

## The Pharmacist, the Pastor and the Bot: Competing Sources of Health Authority for Gen Zs in Bayelsa State, Nigeria

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### Abstract

This study explored competing health information sources affecting the health information behaviour of the Generation Z population in Bayelsa State. The objectives examined the roles played by pharmacists, pastors, and AI-driven health platforms. Guided by the Social Determinants of Health Theory and Health Belief Model, this study employed a descriptive research design. Structured questionnaires were administered to 400 randomly selected residents of the age bracket 13-29 years living in Yenagoa, Southern Ijaw, and Nembe Local Government Area; it was complemented with 10 in-depth interviews. Results revealed widespread use of digital platforms for obtaining health information, driven by high accessibility. Pharmacists proved to be an important player and a trustworthy source, while the influence of the pastors was significant owing to religious and cultural perspectives. The study recommends the need for regulation of health-related content online as well as integrating the role of the pharmacist into the primary healthcare delivery process.

**Keywords:** *Generation Z; Health information; Digital health; Artificial intelligence; Pharmacists; Religious leader.*

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### **Background to the Study**

The healthcare system in Nigeria remains affected by structural and systemic issues, including insufficient infrastructure, a shortage of skilled health personnel, high out-of-pocket costs, and unequal distribution of health services between urban and rural areas (World Health Organisation, 2022; Federal Ministry of Health, 2020). These issues have had a major impact on the manner in which people access health services and acquire health-related information. Simultaneously, the socio-cultural environment of Nigeria, which is highly religious and fast-growing in terms of digital connections, has provided a range of alternative channels of health guidance (Pew Research Centre, 2019; Egwudo et al., 2025). Therefore, formal medical institutions are no longer the sole influencing aspect in the development of health-seeking behaviour in the country, but rather a mix of professional, spiritual, and digital sources of authority.

In Bayelsa State, Nigeria, younger populations are facing a great deal of barriers to accessing quality healthcare, including limited functional health facilities, inadequate qualified personnel, inadequate infrastructure and high out-of-pocket costs, particularly in rural and riverine communities. The cohort of digitally native Generation Z (generally defined as those born between 1997 and 2012 (Pew Research Centre, 2019; Beresford Research, 2026) is growing up with universal internet access, mobile phones, and social media. In this respect, health information-seeking and decision-making in this generation are increasingly not limited to traditional biomedical avenues, thereby giving rise to alternative sources of authority.

This study presents these sources as a dynamic triad: The Pharmacist, the Pastor, and the Bot. The community pharmacist, a formally trained medical practitioner, not only dispenses drugs but also provides easy access to patient counselling, health education, treatment of minor ailments, and pharmaceutical advice. They can be the first and most proximal point of professional healthcare contact in areas with a lack of access to physicians. The Pastor is a spiritual health authority and is a faith-based health authority. Pastors provide prayer, healing, spiritual direction, and holistic counsel, wielding considerable influence and impact on health beliefs and behaviours in the Niger Delta socio-cultural environment, predominantly Christian (Heward-Mills et al., 2018). The Bot is a symbol of artificial intelligence-based chatbots, virtual health assistants, social media influencers, YouTube channels, TikTok videos, and other online platforms that provide instantaneous, algorithmically-driven health information and advice. These tools are highly desirable to digitally fluent young people because of their round-the-clock accessibility, privacy and speedy responses (Hassan et al., 2026).

In Nigeria, community pharmacists are increasingly being placed in a position of being the first point of contact for many patients. They go further than dispensing to patient education, counselling and incorporation into the delivery of primary health care. They are a crucial bridge to underserved regions due to their accessibility (Hassan et al., 2026). In the meantime, religious leaders, especially pastors, still have a tremendous influence on health beliefs and behaviours. The faith-based views can also have an impact on the way people perceive illness

and decide between spiritual and biomedical interventions (Heward-Mills et al., 2018). At the same time, the fast pace of digital technology adoption is transforming health information-seeking behaviours among Nigerian youths. The use of online platforms and social media to address health-related questions is common among Gen Z Nigerians, as this process is convenient and provides users with an engaging experience. This change has been further increased by the emergence of AI chatbots. In 2026, a Google-Ipsos survey found that 88% of Nigerian adults used AI chatbots, which is far higher than the global average, with younger users showing significant uptake of AI chatbots as preliminary health advice, including symptoms and mental health support (Hassan et al. 2026; Egwudo et al. 2025). Research also points to increasing adoption of AI to seek health information among university students and young people in Nigeria, and is sometimes viewed as a first step to seeking professional assistance.

