



Exposure to ‘Aproko’ Doctor's Digital Health Content and Awareness of Kidney Failure Predisposing Factors among Residents of Enugu State, Nigeria

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ABSTRACT

Background: Digital health influencers have become increasingly important sources of health information. One prominent Nigerian digital health communicator is Dr. Chinonso Egemba, popularly known as *Aproko* Doctor, whose content employs humour, storytelling, Pidgin English, relatable examples, and simplified explanations of medical issues. Despite the growing dissemination of health information online, empirical evidence on the relationship between exposure to digital health influencers' content and awareness of health information such as kidney failure predisposing factors in Nigeria remains limited.

Objective: This study examined exposure to *Aproko* Doctor's health content and awareness of kidney failure predisposing factors among residents of Enugu State.

Method: A descriptive survey design was adopted. The study targeted digitally active residents of Enugu State, with respondents drawn from Enugu metropolis, Nsukka, and the 9th Mile/Udi axis. Cochran's formula yielded a target sample size of 385, while 290 valid questionnaires were retrieved and analysed. Data were analysed using frequencies, percentages, and chi-square tests of independence at the 0.05 significance level.

Results: Most respondents (89.7%) were familiar with *Aproko* Doctor's health content. Facebook (55.2%) and Instagram (21.4%) were the main platforms through which respondents accessed the content. Awareness of selected causes, symptoms, and prevention measures relating to kidney failure was high. Familiarity with *Aproko* Doctor's content was significantly associated with recognising symptoms popularly described as “*ishi nsi*” as medically explainable rather than spiritual ($\chi^2 = 5.431, p = .020$). Frequency of engagement was also significantly associated with reduced self-medication ($\chi^2 = 10.168, p = .017$). High data costs were the most frequently reported barrier to acting on digital health advice (45.9%). Educational level was not significantly associated with reported barriers ($\chi^2 = 5.713, p = .768$).

Conclusion: Exposure to *Aproko* Doctor's content was high and associated with selected awareness and preventive health practice outcomes among the sampled digitally active residents. The findings support the strategic use of credible digital health communicators alongside conventional public health communication. However, the cross-sectional design does not establish causation.

Keywords: Digital health communication, health influencers, kidney failure awareness, preventive health practices, *Aproko*



INTRODUCTION

Digital media have changed the way health information is produced, circulated, and consumed. Social networking platforms allow health professionals, institutions, and independent communicators to distribute information quickly, interact directly with audiences, and package complex issues in formats suited to everyday media use. Facebook, Instagram, YouTube, TikTok, and X are therefore increasingly relevant to public health communication, particularly where audiences depend on digital platforms for accessible health information. Digital communication can improve the reach of health education, although its effectiveness depends on the accuracy, credibility, accessibility, and cultural relevance of the information provided (Maher & Singh, 2024; Simba & Girma, 2025). Health influencers have further altered this environment by combining professional expertise, personality, storytelling, and audience interaction. Their perceived authenticity and accessibility may encourage attention, but misinformation, oversimplification, and unequal digital access remain concerns. Effective influencer communication therefore depends on more than reach; it requires credible information and audience capacity to use it (Rubinelli, 2025; Simba & Girma, 2025).

Kidney failure involves severe loss of kidney function and may occur as an advanced consequence of chronic kidney disease and other kidney damage. Early recognition of risk factors and symptoms is important for prevention and management. Nigerian and African studies have repeatedly identified gaps in kidney disease knowledge. Oluyombo et al. (2016) found that only 33.7% of respondents in a rural Nigerian community had heard about kidney disease, while Ashaju-Kayode et al. (2020) reported low knowledge among general out-patients in Ondo State. Similar gaps have been reported among adolescents and young adults (Omeonu et al., 2022; Okolie, 2024), as well as in Kenya and Ghana (Sarfo et al., 2025; Wanjala, 2019).

These gaps matter because misconceptions may influence symptom interpretation, treatment seeking, and reliance on self-medication or unverified remedies. Digital communication provides an avenue for repeated, accessible health education. Studies report positive associations between social media engagement and health knowledge or preventive practices, although misinformation and digital literacy remain important limitations (Alsabri, 2024; Lawrence et al., 2024; Munir & Ahmed, 2025; Putri, 2024).

