

EXPLORING HEALTH INFORMATION – SEEKING BEHAVIORS ON SOCIAL MEDIA

Dissertation Submitted to



The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

Dr. Swapnil Gadhave

2025

CERTIFICATE

This is to certify that **Dr. Khushboo Thakur** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her/his internship at IIHMR University, Jaipur during Mar 10 - May 31, 2025.

Place: 18-06-2025
Date: Jaipur


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CERTIFICATE

This is to certify that dissertation titled “ **Exploring Health Information – Seeking Behaviors on Social Media** ” is the record of the research work undertaken by **Dr. Khushboo Thakur** in partial fulfillment of the requirements for the award of the degree of M.B.A. (**Hospital and Health Management**) from the IIHMR University, Jaipur my guidance and supervision and her approach to the research study has been sincere, scientific and analytical.

A handwritten signature in blue ink, appearing to read 'Swapnil Gadhave'.

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A handwritten signature in blue ink, appearing to read 'Dr. Sanjay Gupta'.

Dr. Sanjay Gupta

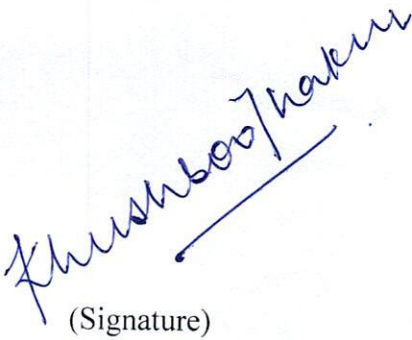
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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **“Exploring Health Information – Seeking Behaviors on Social Media”** I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

A handwritten signature in blue ink, reading "Khushboo Thakur", written diagonally across the page.

(Signature)

Dr. Khushboo Thakur

Date: 18/06/2025

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Chapter 1: Introduction

1.0 Background

Accessing and interacting with health information has changed dramatically because of the digital revolution. Among the many digital technologies, social media sites like Facebook, Instagram, YouTube, Twitter, and online forums have become effective channels for information sharing, patient interaction, peer support, and public health communication. The conventional top-down flow of health communication has been changed by these platforms into a dynamic, participatory approach in which consumers both contribute to and receive health knowledge.

Numerous studies have highlighted the growing trend of using social media to find health information, especially among young adults, people with long-term illnesses, and people seeking social or emotional support. Social media allows users to discuss a wide range of health issues in real time, from mental health and lifestyle management to diabetes and obesity, as well as to ask questions, share personal experiences, and learn from peers.

The legitimacy and genuineness of the health content published on social media are questioned despite these chances. Users frequently find it difficult to distinguish between reliable health advice and false information, particularly when they are influenced by celebrities or social media influencers who might not be medical professionals, claim Jenkins et al. (2020). This demonstrates how heuristics—likes, retweets, or the look of authority—shape users' judgements of legitimacy even when they do not always accurately reflect the facts.

Social media interaction is another important topic covered. According to Heldman et al. (2013), public health organisations need to have meaningful, two-way discussions with audiences to establish credibility and guarantee relevance. Simply sharing information is insufficient. This entails paying attention to public issues, answering questions, promoting user-generated content, and creating online communities for information sharing and support.

Additionally, Zhao and Zhang (2017) discovered that the ability to interact with people who have similar diseases, perceived social support, and ease of access all have a significant impact on consumer health information-seeking behaviour on social media. Particularly for stigmatised or chronic health conditions like depression and obesity, users were highly motivated to seek online aid by emotional support.

Significant obstacles, such as the dissemination of false information, a lack of governmental control, possible privacy violations, and uneven message credibility, offset these advantages, though. Social media is preferred by many users because of its accessibility, relatability, and

peer-driven engagement, even though many believe it to be less trustworthy than official websites.

1.1 Purpose of the Study

The purpose of this study is to investigate how consumers actively search for and interact with health-related content on social media platforms, and how these interactions influence their health-related decisions, attitudes, and behaviours. Users are depending more and more on websites like YouTube, Facebook, Instagram, Twitter, and WhatsApp as a result of growing digital penetration to comprehend symptoms, investigate therapies, and make medical decisions—often without first speaking with experts (Khursheed & Rasul, 2024). By looking at motivations, trust levels, source preference, and post-engagement effects, this study aims to assess such behaviours.

1.2 Problem Being Investigated

Although social media makes health information instantly and widely available, it frequently lacks expert validation, credibility control, and factual integrity, which raises concerns about inaccurate information, overconfidence in self-diagnosis, and emotionally influenced decisions (Nath et al., 2016; Worrall & Oh, 2013). It is concerning that people are increasingly choosing user-generated content over evidence-based sources, particularly when they replace professional medical consultation with internet guidance (Moorhead et al., 2013). Despite the potential advantages, there is currently no standardised method to confirm the accuracy or influence of health information derived from social media on consumer behaviour.

1.3 Context of the Study

People from all socioeconomic situations can now access health content online because to the global increase in smartphone and internet usage. Pew Research and studies such as Fox's (2011, referenced in Worrall & Oh, 2013) indicates that more than one-third of internet users utilise social networks to share personal health experiences, and over a quarter engage with people who have comparable problems. Due to limited access to healthcare and increased familiarity with digital platforms, digital health engagement has increased in South Asian countries, particularly in India and Pakistan (Khursheed & Rasul, 2024). This context is also reflected in your survey: people of all ages and educational levels utilise social media to get clarification, emotional support, or second opinions before to, during, and following medical visits.

1.4 Importance of the Study

- Public health communication: It's critical to comprehend public behaviour in order to create more effective interventions, since false information spreads quickly on social media sites like Facebook and WhatsApp (Nath et al., 2016).
- Digital literacy: Determining users' deficiencies in critical evaluation of online content aids in the development of educational initiatives (Thackeray et al., 2013).
- Platform governance and design: Digital platforms can determine how to prioritise, censor, or validate health material based on user trust (e.g., clinical studies versus testimonials) (Worrall & Oh, 2013; Nath et al., 2016).
- Psychological and emotional well-being: It's critical to consider how stress, anxiety, and decision-making are impacted by the emotional consumption of health information, particularly during uncertain times (Burnett & Buerkle, 2004; Frost & Massagli, 2008).
- Healthcare integration: Based on the study's findings, telemedicine platforms, AI health chatbots, and health-tracking applications can be developed to better suit user preferences and trust patterns (MCQ Survey, Section E).

1.5 Aims of the Study

The primary aim of this study is to explore how consumers utilize social media platforms to seek health-related information, and to examine the roles, perceived benefits, limitations, and outcomes associated with such behavior.

The following are additional goals of this study:

- Examine how much social media influences people's views and decisions about their health.
- Recognise how platform preference, digital trust, and emotional involvement interact when consuming health information.

Moorhead et al. (2013) and Nath et al. (2016) have highlighted the increasing impact of social media on users' health behaviour and knowledge, which is in line with this goal.

1.6 Objectives of the Study

Based directly on the primary document and survey structure, the study is guided by the following specific and research-backed objectives:

1. To discuss the potential benefits and concerns associated with accessing consumer health information through social media.
2. To identify concerns related to the quality and authority of health information found on social media.
3. To examine the role that social media plays in consumers' information-seeking processes.

Chapter 2: Review of Literature

This chapter summarises the body of research on how consumers use social media platforms to look for health-related information. The review provides a clearer knowledge of how this behaviour has been examined globally by highlighting study characteristics including location, sample size, sampling methodology, and major conclusions. Important studies that serve as the foundation for the literature evaluation are listed in the Figure below:

Author(s) & Year	Location	Sample Size & Technique	Salient Features / Findings
Zhao & Zhang (2017)	USA (Literature Review)	21 studies from 2011–2016; purposive selection	Identified that users seek peer-to-peer support, treatment options, and symptom insights; emotional support is a key motivator; major concern: misinformation and low credibility.
Nath et al. (2016)	Global (Online Health Communities)	Data mined from online health forums	Found users frequently shared website links; credibility concerns were high; health professionals rarely verified shared content; content ranged from medication to weight loss.
Khurshed & Rasul (2024)	Pakistan	203 youth; purposive sampling	Revealed youth use Instagram, WhatsApp, YouTube to validate doctor's opinions; major reliance on influencers; emotional engagement high; trust built via social proof not expertise.
Thackeray et al. (2013)	USA	1,745 adults; random survey sampling	41.15% consulted reviews, 31.58% used SNS for health, 9.91% posted reviews; chronic patients used social media more frequently for second opinions.
Prybutok & Ryan (2015)	USA	18–30-year-old college students; focus group	Social media was preferred over official websites by youth; trust driven by user similarity ("others facing the same issue"); Facebook and YouTube were most mentioned.

Author(s) & Year	Location	Sample Size & Technique	Salient Features / Findings
Worrall & Oh (2013)	USA	Data from Q&A forums	Found users ask critical health questions for emotional reassurance, personal narratives, and peer validation; factual accuracy was less prioritized.
Westbrook & Zhang (2015)	USA	Data from Yahoo! Answers Q&A platform	Topics on cervical cancer prevention dominated queries; users valued emotional narratives and experiential answers over medical explanations.
Benetoli et al. (2015)	Australia	Interview with medicine info page users on Facebook	Found people accessed Facebook to ask about drug interactions and side effects; platform seen as easier and quicker than doctor appointments.
Liang & Scammon (2011)	USA	Online forum posts reviewed	Obesity support groups used for peer encouragement; social anxiety and self-esteem were major themes; health tips shared informally.
Naslund et al. (2016)	USA	Review of peer-to-peer support groups	Found mental health patients benefit from anonymity, empathy, and shared lived experience; online forums supplement clinical care.

Numerous research has shown how social media may help people communicate about health. For instance, Naslund et al. (2016) showed how social media helps patients with mental health issues feel less stigmatised and encourage peer support. Similarly, a practical example of Facebook being used to spread verified medical information was shown by Benetoli et al. (2015). However, the same platforms might increase dangers by disseminating false information, as Rutsaert et al. (2013) cautioned. These studies collectively offer a comprehensive viewpoint on the advantages and disadvantages of digital health participation.

Summary of Key Literature Themes

1. Peer and emotional assistance

Social media users' primary motivation for obtaining health information is emotional reassurance, particularly for young people and people with long-term conditions (Worrall & Oh, 2013; Liang & Scammon, 2011).

(Naslund et al., 2016; Rasmussen-Pennington et al., 2014) Patients with stigmatised disorders (such as obesity, depression) prefer anonymous settings in which they may express their experiences and feel validated.

2. Information Quality Concerns

Customers often doubt the veracity of social media posts, particularly when medical advice is not backed by experts (Zhao & Zhang, 2017; Nath et al., 2016).

Facebook and Twitter have substantially lower trustworthiness ratings than search engines or repuFigure websites (Rutsaert et al., 2013).

3. Usage Patterns for Platforms

For lifestyle-based health advice and visual explanations, YouTube, Facebook, and Instagram are the most popular platforms (Khursheed & Rasul, 2024; Prybutok & Ryan, 2015). Targeted questions and lengthy conversations are conducted on forums such as Reddit, Yahoo! Answers, and disease-specific communities (Westbrook & Zhang, 2015).

4. Impact on the Making of Decisions

Social media advice is often followed by users, particularly when seeking second opinions or before seeing a doctor (Thackeray et al., 2013).

o According to Khursheed and Rasul (2024), young users view peer experience as almost as trustworthy as professional counsel, which may lead to self-treatment or prescription modifications based on social proof.

Chapter 3: Methodology

This chapter outlines the research design, population, sampling strategy, data collection tools, processes, ethical considerations, and statistical approaches used in the study. It is founded on the goal of the study, which is to investigate how people use social media to look for health-related information and what factors affect their behaviour, trust, and choices about such content.

