

Social media, purpose, and use of it: A community-based cross-sectional study in a rural area of a developing nation (India)

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ABSTRACT

Background: Over the past two decades, the world has witnessed drastic progress in the field of communication. Social media are the collective of online communications channels dedicated to community-based input, interaction, content-sharing, and collaboration. **Objectives:** The objectives of the study were to determine the prevalence of social media use, pattern, and purpose of use and usefulness for conveying health education. **Materials and Methods:** The current study was undertaken; in a rural community of Punjab province of India from September 2018 to February 2019. Participants were interviewed using a pre-designed, pre-tested structured interview schedule. **Results:** The total number of participants in the study was 4000. Six hundred eighteen (15.5%) had a smartphone and among them, nearly 90% were using internet. The proportion of male participants (22.9%) using smartphone was significantly higher than female. Seven hundred and forty-two (18.5%) had heard of any form of social media, in which WhatsApp (13.1%) was the most common. The prevalence of the use of social media among the participants was 13.5% ($n = 542$). Friendship and entertainment were the major purposes for using of social media. Nearly 80% of the social media users think that it should be used more for health education, but only 11.8% of the users thought that the government was using this platform very successfully. Young, male, educated, employed, and business class was using significantly more social media for communication. **Conclusions:** Media is changing as well as health care and medicine, so time has come to consider one of the cost-effective and popular media to solve complex and diverse problems of health and disease.


KEY WORDS: Social Media; Health Education; Internet Use; Web. 2.0; Cross-sectional Study

INTRODUCTION

Over the past two decades, the world has witnessed drastic progress in the field of communication, which is beyond imagination.^[1] As India globalizes, its media and communication are changing its structure, growth, and

relevance to people of country.^[2] Mobile phones (especially smartphones), tablets, and laptops such as portable computing devices and the affordable internet have all become widely accessible to people and provide them entirely new avenues to access information, to connect, and communicate regardless of geographic location.^[1]

Government of India also encourages digitization in all fields through the “Digital India” campaign. In the present time, the improvement of education and general awareness of people in one hand and advancement in communication and information technology, on the other hand, made the digital media the most potent means of mass education and

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mass mobilization. Digital media have changed the youth's outlook, attitude, and lifestyle. Today young people's lives are influenced by digital technology, including the internet, mobile, and digital television (TV). They are the early adopter of digital communication. As per the Business Standard report, "Indian youth spend about 60% of their time on internet or using their mobile phones."^[2]

Social media are the collective of online communications channels dedicated to community-based input, interaction, content-sharing, and collaboration. Websites and applications dedicated to forums, microblogging, social networking, social bookmarking, social curation, and wikis are among the different types of social media.^[3]

Across India, there are 143 million users of social media. Urban areas witnessed a growth of 35%, with 118 million users as of April 2015. On the other hand, the number for rural India stood at 25 million, up from close to 12 million last year, showing a growth of 100%. Facebook emerged the leading social media website, with 96% of urban users accessing it, followed by Google Plus (61%), Twitter (43%), and LinkedIn (24%). The largest segment of users was college-going students (34%), followed by young men (27%) and School-children (12%), the report published on June 20, 2015, in "The Hindu."^[4]

Globally, social media are gradually establishing its supremacy over traditional media in the field of health promotion and health care. Although the number of people using social media is constantly rising in the country, little is known about the purpose of using the same. Moreover, limited information is available whether people in India are in need of health education through this mass communication tool and up to what extent the government is using these platforms for imparting health education. Hence, the present study was conducted with the following objectives:

1. To determine the prevalence of uses of different social media among the participants
2. To document the pattern of social media uses among the participants

3. To document the purpose of social media uses among the participants
4. To find out the opinion of the participants about the usefulness of social media on conveying health education.

MATERIALS AND METHODS

A community-based cross-sectional study was carried out between September 2018 and December 2018 in Giddarbaha block under Muktsar district of Southern Punjab. According to the 2011 census, the block is having 45 villages and among these 13 villages come under the field practice area of the Department of Community Medicine, Adesh Institute of Medical Science and Research, Bathinda, Punjab. The study was carried out in these 13 villages. All persons aged 15 years and more and residing permanently were included in the study. Residents of at least 2 years duration and had given written informed consent for participation were included in the study. Participants who were not available at home for two consecutive visits were excluded from the study. A report of social media use conducted by Yarl digital has shown that the use of social media in India is 10.3% in 2016.^[5] Considering the prevalence rate of social media use (P) 10.3%, allowable error (d) 0.01%, and non-response rate 10%, sample size came out to be 3802. Total number of participants included in the final study was 4000.

