

CRITICAL DISCOURSE ANALYSIS OF ONLINE AUDIENCES' RESPONSES TO A DIABETES FOOT ULCER PREVENTION CAMPAIGN: IMPLICATIONS FOR HUMAN CAPITAL IN AGRARIAN/DEVELOPING ECONOMIES

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ABSTRACT

This study examines how online audiences interpret and negotiate health messages through a Critical Discourse Analysis of audience responses to a diabetes foot ulcer prevention campaign shared on a Facebook wall. Guided by Ruth Wodak's Discourse-Historical Approach to CDA, the study investigates the dominant discourse reflected in the comments; explores how online audiences construct and negotiate medical advice; and analyzes the linguistic, discursive, intertextual and intersubjective strategies embedded in their comments. The study adopted a qualitative research design and collected data from purposively selected Facebook comments posted in response to a diabetes foot ulcer prevention video. The data were analyzed using thematic and discourse-analytic procedures informed by DHA principles. The study found a heavy use of discourses such as humour, advocacy, information-seeking, and experiential narratives in the comments. The study also shows that the audience negotiated the medical advice on diabetes foot ulcer prevention by affirming the message, drawing on their own and their relatives' experiences, accepting the advice conditionally, contesting it, and collaboratively clarifying it. The commenters employed linguistic features such as rhetorical questions, code-switching, and exaggeration vis-à-vis intertextual and intersubjective interaction to turn the Facebook comment section into a community for the construction of health knowledge. The study therefore concludes that the online audience's active involvement in enacting, rejecting, renegotiating and reconstructing medical advice and risk points to successful utilization of Facebook for health communication and recommends increased utilization of Facebook for the dissemination of medical health risks and warnings.

Keywords: Critical Discourse Analysis; Diabetes Foot Ulcer Prevention Campaign; Online Audiences; Human capital; Agrarian/Developing economies

INTRODUCTION

Over the years, social media that was originally designed for social activities like social surveillance, content surveillance; content gratification; reacquiring lost contacts; communication; sharing of photographs; business development; social networking, making and maintaining perpetual contacts with friends and colleagues; organizing social events...' (Asogwa, et al., 2013, p. 169) has evolved into a platform with great potential for effective health communication (Roy & Malloy, 2023; Kanchan & Gaidhane, 2023; Kamanzi, 2024; Zhao, Hu, Alexopoulou & Hajli, 2024; Ali et al., 2025). There has been an increasing popularity of social media platforms like Facebook, X, Ticktok, Instagram, Telegram, WhatsApp among health professionals, public health organizations, health communicators, and health influencers for the dissemination of information designed to promote public health, healthy behaviours, disease prevention, and improve health outcomes (Matakanye & Sundani, 2026; Chen & Wang, 2021). To this end, social media has evolved as a significant site for the communication of health risks, preventive practices, and self-management strategies for chronic diseases that ordinarily interfere with human capital and undermine productivity in an economy like Nigeria that mostly depends on manpower to drive its developmental goals and aspirations.

Diabetes mellitus is one of the chronic illnesses that has received considerable attention within contemporary health communication. The disease is one of the major global public health challenges, affecting 589 million people worldwide as of 2025, with a projected rise to 853 million by 2050 (Duncan et al., 2026), and contributes significantly to global morbidity, disability, and mortality (Chen et al., 2026). Among the various complications associated with the disease (Antar, et al., 2023), diabetic foot ulcer (DFU) remains one of the most debilitating and costly which usually result in prolonged hospitalization, reduced quality of life, lower limb amputation, and premature death (Akkus & Sert, 2022; Raja, et al., 2023; Armstrong, Boulton, & Bus, 2017; Sen, 2025; Ugwu, et al., 2019).

Diabetic foot ulcer is one of the complications of diabetes that comes with grave socioeconomic implications beyond the health sector. In many low and middle-income economy like Nigerian that heavily depend on human labour rather than machine, diabetes foot ulcer and lower-limb amputation can significantly and negatively impact on productivity; deplete household resources as a result of increase in health expenditures and decrease in active work hours of the affected family member and the caregiver; and threaten the general livelihoods of economically active populations including farmers and rural workers who ordinarily control food availability in the country.

