



## **Influence of Faith-Based Social Media Messages on Christians' Perception and Response to Health Crises in Lagos State, Nigeria**

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### **ABSTRACT**

**Background:** With the expansion of social media platforms such as WhatsApp, Facebook, and YouTube, religious leaders have increasingly used these channels to disseminate health information, spiritual guidance, and public health advisories. While faith-based messages can provide emotional reassurance and reinforce collective identity, their behavioural efficacy is uncertain.

**Objective:** This study investigates the influence of faith-based communication on perception and behaviours during health crises among Christians in Lagos State, Nigeria.

**Method:** Adopting a descriptive survey design, the study focused on an estimated population of 2,250 Christians drawn from four major denominations namely Daystar Christian Centre, Redeemed Christian Church of God, Seventh-Day Adventist Church, and the Roman Catholic Church, all in Ikosi-Isheri LCDA. Using purposive sampling, 178 respondents who actively engage with church-based social media platforms were selected. Data were collected through a structured questionnaire with a consistency coefficient of 0.79 and analysed using descriptive statistics such as frequencies and percentages.

**Results:** The findings revealed that faith-based messages provide emotional support and foster trust, but their direct impact on concrete health decisions such as adherence to COVID-19 protocols and vaccination uptake remains limited. While a significant minority reported that faith shaped their pandemic behaviours more than government information, the majority relied on official health authorities for decisive action. These results highlight both the opportunities and constraints of faith-driven communication in health crises.

**Conclusion:** The study concludes that faith-based communication exerts stronger influence on psychological reassurance and perception framing than on evidence-based health behaviour adoption. To this end, religious platforms therefore function more effectively as trust-building and emotional support systems than as primary drivers of compliance with public health measures.

**Unique Contribution:** The study provides empirical evidence clarifying the behavioural limits of faith-driven messaging within a Nigerian crisis context, helping to distinguish perceptual influence from actionable health compliance.

**Key Recommendation:** Public health managers and policymakers should institutionalise partnerships with religious leaders, equipping them with accurate, science-based information that complement official messaging.

**Keywords:** Faith-based communication, social media, perception, Health crises



## **BACKGROUND TO STUDY**

Religion occupies a central position in Nigerian society, shaping norms, values, and everyday behaviours. Christianity, as one of the dominant faith traditions, exerts considerable influence on its adherents, particularly in urban centers such as Lagos State. With the rapid advancement of digital technology, Christian leaders and organizations have increasingly adopted social media platforms including Facebook, WhatsApp, Instagram, and YouTube, as tools for disseminating religious messages, engaging congregants, and offering guidance on diverse life issues, including health-related concerns (Idowu-Davies & Bakare, 2021; Nwafor, 2022).

During public health crises such as the COVID-19 pandemic, these platforms become indispensable channels of communication. Religious leaders leverage them not only to provide spiritual support but also to share health information and shape public perceptions of the pandemic. In Lagos State, where the internet penetration is relatively high, the impact of faith-based communication via social media was particularly pronounced (Megwas et al., 2020). Nevertheless, the content and orientation of these messages varied significantly. While some aligned with public health guidelines such as promoting preventive measures such as mask-wearing, hand hygiene, and vaccination, others disseminated misinformation, minimized the severity of the crisis, or offered exclusively spiritual remedies (Megwas, et al. 2025). This divergence highlights the complex role of faith-based communication in shaping public responses during health emergencies.

In Lagos State, Christian leaders wield considerable influence over their congregants, and their messages can significantly shape public behaviour during health crises. The adoption of social media platforms amplifies this influence, enabling rapid and widespread dissemination of information that transcends traditional boundaries of the pulpit (Idowu-Davies & Bakare, 2021). However, the absence of regulation and oversight on social media platforms means that not all disseminated information is accurate or beneficial. Documented instances reveal that faith-based messages have, at times, contradicted public health advice, resulting in confusion, non-compliance with health directives, and the spread of misinformation (Megwas et al., 2020). Such contradictions are particularly problematic during health emergencies, where timely and accurate communication is essential to safeguarding public well-being.

Despite the evident impact of faith-based communication on public health responses, there remains a paucity of empirical research examining this phenomenon within the Nigerian context, especially among Christians in Lagos State. This knowledge gap hampers the development of effective communication strategies that integrate religious perspectives with public health objectives. Without such insights, opportunities to harness the positive influence of religious leaders while mitigating the risks of misinformation remain underutilized (Adebayo & Oloyede, 2022). Therefore, this study investigates the influence of social media faith-based communication in shaping public perception and response during health crises among Christians in Lagos State. By exploring the content, reception, and impact of these messages, the research aims to provide evidence-based insights that can inform collaborative efforts between religious leaders and public health authorities, ultimately enhancing crisis communication and improving health outcomes.