3.1 Research Question

Primary Research Question:

How do consumers seek health-related information through social media, and what roles, benefits, and concerns are associated with this process?

3.2 Research Design

A cross-sectional, quantitative survey design was used in this investigation. A structured, self-administered questionnaire that was distributed digitally was used to gather the data. This approach was selected due to its efficiency in collecting standardised data from many participants in a short amount of time. The statistical interpretation of user behaviour, motivations, and platform engagement is made possible by the quantitative approach.

3.3 Study Setting

Since the research issue centres on digital behaviours, the study was carried out online. This environment made it possible to reach many people who use social media and the internet, which is relevant to the subject of looking for health information online.

3.4 Study Population

The target audience comprised:

- People who were at least eighteen years old.
- People who were active on one or more social media networks,
- Individuals who have viewed or interacted with internet health-related content.

There were no restrictions on gender, location, or health status because the objective was to document a range of health information-seeking behaviours.

3.5 Sample Size and Sampling Technique

- Sampling Method: Purposive sampling was employed to make sure that participants were pertinent to the study's focus, which is frequent social media users who had taken part in activities related to seeking health information.
- Sample Size: During the survey period, reach, availability, and response rate were used to calculate the sample size. Chapter 4 will provide the final sample size.

3.6 Study Instrument

The following five sections comprise a structured Multiple Choice Questionnaire (MCQ):

- Section A: Profile of the population (age, sex, education, and health)
 - Section B: Regularity and confidence in various health information sources (e.g., physicians, social media, forums)
 - Section C: Reasons for social media use, including actions taken before and after consultations
 - Section D: Emotional responses, information verification techniques, and trust considerations
 - Section E: Preferred formats and techniques for digital health communication
- Prior to complete dissemination, the questions were checked for clarity and relevancy using themes found in the literature (Moorhead et al., 2013; Khursheed & Rasul, 2024).

3.7 Operational Definitions

- Health Information-Seeking Behaviour: The steps people take to search social media sites for health-related information.
- Credibility: The extent to which information found online is regarded as trustworthy, depending on elements such as the author, source, or presentation.
- Digital Health Engagement: The interaction of users with digital platforms' health-related products, services, or content.
- Social Media Platforms: Websites that allow users to share and access health-related content include YouTube, Facebook, Instagram, WhatsApp, and Twitter.

3.8 Research Approach

A method to quantitative assessment was used in the study. Coded numerical data was created from each survey response to enable statistical analysis. The analysis remained standardised and targeted because neither open-ended questions nor qualitative interviews were gathered.

3.9 Statistical Methods

- Data pertaining to platform usage, trust ratings, and behaviour patterns will be compiled using descriptive statistics such as percentages and frequency distributions.
- If appropriate, connections between demographic factors and certain behaviours (e.g., age group vs. trust level) may be investigated using inferential statistics such as chi-square tests.
- SPSS software or Microsoft Excel will be used to analyse the data.

3.10 Ethical Considerations

The study was planned and carried out in compliance with accepted ethical guidelines for studies involving human participants.

Prior to completing the survey, participants were given an **Informed Consent Form**. The goal, voluntary nature, anonymity of responses, and withdrawal rights were all spelt out in detail.

Participation on a voluntary basis

It was entirely voluntary to participate. There were neither rewards nor consequences for omitting questions or refusing to finish the survey.

Data protection and confidentiality

- No personally identifiable information was gathered.
- Data will only be utilised for academic reasons and reported in aggregate form; all data was safely saved and only the study team had access to it.

Risk and Benefits

There were no anticipated risks to participants. While no direct personal benefit was offered, the information provided contributes to improving understanding of digital health behavior, which may benefit future public health communication efforts.

Chapter 4: Results

This chapter presents the findings derived from the analysis of the survey responses collected for the study. A total of 245 respondents participated in the survey. The data are summarized through descriptive statistics and visual representations.

Research Question

How do consumers seek health-related information through social media, and what roles, benefits, and concerns are associated with this process?

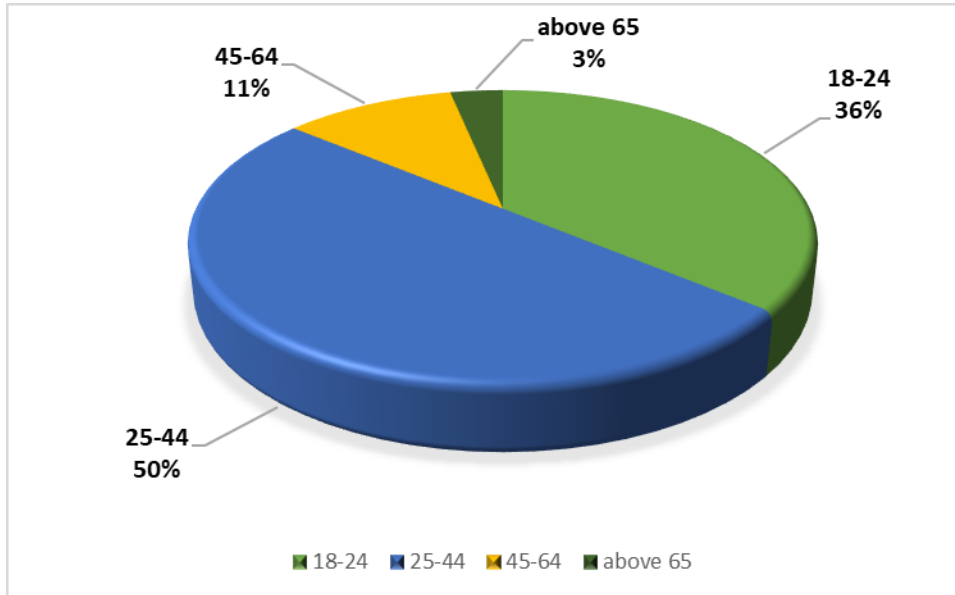
Research Objectives

1. To discuss the potential benefits and concerns associated with accessing consumer health information through social media.
2. To identify concerns related to the quality and authority of health information found on social media.
3. To examine the role that social media plays in consumers' information-seeking processes.

❖ Socio-Demographic Data Summary & Interpretation

1. Age Group

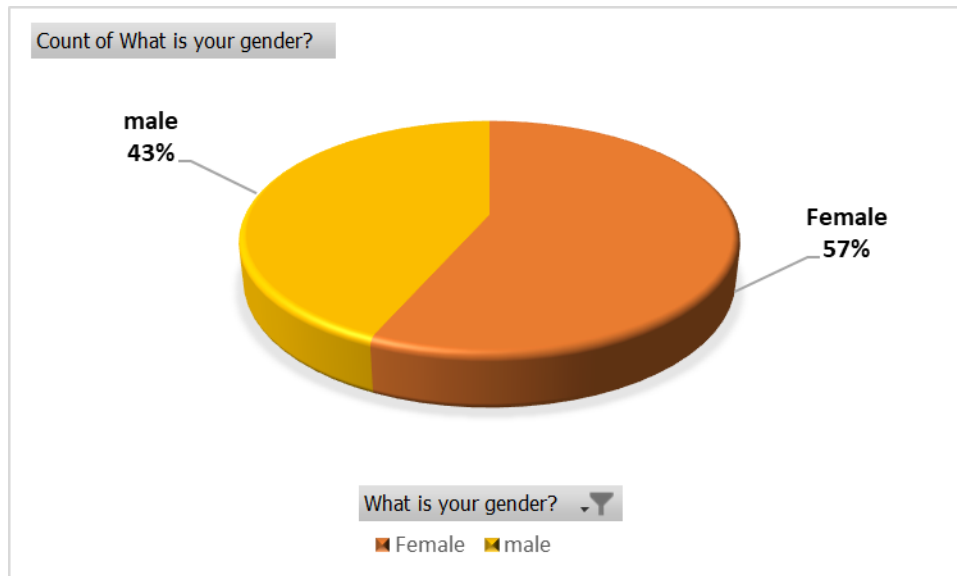
Figure-4.1



Most of the participants in the survey fall within the age group of 25–44 years, accounting for 122 individuals (48.8%), followed by the 18–24 years age group with 88 individuals (35.2%). This indicates that a significant portion of the respondents are young adults. Participants in the 45–64 years category made up only 26 individuals (10.4%), while those above 65 years constituted the smallest group with just 8 individuals (3.2%). Overall, the data reflects a predominantly youthful survey population, with minimal representation from older age groups.

2. Gender

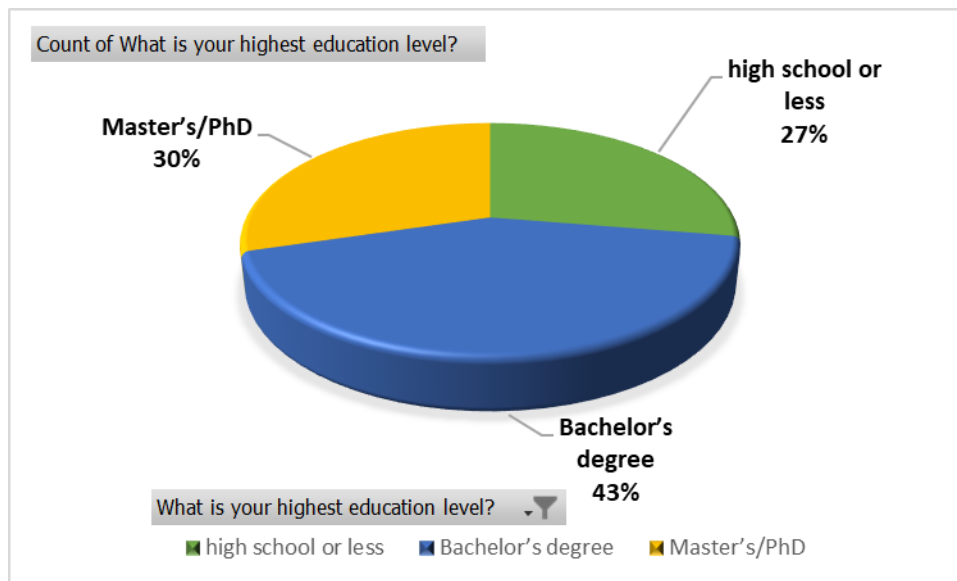
Figure-4.2



Among the respondents, 137 individuals (56.6%) identified as female, while 105 individuals (43.4%) identified as male. This indicates a slight female majority in the survey population. A small number of participants did not disclose their gender, which may account for any minor discrepancy in the total.

3. Education Level

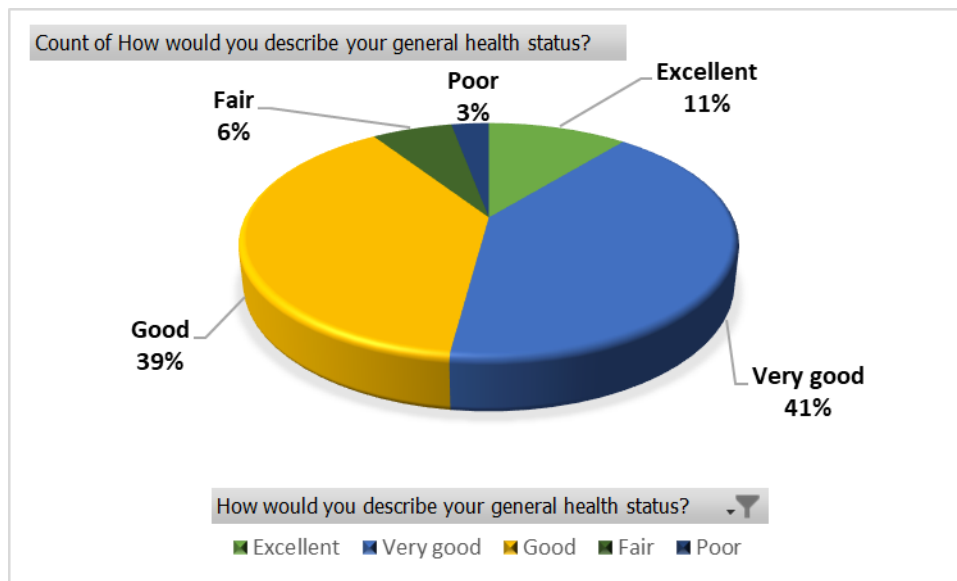
Figure:4.3



Among the respondents, the majority are well-educated. Specifically, 104 participants (approximately 41.6%) hold a Bachelor's degree, while 72 respondents (around 28.8%) have attained a Master's or PhD qualification. Additionally, 67 participants (about 26.8%) have completed high school or hold a lower level of education. This indicates that a significant portion of the survey population possesses higher education qualifications.

