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RESEARCH ARTICLE

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DISSEMINATION OF HEALTH COMMUNICATION ON SOCIAL MEDIA: A CONTEXT OF UNIVERSITY STUDENTS

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ABSTRACT

In the 21st century pandemic has created chaos among the population across the globe, and social media proves to be a source of medium. However, this source of information or infodemic gave rise to Health-related communication, whether print or digital. Digital media has quite a coverage during the pandemic and post-pandemic. The focus of this paper is on the dissemination of health and wellness-related tips to an individual through social media. University students are the universe in this research, as youths have the highest access to digital platforms.

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INTRODUCTION

Health communication has moved beyond media messages to passive audiences and clinical exchanges. The rise of the Internet and social media now enables dynamic, worldwide information exchanges. Social media, defined as Internet-based applications that allow for creating and exchanging-generated content (Kaplan & Haenlein, 2010), enables quick and low-cost health information dissemination to a large audience via websites and apps like Facebook, Instagram, and Twitter. An effective strategy for leveraging social media in health management is to identify the relationship between Health Communication and ICT. Social media is mainly used to facilitate, share, and acquire health messages and increase interpersonal contacts. People primarily use social media to share and receive information on health-related topics for themselves, their families, and friends. Patients can talk about their experiences in forums, chat rooms, and instant messaging or have an online consultation with a licenced clinician (Moorhead, et al., 2013). While currently limited, there have been reports of health practitioners utilizing social media to gather patient information and engage in online consultations. Social media is any networked ICT tool or platform that allows users to interact with the material as part of a more significant communications trend categorized as Web 2.0, its content and primary value are derived from user involvement (Norman, 2012). Facebook boasts over one billion daily active users and offers health

organizations previously unheard-of ways to connect and interact with target communities globally. It serves as a location for passive and active health-related information pursuits. Users can share various kinds of health information with others by clicking "like," "share," or "comment" on any post. These characteristics promote learning, behavior reinforcement, and support socially by engaging users with message content and enabling them to share messages with friends and family. The aspects of health communication that encourage user involvement and message transmission. Any health-related assertion we classify as "health misinformation" according to the current scientific agreement is untrue. Social media promotes increased information sharing and community development through online conversation where people can create their content (Facebook, n.d.) (e.g., blogs and online discussion boards). This information could be very beneficial for experts in health education who are searching for formative research to create, modify, and evaluate programmes and campaigns with priority audiences (Huo, et al., 2019). Inconsistent findings, changing evidence, and uncertain information pose challenges for health communication. However, this editorial focuses specifically on addressing incorrect information, rather than these broader issues. While progress is being made, significant challenges remain to inhibit the widespread acceptance, adoption, and use of social media in health promotion. (Cummings E. E., 2017). It might be challenging to respond to misleading information for various reasons. Psychological factors like emotions and cognitive biases can hinder the effectiveness of simple measures such as sharing accurate information in countering misinformation.

This may be why interventions have shown mixed efficacy, such as recommending articles with corrective information. (Bode & Vraga, 2015). The conversation is both a metaphor and a real outcome of social media and fits the goals outlined in The Ottawa Charter for Health Promotion. (Organization, 1996). The message and the audiences that are developed through media are shaped. According to Edmund Snow Carpenter, a concentration on software enables individuals (in his instance, youth) to “package their messages in media that fit their messages, that is, they develop new media to match their messages.” In doing so, they create their audiences (Carpenter, 1970). With the democratization of the media come new difficulties and new voices in the media. Health professionals should no longer presume that their societal status and position will inherently grant them greater influence in the realm of social media. In many situations, health professionals may be more suited to be helpful by elevating other perspectives than their own on policy and practice issues to enhance their comprehension of social media usage, public education should be provided to the general populace, patients, and healthcare professionals. When designing education to fulfil the needs of different demographic groups, considering the diversity in social media involvement according to personality traits, age, and gender will be helpful (Correa, Willard, & Zúñiga, 2010). The accessibility and expansion of health information to various demographic groups, regardless of age, education, race or ethnicity, and region, is a crucial advantage of social media for health communication over traditional methods (Del, et al., 2016). Health communication is exchanging information and messages between healthcare providers, patients, and the public to promote health and prevent disease. Health communication incorporates various topics, including patient education, health promotion, disease prevention, and healthcare delivery. Effective health communication is essential for improving health outcomes and reducing healthcare costs. Patient education is one of the most crucial components of health communication. To make educated decisions about their care, patients need accurate, current information about their medical issues and available treatments. Healthcare providers play a crucial role in providing this information, but there are also many other sources of health information, including books, websites, and educational programs. To make wise decisions about their health, individuals should obtain and comprehend the data they require.