This intersection forms a novel competitive ecosystem of health authorities amongst Gen Z in Bayelsa State. The Pharmacist can be described as evidence-based, proximal advice based on the pharmaceutical science on the one hand; The Pastor can be described as culturally resonant, holistic, and spiritually authoritative advice, that is, based on the deeply held faith tradition on the other hand; and The Bot can be described as immediate, private and scalable information, that is, based on the deeply held faith tradition on the other. Studies of Gen Z and Millennials in the whole world and in Nigeria indicate that a large percentage of them currently consider AI guidance to be equally reliable as traditional authority (Barna Group & Gloo, 2026). These conflicting sources create significant tensions in terms of trust, legitimacy, risk perceptions, adherence to treatment, and health equity. To Gen Zs in Bayelsa, where high digital literacy is coupled with exposure to local socio-economic realities and high levels of religious embeddedness, the interplay of these authorities has a profound effect on health-seeking behaviours and self-management practices and overall well-being. It is therefore critical to understand the bargaining tactics of this generation with the Pharmacist, the Pastor, and the Bot to design responsive health communication strategies, formal healthcare systems, and effectively utilise digital and faith-based channels. This research, thus, examines the trends, forces, tastes and connotations of such competing sources of health authority among Generation Z in Bayelsa State.

### **Statement of the Problem**

Although there have been increases in primary healthcare programs in Nigeria, Generation Z in Bayelsa State still face significant obstacles on their way to receiving quality formal healthcare services. These barriers are low accessibility to functional health facilities, extreme shortage of qualified medical staff, lack of proper infrastructural development in rural and riverine communities, and a continuously high out-of-pocket cost that puts off timely access to professional care (Oladipo et al., 2022). Generation Z, a digitally native generation born around the mid-1990s to early 2010s, in response to these systemic challenges, are increasingly relying on multiple and often competing sources of health authority as opposed to depending solely on the formal healthcare system.

Recent data show that adoption of AI chatbots in Nigeria is remarkably high, with a 2026 survey by Google/Ipsos indicating that 88% of adults in Nigeria use AI chatbots, and younger users frequently turn to them to get preliminary health advice on symptoms and mental health issues (Punch Newspapers, 2026; Google/Ipsos, 2026). Research indicates, as well, that Gen Z Nigerians actively seek online health information by showing a tendency to engage with digital platforms and seek out online health information (Patterns of Online Health Information Seeking Among Gen Z Nigerians, 2025). Meanwhile, community pharmacists are gradually becoming recognised as frontline providers who play a critical role beyond dispensing to patient education and becoming part of primary care (Oladipo et al., 2022). Pastors and other religious leaders still have a significant impact on health beliefs and behaviours, which tend to shape the way congregants interpret illness and make decisions on whether to select a spiritual or a biomedical intervention (Heward-Mills et al., 2018).

Though all these sources individually address various aspects of health needs, there is a patchwork quilt of health authorities in the coexistence of these sources. This fragmentation brings up serious issues of trust, inconsistency of information, and possible conflicts between scientific, spiritual, and algorithmic advice, and the risk of delayed professional care or harmful self-management practices. New studies also incriminate AI chatbots by often giving problematic or risky medical advice in almost half the interactions, casting doubts on safety, particularly among digitally fluent youth with health literacy variability (BusinessDay, 2026).

Although the shift in priorities, negotiation, trust, and integration of the advice offered by the Pharmacist, the Pastor, and the Bot is evident, there is still a significant empirical gap regarding the way the given generation prioritises, negotiates, trusts, and integrates advice offered by the Pharmacist, the Pastor, and the Bot. In the absence of context-specific insights on these patterns and their implications, this research paper, therefore, fills this critical gap by looking at the patterns, influences, preferences, conflicts, and health-related implications of these competing sources of health authority among Generation Z in Bayelsa State.

This study is driven by the following objectives:

- i. Determine the extent of awareness, access and utilisation of the Pharmacist, the Pastor and the Bot as a source of health information and advice among Generation Z in Bayelsa State.
- ii. Analyse the preference, trust, and perceived reliability patterns that Generation Z in Bayelsa State attribute to the Pharmacist, the Pastor, and the Bot when seeking information and advice related to their health.
- iii. Examine how this competing health authorities would affect health-seeking behaviour, treatment compliance and well-being of Generation Z in Bayelsa State.