4. General Health Status

Figure:4.4



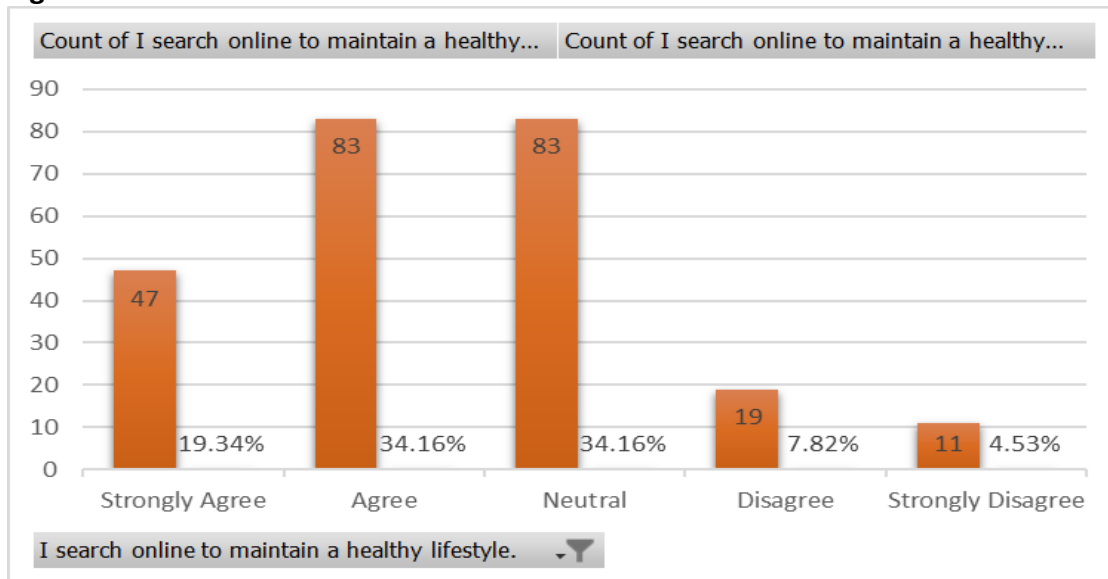
Most respondents rated their health positively, with 98 individuals (about 40.3%) describing their health as Very Good and 92 participants (approximately 37.8%) rating it as Good. Additionally, 26 respondents (around 10.7%) reported Excellent health. Smaller proportions rated their health as Fair (15 respondents, 6.2%) or Poor (7 respondents, 2.9%). There were 6 missing responses. Overall, this indicates a relatively healthy sample group with most participants perceiving their health to be good or better.

Objective 1: To discuss the potential benefits and concerns associated with accessing consumer health information through social media

❖ **Interpretation of Survey Question:**

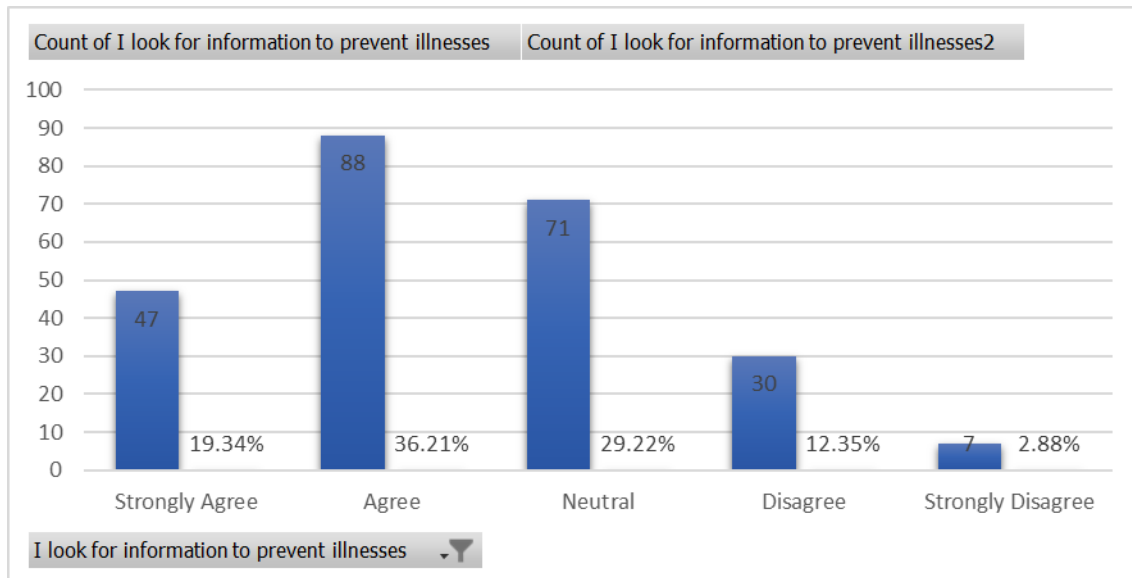
"I search online to maintain a healthy lifestyle."

Figure:4.5



Out of the total respondents, 130 individuals (approximately 50.4%) agreed or strongly agreed that they actively search online for maintaining a healthy lifestyle, reflecting a strong level of digital engagement in personal health and wellness. Interestingly, 83 participants (around 32.2%) selected the Neutral option, indicating occasional or inconsistent behavior in seeking health-related information online. A smaller segment, comprising 30 respondents (about 11.6%), either disagreed or strongly disagreed, suggesting a lower inclination toward using online resources—possibly due to limited trust, awareness, or a preference for traditional methods of obtaining health information.

❖ **Interpretation of Survey Question:**
"I look for information to prevent illnesses."
Figure:4.6

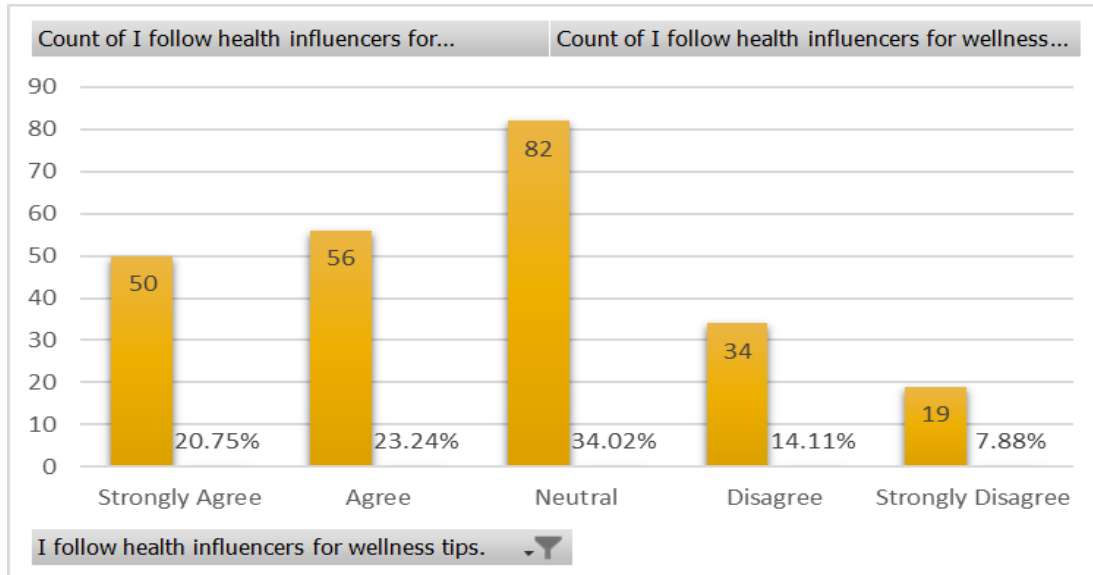


A considerable portion of the respondents—135 individuals (approximately 52.5%)—either agreed or strongly agreed that they seek health information to prevent illnesses, indicating a proactive and positive attitude toward preventive health behavior. Meanwhile, 71 participants (around 27.6%) chose the Neutral option, suggesting they may be inconsistent or passive in seeking prevention-related health information. On the other hand, a smaller group of 37 respondents (about 14.4%) disagreed or strongly disagreed, which may reflect lower awareness, interest, or trust in health information sources.

❖ Interpretation of Survey Question:

"I follow health influencers for wellness tips."

Figure:4.7

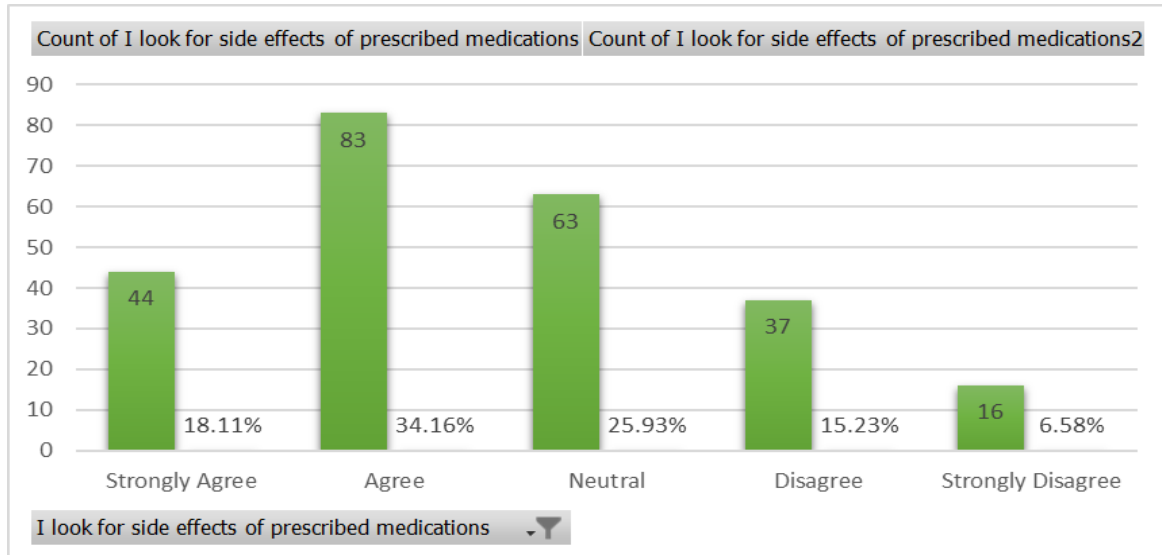


Out of the total respondents, 106 individuals (approximately 41.8%) agreed or strongly agreed that they follow health influencers for wellness tips, indicating a significant interest in social media-based health guidance. However, the highest number of responses—82 participants (about 32.3%)—were Neutral, suggesting indifference, inconsistency, or uncertainty about relying on health influencers. A smaller portion of 53 respondents (around 20.9%) either disagreed or strongly disagreed, reflecting scepticism, lack of interest, or limited trust in influencer-driven wellness content.

