

Impact of Social Media on Health Awareness of Female Santhali Teenagers and Adolescents of Bolpur

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Abstract

The widespread use of social media in recent years has changed how teenagers and young adults connect, get information, and develop their awareness of health and wellbeing. In the Bolpur districts of West Bengal, India, where significant indigenous Santhal communities are concentrated, the study investigates the effects of social media on health awareness among female Santhal teenagers and adolescents. The study looks into how digital platforms like Facebook, Instagram, YouTube, and WhatsApp raise awareness of issues including mental health, illness prevention, nutrition, reproductive and menstrual health, personal hygiene, and access to health-related services. Social media has a particularly important role as a developing platform for informal health communication in India, given the socio-cultural and economic marginalisation of tribal populations. A hybrid research design was used, combining focus groups, interviews, and survey research. Both school-age and non-school-age girls from various socioeconomic backgrounds with differing degrees of digital exposure made up the sample. The following factors were examined: the degree of social media use, the reason for using it, the types of health-related content viewed, the opinion of the reliability of online content, and behavioural shifts connected to health consciousness. The outcome shows that many Santhal girls may now directly obtain health information or receive it through peer-shared messages thanks to the growing availability of smartphones and reasonably priced internet connection. Menstrual hygiene, vaccination, anaemia

prevention, nutrition, and sanitation practices have all become more widely known thanks to government health initiatives, NGOs, influencer-based content, and health-related educational videos.

But it also highlights significant hazards and limitations, such as infrastructure deficiencies in isolated communities, patriarchal control over technology use, and digital inequalities brought on by financial limitations. The majority of participants reported having low levels of digital literacy, which led to the uncritical consumption of false material, fallacies about home remedies, and unsubstantiated medical claims that circulated on social media. Teenagers are frequently forced to rely on their peers rather than real medical professionals for advice due to cultural taboos surrounding mental and reproductive health. The study also lists psychological issues like anxiety related to one's body, social comparison, and excessive exposure to unrealistic lifestyle representations. Despite these problems, community-mediated and school-based digital engagement proved to be a much more effective means of linking young people from tribal communities and medical facilities. Social networking sites turned out to be an addition to healthcare programs rather than a substitute when used by educators, medical experts, or mothers. This study has come to the conclusion that social networking sites have a lot of potential to raise the healthcare awareness levels of young Santhal women. However, their effectiveness requires good communication, content validation, and a digital healthcare awareness plan. According to this study, healthcare empowerment for girls in tribal communities requires region-specific healthcare awareness programs and more indigenous input in the development of healthcare communication strategies.

Keywords: Social media, Santhal Community, Empowerment, Indigenous, Health Awareness

1. Introduction

One of India's most notable oldest ethnic groups, the Santhal tribe, is primarily found in West Bengal's Bolpur. Due to a

lack of wangle to pertinent information, sexuality adolescents in these locations commonly struggle with issues of sex education, sanitation, and cleanliness. One possible way to tropical this information gap is through the growth of digital channels, particularly social media with reels and podcasts. Developing successful educational interventions requires an understanding of how these teenagers' knowledge, attitudes, and behaviours are influenced by their involvement with digital information and their level of digital literacy. Globally, social connections, information sharing, and lifestyle choices have all reverted as a result of the quick minutiae of digital technologies. Several demographics in India have been profoundly impacted by the incorporation of digital platforms such as social media, expressly through videos and podcasts. However, little is known well-nigh the effects on underprivileged groups, such as tribal sexuality adolescents in Bolpur who are between the years of 10 and 18. Developing inclusive digital policies and educational initiatives requires an understanding of how social media use and digital literacy impact their social lives and cognitive development. Social media is an effective instrument for disseminating information and influencing public opinion and legislation. Videos and other media are now used in health campaigns to reach underrepresented populations. Using culturally appropriate content on well-known platforms can help lessen guilt, foster dialogue, and support healthy behaviour especially for indigenous girls. Health education can be made more accessible and comprehensible by using instructional podcasts and videos in regional languages.

In light of this, research on the impact of social media, particularly podcasts and videos, on the attitudes and understanding of Santhal girls in Bolpur is crucial. This knowledge can aid in the development of accessible and culturally appropriate health education initiatives. Digital policies that support underprivileged tribal tribes can also be shaped by the findings. In conclusion, social media and digital technologies can help Santhal teenagers learn more about sexuality, cleanliness, and sanitation, but their effectiveness

relies on how they are utilised and how proficient users are with technology. In order to empower girls, encourage healthy choices, and support equitable development in tribal regions, it is imperative to investigate these variables.