## **Conceptual Review**

### ***The Concept of Generation Z***

Generation Z is the term used to denote the group of people who belong to the generation born around approximately 1997-2012 (Pew Research Centre, 2019). This generation is commonly known as the first cohort to be truly digitally native, as it has grown up in an era defined by a

high level of access to smartphones, high-speed internet, social media sites, and digital technologies since a very early age. Members of Generation Z are highly digitally fluent, prefer instant access to information, are highly visual communicators, prefer multitasking, and are highly self-directed learners as opposed to previous generations. They are also characterised by their pragmatism, increased awareness of mental health problems, and an interest in social and environmental matters (Jiao et al., 2023; Britannica, 2026). Generation Z in the Nigerian context represents an influential and sizeable segment of the youth population. They exhibit unique trends in health information-seeking behaviour, often in favour of online platforms and digital tools because of their convenience, anonymity, interactivity, and perceived accessibility. Such a dependence on online sources is predetermined by the interactive nature of social media and the high speed of access to health-related information, which allows young people to address health-related concerns privately and quickly (Adegbilero-Iwari et al., 2021; Patterns of Online Health Information Seeking Among Gen Z Nigerians, 2025).

#### ***The Concept of Health Information Seeking Behaviour***

Health information seeking behaviour (HISB) refers to the process by which individuals act or do not act in ways that identify, acquire, evaluate and apply health-related information to understand health issues, reduce uncertainty, make informed choices or cope with health challenges (Lambert and Loiselle, 2007). This concept entails several steps, such as identifying an information requirement, choosing the right sources, evaluating the reliability and applicability of the acquired information and finally integrating the acquired information into health-related behaviour or decision-making. With the advent of digital technologies, HISB has been radically changed in modern societies, especially among younger populations. To Generation Z, online environments extensively mediate health information seeking because they are fast, private, and offer an array of sources. Nevertheless, this change also brings such issues as information overload, problems with assessing the credibility of the sources, misinformation, and delayed professional medical consultation (Johnson & Case, 2012; Zimmerman, 2020; Patterns of Online Health Information Seeking Among Gen Z Nigerians, 2025). The study of HISB is thus the focus of the analysis of how Generation Z in Bayelsa State negotiates health-related issues in a healthcare system that is resource-constrained.

#### ***The Pharmacist as a Source of Health Authority***

The pharmacist, especially the community pharmacist, is a critical formal and professional source of health authority in most healthcare systems. Community pharmacists in Nigeria have considerably developed beyond the conventional design of dispensing drugs. They are now actively involved in offering patient counselling, health education, minor ailment management, medication therapy management, disease prevention services and public health intervention. Owing to the overall lack of physicians, as well as limited access to formal healthcare facilities, in particular, rural and riverine regions, community pharmacists often form the first and most accessible point of professional healthcare contact with many people (Oladipo et al., 2022; Bamgboye et al., 2024; Hedima et al., 2023). Their closeness to communities, longer hours of operation, and credibility in their operations in the local environment make them more reliable as sources of evidence-based pharmaceutical treatment and practical health guidance. Another important figure of authority to Generation Z that

wants to be given reliable information about drugs, minor ailments, and overall health is a pharmacist in underserved areas like Bayelsa State, where the pharmacist plays a critical bridging role in the delivery of primary healthcare.

#### ***The Pastor as a Source of Health Authority***

The pastor represents a major source of health power, especially in the socio-cultural and religious context of Bayelsa State, or the entire Niger Delta region. Nigeria is a society with a rich religious background, and religious leaders, particularly the pastors in the Pentecostal and charismatic Christian traditions, have a significant influence on the way individuals and communities perceive, interpret and respond to health and illness issues. Spiritual counselling, prayer, deliverance sessions, moral guidance, and holistic support are provided by pastors, which address not only the spiritual but also the physical aspect of well-being (Heward-Mills et al., 2018; Mike, 2025). Largely, faith leaders in most communities in Nigeria are trusted gatekeepers and role models, whose teachings, advice, and even adherence to governmental health policies can have a potent influence on health beliefs and treatment options, help-seeking behaviours, and even compliance with government-imposed health policies. This spiritual power frequently overlaps with, supplements, or at times competes with biomedical practice, and the integrated worldview of health as the physical, spiritual, and social dimensions. In the case of Generation Z in Bayelsa State, the pastors are still influential, given the good communal bond, cultural resonance, and strong integration of religious values in life.