Another important aspect of health communication is health promotion. Health promotion entails motivating individuals to opt for healthy behaviors and make wholesome choices. This encompasses advocating for nutritious eating habits, consistent physical activity, and preventive health check-ups. Additionally, health promotion aims to minimize hazardous behaviors like smoking, excessive alcohol intake, and substance abuse. Health promotion campaigns can be targeted at individuals, families, communities, or entire populations and can take many forms, including mass media campaigns, community-based programs, and workplace health promotion initiatives (Kumar, 2022). But for a thorough and all-encompassing diagnosis and treatment of the patient, it is also essential to include the human being’s emotional, mental, and spiritual dimensions. Today we are in the midst of a violent crisis of health, which began with the threat of death and destruction of our society. We can hope to reach the same heights of our glory if we revive our ancient knowledge by analyzing available health communication modules. (Kumar, 2022) A wide range of communication tools based on online applications and mobile technology make up social media. (Kaplan & Haenlein, 2010) (Bingham, 2010). Key differentiating features between social media and traditional media include the credibility and dissemination level of information in the Social Media domain. The information. Widely Facebook, Instagram, Tiktok, LinkedIn, Badoo are considered a part of social media, blogs such as (Blogger, WordPress, and Photoblog), content websites include (Pinterest, YouTube, Flickr, Slide share, Vimeo), microblogging sites (Twitter), online news sites (Wykop.pl, Reddit), forums like Gazeta.pl, Wizaz.pl, Kafeteria.pl, and messengers are some examples of social media WhatsApp, Skype, Facebook Messenger, and Viber. Different social media platforms have particular characteristics. This has significantly altered how people communicate (Bingham, 2010).



Figure 1. Characteristics of Social Media

Range: Social media enables engagement with larger audiences., **access:** Many beneficiaries can access social media for free or at a low cost, **use:** No specific abilities are required to create material for social media; simply being able to use new technologies is sufficient, **immediacy:** social media form a space where reactions are immediate; **impermanence:** messages may change almost the minute they are published; **usability:** social media are mainly based on what most users can do.

Social Media has transformed communication into a conversation process. User-generated material can be created and exchanged using this method of communication (Kaplan & Haenlein, 2010). According to Kietzmann *et al.* (2011), Kaplan & Haenlein (2012), Barker *et al.* (2013): the usage of social media by organizations improves customer involvement in the processes that take place there. And different organizations frequently treat social media. Businesses are progressively employing social media for marketing purposes, including brand development, product advertising, customer base expansion, word-of-mouth promotion, and community establishment.

Research Objectives:

- To find out the engagement about health-related information on social media
- To examine the popularity of Healthy Tips on different social media platforms.
- To examine public perception of the credibility of health and wellness-related content available in social media.

REVIEW OF LITERATURE

Keitzmann *et al.* (2011) suggest that businesses should acknowledge the social media environment, engaging in ongoing discussions and conversations that are publicly available. They advocate for the development of suitable strategies, determining the frequency of participation in discussions, and staying aware of competitors' actions to respond effectively. This review makes it abundantly evident that social media can help with health communication, but there are no established long-term consequences (Kietzmann, Hermkens, McCarthy, & Silvestre, 2011). According to Pew Research Centre (2015), at least 92% of teens use social media. According to Lenhart, Smith, Anderson, Duggan, and Perrin (2015), the 13-17 age group is a particularly heavy user of social media, with 87% having access to a computer and 58% having access to a tablet device. Almost three-quarters of teenagers aged 15 to 17, and 68% of those aged 13 to 14, own a smartphone (Lenhart, 2015). Heldman *et al.* (2013) concluded that public health organizations and practitioners should frequently use social media to disseminate huge amounts of information instead of involving audiences in genuine two-way conversations and