Available research evidence suggests that many cases of diabetic foot ulcer can be avoided through proper self-care practices like regular foot inspection, glycaemic control, proper foot hygiene, and use of appropriate footwear (Bus et al., 2024; Mukheli, et al., 2025; Sezgunsay, et al., 2025). Public health campaigns are therefore advised to focus on preventive behaviours designed to reduce the risk of foot injuries and ulceration among people living with diabetes (Idowu et al., 2022; Anyigor-Ogah et al., 2025).

After all, effective diabetes foot ulcer prevention communication will not only serve public health needs but will also address development, economic and productivity questions arising from such health complications among vulnerable population like farmers, artisans, and other skilled workers who survive primarily on their physical power.

In recent times, social media platforms have become significant channels for the dissemination of such preventive messages due to their capacity to facilitate rapid information sharing and diverse audience engagement (Al-Dmour, et al., 2020; Obasola & Afolabi, 2018). Nevertheless, experience has shown that health communication effectiveness cannot be assessed only on the basis of message dissemination, there is also need to pay attention to how audiences interpret, negotiate, contest, and reproduce health messages within specific social and cultural contexts (Snijders, et al., 2025; Zoller & Kine, 2008), and social media comment sections offer that avenue for examining these processes as they enable audiences to publicly express their opinions, share experiences, challenge expert knowledge, seek clarification, and construct alternative interpretations of health information (Onoja, et al., 2022; Onoja, et al., 2025). Audience comments, therefore, represent important sites of meaning-making where medical knowledge interacts with cultural beliefs, religious perspectives, personal experiences, humour, scepticism, and everyday realities.

There is a growing recognition in recent communication literature that audience responses to health messages are neither passive nor uniform. Rather, individuals actively interpret health information via the lens of their social experiences, cultural values, economic circumstances, and pre-existing beliefs about health and illness (Dutta, 2008; Tan & Cho, 2019; Feinberg et al., 2021; Odishika & Nwabueze, 2021; Ojih, et al., 2023; Suntai & Daniel, 2024). Therefore, audience responses to health campaigns often reveal competing discourses regarding medical authority, disease risk, prevention practices, and health responsibility. Social media environments, in particular, offer online audiences the opportunity to publicly negotiate the meaning and relevance of health advice. The diabetes foot ulcer prevention video posted by Nigerian health communicator, physician and influencer Egemba Chinonso Fidelis, also known on social media as ‘Aporoko Doctor’, provides useful context for examining these dynamics. The video titled: ‘if you don’t want them to cut your leg, avoid these shoes if you are living with diabetes’, was intended to educate the audience on appropriate footwear choices for diabetic patients with the view to reducing the risk of foot ulceration and possible amputation.

Although, there seems to be a growing acknowledgement of the relevance of social media in health communication (Hassan & Mohammed, 2023; Kite et al., 2023; Udenze & Temple, 2023; Zhu, Liu & Zhang, 2023), available literature has only focused predominantly on message design, health information dissemination, and behavioural outcomes (Kaye, White & Lewis, 2017; Williamson, et al., 2020; Hassan & Mohammed, 2023; Kite et al., 2023; Udenze & Temple, 2023; Zhu, et al., 2023), while discursive practices through which audiences interpret and negotiate health messages in online environments and its broader implications for human capital productivity seems to have received relatively limited attention.

However, understanding how audiences construct meanings about diabetes risk and preventive advice is essential for developing health communication strategies that resonate with local realities and effectively promote the behavioural change necessary to preserve human capital in Nigeria. This study, therefore, investigates the discursive construction of medical advice and diabetes risk in online audience responses to a campaign on diabetic foot ulcer prevention.