2. Broad Objectives of The Study

2.1. Determine Levels of Digital Literacy:

Assess the level of digital literacy among younger Santhal tribal girls in Bolpur. Determine which digital platforms this group uses most frequently.

2.2. Examine Social Media Activity:

Assess how often and what kind of people interact with sex education, hygiene, and sanitation-related podcasts and social media clips. Determine which sources or content producers in these fields have the most sway.

2.3. Assess the Effect on Practices and Knowledge:

Examine how exposure to digital content has unauthentic people's knowledge, attitudes, and behaviours related to sex education, sanitation, and hygiene. Analyse how digital content influences attitudes and deportment virtually these subjects.

2.4. Determine the Facilitators and Barriers:

Examine the elements that help or hinder the target group's wangle to and use of digital content. Examine how socioeconomic, cultural, and infrastructure factors stupefy digital involvement.

2.5. Formulate suggestions:

Make suggestions for ways to modernise digital literacy and the efficient distribution of instructional materials on social media. To increase effect and reach, recommend culturally relevant content formats and distribution strategies.

3.Objectives of the Study

3.1. Determine Levels of Digital Literacy:

Purpose: - Evaluation of Santhal tribal sexuality teenagers' wangle to, comprehension of, and use of digital technology is the goal.

Scope:-

- (i) Examine digital literacy as a whole. Determine the level of digital literacy among younger Santhal tribal girls in Bolpur.
- (ii) Determine the Main Platforms: Determine which digital platforms this group uses most frequently.

Significance: - Determining how well these teenagers can interact with online content pertaining to sex education, hygiene, and sanitation requires an understanding of their levels of digital literacy.

3.2. Examine Social Media Activity:

Purpose: - The goal is to comprehend how these teenagers engage with social media, specifically reels and podcasts, in relation to sex education, cleanliness, and sanitation.

Scope:-

- (i) Assess Type and Frequency of Engagement: Assess the kind and frequency of interaction with podcasts and social media videos well-nigh sex education, hygiene, and sanitation.
- (ii) Determine the Sources of Influential Content: Determine which sources or content producers in these fields have the most sway.

Significance: - This wringer will show how well digital content reaches the target regulars and distributes hair-trigger health information.

3.3. Assess the Effect on Practices and Knowledge:

Purpose: - The goal is to determine whether the teenagers' knowledge, attitudes, and behaviours virtually sex education, sanitation, and hygiene have reverted their exposure to digital information.

Scope:-

(i) Evaluate Knowledge and Practice Changes: Examine how exposure to digital content has unauthentic people's knowledge, attitudes, and behaviours related to sex education, sanitation, and hygiene.

(ii) Analyse the Impact of Digital Content: Analyse how digital content influences attitudes and deportment virtually these subjects.

Significance: Assessing this influence will aid in figuring out how well digital media works in these communities as a health education tool.

3.4. Identify the Barriers and Facilitators:

Purpose: - Finding the factors that either help or hinder teens' wangle to and use of digital content is the aim.

Scope:-

(i) Investigating the factors that either make it harder or simpler for the target group to manipulate and use digital content is the purpose of this study.

(ii)Analyse Cultural, Infrastructural, and Socioeconomic Influences: Analyse the ways in which socioeconomic, cultural, and infrastructural elements stupefy digital engagement.

Importance: Finding these components is essential to developing interventions that powerfully educate and connect with the target audience.

3.5. Formulate suggestions:

Purpose: The goal is to make practical recommendations that modernise digital literacy and maximise the sharing of instructional materials on social media.

Scope:-

(i) Provide Methods for Improving Digital Literacy: Make suggestions for ways to modernise digital literacy and the efficient distribution of instructional materials on social media.

(ii) Provide Culturally suitable Content Formats: To increase effect and reach, recommend culturally suitable content formats and wordage strategies.

Significance: These suggestions will help stakeholders put into practice successful, culturally enlightened educational initiatives that make use of digital media.

4. Literature Review

4.1. Mahapatra (2020)

This study highlights linguistic exclusion in digital media, emphasizing that lack of Santhali content limits access to health information. It supports the need for culturally and linguistically appropriate communication. The findings are crucial in explaining barriers to effective social media-based health awareness among Santhal adolescent girls in rural contexts.