## **OBJECTIVES OF THE STUDY**

This study is guided by the following objectives:

1. To examine how Christians in Lagos State perceive and interpret faith-based messages disseminated through social media during health crises.
2. To analyze the influence of such messages on individual and community responses to health crises.
3. To assess the degree of alignment or contradiction between faith-based messages and official public health communication.

## **JUSTIFICATION FOR THE STUDY**

This study is justified by its strong alignment with the United Nations Sustainable Development Goals (SDGs, 2020), particularly those concerned with health, education, inequality reduction, institutional trust, and partnerships. The COVID-19 pandemic revealed the critical importance of accurate health communication in safeguarding public well-being. In Lagos State, where Christian leaders exert significant influence, faith-based messages disseminated through social media can either reinforce public health directives or undermine them. By investigating the nature and impact of these communications, the study contributes directly to SDG 3, which seeks to ensure good health and well-being for all. It highlights how religious leaders can be mobilized to promote healthier behaviours and reduce risks associated with misinformation.

Furthermore, the study aligns with SDG 4 on quality education. Social media platforms have become informal educational spaces where religious leaders provide guidance on health and social issues. Examining how congregants perceive and interpret these messages enhances understanding of the role of religious education in shaping public knowledge and attitudes during crises. This supports the goal of ensuring inclusive and equitable access to information and learning opportunities, particularly in contexts where formal health education may be limited. The research also addresses SDG 10, which focuses on reducing inequalities. In many communities, especially among marginalized populations, faith-based communication bridges gaps in access to official health information. By analyzing the reach and impact of such communication, the study demonstrates how religious networks can reduce disparities in health knowledge and ensure that vulnerable groups are not excluded from life-saving guidance.

In addition, the study contributes to SDG 16, which emphasizes peace, justice, and strong institutions. Misinformation during health crises can erode trust in public institutions and fuel social tensions. By exploring the role of religious leaders in shaping public responses, the study provides insights into how collaboration between faith-based communicators and public health authorities can strengthen trust, promote compliance, and foster resilience in times of crisis. Finally, the study directly supports SDG 17, which calls for partnerships to achieve sustainable development. Effective crisis communication requires multi-sectoral collaboration, and religious leaders represent a vital stakeholder group. By recommending strategies for partnership between faith-based communicators and public health authorities, the study advances the goal of building inclusive alliances that enhance crisis communication and improve health outcomes.



## **THEORETICAL FRAMEWORK**

This study is anchored on two interrelated theories: the Uses and Gratifications Theory (UGT) and the Health Belief Model (HBM). Together, these frameworks provide insight into how individuals actively seek and interpret faith-based messages on social media during health crises and how such messages influence health behaviours and perceptions. The Uses and Gratifications Theory, developed by Katz, Blumler, and Gurevitch (1974), posits that media consumers are not passive recipients but active seekers of content that satisfies their personal, social, or psychological needs. Within the context of this study, UGT explains why Christians in Lagos State turn to faith-based social media platforms during health crises. They do so to find reassurance, spiritual interpretations of events, community support, and actionable health guidance rooted in their beliefs. Social media provides an interactive environment where users can select religious content that aligns with their needs, such as messages of hope, prayer sessions, or information from trusted pastors regarding health practices. During the COVID-19 pandemic, for instance, many Christians followed online sermons and health updates from their church's official Facebook or YouTube pages as a means of spiritual and informational gratification (Adebayo & Osakwe, 2022). By applying UGT, this study explores how different categories of gratification- informational (e.g., learning about vaccines), emotional (e.g., managing fear), integrative (e.g., reinforcing group identity), and spiritual, motivate individuals to engage with faith-based content on social media during health crises (Quan-Haase & Young, 2010).

The Health Belief Model, originally developed by Rosenstock in the 1950s, provides a complementary perspective by explaining health behaviour through individual perceptions of risk and evaluation of actions to reduce that risk. The model emphasizes six key components: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. These constructs are directly applicable to this study, as faith-based communication can significantly shape how individuals perceive and respond to health crises. For example, a Christian leader emphasizing the severity of a disease while framing vaccination as both a divine provision and a social responsibility can increase perceived benefits and reduce barriers (Okonkwo, 2021). Religious messages on social media can also serve as cues to action, prompting health-seeking behaviours such as vaccination or adherence to hygiene practices. Moreover, spiritually grounded encouragement can enhance self-efficacy, strengthening individuals' belief in their capacity to take appropriate action despite challenges.