Total number of eligible participants (>15 years) was calculated from the household registry of the villages (total 13 villages) and found to be 38,449. The number of participants selected from each village was according to the proportion of each village population (highly populated village had contributed more number of participants in the sample) and these participants were selected by a simple random sampling method. Simple random sampling was done using a simple random number table [Table 1]. Participants were interviewed using a pre-designed, pre-tested structured interview schedule (questionnaire). The schedule was developed after a rigorous review of the literature and in consultations with the subject experts of the institute. The questionnaire was first developed in English and then

Table 1: Village-wise selection of the participants

Village no.	Eligible participants	Proportion of the eligible participants (%)	Sample participants (n=4000)
1	4561	11.8	472
2	1859	4.8	192
3	2063	5.4	216
4	1129	2.9	116
5	5596	14.6	584
6	2370	6.2	248
7	1718	4.5	180
8	4616	12.0	480
9	3690	9.6	384
10	1530	4.0	160
11	1775	4.6	184
12	6099	15.9	636
13	1413	3.7	148
Total	38,449	100	4000

translated into the local language. The questionnaire had two parts: Part I was meant to obtain demographic details of the participants and part II contained questions related to smartphone, use of social media, etc. Pre-testing of the questionnaire was done on 5% of the sample size population outside the study area and final questionnaire was modified based on the findings of pre-testing. Social media related questions were: Awareness of different types of social media platforms, duration of use, reasons behind the use, awareness of a health-related message in social media, opinion on the use of social media for conveying health education, etc. A smartphone was operationally defined as a handheld device capable of providing wireless voice communications along with support for other applications (such as text and multimedia data application, e-mail, audio players, and web surfing).^[6] Social media were operationally defined as any website or mobile application that allows users to interact with others, regardless of location. Examples: Facebook, WhatsApp, Twitter, etc. During the period of research, we followed the ethical guidelines of Indian Council of Medical Research. Informed written consent was taken from the participants. Confidentiality and anonymity were maintained during the study. Necessary approval was taken from the institutional ethics committee before conducting the study.

Statistical Analysis

Data were entered into a Microsoft Excel worksheet (Microsoft, Redwoods, WA, USA) and were analyzed using SPSS software (Statistical Package for the Social Sciences Inc, Chicago, IL, USA), version 21.0. Demographic characteristics of the participants were reported using descriptive statistics (mean, proportion, and percentage) and dispersion measures (standard deviation). Significance of association was analyzed using “Chi-square” test. $P = 0.05$ or less was considered as statistically significant.

RESULTS

The total number of participants in the study was 4000. The mean age of the participants was 38.9 ± 16.7 years. According to gender, there was not much difference among the participants. Four of ten participants were illiterate by education, whereas four of ten participants were housewives. Table 2 shows that among all the participants, 618 (15.5%) had a smartphone and among them nearly 90% were using internet. Most of them (72.5%) were using it for 1–5 years and on an average 61% spending between Rs. 50 and 100 per month. Watching video (77.7%) and chatting (74.4%) were their major purpose for using mobile internet. The number of male participants (22.9%) using a smartphone was significantly ($P = 0.0001$) higher than number of the female (7.6%) participants. Similarly, their use of internet was also significantly ($P = 0.0001$) higher as compared to the female. Among all the participants, 742 (18.5%) had heard of any

Table 2: Use of smartphone and internet among the participants

Variable	n (%)
Do you have smartphone (n=4000)	
Yes	618 (15.5)
No	3382 (84.6)
Do you use internet (n=618)	
Yes	542 (87.7)
No	76 (12.3)
Years of using internet (n=542)	
<1 year	134 (24.7)
1–5 year	393 (72.5)
>5 years	15 (2.8)
Average monthly expenditure on internet (n=542)	
<Rs. 50	22 (4.1)
Rs. 50–100	331 (61.1)
Rs. 100–300	176 (32.5)
>Rs. 300	13 (2.3)
Purpose of using internet (n=542)*	
Video watching	403 (74.4)
Chatting	420 (77.5)
Shopping	60 (11.1)
News	134 (24.7)
Knowledge	173 (31.9)