#### ***The Bot as a Source of Health Authority***

The term Bot describes collectively artificial intelligence-powered chatbots, virtual health assistants, social media health influencers, YouTube channels, TikTok videos and other digital platforms that provide instantaneous health-related information and advice. The digital tools have fundamentally changed the way users seek health information by providing round-the-clock access, privacy, scalability, and quick response to user queries without the need to be physically present or make appointments. In Nigeria, AI chatbots have been on a rapid increase in recent years. According to a 2026 Google Ipsos survey, 88% of Nigerian adults had used AI chatbots, which is significantly higher than the global rate, and younger users are particularly active in the use of AI chatbots, particularly in symptom checking, mental health support, general health questions, and even sensitive ones such as sexual and reproductive health (Habib, 2026; 2026; Gavi, 2025). Although these platforms significantly improve accessibility and put the user in control of access to immediate information, they also raise significant concerns in terms of the accuracy, safety, contextual appropriateness, the possibility of misinformation, and the possibility that the user, especially young people, will delay seeking professional medical care depending on the algorithmic advice (BusinessDay, 2026).

#### **Theoretical Framework**

This research is based on the synthesis of two complementary theoretical perspectives: The Social Determinants of Health theory as the macro-level theoretical framework and the Health Belief Model as the micro-level explanatory model.

### ***Social Determinants of Health Theory***

The Social Determinants of Health theory asserts that the health and health-seeking behaviour of people is mainly determined by the social, economic, political, cultural, as well as environmental conditions under which people are born, grow, live, work and age (World Health Organisation, 2008; Marmot, 2005; Solar and Irwin, 2010). The theory was developed through the efforts of the World Health Organisation Commission. Social Determinants of Health highlights how systemic inequalities in the distribution of power, resources and opportunities create a social gradient in health where disadvantaged groups continue to experience poorer health outcomes and have limited access to quality care. The determinants in the physical environment, social support networks, income and socioeconomic status, education, employment, housing, transportation infrastructure, availability of health services, as well as their quality, social support networks and the physical environment are key social determinants. These determinants are manifested in resource-constrained settings like Bayelsa State, which has continued to experience structural barriers in the form of a lack of adequate healthcare infrastructure, a lack of skilled health workers, a lack of easy access to geographical locations such as riverine settlements and heavy dependency on out-of-pocket payments. These factors greatly restrict formal healthcare utilisation and force individuals, especially youth, to look elsewhere or complementarily seek health knowledge and power. When applied to this research, the theory of the Social Determinants of Health can be used to explain the bigger contextual realities that inform the preferences of health authorities among Generation Z in Bayelsa State. It explains why formal healthcare services may always be inaccessible or insufficient, and thus it gives the Pharmacist space to become salient, the Pastor to gain prominence through strong religious and communal networks, and the Bot to become attractive due to increasing digital penetration despite infrastructural limitations. The theory also brings into play the interaction of religious culture, socioeconomic conditions, and dependence on these competing sources; it will determine the level of trust, utilisation patterns and reliance on these competing sources.

### ***Health Belief Model***

The health belief model is a psychological model that attempts to explain and predict health-related behaviours by focusing on the perceptions and beliefs of individuals. The model theorises that an individual is more likely to take up a given health action based on their subjective judgment of the perceived threat of a health condition and on the belief that they have been advised to take a particular action concerning their health. The model was originally developed in the 1950s by Hochbaum, Rosenstock and Kegeles, and later refined by Rosenstock (1966) and Janz and Becker (1984). The model is based on the perceptions of individuals who believe themselves susceptible to a health problem, think they will suffer more than others, think they will gain more than they will suffer, think they can do it, think that it is costly and is associated with risks, and that they have a cue that will trigger them to act. The model has, over the years, been extensively used to explain a wide variety of behaviours, including health information seeking, treatment adherence, use of preventive services and adoption of digital health tools by young populations.

The Health Belief Model in this paper is useful in understanding the cognitive and perceptual processes involved in the health decision-making of Generation Zs. It can be used to explain why some youths might find it more advantageous and less challenging to consult the Bot due to its speed, convenience, and anonymity. It also explains why the Pastor might be the preferred option when issues of health are viewed through spiritual or moral prisms, and why the Pharmacist could be a superior choice when dealing with practical issues, which concern medicine. The model also enlightens on how the opinions of religious communities, social media, personal experiences, or peer networks influence the choice and credibility of each source of health authority. The theory of Social Determinants of Health and the Health Belief Model are complementary to each other in this study. Whereas the theory of the Social Determinants of Health deals with the macro structural, socio economic, cultural, environmental factors that limit formal access to healthcare and create the conditions in which other sources of authority can flourish in Bayelsa State, the Health Belief Model deals with the micro level psychological processes, perceptions, beliefs, assessments and decision processes through which individual members of the Generation Z evaluate, prioritise and act on the suggestions of the Pharmacist, the Pastor and the Bot. This combined theoretical approach allows a subtle appreciation of both the structural realities that influence health opportunities and the cognitive processes that individuals engage with to make health-related decisions.