Aproko Doctor (Dr. Chinonso Egemba) is a prominent Nigerian digital health communicator whose content uses humour, storytelling, Pidgin English, relatable examples, and simplified explanations of medical issues. Such features are consistent with principles of entertainment-education, in which educational messages are incorporated into engaging media forms to attract attention and facilitate learning (Grady et al., 2021). His approach is therefore relevant to kidney health communication because complex medical information can be presented through familiar language and situations that audiences may recognise. Research in South-East Nigeria has similarly found that students perceive influencer doctors as credible sources of health information and that engagement with their content is associated with health-related attitudes and decisions (Njoku et al., 2025). Research on Nigerian media influencers has also highlighted their



potential to increase health awareness while emphasising the need for professional credibility and collaboration with health experts (Owolabi et al., 2024).

Despite the growing evidence on social media and health communication, an important gap remains. Existing Nigerian studies have largely examined general health awareness, specific health issues, or students' perceptions of influencers, while kidney disease studies have primarily focused on awareness and knowledge without examining the role of a specific digital health influencer. There is consequently limited empirical evidence on the extent of residents' exposure to Aproko Doctor's kidney health content, the level of kidney failure awareness among those exposed, the association between engagement and preventive practices, and the structural barriers that may limit the usefulness of such communication in Enugu State. Addressing these gaps is important because high exposure does not necessarily mean accurate understanding or the ability to act on health advice. The present study therefore examines exposure to Aproko Doctor's health content and awareness of kidney failure predisposing factors among residents of Enugu State.

Problem Statement: Although kidney disease remains an important public health concern and previous Nigerian studies have reported low awareness and persistent misconceptions, public health communication has increasingly shifted toward social media without sufficient evidence about the effectiveness of individual digital health influencers in addressing these gaps. Aproko Doctor's large digital presence provides an important opportunity for health education, but the extent to which residents of Enugu State are exposed to his kidney health content, understand the causes, symptoms and preventive measures of kidney failure, and associate such exposure with preventive practices has not been adequately established. In addition, barriers such as data cost, language, age, and digital literacy may limit the ability of audiences to access or act on digital health advice. Without evidence on these issues, public health institutions have limited basis for determining how digital influencers can complement conventional kidney disease awareness campaigns. This study therefore investigates these relationships among digitally active residents of Enugu State.

The study specifically sought to:

- Determine the level of exposure of Enugu State residents to Aproko Doctor's health content on kidney failure.
- Assess the level of awareness of the causes, symptoms, and prevention of kidney failure among residents exposed to the content.
- Examine the association between Aproko Doctor's content and residents' knowledge and preventive practices regarding kidney failure.
- Identify the socio-demographic and structural factors, including language, data cost, age, and digital literacy, that limit the effectiveness of digital health communication in Enugu State.



REVIEW OF RELATED LITERATURE

Digital Health Communication and Health Awareness

Digital health communication refers to the use of digital technologies to exchange health information, support health education, and facilitate communication between health actors and the public. Social media is particularly relevant because it enables rapid distribution, interaction, sharing, and feedback. Maher and Singh (2024) note that digital health communication can expand access to health information and contribute to health literacy, although accessibility, privacy, data security, and the digital divide remain serious challenges.

Health awareness and health literacy should be distinguished. Health awareness concerns an individual's knowledge and recognition of a health condition, including its causes, symptoms, risk factors, and preventive measures. Health literacy is broader and concerns the ability to access, understand, appraise, and use health information and services. Thus, a person may be aware that kidney failure exists without necessarily possessing the skills or resources required to evaluate advice or act on it. This distinction is important in assessing digital health communication because exposure should not be treated as equivalent to comprehension or behaviour.

Empirical studies generally indicate that social media can support health awareness. Alsabri (2024) reported that social media use was associated with public health awareness and protective behaviour among youths, while Lawrence et al. (2024) found that health communication campaigns on X contributed to public awareness and health-seeking behaviour. Munir and Ahmed (2025) similarly found a positive relationship between perceived usefulness of social media and health awareness. However, Putri (2024) noted that misinformation, unequal digital access, and low digital literacy can reduce these benefits. These findings indicate that the effectiveness of digital health communication depends on both message exposure and the conditions under which audiences receive and use information.