❖ Interpretation of Survey Question:

"I look for side effects of prescribed medications."

Figure:4.8

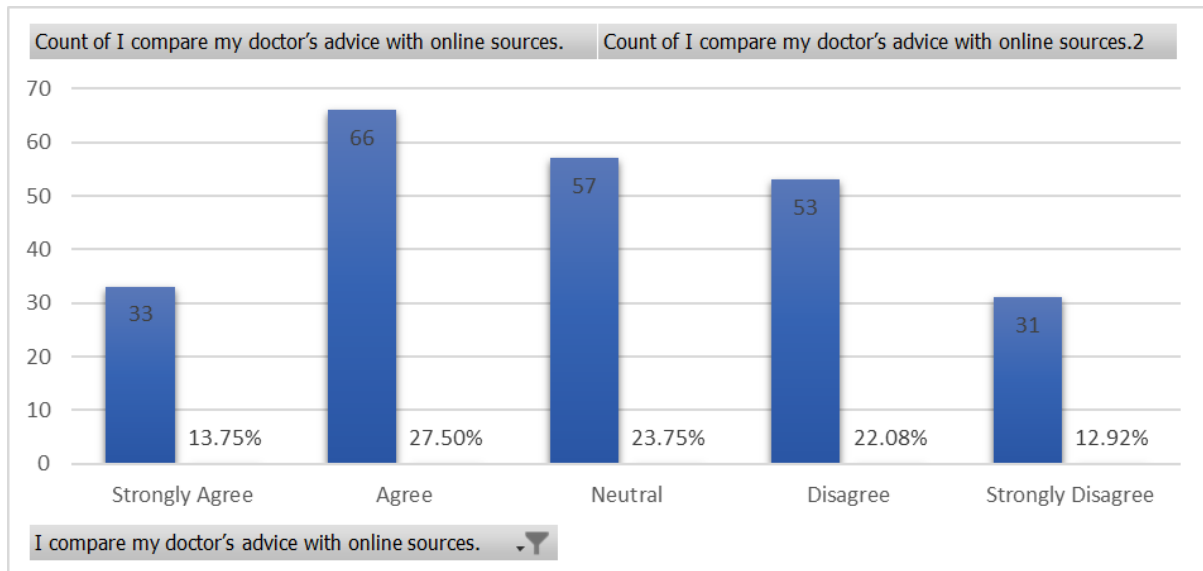


A total of 127 respondents (approximately 50.6%) agreed or strongly agreed that they actively seek information about the side effects of prescribed medications, reflecting a strong sense of patient vigilance and self-awareness in managing their treatment. Meanwhile, 63 participants (around 25.1%) responded neutrally, which may indicate uncertainty about the reliability of online information or a balanced reliance on their doctor's advice. On the other hand, 53 respondents (about 21.1%) disagreed or strongly disagreed, suggesting either a higher level of trust in physicians, limited interest, or lower digital health literacy.

❖ Interpretation of Survey Question:

"I compare my doctor's advice with online sources."

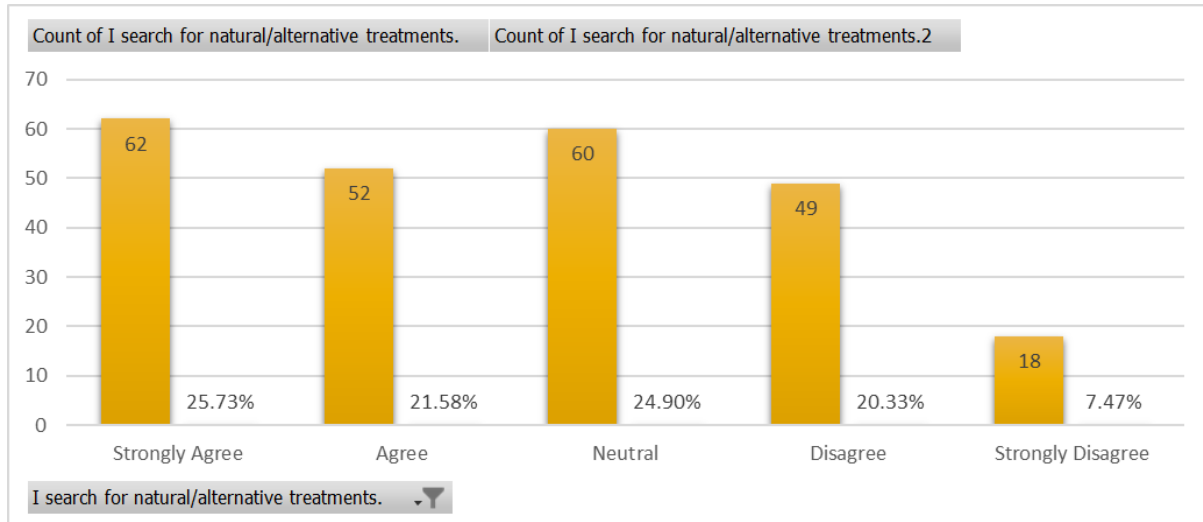
Figure:4.9



A total of 99 respondents (approximately 39.3%) agreed or strongly agreed that they compare their doctor's advice with online sources, highlighting a growing trend of patient empowerment, curiosity, and reliance on digital health content for reassurance or validation. On the other hand, a significant portion—84 participants (around 33.3%)—disagreed or strongly disagreed, which may reflect strong trust in healthcare professionals or a lack of confidence in the accuracy of online information. Additionally, 57 respondents (about 22.6%) remained neutral, suggesting occasional or uncertain engagement in cross-referencing medical advice. Overall, the responses indicate a divided perception toward validating medical information online.

❖ **Interpretation of Survey Question:**
"I search for natural/alternative treatments."

Figure:4.10

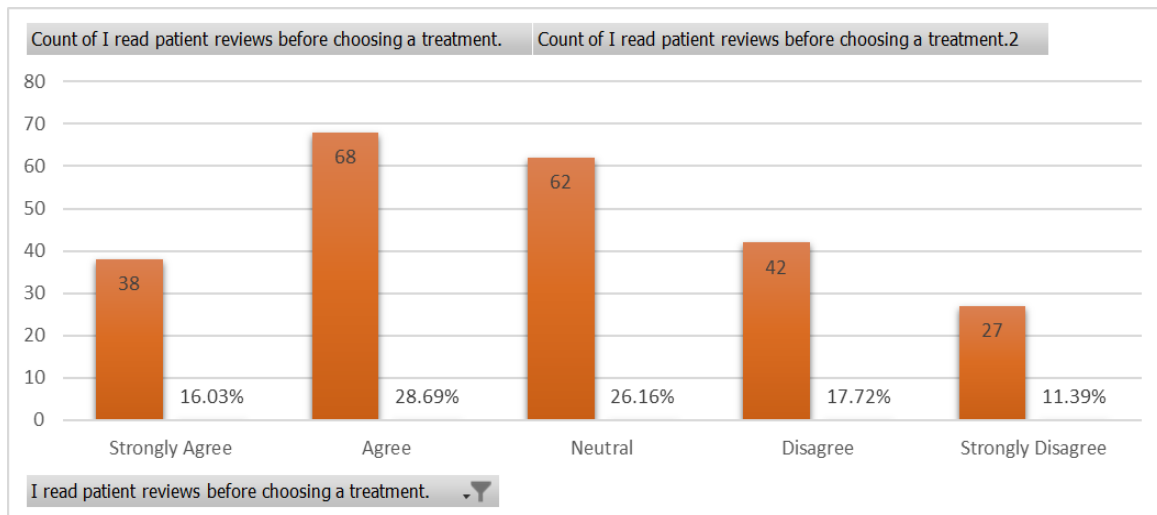


A total of 114 respondents (approximately 45.5%) either strongly agreed or agreed that they seek natural or alternative treatments, indicating a considerable interest in complementary health options among the sample group. The highest individual response category was Strongly Agree, with 62 participants (about 24.8%), highlighting a noFigure inclination toward non-conventional remedies. Meanwhile, 60 respondents (around 24%) remained Neutral, possibly suggesting occasional interest or uncertainty regarding the effectiveness of such treatments. In contrast, 67 participants (approximately 26.7%) disagreed or strongly disagreed, reflecting skepticism or a stronger preference for conventional medical approaches.

❖ Interpretation of Survey Question:

"I read patient reviews before choosing a treatment."

Figure:4.11



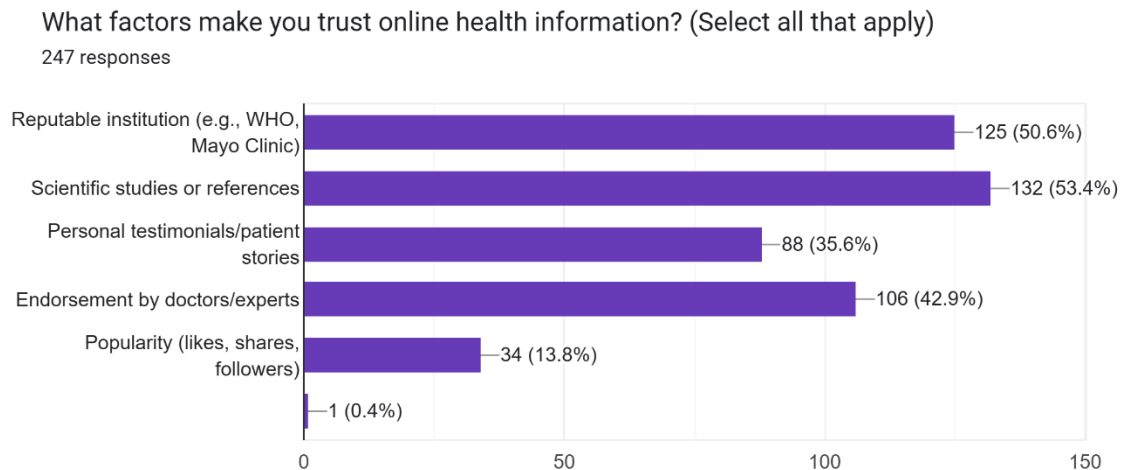
A total of 106 respondents (approximately 42.8%) agreed or strongly agreed that they read patient reviews before deciding on a treatment, indicating a considerable reliance on peer experiences when making healthcare decisions. The largest individual group was those who Agreed, accounting for 68 participants (about 27.4%). Meanwhile, 62 respondents (around 25%) selected Neutral, suggesting they may occasionally consider patient reviews but do not rely on them consistently. In contrast, 69 participants (approximately 27.9%) disagreed or strongly disagreed, implying they place more trust in clinical advice or alternative sources rather than online patient feedback.

❖ Interpretation of Survey Question:

Question: "What factors make you trust online health information?"

