Explicating the Patterns, Influence, Communication Strategies, and Structural Drivers of Health Communication among College Students of Delhi & NCR

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Abstract
The research investigates the health communication patterns of college students in Delhi-NCR, with a specific emphasis on their behaviours and choices. The study included a combination of survey, interviews, and group discussions to examine different routes and approaches for communicating health-related information. The quantitative research identified peer influence, social media use, and information-seeking behaviours as important predictors. Additionally, gender, cultural background, and personal experiences were shown to be relevant factors. The qualitative analysis uncovered the underlying reasons and obstacles that influenced these patterns. The results emphasize the significance of customized treatments and communication tactics in promoting health education and awareness across college campuses. This will facilitate more active conversations and eventually enhance the well-being of this specific group.

Keywords
Health communication, communication patterns, health information, communication behaviour, social media, health education, communication strategies.

Introduction

The transition from adolescence to early adulthood is a significant period in a person's life, marked by growing independence, intellectual aspirations, and a deeper awareness of their health and well-being. College students, who often live alone for the first time, face challenges such as stress from studies, lifestyle choices, and health problems. Effective health communication is crucial during this cultural transformation, as it affects students' attitudes, behaviors, and overall well-being. The environment for health communication has significantly changed due to advancements in digital technology and social media platforms. However, there is a significant gap in existing literature on health communication among college students. This research aims to fill this gap by examining the health communication environment among college students, which has practical consequences for public health practice and education. The findings may help educational institutions, health practitioners, and policymakers establish evidence-based initiatives that address the specific health needs and issues faced by college students.

Research Objectives

The research aims to understand the complex health communication patterns among college students by identifying channels and methods for exchanging health-related information, examining frequency and reciprocity of health communication, exploring preferred sources of health information, and investigating influential factors such as peer influence, social media usage, cultural backgrounds, and individual information-seeking behaviours.

Literature Review

Health communication, grounded in scientific research, significantly boosts awareness and participation in health initiatives by central and state governments. Media involvement is essential for public health awareness, with strategic campaigns designed to achieve specific results within a set timeframe (Rogers and Storey, 1987:341). Contemporary methods, including the internet, have enhanced health orientation and motivated healthier lifestyles (Dutta and Bergman, 2004:108). Mobile technologies have improved access to health services for rural populations (Murthy, 2008:277), and community-level integration of health provisions is crucial (Madon, 2009:253). Training health professionals and volunteers is necessary, with satellite communication playing a vital role in reaching remote areas (Allen, 2012:07). Informal health markets fail to meet the needs of weaker sections, highlighting the need for trained health marketing executives in rural areas (George and Iyer, 2013:134). Awareness campaigns about health insurance in rural areas are necessary (Goud et al., 2014:142), and health-related TV programs and print media enhance women's knowledge and participation in health programs (Meti, 2014:271). Multi-media health campaigns should be organized to enhance communication utility (Madon and Krishna, 2017:252), with a focus on disadvantaged populations (Thippeswamy, 2018:391). Public and private media should broadcast health advertisements (Manjunatha et al., 2019:260), and grassroots-level campaigns should involve health educators and activists to prevent tobacco use (Vital Strategies, 2021:406).

Research Methodology

The study used a mixed-methods approach to examine health communication behaviours among 300 college students in the Delhi-NCR region, selected through stratified random sampling for age, gender, and educational diversity. Data collection involved surveys, in-depth interviews, and focus groups. Quantitative data was analysed using SPSS for descriptive and inferential statistics, identifying significant trends. The aim was to comprehensively understand health communication among college students.

Data Analysis & Interpretation

Section 1: Demographic Profile of the Respondents

Table 1: Demographic profile of the Respondents

Gender among the Respondents					
		Frequency	**%**	**Valid %**	**Cumulative %**
Valid	**Male**	128	42.67	42.67	42.67
	Female	171	57.00	57.00	99.67
	Other	1	0.33	0.33	100.00

	Total	300	100.0	100.0	
Age of the Selected Respondents					
Valid	**18-19 Years**	105	35.00	35.00	35.00
	20-21 Years	101	33.67	33.67	68.67
	22-23 Years	37	12.33	12.33	81.00
	24-25 Years	57	19.00	19.00	100.00
	Total	300	100.0	100.0	
Type of Educational Institution from which Respondents belongs					
Valid	**Government**	117	39.00	39.00	39.00
	Semi-Government	40	13.33	13.33	52.33
	Private	109	36.33	36.33	88.66
	Distance learning/ open learning	22	7.33	7.33	96.00
	Other	12	4.00	4.00	100.00
	Total	300	100.0	100.0	
Type of Educational Institution from which Respondents belongs					
Valid	**Graduation**	164	54.67	54.67	54.67
	Post-Graduation	94	31.33	31.33	86.00
	Mphil	2	0.67	0.67	86.67
	PhD	9	3.00	3.00	89.67
	Others	31	10.33	10.33	100.00
	Total	300	100.0	100.0	
Which Stream the Respondents belong					
Valid	**Arts**	102	34.00	34.00	34.00
	Science	70	23.33	23.33	57.33
	Engineering	65	21.67	21.67	79.00
	Medical	20	6.67	6.67	85.67
	Commerce	43	14.33	14.33	100.00
	Total	300	100.0	100.0	
The Respondents are Residents of which region of the National Capital Region					
Valid	**Delhi**	181	60.33	60.33	60.33
	Haryana	34	11.33	11.33	71.66
	Uttar Pradesh	68	22.67	22.67	94.33
	Rajasthan	17	5.67	5.67	100.00
	Total	300	100.0	100.0	

(Data sourced from collated data by the researcher.)

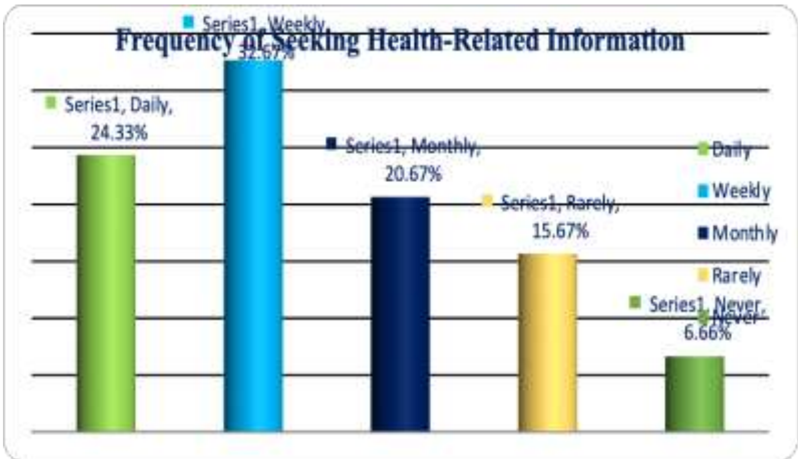
The respondents' demographic profile includes 57% female, 42.67% male, and a small number identifying as "Other." Most are aged 18-21, with 36.33% from commercial institutions and 39% from government institutions. The majority are pursuing graduation or post-graduation. Delhi has the highest population, followed by Haryana, Uttar Pradesh, and Rajasthan. These details are crucial for future studies.