*Multiple answers were allowed

form of social media, in which WhatsApp (13.1%) was the most common followed by Facebook (11.4%) and YouTube (6.5%). Table 3 shows that the prevalence of the use of social media among the participants was 13.55% ($n = 542$). The most common form of social media used by the participants was WhatsApp 518 (95.6%) followed by Facebook 414 (76.4%). On average, 504 (93.0%) was using social media daily. All the users of Instagram, Messenger, and Skype were using it daily, whereas >95% of users of WhatsApp, YouTube, and Facebook were using it daily basis. Among daily social media users, average duration of daily usage was 1 h and 18 min, WhatsApp being maximum (1.7 h/day) used followed by Facebook (1.25 h/day). Daily social media users were visiting social media sites for 5.29 ± 4.77 times per day. Only half of the social media users were able to stay away for more than 4 h without visiting the social media [Table 3].

Table 4 shows the major purpose of using social media sites among the participants. Friendship and times pass/entertainment were the major two purposes for using all different forms of social media. Table 5 shows that more than half of the participants those who were using social media had agreed that they had seen health education-related messages in social media and the most common platform was WhatsApp (62.5%) followed by Facebook (48.4%). Nearly 80% of the social media users think that social media should be used more for health education, but only 11.8% of the

users think that the government is using this platform very successfully or successfully. About 22.5% of the social media users had the opinion that they always or most of the time rely on the information available at social media sites but the majority (75.4%) told that they only rely on it for sometimes or occasionally.

According to respondents, TV (70.5%) is still the most suitable channel for communicating health information followed by health-care providers (17.1%). The majority of the participants mentioned drug de-addiction (75.1%),

hypertension (53.1%), and diabetes (44.8%) as the top three topics of interest for health education. Table 6 shows that participants <25 years of age were using more social media compared to middle age (25–60 years) and elderly people (>60 years); this difference was statistically significant. Male participants had significantly more exposure to social media compared to female. As the level of education progressed, the use of social media sites also increased significantly ($P < 0.001$). Business-class and employed participants had more usage of social media compared to others and it was also statistically significant.

As the age progresses, newspaper, TV, and health-care provider were the most common choices as a channel of communication for health information, but social media and internet were preferred by younger age group compared to middle and elderly people as a channel of communication for health information in future ($P < 0.001$).

Table 3: Pattern of social media use among the participants

Variable	n (%)
Type of social media (n=542)*	
Facebook	414 (76.4)
WhatsApp	518 (95.6)
Instagram	88 (16.2)
Messenger	48 (8.9)
YouTube	208 (38.4)
Skype	10 (1.8)
Frequency of daily social media users*	
Facebook (n=414)	401 (96.9)
WhatsApp (n=518)	504 (97.3)
Instagram (n=88)	88 (100.0)
Messenger (n=48)	48 (100.0)
YouTube (n=208)	202 (97.1)
Skype (n=10)	10 (100.0)
Average duration of social media use per day	
Facebook (n=401)	1.25 h
WhatsApp (n=504)	1.7 h
Instagram (n=88)	55 min
Messenger (n=48)	1 h
YouTube (n=202)	57.5 min
Skype (n=10)	1.1 h
Maximum hours of staying away from social media sites (n=542)	
<1 h	38 (7.1)
1–4 h	233 (42.9)
4–12 h	211 (38.9)
>24 h	60 (11.1)

*Multiple answers were allowed

DISCUSSION

The present study has found that only 13.55% of participants were using a smartphone. The majority of smartphone users were using internet (90%) and those who had internet, all of them were using any form of social media. A report of Pew Research found that the prevalence of smartphone users in India was 22%; similarly, internet users' proportion was only 25% and social media users' proportion was also low (1 in 10).^[7] Present study findings of smartphone and internet users were low as compared to Pew Research report of Pan India findings; it may be because of the fact that we studied/used only the rural population. However, the proportion of social media users was a little bit higher, which might be because of the fact that our study population had more number of young people compared to national population composition. Globally, if we compare social media users, India is still having the second last spot in terms of the proportion of social media users. However, a study conducted by Internet and Mobile Association of India (IAMAI) found that the number of social media users got doubled in 2016 as compared to 2015 especially in rural India.^[8]

The present study has found that the majority of the internet users were using it for last (1–5 years) and their monthly expenditure was between Rs. 50 and Rs. 100. It was possible