The specific objectives of the study are:

1. To identify the dominant discourse reflected in online audience responses to the diabetes foot ulcer prevention campaign;
2. To examine how audiences construct and negotiate medical advice relating to the diabetes and diabetic foot ulcer prevention campaign;
3. To analyze the linguistic, discursive, intertextual and intersubjective strategies employed by the audiences in responding to the campaign;

THEORETICAL FRAMEWORK

This study is anchored in Critical Discourse Analysis (CDA) Theory, which was formally developed and popularized by scholars such as Teun A. van Dijk, Norman Fairclough, and Ruth Wodak. These scholars sought to examine how discourse contributes to the production of and maintenance of social realities. According to CDA, language is a form of social practice through which ideologies are reproduced, contested, and transformed (Fairclough, 2009; Reisigl & Wodak, 2009; Wodak, 2015). Over the years, different approaches to CDA have emerged, including Wodak's Discourse-Historical Approach (DHA), which emphasizes the contextualisation of discourse within historical, social, cultural, and political processes.

According to Reisigl and Wodak (2009), discourse cannot be understood without recourse to the social, cultural, historical, and institutional contexts within which it is enacted, interpreted, negotiated, and or rejected. As such, DHA seeks to discover how language constructs social realities, identities, relationships, and systems of knowledge across different communicative settings. To this end, this study examines the discursive construction of medical advice and diabetes risk in online audience responses to a diabetic foot ulcer prevention campaign through the lens of CDA-DHA. This paper especially focuses on identifying the dominant discourses underpinning audience responses, examining how online commenters construct media authority, analysing the linguistic and discursive strategies employed in their comments, and exploring the intertextual and intersubjective resources through which meanings are negotiated.

METHODOLOGY

Research Design

The study primarily adopts a qualitative research design with a specific leaning on CDA, especially Ruth Wodak's DHA. The adoption of a qualitative research design is appropriate to this study as it facilitates an in-depth examination of language, meaning, ideology, and social practices as reflected in naturally occurring texts. CDA, and DHA specifically, is apt for investigating how discourse constructs, negotiates, and contests social realities, making it a suitable analytical framework for examining audience responses to health communication on social media.

Study Context

The study focuses on the online audience responses to a diabetes foot ulcer prevention video published by a Nigeria physician and health communicator, Aproko Doctor on his Facebook wall on 25th September, 2025 with 21,000 likes; 815 comments (this include primary comments- those that responded to the video post directly, the secondary comments- those that responded to the primary comments under the comment section, and the tertiary comments- responses to secondary comments); 2,200 shares; and was bookmarked by 1,400 audiences as at June 1st 2026, when the data for this study were collected. The 1-minute, 59-second video was titled 'If You Don't Want Them To Cut Your Leg, Avoid These Shoes If You Are Living With Diabetes' to educate viewers on footwear choices that may reduce the risk of diabetic foot ulcers and lower-limb amputation. The comments from online audiences in the post's comment section, therefore, provide a rich source of user-generated discourse through which audiences react to, reinterpret, endorse, refute, and contextualise the health message.

Sampling Techniques/Sampling Size

After data cleaning, duplicate comments, comments containing only emojis or user tags, spam, and comments unrelated to the message in the video were excluded, reducing the sampled comments to 273 for analysis. Besides the fact that each of the selected corpus contained enough discursive content relevant to the objectives of the study; the sample size is considered large enough to capture diverse discursive patterns and recurring themes, and manageable enough to permit close qualitative analysis using Wodak's DHA. Each of the selected comments, therefore, serves as the unit of analysis.

Method of Data Analysis

The data for this study were analysed using Ruth Wodak's Discourse-Historical Approach (DHA) within the broader framework of Critical Discourse Analysis (CDA).

Such comments as seen above demonstrate trust in medical knowledge and reflect how social media audiences can act as secondary health communicators by amplifying preventive messages within peer networks.