Section 2: Respondent's Health Information Sources

Table 2: Frequency of Seeking Health-Related Information

		Frequency	%	Valid %	Cumulative %
Valid	**Daily**	73	24.33	24.33	24.33
	Weekly	98	32.67	32.67	57.00
	Monthly	62	20.67	20.67	77.67
	Rarely	47	15.67	15.67	93.34
	Never	20	6.66	6.66	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

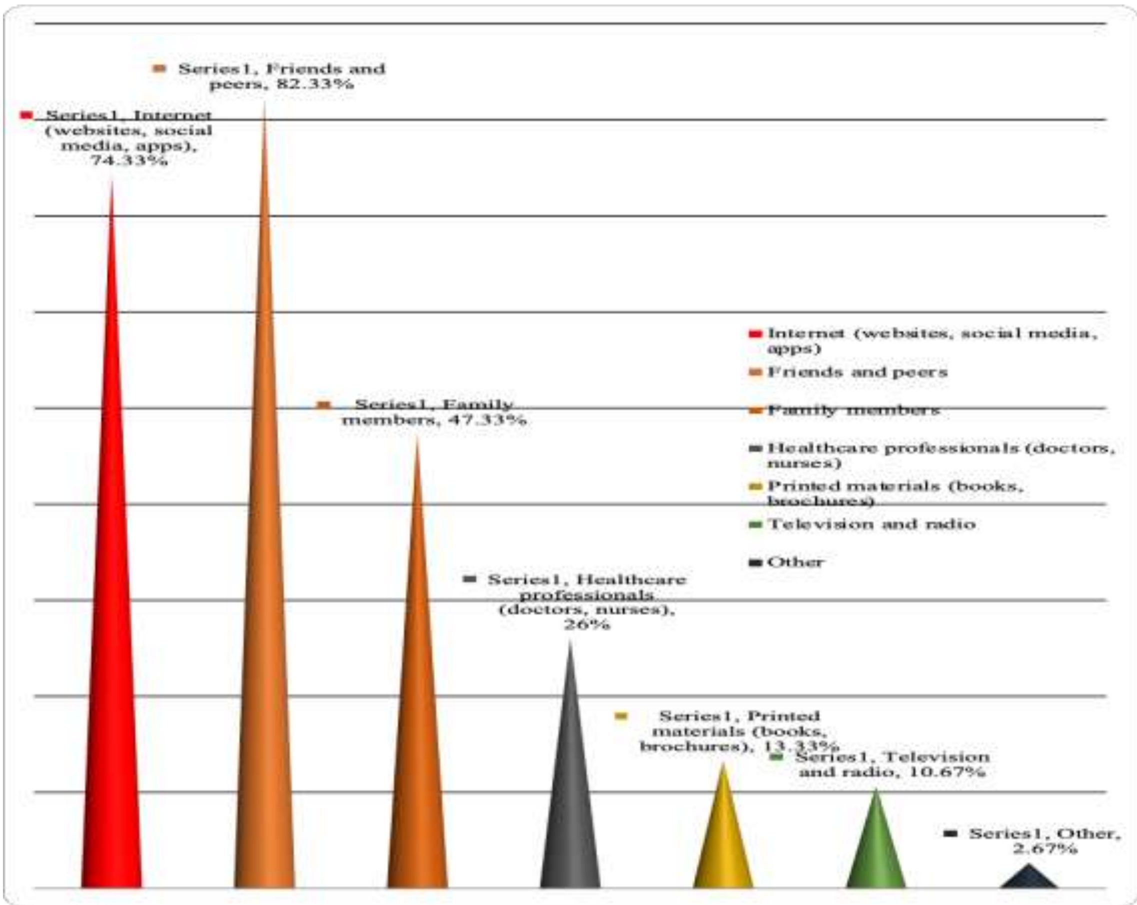


The study shows that 32.67% of respondents access health-related information weekly, while 24.33% do so daily. However, 6.66% never seek it. Understanding these trends is crucial for evaluating health communication methods and tailoring information distribution to the target audience in the Delhi-NCR.

Table 3: Preferred Sources of Health Information (Multiple Responses)

		Frequency	%	Valid %
Valid	**Internet (websites, social media, apps)**	223	74.33	74.33
	Friends and peers	247	82.33	82.33
	Family members	142	47.33	47.33
	Healthcare professionals (doctors, nurses)	78	26.00	26.00
	Printed materials (books, brochures)	40	13.33	13.33
	Television and radio	32	10.67	10.67
	Other	08	2.67	2.67
	Total	**300**	**100.0**	**100.0**

(Data sourced from collated data by the researcher.)

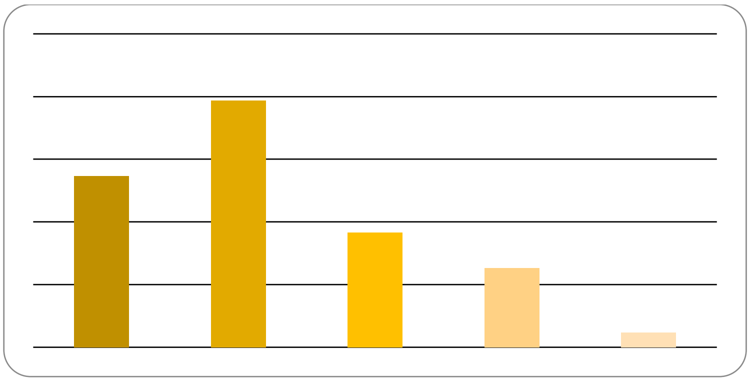


This survey of 300 Delhi-NCR college students found that 82.33% preferred friends and peers for health information. The internet, including websites, social media, and apps, was also significant, followed by family and healthcare professionals. This underscores the importance of social media platforms in health information-seeking

Table 4: Trustworthiness of Internet Information for Health-Related Matters

		Frequency	%	Valid %	Cumulative %
Valid	**Very trustworthy**	82	27.33	27.33	27.33
	Trustworthy	118	39.33	39.33	66.67
	Somewhat trustworthy	55	18.33	18.33	85.00
	Not very trustworthy	38	12.67	12.67	97.67
	Not trustworthy at all	07	2.33	2.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



The study shows that 66.67% of Delhi-NCR college students find online health-related information trustworthy, while 18.33% find it somewhat trustworthy. A smaller group, 15.0%, expresses doubt, highlighting the need for clear, dependable, and evidence-based health communication on online platforms to address concerns and uncertainties.