interactions. This article also discusses social media participation in public health communication. They have discussed the potential risks, benefits, and challenges associated with integrating the social aspect into public health practice, as well as the different levels of engagement in public health communication. The implications of social media involvement for public health communication are discussed, and suggestions for additional study and research were made (Heldman, Schindelar, & Weaver, 2013). Jha *et al.* (2016): The requirement to consistently share engaging health information, watch for harmful content, and reply to inquiries present the most significant barrier in developing an interactive social media network. Also, content for health promotion competes directly for online real estate with posts from friends, relatives, sports, entertainment, etc. At this point, it might be essential to emphasize that a State Health Department's effectiveness and efficiency are not reflected in its Facebook (or other social media) presence or activity (Jha, Lin, & Savoia, 2016). Rus and Cameron (2016): assessed the insights presented are helpful for designing health messaging for social media, especially if designers want to promote particular types of user involvement. Using external links to videos and other content wisely is one suggestion. The imagery seems to be an effective method for grabbing users' attention, briefly engrossing them (i.e., raising likes), and amplifying message delivery (i.e., increasing shares). However, introducing visuals alongside information about the effects and management of sickness or messages expressing negative emotions could stifle reactions (Rus & Cameron, 2016). Chou *et al.* (2020): the papers have demonstrated how spreading false information can have negative effects in the real world, such as escalating the vaccine debate and popularising cancer treatments that have not been proven to work. Research has shown that falsehoods spread faster and reach a wider audience than accurate information. Hence, it's imperative for those engaged in public health research and practice to take swift and decisive action to address health misinformation on social media. According to the most recent body of scientific research, they defined "health misinformation" is any untrue factual statement about health. Contradictory or conflicting findings, shifting evidence, and information with a high degree of uncertainty are just a few other information types that present difficulties for health communication; however, these problems are outside the purview of this editorial, which focuses on obviously false information (Sylvia Chou, Gaysynsky, & Cappella, 2020).

Jenkins *et al.* (2020): suggest that authenticity and credibility are important ideas that have been thoroughly researched in the marketing and communications professions, but more research is needed in a health context. Compared to Facebook and Twitter, Instagram is a less studied platform (Jenkins, Ilicic, Barklamb, & McCaffery, 2020). Mheidly and Fares (2020): concluded that infodemics are much more severe than pandemics. The proliferation of conflicting news, misinformation, and manipulated data on social media poses a significant threat to global public health, and it's crucial for international organizations, governments, and medical experts to acknowledge this. Media has the potential to promote healthy behaviors, increase access to accurate information, raise awareness, and improve psychological well-being through various platforms and channels. Governments should create and implement public health regulations that address how media portals spread information during pandemics (Mheidly & Fares, 2020). Stollefson *et al.* (2020): social media offers a platform for expanding and promoting effective data dissemination and translational health communication tactics, enabling users to use, generate, and share relevant health information. Also, using social media for health promotion advocacy and communications opens up intriguing new possibilities for broader outreach, increased efficacy, and cheaper campaign costs (Stollefson, Paige, Chaney, & Chaney, 2020). Teichmann *et al.* (2020): highlighted that frequently, posts might be more significant than what is posted. Leaders at the national and local levels can reach a sizable audience and influence even more social media users to spread their message. Concise messages with clearly stated health directives are more likely to be well-received. Also, directly asking the populace to engage in the behaviour you want them to can be effective and spread information far further than other approaches (Teichmann, et al.,

2020). Neiger *et al.*, (2013) have pointed out, that there is little evidence to suggest that public health organizations effectively utilize social media in ways that capitalize on the capacity to conduct meaningful discussions with our audiences (Neiger, Thackery, Burton, Giraud-Carrier, & Fagen, 2013). Similarly, Chou *et al.* (2020) also concluded that there is a "need to harness the participatory element of social media" after reviewing public health treatments employing web access and social media. It would appear that public health practitioners must adopt social media's distinctive characteristics and capabilities to involve members of digital societies in interactive sessions of health conversations, thus communication is a method we have named social media engagement.

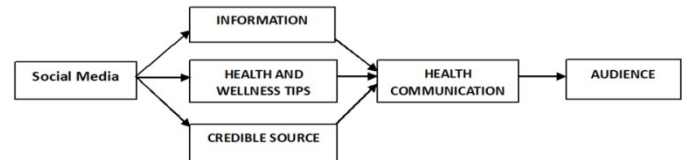


Figure 1. Relationship between Social Media and Audience

RESEARCH METHODOLOGY

This study is exploratory, aiming to elucidate the role of social media in health communication and its effects on users. The primary data utilized in this research was gathered through surveys distributed to university students of Indira Gandhi national Tribal University. A sample size of 150 participants was considered out of which 71 responded. The sampling regions were selected based on convenience from the University. The sampling unit for the study "Dissemination Of Health Communication On Social Media: A Context Of University Students" are the students who use social media as a potential user, they are regular users and are active on social media sites. These students are conscious of social media and everything happening related to health around the world through social media.

Data Analysis

Reliability test: According to Nunnally (1967), as per the doctrine of statistics, a Reliability value of more than 0.70 is a good fit for the social sciences. Furthermore, the reliability conducted test indicates that the reliability value is 0.763, which shows the value is greater than the acceptable range. So the tools show excellent reliability of items.