Fear and Anxiety

The video itself was built around fear appeal. This also resonated among many comments from the online audiences. The possibility of lower-limb amputation elicited anxiety, with some of the commenters describing diabetes as a frightening condition or recounting traumatic or personal experiences as seen in comments like:

1. Diabetes is not a child's play o . Wound broke out in my daddy's leg and In less than a 2 days that I went to check on him, his thumb was already black... We thought it was a play. Long story short, he died less than a week with that leg that has completely gone bad. I fearwho no fear diabetes
2. God please oo,, As a diabetic, I'm always afraid of this thing
3. Great work, Doc! My only concern is that your explanation might create more fear in people than actually help them stay out of trouble

Such comments highlighted above are a reflection of how online audience interpretation of medical advice is influenced by the collectives-the message, audience emotions and their lived experiences. While the application of fear appeal in the video heightened the perceived seriousness of diabetes foot ulcer, it also raises questions about the deployment of fear appeal in health risk communication.

Skepticism and Resistance to Medical Advice

Skepticism and resistance are other discourses that resonated strongly among many of the comments analyzed. These were expressed by questioning the practicality, 'this doctor nor go kill person 🤔🤔🤔'; credibility, 'I no believe this man 🤔🤔🤔'; or motivation behind the video with expressions such as 'is this one a promotion for some shoe companies?'. Such comments show that the online audience actively negotiated the medical advice and contested the message's validity and its manner of presentation.

Information Seeking and Practical Problem-Solving

Another dominant discourse reflected deeply in the analysed comments is information-seeking and problem-solving. Through these discourses, some commenters sought further information on 'the type of shoe that is suitable for a diabetes patient', further clarification and practical guidance, as seen in the following comments:

1. You for show us example of shoes wey diabetic patients go wear
2. Since u showed us what not to wear, u should have showed us what to wear
3. What shoe will you recommend exactly sir?

The above comments among others suggest that the online audiences were not merely evaluating the campaign but actively attempting to put the recommendations into action.

How Audiences Construct and Negotiate Medical Advice Relating to Diabetes and Diabetic Foot Ulcer Prevention Campaign

Analysis of how online audiences constructed and negotiated medical advice on preventing diabetic foot ulcers reveals five dominant patterns of negotiation: affirmation of expert knowledge, experiential validation, conditional acceptance, contestation and skepticism, and collaborative clarification.

Affirmation of Expert Knowledge

Many online commenters accepted the advice on diabetes footwear as credible and medically sound, thereby positioning the presenter as a knowledgeable authority and treating the message as a salient public health intervention. Such commenters believe that the ‘video is very valid’, and ‘diabetic patients should not joke with the video’, which another commenter describes as ‘real’ teaching. Such comments construct medical advice as trustworthy, reinforcing the legitimacy of biomedical expertise in diabetic foot ulcer prevention.

Experiential Validation of Medical Advice

Some of the online audiences interpreted the campaign through personal and family experiences, instead of relying only on the authority of Aproko Doctor. For instance, some of them used narratives that referred to their relatives who had suffered diabetic complications or amputations using comments like ‘...Wound broke out in my daddy's leg... We thought it was a play. Long story short, he died less than a week with that leg that has completely gone bad...’ or ‘... I have had people living with diabetes in recent times whose legs were amputated because of an infected injury in the leg’; and testimonies from individuals living with diabetes themselves such as ‘My doctor told me this and in 29 years of this diabetes, I am very mindful of my feet and what I wear. Thank you so much for this video’. The above experiences recounted serves as intertextual resources that connect the campaign messages with personal histories and as such reinforce its perceived authenticity.

Conditional Acceptance and Contextual Negotiation

As seen in the corpus, many online audiences accepted the general message while simultaneously negotiating its practical application by demanding more guidance or clarification. Although most of the commenters did not outright reject the medical advice, they negotiated it by demanding practical implementation strategies. This shows that audience acceptance is those that are solution driven.

Contestation and Skepticism

Another way the audiences negotiated the medical advice is by challenging either the content as unnecessarily alarming or the presentation of the advice as highly exaggerated, as seen in comments like ‘...You cause too much fear with your posts...’ and ‘...My only concern is that your explanation might create more fear in people than actually help them stay out of trouble’. Such comments show that online audiences evaluate not only the factual content but also the rhetorical style and emotional framing of health communication.