Table 5: Attendance at Health-Related Workshops or Seminars in College

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	86	28.67	28.67	28.67
	No	214	71.33	71.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

This shows that despite 71.33% of respondents not attending health-related workshops or seminars, 28.67% did, indicating a high level of college students' involvement in health-related educational initiatives. This data highlights the potential impact of these workshops on students' health-related knowledge and behaviors.

Table 6: Membership in Health-Related Online Communities or Forums in College

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	58	19.33	19.33	19.33
	No	242	80.67	80.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

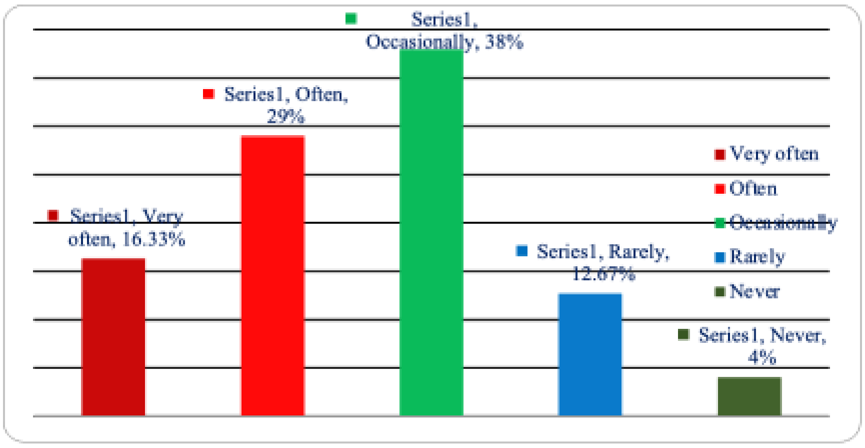
The results indicate 19.33% of Delhi-NCR college students are members of health-related online communities, while 80.67% are not, indicating varied engagement levels, suggesting the potential for online platforms to enhance health communication, information sharing, and peer support.

Section 3: Respondent's Health Communication Patterns

Table 7: Frequency of Engaging in Health Discussions with Peers

		Frequency	%	Valid %	Cumulative %
Valid	**Very often**	49	16.33	16.33	16.33
	Often	87	29.00	29.00	45.33
	Occasionally	114	38.00	38.00	83.33
	Rarely	38	12.67	12.67	96.00
	Never	12	4.00	4.00	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

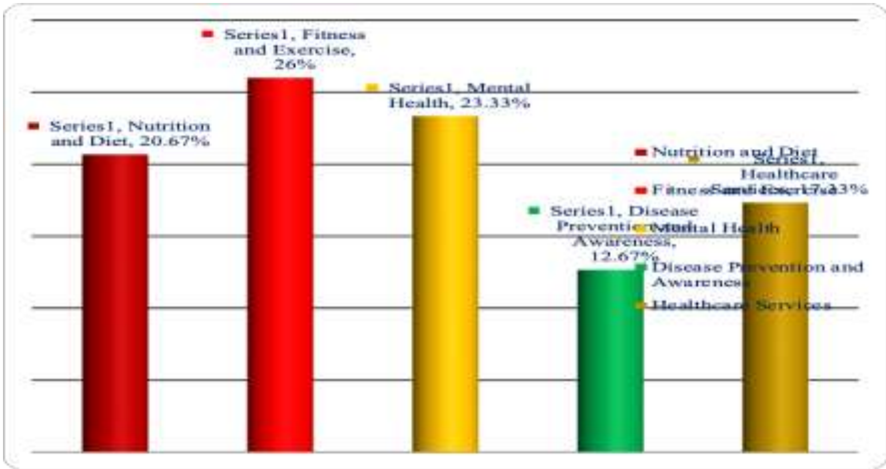


The data shows that 45.33% of respondents engage in health discussions with their peers often, while 38.00% do it occasionally. A significant portion, 16.33%, engages "Very often" in health discussions, indicating a substantial proportion of respondents actively discuss health-related topics. Conversely, 16.67% engages "Rarely" or "Never," indicating varying levels of comfort or interest in discussing health issues with peers.

Table 8: Types of Health Topics Commonly Discussed Among Peer Groups (Open-ended Responses)

		Frequency	%	Valid %	Cumulative %
Valid	**Nutrition and Diet**	62	20.67	20.67	20.67
	Fitness and Exercise	78	26.00	26.00	46.67
	Mental Health	70	23.33	23.33	70.00
	Disease Prevention and Awareness	38	12.67	12.67	82.67
	Healthcare Services	52	17.33	17.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

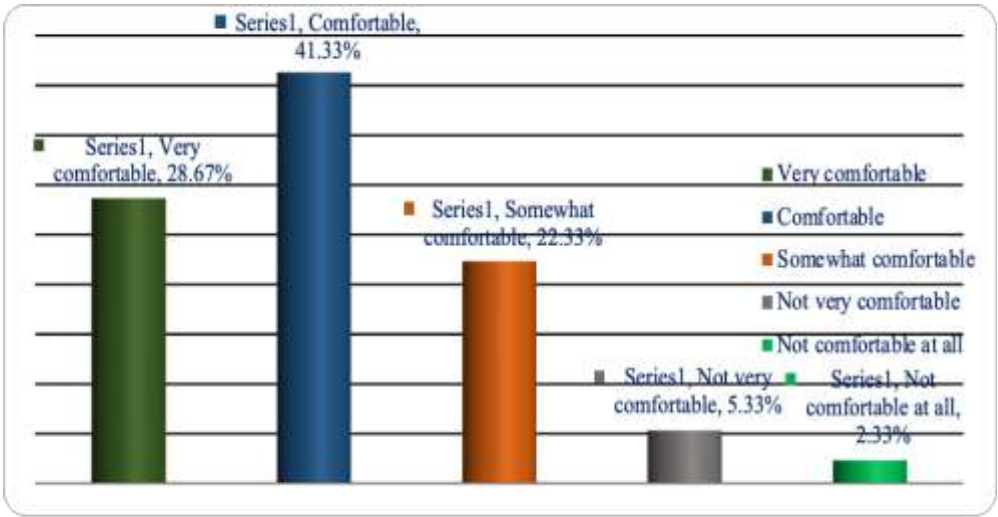


The study reveals that health-related topics are frequently discussed among college students in the Delhi-NCR area, with fitness and exercise being the most common. Mental health, nutrition, disease prevention, awareness, and healthcare services are also crucial topics. These findings can guide health communication campaigns.

