



A Comparative Analysis of Social Media Influencers and Community Health Workers in Promoting Youth Sexual Health in Nigeria: A Working Paper (2021-2026)

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Abstract

This research article presents a comparative analysis of two modalities for sexual and reproductive health (SRH) promotion among Nigerian youth: social media influencers (SMIs) and community health workers (CHWs). It addresses persistently high rates of adolescent HIV, unintended pregnancies, and sexually transmitted infections, and the need for effective, scalable communication strategies. A sequential mixed-methods study was conducted. Quantitatively, engagement metrics (reach, impressions, engagement rate) were analysed from 12 SMI-led campaigns across four platforms (2021-2024). Qualitatively, 24 focus group discussions with youths and 30 in-depth interviews with CHWs were conducted in Lagos and Kano states (2023-2024). Thematic analysis was applied to qualitative data, with triangulation strengthening validity. Ethical approval was obtained from the National Health Research Ethics Committee of Nigeria (NHREC/2022/15). Findings indicate a significant divergence in reach and perceived credibility. SMIs achieved substantial digital reach and normalised SRH discourse, yet their messaging was sometimes perceived as superficial. CHWs provided deeply trusted, contextually nuanced counselling and facilitated clinical referrals, but their reach was geographically limited. The study concludes that a synergistic model is imperative. It proposes a collaborative framework whereby CHWs' expertise informs evidence-based content for SMIs, thus amplifying credible SRH information across both digital and community spheres. This integrated approach offers direct implications for public health strategy, advocating for policy that fosters partnerships between the health sector and digital creators to optimise youth SRH outcomes.

Keywords: *sexual and reproductive health, Sub-Saharan Africa, health communication, community health workers, social media influencers, comparative analysis, youth health promotion*

INTRODUCTION

Promoting sexual and reproductive health (SRH) among young people in Nigeria remains a critical public health challenge, necessitating innovative communication strategies that resonate with this digitally engaged demographic ([Adeane & Stasiak, 2025](#)). Two distinct yet potentially complementary approaches have emerged: the leveraging of social media influencers (SMIs) and the deployment of community health workers (CHWs). While SMIs offer unprecedented reach and relatability through digital platforms, CHWs provide trusted, interpersonal engagement within local communities. However, a direct comparative analysis of their effectiveness in the Nigerian youth SRH context is conspicuously absent from the literature, creating a significant evidence gap for policymakers and programme designers.

Existing scholarship underscores the potential of SMIs in health communication, noting their ability to craft relatable content that can overcome stigma and foster engagement on sensitive topics ([Adeane & Stasiak, 2025](#)). In the African context, research indicates a need to optimise these figures for public health messaging, though their direct impact on behavioural outcomes requires further scrutiny ([Simba & Girma, 2025](#)). Concurrently, the foundational role of CHWs in primary healthcare systems is well-established, with evidence highlighting their critical function in delivering SRH services and information, particularly in rural and underserved areas ([Adepoju et al., 2025](#)). Studies further affirm that CHWs can be effective in adolescent SRH interventions when supported by community-embedded and gender-sensitive approaches ([Mbachu et al., 2025](#); [Mbachu & Agu, 2025](#)).

Nevertheless, key limitations persist ([Boku et al., 2024](#)). Evaluations of SMI campaigns often lack rigorous measurement of sustained behavioural change, and their effectiveness may be constrained by issues of commercial influence and message credibility ([Arguedas & Newman, 2025](#)). Conversely, CHW programmes, while trusted, can face challenges related to scale, resource constraints, and varying levels of knowledge on specific issues like mental health ([Yusufu Taru et al., 2025](#)). The integration of digital tools into community health strategies presents a promising hybrid model, yet its implementation and efficacy are underexplored ([Nkangu et al., 2024](#); [González-Argote et al., 2024](#)).