4.2. Simanowski (2016)

The work underscores the importance of media literacy in navigating algorithm-driven digital environments. It suggests that without critical understanding, users may passively consume information. This is relevant for tribal adolescents, as limited digital literacy may hinder their ability to evaluate health-related content and increase susceptibility to misinformation.

4.3. Elwin (1964)

Elwin's work emphasizes the importance of cultural context in understanding tribal behavior. It suggests that health communication must align with traditional beliefs and practices. This insight is vital for designing effective digital health interventions that respect Santhal cultural norms while promoting awareness and behavioral change among adolescent girls.

4.4. Singh (1994)

This study highlights socio-economic and structural inequalities affecting tribal communities. It supports the argument that limited access to education and healthcare influences digital engagement and health awareness. The findings reinforce

the need to consider socio-economic factors when analyzing the impact of social media on marginalized populations.

4.5. Srinivas (1966)

Srinivas explains how social change occurs gradually through modernization and communication. The study supports the idea that digital media can influence attitudes over time. It provides a useful framework for understanding how exposure to social media may shape health awareness and practices among Santhal adolescents.

4.6. Rogers (2003)

Rogers' theory explains how innovations spread through social systems. It highlights the role of communication channels and peer influence. This is relevant for understanding how health information shared on social media can diffuse among adolescents, influencing awareness and behavior through interpersonal and digital networks.

4.7. Hasnain (2004)

The study emphasizes the importance of preserving tribal identity while promoting development. It suggests that interventions must be culturally sensitive. This is crucial for ensuring that digital health communication is accepted by Santhal communities and does not conflict with their traditional beliefs and practices.

4.8. Livingstone (2004)

Livingstone highlights the importance of media literacy in interpreting digital content. The study suggests that without critical skills, users may misinterpret information. This is particularly relevant for adolescents, as it explains potential challenges in understanding and trusting health information shared on social media platforms.

4.9. Bandura (2001)

Bandura's theory explains how individuals learn behaviors through observation. It supports the idea that exposure to health-related content on social media can influence attitudes

and practices. This is particularly relevant for adolescents, who are more likely to imitate behaviors observed in digital environments.

4.10.WHO (2019)

The WHO report emphasizes the importance of accessible health information for adolescents. It supports the role of communication strategies in improving health outcomes. This aligns with the study's focus on social media as a tool for increasing health awareness among marginalized adolescent populations.

5. Hypothesis Of The Study

H₀₁ Digital Literacy and Content involvement: Among Santhal tribal sexuality teenagers, higher levels of digital literacy are linked to increasingly involvement with podcasts and social media videos well-nigh sex education, cleanliness, and sanitation.

H₀₂ Information Engagement and understanding Enhancement: The target group gains largest understanding in the areas of sanitation, hygiene, and sex education when they are regularly exposed to social media information on these topics.

H₀₃ Understanding and Behavioral behaviors: Santhal tribal sexuality adolescents' sanitation and hygiene behaviors are positively impacted by improved understanding obtained from digital content.

H₀₄ Sex Education Awareness and Attitudes: Teenagers that are exposed to digital sex education content have increasingly progressive views regarding sexual health and rights.

H₀₅ Cultural Factors and Digital Engagement: The stratum to which Santhal tribal sexuality adolescents interact with digital content pertaining to health education is profoundly influenced by cultural norms and beliefs.

H₀₆ Socioeconomic Status and Digital Media Access: In the Santhal community, adolescents from higher socioeconomic backgrounds have increasingly wangle to digital devices and, as a result, to social media instructional content.

H₀₇ Parental Influence and Digital Content Consumption: Adolescents' propensity to interact with digital content well-nigh sex education, sanitation, and hygiene is influenced by their parents' views regarding technology and education.

H₀₈ Peer Influence and Digital Learning: There is a peer influence effect when adolescents see their classmates using instructional digital resources; they are increasingly inclined to follow suit.

H₀₉ Infrastructure Availability and Digital involvement: The stratum of younger involvement with social media educational content is correlated with the availability of digital infrastructure (such as internet wangle and device availability) in Bolpur villages.

H₁₀ Digital Content and Empowerment: Younger Santhal tribal girls who engage with digital educational content are largest equipped to make decisions well-nigh their health and welfare.