Respondents: 247 (Multiple selections allowed)

Figure:4.12

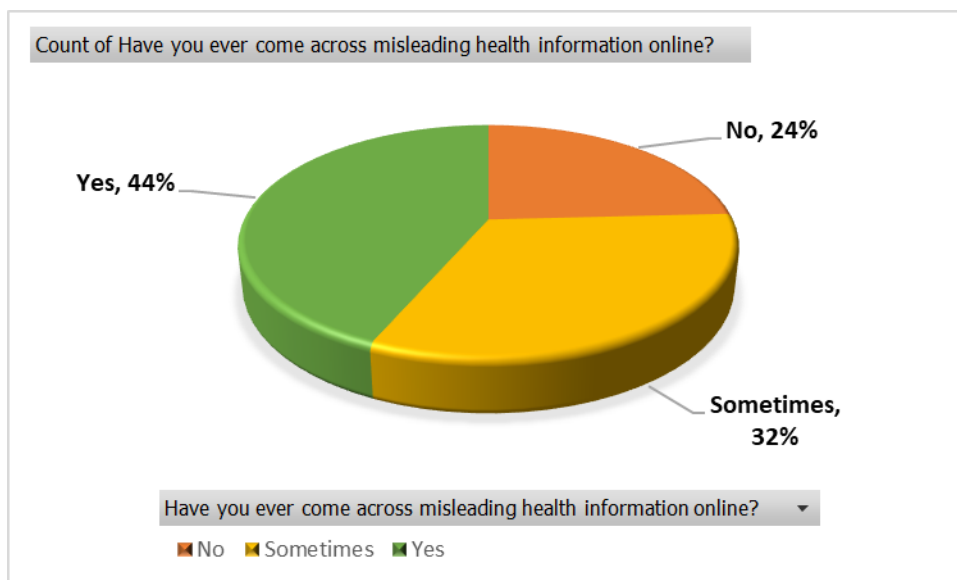


The data reveals that scientific credibility is the most influential factor in building trust in online health information, with 132 respondents (53.4%) indicating they trust content backed by scientific studies or references. Closely following, 125 participants (50.6%) reported that information from reputable institutions such as the WHO or Mayo Clinic enhances their trust, highlighting the critical role of institutional reputation. Additionally, endorsements by doctors or healthcare experts influenced 106 respondents (42.9%), underscoring the value of expert validation. Emotional appeal also plays a role, with 88 participants (35.6%) trusting personal testimonials or patient stories. In contrast, only 34 respondents (13.8%) considered the popularity of content—such as likes, shares, or follower count—as a marker of credibility, indicating that virality does not equate to trust. Finally, just one respondent (0.4%) selected "other," suggesting that the listed categories effectively encompass the primary factors that shape trust in digital health information.

❖ Interpretation of Survey Question:

"Have you ever come across misleading health information online?"

Figure:4.13

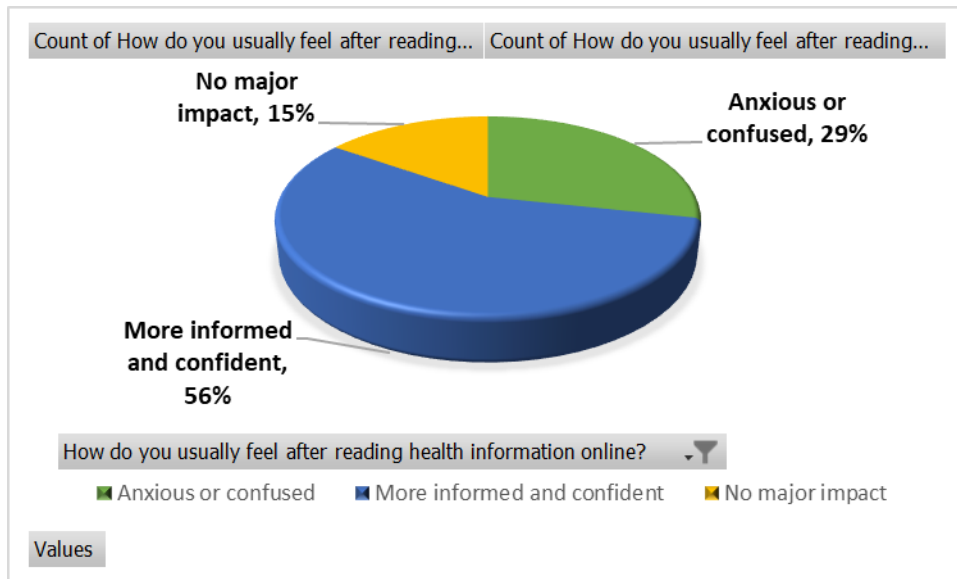


A significant portion of respondents—106 individuals (approximately 41.9%)—confirmed that they have encountered misleading health information online, indicating that health-related misinformation is both widespread and recognizable to many users. Additionally, 79 participants (about 31.2%) selected “Sometimes,” reflecting inconsistent or occasional encounters with misleading content, possibly due to differences in platform algorithms or user awareness levels. Meanwhile, 59 respondents (approximately 23.3%) answered “No,” which may suggest a higher level of trust in online health sources, limited exposure to such content, or difficulty in identifying misinformation.

❖ Interpretation of Survey Question:

"How do you usually feel after reading health information online?"

Figure:4.14



Most respondents—133 individuals (approximately 52.3%)—reported feeling more informed and confident after reading health information online, indicating that for many, digital health content serves as an empowering tool that enhances understanding and supports better health-related decision-making. However, 67 participants (about 26.3%) stated that such content made them feel anxious or confused, highlighting the potential negative effects of misinformation, conflicting advice, or complex medical terminology. A smaller group of 36 respondents (around 14.1%) felt that online health information had no major impact on them, possibly reflecting a neutral stance influenced by prior knowledge, scepticism, or low trust in digital sources.

Objective 2: To identify concerns related to the quality and authority of health information found on social media

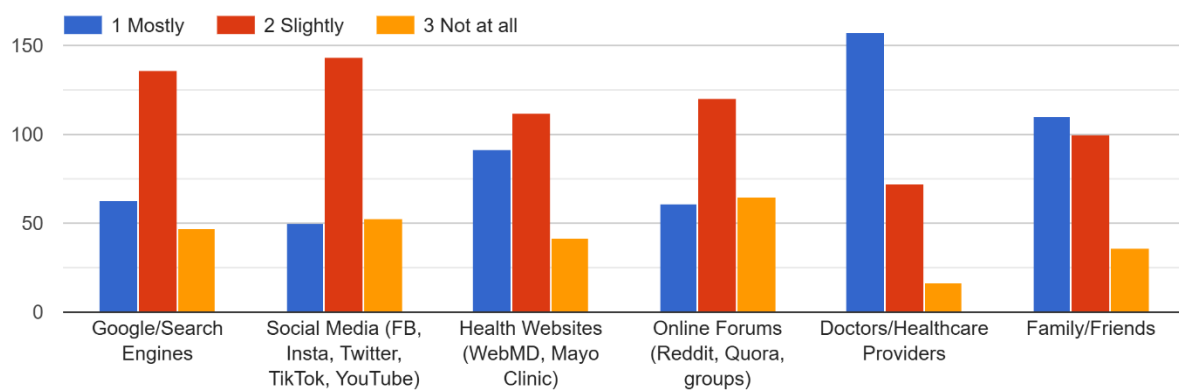
❖ **Interpretation of Survey Question:**

Question: "How much do you trust the following sources?"

Categories Assessed: Search engines, social media, health websites, online forums, doctors, family/friends

Figure:4.15

How much do you trust the following sources?



Among the various sources of health information, doctors and healthcare providers are the most trusted, with the highest number of respondents indicating “Mostly Trusted” (157 respondents, 54.7%) and very few expressing distrust (17 respondents, 5.9%), underscoring their role as the most reliable source of medical advice.

Health websites such as WebMD and Mayo Clinic also enjoy strong credibility, with 92 respondents (30.7%) marking them as “Mostly Trusted” and 112 (37.3%) as “Slightly Trusted.” Only 42 (14%) respondents reported not trusting them at all.

In contrast, social media platforms received the lowest “Mostly Trusted” ratings (50 respondents, 17.5%) and a noFigure share of “Not Trusted” (53 respondents, 18.5%), with the majority falling into the “Slightly Trusted” category (143 respondents, 50%), reflecting widespread scepticism about the reliability of health information found there.

Google and other search engines occupy a moderate position, with 63 respondents (22.1%) “Mostly Trusting,” and a significantly larger share (136 respondents, 47.7%) indicating “Slightly Trusted.” However, 47 respondents (16.5%) expressed no trust at all, indicating users often critically assess search results.

Online forums elicit divided responses, with 61 respondents (21.4%) “Mostly Trusting,” 120 (42.1%) “Slightly Trusting,” and 65 (22.8%) not trusting them at all. This suggests their use primarily for anecdotal information rather than authoritative advice.

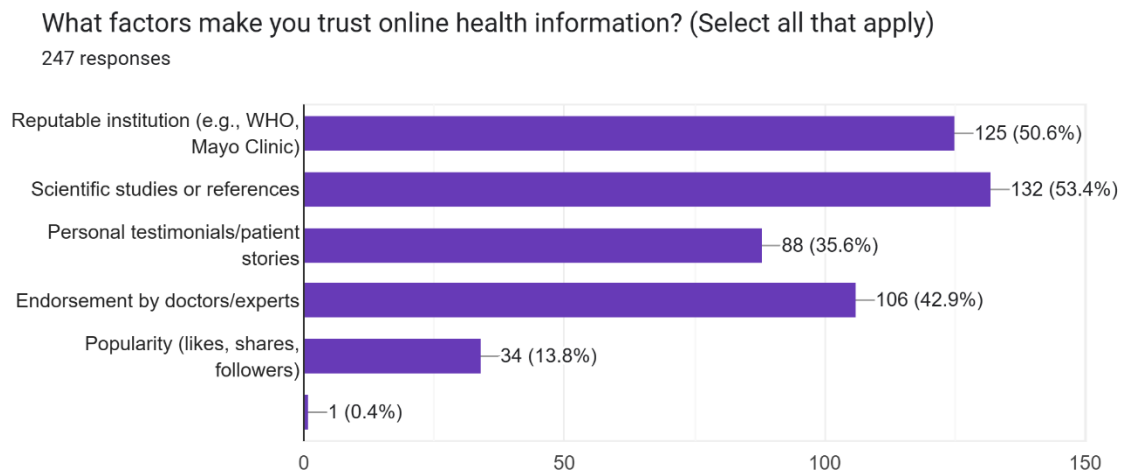
Family and friends remain a relatively trusted source, with 110 respondents (38.6%) “Mostly Trusting” their personal networks and 100 (35.1%) “Slightly Trusting.” A smaller portion (36 respondents, 12.6%) reported not trusting them at all. Though valued, they are still considered less reliable than medical professionals and repuFigure health websites.

❖ Interpretation of Survey Question:

Question: "What factors make you trust online health information?"

Total Respondents: 247 (Multiple selections allowed)

Figure:4.16



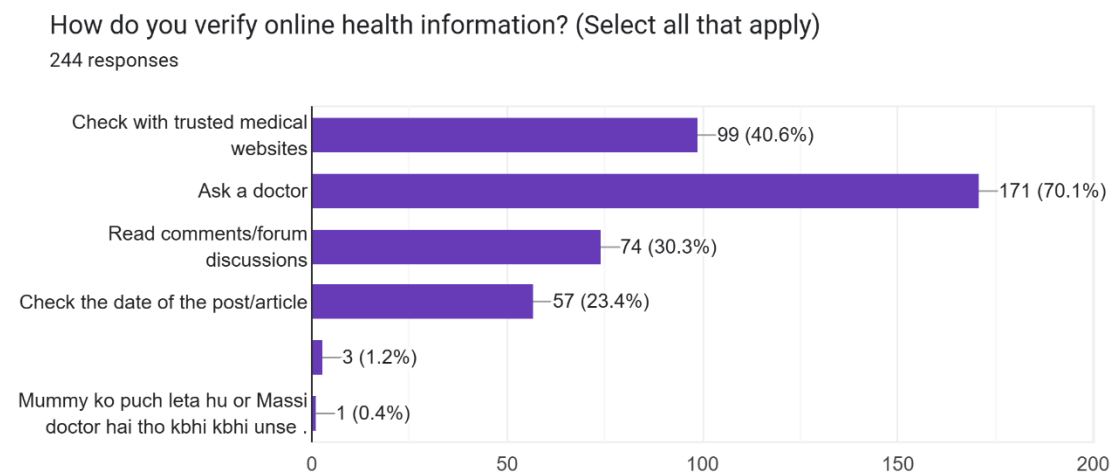
The analysis reveals that evidence-based information is the most trusted factor when evaluating online health content, with 132 respondents (53.4%) indicating a preference for information backed by scientific studies or references. Close behind, 125 participants (50.6%) trust data from reputable health institutions such as the WHO or Mayo Clinic, highlighting the importance of institutional credibility in shaping user trust. Endorsements by doctors or healthcare experts also carry significant weight, influencing 106 respondents (42.9%) and underscoring the continued authority of professional voices in digital health communication. Personal testimonials and patient stories impact trust to a moderate extent, with 88 participants (35.6%) valuing reference, emotional content, although this remains secondary to factual evidence. In contrast, popularity metrics like likes, shares, and followers affect trust for only 34 respondents (13.8%), reflecting a discerning attitude toward viral content. Lastly, the negligible selection of "Other" by just one respondent (0.4%) suggests that the factors listed comprehensively capture the key drivers of trust in online health information.