Social Media Health Influencers and Entertainment-Education

Social media health influencers use online platforms to communicate health information and may shape audience beliefs and behaviours through credibility, relatability, interaction, and repeated exposure. Rubinelli (2025) argues that health institutions can learn from influencers' authenticity and engagement, while Simba and Girma (2025) highlight their potential to extend public health communication in African settings.

Aproko Doctor's communication style is particularly relevant to this study because his use of humour, storytelling, Pidgin English, and everyday examples reflects principles of entertainment-education. Grady et al. (2021) explain that entertainment-education can support behavioural outcomes by linking desired behaviours to audiences' existing goals and values. In the present context, entertaining presentation may help audiences attend to, understand, remember, and discuss kidney health information. However, entertainment does not guarantee accurate learning; credibility, scientific accuracy, and message clarity remain necessary.



Evidence from Nigeria supports influencer-based health communication. Njoku et al. (2025) found that university students in South-East Nigeria regarded influencer doctors as credible and reported positive effects on health-related decisions, while Owolabi et al. (2024) found that Nigerian students used influencers for mental health information but raised credibility concerns. Alshahrani (2024) and Omar Ali et al. (2025) similarly identify credibility and expertise as important conditions for influencer effectiveness. These findings support examining audience outcomes rather than assuming popularity automatically produces health benefits.

Awareness of Kidney Failure and Related Risk Factors

Kidney failure is a severe loss of kidney function and can develop following prolonged kidney damage, including damage associated with conditions such as hypertension and diabetes. Awareness of risk factors, warning signs, harmful practices, and preventive measures can support earlier health-seeking and risk reduction. Studies of kidney disease awareness in Africa have nevertheless reported substantial gaps. Oluyombo et al. (2016) found low awareness and widespread misconceptions in rural South-West Nigeria. Ashaju-Kayode et al. (2020) also reported low population-referenced knowledge among general out-patients in Ondo State. Omeonu et al. (2022) found that although 60.9% of secondary school students in Ogun State reported awareness of CKD, only 44.6% knew its risk factors. Okolie (2024) reported a significant awareness deficit among young adults in Imo and Anambra States.

Comparable findings have been reported in Africa. Wanjala (2019) found that only 45.6% of high-risk patients at Kenyatta National Hospital had adequate CKD awareness, while Sarfo et al. (2025) reported stronger knowledge among Ghanaian health-related students. These studies provide context but do not examine the influence of a specific digital health influencer on kidney failure awareness.

EMPIRICAL REVIEW

The empirical literature covers kidney disease awareness, social media health communication, and health influencer communication. Kidney disease studies reveal inadequate awareness and misconceptions in Nigerian and African populations (Ashaju-Kayode et al., 2020; Oluyombo et al., 2016; Omeonu et al., 2022; Wanjala, 2019). Social media studies generally report positive associations with health awareness or preventive practices, while identifying misinformation and digital access as limitations (Alsabri, 2024; Lawrence et al., 2024; Munir & Ahmed, 2025; Putri, 2024).

Studies specifically examining health influencers further suggest that credibility, relatability, and engagement can shape health attitudes and behaviour. Njoku et al. (2025) found positive perceptions of influencer doctors among university students in South-East Nigeria, while Owolabi et al. (2024) reported that Nigerian students relied on influencers for mental health information but remained concerned about credibility. Alshahrani (2024) and Omar Ali et al. (2025) similarly identify credibility and perceived expertise as important conditions for influencer effectiveness. At the African level, Simba and Girma (2025) argue that influencer



partnerships can complement conventional health campaigns by improving reach, engagement, and accessibility, but caution that misinformation and credibility concerns must be addressed.

Overall, the literature shows persistent kidney disease awareness gaps, potential benefits of social media, and the importance of credible influencers. However, few studies integrate exposure to a specific Nigerian health influencer with kidney failure awareness, preventive practices, and structural barriers. The present study addresses this gap among digitally active residents of Enugu State.