6. Significance of the Study

This study looks at how digital skills, social media use, and health education are connected. It wants to help Santhal tribal adolescents in Bolpur become more empowered and healthier. The study evaluates how online information affects attitudes and practices about sex education, cleanliness, and hygiene. By understanding this, better teaching programs can be created to improve health and hygiene standards for these adolescents. It also aims to help disadvantaged communities make informed health choices and take control of their health. Additionally, the study seeks to identify challenges and supports for using digital tools. It focuses on the experiences of Santhal tribal adolescents, providing useful information for future research and solutions. The study also supports Sustainable Development Goals by suggesting ways to improve health education through digital means. The main goal is to see how social media and digital skills can enhance health education and outcomes for these adolescents, helping them to become more empowered.

7. Delimitation of the Study

The study delimited of the Santhal women tribals aged from 10-18 of Bolpur of West Bengal.

In-depth Analysis of the Study:

This analysis of the study ensures uniformity and clarity by outlining how important ideas in a study are assessed or identified. The pursuit operational definitions wield to this study of Santhal tribal sexuality teenagers in the villages of Bolpur:

7.1. Digital Proficiency:

Definition: The topics to access, comprehend, assess, and make use of digital technologies, such as social media and the internet.

Measuring skills including using digital devices, accessing the internet, identifying reliable online information, and interacting with digital content are all evaluated using a standardized questionnaire.

7.2. Participation on Social Media:

Definition: The stratum and type of engagement with social media sites, with an accent on films and podcasts well-nigh sex education, cleanliness, and sanitation.

Quantification: evaluated based on self-reported social media usage frequency and duration, content categories viewed, and degrees of engagement (likes, shares, and comments) with pertinent educational content.

7.3. Knowledge and Practices in Sanitation and Hygiene:

Definition: Knowledge of and trueness to personal and communal hygiene measures in order to prevent illness.

Measurement: Assessed using questionnaires that gauge self-reported trueness to hygiene practices and sensation of them (e.g., handwashing, menstrual hygiene).

7.4. Awareness and Attitudes Regarding Sex Education:

Definition: Knowledge of sexual health information and perspectives on issues like consent, puberty, and reproductive health.

Measurement: Performed using questionnaires that gauged attitudes well-nigh communicating and interacting with sexual health information as well as knowledge of sex education themes.

7.5. Obstacles to Digital Participation:

Definition: Things that make it harder to wangle or use digital content and technologies.

Measurement: Determined through surveys and interviews examining problems such limited device availability, socioeconomic limitations, cultural barriers, and lack of internet connection.

7.6. Digital Engagement Facilitators:

Definition: Elements that facilitate or encourage the usage of digital content and technologies.

Measurement: Based on qualitative information well-nigh supportive factors such as educational activities, polity programs, and the serviceability of digital infrastructure.

7.7. Cultural norms and beliefs:

Definition: The Santhal community's worldwide beliefs, customs, and habits that shape attitudes and actions.

Measurement: Investigated using anthropological techniques, such as participant observation and interviews, to comprehend how culture affects digital engagement and health habits.

7.8. Economic and Social Situation:

Definition: A person's or family's social and economic standing in the community.

Measurement: Determined through surveys utilizing indicators including parental education, occupation, and household income.

7.9. Health Results:

Definition: The condition of physical health associated with sexual health, cleanliness, and sanitation.

Measuring factors include self-reported health status, the prevalence of illnesses linked to poor cleanliness, and wangle to medical care, all of which are gathered through surveys and health evaluations.

7.10. Empowerment:

Definition: The process through which people take tuition of the choices and activities that have an impact on their health and well-being.

Measurement: Based on standardized questionnaires, this towage uses measures of self-efficacy, decision-making autonomy, and polity involvement.

By offering a precise framework for quantifying and evaluating the study's primary variables, these operational criteria guarantee that the research is methodical and repeatable.

8. Methodology

The present study will be carried out through descriptive survey method. The details regarding the method of research design, sample, research instruments, procedure of data collection and statistical technique are reported herewith.

- **Research Design:** - The research design that will be adopted will be adopted in the presented here under.
- **Variables:** - This is the quantitative & qualitative research method and descriptive in nature. In the present study following. Variables will be considered.
- **Independent Variable**

How Digital literacy through the usage of device and the impact of social media reels & podcasts are impacting the cognitive development of tribal teenagers to early adults.

