Facebook Health Information and the Consumption of Herbal Medicine Among Onitsha Residents: A Communication and Religio-Cultural Perspective

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ABSTRACT

Herbal medicine is widely used in Nigeria, and Facebook has become one of the places where it is advertised and discussed. The study examined Facebook health information exposure and herbal medicine use among residents of Onitsha, Anambra State. The general objectives of the study are to examine whether, Facebook health information exposure on herbal medicine use is common among users; determine the herbal health information that is most exposed to Facebook users; and ascertains if Facebook health information exposure will influence the use of herbal products among Onitsha residents. The study was anchored on agenda-setting theory. The study was used survey research design; questionnaires were administered to 400 adult Facebook users in Onitsha. The sample items were chosen purposively. A total of 340 filled questionnaires representing an 85.0% response rate were retrieved and analyzed for the study. Data were analyzed using percentages, chi-square goodness-of-fit. Results showed that a considerable number of Facebook users in Onitsha are exposed to Facebook health information about herbal medicine use (91.5%). Cures for sexually transmitted infections were the content reported most often (58.8%), followed by malaria cures (21.2%), sexual enhancers (13.8%) and diabetes and ulcer remedies (6.2%). Most respondents (79.4%) said this exposure influenced them to patronise herbal products. These are self-reported perceptions from a non-probability sample and do not establish causation. The study recommends firmer enforcement of NAFDAC's herbal advertising rules on social media, digital health literacy programmes, and the involvement of religious and traditional leaders in health communication.

Keywords: Facebook, health information, herbal medicine, traditional medicine, Igbo religion, agenda-setting theory, Onitsha

INTRODUCTION

Herbal medicine has long been part of health care in Nigeria. The World Health Organization (WHO, 2013) describes traditional medicine as the knowledge, skills and practices rooted in the theories, beliefs and experiences of different cultures, used to maintain health and to prevent, diagnose, improve or treat illness, and it defines herbal medicines as products whose active ingredients are plant parts or other plant materials. The practice is not confined to Africa. In the United States, a national survey found that about 38% of adults and nearly 12% of children had used some form of complementary and alternative medicine in the previous twelve months (Barnes et al., 2008), and WHO's 2019 global report, which drew on contributions from 179 Member

States, records growing recognition of traditional and complementary medicine in national health systems (WHO, 2019). In sub-Saharan Africa, a systematic review found relatively high use of traditional, complementary and alternative medicine, alone or alongside orthodox care, although the literature it examined was uneven in quality (James et al., 2018).

In south-eastern Nigeria, herbal medicine cannot be separated from religion. Among the Igbo, the preparation and use of medicine has traditionally been tied to spiritual agents and to specialists, the *dibia*, who act as diviner, priest and healer (Aguwa, 1995; Anyanwu, 1999). Christianity and biomedicine have treated that tradition with suspicion since the colonial period, yet members of the public still turn to it, often discreetly, when circumstances push them to (Ugwu, 2023). A study of how herbal products are promoted and consumed in an Igbo city such as Onitsha has to take this religio-cultural background into account.

The channels through which herbal products reach consumers have also changed, and promotion has moved into digital spaces. DataReportal (2024) reported 103.0 million internet users in Nigeria at the start of 2024, and Meta's advertising tools indicated about 36.75 million Facebook users in the country. A scoping review of 29 studies found that social media serves as a space for sharing beliefs and experiences about complementary and alternative medicine, but also as a vehicle for spreading misleading and false information about it (Ng et al., 2023). In Nigeria, the National Agency for Food and Drug Administration and Control (NAFDAC) requires herbal products and their advertisements to be registered and approved before they are advertised, and its 2021 regulations define advertising to include digital and social media (NAFDAC, 2021). A 2026 investigative report nonetheless describes doctors and pharmacists linking a rise in social-media-driven self-medication to unverified herbal products, against a background of weak online enforcement (Al Jazeera, 2026).

This paper examines how Facebook health information on herbal medicine relates to herbal medicine consumption among residents of Onitsha, Anambra State. It draws on a survey of adult Facebook users and reads the results against agenda-setting theory and the religio-cultural place of healing in Igbo society.