When religious leaders present health behaviours within a moral or spiritual framework, for instance, equating mask-wearing with loving one's neighbour, they contribute to reframing health behaviours as part of Christian duty. This moral framing can significantly influence adherence to public health guidelines, thereby demonstrating the relevance of HBM in understanding the impact of faith-based communication during health crises (Eze, 2021). By integrating UGT and HBM, this study provides a comprehensive theoretical lens for analyzing how faith-based social media messages are consumed, interpreted, and acted upon by Christians in Lagos State.



## **METHODOLOGY**

This study adopted a descriptive survey design to examine the influence of faith-based social media messages on Christians' perception and responses to health crises in Lagos State. The survey approach was considered appropriate because it allows the researcher to systematically collect data from a defined population and analyse patterns of perception, attitudes, and behaviours.

The study population comprised an estimated 2,250 Christians drawn from four major denominations located within Ikosi–Isheri Local Council Development Area (LCDA) of Lagos State. These denominations include Daystar Christian Centre, Redeemed Christian Church of God (RCCG), Seventh-Day Adventist Church, and the Roman Catholic Church. The churches were selected because of their large congregational size, active digital presence, and consistent use of social media platforms for religious and informational communication. These characteristics make them suitable contexts for examining the role of faith-based messaging during health crises. From the population of 2,250 congregants, 178 respondents were purposively selected to participate in the study. The purposive sampling technique was adopted because the study specifically targeted individuals who are active users of social media and are exposed to faith-based messages disseminated through church platforms. Selecting respondents who belong to churches with established online communication systems ensured that participants had sufficient experience with the phenomenon under investigation. In addition, the approach allowed the researcher to reach respondents who had actively engaged with digital faith-based communication during the COVID-19 pandemic and other health-related emergencies. The sample size of 178 was therefore considered adequate for generating meaningful insights from participants who possessed relevant exposure and experience.

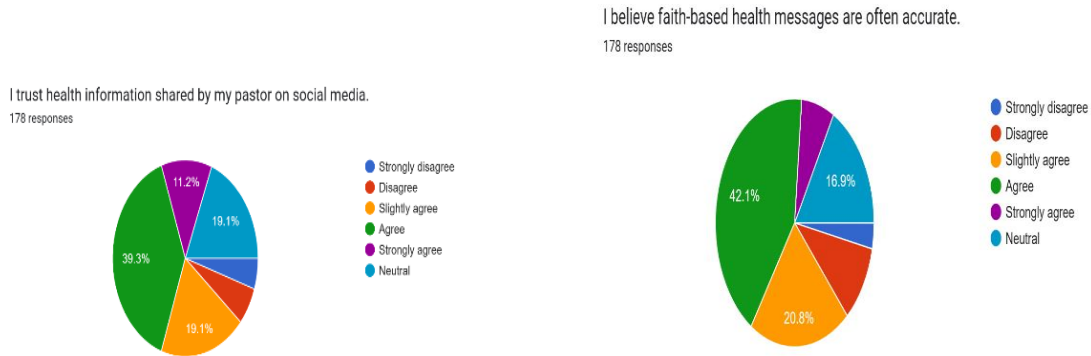
Data for the study were collected through a structured questionnaire administered online using Google Forms. The questionnaire consisted of closed-ended questions designed to capture respondents' demographic characteristics, patterns of social media use, exposure to faith-based health messages, and perceptions of the influence of such messages on health-related behaviour during crises. The online format was adopted because social media and digital platforms constitute the primary environment in which faith-based messages are circulated. Furthermore, online distribution enabled the researcher to reach participants across different congregations efficiently. To facilitate data collection, the researcher first contacted branch pastors and church administrators within the selected denominations to inform them about the study and seek their cooperation. Following approval, the survey link was shared through the churches' WhatsApp platforms and other digital communication channels, which served as the sampling frame for reaching potential respondents. Participation was voluntary, and respondents were assured of confidentiality and anonymity.

Data collected from the questionnaire were analysed using descriptive statistical techniques, including frequency distributions, percentages, and comparative analysis of response patterns. These statistical tools enabled the researcher to summarise respondents' perceptions, identify dominant trends in the influence of faith-based messages, and compare the relative weight of religious versus official public health communication in shaping health behaviours. The findings were subsequently interpreted in relation to the study objectives and theoretical framework.