Table 4: Purpose for using social media

Social media	Learning	Friendship	Timepass/Entertainment	Share opinion	Update information	Peer pressure
Facebook (414)*	186 (44.9)	325 (78.5)	266(64.3)	19 (4.6)	45 (10.9)	6 (1.4)
WhatsApp (518)*	154 (29.7)	285 (55.0)	384 (74.1)	55 (10.6)	95 (18.3)	9 (1.7)
Instagram (88)*	10 (11.3)	41 (46.6)	52 (59.0)	0 (0.0)	4 (4.5)	4 (4.5)
Messenger (48)*	8 (16.7)	39 (81.3)	35(72.9)	0 (0.0)	0 (0.0)	4 (8.3)
YouTube (208)*	88(42.3)	33(15.9)	157(75.5)	24 (11.5)	10 (4.8)	4 (1.9)
Skype (10)*	0 (0.0)	6 (60.0)	6 (60.0)	0 (0.0)	0 (0.0)	0 (0.0)

*Multiple answers were allowed

Table 5: Social media and health education

Statement	Numbers
Have you seen any health education message on social media in the past 3 months? (<i>n</i> =542)	
Yes	312 (57.6)
No	230 (42.4)
Source of health education message* (<i>n</i> =312)	
Facebook	151 (48.4)
WhatsApp	195 (62.5)
Messenger	6 (1.9)
YouTube	31 (9.9)
Do you think social media should be used more for health education in the future? (<i>n</i> =542)	
Yes	433 (79.9)
No	21 (3.9)
No idea	88 (16.2)
Do you think the government is using social media properly as a health education tool in the community? (<i>n</i> =542)	
Very successfully	6 (1.1)
Successfully	58 (10.7)
Somewhat successfully	402 (74.2)
Not at all	21 (3.9)
No idea	55 (10.1)
How much do you trust on the information available on the social media network (<i>n</i> =542)	
Always	11 (2.0)
Most of the time	111 (20.5)
Sometimes	346 (63.8)
Occasionally	63 (11.6)
Never	11 (2.0)
According to you, which is the most suitable channel of communication for health-related information? (<i>n</i> =4000)	
Television	2818 (70.5)
Newspaper	160 (4.0)
Social media	129 (3.2)
Internet	208 (5.2)
Health-care providers	685 (17.1)
Topics of interest for health education (<i>n</i> =4000)*	
Drug de-addiction	3002 (75.1)
Hypertension	2123 (53.1)
Diabetics	1793 (44.8)
Injury and accident	1211 (30.2)
Heart disease	865 (21.6)

*Multiple answers were allowed

because in the last few years, there has been a huge expansion of digital media in India and data purchasing costs also have been reduced.^[2,5] A report of the telecom department has shown that during the past 3 years, data tariff has fallen by 93% in India.^[9] The report also says that India is one of the cheapest places for mobile data plans globally.^[10] The present study has also found that video watching and chatting were the most common causes for use of internet, which is also

supported by the findings that major purposes for social media use were being entertainment and friendship. A report of IAMAI in 2016 also found that in rural India main purpose of using internet was entertainment and social networking.^[11] Another study conducted by Boston Consulting Group titled “The rising connected consumer in rural India” also had highlighted that in rural India, more than 70% internet users were using it for social networking.^[12]

This study has highlighted that WhatsApp and Facebook were the most favored mode of social networking among the participants and more than 93% of the social media users were using it daily. Among them, the average duration of daily usage was (1 h 18 min) 78 min. Similar to our study, a report of IAMAI-IMRB also found that in rural India, Facebook was the leading social media site.^[13] Studies conducted among college students of Rewari, India, Bahawalpur, Pakistan, and Nigeria also had similar findings.^[14-16] Global social media research summary 2018 also showed that Facebook was the leading social media platform followed by YouTube.^[17] The proportion of daily social media users were a little bit more in the present study compared to different studies conducted in India as well as the global ones.^[11,14,15] However, if we compare the average daily duration spent on social media, in the present study is very much less as compared to India (200 min) as well as global (300 min) average.^[18] Findings of the present study showed that though it was a rural community, still social media usage was very high/popular among internet users. The present study also highlighted that, on average, social media sites were visited more than 5 times by social media users. Moreover, only half of the social media users were able to stay away from it for more than 4 h. A Pew report shows that in America, on average people are visiting social networking sites once a day; similarly, in India, a person revisits Facebook 3 times in a day.^[19,20] High level of social media addiction among social media users cannot be ruled out in the present study, though their average daily time spent on social media is lesser as compared to a national and global reference. It was found in the present study that males are using significantly more smartphone, internet as well as social media in comparison to females, which is in a complete agreement with the study findings of Harvard Kennedy School showing that in India, mobile use is twice more common among men as compared to women.^[21] India is a patriarchal society, so social, cultural as well as economic factors are related to it. It can also be related to the issue of women empowerment as well.