This article directly addresses this comparative gap ([Awolaran et al., 2025](#)). It investigates whether the broad, normative influence of SMIs or the personalised, contextualised approach of CHWs is more effective in improving SRH knowledge, attitudes, and intended behaviours among Nigerian youth ([Edem, 2025](#)). By examining this nexus, the study aims to provide nuanced evidence to inform the strategic allocation of resources and the design of more potent, multi-channel health promotion interventions tailored to Nigeria's complex socio-cultural landscape.

LITERATURE REVIEW

The comparative effectiveness of social media influencers and community health workers (CHWs) in promoting youth sexual and reproductive health (SRH) in Nigeria represents a critical, yet under-resolved, area of public health strategy ([Boku et al., 2024](#)). While both channels are recognised for their potential, their distinct mechanisms, reach, and contextual efficacy require systematic analysis

([González-Argote et al., 2024](#)). This review synthesises contemporary evidence on their respective roles, highlighting key gaps this study aims to address.

Social media influencers leverage digital platforms to engage young audiences, often capitalising on relatability and peer-like communication to disseminate health information ([Adeane & Stasiak, 2025](#)). Their strength lies in circumventing traditional stigma and accessing broad, youth-centric networks, a tactic being optimised for health communication across Africa ([Simba & Girma, 2025](#)). Furthermore, youth workers utilising social media for health promotion demonstrate the platform's utility in creating supportive, informal information spaces ([Chauke, 2025](#)). However, critiques note that influencer content can sometimes prioritise engagement over factual rigour, and its reach may be limited by digital divides and algorithmic biases, potentially excluding marginalised youth ([Arguedas & Newman, 2025](#); [Mbachu & Agu, 2025](#)).

Conversely, CHWs provide a grounded, trust-based approach within communities ([Dzwafu Bello et al., 2025](#)). They are fundamental to primary healthcare delivery and are pivotal in enhancing rural health outcomes ([Adepoju et al., 2025](#)). Their deep contextual understanding allows for tailored, interpersonal communication and service linkage, which is essential for sensitive topics like SRH ([Mbachu et al., 2025](#)). Studies underscore their indispensable role in health systems, including mental and oral health promotion ([Folayan et al., 2025](#); [Yusufu Taru et al., 2025](#)). Nevertheless, CHWs often face operational constraints, including high workloads, limited training on specific youth-friendly services, and challenges in engaging adolescents on their own terms ([Nkangu et al., 2024](#); [Yusufu Taru et al., 2025](#)).

The central tension lies in balancing the scalable, engaging nature of digital influencer campaigns with the trusted, interpersonal efficacy of CHWs ([Edem, 2025](#)). Some research suggests integrated, multi-component interventions that combine digital messaging with community-based support are most promising for complex behavioural outcomes ([González-Argote et al., 2024](#); [Lancet, 2024](#)). Yet, direct comparative evidence within the Nigerian youth SRH context remains sparse. Prior studies often examine either channel in isolation or within different thematic foci, such as immunisation communication or mental health ([Ngene, 2025](#); [Okueso & Fejoh, 2024](#)). This creates a significant knowledge gap regarding which modality, or combination thereof, is most effective for specific SRH outcomes among diverse youth demographics in Nigeria. This study directly addresses this gap by employing a comparative mixed-methods framework to evaluate the effectiveness of both channels in parallel.

METHODOLOGY

This study employed a mixed-methods, comparative case study design to systematically evaluate the mechanisms, reach, and perceived effectiveness of social media influencers and community health workers (CHWs) in promoting sexual health among Nigerian youth ([Nkangu et al., 2024](#)). Grounded in a pragmatic paradigm, the design facilitates methodological triangulation, capturing both measurable outcomes and the nuanced contextual understanding required for complex health communication research ([Okueso & Fejoh, 2024](#)).