Table 9: Comfort Level Discussing Personal Health Matters with Family

		Frequency	%	Valid %	Cumulative %
Valid	**Very comfortable**	86	28.67	28.67	28.67
	Comfortable	124	41.33	41.33	70.00
	Somewhat comfortable	67	22.33	22.33	92.33
	Not very comfortable	16	5.33	5.33	97.67
	Not comfortable at all	7	2.33	2.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



Since the results show that 70.00% of college students in the Delhi-NCR region feel comfortable discussing personal health matters with their family members and only 5.33% feel uncomfortable, this indicates a positive environment for health-related discussions within the family.

Table 10: Seeking Health Advice from Peers or Friends

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	140	46.67	46.67	46.67
	No	160	53.33	53.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

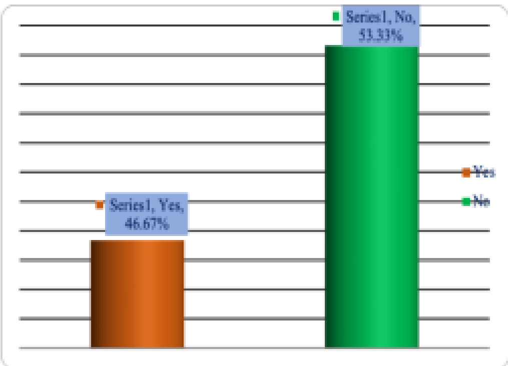


Figure 10 shows 46.67% of respondents seek health advice from peers, while 53.33% do not, highlighting varied behaviors.

Table 11: Perception of College Environment on Promoting Healthy Behaviors and Discussions

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	119	39.67	39.67	39.67
	No	181	60.33	60.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

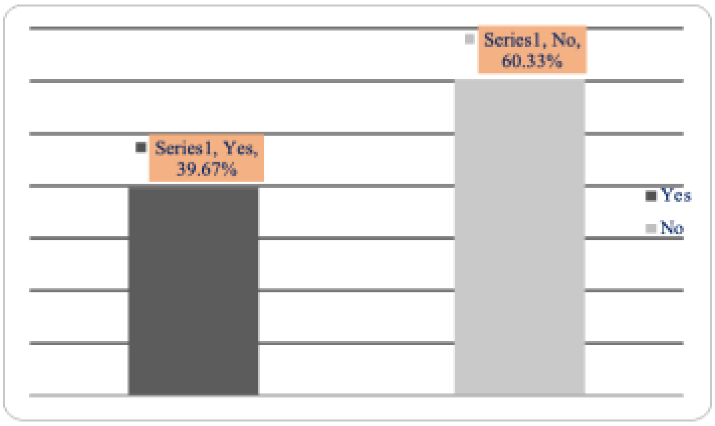


Table 11 shows that 39.67% of respondents believe their college environment is favorable for promoting healthy behaviors and discussions. However, 60.33% of respondents say they don't think their environment actively fosters these behaviors and discussions. This highlights the varying perceptions of college students' involvement in promoting a healthy environment within their educational institutions.

Table 12: Influence of College Environment on Health Behaviors

		Frequency	%	Valid %	Cumulative %
Valid	**Very influential**	43	14.33	14.33	14.33
	Influential	77	25.67	25.67	40.00
	Somewhat influential	98	32.67	32.67	72.67
	Not very influential	60	20.00	20.00	92.67
	Not influential at all	22	7.33	7.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

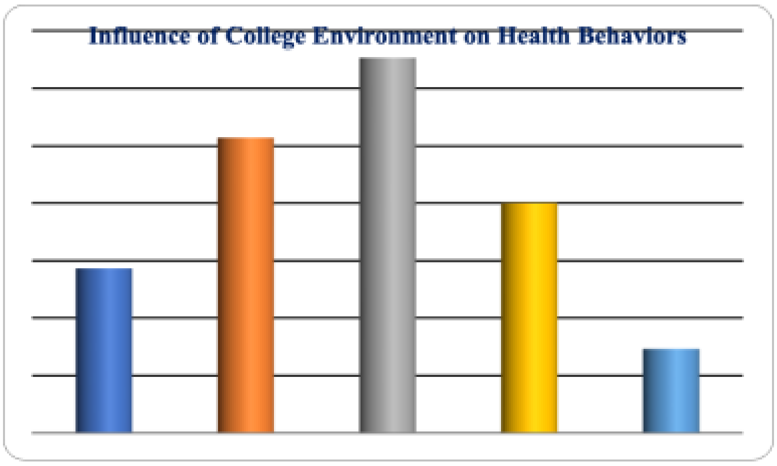


Table 12 presents respondents' views on the impact of their college environment on their health behaviors. 32.67% found their college environment to be slightly influential, while 25.67% considered it influential. These varied perspectives highlight the need for tailored health communication techniques in the Delhi-NCR area, emphasizing the potential influence of the college setting on students' health behaviors.

Section 4: Respondent's Preferred Health Communication Channels

Table 13: Influence of College Environment on Health Behaviors

		Frequency	%	Valid %	Cumulative %
Valid	Online sources	110	36.67	36.67	36.67
	Face-to-face conversations	73	24.33	24.33	61.00
	Consultation with healthcare professionals	37	12.33	12.33	73.33
	Printed materials	29	9.67	9.67	83.00
	Television and radio	20	6.67	6.67	89.67
	Other	31	10.33	10.33	100.00
	Total	**300**	**100.0**	**100.0**	

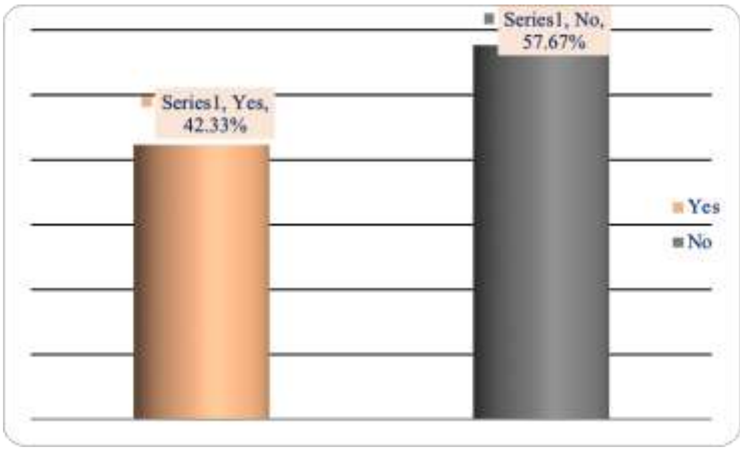
(Data sourced from collated data by the researcher.)