Collaborative Clarification and Peer-to-Peer Negotiation

Lastly, the Facebook video' comment section also served as a collaborative space where participants corrected misunderstandings or misinterpretation of the message like when one of the commenters said 'Na to use bare legs' another responded by saying 'You fit go hit leg for stone or nail fit chuck your leg 😊😊😊'; recommended practical solutions to others like: '...if you're a diabetic patient, your doctor can suggest a particular type of shoe that is suitable for you. To avoid sore or injury'; clarified the intended audience of the medical advice saying 'He's talking to those that are diabetic'; and collaborative sharing of knowledge about diabetes management like when one of the commenters asked 'please what's the cure?' another one responded by saying 'TD1 doesn't have any cure for now. Other ones can be reversed, but if you relapse in lifestyle changes, diabetes will resurface'. The above interactions demonstrates that meaning was negotiated collectively rather than individually, with peer responses contributing to the interpretation and dissemination of medical information.

The Linguistic, Discursive, Intertextual and Intersubjective Strategies Employed by the Online Audiences in Responding to the Diabetes Foot Ulcer Prevention Campaign

The analysis of the comments suggests that the commenters used different shades of linguistic, discursive, intertextual and intersubjective strategies to engage with the diabetes foot ulcer prevention campaign. Rather than responding in a uniform way, the online audiences strategically deployed code-switching, humour, rhetorical questions, personal testimonies, imperatives, evaluative language and hyperbole to negotiate the message of the Facebook campaign video. These linguistic choices were further reinforced by intertextual references to personal experiences, cultural beliefs, and prior knowledge, whereas intersubjective interaction facilitated collaborative meaning-making and peer-to-peer interpretation.

Linguistic Strategies Employed by the Online Audiences in Responding to the Diabetes Foot Ulcer Prevention Campaign

The linguistic strategies identified in the online audiences' responses to the diabetes foot ulcer prevention campaign are the use of humour, code-switching and localized expression, imperatives and direct appeals and rhetorical questions.

Humour

One of the dominant linguistic strategies observed in the corpus is humour- the online audience used comical or funny expressions and exaggeration, like the following comments, to respond to the warning against inappropriate footwear.

1. Make nobody look me bad eyes tomorrow if You see me without shoes or slippers, I no get another one. Na the one I get him say e bad... 😊😊
2. Na to go without shoe go make sense pass be that o'
3. Finallyna to go the way of our forefathers 😊😊😊😊😊😊😊😊😊😊
4. Good morning doc, so you mean make I go buy the kind sandals wey Moses use that year wey GOD look am finish come tell am say "Moses Moses off your sandals oisobcos the place wey you deyna holy ground. Okwaya? 😊😊😊😊

The humorous construction served both entertainment and discursive apparatus for ameliorating anxiety, fear, and as vehicle with which medical advice is packaged, transported and shared among the audience.

Code-Switching and Localised Expression

The use of Pidgin English or localized expressions like ‘omorr, those days wey shoes no dey how our ancestors take do am now?’ and ‘...God look am finish come tell am say “Moses Moses off your sandals osisobcos the place wey you deyna holy ground, Okwaya?” significantly reflects both native communicative norms and cultural identity of the commenters. The deployment of indigenous languages and Pidgin English, therefore, enhanced the sense of community among online audiences and the commonality of members’ narratives about medical advice.

Imperatives and Direct Appeals

The use of imperatives and direct language was also common in many of the comments. This was deployed to caution diabetes patients, ‘it's actually worse barefooted’, and encourage them not to ‘joke with the video’ containing the medical advice. Such narratives cast the commenters as secondary advocates and amplifiers of expert medical advice within the social media space.

