



**The Experiences of Young Adults' use of Social Media for Health-Related
Information**

by

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Declaration

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I declare that **The Experiences of Young Adults' use of Social Media for Health-Related Information** is my own work and that all the sources that I have used or quotes have been indicated and acknowledged by means of complete references

8/20/2021

Signature

Date

A handwritten signature in black ink, appearing to be 'S. J. J. J.', written over a horizontal line.

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Abstract

Young adults use different social media applications to obtain health-related information. They use the information to make healthy behavioural changes. Concerns over the effectiveness and trustworthiness of health information on social media have been highlighted in research studies. However, there is limited research on this phenomenon in South Africa. In addition, the prevalent studies tend to take a more quantitative approach. The aim of the current study was thus to explore how young people experience the use of social media to find health-related information and how they use the health information to guide their health-related behaviours. To achieve the aim of this study, a qualitative research approach and an interpretive phenomenological research design were utilised. Seven in-depth, semi-structured interviews were conducted with students from a local South African university. The data emanating from the interviews were analysed using interpretive phenomenological analysis (IPA). The findings indicate that the use of social media for health-related information is related to the desire for appearance control among young adults. Young adults are exposed to unqualified, unverified health information sources on social media and as a result, many of the healthy behavioural changes they act on are not effective. Based on the literature and findings of this research project recommendations for digital health literacy interventions were made.

Keywords: Social Media, Health-related Behaviour, Health Information, Young Adults, Social Comparison Theory

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Glossary of Terms

Young adults: Individuals between the ages: 18 to 25 years (Bonnie et al., 2014).

Social media: Applications that enable users to create and share content, and participate in social networking (Tso et al., 2016). For this study, the aforementioned are limited to Facebook, Instagram and YouTube (Bonnie et al., 2014).

Health information: Information that equips individuals with knowledge about health behaviours and outcomes, to enable them to make health-related decisions independently (Zhao & Zhang, 2017). In the current study, health information refers to shared information on techniques and ideas directed towards healthier lifestyles.

Health-related behaviours: Are overt practices and habits considered to be beneficial to the maintenance, and restoration of physical, mental, and social well-being and the prevention of diseases (Hassen & Kibert, 2016).

Health information-seeking: This refers to how individuals seek information about their health, and it includes consulting with a practitioner, searching for information on the internet and using social media platforms to acquire health-related information (Jacobs et al., 2017).

CHAPTER 1

1. Introduction

The purpose of this chapter is to provide an overview of the study. The research problem is highlighted first to illuminate the background and rationale of this study. The aim and objectives are discussed in the next section and the last part of this chapter details the structure of the dissertation.

1.1. Research Problem

Research suggests that seeking health-related information on social media is associated with practising health-related behaviours (Goodyear et al., 2018; Jane et al., 2018). Social media is a space enabling communication and self-expression and it may be used to communicate health information, allowing young adults to learn more about health (Gosling & Mason, 2015). Social media is often used as a platform for finding health information and seeking emotional and social support during health uncertainties (Bidmon & Terlutter, 2015). The use of social media for health information is a growing phenomenon amongst young adults (Fergie et al., 2016).

There are different kinds of social media platforms e.g., Facebook, Instagram, Twitter, and YouTube. These platforms are user-generated which means that the user content is created, accessed, and shared by diverse groups of people (Mayrhofer et al., 2018). It is suggested that the use of social media for health information has inspired many young adults to change their lifestyles and to adopt new health behaviours, helping them to attain their goals which may include alterations to their physical appearance (Baumann et al., 2017). It has been reported that young adults use social media platforms more frequently than other age groups (Sheet, 2018). Young adults may thus be more influenced

by the content accessed on social media platforms. Messages from social media pages, groups and influencers often imply that certain behaviours like, physical appearance cannot be achieved without following the given advice. The advice may include dietary restraints or suggestions for physical activity (Chou et al., 2018). The pages or groups often use “before and after” pictures and videos as a way to persuade young adults that the health information is credible and useful (Fernández-Luque & Bau, 2015).

The use of social media for health information and adopting health behaviours, as suggested on social media, may have both positive and negative impacts on the physical and psychological well-being of young adults (Goodyear et al., 2018). On the positive side, some young adults reported that they received emotional support from the group members promoting behavioural practices, such as dieting and exercising, and they provide additional detailed health information (Shin et al., 2015). Many young adults also reported that the health information found on social media helped them lose weight, as a result, their self-perception improved (Dumas & Descroches, 2019). However, other young adults reported that the health information found on social media intensified body dissatisfaction (Tiggemann & Slater, 2014) and promoted engagement with harmful behavioural practices such as excessive exercise and unhealthy dietary behaviour (Borzekowski et al., 2010). Researchers found that young females who were part of social media communities that promote unhealthy dietary restraints reported higher cases of Bulimia Nervosa (Goodyear et al., 2018; Syed-Abdul et al., 2013). Similarly, scholars posit that using excessive exercise methods found on social media platforms increased the likelihood of developing Anorexia Nervosa (Angela et al., 2018; Strother et al., 2012). Despite some of the positive influences, the use of the health information accessed via social media platforms can often

have unintended, and harmful consequences on the health of young adults (Goodyear et al., 2018).

Focusing on the above-mentioned, it is evident that widespread research has been conducted on health and social media. Most studies, however, include a quantitative approach and the focus is more on eating disorders and their relation to social media. This study intended to explore young people's experiences with using social media as a tool to find health information and the use of this information to guide their subsequent health-related behaviours.

1.2. Research Question, Aim and Objectives

The following research question guided the research process: *How do young individuals experience the use of social media for health-related information?*

The primary aim of the study was to explore young people's experiences of social media to find health-related information and the use of this information to guide their health-related behaviours. The researcher intended to understand why exploring health via social media was meaningful to young adults. To achieve the aim, the following research objectives were included:

- To explore individuals' use of social media for the purposes of finding health information
- To explore individuals' use of health information found on social media to guide their health-related behaviours

1.3. Justification

Researchers have found that the advent of social media has contributed to the increased dissemination of health information to young populations via social media

platforms (Scanfield et al., 2010). The health information is relatively accessible and does not require young adults to visit a medical practitioner on-site or to pay associated fees (Zhang et al., 2018).

Research on social media as a platform for attaining health information is limited in a South African context and most of the research primarily focuses on disorderly eating and the development of eating disorders (Gitau et al., 2014; Torr, 2018; Visser et al., 2014). Accessing health information on social media is often associated with young adults' desire to look good and attain thin or muscular physiques (Goodyear et al., 2018). The use of social media has thus mainly been associated with weight loss and the psychological issues resulting from this. Most research studies on this phenomenon are also quantitative with a limited focus on the personal experiences of a young population (Aparicio-Martinez et al., 2019; Dudley et al., 2018; Hausmann et al., 2017). A focus on what using social media means to young adults to explore health information is also limited. There is thus a need for research that focuses on the personal experiences of young populations' use of social media platforms for health information. A qualitative approach allows for the collection of data that consists of rich and detailed information (Flick, 2018). By exploring the experiences associated with using social media for health information, the findings can be used to broaden knowledge of social media platforms and the potential impact it has on the health behaviours of young people. The results of this research may thus help researchers to gain a deeper understanding of the behavioural issues associated with the phenomenon of health and how this is experienced when using social media. Additionally, it can make a valuable contribution to understanding young adults' meanings assigned to health and what they focus on in relation to this. This may aid social media profiles, focused on health, to guide young adults by providing more suitable health-related information. Accessing

health information using easily accessible platforms may empower young adults to take responsibility for their health, and indirectly decrease the burden of health care costs. In order to do this, however, it is necessary to explore how young adults use social media for health-related information.

1.4 Structure of the Study

Chapter 2- Literature Review and theoretical point of departure

The main intention of this chapter is to provide a detailed review of the current literature on the variables investigated in this study. Findings from previous studies on health information and the use of social media among young adults are discussed. An overview of the social comparison theory, as the theoretical framework guiding this study, is also provided.

Chapter 3-Methodology

This chapter provides more information on the research methodology and procedure used in the present study. It includes a discussion of the research approach, the sampling method, the participants selected, and the data collection and analysis process used.

Chapter 4- Findings

Chapter 4 presents the findings from the present exploration. The findings are illustrated utilising verbatim statements to support the themes identified.

Chapter 5- Discussion

Chapter 5 provides a detailed discussion of the interpretation of the findings and highlight important aspects of the experiences explored in relation to other literature. This



chapter also details the limitations of the study and offers recommendations for future research.

CHAPTER 2

2. Literature Review

The first part of the chapter offers a conceptualisation of the variables, followed by a discussion of literature from previous studies. The last part of the chapter is dedicated to an overview of the theoretical framework used in this study.

2.1. Definitions of Health

To explore what health means to young adults, it is necessary to provide an overview of relevant models of health.

2.1.1. *Models of Health and Illness*

There are various perspectives on how health is defined. The World Health Organisation provided a more comprehensive definition of health that can be applied to all individuals (Auerbach et al., 2016). The WHO (2018) defines health as, “A state of complete physical, mental and social well-being and not merely the absence of disease.” (p.1). Health is seen as something that people actively seek to attain, not because it is merely an enjoyable state but because individuals attach an intrinsic and instrumental value to it (Ganatra et al., 2014). It is further added that health has a mental and social domain, reflecting that people are complex psychological, social, and biological entities.

Different models of health and disease remain dominant in academic fields. One of the perspectives of health stems from the biomedical or the medical model. The assumption underlying this approach is that it is necessary to identify and treat illnesses caused by pathological abrasions. According to this approach, a practitioner has to determine a diagnosis and prognosis as well as the treatment outcome based on specific aetiologies

(Deacon, 2013). The medical approach assumes that the causes of illness are solely based on physical or biological elements. Scientists using this approach, rely on clinical testing and examination as well as the patients' ability to describe physical symptoms. Furthermore, this approach emphasises a mind-body dualism in which the mind and body are separate entities. A biomedical model is therefore a scientific approach to health (Albert & Time, 2017). It remains one of the most dominant models in medical thought and research, but it has not been without criticism. Scholars critique the biomedical model, perceiving it as an approach that is not holistic. Researchers argue by focusing only on somatic symptoms, the approach ignores cultural, social, psychological, and spiritual components of well-being. Furthermore, it is argued that the approach isolates the symptom from the individual which does not solve the underlying problems (Noguchi, 2012). The cause of an illness is determined by physiological symptoms presented by an individual. The treatment is thus symptom-oriented, but it does not focus on problems rooted in social, behavioural, and emotional environments. Lastly, the biomedical model of health is critiqued for seeking to predict and control, it is not seen as a democratic approach as the power to make a decision relies solely on the physician, rendering the patient powerless in the process (Mehta, 2011).

In response to critiques of the biomedical model of health, the biopsychosocial (BPS) model was developed. The BPS model provides a more humanistic and holistic view of health, recognising that biological, psychological, and social components of an individual can interact to determine their well-being and the development of illness (Wade & Halligan, 2017). The biological component refers to peoples' genetic makeup, the nervous, immune, and endocrine systems. The psychological component looks at potential psychological causes for health problems such as negative thinking or how a person copes

with stressful life events (Lehman et al., 2017). Lastly, the social component emphasises that social factors such as socio-economic issues, culture, and poverty influence health (Rodgers et al., 2014). Health and illness in this model are seen as existing on a continuum. Health is not a stable state, individuals are seen as progressing along this continuum, from health to illness and back again. The BPS model also emphasises the importance of dialogue between the patient and physician (Lehman et al., 2017). To have a correct biomedical diagnosis, the physician has to interpret illness and health from an intersubjective perspective by giving the patient time and space to share their concerns and expectations. Therefore, this model places an emphasis on the influence of the patient in being responsible for treating the illness.

Health can also be defined in a moral normative manner. Health in this regard is seen as an ideal condition for how people are supposed to live their lives. It is a perspective concerned with ‘correct behaviour’. Correct behaviours may include, for example, normal body size, weight, and shape (Goodyear et al., 2018). In modern morally normative perspectives, health is seen as an attractive appearance, a beautiful and fit body. Deviations from appearance ideals are regarded as unhealthy. These include perceiving individuals who are overweight as unhealthy (Quennerstedt, 2018). So, health is merely defined based on physical appearance. These models of health attempt to provide a universal and objective understanding of health and illness. Health, however, can also be defined subjectively.

2.1.2. Subjective Definitions of Health

Researchers in the field of social sciences have argued that it is important to develop a more subjective approach to defining health and illness (Blaxter, 1990; Bowling, 2014).

To do this, researchers use subjective health measures that rely on self-report techniques to capture beliefs about health (Schmidt & Frohling, 2000; Svalastog et al., 2017). Using these methods, scholars have found that people define health in various ways and that often, the definitions are influenced by historical, cultural, and social backgrounds (Blaxter, 1990). It is, therefore, important to explore how ‘lay’ people define health. Blaxter (1990) and Bowling (2014) summarised the main categories of subjective definitions of health.

The first category is about how people define health based on a dichotomous definition; as either the ‘absence of disease’ or as ‘not ill’ (Bowling, 2014). This is in line with a study by Tkatch et al., (2017) who found that when defining health, older people defined being healthy as ‘not being ill’ i.e., the absence of illness. Similarly, in a study by Ahanonu and Jooste (2016), adolescents reaffirmed that health included the absence of diseases. The adolescents in their study also defined health as having a functioning immune system that fights off disease. This subjective definition of health is more in line with the biomedical model.

The second category of health is the ability to do things independently, despite the presence of disease as well as the ability to recover from illnesses. A meta-synthesis study on older adults’ perceptions of health found that older adults described health as the ability to complete daily tasks and do what is important to them (Song & Kong, 2015). For some adults, this is not limited to physical abilities but also relates to mental or cognitive abilities (Ebrahimi et al., 2012; Tkatch et al., 2017).

Bowling (2014) also found that health includes ‘healthy living’. People defined healthy living as the ability to eat right and exercise regularly. Adults and adolescents perceived healthy food as food that leads to a better life, improves bodily functions, and protects against illness (Leila & Leili, 2015; Sedibe et al., 2014). Most adolescents agree

that exercising is important in keeping healthy (Ahanonu & Jooste, 2016). Similarly, adults emphasise the importance of engaging in physical activities as it is beneficial to maintaining health (Laurie et al., 2016).

A significant category of health identified by Bowling (2014) is that health involves being part of social activity or a social group. The benefits of social relationships to health have been documented. For example, being part of a social group promotes positive health behaviours, instils a sense of responsibility and concern for others. Supportive social relationships have also been found to reduce stress and trigger physiological homeostasis i.e., reduce stress hormones and blood pressure which is beneficial to overall health. Similar to the findings of Blaxter (1990), older adults in the study by Tkatch et al., (2017), reiterated that the support of family and friends is a major component of keeping healthy. Adolescents supported this argument as findings show that they believe that social belonging is important to health and that being in a social group promotes and maintains positive health behaviours (Borraccinon et al., 2019; Ott et al., 2011). Older adults describe social involvement as being beneficial to their sense of belonging, consequently, improving their well-being (Ebrahimi et al., 2012).

The last category of defining health includes psychosocial well-being which can be mental and/or spiritual wellness. In a discussion with adolescents, Ahanonu and Jooste (2016), found that emotional and psychological well-being was an essential part of health. Adolescents reaffirmed that concepts such as resilience and optimism were a central part of mental well-being (Ahanonu & Jooste, 2016). Similarly, optimism and resilience are seen as components of good health among adults (Song & Kong, 2015; Tkatch et al., 2017). Furthermore, some adolescents believed that spiritual well-being enabled endurance throughout difficult circumstances, thereby improving health. Practices such as prayer and

going to church were believed to improve spiritual health (Ahanonu & Jooste, 2016; Downey & Chang, 2013).

As the core focus of the present study was on understanding peoples' experiences with health information through social media platforms, it was also important to look at their subjective understandings of health. It is for this reason that the interview started by asking participants to describe their understandings of health.

Definitions of health among young adults vary, as previously mentioned these definitions are influenced by social, historical, and cultural backgrounds (Blaxter, 1990). Similar to previous studies, the definitions of health among young adults can be summarised into four major categories, namely, healthy eating and exercising; mental health and spiritual health; academic or professional success; and social belonging (Bowling, 2014).

The category of healthy eating and exercising emerged in studies that focused on the perceptions of health among young adults. Van der Velde et al., (2019), found that young people believe that a healthier diet leads to the prevention of chronic disease, improves mental and physical health, consequently improving overall health status. Similarly, Sogari et al., (2019), found that young adults value eating healthy and the implications it has on long-term health, both physically and mentally. Besides a healthy diet, young adults believe that a healthy weight is a major component of health and thus to attain this, there is a need to engage in physical activity (Van der Velde et al., 2019). Most young adults' reason that keeping fit through exercise increases energy, enables one to do more work and decreases health complications (Wang et al., 2014).

The second category relates to personal commitments towards school and their studies. On the one hand, a healthy individual was described as attending a good school

and participating in extra-mural activities (Borraccino et al., 2019). Evidence suggests that academic and career achievements are linked to health and positive health behaviours (Rath et al., 2010). Cachia et al., (2018) reported that succeeding academically and professionally increases self-confidence and self-efficacy, which improve overall well-being (Soysa & Wilcomb, 2015).

A third concept that was described as important to health involved social belonging. According to Ruthig et al., (2011), young adults must experience a sense of belonging with peers and/or family during this critical period of developmental changes. Some young adults have reported that having relationships with their family members, together with friendships contributes positively to their health behaviours and mental health (Walton & Cohen, 2011). Belonging during young adulthood has been positively correlated with emotional closeness and validation which are reported to be effective in improving general wellness. Social relationships and belonging during young adulthood can thus be regarded as influential components of health (Gafiatulina et al., 2018).

The last major category of defining health among young adults entails mental and/or spiritual health. Some young adults perceived mental/psychological well-being as important to their health. Some young people describe mental well-being as “feeling happy, confident and able to function/ cope and feeling secure” (Singletary et al., 2015, p. 262). Mental illness, on the other hand, was associated with serious psychiatric disorders (Laidlaw et al., 2016). Moreover, other young adults do not perceive mental health as only the absence of illness, they also report that having spaces, where they can share experiences of life, are important to positive mental health outcomes, and these spaces can be within therapy and/or among friends and family (Hall et al., 2016). Spiritual health was also an important factor in overall positive well-being. Jafari et al. (2010) found that spiritual well-

being contributes to mental health as it provides young adults with a sense of identity and integrity. Young adults describe spiritual health as enabling them to cope with stressful events and contributes to positive mental health (Hall et al., 2016). Mental health and spiritual health can thus be important determinants of health.

Overall, the subjective definitions of health among young adults are similar to the definitions of health as described by adolescents and older people. Some of the perceptions are also similar to the definitions of health as suggested by both the biomedical and biopsychosocial models of health. As such, scholars need to take into consideration both subjective and objective definitions of health to understand the motives behind various health behaviours.

This is particularly important to young adults as evidence has suggested that despite being aware of the factors that influence health, young adults are more at risk of morbidity and mortality when compared to older adults and adolescents (Bonnie et al., 2014). The next section provides a brief overview of the use of social media among young adults, particularly their use of social media for seeking health information.

2.2. Social Media

The use of social media has increased globally, influencing how individuals communicate with each other (Appel et al., 2020). The concept ‘social media’ denotes interactive communication channels that allow for multi-directional interactions and feedback in a short period (Capurro et al., 2014). In this way, social media is a label for digital technologies that enable people a chance to produce, connect and interact. Social media platforms differ, and they include video-sharing communities, blogs, social networking sites and collaborative projects. Collaborative projects are social media

applications that enable many end-users, usually academics to join and simultaneously create and share knowledge such as Wikis and review sites (Kaplan & Haenlein, 2014). Blogs are online communities, managed by one person who writes entries for publishing information on a specific area of information (Zanette et al., 2013). Video-sharing communities involve sites that make it possible for users to share, view and create videos. An example of a video-sharing community is YouTube (Balakrishnan & Griffiths, 2017). Social networking sites (SNS) involve online interaction and communication among users who create user profiles. Examples of social networking sites are Facebook, Twitter, and Instagram. For this study, the focus was on the following social media applications, Facebook, Instagram, and YouTube.

2.2.1. Social Media Content

The content on social media is complex and can be in the form of videos, pictures and text created by users. Additionally, users can comment or ‘like’ what other people have published (Ventola, 2014). There are two ways of using social media; actively and passively (Beyens et al., 2020; Escobar-Viera et al., 2018). Passive use implies that some young people may view updates, pictures, or videos posted by other users without necessarily sharing anything about themselves (Beyens et al., 2020). Active use of social media platforms involves frequent interaction and communication with other people, through ‘liking’ or commenting on pictures, videos, or posts updated by others. It also involves individuals publishing updates, videos, and pictures, actively contributing to social media posts (Escobar-Viera et al., 2018). People who use social media both passively and actively tend to compare their abilities and behaviours to others, which often has negative consequences (Appel et al., 2016). For example, Verduyn et al., (2020), found

that young females who were both active users of Instagram compared themselves to images of celebrities they deemed attractive and that the comparison had a negative impact on their mood.