It is especially suitable to consider the intricate dynamics of health authority negotiation within an environment marked by the lack of formal healthcare infrastructure, a deeply embedded tradition of strong religious adherence, and rapid digitalisation. By synthesising the two viewpoints, the study can usefully analyse not just why some sources are favoured but also how the structural conditions interact with the personal perceptions in influencing health information seeking behaviour, calibration of trust, and eventual health outcomes among Generation Z in Bayelsa State.

### **Methodology**

The research design used is the descriptive cross-sectional survey design. The cross-sectional research is especially helpful in studies which aim to investigate the patterns, perceptions, preferences, and utilisation of different sources of health information (Ajaero & Mozie, 2014; Ekong et al., 2019). The study population was Generation Z (born between 1997 and 2012) in Bayelsa State who are in the age range of 13 to 29 years. This population covers secondary school leavers, undergraduates, as well as young working adults who live in both urban and rural or riverine communities of the state. According to the latest demographic estimates, the number of Generation Z in Nigeria is estimated to be around 25.8% of the entire population (Intelpoint, 2025). Based on the estimated population of Bayelsa State, which is 2.5 million (National Population Commission, 2023), the population of Generation Z members in the state was obtained as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

$n$  = sample size

$N$  = population size (645,000)

$e$  = margin of error (0.05)

Substituting into the formula:

$$\begin{aligned}n &= \frac{645000}{1 + 645000(0.05)^2} \\n &= \frac{645000}{1 + 645000(0.0025)} \\n &= \frac{645000}{1, +1612.5} \\n &= \frac{645000}{1613.5} \approx 400\end{aligned}$$

Since the margin of error was 0.05, a sample size of 400 respondents was deemed to be sufficient to address the quantitative aspect of the study. The number also takes into consideration the possibility of nonresponse, which increases the strength of the analysis. The respondents were selected using a multi-stage sampling technique. In the first phase, three Local Government Areas (LGAs) in Bayelsa State (Southern Ijaw, Yenagoa, and Nembe), which support a dense population of Generation Z coupled with either Urban, semi-urban, or Riverine settlements, were purposively selected. In the second stage, two communities were randomly selected from each of the Local Government Areas. The communities chosen in Southern Ijaw LGA (Amassoma and Oporoma), Yenagoa LGA (Ekeki and Okaka), and Nembe LGA (Ogbolomabiri and Bassambiri). Finally, eligible members of Generation Z were sampled utilizing the simple random sampling method, and sampling frames were created with the help of community leaders, youth associations, and local institutions.

In the qualitative part of the study, ten (10) in-depth interviews were carried out through a purposive sampling technique. The interviewees included three community pharmacists, three Christian pastors, and four Generation Zs who are active users of digital health platforms. The following categories were chosen as being the three major providers of health information addressed within the study that were expected to yield meaningful information about the evolving health information-seeking patterns of young people. The source of data consisted of first-hand and secondary sources. The structured questionnaire design included both closed-ended and open-ended items, and was used to collect the primary data. A Likert-type scale was used to assess the awareness, frequency of use, levels of trust, and perceived reliability and perceived implications of the pharmacist, the pastor and bot as sources of health authority in the questionnaire. Additionally, an in-depth interview guide was applied in data collection to gain qualitative data, which allowed participants to give detailed accounts of their experiences, perceptions, and opinions about their dependency on these information sources about health.

Secondary data were collected through the use of relevant textbooks, peer-reviewed journal articles, government publications, reports of international organisations and credible online sources of information regarding health-seeking behaviour, digital health and faith-based health practices. To ascertain the validity of the research instrument, a pilot study was done among 40 respondents in one of the communities outside the main study area. The questionnaire was tested to determine its reliability of the questionnaire by using Cronbach's Alpha, which gave a coefficient of 0.81, which exceeded the recommended figure of 0.70(Nunnally, 1978) and indicated a high level of internal consistency. The statistical package Social Sciences (SPSS) version 26.0 was used in the coding and analysis of the quantitative data collected as a result of the questionnaires. The data were summarised using descriptive statistics (frequencies, percentages, means, and standard deviations). Thematic content analysis was used to analyse qualitative data (in the form of in-depth interviews). The interviews were transcribed verbatim, coded, and placed under major themes and sub-themes to capture patterns in the experiences and views of the participants.