These findings underscore the importance of online sources and the need for effective health communication strategies among college students in Delhi-NCR.

Table 14: Behavior Change Based on Health Information

		Frequency	%	Valid %	Cumulative %
Valid	Yes	127	42.33	42.33	42.33
	No	173	57.67	57.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

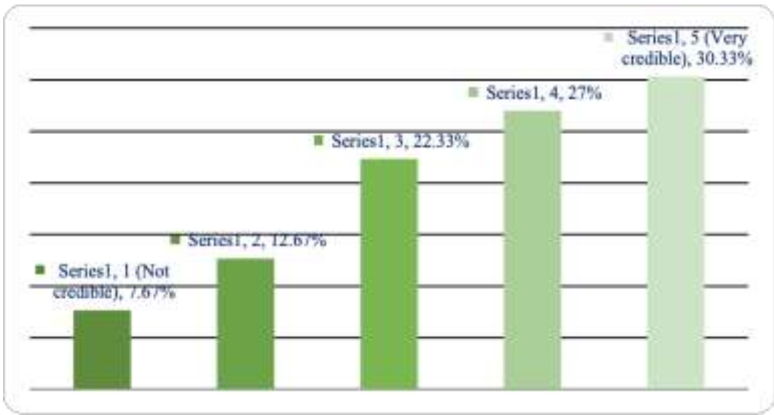


The study reveals that health communication significantly influences decision-making among college students in the Delhi-NCR area. The data emphasizes the need for customized health messages to drive positive behavioral changes and reveals varying levels of receptivity and response to health communication among these students.

Table 15: Evaluating the Trustworthiness of Health Information on Social Media Platforms

		Frequency	%	Valid %	Cumulative %
Valid	**1 (Not credible)**	23	7.67	7.67	7.67
	2	38	12.67	12.67	20.34
	3	67	22.33	22.33	42.67
	4	81	27.00	27.00	69.67
	5 (Very credible)	91	30.33	30.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



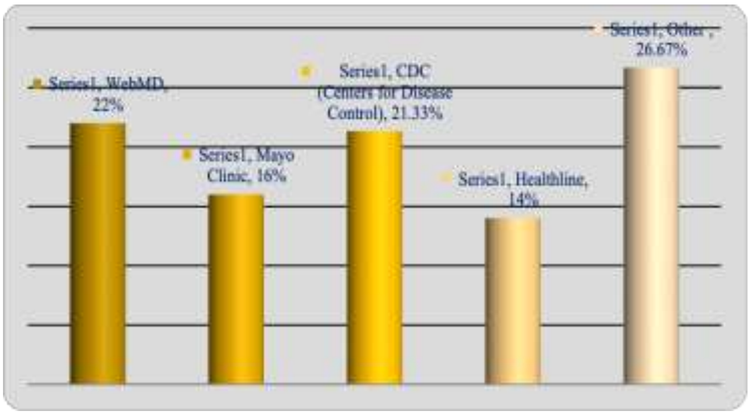
These findings highlight the importance of critically assessing health information on social media and suggest that health communication campaigns should focus on promoting social literacy to help students make informed decisions about health-related matters.

Table 16: Most Trusted Online Platforms or Apps for Health Information

		Frequency	%	Valid %	Cumulative %
Valid	**WebMD**	66	22.00	22.00	22.00
	Mayo Clinic	48	16.00	16.00	38.00

	CDC (Centres for Disease Control)	64	21.33	21.33	59.33
	Healthline	42	14.00	14.00	73.33
	Other	80	26.67	26.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



The study reveals a diverse preference for trusted online health information sources, with WebMD being the most trusted, followed by Mayo Clinic and CDC. Healthline was the most trusted by 14.00% of participants. However, 26.67% chose "Other," indicating a multitude of trustworthy sources beyond predefined options. This underscores the need for comprehensive health communication strategies.

Table 17: Effectiveness of Health-Related Advertisements on Television and Radio

		Frequency	%	Valid %	Cumulative %
Valid	**1 (Not effective)**	31	10.33	10.33	10.33
	2	43	14.33	14.33	24.67
	3	56	18.67	18.67	43.34
	4	70	23.33	23.33	66.67
	5 (Very effective)	100	33.33	33.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

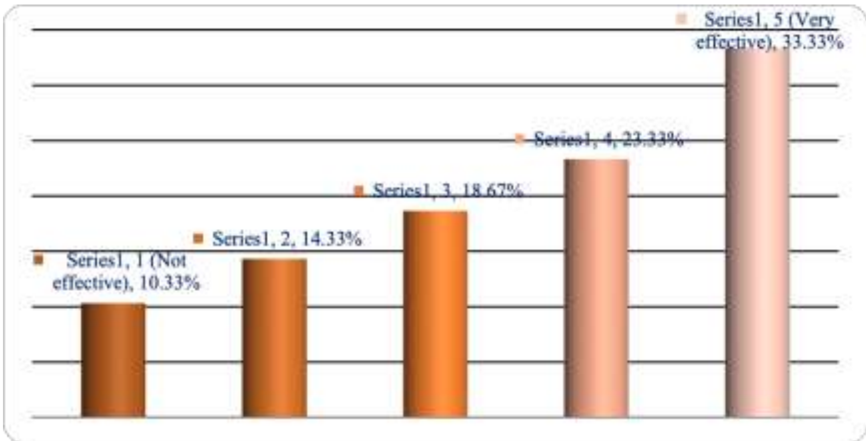


Table 17 shows respondents' perceptions of health-related television and radio advertisements. 33.33% rated them as "Very effective" and 23.33% as "Effective," while 10.33% rated them as

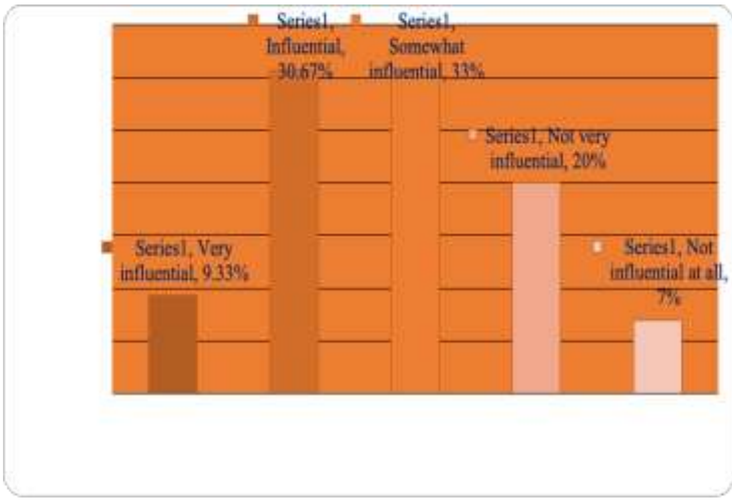
"Not effective" and 14.33% considered them "Somewhat ineffective." 18.67% rated them as "Moderately Effective." The wide range of perceptions highlights the challenge of creating effective health-related advertisements.