The use of social media platforms can also be goal-driven. A study by Smith and Anderson (2018) found that the reasons for using social media among young people included blogging, sharing content and seeking information. Researchers have noted that the use of social media for information-seeking is becoming increasingly popular (Kuttschreuter et al., 2014; Thackeray et al., 2013; Zhao & Zhang, 2017).

2.2.2. The use of Social Media for Information Seeking

The need to acquire information is universal to individuals and groups. Individuals desire to obtain information to satisfy a conscious or unconscious need. To satisfy this need, individuals engage information-seeking behaviours (Zhao & Zhang, 2017). That is, individuals purposefully seek information to satisfy this need by using different mediums of information such as newspapers and books (Ruthven & Kelly, 2011).

Most importantly, researchers have noted an increase in the use of social media for seeking information. The scope of seeking information on social media includes a focus on leisure activity, fashion, academics, and news information (Shah, 2017). More recently, there has been an increase in using social media for health issues. Zhang (2012) found that some individuals were using Facebook to follow updates on their friends' health experiences. It is also used to obtain health information on a particular disease, where users post comments or questions about a certain health condition or join a health-related group. More recently, Zhao and Zhang (2017) have noted that there is a major shift towards information-seeking on health topics termed 'health information-seeking behaviour'.

Acquiring health information is important as it can motivate individuals to make positive changes regarding their health practices (Bonnie et al., 2014).

The role of social media in sharing health information has several implications. Firstly, the videos and pictures of people engaging and sharing health information can serve as a motivating factor (Ventola, 2014). Some people reported that seeing people who had lost weight share their exercise and dieting tips motivated them to either join the gym or find more sources of health information (Easton et al., 2018). In doing so, some young people tackled obesity and body image issues in a healthier manner (Easton et al., 2018; Tiggemann & Zaccardo, 2015).

Secondly, the process of seeking health information and engaging in health behaviours can be lonely and scary, particularly after many years of a sedentary lifestyle (Bonnie et al., 2014). Accordingly, young people can be part of social media pages and groups where members share information, tips as well as experiences of their engagement with health behaviours (Shin et al., 2015). In this regard, support groups are significant throughout the process of seeking information on social media (Juarascio et al., 2010).

Lastly, social media plays an important role in ensuring that health information is easily accessible to young people that want to change their health-related behaviours. Social media pages and groups are filled with “before and after” videos and pictures that young people can access at any time (Fernández-Luque & Bau, 2015). Additionally, the myriad of health information on social media grants young people a choice of the type of information they want. As a result, the accessibility of information may be helpful to young adults when seeking health information on social media platforms (Zhao & Zhang, 2017).

A research study by McCraw et al., (2014) found that there are several ways in which young adults seek information to address their health needs, including consulting

with a practitioner, magazines, and newspapers. In recent years, there has been a substantial increase in the use of social media platforms to find health information (Ventola, 2014; Zhao & Zhang 2017). The next section focuses on a few determining factors of using social media platforms to obtain health information.

2.3. Determining Factors for using Social Media to find Health Information

Several factors influence individuals' use of social media for seeking health information. They include age, gender, and body image, these will be explored below.

2.3.1. Age

Studies have shown that age can be used as a significant determinant to understand peoples' health-seeking behaviours on social media platforms (Bhaskaran et al., 2017; Gou et al., 2021). Young people between the ages of 18 and 25 years are actively engaged on social media platforms more than any other age group. They use social media platforms for various reasons, including relaxation, entertainment, and information (Sheet, 2018). The extensive use of social media increases the likelihood of encountering health information available on these platforms. This age group has shown that they value information that is easily accessible and that they are comfortable with exchanging personal information on social media platforms (Wong et al., 2014).

Accessing health information during young adulthood is particularly important as young adults are transitioning from adolescence to early adulthood. The transition from adolescence to young adulthood is critical and involves major transitions such as living independently, as leaving home for education or employment or being involved in a relationship. Overall, these changes occur during a period of significant emotional,

neurological, and social developments (Bonnie et al., 2014). The transition may thus be stressful to young adults as they seek to form new identities, and this may result in disruptions of already existing health habits.

Researchers have noted that there is an overall decline in health in their early 20's, evident from bad health habits and related health statuses (Bonnie et al., 2014; Frech, 2012). As young people begin to live independently, they are less likely to eat healthily, exercise, and go for regular check-ups with physicians. Young people are also more prone to eat fast foods and engage in risky behaviours such as binge drinking (Poobalan et al., 2014). In addition, young adults have reported that they have experienced disturbed sleeping patterns (Wakasugi et al., 2014). Some young adults have reported increased drinking or smoking as a means of coping with various stressors. The disturbance to eating and exercise habits may be caused by a lifestyle filled with various scholastic events and gatherings such as academic workload, festivals, and outings (Sim et al., 2014). Researchers have argued that these risky health behaviours may ultimately result in physical changes (Bonnie et al., 2014; Gore et al., 2011). For example, evidence has demonstrated that young adults gain weight faster than any other age group eventually becoming obese or overweight (Scott et al., 2020). Being overweight or obese has also been found to trigger the development of other illnesses such as diabetes and hypertension. Studies have shown that in addition to obesity or being overweight, lifestyle habits such as poor dieting habits and low physical activities lead to the development of Type 2 diabetes (Fareed et al., 2017; Zheng et al., 2017). Lifestyle factors among young adults such as poor dietary patterns and physical inactivity thus place this age population at increased risk of development and diagnosis of Type 2 diabetes (Arslanian et al., 2018; Wilmot & Idris., 2014).

A decline in health during young adulthood is not only physical, but researchers argue that mental health disorders are also prevalent during this period as the onset of many serious mental health conditions occur during this stage (Jurewicz, 2015; Gustavson, 2018). Some young people may develop anxiety and chronic stress as a result of the emotional toll of the experiences that accompany young adulthood. Other common mental illnesses include depression, anxiety, substance use disorder and eating disorders. Mental health concerns during this time may interfere with other domains of life including education and employment (Aupperle et al., 2020). Due to these changes, young adults have reported that they are interested in health-promoting behaviours to ensure they develop healthy lifestyles (Giles & Brennan, 2014). As such, finding health information is important because health behaviours and health conditions during young adulthood predict health outcomes later in life (Bonnie et al., 2014).

Based on the aforementioned, young people are increasingly seeking ways to find health information. Age can thus be a significant determinant for understanding the use of social media for health information. The transition from young adulthood to adulthood holds various obstacles that may cause significant distress in the lives of young people. This may in turn prompt the seeking of health information. Another important factor contributing to the use of social media for health information is gender (Ek, 2015).

2.3.2. Gender

Gender disparities exist in patterns of seeking health behaviour on social media platforms. Women are predominately searching for health information online. Women also consult health professionals more often than men (Baumann et al., 2017). Furthermore,

women are more likely to trust the various information sources they use. It has also been found that women are more likely than men, to use health blogs and support groups to seek health information (Bidmon & Terlutter, 2015).

Men, on the other hand, are found to be equally active on social media, however, males are less likely to seek health information online (Sbaffi & Rowley, 2017). It is argued that gender differences in seeking health information online may be influenced by different motives between males and females. For example, it is suggested that women are more interested in health issues and emotional support whereas men are interested in informational support (Baumann et al., 2017).

Health outcomes, which consequently influence interest in health information are different between males and females. Researchers have found that men engage in fewer health-promoting behaviours, i.e., they consume more fast foods than women, men engage in more risky behaviours and have higher mortality rates (Ek, 2015; Korn & Bonny-Noach, 2018). Scholars posit that being female is amongst the strongest determinants of seeking health information online (Baumann et al., 2017; Nikoloudakis et al., 2018).

The use of social media for health information may be influenced by how individuals perceive and feel about their physical appearance.

2.3.3. *Body Image*

Another factor that may influence interest in seeking health information, particularly among young adults, involves body image concerns and body dissatisfaction. There is an abundance of videos and photos shared by users on social media platforms (Fardouly & Vartanian; 2016). However, these photos are often carefully selected by users or edited using filters and other photo editing tools with the aim of sending across a

message of physical attractiveness (Fardouly & Vartanian, 2016; Tiggemann & Anderberg, 2020). In addition, these photos and videos on social media platforms have been found to promote a thin-body ideal for women and a muscular body ideal for men (Cohen et al., 2017; Holland & Tiggemann, 2016; Lonergan et al., 2019; Tiggemann & Zaccardo, 2015; Tiggemann & Anderberg, 2020). Given the extensive use of social media applications by young adults, it has been found that they constantly compare their bodies to these videos and photos, they then begin to internalise these body ideals and eventually develop concern and negative perceptions over their bodies. The experiences with body image concerns may vary among young adults because body image is a multifaceted concept comprised of behavioural, cognitive, and perceptual, components (Hosseini & Padhy, 2020). The behavioural component includes observable actions such as body checking and appearance “correcting” activities. For example, Marengo et al., (2018), found that young people would compare themselves to images of thin models in the media, then they would engage in behaviours such as restrictive dieting, or excessive exercise as means to change their appearance to a thin physical appearance. The cognitive component often includes how individuals think about their bodies and they include having beliefs that they can attain a thin or muscular appearance (Tiggemann & Anderberg, 2020). The perceptual construct of body image can involve estimations of one’s body size. For example, Carey and Preston (2019), found that when compared to healthy individuals, individuals diagnosed with Anorexia Nervosa were more likely to perceive their body size as greater than it is. Lastly, experiences with the affective component of body image may include anxieties related to physical appearance (Hosseini & Padhy, 2020).

The concept of body image can have either positive or negative implications. Young adults who have a positive body image are often content with their bodies, while

young people who have a negative body image or body dissatisfaction experience unhappiness with their physical appearance (Nayir et al., 2016).

Body dissatisfaction runs on a continuum ranging from normative to pathological. Most people are clustered in the middle. On the normative pole, concerns with appearance may represent being dissatisfied with particular or overall body areas and dissatisfaction with weight or body mass (Quittkat et al., 2019). On the pathological end, body dissatisfaction may lead to anorexia, bulimia, and body dysmorphic disorders. Additionally, body dissatisfaction can lead to adverse psychosocial outcomes such as depression and anxiety (Barnes et al., 2020).

The focus of the literature on body dissatisfaction has been on the average female, with limited research on how young men experience body dissatisfaction (Quittkat et al., 2019). Body dissatisfaction among young females is associated with a drive for thinness and an ideal female body shape that is slim and fit (Aparicio-Martinez et al., 2019). Likewise, male body dissatisfaction is related to concerns over their body shape and their weight (Ralph-Nearman & Filik, 2018). The nature of body dissatisfaction among young males and females differs in the perception of what an ideal body shape and weight includes. The ideal body shape and weight among young males is a muscular with a v-shaped torso and well-developed upper body, flat stomach and, narrow hips (Dakanalis et al., 2015; Grogan, 2016). Researchers suggest that dissatisfaction among young adults is due to constant physical comparison to individuals who possess their ideal body (Goodyear et al., 2018, Quittkat et al., 2019). For example, Jiotsa et al., (2021), suggest that young females who use social media experience body dissatisfaction because they constantly see images of thin women and begin to use them as benchmarks for beauty and success. In addition to this Jiotsa et al., (2021) suggest that because of constantly comparing

themselves to those who have an ideal body on social media, young females may begin to feel that there is a discrepancy between their bodies and those which they idealise, eventually they develop a sense of body dissatisfaction. Taniguchi and Hubbard (2020), suggest that young adults who experience dissatisfaction towards their bodies as a result of the observed discrepancy between their bodies and those idealised on social media may engage in appearance-correcting behaviours as means to achieve their idealised bodies. For example, Freire et al., (2020), reported the excessive use of social media, the use of anabolic drugs, and inadequate nutritional and diet plans among men who experienced body dissatisfaction. Similarly, Aparicio-Martinez et al., (2019) and Yager et al., (2017), reported that young women who experienced body dissatisfaction were likely to engage in weight control behaviours such as induced vomiting, and purging, use of laxatives. The advancements in social media platforms have made it easy for young adults to easily access health information content, particularly on weight management (Jane et al., 2018; Syed-Abdul et al., 2013). However, the impact, effectiveness and trustworthiness of this health information are still debated in the literature (Syed-Abdul et al., 2013). The next section zooms in on this aspect.

2.4. Social Media Platforms and Health Information

2.4.1. Facebook

The use of social media has become popular in the last 10 years and most Facebook users are between 18 years and 24 years of age (PEW Research Centre, 2019). The use of social media platforms, especially Facebook, forms an integral part of young adults' lives. Young adults are considered to be the most active user age group on Facebook. On average, a young adult uses Facebook for at least 19.5 hours each month (Mohsin, 2021).

Facebook is a social networking site that enables users to share videos, images, and personal information through text. Facebook allows users to create a profile and share information with other members. Each Facebook member has the option of adding acquaintances by adding others as “Facebook friends” (Sabate et al., 2014). Zhang et al., (2013) suggest that Facebook can be used to share information, particularly health information to influence individual health behaviours by changing the social norms of health and changing the health expectations individuals set for themselves. Shaw and Johnson (2011) suggest that overall, social networks like, Facebook, can be used to impact health behaviour change.

The effectiveness of using health information from Facebook is often highlighted in the literature. For example, some individuals diagnosed with diabetes used Facebook to share information regarding their experiences with dealing with the disease. By doing this, awareness of the factors that may contribute to the development of diabetes was raised as well as information about products and services specific to the disease (AlQarni et al., 2017). Zhang et al. (2017) found that young adults perceived the health information on Facebook as useful and effective. Additionally, they found that young adults shared health information from Facebook with their peers as they deemed it effective. Zhang (2012) also found that young adults used Facebook to find information, solutions to health conditions, and actively follow groups and threads about nutrition and dieting. However, Yoon and Kim (2014) found that young adults perceive the health information from Facebook as ineffective as it had a limited impact on their well-being and overall health decisions

2.4.2. Instagram

Instagram enables users to create profiles that can be either public, for all to see, or private, where the user dictates who can see their profile and posts. Instagram users can publish pictures and videos on their profiles, and also attach text i.e., captions and hashtags or they can tag other users (Jian & Ngien, 2020; Omen et al., 2020). Health topics on Instagram can be presented in various ways. Turner and Lefevre (2017), suggest that the hashtag food is among the most popular hashtags on Instagram. Health information on healthy foods is shared on Instagram and the hashtag receives a substantial amount of support, more than unhealthy foods. Equally, Instagram has been effective in promoting adherence to physical activity; as such Al-Eisa et al. (2016) suggest that among young adults, Instagram can be effective in promoting health behaviours. Muralidhara and Paul (2018) also analysed the most prominent health topics and hashtags on Instagram and found that suicide & self-harm, bodybuilding, exercise, diet, skin health, vitamins, and supplements were the most popular health topics searched and posted on Instagram.

2.4.3. YouTube

YouTube is an online site that enables its users to upload, share, and view videos. Li et al., (2020), suggest that the use of audio and visual communication is a prominent feature of YouTube when compared to other online sites such as Facebook and Twitter. YouTube has become the second most popular, readily available, and easy-to-use internet site. It has also become the most dominant source for obtaining health information online (Bora et al., 2018). For example, Loeb et al., (2019) suggests that the health information on YouTube can be used to promote engagement in health behaviours and improve health literacy. Likewise, Madathil et al., (2015) suggest that the health information on YouTube

is aimed at providing information on diagnosis, treatment and prevention of medical conditions. The most popular health topics on YouTube are related to vaccinations, the use of tobacco, influenza pandemic, obesity, and basic life support (Pandey et al., 2010; Pant et al., 2012). Madathil et al., (2015) then suggests that YouTube has the strength of enabling members to disseminate health information through videos and it also enables members to interact and provide support for each other.

2.5. Credibility

The use of social media for health information can be effective in improving positive health outcomes among young adults, however, debates on whether social media platforms provide credible information or not, have become increasingly popular.

Song et al. (2016) assert that there are two types of health information disseminated on social media platforms, expert-based information and subjective health information. Expert-based information pertains to health information shared by professionals, whereas subjective health information is concerned with a layperson's experience of health and illness. Similarly, Viviani and Pasi (2017), argue that lay people who use social media for health information judge the credibility of the information in two manners: expertise and trustworthiness. Individuals who judge health information based on expertise refer to the advisor's knowledge, skills, and experience to measure the extent to which health information can be deemed valid. Trustworthiness refers to the extent to which an advisor's health information is considered truthful, unbiased, and accurate or valid. Viviani and Pasi (2010) suggest that trustworthiness can be influenced by factors such as honesty and careful consideration of words used in disseminated information.

The sources involved in disseminating health information on social media have no specific standards for the quality of information, it is thus easy to manipulate and alter information, and share information that lacks the clarity of context (Goodyear et al., 2018).

Those who offer health advice on dieting and nutrition are called 'health influencers', they promote their eating philosophy that may often follow restrictive dieting. The term 'health influencers' are reserved for those who are deemed as experts in matters of health, food, and fitness (Pilgrim & Bohnet-Joschko, 2019). They are trusted by young people because they have a large number of followers and often have experienced body image concerns themselves and have managed to attain a physical appearance that is often viewed as ideal (Lou & Yuan, 2019). Unfortunately, many food and fitness influencers on Instagram, Facebook and YouTube do not have any formal training in nutrition or fitness and many promote, albeit probably unknowingly, disordered, and restrictive behaviours with food and training (Goodyear et al., 2018). A brief overview of the credibility and reliability of the health information shared on Facebook, Instagram and YouTube as relating to the current study follows.

2.5.1. Facebook

The young adults from a study by Zheng (2014) emphasised that they use Facebook to obtain health information and to guide their health behaviours. Zhang (2012), however, argued that young adults perceive the health information on Facebook as lacking objectivity and don't regard it as a credible source of information.

The health information on Facebook can be shared by health professionals and organisations that promote health. It can also be published by any individual that wants to share insights about health. Often, the information shared by non-professionals is not peer-

reviewed, and it is mainly based on subjective experience resulting in distorted health information. Despite this, Kim and Syn (2016) suggest that young adults are often aware of the misrepresentation of health information on social media platforms and neglect to confirm the accuracy of the health information they find.

In an attempt to understand the patterns of health information-seeking among young adults who use Facebook, Kim and Syn (2016), noted that young adults trust the health information from medical professionals and organisations more than non-professional sources. Young adults may trust non-professional sources when considering health information that is not sensitive such as information related to colds and allergies. Borah and Xiao (2018), maintain that young people evaluate the health information found on Facebook by ‘aesthetics’ and ‘peripheral’ cues. Peripheral cues involve evaluating health information based on an accounts’ name or its associated affiliation. For example, accounts such as The World Health Organisation would be regarded as more credible compared to other sites. Young adults also reason that the number of positive reactions adds to the credibility of a post that shares health information. That is, the greater the number of positive reactions and shares, the more credible the health information is regarded (Petcharanan & Chartprasert, 2020).

2.5.2. Instagram

Pilgrim and Buhnet-Joschko (2019), argue that where health issues are concerned, Instagram emphasises fitness, bodybuilding, and strength training, referred to as fitspiration. Fitspiration content on Instagram involves posting messages and images aimed at inspiring young people to live fit and healthy lifestyles, often through exercise, diet images, videos and text as well as recipes and photographs of food or people (Simpson &

Mazzeo, 2017). Young adults report that the images and videos from fitspiration content can become benchmarks for comparing and measuring their success. After engaging with fitspiration pages, young people reported becoming more motivated to reach their physical appearance goals (Monks et al., 2021). People who seek health information on Instagram may also access health information on pro-Ana websites and thinspiration websites. Both pro-Ana and thinspiration movements reject the medical diagnosis of anorexia and perceive it as a lifestyle (Ging & Garvey, 2018). Pro-Ana communities are aimed at providing social support for individuals who want to look thin or lose weight and to support those diagnosed with an eating disorder as they may face judgement and lack of support from family or friends (Borzekowski et al., 2010). The sites use images of rail-thin fashion models, celebrities, athletes, and thin people to emphasise to those who are interested that the thin ideal is achievable. Pro-ana pages and groups on social media offer weight loss tips through dietary restrictions and compulsive exercise behaviours. Dietary restrictions can include tips on fasting, purging, use of laxatives or diet pills, lists of safe food and charts with examples of low-calorie foods (Borzekowski et al., 2010). The exercise behaviour promoted on pro-Ana sites may be extreme and compulsive, promising young adults ‘fast’ and ‘cheap’ weight loss results (Boepple & Thompson, 2016). Viewing pro-Ana sites can lead to engaging with thinspiration websites. Thinspiration websites aim to inspire those who want to lose weight or continuation of a lower weight by posting images of an unrealistic body type. Thinspiration content is generally aimed at guiding people to attain a thinner physical appearance (Angela et al., 2018).