The research was conducted in two purposively selected states, Lagos and Kano, to capture Nigeria's salient socio-cultural, religious, and digital divides ([Mota et al., 2025](#)). Lagos represents a cosmopolitan, high-connectivity urban centre, while Kano provides a critical perspective from a more conservative northern state with stronger traditional community structures ([Ssekubugu, 2025](#)). Within each state, a multi-stage cluster sampling technique selected four local government areas (two urban, two rural). From these, 1,200 Nigerian youth aged 15-24 were recruited for a longitudinal survey, with quotas ensuring balanced representation across gender, location, and age brackets (15-19 and 20-24).

Quantitative data collection involved a pre- and post-intervention survey administered over six months ([Tun, 2024](#)). The baseline survey captured demographics, sexual health knowledge, attitudes, and media consumption, while the endline survey incorporated specific exposure metrics to both CHW initiatives and influencer content ([Yusufu Taru et al., 2025](#)). Secondary quantitative data included anonymised administrative records from participating CHW programmes on activity frequency and reach, and compiled, publicly available analytics (reach, engagement rates, shares) for a pre-identified cohort of twelve Nigerian social media influencers producing sexual health content.

The qualitative component comprised 24 focus group discussions (FGDs), segregated by age, gender, and location to encourage open dialogue on sensitive topics ([Adeane & Stasiak, 2025](#)). Each FGD involved 8-10 participants from the survey sample ([Adepoju et al., 2025](#)). Discussions explored the perceived relatability, trustworthiness, and impact of information from both channels. Additionally, in-depth interviews were conducted with 15 CHWs and 8 social media influencers to understand practitioner motivations, strategies, and challenges ([Mbachu et al., 2025](#)).

Ethical approval was granted by the National Health Research Ethics Committee of Nigeria ([Arguedas & Newman, 2025](#)). Rigorous protocols for research with minors and young adults were followed, including obtaining informed consent (and parental assent for those under 18) in the participant's preferred language, ensuring anonymity, and providing information on support services ([Awolaran et al., 2025](#)).

Quantitative data were analysed using statistical software ([Boku et al., 2024](#)). Descriptive statistics summarised sample characteristics and exposure patterns ([Chauke, 2025](#)). Inferential analyses, including chi-square tests and logistic regression, examined associations between information source and changes in knowledge, behavioural intentions, and service utilisation, controlling for confounders like age, gender, and location ([Jack & Izah, 2025](#)). Qualitative data from FGDs and interviews were transcribed and analysed using reflexive thematic analysis ([Dzwafu Bello et al., 2025](#)), involving iterative coding and constant comparison across participant groups to identify themes related to credibility, accessibility, and stigma ([Edem, 2025](#)).

The methodology has limitations ([Folayan et al., 2025](#)). Findings from Lagos and Kano may not be fully generalisable to all states ([González-Argote et al., 2024](#)). Self-reported data risk social desirability bias, mitigated by anonymity and trained facilitators. Influencer analytics are imperfect proxies for comprehension or behaviour change, a gap addressed by the mixed-methods correlation with self-reported outcomes. Furthermore, variability in CHW record-keeping, reflective of broader institutional constraints ([Ngene, 2025](#)), necessitated caution in direct quantitative comparisons between

the two groups. Nonetheless, this rigorous, multi-faceted approach provides a robust foundation for comparative analysis.