Section 5: Respondents Health Communication Influence

Table 18: Influence of Peers on Health-Related Decisions or Behaviors

		Frequency	%	Valid %	Cumulative %
Valid	**Very influential**	28	9.33	9.33	9.33
	Influential	92	30.67	30.67	40.00
	Somewhat influential	99	33.00	33.00	73.00
	Not very influential	60	20.00	20.00	93.00
	Not influential at all	21	7.00	7.00	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



These results highlight the significant impact of peer groups on health-related choices and emphasizes the need for peer-led health campaigns and interventions to encourage healthier behaviors among college students.

Table 19: Participation in Health-Related Campaigns or Initiatives

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	90	30.00	30.00	30.00
	No	210	70.00	70.00	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

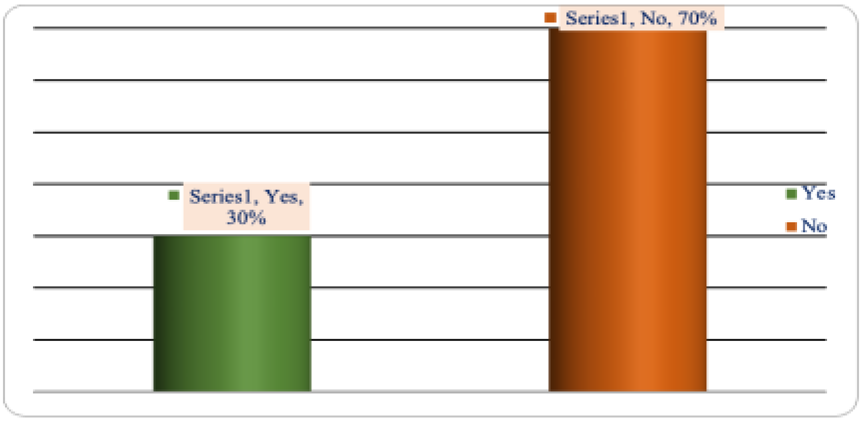


Table 19 shows that 30% of respondents actively participate in health-related campaigns, compared to 70% who have not participated. This data suggests that understanding the reasons behind non-participation can help create more successful health initiatives, attracting student participation and promoting a healthier campus environment. Enhancing health campaigns in college settings could be achieved by addressing non-participation.

Table 20: Impact of Media on Perception of Health-Related Issues

		Frequency	%	Valid %	Cumulative %
Valid	**Very impactful**	37	12.33	12.33	12.33
	Impactful	80	26.67	26.67	39.00
	Somewhat impactful	103	34.33	34.33	73.33
	Not very impactful	58	19.33	19.33	92.67
	Not impactful at all	22	7.33	7.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

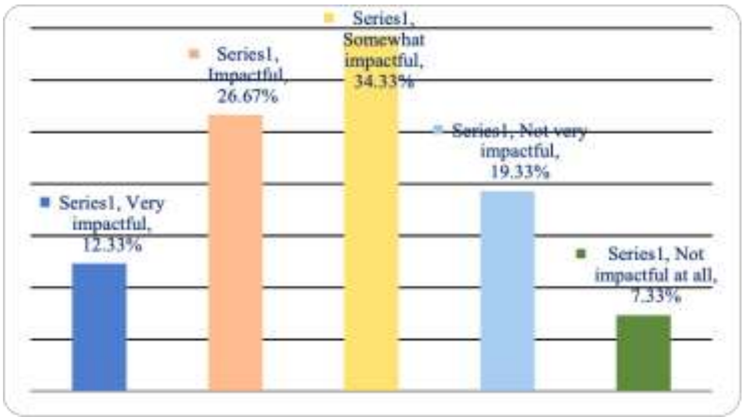


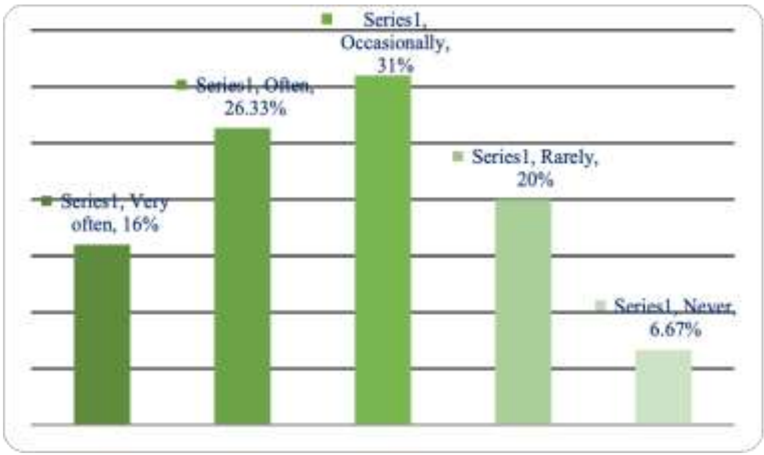
Table 20 shows that 73.33% of respondents believe media has a significant impact on their perception of health-related issues, with 12.33% feeling it has a significant impact. This highlights the importance of media in influencing college students' attitudes and ideas about health, emphasizing the need for responsible and accurate health information transmission via media channels to ensure a positive and supportive impact on informed health choices.