Statement of the Problem

Medicines that are sold without prescription, herbal ones included, are seldom impulse purchases, because the need for them usually arises from an existing health concern. That is also what makes misleading promotion risky: a person with a health concern is open to a claim of cure. Competition among herbal sellers, many of whom now use Facebook, gives them reason to overstate what their products can do. In Nigeria such claims are meant to be restrained by NAFDAC's rules, which among other things bar advertisers from presenting herbal products as a cure, prevention or treatment for listed conditions, including diabetes and genital or urinary diseases (NAFDAC, 2021).

Yet it is not known whether Facebook health information on herbal medicine reaches residents of Onitsha, which kinds of herbal health information they meet most often, or whether that exposure leads them to patronise herbal products. Without this evidence, health communicators and regulators have little to work with. This study was designed to supply it.

Research Questions

The study was guided by three research questions:

1. Are the respondents exposed to Facebook health information on herbal medicine?
2. What is the most dominant Facebook health information on herbal medicine the respondents are exposed to?
3. Does exposure to Facebook health information on herbal medicine influence the respondents to patronise the products?

Scope and Delimitations

The study is limited to Facebook health information on herbal medicine and to adult Facebook users resident in Onitsha metropolis, which comprises Onitsha North and Onitsha South Local Government Areas of Anambra State. The study excludes other online forum and media presentations and does not posit the safety and effectiveness of any particular product. Religion is introduced into the study as a broader interpretative contextual factor. The present offering of survey data, for example, does not include a religious variable and thus the religio-cultural analysis offered here is purely interpretative.

THEORETICAL FRAMEWORK

Agenda-Setting Theory

Agenda-setting theory was based on a study by McCombs and Shaw (1972) of the voters of Chapel Hill, North Carolina at the 1968 United States presidential campaign. This study compared the issues the voters considered important with those the newspaper covered, and found that they agreed very well. The theory itself (by McCombs 2014) is salience transfer theory, which states that the extent of visibility of an issue in the media will correlate with the extent of thought given to an issue by the public: in other words, the press 'may not be successful in telling us what to think but it is stunningly successful in telling us what to think about'.

Originally created for news and political problems, the theory extends to Facebook. The Facebook agenda is probably assembled differently -by pages, sellers, friends, algorithms- and less by editors. However, the extension is valuable nevertheless. If Facebook feeds repeatedly present particular conditions and remedies, such as cures for sexually transmitted infections, those conditions may become more salient to users, and herbal products may become the remedy that comes to mind first. The present study does not compare a measured media agenda with a measured public agenda, as McCombs and Shaw did. It asks whether respondents report exposure, which content they report meeting most, and whether they say it influenced them to patronise herbal products. The results are therefore read as consistent with an agenda-setting account and not as a test of it.

A Religio-Cultural Lens

Because the content in question concerns traditional medicine, the study also draws on an interpretive lens from the study of Igbo religion. In that tradition, health, illness and healing belong to a religious worldview in which divinities, ancestors and specialists have a part (Aguwa, 1995; Anyanwu, 1999). The lens helps explain why herbal remedies may carry a meaning for Igbo consumers beyond their pharmacological claims, and why that meaning can be drawn on, or exploited, by sellers.

LITERATURE REVIEW

Herbal and Traditional Medicine in Nigeria

Abdullahi (2011) notes that before cosmopolitan medicine arrived, traditional medicine was the dominant system for millions of people in Africa, in rural and urban communities alike, and that colonial rule stigmatised and marginalised existing African systems. Orthodox and traditional medicine now exist side by side in Nigeria. The field goes by several names, among them ethnomedicine, folk medicine, native healing and complementary and alternative medicine, and the terms are often used loosely for one another. This paper follows the WHO (2013) definitions given above.

A natural origin does not make a product safe. James et al. (2018) caution that traditional, complementary and alternative medicine is not free of adverse effects, and that the low rates of self-reported harm in the studies they reviewed may partly reflect patients' failure to tell health workers what they use. The same review found that such medicine is mostly used alongside conventional care and not in place of it. That finding matters for the present study, because a herbal product bought after a Facebook advertisement may be taken together with prescribed drugs without the prescriber's knowledge.

Herbal Medicine and Religion in Igbo Society

Anyanwu (1999) describes medicine in Igbo thought as broader than the biomedical sense of the word, covering curative and protective preparations as well as those made to secure good fortune or to do harm. Most medicines are made from herbs, but the herbs are not treated as inert. They are charged with spiritual power through incantations and rites, and before they are used certain deities are invoked, above all Agwu, whom Anyanwu presents as the divinity that presides over the practice of traditional medicine and whose chosen agent is the *dibia*. Aguwa (1995) treats the same deity at book length, as the patron spirit of divination and medicine in Igbo society, and the publisher's description of the work adds that Agwu is one of the basic Igbo theological concepts used to explain health and sickness, good and evil, and fortune and misfortune.