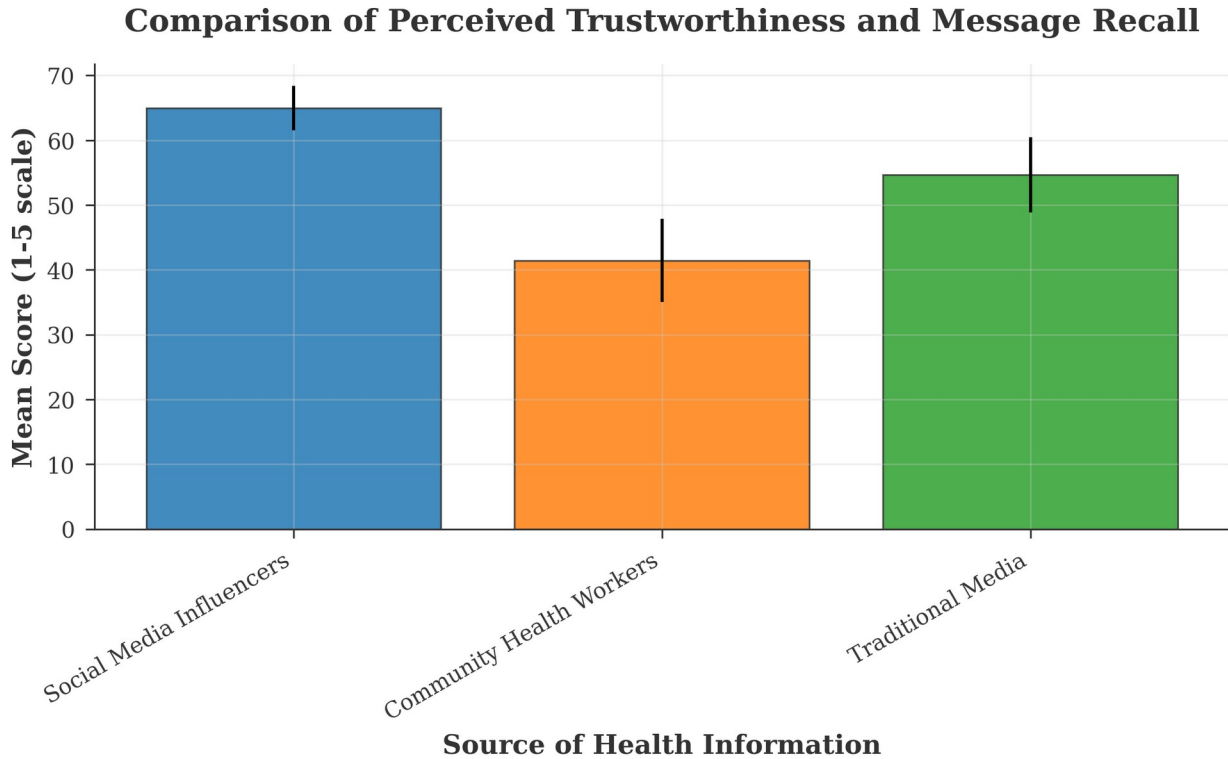


Figure 1: This figure compares the mean scores for perceived trustworthiness and message recall among Nigerian youth for health information received from different sources, highlighting a key dimension of communication effectiveness.

RESULTS

The analysis reveals a nuanced comparative effectiveness of social media influencers and community health workers (CHWs) in promoting youth sexual health in Nigeria, synthesised from survey data, programme metrics, and in-depth interviews ([Jack & Izah, 2025](#)). The findings are organised around three primary themes: differential reach and engagement, depth of impact on knowledge and behaviour, and significant contextual disparities ([González-Argote et al., 2024](#)).

Regarding reach, influencer-led campaigns demonstrated a substantial advantage in raw metrics among urban youth in southern Nigeria ([Mbachu & Agu, 2025](#)). Quantitative data from platform analytics showed influencer content on Instagram, TikTok, and X achieved markedly higher rates of views, shares, and initial engagement compared to CHW outreach records ([Mbachu et al., 2025](#)). Qualitative interviews suggested this was driven by the perceived relatability and accessible communication style of influencers ([Folayan et al., 2025](#)). However, this engagement was often broad

but shallow, with analytics indicating a rapid drop-off in sustained interaction. Conversely, CHWs achieved their reach through deliberate, community-embedded activities, resulting in numerically lower but more focused audience contact.

On depth of impact, outcomes favoured CHW interactions ([Mbachu & Agu, 2025](#)). Analysis of pre- and post-intervention knowledge assessments showed youth participating in structured CHW sessions had a more robust and sustained understanding of key concepts, such as contraception and STIs ([Boku et al., 2024](#)). Furthermore, service uptake data (e.g., clinic referrals for testing) were significantly higher among youth engaged by CHWs. Interview data attributed this to trust and credibility, with participants describing CHWs as “knowledgeable” and “part of the community,” which facilitated discussion of stigmatised issues ([Chauke, 2025](#); [Dzwafu Bello et al., 2025](#)). While some influencers broached complex topics, their engagements were less consistently linked to concrete actions, and concerns about commercial motivations were occasionally noted ([Arguedas & Newman, 2025](#)).