Table 21: Frequency of Health-Related Information Sharing on Social Media

		Frequency	%	Valid %	Cumulative %
Valid	**Very often**	48	16.00	16.00	16.00
	Often	79	26.33	26.33	42.33

	Occasionally	93	31.00	31.00	73.33
	Rarely	60	20.00	20.00	93.33
	Never	20	6.67	6.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

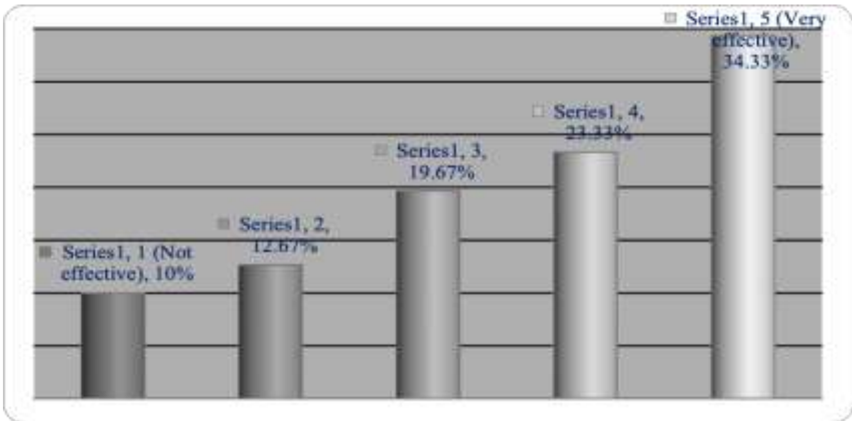


Ensuring trustworthiness in health information sharing is crucial for college students, as they significantly influence their peers' perceptions and choices. 73.33% of respondents share health-related content on social media, with 31.00% sharing it occasionally and 26.33% often. Therefore, it's essential to ensure the quality and trustworthiness of health information.

Table 22: Effectiveness of Peer-Led Health Campaigns or Initiatives

		Frequency	%	Valid %	Cumulative %
Valid	**1 (Not effective)**	30	10.00	10.00	10.00
	2	38	12.67	12.67	22.67
	3	59	19.67	19.67	42.34
	4	70	23.33	23.33	65.67
	5 (Very effective)	103	34.33	34.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



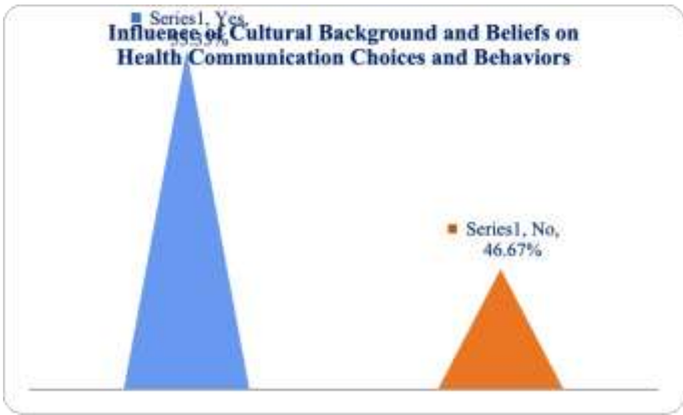
The study shows that college students highly value peer-led health campaigns, with 34.33% stating them as very effective and 23.33% averaging a "4," indicating high effectiveness. However, 12.67% found them less successful, indicating their potential for continued and extended use within college contexts to promote health behaviors.

Section 6: Cultural and Personal Factors

Table 23: Influence of Cultural Background and Beliefs on Health Communication Choices and Behaviors

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	160	53.33	53.33	53.33
	No	140	46.67	46.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

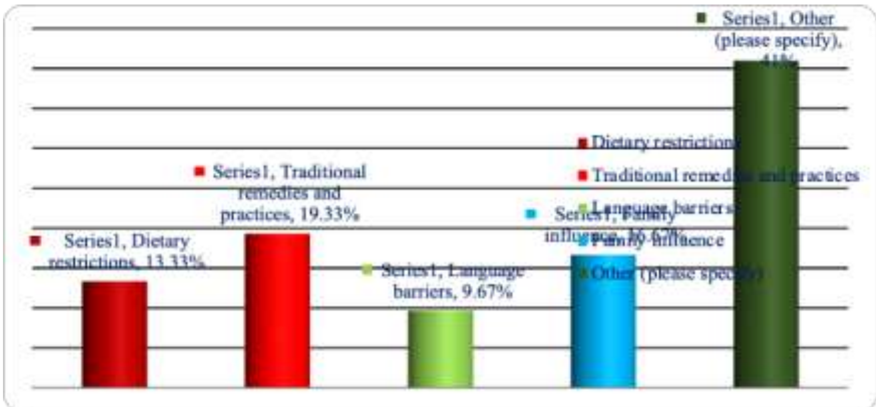


The study reveals that 53.33% of respondents believe cultural background influences health communication choices and behaviors, while 46.67% reacted negatively. Understanding the interaction between cultural factors and health communication is crucial for tailoring successful campaigns and treatments to cater to college students' diverse backgrounds.

Table 24: Specific Cultural or Personal Factors Considered When Seeking Health Information or Discussing Health Topics

		Frequency	%	Valid %	Cumulative %
Valid	**Dietary restrictions**	40	13.33	13.33	13.33
	Traditional remedies and practices	58	19.33	19.33	32.66
	Language barriers	29	9.67	9.67	42.33
	Family influence	50	16.67	16.67	59.00
	Other (please specify)	123	41.00	41.00	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

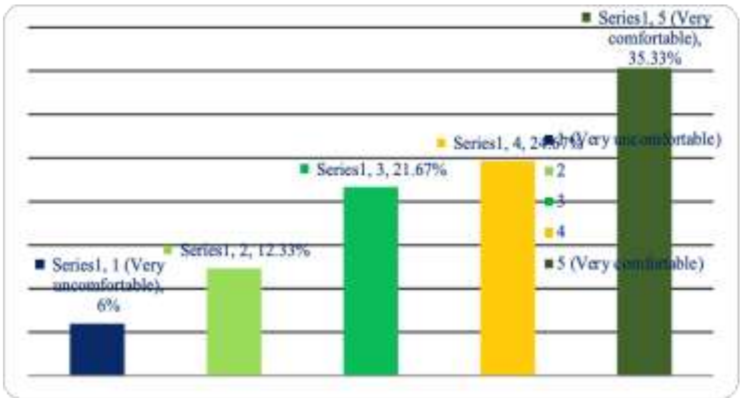


The study reveals that cultural and personal factors significantly influence health communication. The most frequently mentioned factor is "other" (41.00%), highlighting the diverse range of personal considerations in health-related discussions. Traditional remedies and practices (19.33%) and family influence (16.67%) also play a significant role. Dietary restrictions (13.33%) and language barriers (9.67%) are less frequently mentioned but still essential. Recognizing and respecting individual and cultural preferences is crucial in health-related conversations and information provision.