THEORETICAL FRAMEWORK

This study is anchored on the Health Belief Model (HBM) and Social Cognitive Theory (SCT). The two theories complement one another: SCT explains how audiences may learn from a credible health communicator, while HBM explains how health beliefs and perceived barriers may influence preventive action.

The Health Belief Model, associated with Rosenstock's formulation of health behaviour, proposes that preventive action is influenced by perceptions of susceptibility, severity, benefits, barriers, and cues to action (Rosenstock, 1974). The theory is relevant because Aproko Doctor's kidney health messages can function as cues that draw attention to risk factors and symptoms, while respondents' perceptions of the seriousness of kidney failure and barriers such as data cost may affect their willingness to act on health advice.

Social Cognitive Theory proposes that people can learn by observing models, interpreting consequences, and interacting with their social environment (Bandura, 1986). The theory is relevant because Aproko Doctor provides a recognisable model through whom health information and recommended practices are presented. His repeated explanations, demonstrations, and relatable examples may provide opportunities for observational learning. Together, SCT and HBM provide a framework for examining the pathway from exposure and learning to health beliefs and reported preventive practices.

METHODOLOGY

The study adopted a descriptive survey research design. The target population comprised digitally active residents of Enugu State, with the study covering Enugu Metropolis, Nsukka, and the 9th Mile/Udi axis. The exact population size of digitally active residents within the selected areas was unknown; consequently, Cochran's formula for an unknown population was used to determine a target sample size of 385 respondents.

A multi-stage sampling procedure was used. First, the three study locations—Enugu Metropolis, Nsukka, and the 9th Mile/Udi axis—were selected to provide geographical coverage within the state. Second, online communities and social media channels serving residents in the selected locations were identified. Third, the questionnaire link was distributed through the identified channels, with participation restricted to residents who met the study criteria. Data were collected using a structured online questionnaire distributed through WhatsApp, Facebook, Instagram, and community-based online forums.



At the close of data collection, 290 valid questionnaires were retrieved (75.3% of the target). The sample was considered adequate for analysing the views of the sampled digitally active respondents. Frequencies, percentages, and chi-square tests of independence were used at the 0.05 significance level. Because the design was cross-sectional, significant findings are interpreted as associations, not causal effects.

RESULT

A total of 290 valid responses were analysed. Females constituted 52.4% of respondents and males 47.6%. Respondents aged 26–35 years constituted the largest age group (43.4%), while 51.0% held a B.Sc./HND and 31.0% held postgraduate qualifications.

Exposure to Aproko Doctor's Health Content

Indicator	Response	n	%
Social media use	Yes	287	99.0
	No	3	1.0
Familiar with Aproko Doctor's content	Yes	260	89.7
	No	30	10.3
Engagement frequency	Daily	34	11.7
	Weekly	105	36.2
	Monthly	79	27.2
	Rarely	72	24.8
Primary platform	Facebook	160	55.2
	Instagram	62	21.4
	YouTube	39	13.4
	WhatsApp/groups	29	10.0

The results indicate high exposure to digital health communication within the sampled population. Almost all respondents used social media (99.0%), while 89.7% were familiar with Aproko Doctor's content. Facebook was the most commonly reported platform (55.2%), followed by Instagram (21.4%), YouTube (13.4%), and WhatsApp (10.0%). Weekly engagement was the most common frequency (36.2%).

Residence	Not familiar	Familiar	Total
9th Mile/Udi	8	47	55
Enugu Metropolis	12	103	115
Nsukka Town	10	110	120
Total	30	260	290

The chi-square test showed no statistically significant association between hub of residence and familiarity with Aproko Doctor's content ($\chi^2 = 1.571$, $df = 2$, $p = .456$). Exposure was therefore



high across the three locations, without evidence that familiarity differed significantly by location.