Herbal knowledge in this setting also has an ecological and religious history. Felix-Joe, Madukasi and Nwokedi (2026b) argue that Igbo sacred groves (*ohia nsi*) served as reservoirs of medicinal plants and herbal knowledge, protected by taboo, and that apprentice healers learned to identify and use plants within ritual settings that carried ethical and spiritual instruction.

The relationship between this tradition and the dominant religious and medical institutions has been uneasy. Okeke et al. (2017) document conflicts between African traditional religion and Christianity in Eastern Nigeria, using the Igbo as their example. Ugwu (2023), writing from an ethnography in Nsukka, shows that the *dibia* has been maligned by Christianity and biomedicine since colonial times, that this has made people reluctant to seek indigenous healing openly, and that many practitioners have responded by adopting the trappings of biomedicine and of Christianity, their chief rivals. Yet situations arise that push members of the public to seek folk healing anyway, sometimes in secret. Taken together, these studies suggest that herbal medicine in an Igbo city carries different moral and social weight for different consumers, and that how and where people seek it may reflect that weight.

Social Media, Health Information and Herbal Medicine

Ng et al. (2023) reviewed 29 studies of how social media is used in the context of complementary and alternative medicine. Three themes emerged: social media is used to share the beliefs, attitudes and experiences of users and practitioners; it acts as a vehicle for the spread of misinformation; and research in this area faces particular difficulties, especially in obtaining representative samples. The review also found that social media can be an accessible way to deliver information about such therapies, which is why the same channels can serve public education as well as promotion.

Evidence that social media messages can reach into health decisions comes from Saudi Arabia. Iftikhar and Abaalkhail (2017) surveyed patients at a university hospital in Jeddah between April and June 2015. Of 442 patients who agreed to participate, 401 used social media, and about 42.6% of those 401 (171 patients) reported having stopped a treatment because of advice they had seen on a social media platform. Respondents received health messages more often through WhatsApp than through Twitter or Facebook. The study is not about herbal medicine, but it shows that messages received on social platforms can bear on treatment decisions and not on purchases alone.

A related study in Anambra State points the same way for another health issue. Felix-Joe et al. (2026a) surveyed 386 youths on AI-generated anti-drug messages on social media. A majority engaged with such messages at least occasionally, a plurality perceived them as positively influencing attitudes toward drug abuse, and a majority perceived personalised, persuasive messaging as more effective than traditional anti-drug campaigns. Like the present study, it measured perceived influence and not behaviour.

On the regulatory side, NAFDAC's Herbal Medicine and Related Products Advertisement Regulations of 2021 prohibit the advertising of herbal products that are not registered or whose advertisements have not been approved, and prohibit presenting them as a cure, prevention or treatment for the conditions listed in the regulations' schedule. The regulations also forbid advertisements that exploit superstitions or are framed to induce fear, and forbid the use of words such as "magic" and "miracle" (NAFDAC, 2021). Journalistic evidence

suggests that compliance on social media is weak (Al Jazeera, 2026). What is missing from the studies reviewed here is evidence from Igbo-speaking urban communities on whether Facebook exposure and herbal medicine consumption are connected, which is the gap this study addresses.

METHODOLOGY

The study used a cross-sectional survey design, with a questionnaire as the instrument of data collection. The population was adult Facebook users resident in Onitsha metropolis, that is, Onitsha North and Onitsha South Local Government Areas. The 2006 census recorded 125,918 people in Onitsha North and 137,191 in Onitsha South, 263,109 in all, and the projected population of the two areas for 2022 is 374,900 (City Population, n.d.).

The sample size was calculated with Yamane's (1967) formula, $n = N / (1 + Ne^2)$, at a 5% margin of error. Using the 2022 projection, which is nearer to the survey year, $n = 374{,}900 / (1 + 374{,}900 \times 0.05^2) = 399.6$, rounded to 400. The 2006 census figure gives 399.4, so the required sample is 400 whichever population figure is used. Respondents were selected through purposive sampling, a non-probability technique, which limits the extent to which the findings can be generalised.