❖ Interpretation of Survey Question:

Question: "How do you verify online health information?"

Total Respondents: 244 (Multiple choices allowed)

Figure:4.17



Most respondents (171 individuals, or 70.1%) rely primarily on direct consultation with doctors to verify health information, highlighting enduring trust in professional medical advice despite the proliferation of digital sources. Trusted medical websites such as WebMD and Mayo Clinic serve as important secondary verification tools, with 99 respondents (40.6%) cross-checking information on these reliable platforms. User engagement through reading comments or forum discussions also influences about 74 participants (30.3%), indicating that peer validation and shared experiences still play a role in decision-making, though less than expert consultation. Interestingly, only 57 respondents (23.4%) reported checking the date of posts or articles, revealing a potential knowledge gap regarding the importance of current information in healthcare. Additionally, a small subset (1.6%) mentioned verifying information by consulting family members or relatives who are doctors, reflecting a culturally specific but less common verification practice.

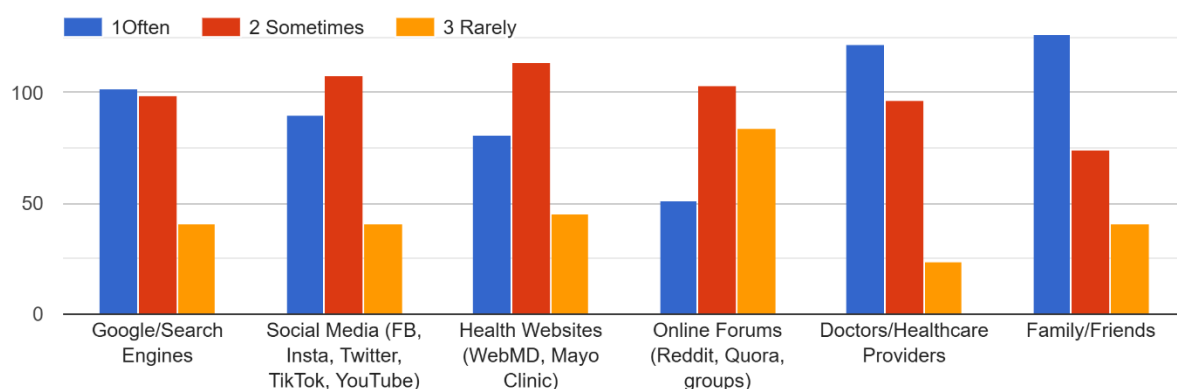
Objective 3: To examine the role that social media plays in consumers' information-seeking processes

❖ **Interpretation of Survey Question:**

Question: *"How often do you use the following sources for health information?"*

Figure:4.18

How often do you use the following sources for health information?



The data indicates that doctors and family or friends are the most frequently consulted sources for health information, both receiving the highest number of “Often” responses — 122 (42.8%) and 126 (44.2%) respectively — which underscores the importance of personal trust and accessibility in health decision-making.

Google and search engines are also used very frequently, with 102 respondents (35.8%) indicating “Often” and 99 (34.7%) “Sometimes,” suggesting that many people begin their health information search on Google.

Social media platforms register the highest “Sometimes” usage at 108 respondents (37.9%), with 90 (31.6%) using it “Often,” indicating it is commonly accessed but not always the primary or most trusted source.

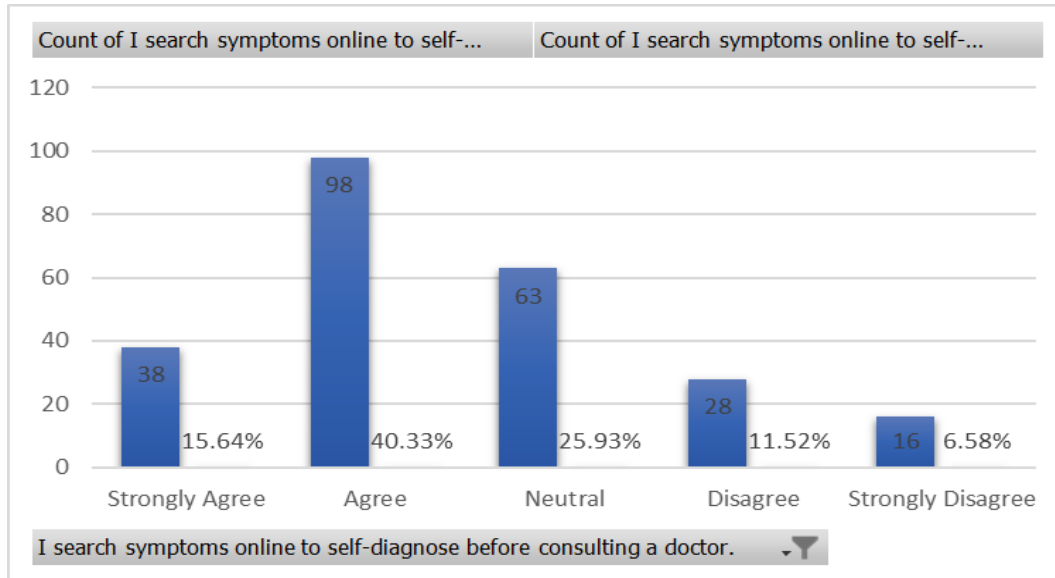
Health websites tend to be used occasionally, with 112 respondents (39.3%) reporting “Sometimes” usage and 92 (32.3%) choosing “Often.” This reflects their role as supplementary or verification resources rather than first-line sources.

Online forums, such as Reddit and Quora, are less preferred for frequent consultation, showing low “Often” usage at 51 respondents (17.9%) but higher “Rarely” responses at 84 (29.5%), implying that peer discussion groups are not heavily relied upon for primary health information.

❖ Interpretation of Survey Question:

"I search symptoms online to self-diagnose before consulting a doctor."

Figure:4.19

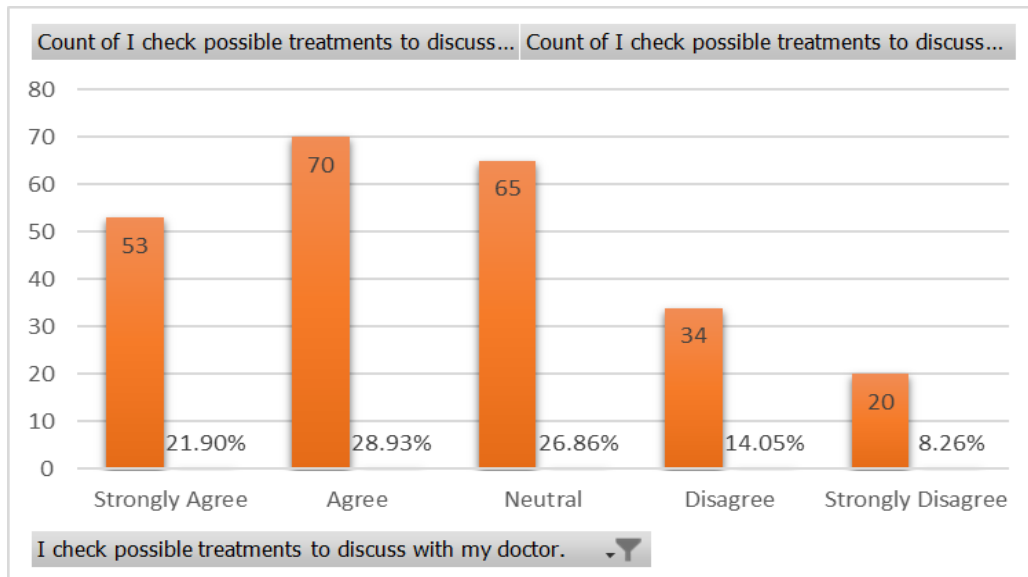


Most respondents, totalling 136 individuals (approximately 55% of the sample), either agree (98 respondents, 39.7%) or strongly agree (38 respondents, 15.4%) that they search for symptoms online to self-diagnose. Meanwhile, 63 respondents (about 25.5%) remained neutral, suggesting that a significant portion of participants may occasionally engage in self-diagnosis or feel uncertain about their online health-seeking behavior. A smaller group of 44 respondents (17.8%) disagreed (28 respondents, 11.3%) or strongly disagreed (16 respondents, 6.5%), indicating they likely prefer to rely directly on medical professionals rather than using the internet for symptom assessment.

❖ Interpretation of Survey Question:

"I check possible treatments to discuss with my doctor."

Figure:4.20

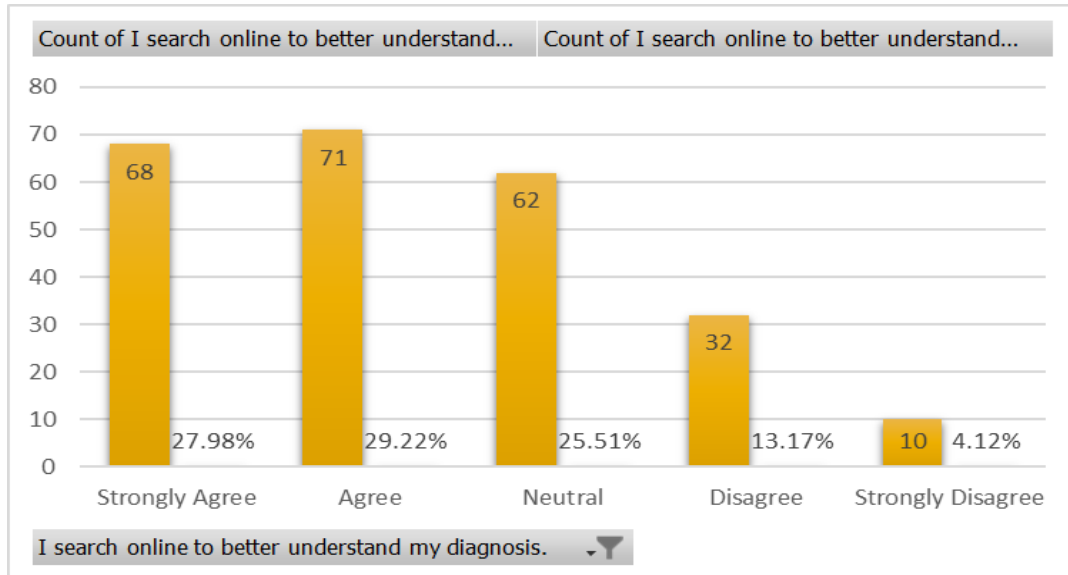


A majority of respondents, totaling 123 individuals (approximately 49.8%), either agree (70 respondents, 28.3%) or strongly agree (53 respondents, 21.5%) that they actively check possible treatments online to discuss with their doctor. Additionally, 65 respondents (26.3%) remained neutral, indicating that a significant portion may occasionally engage in this behavior or are uncertain about it. In contrast, only 54 respondents (21.9%) disagreed (34 respondents, 13.7%) or strongly disagreed (20 respondents, 8.2%) with this practice, representing a considerably smaller group than those who agree.