Awareness of Causes, Symptoms and Prevention

Awareness item	Strongly agree	Agree	Disagree	Strongly disagree
Prolonged painkiller (NSAID) abuse causes kidney damage	144 (49.7%)	125 (43.1%)	20 (6.9%)	1 (0.3%)
Foamy urine and swollen ankles are early warning signs	92 (31.7%)	169 (58.3%)	27 (9.3%)	2 (0.7%)
High salt and seasoning cube intake is a risk factor	103 (35.5%)	167 (57.6%)	18 (6.2%)	2 (0.7%)
"Ishi nsi" symptoms are often organ failure	57 (19.7%)	138 (47.6%)	85 (29.3%)	10 (3.4%)
Unverified herbal concoctions can be toxic to the kidneys	141 (48.6%)	131 (45.2%)	15 (5.2%)	3 (1.0%)

Awareness was high across the measured items. Agreement was highest for the risks associated with unverified herbal concoctions (93.8%), prolonged painkiller use (92.8%), and high salt or seasoning-cube intake (93.1%). Recognition of the medical interpretation of “ishi nsi” was comparatively lower at 67.3%, indicating a remaining area for targeted communication.

Familiarity	Agree	Disagree	Total
Not familiar	14	16	30
Familiar	181	79	260
Total	195	95	290

There was a statistically significant association between familiarity with Aproko Doctor's content and agreement that “ishi nsi” symptoms have a medical explanation ($\chi^2 = 5.431$, $df = 1$, $p = .020$). Among respondents familiar with the content, 69.6% agreed with the medical interpretation compared with 46.7% among those not familiar.

Reported Preventive Practices

Behavioural item	Strongly agree	Agree	Disagree	Strongly disagree
Increased water intake and reduced soda consumption	121 (41.7%)	141 (48.6%)	24 (8.3%)	4 (1.4%)
Reduced use of Agbo or self-medicated painkillers	128 (44.1%)	139 (47.9%)	18 (6.2%)	5 (1.7%)
Humour and Pidgin English aid trust and recall	118 (40.7%)	135 (46.6%)	28 (9.7%)	9 (3.1%)



Most respondents reported preventive changes associated with the health messages: 90.3% agreed that they had increased water intake and reduced soda consumption, while 92.0% agreed that they had reduced use of Agbo or self-medicated painkillers. In addition, 87.3% agreed that humour and Pidgin English aided trust and recall compared with hospital brochures.

Engagement frequency	Agree	Disagree	Total
Daily	34	0	34
Weekly	101	4	105
Monthly	70	9	79
Rarely	62	10	72
Total	267	23	290

Frequency of engagement was significantly associated with reduced self-medication ($\chi^2 = 10.168$, $df = 3$, $p = .017$). The proportion reporting reduced self-medication was 100% among daily users, 96.2% among weekly users, 88.6% among monthly users, and 86.1% among those who engaged rarely. This is an association and should not be interpreted as proof that frequency of exposure caused the reported behaviour.

Barriers to Acting on Digital Health Advice

Barrier	N	%
High cost of data/internet	133	45.9
Lack of money for healthy food/water	73	25.2
Difficulty breaking old habits	72	24.8
Traditional/religious beliefs	12	4.1

High data or internet cost was the most frequently reported barrier (45.9%), followed by lack of money for healthy food or water (25.2%) and difficulty breaking old habits (24.8%). Traditional or religious beliefs were reported by 4.1%.

Educational level	High data cost	Food/water cost	Breaking habits	Traditional/religious	Total
SSCE/OND	14	9	5	1	29
ND/NCE	14	6	3	0	23
B.Sc./HND	66	34	41	7	148
Postgraduate	39	24	23	4	90
Total	133	73	72	12	290

There was no statistically significant association between educational level and reported barriers ($\chi^2 = 5.713$, $df = 9$, $p = .768$). This suggests that the reported barriers were not significantly differentiated by respondents' educational level.



DISCUSSION

The high familiarity with Aproko Doctor's content indicates substantial exposure among the sampled digitally active residents. Facebook and Instagram were the leading platforms, consistent with evidence that social media can provide wide health-information channels (Lawrence et al., 2024; Simba & Girma, 2025). Because recruitment was online, the finding should not be interpreted as population-wide reach.

Awareness was high for several kidney failure risk and warning factors. The significant association between familiarity with Aproko Doctor's content and the medical interpretation of “ishì nsi” suggests a relationship between exposure and correction of a culturally embedded misconception. However, the cross-sectional design does not establish that the content caused this outcome.