Rhetorical Question

There was an observed moderate deployment of rhetorical questions ‘what will I wear now?’, ‘those days wey shoes no dey how our ancestors take do am now 🤔?’ among the online comments while the commenters tried to interact with the video to partly ask for more information, and to most importantly, contest the wholeness of the medical advice contained in the video under investigation. Such rhetorical questions demonstrate active audience engagement and critical evaluation of the message rather than passive reception of medical advice.

Discursive Strategies Employed by the Online Audiences in Responding to the Diabetes Foot Ulcer Prevention Campaign

The observed discursive strategies employed by online audiences in responding to the diabetes foot ulcer prevention campaign are personal testimony, evaluation, moral positioning, and negotiation, rather than acceptance.

Personal Testimony as Legitimation

Some of the online audiences legitimized their position through autobiographical narratives like ‘As a diabetic, I'm always afraid of this thing’, or accounts involving relatives with diabetes like ‘Wound broke out in my daddy's leg and In less than a 2 days that I went to check on him, his thumb was already black... We thought it was a play. Long story short, he died less than a week with that leg that has completely gone bad’ to recount experiences of amputation or diabetic complications of to support the credibility of the campaign. In DHA parlance, such testimonies operate as argumentative strategies, where experiential evidence substitutes for formal scientific authority.

Evaluation of the Campaign and the Campaigner

Another discursive strategy observed in the online audiences' responses to the Facebook video message is evaluation. These were made manifest by assigning explicit value judgements to both the campaign and its presenter. The video received both positive evaluation through the use of words like 'valid', 'helpful', or 'educative'; and negative evaluation via the use of phrase like '... always putting fears and panics in people's lives', and 'You cause too much fear with your posts'. Through these evaluations, online commenters positioned themselves either in solidarity with or opposition to the campaign.

Negotiation vs Acceptance of Medical Advice

There was an obvious critical acceptance of the medical advice in the video by modifying the message, questioning its authenticity and credibility, contextualizing it and expanding the medical advice offered through the selected video. For instance, one of the commenters says, 'since you showed us what not to wear, you should have shown us what to wear'; another corroborated the statement saying 'finally you did not tell us the type of shoe that is suitable for a diabetes patient'; and another one expressly asked 'what shoe will you recommend exactly, sir'. Through this agency, the online commenters sought practical samples of the appropriate footwear and equally proposed an alternative interpretation of the message. This suggests that the online audience expects health campaigns to both provide prohibitions and concrete alternatives.

Intertextual Strategies Employed by the Online Audiences in Responding to the Diabetes Foot Ulcer Prevention Campaign

This paper examined intertextuality in how online commenters incorporated external texts, experiences, and belief systems into their interpretations of the campaign message. This was demonstrated through experiential intertextuality, religious and cultural references, and references to prior medical knowledge. The intertextual links show that online audience meaning-making extends beyond the immediate text and is embedded within wider social, cultural, and experiential contexts.

Experiential Intertextuality

Some of the online audiences made references to their previous encounters with diabetic foot complications involving themselves, like 'My doctor told me this and in 29 years of this diabetes, I am very mindful of my feet and what I wear'; or family members to reinforce the seriousness of the medical advice like 'Diabetes is not a child's play o . Wound broke out in my daddy's leg and In less than a 2 days that I went to check on him, his thumb was already black...' thereby connecting the campaign message with broader social memories.

Religious and Cultural Reference

There were also instances where the commenters invoked divine intervention like 'God make you help your children ooooh', spiritual interpretations like 'Just turn us to white garments church'; or referenced biblical stories like 'Even God warned Moses against this particular sandal 🕒🕒'; while responding to the medical advice thereby integrating religious discourse into biomedical communication.

Reference to Prior Medical Knowledge

The study observed references to prior medical knowledge as an intertextual strategy employed by the commenters. This was evident in some of the comments like 'i don't know about Norland, my mum used an unbranded product and that was what cured her diabetes' indicating that interpretation was shaped by accumulated health literacy rather than the video alone.