Carrotte et al., (2017) critique the content on Instagram by emphasising that the credibility of health information on Instagram relies on the use of ‘before’ and ‘after’ images and videos to highlight the changes in muscles and weight. Additionally, the use of

celebrities and health influencers on Instagram has been found to increase credibility perceptions among young adults. Some young adults believe that health influencers should be physically attractive to promote health behaviours (Pilgrim & Bohnet-Joschko, 2019). Overall, researchers critique the health information on Instagram by arguing that the content of fitspiration is concerning, as the motivation for engaging in fitness behaviour is not promoting health, but rather an emphasis on physical attractiveness (Angela et al., 2018).

2.5.3. YouTube

The restricted evaluation and guideline of the health information disseminated on YouTube is seen as concerning by researchers. For example, Singh et al., (2012) found that a significant amount of YouTube videos on rheumatoid arthritis had misleading information. Singh et al., (2012) further assert that many videos are available that suggest the use of unscientific methods such as diet alterations or herbal treatments as effective means for dealing with the physical disorder. Similarly, Nguyen and Allen (2018), found that the health information on Intrauterine Devices (IUDs) as shared on YouTube was unreliable and often biased to the views of the individual who uploaded the video.

Despite being a more credible source of health information, limited YouTube videos are posted by health organisations and universities (Singh et al., 2012). The less reliable health information sources on YouTube have a substantial number of viewers, likes and comments. This may suggest that many YouTube viewers are not able to differentiate between credible, quality information, and misleading health information (Bora et al., 2018). The inability to identify credible information can lead to compromising health behaviours and outcomes (Singh et al., 2012).

The use of social media for seeking health information is popular as it is considered to be a more accessible and cost-effective means of finding information. However, misleading health information on social media can cause diverse problems, ranging from physical to mental health complications (Bora et al., 2018).

Misleading health information can adversely impact the health of individuals significantly. The use of social media for seeking health information and adoption of health behaviours has also been found to increase the development of behaviours significant to mental illnesses such as eating disorders, anxiety, and depression (Goodyear et al., 2018).

Several studies have found that young people who use social media for health information develop maladaptive eating habits. They are more likely to have excessive compulsions over what they eat and often have restrictive dieting patterns (Sidani et al., 2016). Other young people are found to have reported adopting dangerous methods from social media such as purging and self-starvation (Ging & Garvey, 2018).

Additionally, there is a growing concern among clinicians that young males and females have developed excessive/compulsive exercise behaviours as a means to monitor their weight and body shape (Raggat et al., 2018). Unlike normal exercise habits, excessive exercise methods can lead to injuries and an increased risk of bone fractures (Litchetnstein et al., 2017). Researchers have also observed that social media blogs also suggest the use of anabolic steroids for young people who want to attain muscular ideals (Franchina & Coco, 2018). Turner and Lefevre (2017) suggest that the use of social media for health information may thus contribute to the development of Orthorexia Nervosa, a predictor of serious eating disorders i.e., Anorexia Nervosa and Bulimia Nervosa. As such, young adults need to improve their health awareness and literacy skills towards the health information found on social media platforms (Goodyear et al., 2018). It is for this reason

that the thorough understanding of young peoples' use of social media platforms for finding health information is the core focus of the present study.

The above-mentioned literature highlights how young adults use social media platforms for health information and behaviours to prioritise their health (Gerber et al., 2018). This behaviour can be better explained by using the theory of social comparison, which emphasises that individuals compare central features of their social lives to measure their development or motivate others to improve. The next section focuses on discussing the main theoretical framework used in the current study, highlighting the interaction between social comparisons, social media, and health information-seeking among young adults.

2.6. The Social Comparison Theory

In an attempt to find health information, young people often turn to social media platforms, and as previously mentioned, young adults may constantly evaluate their appearance and health against what they see on social media (Nayir et al., 2016). In this manner, the use of social media for health information involves social comparison.

Social comparison refers to the fundamental human drive that involves self-evaluation where people compare themselves to other people depicted in images (Garcia et al., 2013). Social comparison theory was first proposed by psychologist Leon Festingers in 1954 (Guyer & Vaughan-Johnston, 2018), and there have since been an abundance of literature that illustrates the negative effect social comparison can have on people, especially women (Tiggemann & Polivy, 2010). In his original work, Festinger compiled nine hypotheses, corollaries, and derivations on the nature of social comparisons, which will be briefly described in the following sections (Neighbors et al., 2013).

Social Comparison Theory: Hypotheses, Corollaries and Derivations

The first hypothesis relates to how human beings have the drive to evaluate their opinions and abilities. Human beings have to be aware of their abilities and opinions about specific events as people's opinions and abilities influence everyday behaviour (Drakopoulos, 2016). The second hypothesis highlights that human beings evaluate their opinions and abilities against those of others when there are no objective means to do so. From developing these first two hypotheses, two other propositions followed (Suls & Wheeler, 2012). Firstly, Festinger (1954) suggests that self-evaluations of abilities or opinions become unsteady when there are no sources of physical or social comparisons (Corollary II A). Secondly, given that the source of social comparisons is fact-based, measurable and observable, human beings will not compare against others (Corollary II B) (Festinger, 1954). The third hypothesis suggests that when we are faced with people who differ in opinions or abilities, we decrease comparisons (Drakopoulos, 2016). From this hypothesis, two corollaries emerged which emphasise that human beings choose to compare themselves against those who have similar abilities or opinions as opposed to those who differ in opinions or abilities (Corollary III-A) (Festinger, 1954). The second proposition argues that if there is only one source or a person who has dissimilar abilities or opinions, then comparisons will not be precise (Corollary III B) (Suls & Wheeler, 2012). Thus, people need to be given a range of people who have similar abilities or opinions to make fitting comparisons. From the above-mentioned hypotheses, four derivations were developed. The first derivation suggests that self-evaluations of opinions or abilities are stable when human beings compare themselves against those who have similar abilities or opinions (Derivation A of I, II, III) (Drakopoulos, 2016).

The second derivation suggests that when human beings compare against those with divergent abilities or opinions, human beings are inclined to change how they evaluate the opinions or abilities about an issue (Derivation B of I, II, III) (Suls & Wheeler, 2012). The third derivation emphasises that human beings prefer to be in events or situations where their opinions will be agreed with or promoted (Derivation C of I, II, III). Lastly, in one of his experiments, Festinger (1954) noted that if a group of people with similar abilities or opinions begins to show deviations, the group will work together in an attempt to reduce these deviations (Corollary D of I, II, III). These derivations and corollaries highlight the nature of social comparisons in situations where people have similar opinions or abilities.

The fourth hypothesis in the theory of social comparisons, suggests that human beings have a desire to have better abilities than others, as a result, human beings want to continuously improve their abilities (Drakopoulos, 2016). However, Festinger (1954) argues that this is not true in the case of opinions. The fifth hypothesis suggests that there are social limits that make it impossible to change our abilities. However, there are no social limits that make it impossible for human beings to change their opinions (Drakopoulos, 2016). Festinger (1954) assumed that three possibilities may come about in the case of social comparisons. Firstly, he assumed that when human beings have inconsistencies with their opinions and abilities, they tend to change the stance of their opinions or abilities to fit in a group (Derivation 1) (Suls & Wheeler, 2012). Alternatively, human beings will attempt to change others in the group to bring the group closer to his/her stance of abilities or opinions (Derivation 2) (Festinger, 1954). The last derivation suggests that when human beings have a discrepancy with their own opinions or abilities, they may then cease to compare against those who have different abilities or opinions (Derivation 3)

(Drakopoulos, 2016; Festinger, 1954). These derivations thus highlight the nature of social comparisons when human beings socially compare to those who have divergent abilities or opinions in a group situation. From the third derivation, Festinger (1954) hypothesised that when human beings cease to compare against others, they will view others as having little worth or regard them as below them, thus creating a sense of hostility towards those they compare against. However, the development of feelings of hostility when human beings compare against others is true in the case of opinions but not in the case of abilities (Corollary VI A) (Festinger, 1954).

Festinger (1954), argued that any factor that increases the strength to self-evaluate opinions or abilities, increase the pressure to conform (Derivation F from I, II, III). The hypothesis is such that, factors that improve the esteem of abilities or opinions held by a group will increase the pressure to conform to those opinions and abilities held by the group (Hypothesis VII) (Corcoran et al., 2011). From this hypothesis and derivation, Festinger (1954) noted that human beings tend to alter their abilities or opinions, particularly in group settings. For example, Corollary to Derivation B suggests that human beings tend to alter their opinions or abilities if the abilities or opinions are beneficial for immediate behaviour (Corcoran et al., 2011). Corollary VII suggests that having a strong interest in a particular group may increase the desire to conform to the abilities or opinions held by that group. Furthermore, there is a greater chance that human beings will join a group if a group holds relevant opinions or abilities (Corcoran et al., 2011).

In sum, the social comparison theory suggests that human beings have the basic drive to evaluate their opinions or abilities through objective, non-social measures. However, these sources are not always accessible, as a result, human beings will compare to other human beings (Drakopoulos, 2016). When comparisons are made, human beings

prefer to compare to those who are similar to them in opinions or abilities as opposed to those with different opinions or abilities (Corcoran et al., 2011). The theory further suggests that human beings often attempt to change others so that they are similar to them, if such attempts fail, human beings may cease comparisons with that group. This is because human beings will not be able to make accurate self-comparisons (Suls & Wheeler, 2013).

Upward and Downward Social Comparisons

Overall, Corcoran et al. (2011), purport that the role of social comparisons is to provide individuals with feedback about their characters or abilities. The work of Festinger (1954), gave grounds to more research into the nature of social comparisons. With innovations in research, the theory of social comparison has advanced to include concepts such as downward and upward social comparisons (Guyer & Vaughan-Johnston, 2018).

Upward social comparison takes place when an individual compares themselves against people who are more successful or better than they currently are. Engaging in upward social comparison can lead to feelings of envy or jealousy, alternatively, it can lead to self-motivation (Vogel et al., 2014). Self-motivation involves the desire to improve certain parts of one's abilities or character. Engaging in upward social comparisons can also increase the drive towards self-enhancement. This comes as individuals continuously attempt to reach the 'target'

On the other hand, downward social comparisons occur when people compare themselves against those who are 'worse off' than them or less fortunate (Vogel et al., 2014). Engaging in downward social comparison may improve "well-being" as it may elevate a person's mood or self-perception (Tiggemann & Polivy, 2010). Equally so, engaging in downward social comparison may increase the drive to self-enhance, as some

people may feel better and esteemed about their abilities or character (Vogel et al., 2014). The theory of social comparison has been studied as it relates to young adults and social media. The next section focuses on its application in this study.

2.6.1. Social comparison theory in this study

The theory of social comparison was used in this study to shed light on how social comparisons on social media platforms influence health behaviours and health outcomes. Fardouly and Vartanian (2016) found that individuals who constantly engage in social comparison, experience higher levels of body dissatisfaction than those who do not constantly socially compare to others. Fardouly and Vartanian (2016) also suggest that when people engage in body comparison, they tend to view themselves as more overweight than they are. The individuals who believe that they do not look like the people in the idealised images found in the media may have the desire to change their bodies to look like the people they see in the media. According to Festinger (1954), body image comparisons can have positive and negative consequences. It may result in healthy behaviours such as exercise and proper dieting, but it can also result in unhealthy behaviours such as eating disorders (Tiggemann & Slater, 2014). For example, by using social media platforms, young adults compare themselves to the images of thin peers, models, and celebrities (Goodyear et al., 2018). Appel et al., (2016) argue that that exposure to constant social media comparison influences the development of depression, anxiety, and low self-esteem. Rancourt et al., (2015) have also noted that comparisons made by obese people against thin people increased the chances of lifestyle changes by incorporating dieting and exercising patterns. Shakya et al., (2015) found that obese people who compared against thinner friends were more likely to engage in dietary behaviours in an attempt to lose weight. The

above examples, highlight the nature of upward social comparisons with regards to health. Downward social comparison can also influence health behaviour and health outcomes. For example, Rancourt et al., (2015) found that the idea of having a “worse off” health status influenced individuals to engage in health behaviours such as exercising, helping them to maintain their health status. The theory of social comparison was suitable for this study as it allowed the researcher to understand how young adults self-evaluate their knowledge, perceptions, and abilities regarding health when using social media platforms.

2.7. Chapter Summary

This chapter provided a review of literature on the use of social media for health information among young adults. The literature highlighted that there are numerous definitions of health. Health is defined by institutions, society and subjectively by individuals. The definition of health as defined by young adults ranges from health as being spiritual, physical, and psychological. This suggests that young adults engage in different health behaviours, depending on how they define health. This chapter also presented literature on the influence of social media on health outcomes. Social media platforms such as Facebook, Instagram and YouTube are mostly used by young adults and are readily available sources for health information. The use of social media for health information has steadily increased over the past few years. Some of the factors influencing the use of social media for health information include age, gender, and body image issues. The health information made available on social media influences health outcomes among some young adults. This chapter also discussed the theoretical framework used to guide the current research. The theory of social comparison, the hypotheses; corollaries and

derivations as developed by Festinger (1954) was reviewed. Concepts such as downward and upward social comparisons were also explored.

The credibility of health information shared on social media platforms are questioned as it can be posted by anyone, including non-professionals. It is thus important for young adults to improve their health literacy skills, and to differentiate between non-credible sources of information. It is thus necessary to explore how young people use social media for health information and how this information guides subsequent behaviour. The next chapter focuses on the research methodology used in the current study.

CHAPTER 3

3. Research Design and Methodology

This chapter provides details about the research process including the aim and objectives of the study. The research design, sampling technique, methods of data collection, and data analysis are outlined as well. A section dedicated to the quality of qualitative research is also included. The ethical guidelines followed to ensure the welfare of all participants is detailed in the last section of the chapter.

3.1. Research Approach

To best answer the research question for the study, a qualitative research approach was chosen. A research approach aims to specify the plan the researcher used to answer the research question (Abutabenjeh & Jaradat, 2018). There are three main types of approaches used in scientific inquiries, namely, qualitative quantitative and mixed methods approach (Parylo, 2012). Quantitative research methods mainly use hypotheses, predictions and quantifiable variable as means to explain how they cause or exacerbate life events (Silva et al., 2015). A mixed-methods approach combines both the qualities of quantitative and qualitative research designs (Schoonenboom & Johnson, 2017).

Qualitative research aims to capture, understand, and describe individuals' perceptions and behaviours attached to how they interpret life events (Aspers & Corte, 2019). Due to their interactive and intersubjective nature, qualitative studies offer a direct and personal experience that enables the researcher to get close to people and their circumstances (Denise & Marie, 2014). Qualitative approaches look for insights into the

question of 'what' and 'how' in an attempt to gain a better understanding of context and it also explores the significance of what is being investigated (Flick, 2018).

3.2. Research Design

A research design refers to a logical plan for conducting a study and addresses the research question (Hammarberg et al., 2016). There are different types of qualitative research designs in the social sciences, mainly; phenomenological, ethnographic, grounded theory and case study (Padgett, 2017). The current research study used an interpretive phenomenological research design.

Phenomenology refers to the study of subjective and lived experiences as shared and described by individuals or groups (Neubauer et al., 2019). Phenomenology stands in opposition to naturalism, which uses natural-scientific methods such as experiments that attempt to establish causal explanations and empirical facts (Fuller, 2010). Instead, phenomenology aims to describe how individuals orient their lived experiences.

The goal of a phenomenological study is to understand the meanings, structure, and essence of lived experiences among individuals or groups and not merely causal relationships (Cilesiz, 2011). When using phenomenology, as a philosophical foundation, researchers focus on exploring and discovering how individuals experience common encounters. Phenomenology is thus distinguished from other scientific forms of inquiry by its emphasis on subjective experiences. Phenomenology strives to provide descriptions and understandings of the meanings a person has attached to experiences (Davidsen, 2013). It is for this reason that phenomenology is regarded as a crucial link to the philosophical and scientific understandings of the world.

Various perspectives have emerged in phenomenology as scholars continue to contribute to research approaches. However, Davidsen (2013) suggests that these approaches have a common attempt to interpret descriptions of lived experiences by uncovering and understanding the meanings of experiences among individuals. The two main phenomenological approaches are descriptive/transcendental phenomenology and interpretive/hermeneutic phenomenology (Neubauer et al., 2019).

3.2.1. Descriptive Phenomenology

Descriptive phenomenology stems from Edmund Husserl's (1859-1938) philosophical ideas (Cairns & Embree, 2013). An important assumption of the Husserlian school of thought is that human consciousness can be used as a scientific object. Husserl purported that subjective information should be the focus of a scientific inquiry, particularly when attempting to understand human motivations (Hopkins, 2015). This, according to Husserl, is important because human actions are influenced by what individuals consider to be real. To study and understand human consciousness, Husserl suggested several concepts that can be used in a phenomenological inquiry (von Hermann, 2013).

The first concept is referred to as bracketing or epoché (Jackson et al., 2018). According to Sorsa et al., (2015), a researcher needs to put their own beliefs and/or experience of the subject of inquiry aside as they progress with the phenomenological investigation. The goal of bracketing is to demonstrate the internal validity of the data collection and analysis process as well as reach what Husserl called transcendental subjectivity (Matua & Van Der Wal, 2015). Transcendental subjectivity is argued to be the ultimate goal of descriptive phenomenologists. Transcendental subjectivity refers to the

ability of a researcher to constantly assess the impact of their biases and preconceptions of the subject of inquiry and ensure that they have minimal influence on the object of study (Wuytack & Miller, 2011). To achieve this, descriptive phenomenologists suggest that they limit any preconceptions during interviews with participants and reflect only on the experiences of the participants throughout the data analysis process (Wertz, 2016). The second concept is 'universal essence', this suggests that phenomenologists should emphasise and identify commonalities in the experiences of participants, to consider descriptions of lived experiences a science (Neubauer et al., 2019). These common experiences amongst participants enable the researcher to draw up themes and establish patterns of relationships around them. Lastly, descriptive phenomenologists emphasise radical autonomy. Using this concept, descriptive phenomenologists understand that humans are free agents who are responsible for influencing the environment and culture (Cairns & Embree, 2013).

3.2.2. *Interpretive Phenomenology*

Interpretive phenomenology is a school of thought that arose from the work of Martin Heidegger. Martin Heidegger began his career as a theologian and philosopher. He was a student of Edmund Husserl, however, he challenged some of Husserl's philosophical assumptions (Tuohy et al., 2013). Heidegger purported that understanding and interpretations are important in scientific inquiry. He argued that researchers should use hermeneutic/interpretive methods to study human beings and human motivations (Ivey, 2013). Furthermore, Heidegger highlighted that interpretations during a scientific inquiry occur in a circular pattern. In this manner, he developed a hermeneutic or an interpretive phenomenological approach (Lee & Lau, 2013).

As with descriptive phenomenology, the interpretive phenomenology approach (IPA) concerns itself with the lived experiences of people. The goal of IPA is to create meanings attached to lived experiences, going beyond mere descriptions of experiences, as is the case with descriptive phenomenology. The focus of IPA is beyond mere understandings of experiences and more about creating meanings attached to these experiences (Matua & Van Der Wal, 2015). There are several concepts central to IPA; Dasein, Historicity, and hermeneutic circle (Guignon, 2012).

The concept of Dasein aims to answer the question of what it means to exist. According to Heidegger, people are the only beings that exist with the ability to understand and reflect on their existence (Zuckerman, 2015). He argued that understanding is an integral part of human consciousness. Dasein translates to ‘being there’, where ‘there’ refers to the place by which a human being understands him/herself and relates to others. It is from this place that a human being has the context to understand others and their lived experiences (Burns & Peacock, 2019). ‘There’ is understood as a place by which the human being understands how to act, react and develop relationships with other human beings. In this way, the reality is understood in terms of a human being’s physical and temporal relatedness to the world (Jonathan & Mike, 2015).

IPA emphasises the importance of time as it can be used to understand human existence. In IPA, the idea of time does not refer to chronological time, rather, the past, present and future. This is the basis of the concept of ‘Historicity’ (Guerrero-Castañeda et al., 2019). In an interpretive phenomenological study, humans are seen as constructed by the world whilst they construct their world from experience and time.