The association between engagement frequency and reduced self-medication suggests that repeated contact may be relevant to reported preventive practices. This is consistent with Social Cognitive Theory's emphasis on observational learning and the Health Belief Model's attention to cues to action and barriers. The reported role of humour and Pidgin English in trust and recall also supports the relevance of entertainment-education.

Data cost was the leading reported barrier. Its lack of significant association with educational level suggests a largely structural constraint within the sample. Increasing digital health information alone may have limited value where audiences cannot afford access or implementation of recommended practices; communication should therefore be complemented by measures addressing affordability.

CONCLUSION

The study found high familiarity with Aproko Doctor's health content among the sampled digitally active residents of Enugu State, with Facebook and Instagram serving as the main access platforms. Respondents demonstrated high awareness of several kidney failure causes, symptoms, and preventive measures, while familiarity with the content was significantly associated with recognition of the medical explanation of “ishì nsi” symptoms. Frequency of engagement was also significantly associated with reduced self-medication. At the same time, high data cost was the most frequently reported barrier to acting on digital health advice. Overall, the findings indicate that Aproko Doctor's content is an important source of kidney health information for the sampled population and is associated with selected awareness and preventive-practice outcomes. The findings do not, however, establish causal effects.

RECOMMENDATIONS

In view of the findings, the following recommendations are made:

1. Strengthening digital health partnerships. Public health institutions, particularly the Enugu State Ministry of Health, should collaborate with credible digital health communicators such as Aproko Doctor to expand kidney failure awareness campaigns. Such partnerships should combine the reach and relatability of influencers with the scientific oversight of health professionals.



2. Sustaining accurate and culturally relevant awareness messages. Health communicators should continue providing clear information on kidney failure causes, symptoms, and prevention while repeatedly addressing culturally rooted misconceptions such as the interpretation of “ishi nsi” symptoms. Humour, storytelling, Pidgin English, and other relatable formats should be used where appropriate to improve attention and message recall.
3. Encouraging sustained engagement and preventive action. Since frequency of engagement was significantly associated with reduced self-medication, health campaigns should use consistent content schedules, reminders, interactive sessions, and practical preventive messages rather than relying on one-off exposure. Digital communication should also be linked with screening opportunities and timely referral to health facilities.
4. Addressing structural barriers to digital health communication. Government agencies, telecommunications providers, and non-governmental organisations should explore measures that can reduce the cost of accessing verified public health information, including subsidised or zero-rated health content where feasible. Offline community sensitisation and screening activities should complement digital campaigns so that financial and connectivity barriers do not prevent residents from benefiting from health information.
5. Future studies should examine other Nigerian states and use larger and more diverse samples. Longitudinal or experimental designs would also help determine whether changes associated with digital health exposure are sustained and whether the communication itself contributes to behavioural change.

Ethical Clearance

Formal ethical approval was not obtained from an institutional ethics committee for this study. However, informed consent was obtained from all respondents through the introductory section of the questionnaire. The questionnaire explained the purpose of the study, the voluntary nature of participation, confidentiality and anonymity of responses, the estimated duration of the survey, and the academic use of the data. Respondents were informed that they could choose not to participate or stop completing the survey at any point before submission. By proceeding with the questionnaire, respondents indicated their informed consent to participate in the study.

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Conflict of Interest

The authors declare no conflict of interest.

Authors' Contributions

Blessing Godwill, Chinwe Patricia Ani, Helen Ify Mekowulu, and Ifeanyi Stella Obiefuna collectively conceived the study and collected the data. Samaila Moses Libba and Dr. Emeka S. S. Orekyeh were in charge of first review of the manuscript, while Chioma Petronilla Iwueke and Hillary Ikenna Ugwu handled the Manuscript writing. All authors have critically reviewed and approved the final draft, and are responsible for the content and similarity index of the manuscript.

Artificial Intelligence Use Disclosure

During the preparation of this manuscript, the authors used ChatGPT for language editing and punctuation checks. The authors reviewed and verified all AI-assisted output and remain fully responsible for the accuracy, originality, and integrity of the manuscript.

Data Availability Statement

The dataset analysed during the current study is available from the corresponding author on reasonable request.

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