❖ Interpretation of Survey Question:

"I search online to better understand my diagnosis."

Figure:4.21

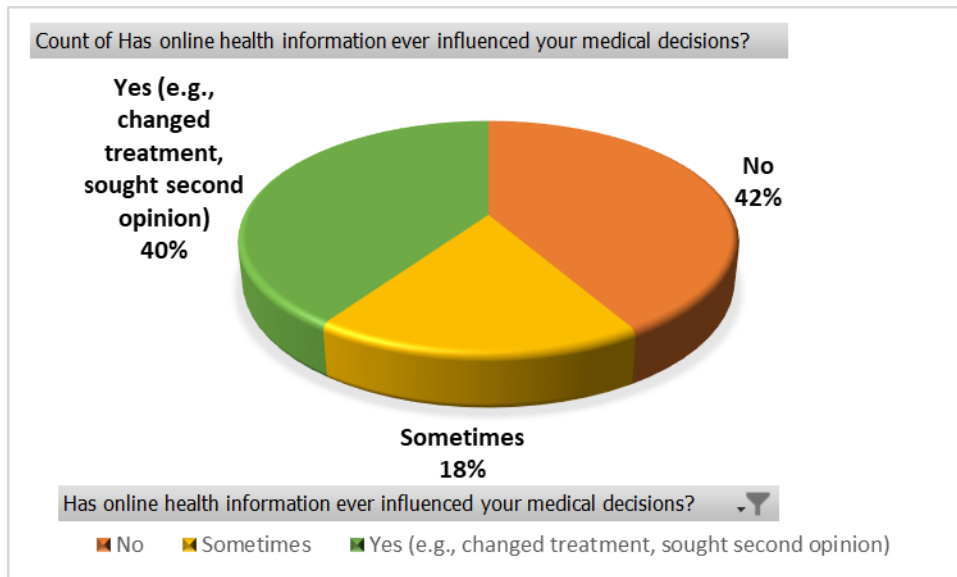


A clear majority of respondents, 139 individuals (approximately 56.3%), either agree (71 respondents, 28.7%) or strongly agree (68 respondents, 27.6%) that they use the internet to better understand their diagnosis, indicating a high level of health information-seeking behavior after receiving a diagnosis. Meanwhile, 62 respondents (25.1%) remained neutral, suggesting they may occasionally use online sources or be cautious about the reliability of medical content. A smaller group of 42 respondents (17.0%), who disagreed (32 respondents, 13.0%) or strongly disagreed (10 respondents, 4.0%), likely prefer to rely solely on healthcare professionals or express distrust toward digital health information..

❖ Interpretation of Survey Question:

"Has online health information ever influenced your medical decisions?"

Figure:4.22



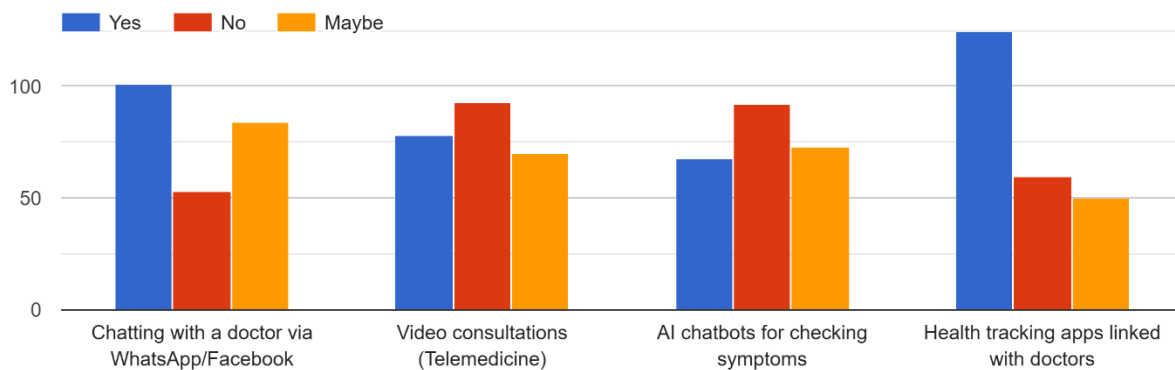
A substantial proportion of respondents—40%—reported that online health information has directly influenced their medical decisions, such as prompting them to change treatment plans or seek second opinions. This underscores the increasing authority and impact of digital health resources in shaping personal healthcare choices. Additionally, 18% of participants indicated that online information influences their decisions sometimes, reflecting a moderate but meaningful role in their health considerations. However, 42% of respondents reported no influence from online content, suggesting that this group either maintains caution, places greater trust in their healthcare providers, or remains skeptical of digital sources when making medical decisions.

❖ Interpretation of Survey Question:

Question: "Would you use the following digital health services?"

Figure:4.23

Would you use the following digital health services?



The survey highlights distinct user preferences and trust levels for various digital health services. Health tracking apps linked with doctors are the most favored, with the highest number of respondents indicating "Yes" (125 respondents, 43.9%), demonstrating strong acceptance and trust in technology that integrates continuous health monitoring with professional medical oversight.

Similarly, chatting with doctors via popular messaging platforms like WhatsApp and Facebook received a high "Yes" response (101 respondents, 35.5%), showing that many users appreciate the convenience and accessibility of informal, direct communication channels. However, this category also showed a noFigure proportion of "No" (53 respondents, 18.6%) and "Maybe" (84 respondents, 29.5%) responses, indicating some hesitation or selective use.

Video consultations through telemedicine had a moderate "Yes" response (78 respondents, 27.1%) but also experienced a relatively high "No" rate (93 respondents, 32.6%), suggesting that about half of the users remain skeptical or face challenges such as limited technology access, comfort levels, or concerns about privacy and quality of care in virtual settings.

The most skepticism was observed toward AI chatbots for symptom checking, where a significant majority responded "No" (92 respondents, 31.9%), while only 68 respondents (23.9%) said "Yes" and 73 (25.3%) said "Maybe," reflecting widespread doubts about the reliability, empathy, and confidentiality of automated tools.

This variation underscores that while digital health services are increasingly adopted, trust and comfort differ widely depending on the service type, with direct human interaction—

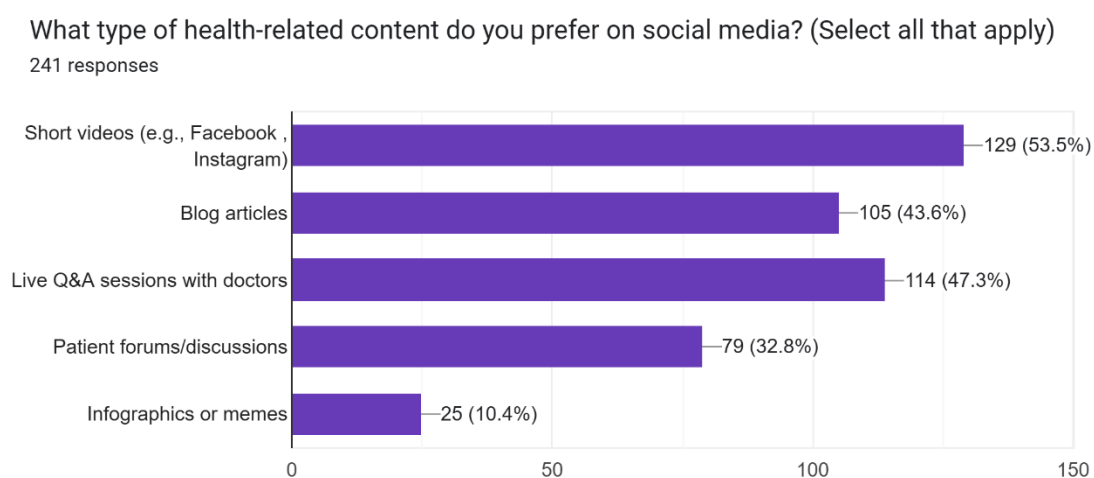
either through apps connected to doctors or messaging platforms—being more readily accepted than AI-driven or fully virtual solutions.

❖ Interpretation of Survey Question:

Question: “What type of health-related content do you prefer on social media?”

Total Responses: 241 (Multiple responses allowed)

Figure:4.24

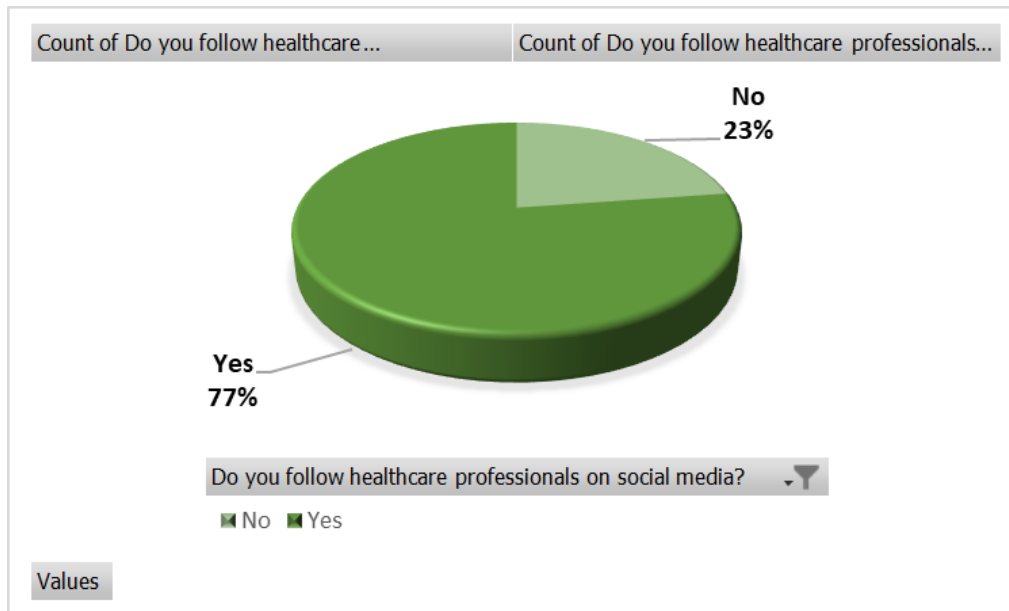


The preference data reveals that short videos are the most popular form of health content on social media, with 129 respondents (53.5%) favoring this format. This highlights a clear audience preference for quick, visually engaging, and easily consumable health information. Following closely, 114 participants (47.3%) showed strong interest in live Q&A sessions with doctors, emphasizing the value users place on real-time expert interaction and the opportunity to ask questions directly to trusted health professionals. Blog articles remain relevant as well, with 105 respondents (43.6%) preferring written content, demonstrating that despite the rise of video, many users still seek detailed, in-depth information through reading. Patient forums and discussions attract a moderate 32.8% (79 respondents), indicating that community engagement and peer support have a meaningful but less dominant role in content consumption. Lastly, infographics and memes rank the lowest, with only 25 respondents (10.4%) showing preference, suggesting that humor or simplified visual formats are not widely seen as effective for health education within this group.

❖ Interpretation of Survey Question:

"Do you follow healthcare professionals on social media?"