Experience in the world is influenced by historical, cultural and social contexts. IPA thus enables researchers to understand human conditions concerning these contexts

since they are handed down to humans from birth (Hammond, 2010). A person's lived experience will be influenced by their background and no encounter can be referred to without understanding their influence. It is through people's history, culture and social contexts that people view and understand their experiences. 'Hermeneutic circle' is used to describe the continuous and circular re-examination of lived experiences to make meaning out of them. This process commonly occurs during the data analysis process and through the reading and re-reading of transcribed interviews (texts) (Warnke, 2011). Hermeneutic circle involves deliberately considering how the data contributes to the evolving understanding of the phenomena as data analysis proceeds. Interpretive phenomenologists consider two dimensions during the process (Hammond, 2010).

The first dimension concerns itself with pre-understanding. Interpretive phenomenologists attempt to understand what the participants already know by adopting a constant questioning stance (Matua & Van Der Wal, 2015). Pre-understanding is comprised of three elements; fore-having, fore-sight and fore-conception (Smith et al., 2009).

To understand how an IPA researcher follows these elements, it is important to understand the role of the researcher and participant in this approach. IPA recognises that both the participant and researcher play an important role in developing an understanding of the phenomenon. The researcher is seen as having pre-existing conceptions about the phenomenon and they cannot be excluded in the analysis of data, it is expected that an interpretive phenomenologist acknowledges this when interpreting the data (Jonathan & Mike, 2015). Additionally, the role of the researcher and participant are acknowledged when meanings are created in the study. IPA considers that the meanings produced in a phenomenological study are not the meanings of the participant only; rather, the meanings

are created by the researcher and participant as they interact. In this manner, the researchers' pre-understanding is broken down into these three elements (Lea & Peter, 2012).

Fore-having refers to a situation when interpreting texts where every case interpretation is understood from the individual's historical, cultural and social background. In this manner, the researcher interprets each text as unique, considering how their background as well as the participants' background influence understanding of the phenomenon (Dunwoody et al., 2019). Fore-sight refers to the idea that individuals always enter a situation with a level of familiarity or a particular perspective depending on their own lives. As such, the researcher will interpret data using his or her own past experiences (Moloney et al., 2020).

The last element, fore-conception involves making interpretations considering one's own experiences but most importantly drawing on these experiences and not bracketing them. Thus, a researcher needs to reflect on their experiences, values and perceptions and note how these may have influenced the data interpretation process (Horrigan-Kelly et al., 2016). In this way, fore-having differs from fore-conception as it focuses more on the socio-cultural background.

The second dimension involves making meaning out of texts. During this process, the researcher immerses themselves and engages with participants' narratives through transcribed texts (Matua & Van Der Wal, 2015). The texts are analysed circularly. The researcher analyses recurring experiences, themes and patterns during the interpretation, through in-depth reading of a text, reading pertinent literature (Davidsen, 2013). Engaging with literature enables the researcher to rethink and challenge interpretations as well as

extend the meanings and understandings created by the researcher. The application of this idea is explained thoroughly in the data analysis section.

Interpretive phenomenology and its application to this study

Interpretive phenomenology was the appropriate method for exploring young adults' use of social media for health information as this type of design allows the researcher to understand how individuals create meaning out of their lived experiences. How a young person makes sense of the experience of using social media for health information depends on their perception of the experience, the impact of the experience in their lives and the methods which mediate the effect of social media use for health information on their lives. Phenomenology requires that the researcher understand the importance of context. The researcher understood the influence of background, value, beliefs and time i.e., present and past context on the perceptions of the participants.

As a researcher using interpretive phenomenology, I relied on the use of hermeneutic circle. I analysed the descriptions of young adults' lived experiences and the meanings attached to how they experienced the use of social media for health-related information. Throughout the analysis of data, I revisited the transcripts and analysed the transcripts until no new meanings were discovered. I also focused on the commonalities in the experiences young adults had, as guided by the philosophical assumptions of IPA.

3.3. Aim and Objectives

This research study attempted to fill gaps as outlined by previous research and contribute to existing knowledge within society and in academia. The current study aimed to explore young people's experiences of social media to find health-related information and the use of this information to guide their health-related behaviours. The literature

review supported the idea that using social media for health information is significant amongst young people (Bhaskaran et al., 2017; Zhao & Zhang, 2017). Studies have shown that experiences with using social media for health information among young adults can be either positive or negative (Arya & Rai, 2017; Raggatt et al., 2018). Additionally, the use of social comparison theory has highlighted the influence of constant comparison as a motivating factor for engaging in health behaviours suggested on social media (Appel et al., 2016; Xiaojing, 2017).

The main aim of the present study was to explore and describe young adults' lived experiences with using social media for health information and the use of this information to guide health behaviours. This study was undertaken to better understand why the use of health information via social media platforms is meaningful to young adults. Using a qualitative approach enabled the researcher to interact with the participants by asking questions that served to answer the research question of the study (Austin & Sutton, 2014).

The following objectives guided the research process:

Research Objective 1:

To explore individuals' use of social media for the purposes of finding health information

Research Objective 2:

To explore individuals' use of health information found on social media to guide their health-related behaviours.

Given the nature of the aim and objectives of the current study, it was vital to explore the experiences of young people who use social media for health information through a qualitative and interpretive approach. This approach was appropriate as it

allowed for full engagement and participation from young adults. The current study was conducted on a student population from a local South African university

Research in the field of psychology is guided by philosophical assumptions and beliefs which influence a researcher's outlook on the social world (Rahi, 2017). The philosophical assumptions are termed research paradigms. The following section provides an overview of the research paradigm in which the current research study is situated.

3.4. Research Paradigm

The term research paradigm refers to a fundamental model for organising, observing, and reasoning. There are different research paradigms used in social sciences, for example, positivist, and interpretive paradigms (Munar & Jamal, 2016). The paradigm of a study is influenced by its objective (s) and research question (Denicolo & Becker, 2012) and it is influenced by how a researcher views reality (ontology) and the nature of how knowledge is created (epistemology) (Killam, 2013).

For the present study, the Interpretivist paradigm was used. The Interpretivist paradigm is concerned with an empathetic understanding of a phenomenon, placing importance on examining people and their social behaviours (Nelson et al., 2014). Interpretivist researchers argue that human beings form a greater portion of the social world and that the social world is a consequence of human actions and interactions. The basis of knowledge for the interpretive paradigm is in meanings, understanding and social interaction, that is, knowledge and the interpretation of it is dependent on an individuals' social world (Norwich, 2020). The goal of the interpretive paradigm is thus to understand and interpret phenomena in social, cultural, and historical contexts relevant to the individuals participating in the research. Interpretivist researchers emphasise the use of

dialogical interaction between the researcher and participant as a tool for uncovering perceptions, experiences, and beliefs (Elshafie, 2013). Equally important is that interpretive researchers assume that reality is constantly changing, experiences are thus subjective and they differ among people. In qualitative studies that follow an interpretivist pragmatic departure, the researcher can make use of multiple and flexible methods. The most common methods include interviews, observations, and focus groups. These methods are used to gather in-depth information from participants (Thanh & Thanh, 2015).

The Interpretivist paradigm gave the researcher a greater scope to address experiences and ask questions such as ‘how’ certain events were experienced by young adults. The use of the Interpretivist paradigm in this study also helped to produce an understanding of the context relevant to the participants. As highlighted by the philosophical assumptions of the Interpretivist paradigm, the relationship between the researcher and participants enabled the researcher to observe, investigate and understand their experiences with health-related information through social media platforms by means of individual interviews.

3.5. Research Procedure

This section focuses on the context of the research and the research process including details regarding the sample selection, data collection procedure, and analysis,

3.5.1. Population and Sampling

The concept of population or target population can be defined in different ways. A population can be referred to as all individuals or a group from which a researcher aims to gather information from (Jeovany et al., 2014). Similarly, Amitav and Suprakash (2010), define a population as a group of people or things that are of interest to the study. The

research question in a study is an essential part of the target population. In qualitative studies, individuals and not things are expected to shed light on issues identified in a scientific inquiry. The research question also dictates the sample, their location and restrictions in terms of age, sex and occupation (Amitav & Suprakash, 2010).

Since the population often consists of a great number of individuals, a researcher has to determine a study population. A study population refers to a part of the population, determined by specific characteristics that are defined by inclusion or exclusion criteria (Friedman et al., 2010). It is routine for a researcher in a qualitative study to define a study population and then make an observation on a sample taken from it (Amitav & Suprakash, 2010).

In this study, the population was comprised of Faculty of Humanities students from a local South African university. The researcher was of the view that these individuals would contribute meaningful information to this study due to meeting the selection criteria, which is discussed below.

3.5.2. Sampling Technique

Sampling refers to a process in which a set number of participants are taken from the target group (Collins & Gray, 2015). Researchers take some part of the population to make observations so that assumptions can be made about the target population. Sampling is often guided by the research question and theoretical framework. How a researcher chooses a sample has an overall effect on the quality of data (Vasileiou et al., 2018).

There are two different sampling methods: probability and non-probability sampling. The assumption underlying probability sampling is that every member of the population group has a chance to be selected randomly (Uprichard, 2013). This sampling

method is often used in quantitative and mixed-methods studies. Probability sampling is purported to have the greatest freedom of bias as the researcher has a limited choice in choosing the sampling group (Acharya et al., 2013).

In studies that use a non-probability sampling technique, the researcher selects a sample based on their subjective judgment and no random selection. Non-probability sampling was used in the current study, specifically purposive sampling (Uprichard, 2013).

Purposive sampling is described as the most efficient and cost-effective method to gain insights into individuals' experiences (Palinkas et al., 2015). This sampling method relies on the judgment of the researcher when it comes to selecting the people being studied (Ames et al., 2019). Usually, the sample size is smaller in qualitative studies that use purposive sampling (Vasileiou et al., 2018).). The judgment of the researcher relies on criteria that are based on the understanding of the research, readiness to participate, and capacity. The primary aim of purposive sampling is to pay attention to certain characteristics possessed by the population of interest, these characteristics aid the researcher in answering the research question (Palinkas et al., 2015).

Purposive sampling concerns (Frank, 2017):

- i. The aim is to identify the characteristics of the participants needed in the study
- ii. The notion that the sample may change as the study continues
- iii. The importance of saturation, unless saturation is reached, the data collection will continue to take place

3.5.3. *Sampling Criteria*

Sampling criteria refers to a list of elements or characteristics of the population from which the sample was selected (Farrokhi & Mahmoudi-Hamidabad, 2012). In creating inclusion or exclusion criteria, Levy and Lemeshow (2013), suggest that criteria should be well defined and as precise as possible to ensure that the sample will be able to sufficiently answer the research question. When developing an inclusion criterion, a researcher has to take into consideration demographic parameters, geographical considerations, and ethical issues (Patino & Ferreira, 2018; Salkind, 2010). Demographic parameters would require a researcher to be specific regarding issues such as age, and gender (Salkind, 2010). By doing so, a researcher may increase homogeneity in the sample chosen (Kendall et al., 2011). Geographic considerations involve issues such as the location of the participants and the researcher. Geographical considerations may for example, help limit participants to an area that is accessible to the researcher (Patino & Ferreira, 2018). Ethical considerations are important when considering a sampling criterion. A researcher needs to be aware of issues that may for example affect informed consent abilities or voluntary participation (Salkind, 2010). For example, a researcher may have to work with guardians when working with children and thus include this in selection criteria (Jace, 2014).

The sampling criteria for the current study were as follows:

- i. Participants were proficient in English
- ii. Participants were between the ages of 18-25
- iii. Participants were registered students in the Humanities Faculty at a local South African university

- iv. Participants were active on Facebook, Instagram and YouTube
- v. Participants used these platforms for seeking health-related information
- vi. Participants implemented the health information from social media platforms

The researcher assumed that these participants would contribute meaningful information as they are amongst the most active users of social media platforms. In addition, the criteria are aimed to identify participants that actively use social media to find health information and implemented the health information from social media platforms to ensure that the participants could sufficiently provide information on their lived experiences thereby achieving the objectives of the study.

The participants were able to express themselves freely and provide valuable information on their experiences and feelings attached to the use of social media for health information as well as the use of this information to change health-related behaviour. Following the defined sampling criteria, the researcher began sampling from the larger population of students at a local South African university and this process is described below.

a. Sample Size

Sample sizes in qualitative studies are relatively small and, the sample size may often not be pre-determined. A sufficient number of participants is often determined by saturation (Malterud et al., 2016). Saturation refers to a stage where no new information is obtained from the participants that are interviewed. Additionally, saturation is often reached by the 12th interview, as such, it is not necessary to have a large sample size (Saunders et al., 2018). The sample in this study consisted of seven students from a local South African university.

b. Sampling Procedure

The researcher approached the Head of the Department of Psychology from the Faculty of Humanities to use students registered for different psychology modules as participants for this research study. The researcher was allowed to place a poster on the University's electronic board to invite students to participate in this study (Appendix A for the study invite). The students that showed an interest in participating contacted the researcher for further information. The researcher shared information sheets, which detailed the nature and purpose of the study as well as the criterion used for participation in the study as part of the study invite. Those students who were eligible and interested to participate were invited for interviews.

3.6. Data Collection

Data collection refers to the procedure of gathering information provided by research participants to develop credible answers to research questions. In qualitative studies data collection methods vary, the commonly used methods include focus groups, observations and individual interviews (Sutton & Austin, 2015). For this study, individual interviews were used.

An individual interview is a data collection technique that involves a conversation between the participant and researcher about ideas, beliefs, views and feelings related to a phenomenon (Draper & Swift, 2011). The primary aim of an individual interview is to enable the researcher to clearly understand the way participants think about a subject of inquiry. The researcher gets into a space that enables them to see the phenomenon through the eyes of the participants (Crowther & Lauesen, 2019). Three different interview

methods can be used in qualitative studies, namely; open-ended interviews, structured interviews and semi-structured interviews (Cachia & Millward, 2011).

In open-ended interviews, the researcher does not approach the interview with pre-determined theoretical frameworks. In this manner, the researcher does not set specific questions about the phenomenon being studied. Instead, the researcher has a conversation with the participants, and questions are generated as the participants narrate their perceptions (Abusabha, 2013). This exposes the researcher to undetermined themes.

The process followed in structured interviews involves asking each participant the same set of questions. The questions are created before the interviews to ensure that they are the same for all participants. Due to its nature, the questions are specific, and the answers are limited to a fixed rate, thus limiting the set of responses to questions (Heimann et al., 2020). The aim is to ensure that each interview session is presented with the same question, in a similar order ensuring that the results can be easily combined and compared (Cachia & Millward, 2011).

Semi-structured interviews are the most commonly used techniques in qualitative studies. It is a method used by researchers to elicit data to gain an in-depth understanding of the participants' perceptions (Kallio et al., 2016). Semi-structured interviews involve a two-way discussion where the researcher asks the participants about their experiences. Using this method allows the researcher to deal with the subject thoroughly while enabling the participants to express themselves freely (Galletta & Cross, 2013).

When conducting interviews, the relationship between the participant and researcher should be open and trusting. This can increase the participants' willingness to be open and honest during the interview (Kumar, 2017). Besides the use of an interview

guide, Boyce and Neale (2006) suggested that researchers can follow certain steps for successful research interviews.

Firstly, a researcher should greet the participants, brief the participants regarding the interviews, highlight the time it will take to finish the interview and follow ethical principles. The researcher can then start to prepare the recording instrument and address any concerns the participants may have (Boyce & Neale, 2006). The researcher may then begin the interview, starting with general questions and then move towards specific questions. This pattern of asking questions is done to help the participants settle and relax. The researcher can also ask follow-up questions where necessary (Boyce & Neale, 2006).

Boyce and Neale (2006), suggest that the researcher should write brief notes throughout the interview, maintaining eye contact with the participants, giving appropriate feedback to the participants, and paraphrasing and clarifying main points as shared by the participants. Most importantly, the researcher has to ensure that all participants can raise points they would like to cover.

In the current study interviews, specifically semi-structured interviews were used. The interviews were held online using Google Meet. Google Meet is an application that can be used to host a video meeting (Setyawan et al., 2020). Using the application, the researcher, and participants because it allowed them to see each other and be audible. Semi-structured -structured interviews were best suited since they enabled the researcher to interact with the participants. Furthermore, the researcher was able to probe and seek clarity where she was not certain with what the participants had said during the interview (Kallio et al., 2016). Several reasons made this interview method favourable for this study. Firstly, it enabled the researcher to arrange the interviews with ease as it was only the researcher and the participant in each interview. The interviews were also easy to control

as the researcher had one person's ideas to grasp and probe (Gubruim et al., 2012). Thirdly, throughout the different interviews, opinions and perceptions stemmed directly from the participants and not from the researcher (Crowther & Lauesen, 2019). Finally, the transcription process was easier since only one person was interviewed at a time.

During the semi-structured interviews, the researcher made use of an interview guide as well as an audio recording device. The researcher considered each interview with the participants as a conversation that was to be directed towards the aim of the study. In respect to this, the researcher drafted an interview guide (Kallio et al., 2016). The interview guide helped the researcher to ask questions in sequence, as well as allow probing to elicit additional information. In the process of drafting the interview guide, the researcher used literature and methodological guidelines to prepare appropriate questions (Milagros, 2016).

All participants were asked to sign a consent form (Appendix C for consent form) giving permission for participating in the interview. The interviews were recorded using an audio recorder (Audra, 2012). More details on the ethical principles are provided in the ethical considerations section (section 3.8) of this chapter. Using an audio-recorder allowed the researcher to focus on the interview rather than take notes, making the participants feel comfortable and heard during the interview process. It also allowed for storage so that the researcher could take notes and refer to transcripts during the data analysis process (Finlay & Bowman, 2017). In doing so, the researcher could continuously re-examine the data to make meaning out of the content.

In qualitative studies, the researcher does not focus on measuring the phenomena; rather they focus on obtaining information on the similarities of meaning and experiences

attached to the phenomena. The next section focuses on the data analysis process followed in this study.

3.7. Data Analysis

Glassman et al., (2020), suggest that qualitative research methods like interviews are not standardised. The data is analysed by assessing the words used to describe experiences. Qualitative data can be divided into text and non-text. Non-text data refers to audio, images, or audio records whereas text data is in the form of words (Sloan & Quan-Haase, 2017). Transcribing refers to the process of converting audio recordings into text (Hepburn & Bolden, 2017). Before analysing the data for the current project, the individual interviews were thoroughly transcribed verbatim by the researcher. All transcriptions were stored in a password-protected folder on the researchers' computer and external hard drive to which only the researcher had access.

Phenomenological data analysis aims to transform the lived experiences of participants into the textual expression of its essence. Data analysis in qualitative studies focuses on meanings and experiences as suggested by participants as opposed to measuring phenomena (Phillips-Pula et al., 2011). However, there are a few methodological steps for doing data analysis following the hermeneutic circle analysis method (Smith et al., 2009). Scholars agree that phenomenological research aims to gather similar data in meaning to categorise the data and to create themes.

A theme refers to a concept that emerges from the interpreted data and brings meaning to experiences (Jonathan & Mike, 2015; Neubauer et al., 2019). A theme must reflect major aspects of the study. As each theme is identified, the researcher has to point out the extracts or quotes from transcripts that capture the core of that theme. A researcher

can identify many major themes in a study by immersing him/herself in the data and consequently begin to understand the content in detail (Norris et al., 2020).

IPA was developed by Jonathan Smith to ensure a rigorous exploration of experiences (Murray & Holmes, 2014). The theoretical underpinnings of IPA come from descriptive, hermeneutic/interpretive phenomenology and symbolic interactionism. The assumption is that the meanings that individuals have attached to situations are central to a study, however, they can only be understood through an interpretive process (Holland, 2014).

To answer the research question stated, the transcribed data were analysed using the Interpretive Phenomenological Analysis (IPA) method. IPA begins with the researcher becoming familiar with the content of the transcriptions after which the researcher codes the data. Coding involves processing, categorising, and classifying the collected data. Coding assists a researcher to draw meaningful conclusions about the data. It is a repetitive process as the researcher has to return the data to increase understanding of transcribed texts (Ivey, 2013).

The following steps were followed in the data analysis process:

1. Reading and re-reading

In the first step of IPA analysis, researchers become familiar with the data and immerse themselves with the original data. The researcher listens to the audio recordings and reads the transcripts continuously as scholars suggest that being familiar with the participants' voices leads to a more complete analysis (O'Mullan et al., 2019). As the researcher listens and reads the transcripts continuously, they slow down thus limiting any quick reduction or analysis of the transcripts. The benefit of engaging with this stage is

thus to ensure that the participants' narratives become the focus of the data analysis process (Smith et al., 2009).