Intersubjective Strategies Employed by the Online Audiences in Responding to the Diabetes Foot Ulcer Prevention Campaign

Another salient observation of the study is the heavy deployment of intersubjective strategies such as peer clarification, collective validation, and collective contestation in online audiences' responses to the medical advice.

Peer Clarification

One of the intersubjective strategies observed among the corpus is peer clarification. Some of the online audiences responded to misconceptions expressed by other commenters by clarifying that the video 'is for people that already have diabetes,' rather than the general population and that the shoe is for those who already '...have diabetes not to prevent diabetes...'. This shows that audiences assumed instructional roles traditionally associated with health professionals.

Collective Validation

Another intersubjective strategy observed among the comments is collective validation. Agreements among the online commenters many times reinforced the legitimacy of the medical advice. Expressions of shared concerns, endorsements, and confirmations contributed to the social validation of preventive practices and underscore the fact that online audiences jointly constructed and safeguarded the intended meaning of the campaign.

Collective Contestation

In another development, online commenters also reinforced scepticism. Comments like 'You for show us example of shoes wey diabetic patients go wear' that questions the emotional framing or completeness of the campaign invited others to participate in evaluating its credibility. This means meanings did not emerge from isolated comments but from interactions among participants who collectively shaped the interpretation of the health message.

DISCUSSION OF FINDINGS

The findings have established that online audience responses to the foot ulcer prevention campaign were characterized by multiple competing discourses rather than a single acceptance or rejection of the campaign message. The corpus revealed the dominant use of humour and satire as communicative resources, with many commenters employing hyperbole and irony to reinterpret the campaign in a culturally relatable manner. Other dominant discourses evident in the corpus are those of acceptance and health advocacy, fear and anxiety, skepticism and resistance to medical advice, and information-seeking and practical problem-solving, which invariably reflect the complexity of public engagement with preventive health communication.

Whereas some commenters reinforced the campaign message by sharing their lived experiences of diabetes-related amputations and encouraging others to adhere to it, others questioned its framing or sought further practical guidance. The presence of supportive, resistant, and negotiated discourses indicates that social media users are active interpreters of health information rather than passive consumers. This finding corroborates earlier reports by Chen & Wang (2021) who found that members of the public use social media not only to obtain health information, but to share, discuss, evaluate, generate, and exchange supports around the health content; and Kit et al., (2023) who argue that rather than moving mechanically from exposure to behaviour change, social media audience interact with, reinterpret, and amplify health messages.

Again, the multiplicity of dominant discourses in the corpus aligns with CDA by demonstrating that meanings surrounding diabetes foot ulcer prevention are socially produced and ideologically contested. In the context of Wodak's Discourse-Historical Approach (DHA), the online commenters drew on culturally embedded humour, personal memories and collective experiences to contextualize biomedical knowledge. The findings, therefore, establish that social media health campaigns operate within a heterogeneous discursive environment in which risk communication is continually reframed through everyday language and social interaction. The study also reveals that online audiences constructed and negotiated medical advice relating to the prevention of diabetic foot ulcer through affirmation of expert knowledge, experiential validation, conditional acceptance, contestation and skepticism, and collaborative clarification. These findings are consistent with prior literature, including Chen and Wang (2021), who reported that social media audiences tend to affirm expert health information. They also pointed out that social media allows the audience to critically examine health information and challenge perceived inadequacies, exaggerations or inconsistencies with existing beliefs. Zhu et al. (2023) observed that the audience frequently seeks supplementary information before adopting medical advice. Findings reveal a considerable use of experiential knowledge in negotiating medical advice. This was observed among online commenters who corroborated or interpreted the campaign message through references to personal encounters with diabetes, family histories of amputation, or previous interactions with medical personnel.

This is consistent with Strekalova's (2017) finding that when users are discussing infectious disease risk, they often reference their personal experiences or stories shared with them by friends and relatives. By so doing, they positioned lived experience alongside medical expertise as a legitimate source of health knowledge. The findings, therefore, affirm the view that medical advice on social media is co-produced through interactions between medical expert recommendations and online audience-generated narratives (Vrag & Bode, 2020). Instead of serving as passive consumers of health information, the online audiences actively reshape preventive messages to suit their social realities, informational needs and experiential contexts.