## RESULT

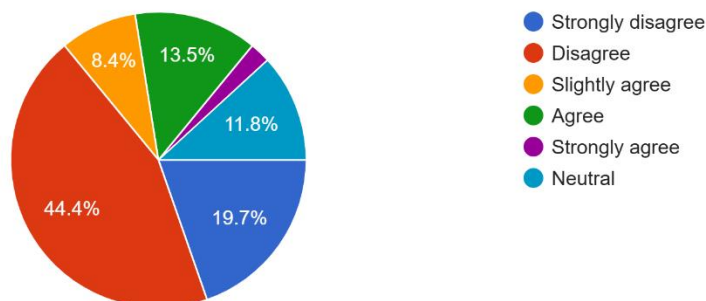
**Research objective 1:** To examine how Christians in Lagos State perceive and interpret faith-based messages disseminated through social media during health crises.



Taken together, the two datasets reveal a generally favorable perception of faith-based health communication, though with some reservations. In the first survey, nearly half of respondents expressed trust in health information shared by pastors on social media, while about a quarter disagreed and a notable minority remained neutral. The second survey reinforced this trend, with over 60% of participants agreeing or slightly agreeing that faith-based health messages are often accurate, though around 25% strongly disagreed or disagreed.

**Research objective 2:** To analyze the influence of faith-based messages on individual and community responses to health crises.

My trust in my religious leader influenced how I responded to health warnings.  
178 responses



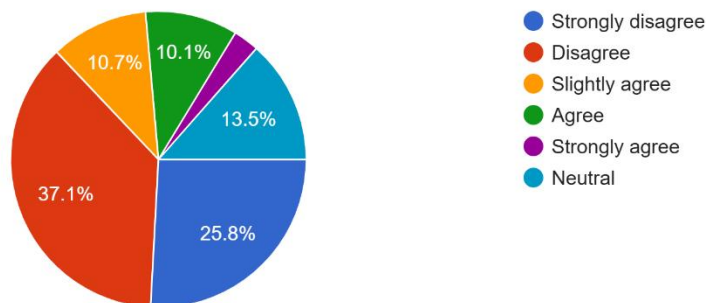


When the responses are grouped into broader categories, the picture becomes clearer. About 23.6% of participants expressed agreement, whether strong, moderate, or slight, that their trust in religious leaders shaped how they responded to health warnings. In contrast, a much larger share, 64.1%, expressed disagreement, indicating that religious authority did not play a decisive role in their health-related choices. The remaining 11.8% remained neutral, suggesting uncertainty or ambivalence about the influence of religious leadership.

This distribution highlights an important dynamic: while nearly a quarter of respondents acknowledged some level of influence from religious leaders, the majority relied on other sources of guidance. The neutral group adds nuance, showing that not all respondents had a clear stance, which may reflect mixed experiences or a lack of strong feelings on the matter. Overall, the findings suggest that

**Research objective 3:** To assess the degree of alignment or contradiction between faith-based messages and official public health communication.

I would rather follow my religious leader's health advice than a government official's.  
178 responses



The results show that nearly two-thirds of respondents (62.9%) disagreed with the idea of preferring their religious leader's health advice over that of government officials. This indicates that, for the majority, official government guidance carries more weight in health-related matters. On the other hand, 23.6% expressed agreement, suggesting that a significant minority would prioritize religious authority when making health decisions. The neutral group (13.5%) reflects those who may be undecided or who view both sources of advice as equally important.

A recurring theme is the reinforcement of health precautions by faith-based communicators. Several respondents noted that their churches were “*constantly providing health precautions updates*” and “*encouraged us to stay safe by obeying all the health safety rules.*” This shows that religious leaders often acted as conduits for public health messaging, ensuring that government guidelines reached their congregations in practical ways, such as reducing gatherings and stopping handshakes.



Another strong theme is the use of digital platforms. Churches adapted quickly by introducing “*virtual worship and online trainings*” and using WhatsApp to “*encourage us to stay safe.*” Social media was also employed, with one respondent explaining that “*my Church used social media to respond to the Pandemic by organising Prayer programmes to stop the virus from Spreading.*” These digital strategies not only spread health information but also helped reduce loneliness and maintain community bonds. Faith communities also provided holistic support beyond health advice. One participant highlighted that “*the church met physical, emotional, financial and ultimately spiritual need of the people,*” while another described the role of faith leaders as “*a source of encouragement.*” This underscores the unique position of religious institutions in addressing the broader well-being of their members during crises.