Reliability Statistics

Cronbach's Alpha	N of Items
.763	23

Correlation

The correlation method was employed to meet the regression assumption. The researcher investigated the relationship between the study variables and their mutual influence. A correlation was tested at the significant level of 0.01, and the relationship among variables reflected in the table is given below.

Hypothesis 1: The social media has a positive effect on Information dissemination. In the above table of hypothesis we can see that it supports that social media is a responsible medium of dissemination for Information among the Youths of university, this hypothesis is found to be correct.

Hypothesis 2: The social media used by university students has a positive effect on Health and Wellness tips. In recent times the youth has scrolled or viewed the content of health and Wellness tips on the Social media platform.

	Social media impact	Health communication	Credibility	Health and wellness	Information
Social media impact	1	.533**	.220	.429**	.500**
Health communication		1	.707**	.567**	.231
Credible Sources			1	.687**	.173
Health and Wellness				1	.626**
Information					1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Hypothesis testing

Hypothesis	Regression weight	Beta coefficient	R ²	F value	P value	Durbin Watson	Hypothesis supported
H1	SM → I	.470	.250	22.976	.000	1.501	Yes
H2	SM → HWT	.320	.184	15.567	.000	1.814	Yes
H3	SM → CS	.116	.084	18.125	.000	1.845	Yes
H4	HWT → HC	.555	.307	193.591	.034	2.026	Yes
H5	CS → HC	.613	.376	262.320	.000	1.774	Yes
H6	HC → I	.387	.150	76.930	.000	1.719	Yes

Hence this Hypothesis is found to be supporting. Through several reels on Instagram and you tube the health and wellness tips has positive effect on their health activity pattern.

Hypothesis 3: The source credibility has a positive effect on usage of social media. The credibility of message highly dependable on Social media through which it is propagated. Hypothesis tested is positive.

Hypothesis 4: Health and wellness tips shared on social media have demonstrated a positive impact on health communication. As the health and wellness reel and information on social media is increasing the health communication will increase so the wellness of an individuals.

Hypothesis 5: The source credibility has a positive effect on increased consumption in health related communication information. When the credible information is circulated on social media it will increase health and wellness related information.

Hypothesis 6: Information related to health communication has positive relation. It can be seen more information particularly credible source based is disseminated in the society more health and wellness level will increase.

Further scope of research: This research lays the foundation for understanding the status of health communication in India through the perspective of social media usage. However, there are still many areas that require further exploration and detailed analysis to enhance the comprehensiveness of this study. Many research works can be presented as suggested below.

1. The study elaborates on the growing use of social media in health. It highlights certain forms of usage by kids as well as the consequences of such use.
2. It would also be interesting to study the role of Gate keeping in Health related contents Social Media.
3. Another aspect to consider in future work is to associate Health Information, Credible sources and recent changes in consumption because of Gen Z habits.

DISCUSSION

The findings of the hypothesis analysis, which was based on linear regression analysis, are shown in the above table. The standardized beta coefficient, p-value, R², and the degree of variance are shown, and the Durbin-Watson test was used to check for multicollinearity. The obtained values in all of the models mentioned above were between 1 and 3, which is acceptable by statistical doctrine. In this manner, model fit was assessed using the f-value and p-value at the

0.5 significance level, and the findings show that all of the following hypotheses fit. In this investigation, none of the alternative hypotheses was disproved. This study indicates that social media impacts information related to health by 25%; likewise, social media impact health and wellness tips by 18.4 % and the credibility of health-related content by 8.4% which shows that. In the same way, health communication was influenced by many variables like health wellness tips by 30.7%, and credible contents by 37.6%. However, health information dissemination very less influenced the health communication i.e. by 15% only.

CONCLUSION

The utilization and consumption of social media are experiencing exponential growth. Simultaneously, its role in info dissemination has become crucial. This paper demonstrates that the role of social media among university-going students has increased ten folds than their previous generations. However, regarding health, hypothesis testing and relationships among different variables show their importance. The effectiveness of government communication and the influence of social media on health and wellness are subjects of uncertainty. Several factors contribute to this uncertainty, such as limited content, insufficient engagement from health professionals, and doubts regarding the credibility of health and wellness-related information on social media. Social Media have much to do in improving the content, engagement, and credibility so that disseminating health and wellness tips can improve human health.

Conflict of Interest: The authors report no conflicts of interest. The author alone is responsible for the content and writing of this article.

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