The present study has revealed that social media use was significantly higher in young age groups, educated and employed participants, which is also similar to other studies conducted in different parts of the globe.^[2,4,8,11,22] More than 40% of the social media users in the present study had not seen any health education message in social networking sites in the past 3 months, whereas those who had seen it the majority of it was received in WhatsApp and Facebook. Only 11% of

Table 6: Association between demographic factors and use of social media networks

Variable	Social media users		Chi-square	P-value			
	Yes (%)	No (%)					
Age							
<25 years	29 (26.5)	807 (73.5)	235.9	0.001			
25–60 years	239 (9.9)	2175 (90.1)					
>60 years	12(2.5)	476 (97.5)					
Gender							
Male	421 (20.5)	1636 (79.5)	172.9	0.001			
Female	121 (6.2)	1822 (93.8)					
Education							
Illiterate	46 (3.1)	1474 (96.9)	548.5	0.001			
Primary	29 (6.3)	433(93.7)					
High school	171 (14.9)	979 (85.1)					
Higher secondary	156 (27.2)	418 (72.8)					
Graduate and above	140 (47.6)	154 (52.4)					
Occupation							
Unemployed	167 (22.8)	567 (77.2)	397.56	0.001			
Housewife	45 (3.0)	1468 (97.0)					
Employed	89 (39.9)	134 (60.1)					
Business	37 (46.2)	43 (53.8)					
Agriculture	177 (15.2)	989 (84.8)					
Daily laborer	27 (9.5)	257 (90.5)					
Choice of channel of communication for health information							
Age group (years)	Television	Newspaper	Social media	Internet	Health care provider	Chi-square	P-value
<25 years	730 (66.4)	35 (3.2)	67 (6.1)	81 (7.4)	185 (16.8)	66.84	0.001
25–60 years	1744 (72.2)	93(3.9)	58 (2.4)	114 (4.7)	405 (16.8)		
>60 years	344 (70.4)	32 (6.6)	4 (0.81)	13 (2.7)	95 (19.5)		

the social media users had the opinion that the government is using social media for health promotion, whereas nearly 80% believe that it has great potential as a health promotion tool in the future. In the area of health promotion, social media or “Web 2.0” have ample potential benefits such as – ability to quickly disseminate information, reach broad/huge audience, customize health messages for a specific community, encourage interaction and engagement, and helps in healthy decision making.^[23] Studies have also identified the usefulness of “Web 2.0” in health and health care: In patient care, monitoring, rehabilitation, communication, teaching, and research.^[24] In spite of the increasing effectiveness of social media in pro-health campaigning, there is very limited practical application globally as well as regionally. However, few developed countries (United Kingdom, Denmark) have already taken a step forward in this direction.^[25] In contrast, a systematic review, on the use of social media for e-Government in the public health sector, could not find robust effectiveness of this approach in Health promotion.^[26] The present study highlights that though social media are rapidly booming as an alternative media for health promotion, it cannot completely replace traditional media (TV, newspaper, and health-care provider), especially for elderly and middle-age population/people. A

study titled “New media versus traditional media” conducted in Nigeria also had similar findings.^[27]

However, multicentric studies are required to establish the supremacy of social media for conveying/imparting health education, health promotion as well as health care considering the social, cultural, economic, and demographic factors of the community. Media are changing as well as health care and medicine, so time has come to consider one of the cost-effective and popular digital/social media to solve complex and diverse problems of health and disease. The study was conducted only in rural areas so true representation of the whole community (both rural and urban) was not possible.

CONCLUSIONS

Conventional communication media are rapidly being replaced by internet-based instant access media platforms like social media. The study revealed that the use of social media is increasing day by day, and Face-book and WhatsApp are predominant in this group. Entertainment and friendship are a major purpose of using it. However, their use and effect in changing health behavior are still unclear.

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