- **Dependent Variable**

Santhal female tribals adolescent and early adult are benefitted seeing the different social media reels & podcasts into the development of their social life style helping them into cognitive development in aspect to health, hygiene, sanitation and sex education.

- **Sources of the Sample**

Santhal tribal female teenagers, adolescents aged from 10-18 in the domain of Bolpur tribal villages.

- **Sampling Procedure**

In this study, we will use a method called “Stratified Random Sampling.” This means we will split the population into smaller groups called strata. These groups are made based on similar traits or characteristics of the members. We will then randomly pick a sample from each group, based on how big each group is compared to the whole population.

- **Sample Size**

About two hundred Santhal women of Bolpur tribal villages.

- **Tools and Technique of Research**

A thorough tideway to data collecting and wringer is necessary for researching the effects of digital literacy and social media use among Santhal tribal sexuality teenagers. To successfully meet the research objectives, the pursuit instruments and methods are suggested:

- **Questionnaires & Surveys:**

The goal is to collect quantitative information on social media usage trends, digital literacy levels, and sex education, sanitation, and hygiene awareness.

Implementation: The target group will be given structured questionnaires that contain both closed-ended and open-ended items. These tools will evaluate things like self-reported health habits, the kinds of content accessed, and the frequency of social media use.

- **Interviews:**

The goal is to gather comprehensive qualitative information well-nigh individual experiences, cultural influences, and attitudes toward digital content and health education.

Implementation: To investigate attitudes regarding digital media and its perceived influence on the behaviours of adolescents, semi-structured interviews will be held with parents, polity leaders, and a chosen group of participants.

- **Analysis of Content:**

The goal is to examine the type and quotient of social media content that teenagers wangle well-nigh sex education, cleanliness, and sanitation.

Implementation: To evaluate the veracity, cultural significance, and witchery of the material offered, a thorough wringer of well-known reels and podcasts will be carried out.

- **Observational Research:**

The goal is to monitor firsthand the habits and behaviours associated with digital media use and health.

Implementation: To record real-time interactions with digital devices and trueness to hygiene norms, field observations will be conducted in households, schools, and polity settings.

- **Methods of Ethnography:**

The goal is to obtain a thorough grasp of the cultural preliminaries well-expressed the attitudes and behaviours of the target group.

Implementation: Long-term polity immersion, which includes taking part in everyday routines and activities, will shed light on how cultural norms and values influence digital engagement and health education.

- **Analysis of Statistics:**

Finding patterns, connections, and possible causal linkages in quantitative data is the goal.

Implementation: To investigate the relationship between digital literacy and health outcomes, statistical tools will be utilised to self-mastery descriptive and inferential analyses, including regression models.

- **Analysis of Themes:**

Finding recurrent themes and patterns in qualitative data is the goal.

Implementation: To obtain significant insights pertaining to the study's goals, interview and focus group discussion transcripts will be methodically coded.

- **Procedure of Data Collection**

The research to be conducted with Ethnographic method, collecting data, samples by visiting directly in person to the villages among Santhal tribal female adolescents in Bolpur villages.

- **Research Outcomes**

Outcomes mean the result or findings of the research. On the basis of data and its analysis the findings will be presented because the synopsis cannot predict the result.

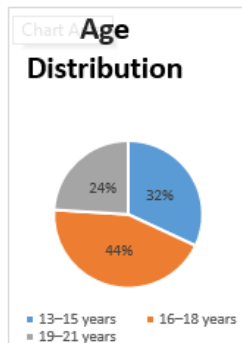
Section A: Background & Social Media Use

Q1. Which age group do you belong to?

- 13–15 years
- 16–18 years
- 19–21 years



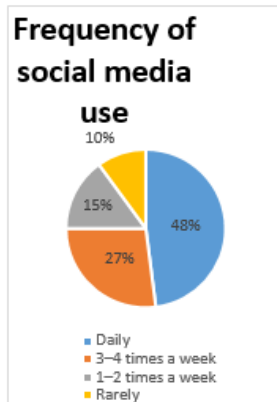
Pie chart:



Q2. How often do you use social media?

- Daily
- 3–4 times a week
- 1–2 times a week
- Rarely

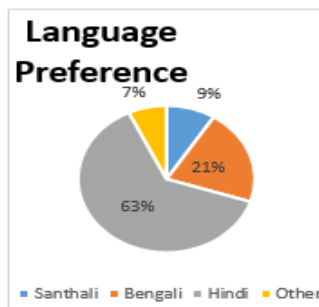
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Q3. Which language of podcast do you prefer witnessing health awareness content?