Findings reveal that online audience engagement with medical advice was mediated by various linguistic, discursive, intertextual, and intersubjective strategies. Rather than responding in a uniform manner, the online audiences utilized code-switching among Standard English, Nigerian Pidgin English and Native languages; humour, rhetorical questions, personal testimonies, imperatives, evaluative language and hyperbole to interpret and respond to the message contained in the Facebook video post. Strekalova (2017) also reported similar findings, noting that users employed interrogation, personal stories, humour and evaluation in responding to health information. On intertextuality, the study supports Chen and Wang's (2021) systematic review findings that audiences frequently argue formal health information with personal experience, beliefs, existing knowledge, family stories and messages from other sources in their narratives. Earlier reports on the intersubjectivity of digital media audience discourse on medical information, such as Moorhead, Hazlett, Harrison, Carroll, Irwin and Hoving (2013), are in tandem with the current findings. According to them, meaning emerges through interaction as audiences collectively interpret the message, correct misinformation, and build common ground in the understanding of the health issue.

The linguistic choices helped the commenters to simplify complex medical information, challenge some aspects of the message, express uncertainty, or reinforce its educational value. Within the context of DHA, the online comments demonstrated strong intertextual and intersubjective features. The finding reinforced the proposition that social media audiences are active discursive agents whose interpretations of health campaigns are shaped by language, experience, culture, and interaction. This study, therefore, expands the existing literature on the discursive use of social media comment sections.

The reported findings have profound implications beyond health communication. In a clime like Nigeria, where agriculture and other skill-set work depend heavily on manual labour, preventable diabetes complications like foot ulcers and amputation may diminish workforce participation, shrink productivity, and heighten household vulnerability if not well prevented. Improving online audience engagement with preventive health messages through social media may therefore contribute indirectly to safeguarding livelihoods and supporting sustainable economic development.

CONCLUSION

The paper reported that dominant discourses such as humour and satire, acceptance and health advocacy, fear and anxiety, skepticism and resistance to medical advice, and information seeking and practical problem-solving were employed in the discussion of the selected video as communicative resources. The study also established that the online audience's construction and negotiation of medical advice on preventing diabetes foot ulcer risk were carried out through affirmation of expert knowledge, experiential validation, conditional acceptance, contestation, skepticism, and collaborative clarification. The paper also affirmed that online audience engagement with the medical advice was mediated by linguistic, discursive, intertextual, and intersubjective strategies that helped simplify complex media information, challenge aspects of the message, express uncertainty, and reinforce its educational value.

The study, therefore, concludes that social media audiences are active participants in the circulation and transformation of medical knowledge; and the effectiveness of social media preventive health campaigns depends not only on the accuracy of expert messaging but also on the extent to which messages anticipate audience interpretation, encourage meaningful interaction, and provide practical, context-sensitive guidance. Designing a health communication campaign with the dynamics in mind may enhance public understanding, strengthen trust, and promote informed preventive behaviours that can reduce disability, preserve productive capacity, and support socioeconomic development in resource-constrained settings such as Nigeria.

RECOMMENDATIONS

Based on the findings earlier reported, the study recommends that:

1. Health communicators should always provide practical and actionable guidance alongside risk messages;
2. Ministries such as health, agriculture, livestock, and rural development should leverage on social media campaigns addressing chronic illness prevention among economically active populations;
3. Campaign designers should carefully balance fear appeals with efficacy-enhancing information;
4. Agricultural extension officers should integrate non-communicable disease education into farmer outreach where appropriate
5. Public health campaigns should always anticipate audience participation and design messages that encourage constructive dialogue;
6. Social media messages should be culturally and linguistically adapted to local audiences;
7. Health professionals and content creators should leverage peer-to-peer communication as a resource for health promotion;
8. Future research efforts should extend discourse-based analysis to other social media campaigns and platforms.

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