that since individuals differ, each person seeks different messages, use those messages differently, and respond to them differently (Katz, Blumler & Gurevitch 1974). This theory posits that although there are active audiences in the communication process, audience activity is variable. Bryant and Thompson (2002)

maintain that audiences make viewing selections based on personal motivations, goals, and needs, and the same factors influence what they see.

The study also sought to find out the level of influence the messages had on compliance. Data shows that digital messages had an influence on lifestyle of academics in Southern Nigeria. These digital messages shown on social media and other platforms have great influence on their behavior/attitude; they now eat healthy, they do not eat late at night, they do exercise, they now prefer to trek than driving a short distance. This means digital messages have influence on the behaviour of academics who received the messages. This aligns with the work of Rounsefell, et al (2020) who studied social media, body image and food choices in healthy young adults. Social media engagement or exposure to image related content may negatively impact body image and food choice in some healthy young adults. Also, a study by Klassen et al. (2018) revealed that the use of social media was highly variable. Young adults appear to be open to receiving healthy eating and recipe tips through social media, however, they are reluctant to share personal weight-related information on their online social networks. Using social media effectively for social support, either via private groups or public pages, requires careful evaluation as its effectiveness is yet to be demonstrated in experimental designs. Another study relevant to this discussion is that of Kilian, et al. (2016) who assessed the impact of behaviour change communication on the use of ITNs in Nigeria. They found that those exposed to information from health system channel had significantly higher odds of owning a net. There are studies which have found interpersonal communication as the dominant source of information about malaria control. In a 2018 systematic review, Elaheebocus et al (2018) determined that among peer-based social media interventions focused on tobacco smoking, nutrition, physical activity, or alcohol consumption, those with a sharing-enabled feature were most likely to elicit positive intervention outcomes. Results from multiple systematic reviews suggest that among adolescents and children, social media interventions—in comparison with in-person interventions—are underused; however, they may be effective tools for health promotion and behaviour. Usifoh, et al. (2018) studied the impact of lassa fever on food consumption and showed that when messages are well tailored to address behaviour gaps, they tend to make the right impact.

Conclusion

In conclusion, the findings revealed that among academic staff in universities in Southern Nigeria, exposure to digital messages on healthy lifestyle is high. The study also indicates that the high exposure to digital messages on healthy lifestyle and the influenced the attitude and behaviour of the respondents. This is because it was revealed that majority of the respondents now rest well, avoid eat late at nights, prefer to trek for a

short distance instead of driving their cars, they now prefer to drink water instead of carbonated drinks and they also do exercise.

Recommendations

Following the findings reached in this study, the following recommendations were given:

1. Health promoters need to leverage effective platforms and messaging strategies to further promote healthy behaviors (e.g., nutrition tips, stress management techniques, physical activity routines, should be promoted using the digital media).
2. Efforts should be made by health campaign promoters, through surveys or focus groups to understand specific barriers and preferences of academic staff and intervention messages should be tailored to meet their specific needs.
3. Online communities or forums should be encouraged to share healthy lifestyle experiences and also motivate each other to live healthy.
4. Health promoters should always collaborate with health professionals and fitness instructors to develop credible and engaging digital media contents.
5. Health promoters should regularly assess the impact of digital interventions and adapt strategies based on data and feedback.
6. Health promoters should also align efforts with broader health and wellness programs of universities.
7. Health promoters in universities should also ensure that digital interventions are accessible to all faculties, regardless of technical skills or resource limitations.

Future Research Directions

Since this study was done in just a section of Nigeria, future researchers may consider replicating it in other geo-political zones of the country. It is also necessary to carry out the study in other parts of the globe where such have not been done. This may give the topic a complete outlook.

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