2. Initial noting

Engagement on this level involves making notes on anything interesting from the transcripts. It is said to be the most time-consuming stage as it requires attention to detail. As the researcher reads through the transcripts again, they begin to note how participants speak about and understand an event. There are no specific rules on what the researcher should comment on, the aim is to provide an in-depth and comprehensive set of notes on the transcripts (Smith et al., 2009). Miller et al., (2018) suggest that at the centre of the initial notes, there are various ways in which commenting can be conducted in IPA analysis. To make meaning out of the transcripts, researchers should take note of the kind of language the participants use, identifying the abstract ideas they shared and thinking of these in relation to their lived world. Various types of comments can be added to the transcripts including descriptive, linguistic, and conceptual comments.

Descriptive comments have a clear focus on the phenomena and are explicit in the manner that they describe what is important to the participants and what meanings they make out of these. More interpretive noting assists the researcher in helping them understand how and why part of events or experiences are important to the participants (Gyllai, 2020). Linguistic comments, on the other hand, relate to how the participants specifically used language. They are typed in Italics. At times, the language used by participants is related to how they perceive certain experiences or beliefs. The researcher should look for the use of pronouns, metaphors, laughter, repletion and pauses amongst other things (Carpenter et al., 2018). Lastly, at the level of making conceptual comments, the researcher notes key concepts that are related to the objectives or aim of the study. At

this level, the researcher begins to allow data to develop themes. The researcher also has to note emerging concepts that are evident in the experiences of participants.

During this stage, there is a lot of engagement, reflection and refinement of ideas by the researcher (Gyollai, 2020). Additionally, it is during this stage that a researcher has to reflect on their own professional or personal knowledge that may influence interpretations (Carpenter et al., 2018). Overall, these different noting methods lead to engaging with the text in detail, exploring different avenues of meaning as they arise and makes the analysis more interpretive.

3. Developing emergent themes

One of the main goals of IPA is to develop emerging themes. This process represents Heidegger's concept of a hermeneutic circle. During this stage, the researcher does not rely on the transcripts like before, rather they work with the initial notes. The researcher analyses the exploratory comments to identify themes that emerge (Smith et al., 2009). Themes refer to phrases that speak to the psychological essence of an experience and are particular enough to be conceptual. The researcher thus has to pay attention to capturing only the crucial information. Additionally, the researcher has to reflect on what they have learned during the analysis. Themes are ultimately a product of the participants' description and the researchers' interpretations (Pietkiewicz & Smith, 2014).

4. Searching for connections across emerging themes

Throughout the third stage, the researcher ensures that she has tabled a set of themes chronologically, in the sequence they occurred. During this stage, the researcher attempts to analyse how the themes fit together (Amos, 2016). Some themes may not be incorporated at this stage because the themes that the researcher aims to include are those

that are relevant to the research question. Despite this, the researcher aims to note important accounts of the participants' lived experiences (Miller et al., 2018).

There are two ways to look for connections across emerging themes. Firstly, the researcher can type and list all the themes in chronological order. Then, the researcher can peruse the list and move the themes around as they relate to each other. Alternatively, the researcher can print out the list of themes, cut the list so each theme is on a separate piece of paper (Jonathan & Mike, 2015). Then the researcher uses a large space such as a notice board, to group the themes. According to scholars, the latter enables a researcher to explore representations of how the themes connect (Pietkiewicz & Smith, 2014). Researchers have suggested other specific ways of connecting themes to each other, namely, abstraction, subsumption, polarisation, contextualisation, numeration, and function.

Abstraction involves identifying patterns between emerging themes and creating what researchers' term 'superordinate' themes. This involves putting two alike themes and developing a new name that clusters them (Reiss & Gannon, 2015). Subsumption is similar to abstraction; however, it operates where there is a need for the superordinate theme to bring a sequence of related themes together (Smith et al., 2009). Polarisation on the other hand involves setting emerging themes up by focusing on their differences and not similarities (Bennett et al., 2018). Contextualisation is a method of connecting emerging themes by identifying contextual elements within a narrative. This means that a researcher organises the themes by attending to the sequence of events that influenced the overall lived experience (Visagie & Swartz, 2018). Numeration involves noting which themes appear frequently in a transcript, often to establish the importance of a certain experience (Smith et al., 2009). Lastly, emerging themes can be connected depending on their specific function within the transcript. This means, for example, a researcher can set up connecting

themes depending on whether they were influenced, positively or negatively, by the participant (Surona & Marguerite, 2014). Overall, a researcher has to write down a reflective piece on how they connected the themes, this can be done by keeping a hard copy file or capturing the information on a computer.

5. Moving to the next case

The above-mentioned process is repeated with all the participants' transcripts. Researchers have to ensure that they treat each new case on its merit and doing justice to its individuality (Reiss & Gannon, 2015).

6. Looking for patterns across cases

Once the researcher has analysed each case based on its merit, they then attempt to find connections across them (Smith et al., 2009). Once the researcher has analysed each case based on its merit, they then attempt to find connections across them (Smith et al., 2009).

In the current study, IPA analysis was followed by firstly, engaging with the audio recordings and creating the transcripts. This was done by transcribing the audios from the interview verbatim. Throughout the first few stages of data analysis, there was repeated exposure to the data. Throughout the transcribing process, I was able to repeatedly listen and write out the audios giving me the opportunity to become familiar with the interview contents. This process allowed me to immerse myself in the data collected. After this, I began writing down thoughts and comments in the margins of the texts that represented my initial views of the participants' responses. These notes were unorganised and random. Thereafter I focused on my initial thoughts that emerged as I read through the data. After familiarising myself with the texts by re-reading and writing unfocused notes, I moved on to the second stage of developing themes. Following this stage, I attempted to cluster

identified themes together and develop a structure of analysis. When all themes and superordinate themes were identified in all the cases, I developed a final table of superordinate themes. I then reduced some themes and placed the focus on themes that were relevant to the study. I also used pseudonyms not participant numbers to identify the participants in the findings chapter, this according to Shaw and Anderson (2021) ensures that each participant, in an interpretive phenomenological study, is uniquely recognised and as such their influence in the study can be recognised.

It is important for researchers to produce quality research and follow measures to ensure the scientific integrity of the data (Korstjens & Moser, 2018). The following section is dedicated to how this was addressed in the current study.

3.8. Quality of Data

There are several ways to assess the credibility and overall quality of qualitative studies as opposed to reliability and validity in quantitative studies (Leung, 2015). These alternative measures ensure trustworthiness, having trust in the findings of a study and knowing that they are reliable. The criteria for ensuring trustworthiness include credibility, transferability, dependability, and an ability to confirm. (Korstjens & Moser, 2018).

3.8.1. Credibility

Credibility involves establishing honesty in how the experiences were portrayed by the researcher and whether these were expressed by the participants (Cope, 2014). As the researcher, I ensured that I maintained good practice. Firstly, I ensured that I gathered explanations from participants sufficiently by actively listening to them and allowing them to share their experiences. Secondly, I continuously re-checked the transcribed scripts and emerging themes. I also consulted with several resources in the literature to thoroughly

understand concepts that were most relevant to the problem under study and determined how they linked.

3.8.2. *Transferability*

Transferability describes the extent to which the results can be applied in other contexts. To consider a research study as transferable, the research process has to be clearly stated if it is to be repeated in another context (Korstjens & Moser, 2018). In this study, I described in-depth, the research design, research approach, sampling methods, and data analysis process. Furthermore, I explicitly highlighted that the aim of this study was not to generalise the findings to a larger general population. Rather, the aim was to understand the lived experiences of the sample population and the meanings they assigned to their use of social media for health information.

3.8.3. *Dependability*

Dependability in qualitative studies stems from the idea that the data should be reliable over time and situations. To ensure dependability, the evidence must exist to ensure that if the study was to be repeated with the same procedure, with similar participants, in a similar context, the findings will be similar (Amin et al., 2020). However, the researcher acknowledges that reliability in qualitative studies can be freely achieved as social situations and participants' perceptions change over time. The context of this study should be treated as such, a constantly evolving research context. To ensure transparency, the researcher documented the process that was followed.

3.8.4. *Confirmability*

Confirmability corresponds with the concept of objectivity, that a study should be free from the influence of the researcher and that it should only reflect the views of the

participants (Watkins, 2012). Confirmability in the study was enhanced through detailed descriptions of the subjective role of the researcher in the study. Through supervision with my supervisor, I became aware of how my opinions and personal history affected the research outcomes.

Smith (2011) posits that the validity and quality of studies guided by IPA can be ensured through reflexivity. Researchers argue that it is important for a researcher to understand the impact of their subjective position, research question, and methodology on the interpretation of data or of the psychological knowledge produced in the study (Engward & Davis, 2015). For the duration of this research study, the researcher used a reflexive journal. The reflexive journal had insights on the methodological approaches in the study, the reasons for choosing them and reflections on the researchers' values and interests. I made use of a research diary to assist me in reflecting on my thoughts, feelings as I proceeded with my research study; from beginning with my proposal to collecting and analysing data. This has allowed me to not only reflect on my research but also reflect on how I have thoughts have changed and my research skills have developed throughout this research project.

A qualitative study must use techniques that enhance the credibility and reliability of the study during research. It is also important for a researcher to conduct morally sound qualitative research.

3.9. Ethical Considerations

Ethics focuses on what is appropriate and inappropriate when conducting a scientific study and ensures the integrity and protection of participants (Kaewkungwal & Adams, 2019). The researcher adhered to ethical regulations as emphasised by the faculty

research committee and ethical board at the University of Pretoria. Ethical approval was granted by the Faculty Research committee before the study commenced (Appendix B).

Before conducting the study, the researcher sent prospective participants an invitation with detailed information that described the nature and purpose of the study. This enabled the prospective participants to make an informed decision on whether they were eligible to participate (Hardicre, 2014). The researcher ensured the participants that participation was voluntary by sharing sufficient information with the prospective participants (Kilinc & Firat, 2017). The information included insights on the right to privacy and the right to refuse to participate in the study. Participants who met the sampling criteria and expressed interest to participate were invited for interviews.

Before conducting all interviews, the researcher discussed the nature, purpose, and rights of the participants. Thereafter, all participants were asked to sign consent forms (Sanjari et al., 2014). During the data analysis phase, the researcher ensured the privacy and confidentiality of the participants by not mentioning their names on the reports. Pseudonyms were used. The collected data was stored on a password protected computer which was only accessible to the researcher (Kaewkungwal & Adams, 2019). The study participants were also ensured about the privacy and confidentiality of their data. The data will be stored for 15 years at the University of Pretoria and may be used for future research. Participant consent was obtained for future use of the data.

3.10. Conclusion

This chapter provided an in-depth discussion of the research approach, design and theory used to guide the present study. This study followed a qualitative research approach, specifically an interpretive phenomenological research design to understand the

experiences attached to the use of social media for health-related information. The chapter also included a detailed discussion on the data collection and analysis process. The next chapter includes the findings of the study based on the transcribed material.

CHAPTER 4

4. Findings

The semi-structured interviews generated in-depth accounts of young adults' use of social media for health-related information. The data collected during the semi-structured interviews are discussed in this chapter.

The first section details the biographical information of the participants, including information relating to age and gender. Thereafter the findings of this study are described based on the various themes identified. The findings are presented as superordinate themes and sub-themes. The superordinate themes are themes that were found in all seven transcripts and are discussed in detail. The sub-themes detail the quotes that convey the rich meaning of each participants' experience and represents the ideographic findings (Beverly et al., 2020).

4.1. Participant Demographics

It is important to detail the biographical information of the participants as means to avoid the assumption that experiences with a particular phenomenon are common regardless of age, gender, or race etc. (Li et al., 2017). Furthermore, detailing the biographical information of participants improves the credibility of a study, that is, it is easier to apply the results of a study if the process followed and the descriptions of the biographical information are as specific as possible. This section provides an overview of the demographic information of the sample.

4.1.1. *Biographical Information*

The majority of the sample was white. Only one black participant volunteered for the study. Figure 1 below provides details on the age of the participants. Most participants were 20 years of age constituting 57% of the sample.

Figure 1: *The Age of the Participants*

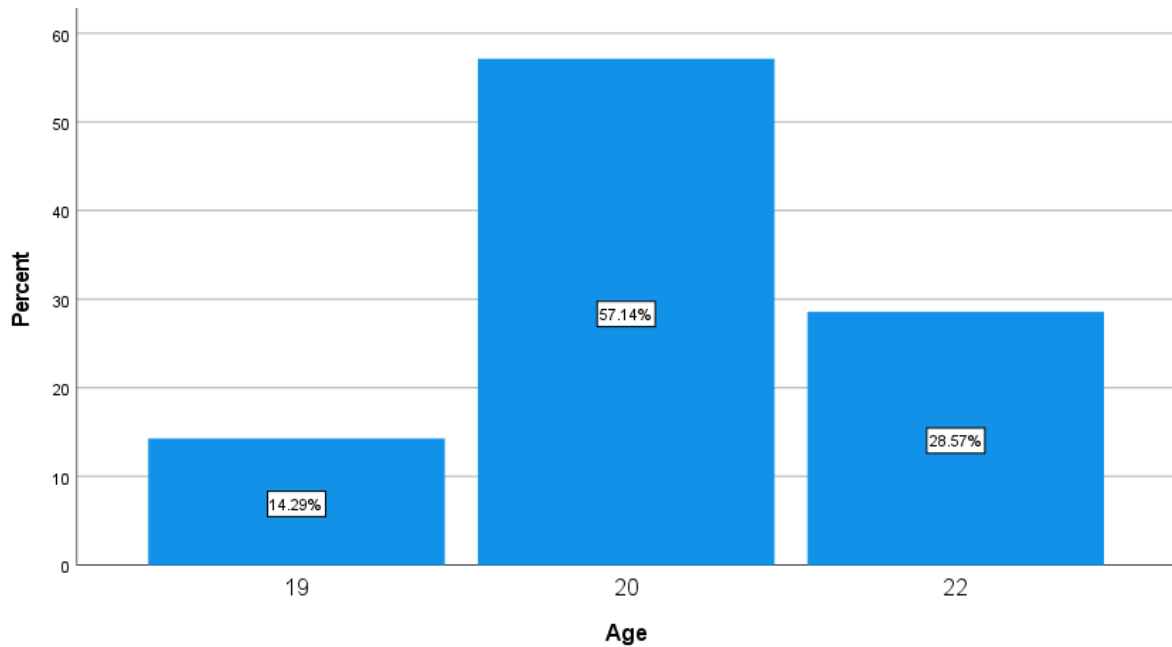
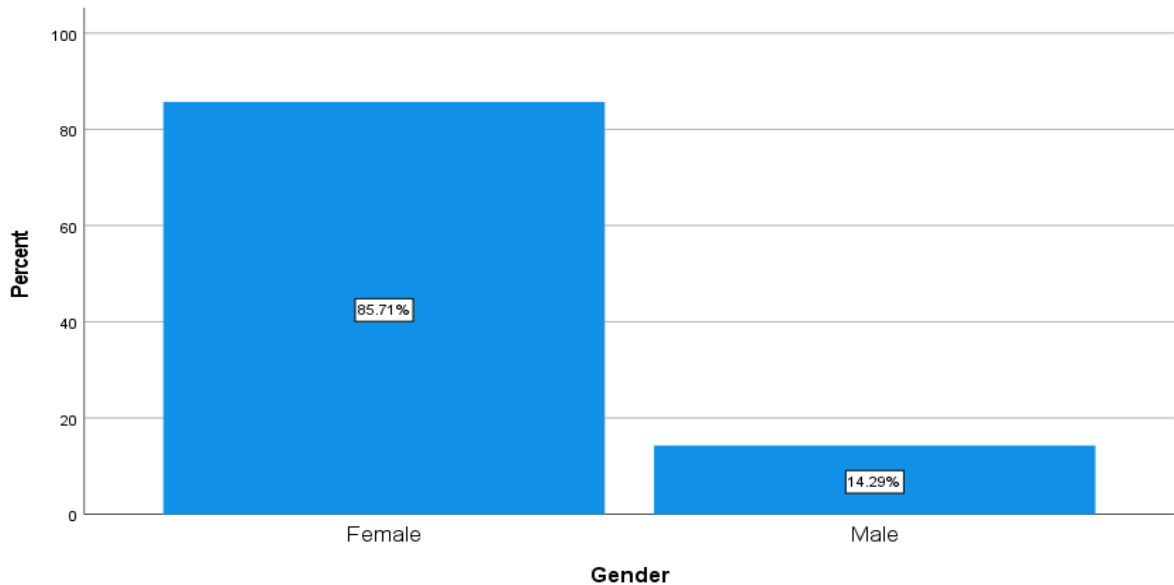


Figure 2 below details that the majority of the sample was female comprising 85.7% of the sample.

Figure 2: *The Gender of the Participants*



4.1.2. Participant Description

This section offers a description of the research participants. For each participant, a brief description of how the participants presented themselves and interacted with the researcher is provided.

Elizabeth was enrolled for a Bachelor of Arts degree at the institution at the time. She was casually and neatly dressed. Elizabeth was calm and cooperative throughout the interview process, often probing and clarifying with the researcher when she was unsure of the question posed to her. Throughout the interview process, Elizabeth seemed comfortable with sharing in-depth experiences of her life.

David, the only male in the study, was enrolled for a Bachelor of Arts degree in Psychology at the time. He had a clear tone and clear expression of self. He clearly described his experiences; his answers were often long and detailed. The experiences he

narrated also carried in-depth emotions, that is, where he would express his discomfort with past life experiences, his emotion and tone would reflect this. As a result, the researcher could relate to David's experiences and the meanings he attached

Cynthia was enrolled for a BA Law degree at the higher institution at the time the interview was held. She was cooperative and highlighted that she was excited to participate in the study as she believed that conversations around social media and health need to be held more often. She was well-spoken and could narrate her experiences very well. During the interview, Cynthia would often keep have moments of silence when a question was directed towards her. Upon probing on this, she mentioned that she uses her silence to collect her thoughts and ensure that her answers will be detailed.

Gladys was the youngest participant in the study and was enrolled for a Bachelor of Arts degree at the time. At the beginning of the interview, she requested that we go through the research goals and aims of the study, she mentioned that she wanted to be sure that she understood the research goals of the current study I detail. From there onward, Gladys was open in her discussion and description of her use of social media for health information.

Agnes was enrolled for Bachelor of Arts degree at the time. At the beginning of the research interview, Agnes provided evasive and indefinite responses. It took more effort from the researcher to probe and be more empathetic in her questions and probes for Agnes to become more articulate and narrate her experiences in detail.

Diane was enrolled for a Bachelor of Social Work degree at the time of the study. She often provided rich descriptions of her experiences, often narrating her experiences in a sequential manner. She also liked to laugh especially when sharing her journey with using social media for health information. When probed, she mentioned that she uses that

laughter to communicate how happy and how proud she is of herself that she has overcome the many challenges she had with her body image.

Martha was the last research participant to be interviewed for the study. At the time of the research interview, Martha had been recently employed at the department of psychology at the higher institution. She was the only participant who joined the GoogleMeet meeting earlier than the scheduled time and she asserts that punctuality is important to her. She had clear and detailed descriptions of experiences of using social media for health information.

4.2. Themes Identified from IPA

When using IPA to analyse and discuss findings, Smith et al. (2009) emphasise that each theme should be understood predominantly through the lens of the participant and not exclusively based on existing theory. It is thus important for a researcher to provide a detailed discussion of each theme, superordinate, and sub-theme, to ensure that the reader has a clear and broad overview of the research findings.

This section highlights the dominant research findings as they relate to young adults' experiences of using social media for health-related information and the use of this information to guide their health-related behaviours. Four main themes were identified and 10 sub-themes. The quotations provided are direct quotations as expressed by the participants. Table 1 below summarises the main superordinate and sub-themes identified.

Table 1: Summary of the Main Superordinate and Sub-themes

Superordinate Theme	Sub-themes
Theme 1: Social media	Frequency of social media use
	Type of health information
	Impact on body image
Theme 2: Understanding health	Physical health domain
	Mental and spiritual health domain
Theme 3: Health behaviours	Health-related behaviours
	Experiences with eating plans
	Experiences with exercise plans
Theme 4: Social media and health information	Criteria for social media sources
	Credibility of social media health information

4.2.1. Theme 1: Social Media

This theme explored participants' use of various social media applications. The questions elicited information from participants to obtain an overview of which social media applications they use, how they use them and how they experienced what they found on these applications. The participants communicated that they use several social media platforms, including Twitter, Instagram, Facebook, YouTube, and WhatsApp frequently. The current study was, however, based specifically on the use of Facebook, Instagram, and YouTube.

The following sub-themes regarding social media use were identified: frequency of social media use, type of health information gathered and impact on body image. Each sub-

theme is discussed separately and is supported by a few direct quotations from the transcribed interviews.

a. Frequency of Social Media Use

The participants shared that they used Facebook, Instagram and YouTube daily but to varying degrees. The participants also expressed different reasons for using these social media platforms.