Four hundred copies of the questionnaire were distributed in 2024. Of these, 340 were returned and found usable, a response rate of 85.0%. The remaining 60 copies (15.0%) were either not returned or were discarded because they were wrongly or incompletely filled. Responses were analysed with frequencies and percentages. A chi-square goodness-of-fit test, with equal expected frequencies across response options, was also run on each table to check whether the pattern of responses differs from an even spread. With a sample of this size, a significant result of that kind is easy to obtain and shows only that the responses are not evenly distributed. It says nothing about the population. Percentages are rounded to one decimal place.

RESULTS

Research Question 1: Exposure to Facebook Health Information on Herbal Medicine

Table 1 Exposure to Facebook Health Information on Herbal Medicine

Response	Frequency	Percentage (%)
Yes	311	91.5
No	20	5.9
Can't say	9	2.6
Total	340	100.0

Note. Field survey, 2024. $N = 340$. $\chi^2(2, N = 340) = 517.66$, $p < .001$.

Table 1 shows that 311 respondents (91.5%) reported exposure to Facebook health information on herbal medicine. Twenty respondents (5.9%) said they were not exposed, and nine (2.6%) could not say. Most respondents in Onitsha metropolis are therefore exposed to such information.

Research Question 2: Dominant Facebook Health Information on Herbal Medicine

Table 2 Dominant Facebook Health Information on Herbal Medicine

Response	Frequency	Percentage (%)
Cure for sexually transmitted infections	200	58.8
Cure for malaria	72	21.2
Sexual enhancers	47	13.8
Diabetes and ulcer remedies	21	6.2
Total	340	100.0

Note. Field survey, 2024. $N = 340$. Each respondent selected one category. $\chi^2(3, N = 340) = 222.75$, $p < .001$.

Table 2 shows that cures for sexually transmitted infections were the content respondents reported most often (200 respondents, 58.8%), followed by malaria cures (72, 21.2%), sexual enhancers (47, 13.8%) and remedies for diabetes and ulcers (21, 6.2%). Content on sexually transmitted infections and sexual performance together accounted for 247 respondents (72.6%).

Research Question 3: Influence of Exposure on Patronage

Table 3 Influence of Facebook Health Information on Herbal Medicine Consumption

Response	Frequency	Percentage (%)
Yes	270	79.4
No	50	14.7
Can't say	20	5.9
Total	340	100.0

Note. Field survey, 2024. $N = 340$. $\chi^2(2, N = 340) = 328.82$, $p < .001$.

Table 3 shows that 270 respondents (79.4%) said that exposure to Facebook health information on herbal medicine influenced them to patronise herbal products. Fifty (14.7%) said it did not, and twenty (5.9%) could not say. Most respondents therefore report being influenced to patronise herbal medicine by what they see on Facebook.

DISCUSSION OF FINDINGS

Exposure

The finding that 91.5% of respondents were exposed to Facebook health information on herbal medicine fits the picture drawn by Ng et al. (2023), who found that social media is widely used to share beliefs and experiences about complementary and alternative medicine, and the 2026 report describing herbal advertisements as a constant presence in Facebook, Instagram, TikTok and X feeds (Al Jazeera, 2026). The figure should not be read as the prevalence of exposure across Onitsha. Respondents were adult Facebook users chosen purposively, and many residents are not on the platform.

Dominant content

Cures for sexually transmitted infections dominated what respondents reported (58.8%), with malaria cures a distant second (21.2%). The categories reported also overlap with conditions that NAFDAC's regulations list as ones for which herbal products may not be advertised as a cure, prevention or treatment: the schedule includes diabetes and any genital or urinary disease (NAFDAC, 2021). The study did not examine the advertisements themselves, so it cannot show that any particular advertisement broke the rules. The overlap does suggest that content in the most-reported categories deserves regulatory attention.

Influence on patronage

Nearly eight in ten respondents (79.4%) said Facebook exposure influenced them to patronise herbal products. Iftikhar and Abaalkhail (2017) found that 42.6% of social media users among their Saudi patients had stopped a treatment on the strength of advice seen on a social platform, which shows that online health messages can carry real consequences. Felix-Joe et al. (2026a) likewise found, among youths in Anambra State, that most reported engaging with AI-generated anti-drug messages and that a plurality perceived them as shaping attitudes. In all three studies the evidence is self-reported. The 79.4% found here measures perceived influence and not observed

purchasing, and respondents may also have been moved by need, prior belief, advice from relatives or other sources.