## Results

In this section, 400 questionnaires were distributed with the help of a field assistant to the respondents in the selected communities. Out of the total questionnaires distributed, only 364 (three hundred and sixty-four) were returned. Ten (10) in-depth interviews were carried out through a purposive sampling technique. The interviewees included three community pharmacists, three Christian pastors, and four Generation Zs who are active users of digital health platforms.

**Table 1:** Awareness, Access, and Utilisation of Health Authority Sources

| Variable                                        | SA          | A           | D          | SD        | Mean (x) |
|-------------------------------------------------|-------------|-------------|------------|-----------|----------|
| Awareness of pharmacists as health advisors     | 150 (41.2%) | 130 (35.7%) | 50 (13.7%) | 34 (9.3%) | 3.08     |
| Access to pastors for health guidance           | 165 (45.3%) | 120 (33.0%) | 45 (12.4%) | 34 (9.3%) | 3.14     |
| Use of digital platforms for health information | 180 (49.5%) | 110 (30.2%) | 40 (11.0%) | 34 (9.3%) | 3.20     |

**Source** (Field Work, 2026)

Table 1 indicates that the respondents were found to exhibit a high degree of awareness, access and utilisation of the Pharmacist, the pastor, and the Bot as sources of health authority, as indicated by the dominance of agreement responses across all variables. The highest rate of agreement was registered in the use of digital platforms, with 180 respondents (49.5%) strongly agreeing and 110 respondents (30.2%) agreeing, whereas only 40 respondents (11.0%) disagreed and 34 respondents (9.3%) strongly disagreed. The average score of 3.20 proves that the tendency towards agreement is extremely high among the representatives of Generation. In a similar vein, access to pastors in terms of health guidance was strongly agreed with by 165 respondents (45.3%), who strongly agreed with the health guidance access, and 120 respondents (33.0%) strongly agreed with the health guidance access. The fact that the

mean score is 3.14 is another testament to the fact that religious leaders are very accessible and influential in health-related issues.

The awareness of pharmacists as the source of health advice was also high, with 150 respondents (41.2%) strongly agreeing to the question and 130 respondents (35.7%) agreeing to the question. The average of 3.08 points out that pharmacists have the common belief that they are the most credible health advisors. These findings indicate that Generation Z uses all three sources, yet is obviously more inclined towards using digital platforms due to their immediacy and accessibility. This trend is also justified by the results of the in-depth interviews, in which the participants indicated that online sources are typically the first and the most sought-after sources due to their speed and convenience. Respondents, however, reported that such information is usually checked with pharmacists to be professionally validated, and with the pastors in cases which are seen to have some spiritual implications.

**Table 2:** Trust, Preference, and Perceived Reliability

| Variable                   | SA          | A           | D          | SD        | Mean (x) |
|----------------------------|-------------|-------------|------------|-----------|----------|
| Trust in pharmacists       | 170 (46.7%) | 120 (33.0%) | 40 (11.0%) | 34 (9.3%) | 3.17     |
| Trust in pastors           | 150 (41.2%) | 130 (35.7%) | 50 (13.7%) | 34 (9.3%) | 3.08     |
| Trust in digital platforms | 140 (38.5%) | 135 (37.1%) | 55 (15.1%) | 34 (9.3%) | 3.04     |

**Source** (Field Work, 2026)

Table 2 shows that overall, respondents reported fairly high levels of trust in all three sources of health authority, albeit with some differences in the level of trust. The highest level of agreement was recorded with the trust in pharmacists, where 170 respondents (46.7%) strongly agree, 120 respondents (33.0%) agree, 40 respondents (11.0%) disagree, and 34 respondents (9.3%) strongly disagree. The average score of 3.17 indicates that pharmacists are viewed as the most credible source of health information because of their professional training and knowledge. There was also strong agreement in trust in pastors, with 150 respondents (41.2%) strongly agreeing and 130 respondents (35.7%) agreeing, as compared to 50 respondents (13.7%) who disagreed and 34 respondents (9.3%) who strongly disagreed. The average score of 3.08 shows that religious authority is still an important factor in the formation of health perceptions.

Conversely, the lowest mean score of 3.04, although still relatively high, was recorded by trust in digital platforms, with 140 respondents (38.5%) strongly agreeing and 135 respondents (37.1%) agreeing. But higher percentages of the respondents, 55 (15.1%), and 34 (9.3%), disagreed and strongly disagreed, respectively. This implies that despite the extensive use of digital platforms, some degree of scepticism exists towards the reliability of these platforms. This dynamic of high utilisation and relatively low trust points to a crucial dynamic. Most of the respondents are digital natives who prefer to access information quickly through digital platforms, but are very careful about the reliability of the information accessed. This is further evidenced by the results of the in-depth interviews, where participants of the interviews noted

that information found on online platforms is usually verified with pharmacists before it is acted upon.