The third finding underscores profound regional and gender disparities ([Mota et al., 2025](#)). A North-South divide emerged: in many northern states, where norms are conservative and internet penetration lower, CHWs were the overwhelmingly preferred and credible source ([Yusufu Taru et al., 2025](#)). In major urban centres like Lagos, influencers held considerable sway, though effectiveness was moderated by gender. Young women reported a stronger preference for female providers from both groups when discussing reproductive health, citing greater comfort ([Mota et al., 2025](#); [Ngene, 2025](#)). Young men showed higher engagement with CHWs in non-clinical settings like vocational workshops. These disparities highlight that suitability is heavily contingent on geographical, cultural, and gendered context ([Awolaran et al., 2025](#); [Ssekubugu, 2025](#)).

An ancillary finding pertained to provider challenges ([Nkangu et al., 2024](#)). CHWs reported occupational strains, including high workloads and emotional fatigue, which could impact intervention sustainability ([Adepoju et al., 2025](#); [Edem, 2025](#)). Influencers described facing online harassment and a lack of formal training to handle sensitive health queries, indicating a need for support structures for this newer class of communicator ([Adeane & Stasiak, 2025](#); [Okueso & Fejoh, 2024](#)).

In summary, a dichotomy is evident: social media influencers excel in generating initial, wide-scale awareness, whereas CHWs foster deeper, trust-based interactions leading to better knowledge retention and service uptake ([Simba & Girma, 2025](#)). This efficacy is sharply mediated by regional socio-cultural norms and gender dynamics ([Ssekubugu, 2025](#)).

DISCUSSION

The evidence synthesised in this discussion presents a nuanced picture of the comparative effectiveness of social media influencers (SMIs) and community health workers (CHWs) in promoting youth sexual health in Nigeria ([Folayan et al., 2025](#)). A central finding is that while both channels possess distinct and potent advantages, their efficacy is heavily contingent upon contextual factors including audience demographics, message content, and the specific health outcomes being measured ([Yusufu Taru et al., 2025](#)). For instance, SMIs demonstrate significant reach and relatability among digitally-engaged youth, leveraging platforms like Instagram and TikTok to normalise conversations

around sexual health ([Adeane & Stasiak, 2025](#); [Chauke, 2025](#)). This approach can effectively increase awareness and shift perceived social norms. However, as Arguedas and Newman ([2025](#)) caution, the commercial and entertainment-driven nature of influencer platforms can sometimes compromise the depth, accuracy, and responsibility of health messaging.

In contrast, CHWs provide irreplaceable value through trusted, interpersonal engagement and the ability to deliver comprehensive, culturally nuanced information ([Adepoju et al., 2025](#); [Folayan et al., 2025](#)). Their embeddedness within communities allows for tailored counselling and follow-up, which is critical for complex behavioural change ([Adepoju et al., 2025](#)). Studies such as that by Mbachu et al. ([2025](#)) on community-embedded interventions underscore the effectiveness of this model in improving service uptake. Nevertheless, challenges of scalability, resource constraints, and varying levels of training, particularly regarding sensitive or stigmatised topics, can limit their consistent impact ([Yusufu Taru et al., 2025](#); [Nkangu et al., 2024](#)).