From the interviews conducted, it is evident that young adults engage with social media to a large extent, and it forms part of their daily lives. They mentioned several social media platforms, but participants do not use the applications in the same frequency. Participants communicated that they use YouTube and Instagram more when opposed to Facebook. The data analysis process supported the diverse use of these platforms where Elizabeth, for example, expressed the following:

“I use them very frequently...Particularly, Instagram, YouTube and Facebook...But I do not use Facebook as often as I use Instagram and YouTube”- Elizabeth. She further stated that “I use posts. But when I want to know more about a certain perspective, I would watch videos..”-Elizabeth

Similar to Elizabeth, David expressed that he uses social media platforms frequently, mentioning that, *“I use Instagram and YouTube frequently but I use Facebook when necessary....”-David. He also stated that “I use YouTube more...I use it to help me with certain issues and mental health...” David. In comparison, Cynthia described her use of YouTube as frequent, saying that: “I use Instagram and Facebook less frequently. But I use YouTube very frequently.”-Cynthia. She also reiterated that her way of eating and her diet plans come from YouTube.*

Like Cynthia, Martha mentioned the frequent use of YouTube and the reason for using YouTube regularly in comparison to other applications by mentioning that: *I use Instagram, YouTube then Facebook in that order. Instagram gives easier access. YouTube recommends videos and has different categories.*”

This theme also explored how much time or how long participants spend on these applications. Gladys described her use as very often, noting that, *“I spend more time on Instagram, YouTube and some time on Facebook.”* She regarded her daily use of social media as ‘very often.’ Similarly, Diane maintained that she uses social media frequently citing that, *“I mostly use YouTube, Instagram and Facebook daily..”*

Much like the other participants, Agnes suggested that she uses social media to a large extent and suggested the reason why she uses YouTube more than the other applications, as seen below: *“I use it very frequently... I use Instagram and Facebook more than YouTube. Videos are helpful because they show you exactly what to do. Sometimes when you have to read something you don’t get what they are actually saying.”*-Agnes

Personal Reflection

Interacting with the participants regarding their use of social media made me aware that it is a major part of their lives. It is a source of learning and a platform for interacting with others. Given the extent to which they use it, it may inform how they relate or perceive themselves, others, and the world.

The common use of social media for health information was evident from the participants’ interviews and some participants mentioned that they use social media for health information, because it gives them easy access to this type of information

b. Type of Health Information

How the participants used social media for health information was different. Participants expressed that they have different types of health information they look for when using social media. In particular, some may look for information on the symptoms they experience and additional information on a diagnosis they received from health practitioners. Elizabeth, for example, described that they mostly look for information regarding physical issues. She stated that *“I mostly look for information on symptoms....and I would look for things that can help me identify what is wrong with me”*. She also mentioned that *When I find what I am being diagnosed for... I would search in depth about that specific thing.*” She also reiterated that *“I used to use it a lot...Beginning of the year to two years ago...I would consult social media maybe every two days. These days, I consult it when I feel like something is happening to my body that I do not understand.”*-Elizabeth.

Others indicated that they used social media for health information on the COVID-19 pandemic. Unlike Elizabeth, David placed an emphasis on physical health when using social media. Rather, he focused more on mental health and health information on the COVID-19 pandemic. He mentioned that *“- “I use them frequently...For example, I use YouTube for a channel that demystifies myths on coronavirus and just health in general...But I used it more often when the COVID-19 pandemic started. I use it for things like yoga. There are things like healthier food...And health information on the pandemic has been prevalent. I use a YouTube Channel that focuses on mental health and philosophy.”*

During the analysis, it emerged that participants also use social media for health information relating to diets, exercise and mental health. Cynthia mentioned using social media for health information that focuses more on exercise and diets. However, the latter was strongly emphasised as she reiterated that, - *“On exercise, diets. I have been on various eating plans and changed my way of eating...My vegan diet had a significant impact on my vitamin levels.”*

When asked about her use of social media for health information, Martha shared similar views to participants 2 and 3. Her use of social media for health information was concerned with physical health and the COVID-19 pandemic. She was quoted saying, *“There are different fitness people and accounts and also different food sites. There is also a lot of awareness pages which catches up on COVID related stuff. A lot of sites help keep your body health, for example your immune system... I also use workout plans, or how to make protein shakes and documentaries on health..”*

However, much like Elizabeth, Gladys mentioned the use of social media to learn about physical symptoms and health. She mentioned that – *“Whenever I feel like I need information. Whenever I have a headache or if a certain body part is in pain I would go to YouTube to try and understand why I am feeling this way..”* She also mentioned that she preferred YouTube for health information, *“Because I want to see what is being said.”*

For Diane, the use of social media for health information was concerned with physical health and how she looks. She mentioned that *“I mostly use it for meal plans, exercises. Facebook shows you a lot of meals you can make that are beneficial to you and other information that is beneficial to you...Like skin, nails, hair even workouts..”*

Lastly, Agnes mentioned that she uses social media for health information frequently and she found it helpful given that she had only recently started going to the

gym. She said that *“I use it all the time.....I have started going to the gym so I have been using it so I have been using it for exercise plans, especially on YouTube because it shows you exactly how to do the gyming”*

Personal Reflection

From the information shared, it appears that young adults use social media for different types of health information, and they found the information to be helpful in various ways. However, the experience was not limited to the content only, but also the images they see on social media.

c. Impact on Body Image

Regarding the actual content experienced on social media, participants expressed their feelings regarding the images they see on these platforms. Some participants described themselves as ambivalent regarding the possible influence social media images may have, whereas others indicated that it often makes them feel unhappy about themselves. Another theme that emerged during the data analysis process was the experiences that emerged concerning body image when using social media. A few participants described positive feelings related to some of the images they saw. They expressed that the images they see of people with disabilities or people who are overweight contributed to them feeling grateful for their physical attributes. For example, participant1 highlighted that *“I would look at people that have disabilities or are overweight and I look at them and I feel sorry for them..”*. She continued to add that looking at the body images

of disabled people makes her feel comfortable with her body. She mentioned that *“but in other ways makes me feel grateful.”* Like Elizabeth, Cynthia highlighted that she compares herself against body images of people she perceives as unfit on social media. She mentioned that *“But if I saw someone that is unfit, I wouldn’t want to mimic what they eat because I don’t want to gain weight. So, I will take advice from people who are slimmer or who appear to be healthy.”*

Some participants also experienced discomfort with some of the images they saw, specifically images of different body images that evoked negative feelings. These images often influenced their levels of self-esteem. For example, Elizabeth reiterated that *“And then on the other side you get people who have bodies that are perfectly made up and skinny.”* Her feeling on the impact of comparing herself to these images was that, *So it makes me feel insecure....*” Martha also expressed concern over the previous impact of social media on her body. She mentioned that *“But previously, when I did see people like that, I would want to be like that.... So I would look at the flaws in my body..”* However, she mentioned that she has since learnt to use these body images as a source of inspiration. She cited that *“I now use it as a motivation to rather aspire to look like that person..”* Gladys also mentioned positive and negative feelings towards the images she saw on social media. She revealed that, *“It depends. Sometimes I feel like I do not have those features then I question myself. To say what is wrong with myself?”* Agnes emphasised the negative impact body images she sees on social media on her body perceptions. Similar to participants 1, 4, and 5 she mentioned that *“Sometimes when you are not feeling good and you seem someone that looks so amazing and you think like you are never going to get there.”* As previously highlighted, the participants who mentioned that they feel grateful for their physical attributes after seeing body images were those who compared themselves

to people they deemed as unfit, overweight or who were physically disabled. Noticeably, the participants highlighted that the feelings of poor self-esteem or body insecurities occur mostly when they compare themselves to people they consider as healthy, fit or thin. Their perceptions of their experiences are highlighted by the following comments. Cynthia suggested that *“If I see someone who I think is in shape or looks fit and they eat a certain way then I would want to mimic that.”* Martha also suggested that she previously looked at the flaws in her body when she compared herself to, *“person if they are really fit have or have abs..”*

Participants mentioned that seeing the images motivated them to engage in behaviours like dieting and exercising. For example, Elizabeth commented on the influence of the images she saw on social media on her exercise patterns. She said that *“. And then on the other side you get people who have bodies that are perfectly made up and skinny. And that often makes me feel like I want to take action. Like, I want to go gym now or take a run...”*. Cynthia also revealed that her comparisons against people who she deemed healthy led her to adopt new diet patterns. She was quoted saying, *“. I follow this one lady who is quite thin and slim..And I would look at her portion sizes and how often she eats. So I would think maybe I should try and her portion sizes. I saw her eating one slice of toast and now I am having one slice of bread.”* Agnes alluded to her experiences with the impact of body images on her diet. She highlighted, *“Sometimes when I look at the images. I believe that I can look like that with eating healthy and doing all the things.”*

Another insightful experience expressed by the participants is their realisation that a lot of the images they saw used filters, photoshop and other editing tools. As evidenced by the following quotes. Martha mentioned that *“I would want to be like that and I did not*

know that they didn't actually look like that in reality.” Agnes also highlighted that, “But I know on social media that they distort and there is a lot of filters.”

As the participants shared their experiences with using social media, it became evident that it evoked different feelings in young adults.

Personal Reflection

I found that the sub-theme on ‘Impact of Body Image’ strongly affected the participants. I observed different emotions when I questioned and probed on the question of social media and its impact on their body image. For some participants, I sensed some frustration over the belief that they had been deluded for many years that the images were real. I noticed a sense of relief and joy that the images made the participants feel better about themselves or made inspired them in some way.

4.2.2. Theme 2: Understanding Health

The second theme is concerned with the different perspectives on health that emerged from the interviews. Participants defined health differently. The following sub-themes were identified and is discussed separately: physical health; mental and spiritual health.

a. Physical Health Domain

Some participants had the perspective that health relates to the functioning of the body in everyday life. Physical health in this regard was seen as the absence of an illness/and or the ability to live without prescribed medication for an illness as well as optimal functioning on a daily basis. For example, When I asked Elizabeth about her

definition of health, she defined it as a state of being that does not require assistance, specifically, medical assistance. She explained this by saying, *“To me health is.. A state where you are able to do what you want to do. It is being able to live without necessary medication that is like prescribed to you.”* Similarly, Cynthia’s definition of health was concerned with the lack of illness and more with the functioning of an individual at an optimum as evidenced by the quote, *“Being able to function at your optimal level....The absence of chronic illness is like a sign of health. For example, if someone had diabetes I wouldn’t consider them healthy in that regard..”*.

As I was analysing the data, I noted how Gladys ’s definition of health was similar to the definitions provided by participants 1 and 3. To her, health is a product of mental health. However, she particularly focused on physical well-being and the belief that physical health is a state of being that does not require any assistance. She explained this by saying, *Health is being in a space mentally and physically where you can go about things naturally without any help, without any medicine or third help.....That you can just be natural in your own being without any help...”*. David also perceived physical health as an individual’s ability to function in a way that enables adjustment to daily situations. He described this by saying, *“Physical health is when your body is functioning in a way that is non-maladaptive so it is not in a way that will hurt or harm you or stop you from doing anything.”*.

“When asked what health meant to them, participants 4 and 6 added on to these perspectives of physical health by voicing that physical health constitutes practices such as dieting and maintaining balanced nutrition. Martha stated that *“Maintaining your body...physical and also your diet and what food goes into your body...Likewise, Central to Diane’s definition of health was the ability to also maintain a state of functioning in*

one's body and mind through several practices. She described this by saying, “- *“Taking care of your health...Stuff you do for your health....To keep yourself healthy like eating stuff that is healthier. To make your mind and body healthier..”*

As seen from these interview extracts, some of the participants associated health with optimal functioning of the body. However, other participants expanded on this meaning of healthy by including mental and spiritual domains to health. These are highlighted below.

b. Mental and Spiritual Health Domain

Three of the participants, participants 2, 4 and 7 understood health as it relates to emotional and psychological well-being as well as a person's faith and beliefs. For example, David asserted the importance of psychological well-being in protecting the individual from harm in their environment. He explained that “*Mental health is when your psychological functioning is not in a way that is maladaptive or hurt or harm you in the long or short run.*”

When asked to define health, Martha went on to highlight emotional well-being as an integral part of health, she was quoted saying, “*Maintaining your body both physical and emotionally...and just maintaining a balanced life.*”

Similar, to these participants, Agnes saw health as a result of physical and mental well-being. However, she noticeably added spiritual health as an aspect of health that should be maintained. This is evidenced by the following quote, “*When everything is in balance. Like mentally, physically, spiritually..Like everything is it a balance.*”

The participants' definitions of health were multifaceted. They also expressed varied perspectives about what behaviours can promote health or lead to its deterioration. This is the focus of the third theme.

4.2.3. Theme 3: Health Behaviours

The third theme focused on the participants' voices and perspectives concerning the behaviours that can either promote or deteriorate one's health. It also focuses on the participants' experiences of using social media for health information to make healthy behavioural changes. The sub-themes that emerged from the data analysis process; health-related behaviours; experiences with eating plans; experiences with exercise plans.

a. Health-related Behaviours

Varying interpretations emerged about what experiences can promote health. Some of the participants believed that engaging in activities like dieting, exercising, meditation, having access to mental health tools, having a social life and a clean and COVID-19 free environment can promote or maintain a balanced state of health. Elizabeth believes that several activities can be used to attain a state of living without any medical assistance as per her previous definition of health. These activities include having a social life and engaging in fitness behaviour. She mentioned in the interview that, "*Are behaviours that you do in order to attain a state of health....Being able to go out with friends, going for a walk or running or to exercise..*"

For David, behaviours that can be used to promote or develop psychological well-being include learning new coping skills to survive in adverse or stressful life events. Likewise, behaviours such as exercising and eating healthy foods can be used to promote and maintain physical well-being. He asserted this by saying, -"*Things like consistent*

behaviours that help with dealing with things. .. Like adopting psychological tools to help you if you have maladaptive way of dealing with things.. Or things like exercising or eating healthy..”

Other participants believed that engaging in activities like smoking, drinking alcohol and going to places that are possibly congested with COVID-19 could lead to the detriment of positive health status. Martha mentioned behaviours that have a positive impact on physical health. She expressed that *“Exercise is a big aspect... What food you put into your body.. People you surround yourself with...She also emphasised the prevalence of the COVID-19 pandemic and the importance of taking precautionary measures against contracting the virus. She explained that “Places you go to. Places that are hygienic that has less people that are infected especially with COVID-19.... Other behaviours described by Martha included exercising, dieting and having a social life. It was noted that “Being around people who eat healthy because people who eat healthy may influence how you see your health.”*

Gladys ’s description of health behaviours included those that promote the development and maintenance of health, a state of being that does not require any medical assistance as per her previous definition of health. She emphasised this by saying that, *“Anything that leads to you trying to be healthier. Be it taking pills or dieting...”*

Diane described health behaviours as those that promote an individual’s psychological resilience and physical health and are necessary for developing and maintaining the body and mind functioning. She emphasised this by saying, *“Healthy ways of coping or skills to help you cope in difficult situations... Healthy ways of eating such as salads.”*

Agnes mentioned several behaviours that she uses to promote her behaviour. These included tools to promote psychological well-being, physical health and spiritual health. She explained this by saying, *“Behaviours that promote the lifestyle of balance...Such as getting actively involved in every aspect of your life. For example, physical part could be eating healthy, doing an exercise. Or actively meditating for the mental side of things. If spirituality is a big things then things like going to church.”*

Personal Reflection

- This study focused generally on exploring the use of social media for health information among young adults. It is important and interesting to note that many of the participants made reference to the COVID-19 pandemic. This is likely because the data collection took place during the COVID-19 pandemic and lockdown regulations. Reference was thus often made by some participants to their experiences related to COVID-19.

As I was analysing the different understandings of the behaviours participants considered important for health outcomes, I compared the responses with their definitions of health initially provided. These definitions of health were closely related to their views on subsequent health behaviours. For example, participants who placed an emphasis on psychological health described health behaviours intended for psychological well-being. Those who emphasised physical health focused on fitness, exercising and dieting, thus offering a more physical understanding of health. This emphasises the interrelation between the themes related to definitions of health and their understanding of health behaviours.

b. Experiences with Diet Plans

During the interview, the participants emphasised their use of social media for health information to make behavioural changes. The participants expressed the use of diet plans as well as exercise plans to make behavioural changes. The following sections focus on how they experienced the diet plans and exercise plans found on social media platforms.

The participants shared their experiences about using the information found on social media to change their eating habits. Gladys for example, highlighted this as a prominent reason for why they use social media noting that, *“I would say it has been a great influence. I have embarked on so many diets that I have seen on social media. I would say I am particularly influenced by this particular section of health”*. A few participants indicated that they would incorporate some of the content found on eating plans and make certain behavioural changes. They would then follow some of the dietary recommendations found on social media platforms. Participants expressed different views about their experiences with following the eating plans found on social media.

Elizabeth described that she often experiences feeling insecure about her body and would then seek out health information related to this, noting that, *“At times when I was insecure about my myself I would look at diets even on YouTube...It would make me go on a diet for like a week and not seeing any results....”*. However, when asked about this duration and the effectiveness thereof, she mentioned that she had not found them effective.

David conveyed his experiences with engaging with the dietary plans on social media as ineffective. When asked how long he had been following the eating plans, he mentioned that he started engaging with them during his teenage years but was concerned when he started developing negative feelings towards other dietary sources not

recommended by the plans he was following. – *“When I was 15, I was presented with a lot of vegan media and eventually, I decided to become a vegan. It seemed accessible and that lasted for four years. The diet got me to a point where I was afraid to eat meat but it was not even effective.”*

Cynthia expressed that she found the dietary plans on social media impactful, mentioning that, *“Social media influences my diets to a very large extent because I get recipes from social media sources...”* She also mentioned that she had been on many diets, however, she voiced concerns as she had not found them effective. When I asked what she could attribute that to, she asserted that it is a result of inconsistencies with following the dietary plans as suggested. She explained this by saying, *“Right now, I am into intermittent fasting and I got it from social media...Some of the diets were effective but I would say, majority of the diets have not been effective...Some of them are really restrictive, so I would get really hungry and I would starve for like seven days and on the eighth day I would eat a lot of food and my whole plain will be ruined.”*

Martha suggested that she was not profoundly influenced by the dietary plans. She relied on a few ideas found on social media and developed her dietary patterns. However, she did not feel the need to change her entire eating plan, rather making a few adjustments to what she is already doing. She alluded that, *“A few aspects of my diet does come social media. I get a few ideas on what to add to my diet or take away from my diet...Some aspects of the diets have been helpful...Like I have found that iron sources such as spinach help and I tried it out and it worked..Hmm but some of the diets have been ineffective.”*

Agnes attributed the lack of effectiveness of the diet she obtained from social media to inconsistencies with the dietary plans as suggested by the sources. *“If I see something*

yummy or haven't seen before I would research it then I would go and do it...But I don't think that I have done any diet long enough to find out if they are effective."

c. Experiences with Exercise Plans

Similar to the above sub-theme, it emerged that participants also seek information about exercise. Participants expressed their experience with this information, where Elizabeth, for example, described the information found on Facebook to be difficult to apply, noting that, *"Some of the things, I would get on Facebook have different levels you can choose from..But its most of the time too hard for me to do cause the people that show you these exercises are usually fit. Even though they say it us for beginner, it is always much more difficult than I initially thought. So eventually leave because I cannot keep up with that standard..."* When asked about the effectiveness of the exercise plans, Elizabeth mentioned a difference between the effectiveness of the exercise plans as alluded by the sources and her experience of the exercise plans. She mentioned that, *"Like I have been looking at some exercises for flexibility and it has worked for me in some sense but it is not quick as they quickly as they said it would nor did it do exactly what I wanted to do."*

David enjoyed that he could customise the said pace for the exercise plans and in doing so, he does not experience adverse effects in relation to his physical functioning. He said that *"I saw some information on yoga from one of my social media but when I had adequate, enough information from YouTube, I started downloading the apps to work on that... The nice thing about the exercises was that you can start slow and you don't have to push yourself over..."*

When asked about his experience with the exercise plans on social media platforms, David mentioned that he struggled with maintaining the same levels of motivation to

continue with the exercise plan because the results were not as promising as the health information source had purported. He also expressed concern that the loss of motivation towards the exercise plan may have compromised its effectiveness. He mentioned that *“It did work for me but it didn’t last long..Because I lost motivation..I saw that the results would not come as quickly as I thought they would.”*

Cynthia’s experience with exercise plans on social media was noticeable. She relied on social media for information on exercise, particularly on weightlifting. However, she noted that the exercises can be very intense, requiring much more energy than she had anticipated. Despite this, she had not found them to be effective and insisted that the ineffectiveness was the result of her inconsistencies with the exercise plans as recommended by the health information sources. She said that *“I try to look at specific ones such as how to weightlift and I would find that different channels have different recommendations.....I would find that they are very intense because they are long and don’t have many break... They do help if I stick to them but sometimes I just start then stop.”*

Like Cynthia, Martha found the exercises to be intense, requiring a lot of time and energy. However, she believes that customising the exercise plans helps reduce the intensity. She also mentioned that she had found some of the exercise plans effective. *“The exercises are often of high intensity. But then I realised that starting on high intensity is not effective for my body....So I now do lower intensity programmes that increase over the weeks...”* She strongly believes that the effectiveness of the exercise plans depend on the source of the health information and how credible it is. She asserts that *“I have found them quite effective but it depends on the person you are following because some of them are not as knowledgeable as others.”*

Gladys also mentioned the intensity of the exercise plans from social media and that she often experienced some adverse effects due to the intensity. She mentioned that she had not found them to be effective, but mainly blamed herself for the ineffectiveness of the exercise plans. She alluded that *“I have tried out some exercises from social media...Some of them were quite intense to a point where I would get dizzy spells here and there...Or you get random headaches because you did something for like an hour...So it ends up hurting you instead of helping you....”* And that, *“They have not been effective..Perhaps they may have helped but I just did not continue. Which is another thing because sometimes you end up blaming yourself because this didn’t happen like it did for other help.”*

Agnes expressed her experience with social media exercise plans by saying, *“I see a lot of exercises that are like really intense and seem tiring. So I try to do it on my own pace...But I do find that on social media they put like quite hectic workouts..So far I have found the one I am doing quite effective.”* Agnes often found the exercise plans difficult to apply. However, she also customised the plans and changed the pace of the exercises to suit her activity level. Since doing so, she found the exercises to be more effective.