**Table 3:** Implications on Health-Seeking Behaviour and Well-being

| Variable                                         | SA          | A           | D          | SD        | Mean (x) |
|--------------------------------------------------|-------------|-------------|------------|-----------|----------|
| Information influences the decision to seek care | 175 (48.1%) | 120 (33.0%) | 40 (11.0%) | 29 (8.0%) | 3.21     |
| Religious advice affects treatment decisions     | 160 (44.0%) | 125 (34.3%) | 45 (12.4%) | 34 (9.3%) | 3.13     |
| Digital information delays hospital visits       | 155 (42.6%) | 130 (35.7%) | 45 (12.4%) | 34 (9.3%) | 3.11     |

**Source** (Field Work, 2026)

Table 3 demonstrates that health information sources among respondents are significant, as they influence health-seeking behaviour among respondents, as indicated by the large levels of agreement among all the indicators. The highest agreement was recorded with the statement that information influences decisions to seek medical care, registering the highest number of responses with 175 respondents (48.1%) strongly agreeing and 120 respondents (33.0%) agreeing to the statement. A mean score of 3.21 means they were highly dependent on the information available in making decisions. Similarly, the effect of religious advice on treatment decisions was established by 160 respondents (44.0%) who strongly agree, and 125 respondents (34.3%) agree, as compared to 45 respondents (12.4%) who disagree and 34 respondents (9.3%) who strongly disagree. The mean of 3.13 indicates that spiritual considerations still play a significant role in making health-related decisions.

The impact of the digital platforms in postponing hospital visits was also significant, with 155 respondents (42.6%) strongly agreeing, 130 respondents (35.7%) agreeing, with it, 45 respondents (12.4%) disagreeing, and 34 respondents (9.3%) strongly disagreeing. The mean of 3.11 shows that the utilisation of online information can play a part in delays in seeking professional medical care. These results imply that accessibility to various sources of health information not only increases awareness but also adds complexity to the decision-making process. The respondents may find contradictory information in various sources, and this may cause uncertainty and hesitation. The results of the in-depth interviews support this trend, as some participants of the interviews described situations when conflicting pieces of advice given by the digital platforms, pharmacists, and pastors created confusion and uncertainty about the proper course of action. In other instances, it resulted in late medical consultation, especially when people sought to treat those symptoms themselves based on the information they got on the internet or through religion.

## Discussion

The first objective examined the degree of recognition, access and use of the Pharmacist, the pastor, and the Bot as a source of health authority among Generation Z in Bayelsa State. The results showed that Gen Z actively resorts to various sources of health information, and in particular, has an active dependence on digital platforms. This indicates that immediacy,

convenience, and always being connected to digital technologies are increasingly influencing health information-seeking behaviour among young people. Nonetheless, this does not negate the fact that traditional sources can still be of great importance since pharmacists and pastors continue to be significant points of reference. Pharmacists are often sought out to provide practical and medication-related issues because of their accessibility and perceived professional competence, whereas pastors remain influential due to culturally mediated spiritual interpretation of health.

These trends suggest that Generation Z does not have an ultimate authority, but it manages to navigate between biomedical, spiritual, and digital sources based on the perceived need and situation. This finding is in congruence with the finding of Jacobs, Amuta and Jeon (2017), who found that young adults are increasingly accessing health information on the Internet, as the Internet provides timely access to health information to support autonomous decision-making. Likewise, the results were found to be in congruence with those of Pretorius, Chambers and Coyle (2019), who indicated that young people who are more digitally oriented often seek health information online before contacting health professionals, especially for minor illnesses and preventive measures. The present study builds on these earlier findings by proving that the advent of Artificial Intelligence-based chatbots has enhanced this digital orientation among Generation Z in Bayelsa State. Many young people engage with conversational AI systems that offer customized, real-time health information. This is indicative of the global shift from passive online information-seeking to interactive digital health consultation.