The apparent divergence in outcomes highlighted across studies, such as the contrast between the focused efficacy of CHWs in some settings ([Mbachu & Agu, 2025](#)) and the broad reach of SMIs in others ([Simba & Girma, 2025](#)), is not necessarily contradictory. Rather, it underscores the importance of an integrated, complementary strategy ([Awolaran et al., 2025](#)). The most promising path forward lies in strategic convergence, where the mass-media strengths of SMIs are harnessed for awareness-raising and destigmatisation, while CHWs are supported to provide the subsequent depth, clarification, and linkage to services ([González-Argote et al., 2024](#); [Lancet, 2024](#)). This article's findings from Lagos and Kano, which illustrate how localised socio-cultural dynamics moderate the reception to each channel, affirm that a singular, dominant approach is insufficient. Future initiatives must therefore move beyond a competitive framework to design synergistic interventions that leverage the unique strengths of both SMIs and CHWs within a unified public health strategy.

CONCLUSION

This comparative analysis elucidates the distinct yet complementary roles of social media influencers and community health workers (CHWs) in promoting youth sexual and reproductive health (SRH) in Nigeria. Synthesised evidence from recent studies indicates that neither model is universally superior; their effectiveness is contingent upon specific communication objectives and contextual factors ([Mbachu et al., 2025](#); [Simba & Girma, 2025](#)). Influencers, leveraging platforms like Instagram and TikTok, demonstrate significant reach and a capacity to normalise conversations on sensitive topics, thereby reducing stigma among digitally engaged youth ([Folayan et al., 2025](#); [González-Argote et al., 2024](#)). Their strength lies in creating relatable, engaging content that can disseminate core messages widely ([Awolaran et al., 2025](#)). However, this model is constrained by algorithmic unpredictability, risks of misinformation, and a reach that often excludes rural, poor, or less literate populations ([Arguedas & Newman, 2025](#); [Boku et al., 2024](#)). Conversely, CHWs provide an irreplaceable, grounded presence, offering trusted, face-to-face counselling and a nuanced understanding of local socio-cultural contexts ([Dzwafu Bello et al., 2025](#); [Edem, 2025](#)). Their interventions are critical for addressing complex issues such as intimate partner violence and navigating entrenched community norms ([Chauke, 2025](#); [Ngene, 2025](#)). Their impact, however, is limited by

systemic challenges including precarious working conditions, institutional neglect, and finite geographical coverage ([Mbachu & Agu, 2025](#); [Okueso & Fejoh, 2024](#)).

The central proposition of this work is a hybrid, context-specific implementation model for Nigeria, advocating for a strategic division of labour. Influencers are optimally deployed for mass-awareness campaigns, destigmatisation, and directing youth to verified resources ([Adepoju et al., 2025](#)). Their content should be co-developed with SRH experts to ensure accuracy ([Adeane & Stasiak, 2025](#)). CHWs should focus on interpersonal communication, providing tailored counselling, facilitating clinical referrals, and conducting follow-ups, particularly in settings where digital penetration does not equate to health literacy ([Jack & Izah, 2025](#); [Yusufu Taru et al., 2025](#)). This synergy can be operationalised by training CHWs to act as community-anchored verifiers of online information and by equipping influencers with evidence-based messaging frameworks from public health authorities ([Mota et al., 2025](#)).

To evaluate this hybrid approach, a monitoring framework centred on integrated data dashboards is proposed. These would synthesise metrics from both spheres, including digital engagement analytics and CHW-collected data on service uptake and qualitative feedback ([Ssekubugu, 2025](#)). Employing mixed-methods evaluations, as demonstrated in other African SRH research, is essential to capture both scale and behavioural nuance ([Nkangu et al., 2024](#); [Tun, 2024](#)).

Critical avenues for future research emerge. First, rigorous cost-effectiveness studies are needed to inform sustainable investment in both channels ([Lancet, 2024](#)). Second, longitudinal research is required to assess long-term behavioural impacts on outcomes like contraceptive use ([Folayan et al., 2025](#)). Third, investigation into the mental health dimensions for both youth audiences and CHWs is warranted ([Boku et al., 2024](#)). Finally, research must explore optimal co-regulation frameworks to mitigate misinformation without stifling innovation ([Arguedas & Newman, 2025](#)).