Personal Reflection

- The above-mentioned quotes highlight similar experiences amongst the participants concerning dietary plans and exercise programmes found on social media. The participants emphasised that the exercise plans, obtained from social media, were often of high intensity, and required long hours with few breaks in-between. As a result, some participants reported adverse effects like headaches and dizzy spells resulting from the intensity. Other participants expressed feelings of

enjoyment and the freedom they had with changing the plans to suit them better. They explained that the exercise plans progressed from beginner level to expert level and as such, they experienced a sense of accomplishment when they were able to maintain the pace. Some of the participants mentioned that they had not found the exercise plans effective but attributed this to their lack of consistency.

- As I was transcribing the interviews and making initial notes from the transcripts, I noticed that the participants acknowledged their freedom of modifying what they found on social media to suit them better. The participants enjoyed being able to customise the plans so that it benefits their individual needs and strengths.

I was intrigued by the sense of self-responsibility the participants expressed when the exercise plans were found to be ineffective. It seems that they realise the failure may be due to their own lack of commitment and not necessarily the source of health information itself.

4.2.4. Theme 4: Social Media and Health Information

From the interview discussions, it became noticeable that the participants had insightful interpretations of their experiences with using social media for health information. The participants had their own criteria for choosing the health information they encountered on social media. They also had their ways of determining whether the sources of health information were credible or not. The following sub-themes emerged: criteria for social media sources; credibility of social media health information.

a. Criteria for Social Media Sources

The participants mentioned the personal criteria they use when choosing a social media profile, page or group that will provide them with health information. From the in-depth discussions with the participants, it emerged that they mainly look for three kinds of sources of health information on social media. Some participants look for sources who are qualified health practitioners while others look for health information from health institutes on social media. Some participants looked for information from health sources with a high number of followers, likes and comments on their profiles and posts. Other participants chose sources of health information depending on how attractive the posts appeared to them.

Elizabeth for example expressed that she prefers a certain format when it comes to health information, *“I would look for a video or post...Especially when someone is educated. So if they say they are professor or doctor or this of health or something that is credited.”* This also meant that the profession of the person posting the health information was important to her and would be a standard to deciding whether they should follow the source or not.

For David, his standard for following any source, page or blog sharing information on health on social media was whether the source had a link attached to it that would direct him to an article that would give him further detailed information. He explained this by saying, *“Platforms or sources that have references or citations so that you can go and look for it.... Like can I go and read a paper on this, or can I read up on it if I want to?”*

Unlike the other participants, Cynthia did not have a set standard for the sources she gathered her health information from. Rather, she gathered her health information from any source with aesthetically pleasing images. Her perception on this was that *“I don’t have a criteria to make sure that the source is reliable. I used to follow a girl who was like 20 years old. She used to post things on food and nutrition. There was no authority to why I should follow her, but I still copied it. Her pictures were really pretty and colourful.”*

Martha’s would follow a source if it had many people visiting its profile, had many views or had a huge following. If the source did not have much of a following then she would not choose it and deem it as unreliable. She asserts that *“I normally do not trust one person from social media. If I see that it is a common trend... Like if I see that many people are saying it helps then I would try it out.. But I do not rely on one person because I don’t know how true it is.”*

Gladys’s concern when choosing a source to provide her with health information was similar to that of Elizabeth. She focused on whether or not the source was accredited by the specific social media application. *“Just knowing the person is verified is enough... Or say I got particular information from a doctor, I would go to another person to check if the information is the same everywhere. Then if it is the same then I can trust it... If the information is not the same then I read the comments that people post under it. And if a lot of people approve it then I can believe it.”*

Diane focused on the content of the source when deciding if she should use the health information. If the information is not relatable nor applicable to her needs, she would not follow it. In addition, she emphasised the value of sources that captivates her attention. She explained that *“If it attracts my attention and it must have information that I can use.*

It should have information on exercises but also information on mental health stuff and on psychology.... I want something I can use in everyday life.”⁵

Agnes’s choice of information source on social media depended on the relatability to the content shared on the page as well as how active they are or how often they shared information on their pages. If she saw an interesting post from the source, she would search if there were other related posts and if those posts would be useful for her or not. She emphasized that *“I will see like a post I am interested in and then I will look at other posts to see if they are active a lot or if the content relates to what I want to do..”*

b. Credibility of Health Information

Similar to the criteria participants use to choose sources of health information, they also expressed how they determine the credibility of the sources. The participants had different views on measures that could be taken to assess whether the information they had attained from social media were credible or not. The discussions highlighted that participants use various measures to deliberate whether the health information found on social media is credible or not. Some of the participants highlighted that they do not rely on only one source of health information. Some participants mentioned that to ensure the information was credible, they would compare the information to health websites, or other health practitioners’ content and health institutes available on social media.

Elizabeth for example, expressed that she would look for information on credited health pages or blogs. This increased the level of trust and quality of the health information. She said that *“I especially look for information from the World Health Organisation and see if they agree with the one that I have found.”*

Participants mentioned that they attempted to find research papers and journal articles that would either confirm or dispute the health information they had gathered from social media sources. David, for example, indicated the criteria for choosing health information sources should include pages with links to research papers. In addition to that, he would judge whether the information was true or not if he had read up on other research papers offering more support for the content found. He noted that *“Even if it is something that is positive, I find out whether the content is relevant. I find research papers see if what they are saying is true.”*

When compared to other participants, Cynthia did not have a specific method of ensuring the quality of the health information found on social media platforms. During the interview, I sensed a change in her voice as she answered this question. When probed, she expressed her concerns and noted that she has experienced contradictory information on the same health topics received from medical professionals in comparison to what was found on social media. She explained that- *“It is hard for me to do because there are lots of sites with credible sources....Like there are many doctors who say certain diets work but then there are other doctors who claim the opposite.... So I don’t know how to... There is a lot of information coming from people who are equally qualified but they have different opinions..”*

Martha mentioned a similar method to Elizabeth when identifying the trustworthiness of the information found on social media. It emerged that information from different social media profiles would be compared and reviews from other people would also be consulted. *“I normally do not trust one person from social media. If I see that it is a common trend... Like if I see that many people are saying it helps then I would try it out.. But I do not rely on one person because I don’t know how true it is.”*

Gladys 's asserts that she judged the credibility of the health information found on social media by comparing it to other sources. If the sources do not contradict each other the health information would then be true, in her opinion. She also judges the credibility of health information through the comments made by others, commending its value and effectiveness. Other times, just being aware that the information comes from a credited social media profile is sufficient. She explained this by saying, - *“Just knowing the person is verified is enough... Or say I got particular information from a doctor, I would go to another person to check if the information is the same everywhere. Then if it is the same then I can trust it... If the information is not the same then I read the comments that people post under it. And if a lot of people approve it then I can believe it.”*

Similarly, Diane had two techniques for ensuring the credibility of the health information she received from social media platforms. She would compare it to other health information sources to see if it is similar or she would apply the information found and try it out for herself. She mentioned that - *“I take the information and compare it to see if what they same is the same thing...or if they do not say the same thing...Or you try it out practically. Like test it out and see if it works or does not work.”*

Agnes had comparable techniques for ensuring the credibility of the health information she found on social media. She mainly compared the information to other sources to ensure that it is a shared perspective. She mentioned that - *“I will google it...Or I will compare it to an accredited health website that shows if the information is true or not....But I do not do that all the time.”*

Personal Reflection

As I was reading and re-reading the transcripts, I was intrigued to see that people do not simply blindly follow or accept what is found on social media. Instead, they demonstrated a tendency to compare several sources of health information with the health information found on social media, exploring the quality of the information,

4.3. Conclusion

The purpose of this chapter was to provide an account of the lived experiences of young adults who use social media to find health-related information and who use this information to guide their health-related behaviours. The interconnectedness of superordinate themes and sub-themes were detailed in Table 1. The researcher identified four main themes that summarised the individual experiences the participants shared. The discussion was enriched by each participant's personal account and perspective. The next chapter provides a discussion and interpretation of the findings. The limitations of the study and recommendations for future research are also included along with a personal reflection of my research journey.

CHAPTER 5

5. Discussion and Conclusion

This chapter provides an interpretation of the personal accounts of the participants in relation to existing literature. The findings are discussed according to the main aim and objectives of the study. The limitations of the current study are also detailed and recommendations for future research are offered. The last part of the chapter includes a conclusion and a personal reflection of the research journey.

5.1. Research aim and objectives

The primary aim of this study was to explore young people's experiences with using social media to find-health related information and the use of this information to guide their health-related behaviours. The research question was: *“How do young individuals experience the use of social media for health-related information?”*

The following research objectives were formulated to reach the main aim:

- **Objective 1:** To explore individuals' use of social media for the purposes of finding health information.
- **Objective 2:** To explore individuals' use of the health information found on social media to guide their health-related behaviours.

To answer the research question and achieve the aim and objectives, an interpretive phenomenological research design was used to explore the lived experiences of young adults who use social media for health information. Four superordinate themes were developed based on the IPA. The themes are discussed and integrated with the literature in the following sections.

5.2 Objective 1: Explore individuals' use of social media for the purposes of finding health information

This section is about how young adults use social media to find health information. Young adults noted that they have access to different types of social media platforms and that they prefer to use video-sharing platforms as well as social networking sites. Three sub-themes emerged from the theme of social media: frequency of social media use, type of health information and impact on body image. This theme details how participants use social media platforms differently to access health-related information.

Frequency of Social Media Use

Social media applications are widely available and frequently used by young adults (Gosling & Mason, 2015; Smith & Anderson, 2018). In this study, young adults, mentioned several platforms, including Twitter, Instagram, Facebook, and YouTube. Different forms of social media platforms are available including collaborative projects, video-sharing, blogs, and social networking sites (Balakrishnan & Griffiths, 2017; Kaplan & Haenlein, 2014; Zanette et al., 2013). It is evident that young adults prefer to use social networking sites and video-sharing communities. Bidmon and Terlutter (2015), however, suggested that young people, particularly women, mainly use health blogs and online support groups when they have health uncertainties. In the current study, most participants favoured social networking sites.

The analysis of the findings showed that participants described Facebook, Instagram, and YouTube as the most popular social media platforms. Sheet (2018) noted that young adults are the most active users of social media applications and the current

study findings agree as participants described the use of social media as part of their daily routine. The participants emphasised the regular use of social media and Sheet (2018) maintained that social media forms an integral part of young adults daily living.

The participants discussed several reasons for using social media, one of which includes seeking health information. Sheet (2018) and Zhang (2012) found that young adults use social media for various things including fashion, entertainment, and health information. Where the use of social media for health information is concerned, scholars suggest that young adults are purposeful seekers of health information because the information on social media is cost-effective and does not require seeing a medical practitioner. The content is also relatively accessible, which is advantageous for young adults because they prefer convenience (Bora et al., 2018; Zhou et al., 2018). Wong et al., (2014) also argue that the extensive use of social media may expose young adults more to health-related information. As such, accessibility and time spent on social media may have an advantageous influence on their health.

It was found that the participants sought health information on social media, but they did not necessarily share any content regarding this themselves. This highlights the work of Escobar-Viera et al., (2018) that there are two kinds of social media users, passive and active users. The active users frequently communicate with others and often share their experiences and ideas with others. Whereas passive social media users are those that do not share much about themselves (Appel et al., 2016). Most of the participants regarded themselves as passive users of social media for health information. They only engaged with the content when viewing pictures, videos, or comments but they do not actively share their accounts of health information on the diverse platforms (Escobar-Viera et al., 2018). In

this study, the participants thus actively sought health-related information but did not share their interpretations or thoughts about this on social media.

Type of health information

The research findings showed that young adults mostly use social media for three kinds of health information. Firstly, they consult social media for information on health conditions they may have or for details on any physical symptoms they experience. The participants expressed in agreement to Ek (2015) that they seek information because of their experiences with physical, and/or mental pain and distress. Ek (2015) further suggested that as young adults progress in this developmental state they may experience concerns over their health statuses and sometimes a decline in their health. As a result, Ek (2015) and Wong et al., (2014) suggest that the use of social media for health information is often determined by age and accessibility to social media health information.

Secondly, they use social media to look for news on health information such as updates on the COVID-19 pandemic. This finding is supported by literature that suggests that there seems to be a gradual increase in the use of social media for health-related content among young adults (Zhang, 2012). The health information proposed by Pandey et al., (2010) includes information on vaccinations and influenza pandemics. Bonnie et al., (2014) suggest that as young adults leave home for education and/or employment, they need to make independent health decisions, as such, they may need to acquire health information in a cost-effective manner. Social media applications thus become useful tools for sharing health information as suggested by Madathil et al., (2015).

Lastly, participants mentioned that they use social media for information on diets and exercise. The use of social media for health-related content thus suggests applying

what was found to inform subsequent behaviour. They look for information on physical activity such as exercise plans and advice and ways to relax, like details on meditation. The participants expressed that they seek this type of health-related information because they want to adopt new and healthy behaviours or achieve personal appearance goals. Behaviour changes, therefore, appears to be an important aspect of young adults' lives as reported by Wakasugi et al., (2014). Young adulthood is a transitional period, particularly with regards to identity or how young adults see themselves. As such, adopting new behavioural changes can represent the development of a new identity where young adults have a healthy lifestyle. Similarly, and as found in this study, Goodyear et al., (2018) suggest that behavioural changes can be linked to the ideal to look good and change one's physical appearance. In sum, the findings are supported by Baumann et al., (2017) suggesting that health information on social media can be influential in leading young adults to adopt new health behaviours, in doing so they can attain positive health outcomes and may improve their physical appearance.

Similar to using different platforms, some participants explained that they also prefer information to be in a certain format. They, for example, mainly focused on videos, and photos while others also consult text content. Ventola (2014) also found that participants prefer different formats such as texts, videos, and pictures. In this study, several participants, preferred video content because it was easier to visualise and to understand the content perused. Easton et al., (2015) also found that some individuals preferred health content in the form of videos and texts because they felt a sense of motivation when they saw other people actively engaging in the health behaviours. From the current findings, it is argued that health information shared in the form of pictures appear to be more effective in promoting healthy lifestyle changes.

Body Image

An important sub-theme identified was about body image concerns amongst young adults based on their use of social media. The interaction between body image, social media and health information occurs in two ways.

On the one hand, it can elicit positive emotions as the participants explained that when they compared themselves to those who had disabilities or those who were overweight, they were more likely to perceive themselves favourably recognising their abilities. Rancourt et al., (2015) found that when people compared themselves to others who had a “worse-off” health status, they became more aware of their skills. In addition, they would engage in health behaviours to avoid a decline in their health status or becoming like the individuals they had compared themselves to. Using the theory of social comparison, these experiences highlight the phenomenon of downward social comparison wherein people compare themselves to those who are “worse-off” or less fortunate (Vogel et al., 2014). In this study, the participants also described feeling secure, confident, and comfortable with their physical attributes when they engaged in downward comparisons. Similar to the experiences of the participants, Tiggemann and Polivy (2010) found similar results. Comparisons against images on social media can thus, partly, contribute to improving peoples’ perception regarding their physical appearance.

On the other hand, looking at images and content about other people may also adversely impact people’s self-esteem and how they rate their physical appearance. The current study participants described their experiences when they compared themselves to those, they consider healthy. Often, these images depict individuals who are thin, slim and/or muscular. The participants noted that this comparison would often result in feeling insecure and make them uncomfortable about how they look. Some participants mentioned

that exposure to those health-related images increased feelings of despair and negatively impacted their self-esteem. It also prompted desires to change their physical appearance. These findings are in line with Verduyn et al., (2020) who found that when young females compared themselves to celebrities, they would experience a negative mood. In addition, Aparicio et al., (2019) added that where comparisons based on physical appearance were concerned, it would lead to people being dissatisfied with their bodies. The kind of bodies young adults compared their bodies with on social media were mostly those who were thin, slim, fit or muscular, increasing body dissatisfaction. Various studies show that young people often compare themselves to images of what is deemed the ideal look (Aparicio-Martinez et al., 2019; Goodyear et al., 2018; Prnjak et al., 2019). Nayir et al. (2016) also emphasised the negative aspects related to body image. In this research study, young adults expressed experiencing a negative body image because they have a sense of discontent with their bodies. Aparicio-Martinez et al. (2019) found similar results where young females tended to compare themselves to images of thin, slim and fit people on social media and this increased their body dissatisfaction. This kind of comparison comprises upward social comparison. Vogel et al., (2016) suggest that constant exposure to images of the socially defined ideal body lowers body satisfaction and results in a negative body image.

In an attempt to deal with the feelings of insecurity and dissatisfaction, some participants in this study reported seeking health information to help them improve their physical appearance. They would consult social media for this information as it is accessible and convenient. They would engage in health behaviours such as running, exercising, dieting and skin or hair treatments found on social media. Monks et al., (2021) suggests that engaging in new behaviours may be an attempt to improve their physical

appearance likely due to having compared themselves to images and health successes found on social media. As such, they feel motivated to change their physical appearances using the content that is shared on social media.

These experiences emphasise the notion that social media affects how young people feel about their physical appearance and the extent to which they engage in health behaviours. These findings are in line with research suggesting that body image is a complex concept constituting affective, behavioural, and cognitive components (Hosseini & Padhy, 2020). The affective component includes feelings of security and insecurity and anxieties related to how people perceive their appearance. The behavioural component includes activities attempted to change or improve their appearance like engaging in some of the health behaviours detailed above. The cognitive component relates to people's thoughts and perceptions concerning their physical appearance. For example, viewing themselves as thin or fit or thinking that they are not muscular enough or thin enough.

In summary to this section, it was found that participants use several social media platforms to seek health information as they deem it to be more accessible and cost-effective. The young adults expressed using social media platforms mainly for three kinds of health information including consulting on health conditions or any somatic symptoms: looking for news and more information on health topics such as the COVID-19 as well as information to guide health-related behaviour change. A prominent theme was body image concerns mostly because participants compared themselves to what was found on social media. This often prompted them to seek additional health information on diets and exercises so that they can also attain similar physical appearances. The findings also show that young adults prefer to consult health content in a picture or video format because they found the visual content more appealing.

Social Media and Health Information

Another superordinate theme focused on the nature of the health information found on social media and the value of this information. Two sub-themes emerged: criteria for social media sources and credibility of health information.

Criteria for social media sources

The researcher sought to explore the criteria young adults use when choosing a profile, page, or group that they will use to find health information. Some participants looked for profiles, pages, or groups created or used by health practitioners such as general practitioners or health institutes such as the WHO. Other participants chose sources depending on the number of followers the source had or on the views, likes or comments on posts made by the source. Lastly, some participants looked for sources with aesthetically pleasing pictures, videos or texts. As noted, the participants explained that they often prefer visual content compared to text.