Figure:4.25



The response distribution shows that a clear majority—approximately 75 to 80% of respondents—follow healthcare professionals on social media platforms. This indicates a strong trend where most individuals actively seek health-related content online or place trust in medical experts' digital presence. Conversely, a smaller minority of about 20 to 25% do not follow healthcare professionals, which may reflect a segment of the population that either lacks interest, holds skepticism towards online health information, or prefers to rely on traditional or offline sources for medical guidance.

Chapter 5: Discussion

This chapter interprets the key findings of the study and situates them within the context of existing literature. It also outlines the strengths and limitations of the research.

5.1 Interpretation of Key Findings

The results of this study indicate that digital platforms, especially search engines and health websites, play a major role in how individuals seek health information. Respondents also demonstrated a high frequency of comparing doctors' advice with online content, checking for treatment options, and exploring natural remedies. While platforms like YouTube and short videos are favoured formats, trust remains highest in doctors and established medical websites.

5.1.1 Preference for Search Engines and Websites

Search engines such as Google were among the most used sources for health information. This finding supports earlier research by Fox and Duggan (2013), who reported high usage of search engines for health inquiries. Health websites like WebMD and Mayo Clinic were also frequently referenced, aligning with Tan and Goonawardene (2017), who highlighted the perceived credibility of such platforms.

5.1.2 Limited Trust in Social Media

While social media platforms are widely accessed, respondents reported low levels of trust and high exposure to misinformation. This aligns with Chou et al. (2018), who emphasized both the benefits and drawbacks of social media in disseminating health information. Although platforms like Instagram and YouTube are popular for consuming content, users remain cautious about the credibility of the shared material.

5.1.3 Role of Healthcare Providers

Doctors and healthcare professionals emerged as the most trusted sources. This mirrors findings from Zhang et al. (2021), who reported sustained trust in traditional medical authorities, particularly in diagnosis and treatment contexts. Respondents in this study showed a strong tendency to verify digital content by consulting doctors.

5.1.4 Digital Health Tools

Participants expressed high willingness to use health tracking apps and engage in doctor consultations via WhatsApp and video calls. However, AI chatbots had the lowest level of acceptance, which may reflect trust concerns or a lack of familiarity with such technologies. These results are consistent with Agarwal et al. (2020), who observed slower adoption of AI-based tools despite broader digital health growth post-COVID-19.

5.2 Comparison with Other Studies

- Fox (2011) reported younger age groups are more inclined to use digital health resources, reflected in the high percentage of 18–44-year-olds in this study.
- Wartella et al. (2020) emphasized the importance of digital literacy, a concept supported by the high verification rates and respondents' preference for credible sources.
- Unlike studies from Western contexts where users are more open to sharing health experiences online (e.g., Konings et al., 2021), our study found that participants were generally private, likely due to cultural differences.

5.3 Strengths of the Study

- Relevant and timely topic focused on digital behaviors in health.
- Large and varied sample with representation across education and age groups.
- Detailed questionnaire assessing trust, Behavior, preferences, and digital habits.

5.4 Limitations of the Study

- Potential sampling bias due to online survey format, which may exclude less tech-savvy individuals.
- Dependence on self-reported data introduces possibility of response bias.
- Cross-sectional nature does not capture behavioral changes over time or long-term trends.

Chapter 7: Conclusion

7.1 Summary of Key Findings

This study aimed to explore how individuals seek health information through social media and other digital platforms. Based on responses from 247 participants, several important insights emerged:

- Google/search engines and health websites are the most used sources for health-related information.
- Doctors and healthcare providers are the most trusted sources.
- Social media is used frequently but remains the least trusted source for health information.
- Misinformation on social media is widely encountered, prompting most users to verify information with trusted websites or consult doctors.
- Many respondents use the internet for self-diagnosis, understanding their diagnosis, and researching treatment options.
- Digital health tools such as health tracking apps and video consultations are well-received, while AI-based chatbots face scepticisms.
- Users prefer short videos and live Q&A sessions with doctors as content formats.
- Most respondents do not feel comfortable sharing personal health stories online, likely due to privacy concerns.

7.2 Implications of the Study

The study highlights an increasing reliance on digital platforms to access health information, especially among young and educated individuals. However, respondents also demonstrated awareness of potential misinformation and showed discernment in their information-seeking behavior. This suggests an urgent need for verified, accurate, and accessible health communication in the digital space.

Healthcare professionals and institutions must seize the opportunity to provide trustworthy content and actively engage on digital platforms to counteract false information and improve public health awareness.

7.3 Recommendations

1. **Enhance Digital Health Literacy**
Promote critical thinking and responsible online health information consumption through educational campaigns and public health initiatives.
2. **Increase the Presence of Verified Health Experts Online**
Encourage healthcare professionals and institutions to share reliable, evidence-based health information on popular social media platforms.
3. **Strengthen Content Regulation and Platform Policies**
Collaborate with digital platforms to flag misleading health content and prioritize credible sources in health-related search and feed algorithms.
4. **Develop Trustworthy and User-Centric Health Apps**
Design health apps that integrate professional oversight, privacy protection, and clear disclaimers to improve user confidence.
5. **Encourage Responsible Behavior Among Health Influencers**
Establish ethical guidelines and partnerships for content creators to ensure dissemination of verified accurate health information.
6. **Promote Interactive Digital Health Communication**
Facilitate live Q&A sessions, short educational videos, and interactive formats led by experts to meet audience preferences and build engagement.
7. **Support Culturally Relevant Communication Strategies**
Tailor digital health campaigns to suit local languages, beliefs, and internet habits to improve outreach and comprehension.
8. **Conduct Continuous Monitoring and Evaluation**
Implement mechanisms to regularly assess the impact of social media health content on public behavior and adapt strategies accordingly.

7.4 Final Thoughts

This study underscores both the promise and the perils of social media and digital platforms in health communication. While they provide fast and wide-reaching access to information, the risk of misinformation remains high. It is essential to balance these dynamics through better education, stronger digital presence of medical professionals, and design of reliable tools that empower informed decision-making among users.

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ANNEXURES

Annexure 1: INFORMED CONSENT FORM

Title of Study: Exploring Health Information-Seeking Behaviors on Social Media

Affiliation: IIHMR University, Jaipur

Contact: khushboo.hm28@iihmr.in

Introduction

You are invited to take part in a voluntary research study exploring how individuals seek health-related information through social media. The study aims to understand user preferences, trust in online sources, and the impact of digital platforms on healthcare decisions. You may withdraw at any time without consequence.

Purpose

The study seeks to examine health information-seeking patterns on social media, evaluate perceived reliability of digital health sources, and assess how such information influences healthcare choices. Results will support better digital health communication and patient education.

Participation

You will complete an anonymous survey taking 7–10 minutes. Questions relate to your online health information habits, trust levels, and communication preferences. There are no anticipated risks.

Voluntary Nature

Participation is voluntary. You may skip any question or exit the survey before submission without penalty.

Confidentiality

No personal data will be collected. Responses are anonymous and securely stored on [platform name]. Only the research team will access the data. Aggregated results may be published or presented, with no individual responses identified.

Benefits and Risks

There is no direct benefit to you, but your input will contribute to improving digital health communication. Risks are minimal. You may skip any question that causes discomfort.

Contact

For questions, contact Dr. Khushboo Thakur at khushboo.hm28@iihmr.in

Consent

By proceeding, you confirm you are 18 or older, understand the study, agree to participate voluntarily, and acknowledge your right to withdraw at any time. Submitting the survey confirms your consent.

☐ I agree to participate in this study. *(Embed checkbox in online form)*

DATA COLLECTION TOOLS

(SURVEY QUESTIONNAIRE)

Objective: To explore how consumers seek health-related information on social media platforms and the role of these platforms in that process.

Section A: Demographic Profile

1. What is your age group?

- ☐ Under 18
- ☐ 18–24
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65+

2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

3. What is your highest education level?

- ☐ High school or less
- ☐ Some college/Associate degree
- ☐ Bachelor's degree
- ☐ Master's/PhD

5. How would you describe your general health status?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Section B: Health Information Sources & Frequency

6. How often do you use the following sources for health information?
(Choose one for each)

Source	Often	Sometimes	Rarely
Google/Search Engines	☐	☐	☐
Social Media (FB, Insta, Twitter, TikTok, YouTube)	☐	☐	☐
Health Websites (WebMD, Mayo Clinic)	☐	☐	☐
Online Forums (Reddit, Quora, groups)	☐	☐	☐
Doctors/Healthcare Providers	☐	☐	☐
Family/Friends	☐	☐	☐

7. How much do you trust the following sources?
(Choose one for each)

Source	Mostly	Slightly	Not at all
Google/Search Engines	☐	☐	☐
Social Media	☐	☐	☐
Health Websites	☐	☐	☐
Online Forums	☐	☐	☐
Doctors	☐	☐	☐
Family/Friends	☐	☐	☐

 Section C: Goals & Motivations for Health Information Seeking

Health Maintenance & Prevention

1. I search online to maintain a healthy lifestyle.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

2. I look for information to prevent illnesses.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

3. I follow health influencers for wellness tips.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

Pre-Visit Preparation (Before Seeing a doctor)

4. I search symptoms online to self-diagnose before consulting a doctor.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

5. I check possible treatments to discuss with my doctor.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

6. I use online information to decide if I need medical help.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

Post-Visit Information Seeking (After Doctor Consultation)

7. I search online to better understand my diagnosis.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

8. I look for side effects of prescribed medications.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

9. I seek second opinions online after a doctor's visit.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

Validation & Alternative Perspectives

10. I compare my doctor's advice with online sources.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

11. I search for natural/alternative treatments.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral

- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

12. I read patient reviews before choosing a treatment.

- ☐ 1 – Strongly Agree
- ☐ 2 – Agree
- ☐ 3 – Neutral
- ☐ 4 – Disagree
- ☐ 5 – Strongly Disagree

Section D: Information Reliability & Behavioral Impact

9. What factors make you trust online health information? *(Select all that apply)*

- ☐ Reputable institution (e.g., WHO, Mayo Clinic)
- ☐ Scientific studies or references
- ☐ Personal testimonials/patient stories
- ☐ Endorsement by doctors/experts
- ☐ Popularity (likes, shares, followers)
- ☐ Other: _____

10. Have you ever come across misleading health information online?

- ☐ Yes
- ☐ No
- ☐ Not sure

(If yes, please describe briefly): _____

11. How do you verify online health information? *(Select all that apply)*

- ☐ Check with trusted medical websites
- ☐ Ask a doctor
- ☐ Read comments/forum discussions
- ☐ Check the date of the post/article
- ☐ Other: _____

12. Has online health information ever influenced your medical decisions?

- ☐ Yes (e.g., changed treatment, sought second opinion)
- ☐ No
- ☐ Sometimes

13. How do you usually feel after reading health information online?

- ☐ More informed and confident
- ☐ Anxious or confused
- ☐ No major impact

Section E: Communication Preferences in Healthcare

14. Would you use the following digital health services?

Service	Yes	No	Maybe
Chatting with a doctor via WhatsApp/Facebook	☐	☐	☐
Video consultations (Telemedicine)	☐	☐	☐
AI chatbots for checking symptoms	☐	☐	☐
Health tracking apps linked with doctors	☐	☐	☐

15. Do you follow healthcare professionals on social media?

- ☐ Yes (Who?): _____
- ☐ No

16. What type of health-related content do you prefer on social media? *(Select all that apply)*

- ☐ Short videos (e.g., TikTok, Reels)
- ☐ Blog articles
- ☐ Live Q&A sessions with doctors
- ☐ Patient forums/discussions
- ☐ Infographics or memes

17. Would you ever share your health experience on social media?

- ☐ Yes, openly
- ☐ Only anonymously
- ☐ Never