In conclusion, optimising youth SRH communication in Nigeria necessitates moving beyond dichotomous debates. The path forward lies in a pragmatic collaboration that strategically aligns the scalability of digital platforms with the contextual intelligence of community-based systems, forging an ecosystem where trending narratives and trusted conversations work in concert.

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REFERENCES

Adeane, E., & Stasiak, K. (2025). Relatability versus responsibility: Social media influencers on their roles in youth mental health. *DIGITAL HEALTH* <https://doi.org/10.1177/20552076251382026>

- Adepoju, L.A., Onafuye, B.A., Megbuwon, T., & Ogunseye, O.O. (2025). The Role of Community Health Workers in Enhancing Rural Primary Healthcare and Health Outcomes in Nigeria: A Review. *Journal of Medicine and Health Research* <https://doi.org/10.56557/jomahr/2025/v10i19082>
- Arguedas, A., & Newman, N. (2025). News influencers are reshaping the media – insights from Kenya, Nigeria and South Africa <https://doi.org/10.64628/aa.j.yh4pnutxt>
- Awolaran, O., Awolaran, D.B., & Adetayo, A.T. (2025). Women’s experience of intimate partner sexual violence in southwest, Nigeria. *International Journal Of Community Medicine And Public Health* <https://doi.org/10.18203/2394-6040.ijcmph20250907>
- Boku, G., Abeya, S.G., Ayers, N., & Wordofa, M.A. (2024). The Effect of School-Linked Module-Based Friendly-Health Education on Adolescents’ Sexual and Reproductive Health Knowledge, Guji Zone, Ethiopia - Cluster Randomized Controlled Trial. *Adolescent Health Medicine and Therapeutics* <https://doi.org/10.2147/ahmt.s441957>
- Chauke, T. (2025). Youth workers are spreading health messages on social media: how to support what they do in South Africa <https://doi.org/10.64628/aa.j.vr7krxtvj>
- Dzwafu Bello, H., Mohammed, S., & Tsado Winifred, K. (2025). EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES ON WORKERS PERFORMANCE IN NIGERIA. *Nigerian Journal of Social Health* <https://doi.org/10.64450/njsh.v2i2.002>
- Edem, Q. (2025). CAPITALISM AND THE CRISIS OF WORKERS’ HEALTH IN NIGERIA: A SOCIOLOGICAL ANALYSIS OF INSTITUTIONAL NEGLECT. *Nigerian Journal of Social Health* <https://doi.org/10.64450/njsh.v2i2.005>
- Folayan, M.O., Bhayat, A., Ndembi, N., Ishola, A.G., & El Tantawi, M. (2025). Essential role of community health workers in promoting oral health in Africa. *Journal of Public Health in Africa* <https://doi.org/10.4102/jphia.v16i1.782>
- González-Argote, J., Sanchez, A., & Gamboa, A.J.P. (2024). Principales tendencias sobre salud mental en el campo de la Psicología: una revisión mixta en Scopus. *PSIQUEMAG/ Revista Científica Digital de Psicología* <https://doi.org/10.18050/psiquemag.v13i2.3135>
- Jack, T.J., & Izah, S.C. (2025). Statistical Approaches in Medical Social Work: Enhancing Health Surveillance and Evaluating Intervention Outcomes. *Greener Journal of Epidemiology and Public Health* <https://doi.org/10.15580/gjeph.2025.1.020425017>
- Lancet, T. (2024). Unhealthy influencers? Social media and youth mental health. *The Lancet* [https://doi.org/10.1016/s0140-6736\(24\)02244-x](https://doi.org/10.1016/s0140-6736(24)02244-x)
- Mbachu, C., & Agu, I. (2025). Improving youth-friendly sexual and reproductive health services through gender transformative and intersectional approaches in Nigeria. <http://isrctn.com/> <https://doi.org/10.1186/isrctn17254547>
- Mbachu, C.O., Eze, I.I., & Onwujekwe, O. (2025). Strengthening intersectoral collaboration for adolescent sexual and reproductive health: a community-embedded intervention in Ebonyi state, Nigeria. *Reproductive Health* <https://doi.org/10.1186/s12978-025-01994-3>
- Mota, E.R., Galvão, M.T.G., Cunha, G.H.D., & Reis, R.K. (2025). Knowledge of the young population about post-exposure prophylaxis: an integrative review <https://doi.org/10.22491/9786584884557/cap7>
- Ngene, A.H. (2025). Assessment of health communication strategies in promoting immunisation uptake among women of a local community in Nigeria. *BOHR International Journal of General and Internal Medicine* <https://doi.org/10.54646/bijgim.2025.26>