Agenda-setting

High exposure, one dominant issue category and most respondents reporting influence is the pattern an agenda-setting reading would predict. Where Facebook feeds keep placing sexual health and infection cures before users, those concerns, and herbal products as the answer to them, may become more salient. The design cannot show, however, that Facebook content and not other factors moved respondents. McCombs and Shaw (1972) set a measured media agenda beside a measured public agenda. This study has only the second of the two.

A religio-cultural reading

Three points from the literature help in reading these results, and each is offered as interpretation. Firstly, Igbo beliefs about medicine are very much connected to spiritual power (Aguwa, 1995; Anyanwu, 1999). Therefore, it is possible some consumers may view a herbal medicine as effective, both in terms of pharmacology and a spiritual consequence. When the authors of advertisements deploy words connected to ancestral knowledge or Christian healing, they may be referring to trust that the product in question hasn't earned. The messages of NAFDAC's legislation are probably geared towards these dangers as advertisements must not exploit superstitions or create fear, while the use of magic and miracles must be avoided (NAFDAC, 2021).

Secondly, Ugwu (2023) attests to this fact that those who publicly denounce indigenous healing may still avail themselves of it in a subtle manner. The fact that there was significant content on sexually transmitted infections and on sexual performance is evidence of this behaviour as these would not be topics an individual would not wish to be seen talking about in the real world. It is conceivable that the privacy one experiences when looking for information on their own device cannot be compared with going to see a healer or a doctor. The survey did not ask why participants consumed what they did, so it remains a contention for future exploration.

Third, the conflict in Eastern Nigeria between Christianity and African traditional religion (Okeke et al., 2017), suggests that herbal medicine has a different moral significance in the minds of different consumers. A research that reports only on exposure and perceived influence cannot sufficiently uncover how the respondents' religious inclination influenced their decisions. Felix-Joe et al. (2026b) have shown that traditional knowledge of herbs in Igbo society has a long history in sacred sites and in ritual spaces, but online advertisements routinely ignore this history.

Limitations

Several limitations should be borne in mind. The sample was non-probability and drawn from one city, so the findings cannot be generalised to Onitsha residents as a whole or to Nigeria. The data are self-reported and cross-sectional, so they show perceived influence at one point in time and not changes in behaviour, and they cannot establish causation. Only Facebook was studied. Respondents were not asked to name the products they bought, so nothing can be said about their safety or about adverse effects. Religion was not measured, which is why the religio-cultural reading above is interpretive. Finally, applying agenda-setting theory to Facebook is an extension of a theory built for news media, and the chi-square tests used here compare responses with an even spread and not with an external benchmark.

CONCLUSION

Most of the Onitsha respondents reported exposure to Facebook health information on herbal medicine (91.5%). The content reported most often concerned cures for sexually transmitted infections (58.8%), and most respondents (79.4%) said that exposure influenced them to patronise herbal products. These findings are consistent with an agenda-setting account in which Facebook gives particular health concerns and remedies prominence in users' minds. They are self-reported, drawn from a purposive sample and limited to one city, and they cannot be taken as proof that Facebook content causes herbal medicine consumption.

Read against the religio-cultural setting of Igbo healing, the findings point to a communication problem that is also a religious and social one. Herbal medicine in Igbo society has spiritual meaning, a contested history and a long record of use, and Facebook sellers operate on that ground. Responses that treat the matter as one of advertising rules alone are likely to miss part of it.

RECOMMENDATIONS

On the basis of the findings, the study recommends the following:

NAFDAC should step up monitoring of herbal medicine advertisements on Facebook against its 2021 regulations, giving priority to claims of cure for sexually transmitted infections, diabetes and other scheduled conditions, and should work with platform operators to remove non-compliant advertisements.

Health ministries, health communicators and media organisations should run digital health literacy programmes that teach Facebook users to check whether a herbal product is registered with NAFDAC before buying it, to treat claims of cure with caution, and to consult a health professional about conditions such as sexually transmitted infections and diabetes.

Religious and traditional leaders, who are trusted voices on health and healing in many Igbo communities, should be brought into health communication efforts so that safe-use messages reach people through channels they already trust.

Registered traditional medicine practitioners and orthodox health workers should be encouraged to cooperate, in line with Abdullahi's (2011) conclusion that regulation, standardisation and cooperation between traditional and modern practitioners require both sides to acknowledge their strengths and weaknesses.

Future research should use mixed methods, measure religious affiliation and practice, examine the content of herbal advertisements directly, and record the products consumers actually buy.

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