However, the responses also reveal mixed perceptions of government motives. Some expressed skepticism, with one stating, “*COVID-19 was a pandemic, and NOT a pandemic. It was a deception of the highest order,*” and another adding, “*I had a negative view in the COVID-19 pandemic issue especially how the government tried to force us in taking the vaccine.*” In these cases, pastors were praised for conducting their own research and “*sharing to us the real reason behind the government motive.*” Such sentiments highlight the tension between public health authorities and certain faith-based narratives, which can either reinforce or undermine official messaging.

Finally, there is evidence of direct collaboration and alignment. Some churches acted as intermediaries, “*to convey directives from the government and re-enforce key issues,*” while others emphasized both faith and compliance: “*Some churches used social media platforms to spread the news about COVID-19, and the public should take precautions measures and follow government guidelines and regulations.*” These examples demonstrate the potential for structured partnerships where faith leaders amplify government health advice within trusted networks.

## **DISCUSSION**

The findings of this study provide empirical insight into the influence of faith-based social media communication on Christians’ perception and responses to health crises in Lagos State. The results show a complex interaction between religious authority, digital media platforms, and public health communication, thereby reinforcing and extending existing scholarship on religion and crisis communication.

First, the study revealed that respondents generally hold favourable perceptions of faith-based health messages disseminated through social media, with many indicating trust in health information shared by pastors and church platforms. This finding aligns with research indicating that religious leaders often function as trusted opinion leaders within faith communities, particularly in societies where religion plays a central role in shaping social values and behaviour. Studies on religion and health communication in Nigeria have shown that religious institutions possess extensive social networks and moral authority that allow them to influence community perceptions of health issues (Adetunji et al., 2024).



Similarly, research on religious leadership and public discourse suggests that churches often serve as social institutions that shape public attitudes and interpret social events for congregants (Onuorah, 2024). In the context of this study, the positive perception of faith-based messages can therefore be attributed to the high level of trust and relational proximity that religious leaders maintain with their followers. Congregants often interpret messages from pastors not merely as information but as guidance embedded within shared moral and spiritual frameworks.

Second, although respondents expressed trust in faith-based messages, the findings show that religious communication does not consistently translate into concrete health behaviours, such as adherence to COVID-19 protocols or vaccination uptake. Instead, most respondents indicated that they relied primarily on government and medical authorities when making health-related decisions. This finding is consistent with previous studies suggesting that while religious leaders can influence attitudes and norms, biomedical and governmental sources often remain the primary determinants of health behaviour. For example, research on religious leaders and public health interventions found that faith-based actors play an important supportive role in shaping health awareness but are most effective when working alongside official health institutions (Mike, 2023).

The present finding therefore supports the argument that religious communication functions more effectively as a reinforcing mechanism rather than a substitute for formal health communication systems. In other words, while religious leaders can strengthen awareness and trust, behavioural compliance is more likely to occur when messages are supported by scientific evidence and institutional authority.

However, the findings also diverge slightly from some studies conducted in communities with limited access to formal health information, where religious leaders have been shown to exert stronger behavioural influence on health practices. One plausible explanation for this difference lies in the socio-demographic characteristics of the respondents in this study, many of whom possess relatively high levels of education and exposure to multiple information sources. Higher educational attainment often encourages individuals to evaluate information from different channels before adopting behavioural responses. Consequently, respondents may appreciate the moral guidance of religious leaders while still prioritizing expert medical advice when making health decisions.

Another important finding relates to the central role of social media platforms in disseminating faith-based communication. WhatsApp, Facebook, and other digital platforms emerged as dominant channels through which religious messages circulated during the COVID-19 pandemic. This observation corroborates the Uses and Gratifications Theory, which posits that individuals actively select media platforms that satisfy their informational, emotional, and social needs (Katz, Blumler & Gurevitch, 1974). Empirical studies applying this theory to social media use demonstrate that audiences often engage with digital platforms to obtain information, social interaction, and emotional reassurance during uncertain situations.



Within the context of this study, the high reliance on social media for faith-based communication suggests that congregants are using these platforms not only to obtain health information but also to seek spiritual reassurance, community solidarity, and emotional stability during crises. This reinforces the argument that digital religious communication performs both informational and psychosocial functions.