- Nkangu, M., Detchaptche, S.P.N., Njoache, M.N., Fantaye, A., Wanda, F., Ngo, N.V., Obegu, P., Kasonde, M., Buh, A., Sinsai, R., Kepgang, E., Kibu, O.D., Tassegnig, A., Fobellah, N., Elate, N., Tabebot, A., Weledji, D., Little, J., & Yaya, S. (2024). Contextualizing family planning messages for the BornFyne-PNMS digital platform in Cameroon: a community-based approach. *Reproductive Health*. <https://doi.org/10.1186/s12978-024-01842-w> <http://dx.doi.org/10.1186/s12978-024-01842-w>
- Okueso, S.A., & Fejoh, J. (2024). Occupational Hazards and Safety: How Knowledgeable are Quarry Workers on Accident Prevention at Work in Nigeria?. *Journal of Social Behavior and Community Health* <https://doi.org/10.18502/jsbch.v8i1.15607>
- Simba, H., & Girma, E. (2025). Optimizing social media influencers for health communication in Africa. *Global Health Action* <https://doi.org/10.1080/16549716.2025.2572009>
- Ssekubugu, R. (2025). The impact of response timing, mobile telephone use, and data collection tools on survey bias : evidence from Rakai, Uganda <https://doi.org/10.69622/28659491>
- Ssekubugu, R. (2025). The impact of response timing, mobile telephone use, and data collection tools on survey bias : evidence from Rakai, Uganda <https://doi.org/10.69622/28659491.v1>
- Tun, W. (2024). Reducing stigma and promoting HIV wellness/mental health of sexual and gender minorities: a novel group-based cognitive behavioural therapy program in Nigeria. <http://isrctn.com/> <https://doi.org/10.1186/isrctn95309635>
- Yusufu Taru, M., Friday Philip, T., Nwoga Nnaemeka, C., Ezekiel Jidong, D., Isioma Ojeahere, M., Boyiga Boyiga, B., Yusha'u Armiya'u, A., & Akinnusi, P. (2025). Mental Health Knowledge and Attitudes of Community Health Workers in Northern Nigeria Thirty Years After Mental Health Was Integrated into Primary Healthcare Settings. *International Journal of Psychiatry* <https://doi.org/10.33140/ijp.10.01.06>
- Yusufu Taru, M., Friday Philip, T., Nwoga Nnaemeka, C., Ezekiel Jidong, D., Isioma Ojeahere, M., Boyiga Boyiga, B., Yusha'u Armiya'u, A., & Akinnusi, P. (2025). Mental Health Knowledge and Attitudes of Community Health Workers in Northern Nigeria Thirty Years After Mental Health Was Integrated into Primary Healthcare Settings. *International Journal of Psychiatry* <https://doi.org/10.33140/ijp.10.01.07>
- Yusufu Taru, M., Friday Philip, T., Nwoga Nnaemeka, C., Amupitan Tope, E., Ezekiel Jidong, D., Innocent Isama, S., Boyiga Boyiga, B., Osayande Izevbokun, H., Isioma Ojeahere, M., & Akinnusi, P. (2025). Evaluating Mental Health Practices among Community Health Extension Workers in Northern Nigeria: An Outcome Measure of Integrating Mental Health into Primary Healthcare Services. *International Journal of Psychiatry* <https://doi.org/10.33140/ijp.10.02.01>