The literature supports these findings by indicating that there are two types of sources that share health information on social media; those who are experts such as professions and those who share subjective health information such as ‘health influencers’ (Pilgrim & Bohnet-Joschko, 2019). ‘Health influencers’ often use ‘before’ and ‘after’ pictures to emphasise to viewers that their advice is effective (Carrotte et al., 2017). However, health influencers who share health information are not necessarily qualified to share health-related content. Kim and Syn (2016) expressed concern that the health information shared by health influencers are not peer-reviewed and is mainly based on subjective and distorted experiences. Similarly, Singh et al., (2012) argued that some of the content shared is unscientific or included herbal treatments portrayed as effective but it may be more damaging. Nguyen and Allen (2018) also found the health information

sources on YouTube to be biased.

The value or credibility of health information essentially depends on the source of health information and whether the person sharing the content is qualified to do so (Carrotte et al., 2017). In the current study, participants explained that they judged the sources found on social media mainly based on two things: the expertise of the person/profile sharing the health information, and the trustworthiness of the source. Where expertise is concerned, people judged a source depending on their knowledge or skills and their qualifications. Those who follow sources based on trustworthiness considered the use of words or pictures from the source, and how a source advertises itself (Viviani & Pasi, 2017).

Researchers emphasise the need to evaluate the health information distributed via social media platforms. The young adults from the current study indicated that they often compared different sources of information based on the experience, qualification or expertise (such as medical professionals or health institutes) of the person sharing the content. Similarly, those with captivating pictures, videos, and posts and who have a substantial following and a high number of likes or comments, are often perceived as more influential and what they share appears to be more valuable (Borah & Xiao, 2018; Petcharanan & Chartprasert, 2020). However, it has been found that young adults perceive the health information from health professionals and health institutes on social media as more credible than the information shared by a person who is not qualified to do so (Kim et al., 2015). Despite this, Singh et al., (2012) found that credible sources of health information on social media, such as universities and health organisations, have fewer followers compared to less reliable sources. The literature supports the opinions voiced by the current study participants, that a source of health information on social media is evaluated and considered if the source has advanced knowledge or skills in the information

they share. Alternatively, a health information source may be considered and evaluated on how well they market themselves and the content on their social media profiles (Viviani & Pasi, 2017). The findings highlight that there is a myriad of sources that provide people with health information on social media. However, ensuring that the sources have formal training to share any health information is limited (Goodyear et al., 2018) and young adults need to develop skills to differentiate between a reliable and unreliable source as well as awareness of the impact of using health information from sources that are not reliable. Mainly looking at the following of a particular source and judging the value of the health content based on popularity is not sufficient. The subsequent theme explored how participants determined the credibility of social media health information.

Credibility of social media health information

This sub-theme focused on the participants' experiences and perceptions over the credibility of the health information they found on social media. Although the participants often consulted social media pages or profiles created by health professionals and health practitioners, they also looked at popular health pages shared by health influencers. A few participants expressed that where health influencers were consulted, they did not simply follow the information blindly, rather they had their ways of determining the credibility of the content. Some participants mentioned that they compared the health information on social media between profiles and pages created by health professionals and health institutes to ensure its credibility. Other participants did not have any techniques to ensure the health information they receive on social media is credible. These participants continued to practice what they found on social media regardless of whether the content is valid. They applied the information to make behavioural changes often resulting in negative consequences. The health information found were also described as misleading.

Concerns over the credibility of health information on social media have been emphasised (Fernández-Luque & Bau, 2015; Kim et al., 2014). Bora et al., (2018) argue that many people are unable to differentiate between misleading health information and credible and quality health information published on social media. Goodyear et al., (2018) found that the health information shared on social media is often unreliable as it lacks objectivity. Likewise, Kim and Syn (2016) expressed concern that the information on social media had limited effects on the overall well-being of young people. It is proposed that the lack of credibility is increased by the absence of a standard available on social media platforms to ensure that the content shared is valid and based on qualified professionals. The vulnerability of young adults makes them more susceptible to content that appears to be popular and effective, as a result, they fail to determine the credibility of the information (Goodyear et al., 2018). The current study findings suggest that some young adults are mindful about the content perused on social media, but others do not consider the credibility of the information as suggested by Kim and Syn (2016). The damaging effects of invalid and unreliable health information can result in negative physical and mental health outcomes (Bora et al., 2018). However, Zhang et al., (2017) argue that the health information found on social media can also have positive health outcomes for young people. The current study participants expressed the value of using social media pages for health information as it is accessible and cost-effective. It may thus be necessary for social media platforms to include a credibility check system, similar to what is used to validate celebrity profile pages.

Understanding health

Another prominent theme identified focused on the different perspectives and definitions of health shared by participants. Two sub-themes were generated from this theme: physical health and mental and spiritual health.

Physical Health Domain

The participants expressed various subjective definitions of health. These definitions can be viewed through the lens of different theoretical models of health. The definitions of health expressed by the participants were similar to the definitions summarised by Blaxter (1990) and Bowling (2014).

Some participants perceived a healthy person as one who does not need medication to survive or who does not have any medical illnesses. This perspective follows the definition of health proposed by the biomedical model which sees health as the product of physical symptoms and the absence of illness (Deacon, 2013). Similarly, Blaxter (1990) and Bowling (2014) described their first category of subjective definitions of health as the absence of an illness or being ill. In this sense, health was viewed as a dichotomous concept, one is either healthy or one is ill. In this manner, the researchers found that health is perceived as a state where people are living independently without relying on medication (Blaxter, 1990; Bowling, 2014; Song & Kong, 2015).

Other participants in this study defined health by referring to both the physical and psychological domains, recognising that health is not just about biological aspects. The findings show that, for the participants, health was an integration of psychological and physical well-being. According to some participants, health is a product of how one eats and exercises. The participants defined health as a state wherein physical and mental health

enables the person to live and survive in different or adverse situations.

Mental Health and Spiritual Health Domain

Health was also seen as a state of being where the psychological, physical, emotional, spiritual, and social aspects are integrated and balanced to assure optimal functioning. This definition is similar to the conceptualisation offered by the WHO where health is regarded as a multidimensional concept. Health is a product of social, mental, and physical factors and not merely the absence of illness (World Health Organisation, 2018). Some participants thus expressed perspectives in line with the biopsychosocial model where health is seen as a product of the physical, social, and psychological domain (Wade & Halligan, 2017).

The importance of having a social life was also voiced in this study. Blaxter (1990) and Bowling (2014) reported comparable findings where participants also emphasised the value of social interaction. From this perspective, factors such as spending time with family, friends and partners are seen as components of health. Tkatch et al., (2017) assert that social support from friends and family is conducive to health as spending time with friends and family is associated with reduced stress hormones and blood pressure which has an overall positive effect on health.

Spiritual health was also mentioned by some of the participants in agreement with the findings from Blaxter (1990) and Bowling (2014). In the current study, health was associated with spiritual aspects where activities like praying were seen as positively contributing to health. Hall et al., (2016) and Jafari (2010) also found that participants define health in relation to spirituality. In their studies, Hall et al., (2016) and Jafari (2010) found that spirituality is important in promoting psychological resilience, pro-social

behaviour and subsequently their well-being.

None of the current participants in this study connects health to academic or professional success. This contradicts the finding by Rath et al., (2010) who found that health is subjectively described and associated with academic and career achievements. Rath et al., (2010), emphasised that individuals who are satisfied with their jobs were more likely to be satisfied in other aspects of their lives and have a positive sense of well-being and generally regard themselves as healthy.

Although some of the participants recognised that health includes more than the physical domain, most did not define health comprehensively. The participants limited their understanding of health to the physical domain concerning the absence of illness and body image concerns. The findings suggest that the way health is perceived and defined may be incomplete. Creating awareness about the different domains of health may thus be valuable. Some participants seem to acknowledge the notion that health is not merely about physical functioning but their perspective on health can be improved.

The participants in this study looked for various kinds of health information including information on exercise, diets, the COVID-19 pandemic, skin and hair health, nutritional supplements, vaccinations, mental health, yoga, and mediation techniques. Previous research supports the diverse nature of health information and the prominent use of social media in this regard. For example, Pandey et al. (2010) emphasised that internet sources such as YouTube have made access to health information easy and that there is a myriad of health information on the internet including health information on vaccines, breastfeeding, and tobacco use. Similarly, Pant et al. (2012) found that the use of internet sources for health information has significantly increased over the years and the information sought after is diverse and includes health information on treatment,

prevention, and symptoms of a heart attack.

5.3. Objective 2: To explore individuals' use of the health information found on social media to guide their health-related behaviours

This objective is about how the health information found on social media may translate into behaviour change. The health behaviours that young adults believe have positive health outcomes are related to their understandings of what health means. The sub-themes that emerged from this theme are health-related behaviours, experiences with diet plans and experiences with exercise plans.

Health-related Behaviours

The perceptions held by young adults in this study regarding health behaviours were explored. The participants in this study voiced that they believe factors such as healthy eating, exercise, mental health, social belonging and environmental factors can impact the overall well-being of an individual. These perspectives were similar to those shared by the young sample included in a study by Bowling (2014). Bowling (2014) summarised the perspectives into four categories. The first category was concerned with the impact of diets and exercise. Similar to the findings of the current study, Bowling (2014), and Van der Velde et al., (2019) found that young adults believe that the dietary plans and patterns they follow could either develop and maintain positive health outcomes or it can be detrimental to their health.

Apart from physical behaviour changes some participants also linked behavioural changes to mental health and spiritual health. These behavioural changes were also emphasised by Bowling (2014) and Singletary et al., (2015). In both the current study and

these studies, the participants highlighted the necessity to have appropriate coping skills and other psychological tools that promotes resilience. They believed that these tools and coping skills may positively influence mental health. Activities such as going to church were seen as influencing spiritual health in both the current study and studies by Bowling (2014) and Hall et al., (2016). In relation to social belonging, the participants in this study believed that spending time with friends was an important factor that influenced health outcomes. This finding was similar to the findings of Bowling (2014) and Walton and Cohen (2011) who assert that spending time with friends, and family improves the overall well-being of an individual.

Given the various definitions of health described by the participants, this may guide their use of social media for exploring health-related information to inform subsequent behaviour change.

The young adults in this study appeared to look for health information on social media related to their definitions of health and perspectives on effective health behaviours, which mainly included the physical domain. The health behaviours described by the current study participants thus focused more on dieting and physical activity like exercise.

Experiences with Diet Plans

Where the dietary plans from social media were concerned, the participants in this study mentioned that they would often incorporate the plans found on social media into their daily eating habits. However, some of them were concerned that despite being on various dietary plans, they were not effective. Some participants, however, recognised that the ineffectiveness was due to their inconsistencies and may not stem from the information found on social media.

In line with other research on dietary plans found on social media, some participants in this study voiced their experiences with the eating plans on social media as restrictive. (Pilgrim & Bohnet- Joschko, 2019; Sidani et al., 2016). Some of the content found on social media included dieting techniques such as lists of safe foods young adults should follow. The participants also expressed that they found some of the eating advice unhealthy and ineffective. Borzekowski et al., (2010) also reported similar results where their participants noted that some health information sources promoted pro-anorexia and pro-bulimia lifestyle choices. These sites also promoted disordered eating patterns such as purging and the use of pills and laxatives which may be harmful to users.

As previously mentioned, some of the participants in this study struggled with body image concerns and they often resorted to social media for information on health behaviours that can help them attain their ideal bodies, as portrayed by some social media pages. Chou et al., (2012) found that physical appearance and body image concerns significantly influence young adults' adoption of diet plans found on social media.

Experiences with Exercise Plans

Some of the participants also expressed their experience with using exercise plans found on social media. The participants described their experiences where some activities worked but others were not effective. Shin et al., (2015) highlight that the use of exercise plans found on social media is popular and frequent among young adults. Some of the current study participants found the exercise plans intense, long and exhausting. The participants also noted that where the exercises were effective, the results were not as quick, or long-lasting as promised by the health information source. Boepple and Thompson (2016), for example, found that pro-ana sites tend to promise young adults that

the results from the shared techniques will be fast and effective. Borzekowski et al., (2010) cautioned that participants often start with new diets highlighted on social media, despite older plans being ineffective. This can lead to the development of compulsive exercise patterns where participants constantly try the new exercise or diet trend. As such, ineffective and unreliable exercise plans from social media can have harmful, unintended consequences on young adults (Goodyear et al., 2018). The participants, however, also expressed that they were often responsible for the ineffectiveness of some of the exercise plans because they were not consistent.

In sum, the findings show that social media applications can be useful and impactful in promoting health behaviours (Al-Eisa et al., 2016; Ryan & Constance, 2011). The participants expressed their motivation to engage in the health behaviours suggested by social media sources as a means to improve their health for diverse reasons. Zhang et al., (2017) suggested that young adults find the health information from social media more effective than the current study sample. The participants, however, admitted that this is partly due to their inconsistencies. The participants also voiced their opinions regarding the use of photoshop and filters on before and after images published on social media sources. This partly influenced the way they viewed and utilised the content found similar to findings from other studies (Carrotte et al., 2017; Fernández-Luque & Bau, 2015).

The study makes a valuable contribution to understanding how young adults use social media for health information and how this information informs subsequent health behaviours. When used appropriately, social media can be a useful tool for promoting healthy eating among young adults as evidenced by young adults' willingness to adopt new dietary plans and intentions to make certain lifestyle changes. But the value of the information found on social media should be scrutinised to ensure the credibility of the

information. Based on the experiences expressed by the participants, social media can be a valuable means of distributing health-related information and may have a positive impact by improving health behaviours. It is, however, necessary to expand young adults' understanding of what health means and to enable them to judge the validity of health sources. Similarly, it is suggested that social media platforms take more responsibility for ensuring the value of the health content shared. A few study limitations are highlighted, and suggestions are made to improve future research.

5.4. Limitations

Methodological limitations are inherent in qualitative studies (Creswell & Poth, 2018). Several limitations were noted in this study particularly the process of recruitment, data collection and data analysis. The recruitment relied on students' willingness to contact the researcher and confirm their interest in partaking in this study. This may limit the representativeness of the sample, excluding vulnerable students or those who do not feel comfortable discussing issues related to social media use and health information. Another limitation relates to the interviews which were conducted virtually. This may have excluded students with limited access to resources from participating. Similarly, the level of engagement may have been compromised due to the lack of physical presence. As a result, the non-verbal cues which could have provided a rich context for the study were not observed. The study findings represent the perceptions and experiences of young adults who use social media for health-related information, this means that the extent to which the information applies to others may be limited. The aim of the study was, however, on understanding the personal experiences of the participants. Similarly, only a small sample was included. Although qualitative research does not require large numbers of participants,

more interviews may have been valuable. It is also possible that participants failed to provide honest answers to some of the questions and may have answered in a socially desirable manner. Responses may not be a true reflection of their attitudes and actions. However, in order to minimize this, the participants were informed and reminded of the confidential nature of the study, and they had the freedom to express themselves freely. In addition, where there were uncertainties in the responses of the participants, the researcher probed for more information. The last limitation concerns the subjective nature of the data collection where the researcher's bias could influence the interpretation of the findings. The interviews were conducted by the researcher and some of the responses and experiences of the participants may be overemphasised while others are overlooked. This may translate into the analysis of the data as the researcher personally interpreted the lived experiences and meanings associated with the experiences of the participants. The experiences and meanings explored in this study thus represent both the researcher and the participants. However, to address the concerns of bias, several measures were put in place. The researcher analysed the data several times to identify the perspective of the participants and reflected on her personal experiences and perceptions. A few reflective notes were included in the findings chapter to give an idea of the researcher's understanding of the findings. The researcher also used a research diary to reflect on the findings during transcription. Based on the limitations outlined, a few recommendations are offered to improve future research.

5.5. Recommendations

Based on the findings and limitations of this study, several recommendations are made for future research and are described below.

A larger, more diverse sample should be included. This may provide information

about whether people use the platforms for health information differently. Similarly, a study focusing on the male experiences of using social media for health information can be valuable given that there was only one male and six females in the current study. Literature suggests that females use social media more for health-related content and they are more likely to apply what they find. More input from a male population can thus be valuable.

Future research should also explore the sources of social media often used by young adults in more detail. Although many studies have been conducted on social media and health information, limited research had been conducted on the use of social media for attaining health information among young adults in South Africa. This study thus makes an important contribution to the body of knowledge relating to the use of social media for health information among young adults and the use of health information to guide behavioural changes. It emphasises the need to address the potentially damaging consequences of social media pages not qualified to share health content. The study acknowledges the value that social media can have on sharing health-related content, but more research is needed to ensure that credibility is guaranteed.

Universities should develop health interventions to equip students with knowledge, understanding and skills on the dynamics of using social media for health-related information. Developing digital health literacy interventions to teach young adults about how to judge the credibility of sources of health information from social media is thus needed.

5.6. Conclusion

This study explored the use of social media for health-related information among

young adults using an interpretive phenomenology design. Interpretive phenomenology allowed the researcher to gain in-depth insight into the experience's young adults shared when using social media for health information and how this information is used to guide their health behaviours.

The findings emphasise that young adults frequently use social media for various reasons, consulting different platforms. Through this, they seek and encounter health information for several reasons. The participants expressed mainly using social media to help them attain their ideal state of health including relating more to their physical appearance goals. Some noted they also seek health information about, psychological and spiritual health. Young adults expressed diverse perceptions regarding their understanding of health and the behaviours they believe can improve health including. Linking to the prominent focus of the physical health domain most participants focused on finding health information about health behaviours like exercising and dieting advice. They did express the value of social connection and spiritual activities like praying and going to church as well.

The findings propose that young adults actively seek health information on several social media platforms, and they follow the health information found. Some young adults are mindful of the credibility of the sources that impart health information, whereas others fail to take this into account. Some of the participants were also more open-minded about the effectiveness of the health information they found on social media. The participants also acknowledged their role and responsibilities concerning the ineffectiveness of some of the health information applied.

In conclusion, the research findings support the use of different social media platforms to find health-related information. The information also translates to guiding

subsequent behavioural changes. The findings provided the researcher with an understanding of why exploring health information via social media can be meaningful to young adults.

5.7. Personal Reflections

At the beginning of this research journey, I was still uncertain about how best to approach this topic. I started reading more about the topic and started to familiarise myself with the literature. As I started to engage more with the content and continuously receiving feedback from my supervisor I learned and developed new skills enabling me to choose the best approach to understand the proposed topic. Undertaking this research journey was not easy given the COVID-19 lockdown regulations and the isolated nature of researching during this time. The patience and support from my supervisor, family and friends helped me to develop a sense of resilience throughout this journey. I enjoyed gaining insight into young adults' views regarding their understanding of health and what health means to them. As a young adult myself I am familiar with the time-consuming nature of using social media. In a country where health sources are sparse and the health care system is limited, understanding how young people turn to social media was valuable to me. Through this, I was able to highlight the potential value of social media in providing health information and how this could be used to improve healthy living. This research journey took place during uncertain times, but it allowed me to discover my level of resilience, perseverance and ultimately this journey helped me to develop academically and professionally, which contributed to my identity.



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APPENDICES

APPENDIX A: STUDY INVITE

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Department of Psychology

Dear students

My name is *Jane Pulane* and I am completing my MA Psychology. ***My study is about how young adults experience the use of social media for health information.***

I would like to invite all psychology students to participate in my research.



RESEARCH PARTICIPANTS NEEDED

PARTICIPANTS MUST:

- BE BETWEEN THE AGES OF 18-25
- BE REGISTERED HUMANITIES STUDENTS, UNIVERSITY OF PRETORIA
- FLUENT IN ENGLISH
- ACTIVE ON FACEBOOK, INSTAGRAM AND YOUTUBE
- USE SOCIAL MEDIA FOR HEALTH INFORMATION
- IMPLEMENT THE HEALTH INFORMATION FROM SOCIAL MEDIA

This study seeks to explore how young adults experience the use of social media for health information.

Participation is voluntary, confidential, and will involve one interview (45 minutes). Each interview will be online via Google meets and the researcher will send the link for the interview once you have expressed an interest in participating.

Please contact me for more details: janepulane16@gmail.com



APPENDIX B: ETHICAL APPROVAL



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



12 October 2020

Dear Ms PJ Maine

Project Title: The experiences of young individuals' use of social media for health-related information
Researcher: Ms PJ Maine
Supervisor(s): Miss SN Mostert
Department: Psychology
Reference number: 19163054 (HUM054/0720)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 12 October 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you

success with the

project. Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and
Research Ethics Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX C: INFORMED CONSENT

PARTICIPANT CONSENT FORM

The experiences of young individuals' use of social media for health-related information.

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by, and received ethics clearance from Research Ethics Committee Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that I will not be linked to the information in any way.			
I understand how this study will be written up and published.			
I understand how to raise a concern or make a complaint.			
I consent to being audio recorded.			