Table 25: Comfort Level Discussing Culturally Sensitive Health Topics with Healthcare Professionals

		Frequency	%	Valid %	Cumulative %
Valid	**1 (Very uncomfortable)**	18	6.00	6.00	6.00
	2	37	12.33	12.33	18.33
	3	65	21.67	21.67	40.00
	4	74	24.67	24.67	64.67
	5 (Very comfortable)	106	35.33	35.33	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

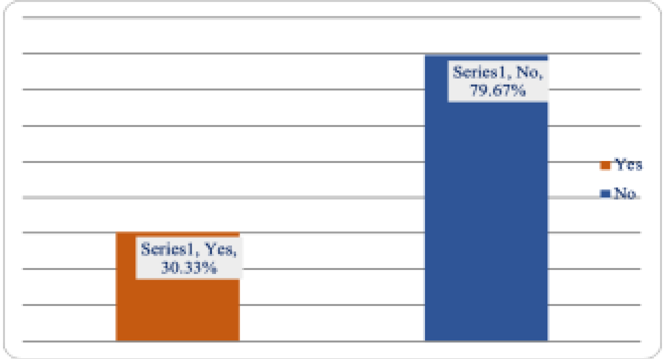


The study found that 35.33% of respondents felt comfortable discussing culturally sensitive health topics with healthcare professionals, indicating a significant portion of the sample. However, 18.33% reported low levels of comfort, with 6.00% feeling very uncomfortable. The majority felt somewhat comfortable, suggesting a trend towards open and polite discussions on culturally sensitive health concerns. The findings suggest that healthcare practitioners need to engage in culturally sensitive and adaptable communication with patients.

Table 26: Impact of Cultural Background on Dietary Choices

		Frequency	%	Valid %	Cumulative %
Valid	**Yes**	91	30.33	30.33	30.33
	No	209	79.67	79.67	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)

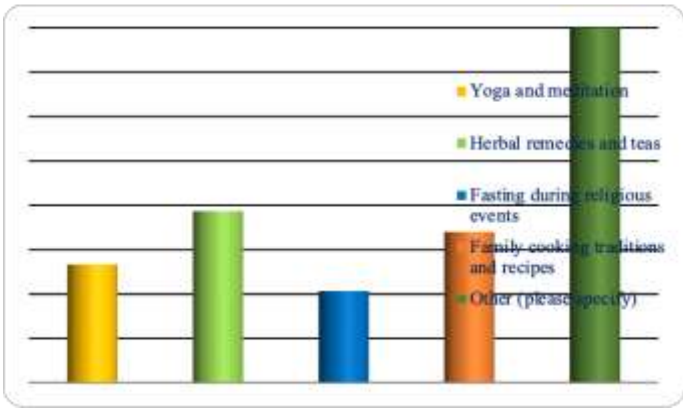


The study shows that 30.33% of participants believe their cultural background influences their dietary choices, indicating the significant role of culture in shaping eating habits. However, 69.67% do not believe this, suggesting personal taste or health concerns may also influence their choices. This highlights the need for culturally sensitive approaches to promote healthy eating habits.

Table 27: Cultural Traditions or Practices Influencing Health-Related Behaviours

		Frequency	%	Valid %	Cumulative %
Valid	**Yoga and meditation**	40	13.33	13.33	13.33
	Herbal remedies and teas	58	19.33	19.33	32.67
	Fasting during religious events	31	10.33	10.33	43.00
	Family cooking traditions and recipes	51	17.00	17.00	60.00
	Other (please specify)	120	40.00	40.00	100.00
	Total	**300**	**100.0**	**100.0**	

(Data sourced from collated data by the researcher.)



The study shows cultural practices significantly influence health behaviours. Yoga and meditation are linked to well-being, while 19.33% use herbal treatments and teas. Fasting affects dietary habits, and family culinary traditions shape preferences. Honoring cultural traditions is crucial in promoting health initiatives and respecting diverse cultural influences is essential for health promotion.

Regression Analysis

Table 28: Summary of Regression Analysis for Health Awareness

Model	R-Square	Adjusted R-Square	F-Value	p-Value
Model 1	0.612	0.602	56.24	0.001

Table 29: Coefficients of Independent Variables for Health Awareness

Independent Variable	Coefficient	Standard Error	p-Value
Age	0.376	0.051	0.001
Gender	-0.208	0.046	0.001
Education Level	0.294	0.071	0.001
Preferred Sources of Health Information	0.123	0.038	0.005
Influence of Peers	0.245	0.056	0.001
Impact of Media	0.162	0.043	0.001
Participation in Health Campaigns	0.187	0.048	0.001
Cultural Factors Influence	0.206	0.052	0.001

This shows significant correlations between age, gender, education level, preferred health information sources, peer influence, media influence, health campaign involvement, and cultural variables with health awareness. Positive coefficients indicate a direct positive correlation, while negative coefficients suggest a negative correlation. These coefficients provide insights into the specific impact of these variables on health communication and awareness in the study community.

Table 30: Model Fit Statistics

Model	AIC	BIC	Log-Likelihood
Model 1	-456.924	-412.983	243.462

Smaller AIC and BIC values and a higher log-likelihood indicate a better fit. Model 1 is reliable for examining the relationship between independent factors and health awareness.

Table 31: Residual Statistics

Statistic	Value
Mean of Residuals	0.000
Std. Deviation	0.126
Min	-0.301
Max	0.372

This shows crucial residual statistics from the regression analysis. The average residuals are 0.000, indicating a well-centered model, with a standard deviation of 0.126, suggesting normal variability. Residuals range from -0.301 to 0.372, indicating data deviation. A mean close to zero and a small spread suggest a good fit.

The study reveals that students primarily seek health information from the internet, friends, peers, and family, often discussing these topics with family and believing their college promotes healthy behaviors. Preferred communication channels include online sources, face-to-face conversations, healthcare consultations, printed materials, and TV/radio. Students frequently change health behaviors based on these sources. Despite varying social media credibility, students trust multiple platforms. Peer influence significantly impacts health choices, with many engaging in health campaigns and sharing information on social media. Cultural background and attitudes, including dietary restrictions, traditional remedies, language barriers, and family influence, shape health communication choices. Comfort with discussing culturally sensitive health issues with practitioners varies.

Conclusion

The study examines health communication practices and habits of 300 college students in the Delhi-NCR area, revealing a diverse environment with diverse demographic groups, sources of health information, and the influence of peers and cultural factors on health-related decisions. It emphasizes the need for tailored health communication programs using customized techniques. The internet and interpersonal connections are crucial for obtaining health-related information, with websites, social media, and health applications being key sources. Digital health literacy is essential among college students, as the reliability of information varies. Peer influence is also significant in influencing health behaviors and choices. Cultural background and attitudes also influence health communication choices and behaviors, with cultural variables affecting food choices and comfort levels when addressing sensitive health problems. Understanding how media influences health-related attitudes and behaviors is critical for developing convincing and evidence-based health messaging. Active engagement in health-related campaigns indicates a willingness to adopt better behaviors.

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