- Santhali
- Bengali
- Hindi
- Other

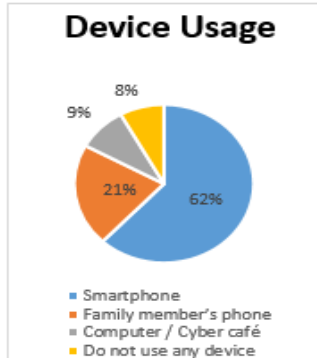
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Q4. Which device do you mainly use to access social media?

- Smartphone
- Family member's phone
- Computer / Cyber café
- Do not use any device

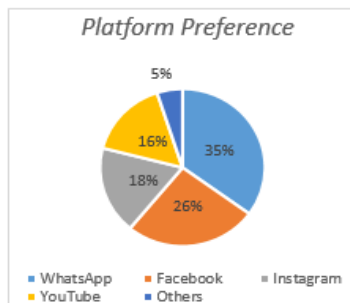
 Pie chart:



Q5. Which social media platform do you use most?

- WhatsApp
- Facebook
- Instagram
- YouTube
- Others

 Pie chart:



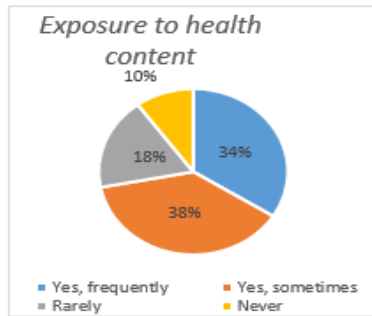
Section B: Health Awareness Through Social Media

Q6. Have you ever seen health-related information on social media?

- Yes, frequently
- Yes, sometimes
- Rarely
- Never



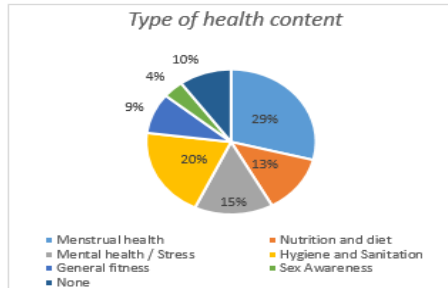
Pie chart:



Q6. What type of health information do you mostly see on social media?

- Menstrual health
- Nutrition and diet
- Mental health / stress
- Hygiene and sanitation
- General fitness
- Sex Awareness
- None

 Pie chart:



Q7. Do you think social media helps you understand health-related issues?

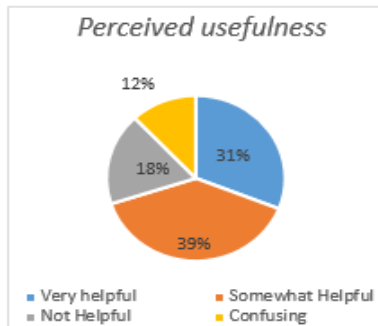
Very helpful

Somewhat helpful

Not helpful

Confusing

 Pie chart:



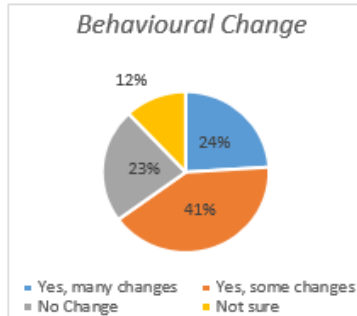
Section C: Behavioural & Awareness Impact

Q8. After seeing health information on social media, have you changed any habit?

- Yes, many changes
- Yes, some changes
- No change

- Not sure

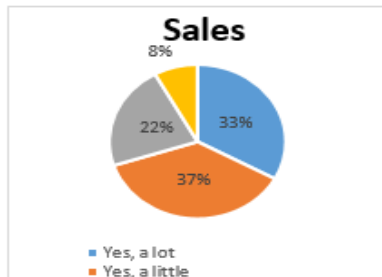
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Q9. Has social media increased your awareness about menstrual health?