The second objective measured the trends in trust, preference, and perceived reliability that were placed on these conflicting sources of health authority. The results indicate that there is an apparent chain of trust among the pharmacists, with Generation Z being found to trust the pharmacist as the most trusted source of health information. This is an indication that, still, formal medical expertise is viewed as credible and reliable, especially in issues of treatment and medication. The pastors also have a high degree of trust, and this further proves the integration of spiritual power in health decision-making in the context of the study. Conversely, despite their high usage, digital platforms receive rather low trust rates. This discloses a significant behavioural contradiction in which Generation Z tends to trust digital platforms and seek speed and accessibility when it comes to digital platforms, but is still suspicious of their validity.

This imbalance of trust brings into question a dual-process behaviour whereby initial information gathering is through the use of digital sources, whereas confirmation and interpretation are through the use of professional and spiritual authorities. The results are consistent with Rowley (2017), who determined that the trust of young internet users had the greatest influence on whether the information they access online would impact their health behaviour, even though with the ease and availability, young people often rely on health information online. The third objective explored the effects of these competing sources on health-seeking behaviour and well-being. The results provided by the interaction between the Pharmacist, the pastor, and the Bot are significantly important in shaping the health choices of

Generation Z. On the one hand, the availability of a variety of sources enhances awareness and gives a degree of flexibility to health information-seeking. Conversely, it brings about a disjointed information landscape in which contradictory information is prevalent. This may result in confusion, self-prescription and late visits to hospitals, especially where people seek digital or spiritual advice without professional confirmation. Pharmacists have the corrective role in providing verification and clinical clarity, and pastors influence the interpretation of illness in spiritual terms. Though it is easy and fast, the Bot adds variability to accuracy, and this aspect leads to confusion when not cross-checked with professional sources. Results of the in-depth interviews also support these trends. Respondents always stated that digital media are the initial area of contact with health-related information because of their convenience and immediacy. This is usually accompanied by a consultation with the pharmacists to reassure them, particularly where medication or interpretation of symptoms is concerned. Pastors are involved in situations where illness is seen to be of a spiritual nature.

The findings align with Mueller, Hongler and Schreyögg (2022), who point out that whilst AI has tremendous capacity to make health information more accessible and encourage patient engagement, they argue that this benefit is reliant on users' ability to critically appraise the information shared and to seek expert advice when needed. The qualitative results from the in-depth interviews also support the quantitative results; these show a patterned sequence of steps for people in the "Z" generation in the type of health-seeking behaviour. The first point of contact has been explained by most of the participants as digital platforms and AI-supported tools, which are an instant response and a very convenient solution to health issues. When signs and symptoms do remain, however, medications are necessary, or a pharmacist becomes the person preferred to clarify and reassure at the professional level. Pastors are brought in as primarily "spiritual or supernatural" ways to understand illness usually occur, especially when biomedical explanations are questionable or when emotional/ spiritual support is deemed to be needed.

## **Conclusion**

This paper explored the conflicting sources of health authority between Generation Z in Bayelsa State, the Pharmacist, the Pastor, and the Bot. The results have shown that Generation Z works in a highly complex and multi-layered health information environment influenced by access to digital information, religious factors, and formal healthcare systems. It concludes that although digital platforms (the Bot) are the most frequently used source of health information because of their accessibility and immediacy, they are also the least trusted sources of health information compared to pharmacists and pastors. Pharmacists are still considered the most reliable formal health authority, whereas pastors are still regarded as having a strong influence owing to the deep-rooted religious and cultural beliefs. This proves that Generation Z does not take a side between digital, spiritual, and biomedical systems but instead switches among them based on the situation and perceived necessity.

## **Recommendations**

- i. The federal ministry of health, in cooperation with the Bayelsa State Ministry of Health and the National Primary Health Care Development Agency, should put more

- emphasis on youth-based health communication strategies. Since the digital platform has been highly relied upon by Generation Z, health authorities should formulate and actively make use of verified digital platforms that will provide accurate, timely, and accessible health information to minimise misinformation and enhance early health-seeking behaviour.
- ii. Primary healthcare delivery should be further extended to community pharmacists by providing targeted policy support and increased programmes of community outreach.
  - iii. Health institutions and faith-based organisations need to collaborate to ensure that spiritual guidance is used to complement biomedical health advice to reduce conflicting messages that can influence treatment decisions and health-seeking behaviour.
  - iv. Relevant regulatory bodies like the National Information Technology Development Agency (NITDA) and the Federal Ministry of Communications, Innovation and Digital Economy should enhance monitoring and regulation of online health information.
  - v. Health literacy programmes need to be stepped up in secondary schools, tertiary institutions, and community platforms targeted at the youth. Such programmes must be aimed at enhancing critical evaluation skills of online health information, promoting responsible online health behaviour, and encouraging prompt consultation with qualified health professionals.

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