Furthermore, the findings show that many churches actively supported public health responses by reinforcing safety measures and adapting religious practices to digital formats during the pandemic. Examples include online worship services, virtual prayer sessions, and dissemination of health precautions through church WhatsApp groups. This finding supports research suggesting that religious institutions can act as intermediaries that translate official health directives into culturally meaningful messages for communities. Public health initiatives in Nigeria have increasingly recognized the strategic importance of collaborating with religious leaders because of their ability to mobilize community engagement and influence social norms (Adetunji et al., 2024).

Nevertheless, the findings also revealed instances of skepticism toward government motives among a minority of respondents. Some participants expressed distrust regarding government policies, particularly during the COVID-19 pandemic. Such skepticism reflects broader concerns about institutional trust in many societies where citizens sometimes question the transparency or credibility of official communication. In these contexts, religious leaders may inadvertently become alternative interpreters of public events, providing narratives that resonate with the moral and spiritual expectations of their followers.

Taken together, the results highlight a dual role of faith-based communication in health crises. On one hand, religious leaders provide emotional reassurance, community cohesion, and moral interpretation of crises. On the other hand, their messages do not necessarily override the authority of medical experts in shaping behavioural decisions. This finding contributes to the growing body of literature that distinguishes between perceptual influence and behavioural influence in health communication.

By demonstrating that faith-based communication influences perception and emotional coping more strongly than behavioural compliance, this study extends existing scholarship on religion and crisis communication. The implication is that faith-based messaging should be viewed not as a competing communication system but as a complementary mechanism that enhances the reach and effectiveness of public health communication. Strategic partnerships between public health authorities and religious leaders can therefore strengthen crisis communication by combining scientific credibility with moral legitimacy and community trust.



## **CONCLUSION**

The study demonstrates that faith-based communication represents a valuable but underutilized resource in crisis communication strategies. When properly integrated with official public health communication, religious institutions can enhance message credibility, expand outreach, and foster community trust. The findings therefore highlight the need for stronger collaboration between public health authorities and faith-based organizations in designing effective crisis communication frameworks. Therefore faith-based communication should be positioned as a complementary tool within broader public health strategies. Religious leaders can play a supportive role in reinforcing government health messages, fostering trust, and reaching communities where faith is a strong cultural driver. However, effective crisis management requires institutionalized collaboration between faith-based organizations and health authorities to ensure that health communication is both credible and actionable, ultimately enhancing compliance and resilience during health emergencies.

## **RECOMMENDATIONS**

Based on the findings of this study, the following recommendations are proposed: Public health managers should collaborate with religious leaders to deliver health messages that reinforce government guidance. This leverages the trust faith leaders hold while ensuring consistency with evidence-based information.

1. Since faith influence varies across groups, health campaigns should be adapted to local contexts, integrating spiritual values where they resonate strongly, while maintaining scientific accuracy to maximize compliance.
2. Policymakers should establish frameworks that formalize partnerships between faith-based organizations and health authorities, ensuring coordinated messaging during crises to strengthen trust, reduce misinformation, and improve collective health responses.
3. Collaboration strategies must both leverage the trust and reach of faith leaders and address misinformation directly, ensuring that spiritual framing complements rather than contradicts scientific guidance.

## **Ethical clearance**

Ethical consent was sought and obtained from the participants used in this study. They were made to understand that the exercise was purely for academic purposes, and their participation was voluntary.

## **Acknowledgements**

We acknowledge Pastor Adeniyi Emmanuel for assisting us with data collection. We equally appreciate the respondents for their cooperation and support.

## **Sources of funding**

The study was self-funded. The three authors pool resources together to complete the study.



### **Conflict of Interest**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### **Authors' Contributions**

Gbekeloluwa Abidemi conceived the study, including the design, Gbekeloluwa Abidemi and Ilori Morenikeji collated the data, and Gbekeloluwa Abidemi as well as Asekere Olujoke handled the analysis and interpretation, while the lead author worked on the initial manuscript. All authors have critically reviewed and approved the final draft, and are responsible for the content and similarity index of the manuscript.

### **Data availability statement**

The datasets on which conclusions were made for this study are available on reasonable request.

### **Citation:**

Gbekeloluwa, A., Ilori, M. and Asekere, O. (2026). Influence of Faith-Based Social Media Messages on Christians' Perception and Response to Health Crises in Lagos State. *International Journal of Sub-Saharan African Research*, 4(1), 371-383. doi:10.5281/zenodo.19369150

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