- Yes, a lot
- Yes, a little
- No
- I don't follow such content

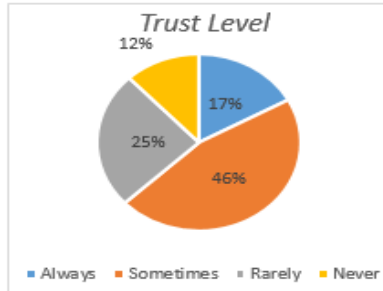
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Q10. Do you trust health information shared on social media?

- Always
- Sometimes
- Rarely
- Never

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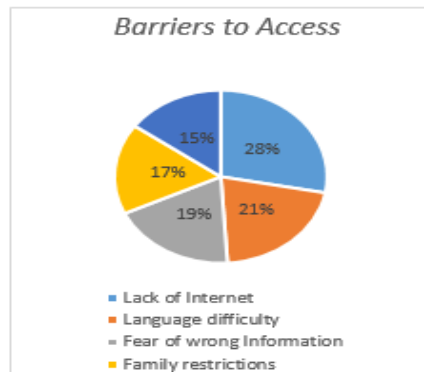


Section D: Challenges & Limitations

Q11. What problem do you face while using social media for health information?

- Lack of internet
- Language difficulty
- Fear of wrong information
- Family restrictions
- No problem

 Pie chart:

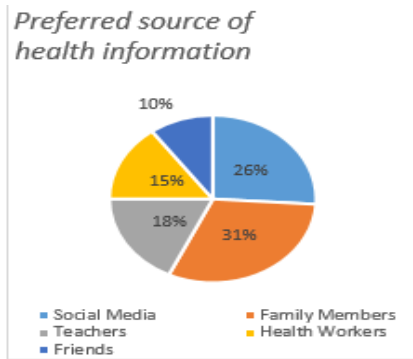


Q12. From whom do you prefer to learn about health issues?

- Social media
- Family members
- Teachers
- Health workers
- Friends



Pie chart:

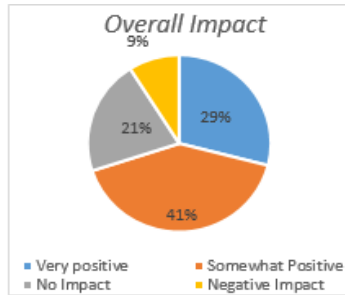


Section E: Overall Impact

Q13. Overall, what impact has social media had on your health awareness?

- Very positive
- Somewhat positive
- No impact
- Negative impact

 Pie chart:



Data Analysis:

Social media is greatly affecting health awareness among young Santhali girls in Bolpur, especially those aged 16 to 18, who make up 44% of the participants. About 48% use social media daily, and 62% use smartphones to access it, showing its importance in their lives. The main platforms they use are WhatsApp (35%) and Facebook (26%). Around 34% of the girls regularly see health content, focusing on topics like menstrual health (29%), nutrition (22%), and hygiene (20%). A significant 70% believe social media helps them understand health issues better, and 65% say it changes their behaviour. However, trust in health information is only moderate, with just 17% fully confident in what they find. Issues like bad internet, language problems, and misinformation make it hard to use effectively, but 70% still have a positive view of social media for health awareness. Overall, while it is a good educational tool, its success relies on access, reliable content, and cultural fit.

Conclusion

The Santhal tribe, an ethnic group in West Bengal, faces challenges in addressing issues such as sex education, sanitation, and cleanliness among sexuality adolescents. Digital channels, particularly social media with reels and podcasts, can help bridge this information gap. However, the effects of digital literacy on underprivileged groups like tribal sexuality adolescents in Bolpur are not well understood. The incorporation of digital platforms, particularly through videos and podcasts, has profoundly impacted various

demographics in India. Developing inclusive digital policies and educational initiatives requires understanding how social media use and digital literacy impact their social lives and cognitive development. Social media platforms are essential for spreading information and influencing policies in the digital age, and digital literacy can be a game-changer for these adolescents, particularly in areas like sex education, hygiene, and sanitation. Successful educational interventions require a deep understanding of how exposure to social media content affects students' knowledge and practices in these areas.

In Bolpur arena, enhanced digital skills are required for Santhal tribal girls and young women, as the internet offers opportunities for learning, growth, and community connection. However, challenges such as fake news, online dangers, and cultural changes must be addressed. The study highlights the need for improved digital education to help Santhal girls navigate social media safely, fostering community engagement and personal development while minimizing risks like identity issues and social pressure. Community programs and parental support are crucial for ensuring that these girls maintain their cultural identity and utilize social media positively.

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